

TV-120043



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

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

*1/6/12*

**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**

*160701*

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

Credit Card Information (if applicable)

Amount \$ 50.00      COMPANY NAME: Rojas Express 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: *Jane Rojas*      Date 1/4/2012

<i>For Commission Use Only</i>		
111-2068-200-02 <u>50.00</u>	Received date:	ID: <u>6790</u>
		Insurance: <u><i>[Signature]</i></u>

037310

Holder of Permit CC- 64252 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:

6790

**NEW BUSINESS INFORMATION**

New Name: <u>Jose Rojas Jr</u>	Phone #: <u>956-453-2115</u>
Trade Name: <u>Rojas Express LLC</u>	Fax #: <u>956-205-2971</u>
Mailing Address: <u>same</u>	Physical Address: (if different)
Street/P.O. Box: <u>P.O. Box 510</u>	Street: <u>108 N Chestnut</u>
City, State Zip: <u>Toppenish, WA 98948</u>	City, State Zip: <u>Toppenish, WA 98948</u>
USDOT # <u>2069147</u> (If you don't have one, you can apply online at or contact 360-596-3816 or 360-596-3803 for assistance.)	
Unified Business Identifier Number (UBI): <u>603-148-361</u>	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State of Incorporation <u>LLC</u> (I.P, LLP, LLC)	
<u>NAME</u>	<u>TITLE</u>
<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>Jose Rojas Jr</u>	<u>Owner</u>
<u>108 N Chestnut, Toppenish, WA 98948</u>	<u>100%</u>

**CURRENT BUSINESS INFORMATION**

6414

Current Name: <u>Jose Rojas Jr</u>	Phone #: <u>956-453-2115</u>
Trade Name: <u>Rojas Express</u>	Fax #: <u>956-205-2971</u>
Mailing Address: <u>980 N Comas Rd</u>	Physical Address:
Street/P.O. Box: <u>Wapato, WA 98951</u>	Street: <u>980 N Comas Rd</u>
City, State Zip: <u>Wapato, WA 98951</u>	City, State Zip: <u>Wapato, WA 98951</u>
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (LP, LLP, LLC)            State of Incorporation _____	
<u>NAME</u>	<u>TITLE</u>
<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>Jose Rojas Jr</u>	<u>Owner</u>
<u>980 N Comas Rd Wapato, WA 98951</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.

Jose Rojas  
Signature(s)

1/4/2012  
Date

*V/R  
NAME  
Change  
(6414)  
sent  
appl*

M-5424 (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 ROJAS EXPRESS LLC  
(Name of Motor Carrier)

of 108 N CHESTNUT, TOPPENISH, WA 98948  
(Address of Motor Carrier)

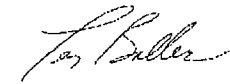
a policy or policies of insurance effective from 11/16/2011 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance 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 Commissioner.

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

this 17th day of November, 20 11

  
\_\_\_\_\_  
Authorized Representative

Insurance Company File No. 70TRS016629  
(Policy Number)

750,000 CSL