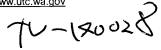
7639



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

COMMON CARRIER OF PROPERTY

(excluding Household Goods carriers and Brokers)



APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE FEE: \$50.00

| | | ΨΕ 0.00 | | |
|--|--|--|--|---|
| Application for Change of I circumstances: | Name or Business Str | ucture may be us | sed <u>ONLY</u> in the | following |
| Change of business business when the inpartnership, when the proprietorship of the majority partner. Change of name rescorporation establish majority stockholde Change of name rescorporation establish majority stockholde | s name, with no change structure from indivi- individual is the major ne individual is the majority shareholder ulting from a change hed to incorporate the ers in the same propor- culting from a change where both corporations. | dual to corporation ity stockholder of ajority partner or or, by a partner in business structed partnership busitionate ownership in business structionate ownership in business structionate. | on to incorporate or, by an individuct, from a corporate ship to a propried ture from a partrainess, when the paper. | an individual's lal to a lion to a liorship of the liership to a lioratiners are the lioration to |
| | TYPE OF | PAYMENT | 0 | 05716 |
| ☐ Cash ☐ Check Credit Card Information (if ap | □ Money Order | □ AMEX | □ MasterCard | Visa Exp Date Month/Year |
| Amount \$ 50.00 | COMPANY N | AME: JUGI | 1 Barro | and |
| CERTIFICATION: I, the undinformation is true and correct applicant, and that all informations | et, that I am authorized ation on file is current a | to execute and file and valid. | | |
| Cardholder's signature: | sto's Transp Jan Barr | out lle | Date 12/3 | (/13 |
| For Commission Use Only | | | T | |
| 111-0268-200-02 So- | Received date: | | ID: | |

| Holder of Permit CC-61451 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: JC 50TO'S Transport 12 Phone #: 509-840-4349 | | | | |
| Trade Name: Jan Barranco | Phone #: 509-840-4349 Fax #: 509-837-5584 | | | |
| Mailing Address: 1726 Gregory Ave | Physical Address: (if different) | | | |
| Street/P.O. Box PmB #274 | Street | | | |
| City, State Zip unny side wag 98944 | City, State Zip | | | |
| USDOT # 9730 59 (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): 603-357-481 | | | | |
| □ Individual □ Partnership * Corporation — State of Incorporation _ \(\omega \) \(\omega \) | | | | |
| NAME TITLE ADDRESS PERCENTANGE OF SHARES JUAN Correm to Owner 1405 Milem RJ 16100 | | | | |
| CURRENT BUSINESS INFORMATION | | | | |
| Current Name: & Soto's Trucking | Phone #: | | | |
| Trade Name: A Com Raycon US | , Fax #: | | | |
| Mailing Address: 1726 gregory AVE | Physical Address: | | | |
| Street/P.O. Box | Street | | | |
| City, State Zip Sunny Side WA 9894 | City, State Zip | | | |
| Individual - Partnership - Corporation (LP, LLP, LLC) State of Incorporation WA | | | | |
| NAME Barranco owner ADDRESS PERCENTANGE OF SHARES | | | | |
| | | | | |

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.

Aver 3 80 +0 12/31/13
Signature(s) Date

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

AMENDED

IRB 3539 B

(Executed In Triplicate)

(hereinafter called Commission D **Washington Utilities & Transportation Commission** Filed with (NAME OF COMMISSION) This is to certify, that the Sentry Select Insurance Company JAN 17 2014 (NAME OF COMPANY) 1800 North Point Drive, Stevens Point, Wisconsin 54481 (hereinafter called Company) of (HOME ADDRESS OF THE COMPANY) has issued to JC SOTO'S TRASPORT LLC (NAME OF MOTOR CARRIER) 1726 GREGORY AVE #274 SUNNYSIDE WA 98944 (ADDRESS OF MOTOR CARRIER) , 12:01 A.M. standard time at the address of the insured stated in a policy or policies of insurance effective from 03/27/2013 said policy of 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 P.O. Box 8036, Stevens Point, WI 54481-8036 (STATE) (ZIP CODE) (STREET ADDRESS) (CITY) **JANUARY** 2014 **13TH** day of this AUTHORIZED COMPANY REPRESENTATIVE CT789433-8013-131 Insurance Company File No.

(POLICY NUMBER)

MC 1633 (Ed. 8-99)