



7748
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)

170397

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
Credit Card Information (if applicable) Month/Year

Amount \$ 950.00 COMPANY NAME: Wilhelm Trucking Co.

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 3/4/2014

For Commission Use Only

111-0268-200-02 <u>50.00</u>	Received date: <u>3-10-14</u>	ID: <u>7748</u>
		Insurance:

A-729000

049547

Holder of Permit CC- 002480 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>Wilhelm Trucking Company</u>	Phone #: <u>503-227-0561</u>
Trade Name:	Fax #: <u>503-241-4913</u>
Mailing Address:	Physical Address: (if different)
Street/P.O. Box <u>P.O. Box 10363</u>	Street <u>3250 NW St. Helens Rd.</u>
City, State Zip <u>Portland, OR 97296-0363</u>	City, State Zip <u>Portland, OR 97210</u>

USDOT # 47171 (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): 601-898-840

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>See Exhibit A attached.</u>			

CURRENT BUSINESS INFORMATION

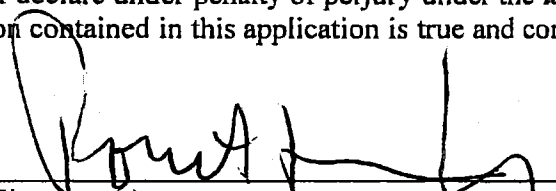
Current Name: <u>Wilhelm Trucking Acquisition Company</u>	Phone #: <u>503-227-0561</u>
Trade Name:	Fax #: <u>503-241-4913</u>
Mailing Address:	Physical Address:
Street/P.O. Box <u>P.O. Box 10363</u>	Street <u>57 W Main St., Ste 130</u>
City, State Zip <u>Portland, OR 97296-0363</u>	City, State Zip <u>Chehalis, WA 98522</u>

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>See Exhibit A attached.</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.


Signature(s) Robert J. Wilhelm, Jr., President

3/4/2014
Date

EXHIBIT A
TO
COMMON CARRIER OF PROPERTY
APPLICATION FOR CHANGE OF NAME

NEW BUSINESS INFORMATION
(Shareholders)

Shareholder	Address	Percentage of Shares
Robert J. Wilhelm Jr.	PO Box 10363 Portland, OR 97296-0363	63,000.00 Class A 343,094.84 Class B
Duane A. Downs	PO Box 10363 Portland, OR 97296-0363	20.00 Class B
Erich R. Wilhelm	PO Box 10363 Portland, OR 97296-0363	158,351.00 Class B
Gretchen I.J. Wilhelm	13052 Knaus Road Lake Oswego, OR 97034-1551	158,351.00 Class B

CURRENT BUSINESS INFORMATION
(Shareholders)

Shareholder	Address	Percentage of Shares
Robert J. Wilhelm Jr.	PO Box 10363 Portland, OR 97296-0363	63,000.00 Class A 343,094.84 Class B
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Gretchen I.J. Wilhelm	13052 Knaus Road Lake Oswego, OR 97034-1551	158,351.00 Class B

***15842-001\APPLICATION FOR CHG OF NAME - ATTACHMENTS - LIST OF SHAREHOLDERS (01810585);1**

748

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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Continental Western Insurance
(Name of Company)
(herein after called Company) of 11201 Douglas Avenue, PO BOX 1594, Des Moines, IA, 50306
(Home Address of Company)

has issued to WILHELM TRUCKING COMPANY of 3250 N W ST HELENS ROAD, PORTLAND, OR, 97210
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 03/18/2014 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 3320 East Goldstone Way ID 83642 This 18th day of Mar 20 14
Meridian (Address) (Day) (Month) (Year)

Insurance Company File No. MC6005101BNPG Jennifer Cohen
(Policy No) (Authorized Company Representative)

Underlying Limit : 0.00 Liability Limit : 750,000.00