# UTILITIES AND TRANSPORTATION COMMISSION

#### RECEIVED

FEB 20 2014

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>

WASH, UT. & TP. COMM

#### **COMMON CARRIER OF PROPERTY**

(excluding Household Goods carriers and Brokers)

-- My

### 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:   |   |  |  |   |
|--|---|--|--|---|
| <ul> <li>Changes of carrier's nare</li> <li>Change of business struction</li> <li>business when the individual partnership, when the improprietorship of the material majority partner.</li> <li>Change of name resulting corporation established majority stockholders in Change of name resulting another corporation when in the same proportions.</li> </ul> | cture from individed ridual is the majorited ridual is the majorited ridual is the majority shareholder and from a change is to incorporate the athe same proporting from a change is the both corporation. | ual to corporati ty stockholder of jority partner or or, by a partner n business struct partnership bus ionate ownershi n business struc | on to incorporate or, by an individual, from a corporate the from a particular from a particular from a particular from a corporate the from a corporate from a | e an individual's lual to a ation to a etorship of the enership to a partners are the coration to |
|  | TYPE OF P   | AVMENT   | 02   | 2)11/   |
|  | TIFEOFF   | ATMENT   |  | ) ~( ) (  |
| ☐ Cash ☐ Check  Credit Card Information (if applic   | □ Money Order   | □ AMEX   | □ MasterCard   | Visa Exp Date Month/Year  |
| order care information (in appine  | 40107   |  |  | Wiolitii/ I cai   |
| Amount \$ 50 00 CERTIFICATION: I, the undersign information is true and correct, the applicant, and that all information   | gned, under penalty<br>at I am authorized to  | for false stateme execute and file   | nt, certify that the   | e following   |
| Cardholder's signature:  |   |  | Date 1/6/1   | y   |
| 111-0268-200-02 <b>5</b> 0,co  | Received date:  | 2-24-14  | ID: '/'/   | $\sim$  |
|  |   |  | Insurance:   |   |

| Holder of Permit CC- <u>663618</u> 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: PJ. Childs Trucking Inc Phone #: S09-312-0118   |   |  |  |  |  |
| Trade Name:   | Fax #:  |  |  |  |  |
| Mailing Address: 812 N ffenning Rd  | Physical Address: (if different)                              |  |  |  |  |
| Street/P.O. Box   | Street  |  |  |  |  |
| City, State Zip Ellens bury WA 98926  | City, State Zip   |  |  |  |  |
| USDOT #_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  |   |  |  |  |  |
| Unified Business Identifier Number (UBI):   | 03 414 793 CR   |  |  |  |  |
| Individual Partnership & Corporation - State of Incorporation WA  (LP, LLP, LLC)  PERCENTANGE OF SHARES  ADDRESS PERCENTANGE OF SHARES  100 00  812 N Plenning Rd Ellens Dry WA 98426 |   |  |  |  |  |
| CURRENT BUSIN   | ESS INFORMATION A 16  |  |  |  |  |
| Current Name: Patrick Childs  | Phone #: So9-3172-0118  |  |  |  |  |
| Trade Name: PJ Childs Trucking  | Fax #:  |  |  |  |  |
| Mailing Address: 812 N Pfenning Rd  | Physical Address:   |  |  |  |  |
| Street/P.O. Box   | Street  |  |  |  |  |
| City, State Zip Ellenshur, WA 98726   | City, State Zip   |  |  |  |  |
| City, State Zip City, State Zip  Individual  Partnership  Corporation (LP, LLP, LLC) State of Incorporation   |   |  |  |  |  |
| Patrick childs owner 813  | RESS PERCENTANGE OF SHARES  NOTENNING RD  LIENS BURY WA 98726 |  |  |  |  |
| CERTIFICATION: Carrier affirms that the change of name or business structure does not involve a   |   |  |  |  |  |

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.

|              | 2//( //7 |  |
|--------------|----------|--|
| Signature(s) | Date     |  |

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

(Executed in Triplicate)

| Filed with WASH  | HINGTON Utilities & Tr                              | ansportation Comm  |  |   |   |  |  |
|--|---|--|--|---|---|--|--|
|  |   | e of Commission) (hereinafter called Commission)                 |  |   |   |  |  |
| This is to certify, that the   |   | NORTHLAND INSURANCE COMPANY                                      |  |   |   |  |  |
| (hereinafter called Company) of  |   | (Name of Company) One Tower Square, Hartford, CT 06183           |  |   |   |  |  |
|  |   | (Home Office Address of Company)                                 |  |   |   |  |  |
| has issued to P J CHILDS TRUCKING INC  |   |  |  |   |   |  |  |
|  |   |  |  | of Motor Carrier)   |   |  |  |
| of   | 4   | 81:  | 2 N PFENNING RD  | ELLENSBURG  | WA 98926  |  |  |
|  |   |  | (Address   | of Motor Camer)   |   |  |  |
| a policy or policies of insurance e  | effective from                                      | 02/04/2014   | 12:01 a.m. stan  | ford time at the au   | dress of the insured stated in said   |  |  |
| Liability Insurance Endorsement, imposed upon such motor carrier accordance therewith. | has or have been ame<br>by the provisions of the    | ed nerein, which, by nded to provide auto a motor carrier law of | attachment of the Un<br>mobile bodily injury ar<br>the State in which th | iform Motor Carrier<br>nd property damage<br>e Commission has | dress of the insured stated in said  Bodily Injury and Property Damage Illiability insurance covering the obligation jurisdiction or regulations promulgated in |  |  |
| Whenever requested, the Con  | npany agrees to furnish                             | the Commission a d   | uplicate original of sa  | id policy or policies   | and all endorsements thereon.   |  |  |
| ma ceruncate and the endors  | ement described hereil<br>e insured aiving thirty / | n may not be cancele   | I to the second second   |   | nich it is attached. Such cancellation may y (30) days' notice to commence to run   |  |  |
| Countersigned at   | One Tower Square,                                   | Hartford, CT 06183   | this   | 4th   | f March, 2014   |  |  |
|  | (Add  | ress)  |  | day day day d   | 1716101, 2014   |  |  |
|  | WN063958  |  |  |   | add Batera  |  |  |
|  | (Policy Number)                                     | Policy Number)   |  | Autho   | rized Company Representative  |  |  |