

Withdrawing Application RELEASE OF AUTHORITY FOR CANCELLATION

TV 130422

TO: Washington Utilities and Transportation Commission
Licensing Services
P.O. Box 47250
Olympia, WA 98504-7250
(360) 664-1222 or fax @ (360) 586-1181

The undersigned, holder of Permit/certificate number(s):
G _____ C _____ CH/ES _____
CC _____ HG _____ TCC _____
OTHER _____

Does hereby declare that the authority is no longer being used and is hereby surrendered to the Commission for cancellation. (Attach original permit or certificate, if available)

Abdirahman _____ 04/12/2013 _____
SIGNATURE OF CARRIER DATE

MAHDI COURIER SERVICES _____
NAME OF CARRIER (Please print)

3726 S. 180TH ST Apt C204. Seatac WA 98188 _____
ADDRESS

Seatac WA 98188 _____
CITY-STATE-ZIP

206-802-5760 _____
(AREA CODE) - PHONE NUMBER