

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: 173at |
| 111-0268-200-02 | Received Date: | Docket TV- 160027 |
| Receipt ID: | Payment ID: 276205 | 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-64219 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: Ralph Deleon Phone: 509-307-8000
 Trade Name: Delra Trucking LLC Fax #: _____
 Mailing Address: PO Box 346 Physical address (if different): _____
 Street/PO Box: 102 So H St. Street: _____
 City, State Zip: TODDENSEN, WA 98948 City, State, Zip: WA
 Unified Business Identifier Number (UBI): 603-572-136
 Email address: Delrastrucking@Hotmail.com USDOT number: 1928134

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> |
|--------------|--------------|----------------------------|-----------------------------|
| Ralph DeLeon | owner | 10250 H St. Topp. WA 98948 | 100% |

Current Business Information

Current Legal Name: Ralph DeLeon Phone: 509-307-8000

Trade Name: DeLeon Transport Fax #: _____

Mailing Address: PO Box 346 Physical address: (if different): _____

Street/PO Box: 10250 H St. Street: _____

City, State Zip: Toppenish, WA 98948 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> |
|--------------|--------------|----------------------------|-----------------------------|
| Ralph DeLeon | owner | 10250 H St. Topp. WA 98948 | 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-69219 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.

Ralph DeLeon
Signature

01-06-2016
Date

AMENDED NAME
64219

FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with **WASHINGTON UTILITIES & TRANSPORTATION COMMISSION**
(hereinafter called Commission)

This is to certify, that the **GREAT WEST CASUALTY COMPANY** (hereinafter called Company)
P.O. BOX 277 SO SIOUX CITY NE 68776

has
issued to: **DELRA TRUCKING LLC**
PO BOX 346
TOPPENISH WASHINGTON 989481758

a policy or policies of insurance effective from **1/13/16** 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 **1100 W 29TH ST** **SOUTH SIOUX CITY NE 687760277**
this **13 TH** day of **JANUARY** **2016**
Insurance Company File No. **MCP14184A**
2090 (Policy Number)


Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)).

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