

M32544



1300 South Evergreen Park Drive SW  
PO Box 47250  
Olympia, WA 98504-7250  
Phone (360) 664-1222  
Fax (360) 588-1181  
Web Site: www.wutc.wa.gov

**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.

**TYPE OF PAYMENT**

# 072911

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

Amount \$ 50.00

COMPANY NAME: Kristopher Matthes

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: Kristopher K. Matthes

Date 26 JULY 2013

TV-131457

*For Commission Use Only*

111-2068-200-02

Received date:

ID: 1418

Insurance: OK

\$50.00

Holder of Permit CC- 57860 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: Matthes Trucking, Inc	Phone #: 360-452-0866
Trade Name:	Fax #:
Mailing Address: 535 Deer Park Rd.	Physical Address: (if different) Same
Street/P.O. Box	Street
City, State Zip Port Angeles, WA 98362	City, State Zip
USDOT # <u>2142678</u> <small>(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.</small>	
Unified Business Identifier Number (UBI): <u>603-319-260</u> <i>OP</i>	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation – State of Incorporation <u>WA</u> <small>(LP, LLP, LLC)</small>	
<u>NAME</u> Kristopher Matthes	<u>TITLE</u> President
<u>ADDRESS</u> 535 Deer Park Rd. Port Angeles, WA 98362	<u>PERCENTANGE OF SHARES</u> 100 %

**CURRENT BUSINESS INFORMATION** *M32544*

Current Name: Matthes Trucking	Phone #: 360-452-0866
Trade Name:	Fax #:
Mailing Address: 535 Deer Park Rd.	Physical Address: Same
Street/P.O. Box	Street
City, State Zip Port Angeles, WA 98362	City, State Zip
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (LP, LLP, LLC) State of Incorporation _____	
<u>NAME</u> Kristopher Matthes	<u>TITLE</u> Owner
<u>ADDRESS</u> 535 Deer Park Rd. Port Angeles, WA 98362	<u>PERCENTANGE OF SHARES</u>

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.

*Kristopher K. Matthes*  
 \_\_\_\_\_  
 Signature(s)

*24 July 2013*  
 \_\_\_\_\_  
 Date



# Lena Washke Accounting Services, Inc.

P O Box 2713 ~ 3430 Highway 101 E, Ste 16, Port Angeles, WA 98362  
(360) 452-5334 Fax (360) 452-5361 lwas@olympen.com

## FAX COVER PAGE

DATE: 7/29/13

TO: WUTC

FAX #: (360) 586-1181

FROM: Kristin

RE: Matthias Trucking, Inc.

TOTAL PAGES INCLUDING COVER: 3

NOTES:

Attached is the change form and payment for  
Matthias Trucking, Inc.

Please call with any questions

Thank you!

7418

56-1430

**Form E**  
**Uniform Motor Carrier Bodily Injury and Property Damage**  
**Liability Certificate of Insurance (Executed in quadruplicate)**



**FARMERS**

Filed with WASHINGTON UTILITIES & TRANSPORTATION COMMISSION - TRANSPORTATION SECTION  
(Name of Commission)

This is to certify, that the MID CENTURY INSURANCE COMPANY  
(Name of Company)

(herein called Company) of 4680 WILSHIRE BLVD., LOS ANGELES, CA 90010  
(Home Office, Address of Company)

has issued to MATTHES TRUCKING INC  
(Name of Motor Carrier)

of 535 DEER PARK RD PORT ANGELES WA 98362  
(Address of Motor Carrier)

a policy or policies of insurance effective from 09/12/13, 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 regulation 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 effect 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 23175 NW BENNETT ST., HILLSBORO, OR 97124  
(Street Address) (City) (State) (ZIP Code)

this 12TH day of September, year 2013.

Insurance Company File No. 60499-98-85

(Policy No.)

*Batman Davies*  
Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C., sec.302(b)(2)).

TL-822 (NARUC"E")  
56-1430 (ACT-T-300C) 9-86

Original

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