

Jan. 19. 2016 4:03PM Licensing Services

No. 1605 P. 1



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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	Received Date:	ID:
31.0268-200-02		17420
Receipt ID:	Payment ID:	Docket TV:
	022245	66011
		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 LLCs are wholly owned by the same stockholders in the same proportions.

Holder of Permit CC: 46140 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: AMSTRACIO & COFFEE Phone: 509-346-7165
 Trade Name: COFFEE TRUCKING Fax #: 509-488-2084
 Mailing Address: _____ Physical address (if different): _____
 Street/PO Box: P.O. Box 728 Street: 390
 City, State ZIP: PAYMENCY, WA 99557 State, Zip: OTHELLO, WA 99131
 Unified Business Identifier Number (UBI): 603-573-720
 Email address: NA USDOT number: 2804041

Permitted

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No. 1605 P. 2

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. _____

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
ANASTACIO			100%
R. COEZE	OWNER	PO BOX 728 PAYN CITY, WA	

Current Business Information

Current Legal Name: ANASTACIO P. Phone: 509-346-7165

Trade Name: COEZE MUCKING SERVICE Box #: 509-488-2084

Mailing Address: P.O. Box 728 Physical address (if different):

Street: 390 CHRISTENSEN RD.

City, State Zip: PAYN CITY, WA 99344

Individual Partnership Limited Liability Company Corporation State of Inc. _____

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
ANASTACIO P.			100%
COEZE	OWNER	P.O. BOX 728	

PAYN CITY, WA. 99344

Certification: I, the undersigned, affirm 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- 66140 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.

Signature: Anastacio Cortes Ruiz Date: 1/21/15

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to ANASTACIO R CORTEZ, CORTEZ TRUCKING of 390 CHRISTENSEN RD, OTHELLO, WA 99344 a policy or policies of insurance effective from 01/28/2016 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 Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143
this 28th day of January, 2016

Insurance Company File No. CA 02853776
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B