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1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 Phone (360) 664-1222 Fax (360) 586-1181 Web Sito: www.wutc.wa.gov

COMMON CARRIER OF PROPERTY

(excluding Household Goods carriers and Brokers)

76-14048

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 industries when the individual is the majority stockholder or, by an individual to partnership, when the individual is the majority partner or, from a corporation to	ndividual's a o a ip of the
business when the individual is the majority stockholder or, by an individual to partnership, when the individual is the majority partner or, from a corporation to	a oa ipoſthe
 proprietorship of the majority shareholder or, by a partnership to a proprietorshi majority partner. Change of name resulting from a change in business structure from a partnershi corporation established to incorporate the partnership business, when the partner majority stockholders in the same proportionate ownership. Change of name resulting from a change in business structure from a corporation another corporation where both corporations are wholly owned by the same stock in the same proportions. 	rs are the
TYPE OF PAYMENT	
	Visa p Date nth/Year
Amount \$ 50.00 COMPANY NAME: Rodriguez Track. CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the follow information is true and correct, that I am authorized to execute and file this document on behalf applicant, and that all information on file is current and valid.	ring
Cardholder's signature: Rigobeto Rodrigues Date 3/14/14	
For Commission Use Only	
111-2068-200-02 So.co Received date: 3 -/7-/9 ID:	
Insurance:	

049625

Holder of Permit CC-6/938 asks th	c 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: Rodriguez Trucking UC Phone 11: 509 - 941 3222		
	Fax #:	
Mailing Address: 206W 4465+.	Physical Address: (if different)	
Street/P.O. Box Wapato WA 98951	Street	
City, State Zip	City, State Zip	
USDOT # (407245	(If you don't have one, you can apply unline at	
www.fmena.dot.gov/online-registration or contact 360-596-3816 or 360-596-3803 for anxistance.		
Unified Business Identifier Number (UBI): 603 38/- 5/0		
□ Individual □ Partnership 🔯 Corporation — State of Incorporation 🐯		
NAME (LP, LLP, LLC) NAME ADDRESS PERCENTANGE OF SHARES		
Rigoherto Rodrigues 202 W. 4Tb St. 1000%		
water	, who 95951	
CURRENT BUSINESS INFORMATION 112992		
Current Name: Richerto Rodrique	Phone #: 509-941-3-22	
Trade Name:	Fax //:	
Mailing Address: 2do W. 4thst.	Physical Address:	
Street/P.O. Box (1)2000, WA 989	Street	
City, State Zip	City, State Zip	
□ Individual □ Partnership □ Corporation (LP, LLP, LLC) State of Incorporation		
NAME TITLE ADDR	ESS 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.

Signature(s)

Date

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to RODRIGUEZ TRUCKING LLC of 206 WEST 4TH STREET, WAPATO, WA 98951 a policy or policies of insurance effective from 04/01/2014 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 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 cancelled 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 3rd day of July, 2014

Insurance Company File No. CA 01468512

(Policy Number)

MC1633a(08/99)

IRB3539B