PLEASE NOTE: You must complete and sign this document, and send it to the Commission within 15 days after you receive the penalty assessment. Use additional paper if needed.

I have read and understand RCW 9A.72.020 (printed below), which states that making false statements under oath is a class B felony. I am over the age of 18, am competent to testify to the matters set forth below and I have personal knowledge of those matters. I hereby make, under oath, the following statements.

- 1. Payment of penalty. I admit that the violations occurred and enclose \$6,000 in payment of the penalty.
- Accept conditions. I admit that the violations occurred and enclose \$4,000 toward the payment of the penalty. I also accept the Commission's offer to suspend, and ultimately waive, the remaining \$2,000 penalty amount subject to the following conditions:
 - Vasiliys owners attend Dig Safe training provided through NUCA within twelve (12) months of the date of this Notice; and
 - Submit documentation of that attendance to the Commission within five (5)
 - Vasiliys incurs no additional violations of RCW 19.122 within twelve (12) months of the date of this Notice.
- Contest the violation. I believe that the alleged violation(s) did not occur for the reasons I describe below:
 - [] a) I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision.
- I ask for a Commission decision based solely on the information I provide above.
- Request mitigation. I admit the violations, but I believe that the penalty should be reduced for the reasons set out below:

I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision.

I ask for a Commission decision based solely on the information I provide above.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing, including information I have presented on any attachments, is true and correct.

Dated: 8.13.2020 [Month/Day/Year], at Auburn WA [City, State]

Vasiliy Polivoda Jame of Respondent (Company) - please print

Signature of Applicant