

TZ-40714



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

COMMON CARRIER OF PROPERTY
(excluding Household Goods carriers and Brokers)

7838

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

03055

Cash Check Money Order AMEX MasterCard Visa
Exp Date
Month/Year

Credit Card Information (if applicable)

Amount \$ 50.00 COMPANY NAME: Jeff Wilcox Trucking, 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: Jeff Wilcox Date 4/5/14
049997

For Commission Use Only

111-2068-200-02 <u>50.00</u>	Received date:	ID:
		Insurance:

Holder of Permit CC-064848 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>Jeff Wilcox Trucking, Inc</u>	Phone #: <u>(360) 477-3300</u>
Trade Name:	Fax #:
Mailing Address: <u>P.O. Box 175</u>	Physical Address: (if different) <u>51 Rixon Rd.</u>
Street/P.O. Box	Street
City, State Zip <u>Beaver, WA 98305</u>	City, State Zip <u>Beaver, WA 98305</u>

USDOT # 2381221 (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): 603-390-040

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>Jeffrey Wilcox</u>	<u>President</u>	<u>P.O. Box 175 Beaver, WA 98305</u>	<u>100%</u>

CURRENT BUSINESS INFORMATION

Current Name: <u>Jeff Wilcox</u>	Phone #: <u>(360) 477-3300</u>
Trade Name:	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 _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</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)

Date 4/5/14

M-5444 (01/2010)

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

(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the National Indemnity Company
(Name of Company)

(hereinafter called Company) of 3024 Harney Street, Omaha, NE 68131
(Home Office Address of Company)

has issued to JEFF WILCOX TRUCKING, INC
(Name of Motor Carrier)

of PO BOX 1647, PORT ANGELES, WA 98362
(Address of Motor Carrier)

a policy or policies of insurance effective from 06/09/2014 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 Commissioner.

Countersigned at 3024 Harney Street Omaha NE 68131
(Street Address) (City) (State) (ZIP Code)

this 16th day of May, 20 14

[Handwritten Signature]

Authorized Representative

Insurance Company File No. 70TRS032350
(Policy Number)

1,000,000 CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the
provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302[b][2]) and 49 CFR § 387.301