

1300 South Evergreen Park Drive

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)

APPLICATION FOR C	FEE:	\$50.00		
Application for Change of Name circumstances:	or Business Stru	cture may be u	sed <u>ONLY</u> in th	e following
 Changes of carrier's name. Change of business struct business when the individe partnership, when the individed proprietorship of the majority partner. Change of name resulting corporation established to majority stockholders in the same proportions. 	ture from individual is the majority shareholder from a change in incorporate the the same proporting from a change in from a change in from a change in the same proporting from a change in the sa	ual to corporati ty stockholder jority partner o or, by a partne n business stru partnership bus onate ownersh n business stru	ion to incorporat or, by an individ r, from a corpora rship to a propri- cture from a part siness, when the ip. cture from a corp	e an individual's ual to a ation to a etorship of the enership to a partners are the poration to
	TYPE OF P	AYMENT	HOD C	373637
☐ Cash ☐ Check ☐ Credit Card Information (if applical	Money Order	□ AMEX	≫ MasterCard	
Amount \$ 50. 20	COMPANY NA	ME: DB	Libby :	InC_
CERTIFICATION: I, the undersig information is true and correct, that applicant, and that all information of	I am authorized to	execute and file	e this document of	e following n behalf of the O251
Cardholder's signature			Date 7/13/	<u>u</u>
VISA				17:1
For Commission Use Only			$\frac{1}{1}$	5-1
111-2068-200-02 \$50, -	Received date:		ID: Insurance:	

Receptor # 033181

Holder of Permit CC- <u>62571</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				
~ · · · · · · · · · · · · · · · · · · ·	71 //			
New Name: Libby Inc of	Phone #: 360 ~ 749 - 176 2			
Trade Name:	Fax #: 701 - 1602 572 - 1101			
Mailing Address: 1008	Physical Address: (if different)			
Street/P.O. Box Rockwith 9861	Street astle Rock WA 98611			
City, State Zip	City, State Zip			
USDOT # 3152 (If you don't have one, you can apply online at www.fmcsa.do1,gov/online-registration or contact 360-596-3816 or 360-596-3803 for assistance.				
Unified Business Identifier Number (UBI): 603 110 7430				
□ Individual □ Partnership ¬ Corporation — State of Incorporation WA				
(LP, LLP, LLC)				
NAME TITLE PERCENTANGE OF SHARES 100				
1,2,4,0,1				
CURRENT BUSINESS INFORMATION HAGE				
Current Name: C Libby	Phone #360 - 749-1762			
Trade Name: DAB Libby Truch	Una Fax #: 701 - 572 - 1101			
Mailing Address Box 1988 Physical Address: 9477				
Street/P.O. Box	Street Barnes Dr			
City, State ZipCustle Rock WA 9841 City, State Zipstle Rock, WA 9841				
Andividual Partnership Corporation State of Incorporation				
NAME TITLE	PERCENTANGE OF SHARES			
Fic Libby Pres 100				

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)

7/13/11 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 D B LIBBY INC of PO BOX 1888, CASTLE ROCK, WA 98611 a policy or policies of insurance effective from 07/12/2011 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 14th day of July, 2011

Insurance Company File No. CA 08045049

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B