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OCT 13 2014

WASH. UT. & TP. COMM

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](http://www.utc.wa.gov)  
[transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

**COMMON CARRIER OF PROPERTY**  
 (Excluding Household Goods Carriers and Brokers)

**APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE**

Per WAC 480-14-210

FEE: \$50.00

For Official Use Only		ID: 16702
111-0268-200-02	50.00	Received Date: 10-14-14
Receipt ID: 051478	Payment ID: 710042577	Docket TV- 143784
		Insurance:

**Application for Change of Name or Business Structure may be used ONLY in the following circumstances:**

- Carrier changes registered name, with no change in ownership or business structure.
- The carrier changes its business structure:
  - a. From an individual to a corporation or limited liability company (LLC), when the individual is the majority stockholder.
  - b. From an individual to a partnership, when the individual is the majority partner.
  - c. From a corporation or LLC to a sole proprietorship of the majority shareholder.
  - d. From a partnership to a sole proprietorship of the majority partner.
- Carrier changes from partnership to a corporation or LLC when the partners are the majority stockholders in the same proportionate ownership.
- Carrier changes from a corporation or LLC to another corporation or LLC where both corporations or LLC's are wholly owned by the same stockholders in the same proportions.

Holder of Permit CC- 57531 asks the UTC for authority to change the name of its business or the business structure of the carrier named below under RCW 81.80 and WAC 480-14 to:

New Business Information

New Legal Name: AqVentures NW, LLC Phone: 509-982-2691  
 Trade Name: Same Fax #: 509-982-2926  
 Mailing Address: P.O. Box 247 Physical address (if different):  
 Street/PO Box: \_\_\_\_\_ Street: 2 N. Division  
 City, State Zip Odessa, WA 99159 City, State, Zip Odessa, WA 99159  
 Unified Business Identifier Number (UBI): 602616170  
 Email address: Keith@aqventuresnw.com USDOT number: 1899533

Type of Business Structure:

Individual  Partnership  Limited Liability Company  Corporation State of Inc. \_\_\_\_\_

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>Keith Bailey</u>	<u>Pres./CEO</u>	<u>P.O. Box 828</u> <u>Davenport, WA 99122</u>	<u>0</u>

Current Business Information

Current Legal Name: Reardan Grain Growers, Inc. Phone: 509-796-4141  
Trade Name: Reardan Grain Growers, Inc. Fax #: 509-796-4145  
Mailing Address: P.O. Box 185 Physical address: (if different):  
Street/PO Box: \_\_\_\_\_ Street: N. 125 Aspen St.  
City, State Zip: Reardan, WA 99029 City, State, Zip: Reardan, WA 99029  
 Individual  Partnership  Limited Liability Company  Corporation State of Inc. WASH.

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>Keith Bailey</u>	<u>GM/Corp</u>	<u>P.O. Box 828</u> <u>Davenport, WA 99122</u>	<u>0</u>

Certification: I, the undersigned, 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 transfer CC- 57531 as provided in RCW 81.80.

I, the undersigned, under penalty for false statement, certify that the information contained in this application is true and correct, and that I am authorized to execute and file this document on behalf of the applicant.

Keith Bailey \_\_\_\_\_ 09/24/14  
Signature Date

## TYPE OF PAYMENT

Check     Money Order

Amount \$50.00

Amex     Discover     Mastercard     Visa

Expiration Date 12/15

Credit Card number:

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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.

Company Name: AgVentures WA.

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

If paying by credit card, you may fax your application to 360-586-1181 or scan to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

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

66702  
K. Poydang

Filed with Washington Utilities & Transportation Commission (herein after called Agency)  
(Name of Agency)

This is to certify that the Nationwide Agribusiness Insurance Company  
(Name of Company)  
(herein after called Company) of 1100 Locust Street Dept 3040, Des Moines, IA, 50391  
(Home Address of Company)

has issued to AgVentures NW, LLC of PO Box 247, Odessa, WA, 99159  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 05/15/2014 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 1100 Locust Street  
Des Moines IA 50391 This 27th day of Oct 20 14  
(Address) (Day) (Month) (Year)

Insurance Company File No. CPP125507B  
(Policy No)

Thomas W. Jurgens  
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00