



76-140194

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](http://www.utc.wa.gov)

### COMMON CARRIER OF PROPERTY

(excluding Household Goods carriers and Brokers)

771

## 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

494677

Cash     Check     Money Order     AMEX     MasterCard     **Visa**

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

Amount \$ \$ 50.00    COMPANY NAME: NW Shippers Inc

**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 1/21/2014

<i>For Commission Use Only</i>		<b>049038</b>	
111-0268-200-02	Received date:	ID:	
<u>50.00</u>	<u>1-24-14</u>	Insurance:	

Holder of Permit CC- 058217 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**

Northwest Shippers

New Name: <u>NW Shippers, Inc</u>	Phone #: <u>360 384 2500</u>
Trade Name: <u>Whatcom County Cargo Xpress</u>	Fax #: <u>360 383 0370</u>
Mailing Address: <u>3314 Douglas Rd</u>	Physical Address: (if different)
Street/P.O. Box	Street
City, State Zip <u>Ferndale</u>	City, State Zip <u>WA 98248</u>

USDOT # 1202083 (If you don't have one, you can apply online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact 360-596-3812 for assistance.)

Unified Business Identifier Number (UBI): 602-227-970

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

NAME	TITLE	ADDRESS	PERCENTANGE OF SHARES
<u>ERIC WIESEN</u>	<u>PRESIDENT</u>	<u>?</u>	<u>100%</u>

**CURRENT BUSINESS INFORMATION**

Current Name: <input checked="" type="checkbox"/> <u>ERIC B WIESEN</u>	Phone #:
Trade Name: <u>WHATCOM COUNTY CARGO XPRESS</u>	Fax #:
Mailing Address:	Physical Address:
Street/P.O. Box	Street
City, State Zip	City, State Zip

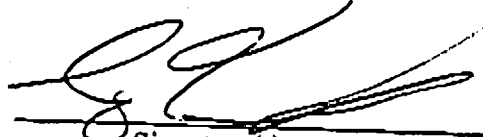
Individual  Partnership  Corporation (LP, LLP, LLC) State of Incorporation \_\_\_\_\_

NAME	TITLE	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.

Fleet Insurance  
Business Lic.  
ME #

  
Signature(s)

1/21/2014  
Date

*Pending*

AMENDED NAME  
33252

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

Filed with **WASHINGTON UTILITIES & TRANSPORTATION COMMISSION**  
(hereinafter called Commission)

This is to certify, that the **GREAT WEST CASUALTY COMPANY** (hereinafter called Company)  
**P.O. BOX 277 SO SIOUX CITY NE 68776**

has **N.W. SHIPPERS INC.**  
issued to: **3314 DOUGLAS ROAD**  
**FERDALE WASHINGTON 98248**

a policy or policies of insurance effective from **1/21/14** 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 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 **1100 W 29TH ST SOUTH SIOUX CITY NE 687760277**  
this **21** ST day of **JANUARY** 2014  
Insurance Company File No. **CLP75598A**  
**6645** (Policy Number)

*[Signature]*  
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)).