

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

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
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

<i>For Official Use Only</i>		ID: <u>17100 17219</u>
111-0268-200-02	Received Date: <u>8/21/15</u>	Docket TV- <u>151748</u>
Receipt ID:	Payment ID: <u>343730</u> <i>OPAY</i>	Insurance: <input checked="" type="checkbox"/>

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-065162 ✓ 6/24/15 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: PHC Trucking LLC Phone: 509-3910-9783 ✓
 Trade Name: _____ Fax #: 509-1019-0373 ✓
 Mailing Address: 3306 W. 7th Ave ✓ Physical address (if different): _____
 Street/PO Box: _____ Street: _____
 City, State Zip Kennecook WA 99336-4649 City, State, Zip _____
 Unified Business Identifier Number (UBI): 6034169481 New
 Email address: panchoswork@hotmail.com USDOT number: 2390430 ✓

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>
Francisco Ibarra Garcia	Owner	3300 W. 7th Ave Kennewick WA 99336	100%

Current Business Information

Current Legal Name: Francisco Ibarra Garcia Phone: 509 391-9783

Trade Name: PAC Trucking LLC Fax #: 509-619-0373

Mailing Address: 3300 W. 7th Ave Physical address: (if different): _____

Street/PO Box: _____ Street: _____

City, State Zip: Kennewick WA 99336 City, State, Zip: _____

Individual Partnership Limited Liability Company Corporation State of Inc. _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
Francisco Ibarra Garcia	Owner	3300 W. 7th Ave Kennewick WA 99336	100%

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-005962 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.

Francisco Ibarra Garcia
Signature

8/18/15
Date

CT153418

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

Filed with WASHINGTON UTILITIES & Transportation Comm (hereinafter called Commission)

This is to certify, that the

NORTHLAND INSURANCE COMPANY

(hereinafter called Company) of

One Tower Square, Hartford, CT 06183

has issued to

P H C TRUCKING LLC

of

6700 HARDESON RD EVERETT WA 98203

a policy or policies of insurance effective from 08/19/2015 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 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 canceled 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 One Tower Square, Hartford, CT 06183 this 19th day of August, 2015

Insurance Company File No. CT153418 (Policy Number)
[Signature]
Authorized Company Representative