

TV 131869



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

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
Credit Card Information (if applicable) _____ Exp Date _____
Month/Year _____

Amount \$ 50.00 COMPANY NAME: Dyke Dye 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.

Approved 060125

Cardholder's signature: *[Signature]* Date 9-27-13

For Commission Use Only

111-0268-200-02	<u>50.00</u>	Received date:	ID: <u>7523</u>
<u>045833</u>			Insurance: <u>00</u>

*Registered as
Dyke Dye
Trucking*

CC-20007

TU 131 869

Holder of Permit CC-_____ 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

#17523

New Name: <u>Dyke Dye Trucking, LLC</u>	Phone #: <u>541-386-6819</u>
Trade Name: <u>Dyke Dye</u>	Fax #: <u>-</u>
Mailing Address: <u>1704 Tucker Rd.</u>	Physical Address: (if different)
Street/P.O. Box <u>-</u>	Street <u>X</u>
City, State Zip <u>Hood River, OR 97031</u>	City, State Zip

USDOT # 599562 (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): 603336744

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>

CURRENT BUSINESS INFORMATION

J 29761

Current Name: <u>Dyke Dye</u>	Phone #: <u>J 29761</u>
Trade Name: <u>Same as above</u>	Fax #: <u>Same as above</u>
Mailing Address: <u>Same as above</u>	Physical Address: <u>Same as above</u>
Street/P.O. Box <u>above</u>	Street <u>above</u>
City, State Zip <u>above</u>	City, State Zip <u>above</u>

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE 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.

Dyke Dye
Signature(s)

9-27-13
Date

Holder of Permit CC- 20007 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>Dyke Dye Trucking, LLC</u>	Phone #: <u>541-386-6819</u>
Trade Name: <u>Dyke Dye</u>	Fax #: <u>-</u>
Mailing Address: <u>1704 Tucker Rd.</u>	Physical Address: (if different) <u>X</u>
Street/P.O. Box <u>-</u>	Street <u>X</u>
City, State Zip <u>Hood River, OR 97031</u>	City, State Zip <u>X</u>

USDOT # 599562 (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): 603336746 d

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

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
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Dyke Dye CURRENT BUSINESS INFORMATION

Current Name: <u>Dyke Dye Trucking, LLC</u>	Phone #: <u>541-386-6819</u>
Trade Name: <u>Same as above</u>	Fax #: <u>Same as above</u>
Mailing Address: <u>Same as above</u>	Physical Address: <u>Same as above</u>
Street/P.O. Box <u>Same as above</u>	Street <u>Same as above</u>
City, State Zip <u>Same as above</u>	City, State Zip <u>Same as above</u>

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

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
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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.

Dyke Dye
Signature(s)

9-27-13
Date

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



F A R M E R S

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

This is to certify, that the TRUCK INSURANCE EXCHANGE
(Name of Company)

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

has issued to DYKE DYE TRUCKING LLC
(Name of Motor Carrier)

of 1704 TUCKER RD HOOD RIVER OR 97031-9688
(Address of Motor Carrier)

a policy or policies of insurance effective from 09/02/13, 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 24TH day of SEPTEMBER, year 2013.

Insurance Company File No. 03493-57-46

(Policy No.)

Batana Dumas

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)).