

**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: 17409
111-0268-200-02	Received Date: 11/3/16	Docket TV-180076
Receipt ID:	Payment ID: 013441	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- 6487 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: PACIFIC EXPRESS CARRIERS LLC Phone: 509-575-8808  
 Trade Name: \_\_\_\_\_ Fax #: 509-453-8694  
 Mailing Address: PO Box 10473 Physical address (if different): \_\_\_\_\_  
 Street/PO Box: \_\_\_\_\_ Street: 24 W MEAD AVE  
 City, State Zip YAKIMA WA 98909 City, State, Zip YAKIMA WA 98902  
 Unified Business Identifier Number (UBI): 601 971 142  
 Email address: BRENT@PECARRIERS.COM USDOT number: 835846

Type of Business Structure:

Individual  Partnership  Limited Liability Company  Corporation State of Inc. WA

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>BRENT ALDERMAN</u>	<u>Gm</u>	<u>Po Box 10473 Yakima WA 98909</u>	<u>100%</u>

Current Business Information

Current Legal Name: RAHIER ENTERPRISES LLC Phone: 509-575-8808

Trade Name: RAHIER TRUCKING Fax #: 509-453-8694

Mailing Address: Po Box 10473 Physical address: (if different):

Street/PO Box: \_\_\_\_\_ Street: 24 W MEAD AVE

City, State Zip: YAKIMA WA 98909 City, State, Zip: YAKIMA WA 98902

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>BRENT ALDERMAN</u>	<u>Gm</u>	<u>Po Box 10473 Yakima WA 98909</u>	<u>100%</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- 6487 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.

Brent O Alderman \_\_\_\_\_ 1-13-16  
Signature Date

17909

CC6487  
\$1,000,000

**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**  
**P.O. BOX 277 SO SIOUX CITY NE 68776** (hereinafter called Company)

has issued to: **PACIFIC EXPRESS CARRIERS LLC**  
**24 W MEAD AVE**  
**YAKIMA WASHINGTON 98902**

a policy or policies of insurance effective from **1/01/16** 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 **14 TH** day of **JANUARY 2016**  
Insurance Company File No. **CLP924020**  
**0375** (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)).