WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

PENALTY ASSESSMENT D-220317 Investigation #8537

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: Payment of penalty. I admit that the violation occurred and enclose \$1,000 in payment of the penalty. Accept the Conditions. I admit that the violation occurred. I enclose \$200 and accept the Commission's offer to suspend, and ultimately waive, the remaining \$800 penalty amount subject to the following conditions: Allied supervisors and applicable field staff must attend dig safe training provided through NUCA within 45 days of the date of this Notice; and Allied must submit documentation of that attendance to the Commission within 5 days of attending the training. Contest the violation. I believe that the alleged violation did not occur for the reasons I describe below (if you do not include reasons supporting your contest here, your request will be denied): RECEIVED JUL 0 1 2022 WASH. UT. & TP. COMM I ask for a hearing to present evidence on the information I provide above to an a) administrative law judge for a decision. I ask for a Commission decision based solely on the information I provided above. OR 4. **Request mitigation.** I admit the violations, but I believe that the penalty should be reduced for the reasons set out below (if you do not include reasons supporting your application here, your request will be denied): 0 1 20/2 WASH, UT. & TP. COMM 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 provided 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: 6/23/2022 [Month/Day/Year], at Longview, WA. [City, State]

Allies Resources Group LLC

Name of Respondent (Company) - please print

Signature of Applicant