

N-101886 001/002



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

Handwritten signature and date: 11/24/10

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

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 Da...
Month/Year

Credit Card Information (if applicable)

Amount \$ 50.00 COMPANY NAME: Munoz Trucking LLC

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: _____

Date 11/16/10

For Commission Use Only

111-2068-200-02 50.00

Received date: _____

ID: _____

Insurance: OK

0027627

020395

6217

Holder of Permit CC- 63717 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: Munoz Trucking LLC **Phone #:** 509-832-1312
Trade Name: _____ **Fax #:** 509-837-8229
Mailing Address: 8741 Emerald Rd **Physical Address: (if different)** _____
Street/P.O. Box _____ **Street** 15601 N 1207 PR NW
City, State Zip Sunnyside WA 98944 **City, State Zip** Prosser, WA 99350

USDOT # 1926382 (If you don't have one, you can apply online at www.fmcsa.dot.gov/online-registration or contact 360-596-3816 or 360-596-3803 for assistance.)

Unified Business Identifier Number (UBI): 603 059 402

Individual Partnership Corporation - State of Incorporation _____

(LP, LLP, (LLC))

<u>NAME</u>	<u>TITLE</u>	<u>PERCENTAGE OF SHARES</u>
<u>Juan J Munoz</u>	<u>S-Member</u>	<u>100%</u>

CURRENT BUSINESS INFORMATION

Current Name: Juan J Munoz **Phone #:** (509) 832-1312
Trade Name: Juan's Trucking **Fax #:** _____
Mailing Address: _____ **Physical Address:** (same above)
Street/P.O. Box (NOT SURE) **Street** _____
City, State Zip _____ **City, State Zip** _____

Individual Partnership Corporation - State of Incorporation _____

<u>NAME</u>	<u>TITLE</u>	<u>PERCENTAGE OF SHARES</u>
<u>Juan J Munoz</u>	<u>Owner</u>	<u>100%</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.

Laura Gomez
Signature(s)

11/16/10
Date

ACCEPTABLE ONLY IF DOCKET NUMBER CERTIFICATE NUMBER OR PERMIT NUMBER IS SPECIFIED. No. _____

Approved _____

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with WUTC (Name of Commission) (hereinafter called Commission)

This is to certify, that the AMERICAN GUARANTEE & LIABILITY INSURANCE (Name of Company)
(hereinafter called Company) SCHAUMBURG, IL (Home Office Address of Company)

has issued to MUNOZ TRUCKING LLC (Name of Motor Carrier) to 15601 N 1207 PR NORTH WEST PROSSER, WA 99350 (Address of Motor Carrier)

a policy or policies of insurance effective from 11/30/2010 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 herewith.

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 affected 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 1333 S RUSTLE (Street Address) SPOKANE (City) WA (State) 99224 (Zip Code)

this 23RD day of NOVEMBER 2010

INS CO ID# _____

Thomas E. Cochran (AA)
(Authorized Company Representative)

Insurance Company File No. PRA-5997251-01 (Policy Number)

(Address of Authorized Company Representative)