

TV 121743 P 1



UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW  
PO Box 47250  
Olympia, WA 98504-7250  
Phone (360) 664-1222  
Fax (360) 586-1181  
Web Site: www.wutc.wa.gov

**COMMON CARRIER OF PROPERTY**

(excluding Household Goods carriers and Brokers)

*done 11/2/12*

**APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE**

**FEE: \$50.00**

Application for Change of Name or Business Structure may be used ONLY in the following circumstances:

- Changes of carrier's name, with no change in ownership or business structure.
- Change of business structure from individual to corporation to incorporate an individual's business when the individual is the majority stockholder or, by an individual to a partnership, when the individual is the majority partner or, from a corporation to a proprietorship of the majority shareholder or, by a partnership to a proprietorship of the majority partner.
- Change of name resulting from a change in business structure from a partnership to a corporation established to incorporate the partnership business, when the partners are the majority stockholders in the same proportionate ownership.
- Change of name resulting from a change in business structure from a corporation to another corporation where both corporations are wholly owned by the same stockholders in the same proportions.

**TYPE OF PAYMENT**

# B17677

Cash     Check     Money Order     AMEX     MasterCard     Visa  
Exp Date  
Credit Card Information (if applicable)    Month/Year

Amount \$ 50.00    COMPANY NAME: Traxx Equipment Co., LLC

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Cardholder's signature Krista Fry    Date 10-29-12

*For Commission Use Only*

111-2068-200-02 <b>041087</b>	Received date: <u>11/2/12</u>	ID: <u>M44512</u>
<u>\$50.00</u>		Insurance: <u>OK</u>

Holder of Permit CC- U2398 asks the UTC for authority to change the name of or the business structure of the carrier named below under 81.80 RCW and WAC 480-14 to:

**NEW BUSINESS INFORMATION**

New Name: <u>Traxx Equipment Co., LLC</u>	Phone #: <u>425-583-2095</u>												
Trade Name:	Fax #: <u>425-844-0818</u>												
Mailing Address: <u>PO Box 694</u>	Physical Address: (if different)												
Street/P.O. Box	Street <u>30202 NE Big Rock Road</u>												
City, State Zip <u>Duvall, WA 98019</u>	City, State Zip <u>Duvall, WA 98019</u>												
USDOT # <u>869303</u> (If you don't have one, you can apply online at <a href="http://www.fmcsa.dot.gov/online-registration">www.fmcsa.dot.gov/online-registration</a> or contact 360-596-3812 for assistance.)													
Unified Business Identifier Number (UBI): <u>603-238-977</u>													
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State of Incorporation <u>WA</u> (LP, LLP, LLC)													
<table border="1"> <thead> <tr> <th>NAME</th> <th>TITLE</th> <th>ADDRESS</th> <th>PERCENTAGE OF SHARES</th> </tr> </thead> <tbody> <tr> <td><u>JAMES A FRY II</u></td> <td><u>owner</u></td> <td><u>PO Box 694 Duvall, WA 98019</u></td> <td><u>51%</u></td> </tr> <tr> <td><u>KRISTI P. FRY</u></td> <td><u>manager</u></td> <td><u>PO Box 694 Duvall, WA 98019</u></td> <td><u>49%</u></td> </tr> </tbody> </table>	NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES	<u>JAMES A FRY II</u>	<u>owner</u>	<u>PO Box 694 Duvall, WA 98019</u>	<u>51%</u>	<u>KRISTI P. FRY</u>	<u>manager</u>	<u>PO Box 694 Duvall, WA 98019</u>	<u>49%</u>	
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<b><u>CURRENT BUSINESS INFORMATION</u></b>													
Current Name: <u>James A Fry II</u>	Phone #: <u>425-583-2095</u>												
Trade Name: <u>dba Traxx Equipment Co.</u>	Fax #: <u>360-805-0736</u>												
Mailing Address:	Physical Address:												
Street/P.O. Box <u>PO Box 694</u>	Street <u>22510 161st Ave SE</u>												
City, State Zip <u>Duvall, WA 98019</u>	City, State Zip <u>Monroe, WA 98019</u>												
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (LP, LLP, LLC)            State of Incorporation _____													
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CERTIFICATION: Carrier affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. The undersigned applicant requests that the Commission enter an order granting its petition as provided in 81.80 RCW.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Kristi Fry  
Signature(s)

10-29-12  
Date

WN098934

US 869303

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(Executed in Triplicate)



Filed with WASHINGTON Utilities & Transportation Comm (hereinafter called Commission)

This is to certify, that the NORTHLAND INSURANCE COMPANY  
(hereinafter called Company) of One Tower Square, Hartford, CT 06183

has issued to TRAXX EQUIPMENT CO LLC

of 22510 161ST AVE SE MONROE WA 98272

a policy or policies of insurance effective from 10/30/2012 12:01 a.m. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at One Tower Square, Hartford, CT 06183 this 31st day of October, 2012

Insurance Company File No. WN098934  
(Policy Number)

  
Authorized Company Representative