



TV-131784

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

UTC
UTILITIES AND TRANSPORTATION
COMMISSION

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

Cash Check Money Order AMEX MasterCard Visa
Exp Date
Month/Year

Credit Card Information (if applicable)

Amount \$ 50.00 COMPANY NAME: Haag Trucking 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: [Signature] Date 9-17-2013

| | |
|--------------------------------|-------------------------------|
| <i>For Commission Use Only</i> | |
| 111-0268-200-02 | Received date: <u>9/19/13</u> |
| <u>50-</u> | ID: <u>7500</u> |
| <u>VI</u> | Insurance: <u>OL</u> |

Holder of Permit CC- 64430 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:

7500

NEW BUSINESS INFORMATION

| | |
|----------------------------------------------|----------------------------------|
| New Name: <u>Haag Trucking LLC</u> | Phone #: <u>509-662-4333</u> |
| Trade Name: <u>Haag Trucking LLC</u> | Fax #: <u>509-662-4334</u> |
| Mailing Address: <u>419</u> | Physical Address: (if different) |
| Street/P.O. Box: <u>Saddlehorn Ave.</u> | Street |
| City, State Zip: <u>Wenatchee, WA, 98801</u> | City, State Zip |

USDOT # 2170237 - needs to change name (If you don't have one, you can apply online at www.fmcsa.dot.gov/online-registration or contact 360-596-3812 for assistance.)

Unified Business Identifier Number (UBI): 603 183 979

Individual Partnership Corporation - State of Incorporation _____ (LP, LLP, LLC)

| NAME | TITLE | ADDRESS | PERCENTAGE OF SHARES |
|---------------------|--------------|-------------------------------------------------------|----------------------|
| <u>Bradley Haag</u> | <u>Owner</u> | <u>419 Saddlehorn Ave Wenatchee, WA 98801</u> | <u>100%</u> |

CURRENT BUSINESS INFORMATION

6669

| | |
|----------------------------------------------|-------------------|
| Current Name: <u>Haag Trucking</u> | Phone #: |
| Trade Name: <u>Haag Trucking</u> | Fax #: |
| Mailing Address: <u>419</u> | Physical Address: |
| Street/P.O. Box: <u>Saddlehorn Ave.</u> | Street |
| City, State Zip: <u>Wenatchee, WA, 98801</u> | City, State Zip |

Individual Partnership Corporation (LP, LLP, LLC) State of Incorporation _____

| NAME | TITLE | ADDRESS | PERCENTAGE OF SHARES |
|---------------------|--------------|-------------------------------------------------------|----------------------|
| <u>Bradley Haag</u> | <u>Owner</u> | <u>419 Saddlehorn Ave Wenatchee, WA 98801</u> | <u>100%</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.

Bradley Haag
Signature(s)

9-17-2013
Date

1/1
Pending
etc

Form E
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**
(Executed in Triplicate)

\$0
\$0

2190237

Filed with WA Utilities & Trans. Comm. (hereinafter called Commission)
(Name of Commission)

This is to certify, that the National Casualty Company
(Name of Company)

(hereinafter called Company) of 8677 N. Gainey Center Drive, Scottsdale, AZ 85258
(Home Office Address of Company)

has issued to HAAG TRUCKING LLC of 419 SADDLEHORN AVE. WENATCHEE, WA 98801
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from September 20, 2013 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 8677 N. Gainey Center Drive Scottsdale AZ 85258
(Street Address) (City) (State) (Zip Code)

this 18 day of September 2013

Insurance Company File No. LTC0012584
(Policy Number)

[Signature]
(Authorized Company Representative)