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DEC 052012

WASH, UT. & TP COMM

TVI 21923

SW PO Box 47250 Olympia, WA 98504-7250 Phone (360) 664-1222 Fax (360) 586-1181 Web Site: <u>www.wutc.wa.gov</u>

COMMON CARRIER OF PROPERTY

(excluding Household Goods carriers and Brokers)

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.

in the same proportions.	
TYPE OF PAYMENT	
□ Cash □ Check ➡ Money Order □ AMEX □ MasterCard □ Visa Exp Date	
Credit Card Information (if applicable) Month/Year	
Amount \$ 50 COMPANY NAME: Hilario Com 79/e2 Trown 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.	cleas LLC
Cardholder's signature:Date	
For Commission Use Only	
111-2068-200-02 Received date IID:	

CK#10527418868

21336

Holder of Permit CC- 254//2 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: //i/griv Coon 74/07 Tucking 1/C 509 - 989 - 23/7 Trade Name: Fax #:		
Trade Name:	Fax #:	
Mailing Address: 2110 w Edding (N	Physical Address: (if different)	
Street/P.O. Box	Street	
City, State Zip Othello, wa G9346/ City, State Zip		
USDOT # 397516 (If you don't have one, you can apply online at www.fincsa.dot.gov/online-registration contact 360-596-3812 for assistance.		
Unified Business Identifier Number (UBI): 603182867		
lividual Partnership Corporation – State of Incorporation (LP, LLP, LLC)		
NAME TITLE ADDRESS PERCENTANGE OF SHARES H. Jan 10 Gong for II member 2130 N Eldrer LN OHelle, was 50%		
Hilario Congler TI member 2110 WEldis AND OHollo, WA Solla		
CURRENT BUSINESS INFORMATION H7890		
Current Name: 1/ /ario Gunzalez	Phone #: 509 - 488 - 805 7	
Trade Name:	Fax #:	
Mailing Address: 2130 W Eddies C	Physical Address:	
Street/P.O. Box	Street	
Cit State Zin		
City, State Zip OHello, WA 99340	City, State Zip	
Jividual Partnership City, State Zip Othello, WA 99346 Corporation	City, State Zip on (LP, LLP, LLC) State of Incorporation	
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dividual Partnership Corporation	on (LP, LLP, LLC) State of Incorporation	
dividual Partnership Corporation	City, State Zip on (LP, LLP, LLC) State of Incorporation RESS PERCENTANGE OF SHARES O W Eldra UN ()+Lollo, Wh 99344 1909.	

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.

| 11/30/1.>
| Date | Da

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

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)

This is to certify, that the COUNTRY Mutual insurance Company (hereinafter called Company)

of 1701 N Towanda Ave Bloomington IL 61704

has issued to Hilario Gonzalez Trucking LLC of 2130 W Eddies Ln Othello WA 99344

a policy or policies of insurance effective from 11/07/2012 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 cancelled 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 1701 N Towarda Ave, Bloomington, IL 61704

this 07 day of November, 2012

Insurance Company File No. AB9139755

(Policy Number)

Doug Bova

(Authorized Company Representative)