

**HOUSEHOLD GOODS CARRIER  
 PERMIT APPLICATION**

**RECEIVED**  
 JUN 23 2004

WASH. UT. & TP. COMM.

| Type of Household Goods Authority Requested – Check one   | Fee Required |
|---|--------------|
| <input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment F   | \$50         |
| <input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachments A & B   | \$250        |
| <input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachments A & B   | \$550        |
| <input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachments B & C | \$550        |
| <input checked="" type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B, C, & D  | \$250        |
| <input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) – Complete pages 1 - 2 and include a statement justifying the reinstatement                      | \$250        |
| <input type="checkbox"/> Name Change – Complete page 1 and Attachment E   | \$35         |
| <input type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A   | \$550        |

**TYPE OF PAYMENT**

Check     Money Order     Amex     Discover     Mastercard     Visa

Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): Mark Doubravsky Date: 11-20-2002- 5-21-2004

Signature: *Mark Doubravsky* Title: President

**FOR OFFICIAL USE ONLY**

|                                     |   |                        |                                    |
|-------------------------------------|---|------------------------|------------------------------------|
| Date Filed: <u>6/24/04</u>          | Staff Assigned: <u><i>[Signature]</i></u> | Motcar: <u>31892</u>   | Permit Issued: HG-                 |
| Tariff Maint: <u>N/A</u>            | Insurance: <u>0007679</u>                 | Inspection:            | DOL/SOS: <u><i>[Signature]</i></u> |
| Reception #: <u>111-0268-207-02</u> | <u>100.00</u>                             | <u>111-0268-202-01</u> | <u>111-0268-013-20</u>             |

P79287

032.05    6.48

TV-04114

Name of Applicant Mark Doubravsky Trucking, Inc.  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 1033 East Broadway Goldendale, Washington 98620

Mailing Address P. O. Box 361 Goldendale, Washington 98620

Telephone Number (509) 773-5485 Fax Number (509) 773-5485

UBI # 602 050 770 000 *MD* Email: \_\_\_\_\_

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation     Other \_\_\_\_\_  
(LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

| <u>Name</u>             | <u>Title</u>          | <u>Stock Distribution or Percentage of Shares</u> |
|-------------------------|-----------------------|---|
| Mark E. Doubravsky      | President             | 50%   |
| Kimberley S. Doubravsky | Secretary - Treasurer | 50%   |
|                         |                       |   |
|                         |                       |   |

Choose one of the following for the territory in which you wish to operate:

All counties in the State of Washington

The following named counties only: \_\_\_\_\_

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: The operations are the same, we would just like to transfer permit to Mark Doubravsky Trucking, Inc.

Briefly describe your experience in the transportation/household goods moving industry:  
Mark Doubravsky has been in this type of business for past 40 years.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?  
 No  Yes If yes, please indicate your permit number: CC-59947

Have you ever applied for and been denied a permit to operate as a motor carrier of property?  
 No  Yes If yes, please explain: \_\_\_\_\_

Do you currently operate interstate?  No  Yes If yes, please indicate your:  
 DOT# 894898 MC# 1677 Single State Registration Base State WA

Do you operate interstate as an agent of another company?  No  Yes If yes, what is the name of the company? not registered w/ WA

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state?  No  Yes If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a Class A or B Felony?  No  Yes If yes, please explain: \_\_\_\_\_

Have you been cited for violation of state laws or Commission rules?  No  Yes If yes, please explain: \_\_\_\_\_

| FINANCIAL STATEMENT  |            |  |           |
|--|------------|--|-----------|
| You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available |            |  |           |
| ASSETS   |            | LIABILITIES                              |           |
| Cash in Bank   | \$ 1,001.  | Salaries/Wages Payable                   | \$ 1,128. |
| Notes Receivable   | \$         | Accounts Payable                         | \$12,169. |
| Accounts Receivable  | \$ 11,948. | Notes Payable                            | \$        |
| Investments  | \$         | Mortgages Payable                        | \$        |
| Other Current Assets   | \$         | Other Lease                              | \$25,866. |
| Prepaid Expenses   | \$         | <b>TOTAL LIABILITIES</b>                 | \$39,163. |
| Land and Buildings   | \$         | NET WORTH                                |           |
| Trucks and Trailers  | \$ 52,950. | Preferred Stock                          | \$        |
| Office Furniture   | \$         | Common Stock                             | \$26,736. |
| Other Equipment  | \$         | Retained Earnings                        | \$        |
| Other Assets   | \$         | Capital                                  | \$        |
| <b>TOTAL ASSETS</b>  | \$ 65,899. | <b>TOTAL LIABILITIES &amp; NET WORTH</b> | \$65,899. |

## EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

| Year | Make     | License Number | Vehicle ID Number | Gross Vehicle Weight |
|------|----------|----------------|-------------------|----------------------|
| 1995 | KenWorth | A27635F        | #D22 Logs         | 86,000 lbs.          |
| 2000 | GMC      | A57542F        | household goods   | 10,000 lbs.          |
| 1985 | Brawley  | 2490NA         | household goods   | 8,000 lbs.           |
|      |          |                |                   |                      |

## SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and rules. Please refer to the WAC rules, Fact Sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

### SAFETY RESPONSIBILITIES

**COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383)** Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

|                            |                                 |
|----------------------------|---------------------------------|
| Name: Kimberley Doubravsky | Position: Secretary - Treasurer |
|----------------------------|---------------------------------|

**DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391)**

Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

|                            |                                 |
|----------------------------|---------------------------------|
| Name: Kimberley Doubravsky | Position: Secretary - Treasurer |
|----------------------------|---------------------------------|

**DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395)** Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

|                            |                                 |
|----------------------------|---------------------------------|
| Name: Kimberley Doubravsky | Position: Secretary - Treasurer |
|----------------------------|---------------------------------|

**CONTROLLED SUBSTANCES AND ALCOHOL TESTING AND TRAINING (Title 49, Code of Federal Regulations Part 382 & Part 40)** All persons who drive commercial vehicles must be involved in a Controlled Substance and Alcohol Testing and Training Program. This section does not apply to those applicants who only operate vehicles under 26,001 gross vehicle weight rating.

|                            |                                 |
|----------------------------|---------------------------------|
| Name: Kimberley Doubravsky | Position: Secretary - Treasurer |
|----------------------------|---------------------------------|

Check one of the following:

- We do not operate vehicles over 26,000 gross vehicle weight rating
- We contract with the following consortium to provide the required program:

Name: QCL, Inc.

Address: P. O. Box 1058 Ephrata, WA 98823

Contact Person: Michelle A. Smith Telephone: (509) 754-3944

- We either maintain a program, or are members of a program, that meets all of the minimum requirements of Parts 382 and Part 40.

|   |                                 |
|---|---------------------------------|
| <b>VEHICLE INSPECTION, REPAIR, AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396)</b><br>Companies must ensure that each motor vehicle operated is regularly inspected, repaired, and maintained.   |                                 |
| Name: Mark Doubravsky   | Position: President             |
| <b>INSURANCE REQUIREMENTS (WAC 480-15-530)</b> All companies must file and maintain proof of public liability and property damage insurance covering vehicles operated. (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more) |                                 |
| Name: Kimberley Doubravsky  | Position: Secretary - Treasurer |
| <b>CARGO INSURANCE REQUIREMENTS (WAC 480-15-550)</b> All companies must maintain cargo insurance coverage. (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more)   |                                 |
| Name: Kimberley Doubravsky  | Position: Secretary - Treasurer |

| <b>OPERATIONAL RESPONSIBILITIES</b>   |                                 |
|---|---------------------------------|
| <b>TARIFF RATES AND CHARGES (RCW 81.28.080 and WAC 480-15-490 &amp; WAC 480-15-500)</b> Companies must purchase and maintain an active subscription to Tariff #15-A. Only those rates that are published in that tariff are to be charged.  |                                 |
| Name: Kimberley Doubravsky  | Position: Secretary - Treasurer |
| <b>ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480)</b> Companies must annually file a report of their financial operations and pay regulatory fees.   |                                 |
| Name: Kimberley Doubravsky  | Position: Secretary - Treasurer |
| <b>STATE OF WASHINGTON – general laws, rules and regulations:</b> Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the state of Washington, such as, <u>but not limited to:</u> Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security. |                                 |
| Name: Kimberley Doubravsky  | Position: Secretary - Treasurer |

| <b>DECLARATION OF APPLICANT:</b>   |  |
|--|--|
| <i>I understand that filing this application <b>does not</b> give me the immediate authority to operate as a household goods mover and that I cannot operate legally until I receive a permit from the Commission.</i>   |  |
| <i>As the applicant for a household goods permit, I understand the responsibilities of a motor carrier, and I am in compliance with all local, state, and federal regulations governing businesses, including household goods movers, in the state of Washington.</i>  |  |
| <i>I understand that if the Commission grants my application as a new entrant I will be granted temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the Commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.</i> |  |
| <i>I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.</i>  |  |
| Mark Doubravsky<br>Print name of applicant   | <br>Signature of Applicant |
| 5-21-2004<br><del>11-20-2002</del> Goldendale,<br>Date & Place WA.   |  |

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

# For the Operation of Motor Propelled Vehicles

pursuant to the provisions of Chapter 81 RCW

THIS IS TO CERTIFY that authority is granted to operate as a MOTOR CARRIER in the transportation of the commodities and in the territory described herein to

Doubravsky/Doubravsky, Inc.  
P.O. Box 191  
Goldendale, WA 98620

PERMIT NO.  
CC-135

D-2

M-D-2-3-7-8-11-13-17

Intrastate, irregular route, nonradial service as a carrier of Household Goods; Heavy Machinery; Agricultural Commodities consisting of Hay and Straw in the State of Washington; Grain and Feed; and Building Materials (excluding cement in bulk in tank or bottom dump vehicles or similar specialized equipment) in Eastern Washington; Unmanufactured or unprocessed Agricultural Commodities from points of production on farms for distances not to exceed 50 miles in Eastern Washington or 25 miles in Western Washington; Grapes from points in Klickitat County to Spokane; Box Shook in Klickitat, Yakima and Benton Counties and intercounty; Forest Products consisting of Logs in Klickitat County and from points in Klickitat and Yakima Counties to points in Yakima County; and as a carrier engaged in Dump Truck operations in Clark, Skamania, Klickitat, Yakima and Benton Counties and intercounty. Waiver of WAC 480-12-085 is granted to permit this carrier to transport their own materials, supplies and equipment in the State of Washington. Interstate operations as may be permitted under the exemptions of the Interstate Commerce Act.

Sub. 1 Intrastate, irregular route, nonradial service as a carrier of Forest Products consisting of Logs in Skamania, Klickitat and Yakima Counties and from points in said counties dumps in the State of Washington; and Building Materials from points in Western Washington to points in Eastern Washington.

M. V. No. 135971

5-15-87

WASHINGTON UTILITIES AND TRANSPORTATION  
COMMISSION

By Thomas Tischer



# ATTACHMENT B

## HOUSEHOLD GOODS TARIFF Purchase Price and Maintenance Fees

The tariff names the rates, charges and governing rules for the transportation of Household Goods between points in the state of Washington (Washington Intrastate Traffic). Under the provisions of Title 81.80 RCW (State Law) and Chapter 480-15 WAC (Commission rules) household goods carriers must purchase and maintain copies of the Commission-published tariff. Copies must be kept, subject to public inspection, in your main office and in each billing office.

Household goods carriers must purchase the tariff and pay annual maintenance fees. Maintenance fees pay for amended pages mailed to you throughout a calendar year. Maintenance fees are calculated based on the month in which they are paid. See the chart below to determine the appropriate Tariff Purchase and Maintenance Fees to be paid with your order.

| Month Paid   | Single Copy<br>Tariff Price | Single Copy Annual<br>Maintenance | Sales Tax | Total Due<br>(Per copy) | Number<br>Ordered |
|--|-----------------------------|-----------------------------------|-----------|-------------------------|-------------------|
| January, February,<br>March  | \$8.00                      | \$24.00                           | \$2.56    | \$34.56                 |                   |
| April, May, June   | \$8.00                      | \$18.00                           | \$2.08    | \$28.08                 |                   |
| July, August, September  | \$8.00                      | \$12.00                           | \$1.60    | \$21.60                 |                   |
| October, November,<br>December   | \$8.00                      | \$6.00                            | \$1.12    | \$15.12                 | one               |
| Maintenance already<br>paid – wish to order only<br>a new copy of the tariff | \$8.00                      | N/a                               | \$0.64    | \$8.64                  |                   |

*\*Please Note: no sales tax due if tariff is mailed to an address outside the state of Washington.*

Applicant's Name: Mark Doubravsky Trucking, Inc.

Mailing Address: P. O. Box 361

City/State/Zip: Goldendale, Washington 98620

Number of copies purchased: 1 - maintenance

Total tariff fees enclosed: \$ 6.48

Already purchased tariff 15-A

*no longer needed*

## ATTACHMENT D

### TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-260

1. The Commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
  - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
  - A sole proprietor has died and the interest is being transferred as property of the estate;
  - An individual has incorporated, and the same individual remains the majority shareholder;
  - An individual has added a partner, but the same individual remains the majority partner;
  - A corporation has dissolved and the interest is being transferred to the majority shareholder;
  - A partnership has dissolved and the interest is being transferred to the majority partner;
  - A partnership has incorporated and the partners are the majority shareholders; or
  - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

\*\*\*NOTE\*\*\*Documentation must be included with your application. Documentation may be in the form of a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason (check box, if applicable):
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
    - a. Has the permit been actively used by the current owner to provide household goods moving services during the past twelve-month period?  No  Yes
    - b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability: Corporation re-organized, settlement among shareholders results distribution to Mark Doubravsky of assets including this permit.
    - c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained: Mark Doubravsky has been in this type of business for past 40 years.



**ATTACHMENT C**

**Transfer or Acquisition of Control**

Applicant is seeking one of the following - please check one:

Transfer    Acquisition of Control

Doubravsky - Doubravsky, Inc.

Current Name on Permit (Seller)

Current Trade Name on Permit (Seller)

P. O. Box 361                      Goldendale, Washington   98620

Address (Seller)

HG-135

(509) 773-5485

Permit Number

Phone Number (Seller)

Will the seller's copy of Tariff 15A be transferred to the buyer?    Yes    No   If no, the buyer must complete Attachment B.

Does the transfer of this permit fall under the provisions of WAC 480-15-260?    No    Yes   If yes, please complete Attachment D.

Have all fines and/or penalties been paid?    No    Yes

Has the closing annual report been filed with the Commission?    No    Yes

A customer may file a loss or damage claim for up to nine months following a move, and up to two years for a lawsuit. Who will be responsible for handling claims filed by customers for loss and/or damage that occurred on moves taking place prior to the sale and transfer or acquisition?

Scott Doubravsky   P. O. Box 1582   Goldendale, Washington   98620

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG- 135 to the following:

Mark Doubravsky Trucking, Inc.

Name of Buyer

Trade Name of Buyer

**We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.**

Signature on file with original forms

June 4th., 2002

Date & Location

Seller's Signature

Doubravsky / Doubravsky, Inc.

11-20-2002   Goldendale, WA.

Date & Location

Buyer's Signature

Mark Doubravsky Trucking, Inc.

5-21-2004   Goldendale, WA.

# APPLICATION FOR TRANSFER OF PERMIT

BEFORE THE  
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

*Household Goods*

In the Matter of Application for transfer of common or contract carrier permit to transport property for compensation by motor vehicle subject to provisions of Chapter 81.80 RCW, and the rules of the Washington Utilities and Transportation Commission.

|                      |               |
|----------------------|---------------|
| (FOR COMMISSION USE) | P No. _____   |
| Date Received _____  | Ins _____     |
| Receipt No. _____    | Sig _____     |
| Transfer fee _____   | Tariffs _____ |
| Stamp Fee _____      | Permit _____  |

OBSOLETE FORM see other app

Application is hereby made by the undersigned parties for transfer of  all  a portion  of  Common  Contract

Carrier Permit No. CC-135 under the provisions of section 81.80.270 or 81.80. 272 RCW.

NOTE: If the transfer is for a portion of rights, enclose a separate sheet setting forth specifically the commodities and territory to be transferred, together with a proposed revision of the balance of the permit in compliance with WAC 480-12-030.

1. Name of holder of permit (Transferor) Doubravsky / Doubravsky, Inc.

2. Trade name, if any \_\_\_\_\_

3. Address P. O. Box 361 Goldendale, Washington 98620

Business Telephone No. (509) 773-5485

4. Is permit, or any interest in the permit sought to be transferred a part of a deceased person's estate?  yes  no  
If answer is "yes", request Form D from the Commission.

5. Name of applicant (Transferee) Mark Doubravsky Trucking, Inc.  Individual  Partnership  Corporation  
(Must correspond with name on insurance policy)

6. Trade name, if any \_\_\_\_\_

7. Address P. O. Box 361 Goldendale, Washington 98620

Business Telephone No. (509) 773-5485

8. (a) If applicant is a corporation, list names and stock distribution of major stockholders and the name of the State in which incorporated.

Mark Doubravsky 50%

Kimberley Doubravsky 50%

Washington

(b) If applicant is a partnership, list names and percentage of interest of each of the partners.

9. Are applicants represented by counsel?  Yes  No. (509) 248-6030

For Transferor: Name Brendon Monahan Telephone No. \_\_\_\_\_

Address P. O. Box 22550 Yakima, Washington 98907

For Transferee: Name Michael F. Shinn Telephone No. (509) 575-6611

Address P. O. Box 22730 Yakima, Washington 98907

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JUL 25 2002  
WASH. UT. & TP COMM

207-02 \$150.00  
032-05 2.00

0010306

FOR COMMISSION USE ONLY

Employee's Number \_\_\_\_\_

Field Receipt Number \_\_\_\_\_

Date Receipt Issued \_\_\_\_\_

10. Does transferee now hold another Common or Contract Carrier, Forwarder or Broker permit issued by the Washington Utilities and Transportation Commission, or is he an officer, director, stockholder, partner, employee or agent of the holder of such a permit or in any way financially interested in the holder of any such permit? If so, give permit number and indicate nature and extent of such interest.  
CC-59947                      100% owner                      Trucking

11. Has transferee (individually, as a partner, or as a stockholder) in the past held a permit issued by the Washington Utilities and Transportation Commission? If so, give number or description of permit and reason why he does not now hold such permit.  
15% Owner CC-135      Doubrovsky / Doubrovsky, Inc.

12. Are there any outstanding liens, claims for loss or damage or liabilities for COD collections against transferor?..... No      If "yes", will all such liens or other liabilities be satisfied before consummation of transfer herein applied for?.....

13. (a) State fully the reasons why applicant seller requests transfer of permit: Corporation re-organized settlement among shareholders results distribution to Mark Doubrovsky of assets including this permit.

(b) Copy of purchase agreement must be attached.

NOTE: If transferor is a corporation attach copy of resolution of board of directors or stockholders authorizing transfer.

14. Does transferee (Buyer) have in his possession a copy of the Law and Rules relating to Motor Freight Carriers in the State of Washington? (X) Yes ( ) No.

15. Is transferee familiar with said law and rules of the Commission?      yes

16. Has transferee been cited for violation of the Law and Rules of the Commission Governing Motor Freight Carriers? If so, explain.  
No

17. Give short statement of transferee's experience, if any, in the motor freight carrier industry.  
Mark Doubrovsky has been in this type of business for past 40 years.

18. a. Is current permit attached for amendment pursuant to Commission order? Yes..... No<sup>X</sup>.....  
b. If no, do you believe, after diligent search, that the original permit has been lost? Yes.....<sup>X</sup> No.....  
(A \$2.00 fee must be enclosed to cover the cost of issuance of a duplicate permit.)

19. Does transferee desire waiver of WAC 480-12-085, if shown on permit, transferred? ( ) Yes ( ) No.  
a. If yes, state reason.      The operations are the same, we would just like to transfer permit to Mark Doubrovsky Trucking, Inc.

b. What percentage of total hauling will come under this waiver? .....%.

c. Transferee must keep separate records of activities under the waiver of WAC 480-12-085 as well as that of a Common or Contract Carrier.

20. The following is the financial statement of transferee (buyer)\* Mark Doubravsky Trucking, Inc  
 (Name)

| ASSETS                                    |            | LIABILITIES                         |            |
|---|------------|-------------------------------------|------------|
| Cash on hand and in bank.....             | \$ 1,001.  | Salaries and wages payable .....    | \$ 1,128.  |
| Notes receivable .....                    |            | Accounts payable .....              | 12,169.    |
| Accounts receivable .....                 | 11,948.    | Notes payable .....                 |            |
| Inventories .....                         |            | Contracts payable .. lease.....     | 25,866.    |
| Other current assets .....                |            | Mortgages payable .....             |            |
| Bonds and mortgages owned.....            |            | Bonds outstanding .....             |            |
| Investments in affiliated companies ..... |            | Advance payments by others .....    |            |
| Other investments .....                   |            | Reserves .....                      |            |
| Land .....                                |            | Total liabilities .....             | \$ 39,163. |
| Buildings .....                           |            | NET WORTH                           |            |
| Trucks, trailers and cars .....           | 52,950.    | Preferred stock .....               |            |
| Shop equipment .....                      |            | Common stock .....                  | 26,736.    |
| Furniture and fixtures .....              |            | Surplus .....                       |            |
| Prepaid expenses .....                    |            | Proprietorship .....                |            |
| Other assets .....                        |            | Total liabilities and net worth. \$ | 65,899.    |
| Total assets .....                        | \$ 65,899. |                                     |            |

\*Enclose balance sheet and profit and loss statement if available.

21. The following power equipment which transferor is authorized to use in Washington will be transferred:

| YEAR AND MAKE | Gas or Diesel | Motor Number | Serial Number | Gross Licensed Weight | License Number | W.U.T.C. Stamp Number |
|---------------|---------------|--------------|---------------|-----------------------|----------------|-----------------------|
| 1973 KenWorth | D             |              | IXKWD29X7BM   | 192575                | A52055E        |                       |
|               |               |              |               | 68,000 lbs.           |                |                       |
|               |               |              |               |                       |                |                       |
|               |               |              |               |                       |                |                       |
|               |               |              |               |                       |                |                       |

22. The following property, other than the permit and the power equipment listed above, will be transferred:  
 None

23. Is transferee or any person controlling his or its activities directly or indirectly engaged in or in a position to control or direct the shipment or transportation of commodities in any manner not covered by previous questions? If so, describe in full.

No

24. Are the transferor's W.U.T.C. tariffs up to date, and are they to be transferred to transferee? (X) Yes ( ) No. If transferor has individually filed tariff will transferee file a similar tariff? ( ) Yes (X) No.

25. Does transferee understand that shipments must be billed in accordance with the applicable tariffs? yes

26. Are the transferor and transferee familiar with WAC 480-12-250 requiring the filing of annual report on cessation of operation? yes; and do they jointly bind themselves to see that said rule is complied with immediately on being advised that transfer is granted? yes

27. The transferor (seller) must maintain insurance in his name until the transfer has been granted by the Commission.

28. Before a transfer can be granted transferee (Buyer) must arrange to have filed with the Commission, by his insurance company, a Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance.
29. Transfer application fee of \$150.00 must accompany this application.
30. Enclosed is money order, bank draft or certified check for \$ 152.00 which includes \$ 150.00 for application fee, \$ -0- for regulatory fee, \$ -0- for identification stamp fee, and \$ -0- for tariffs as required. \$ 2.00 duplicate permit issued.
31. APPLICANT UNDERSTANDS THAT THE FILING OF THIS APPLICATION DOES NOT IN ITSELF CONSTITUTE AUTHORITY TO OPERATE, AND THAT NO OPERATIONS MAY BE CONDUCTED UNTIL A PERMIT IS RECEIVED FROM THE COMMISSION. IF THE COMMISSION ASSIGNS THIS APPLICATION FOR FORMAL HEARING THE TRANSFEROR OR ITS QUALIFIED REPRESENTATIVE AND THE TRANSFEREE WILL BE REQUIRED TO BE PRESENT AT THE HEARING. YOUR ATTENTION IS ALSO DIRECTED TO THE PROVISIONS OF WAC 480-12-045(4).

Date June, 25th  
~~May 14th~~, ~~18~~ 2002

Scott Doubravsky (Pres.)  
 Signature of Transferor (Seller)

Doubravsky / Doubravsky, Inc.  
 Scott Doubravsky

[Signature]  
 Witness—Commission Employee or Attorney

MR

Date 31  
 May ~~14th~~, ~~18~~ 2002

Mark Doubravsky  
 Signature of Transferee (Buyer)

Mark Doubravsky Trucking, Inc.  
 Mark Doubravsky - President

[Signature]  
 Witness—Commission Employee or Attorney

WSP#14679

KLICKITAT COUNTY TITLE COMPANY

23755

FILE #: W-30949 AMOUNT: \$152.00 DATE: 07/22/02 CODE:

PAYEE: -- Washington UTC ALT:

SELLER(S) -- Scott Doubravsky and Estate of Edward Doubravsky

BUYER(S) -- Mark Doubravsky and Kim Doubravsky

PROPERTY LOCATION --

Permit Transfer

RECEIVED  
JUL 25 2002  
WASH. UT. & TP. COMM.

Agreement filed with the previous...

**BE IT FURTHER RESOLVED**, That in exchange for receipt of all of Mark Doubravsky's shares and the resignation of Mark Doubravsky and Kimberly Doubravsky from all positions as officers and directors, the Corporation shall distribute to Mark Doubravsky the assets set forth in Exhibit A attached hereto and incorporated herein by reference, including Permit No. CC-135 issued by the Washington Utilities and Transportation Commission.

**BE IT FURTHER RESOLVED**, That it is in the best interests of the Corporation for the Corporation to join in the execution of the TEDRA Agreement to be filed in the estate of Charles Edward Doubravsky.

**BE IT FURTHER RESOLVED**, That the Corporation shall sell to Mark Doubravsky and Kimberly Doubravsky the Cross-Dump trailer (License # ZF-7330) owned by the Corporation for the price of \$250.00.

**BE IT FURTHER RESOLVED**, That Scott Doubravsky, as the sole officer of the Corporation, is hereby authorized and directed to execute and deliver any and all documents necessary to effect the transactions referenced above.

EFFECTIVELY DATED this 4 day of <sup>June</sup>~~May~~, 2002

**SHAREHOLDER:**

Scott Doubravsky  
SCOTT DOUBRAVSKY  
Personal Representative

**DIRECTOR:**

Scott Doubravsky  
SCOTT DOUBRAVSKY,  
Personal Representative

KLICKITAT COUNTY TITLE COMPANY

23755

FILE #: W-30949 AMOUNT: \$152.00 DATE: 07/22/02 CODE:  
ALT:

PAYEE: -- Washington UTC

SELLER(S) -- Scott Doubravsky and Estate of Edward Doubravsky

BUYER(S) -- Mark Doubravsky and Kim Doubravsky

PROPERTY LOCATION --

Permit Transfer

BORDER OF CHECK FACE AND ENDORSEMENT LINES ON BACK CONTAIN MICROPRINTING. MAGNETIC TO VERIFY ORIGINAL DOCUMENT.



KLICKITAT COUNTY TITLE COMPANY

ESCROW ACCOUNT 3  
129 WEST MAIN STREET  
GOLDENDALE, WA 98620  
509-773-5804

COLUMBIA RIVER BANK  
GOLDENDALE BRANCH  
GOLDENDALE, WA 98620

96-601/1232

23755

FILE #: W-30949

23755

PAY ONE HUNDRED FIFTY-TWO AND 00/100 DOLLARS \*\*\*

07/22/02

\*\*\*\*\*\$152.00\*

TO THE  
ORDER  
OF:

Washington UTC  
PO Box 47250  
Olympia, WA 98504

CHECK VOID AFTER 120 DAYS

⑈023755⑈ ⑆123206011⑆ 0602001964⑈

WARNING: THIS DOCUMENT HAS A SECURITY COLOR BACKGROUND ON FACE AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK.

23755

FILE #: W-30949 AMOUNT: \$152.00 DATE: 07/22/02 CODE:  
ALT:

PAYEE: -- Washington UTC

SELLER(S) -- Scott Doubravsky and Estate of Edward Doubravsky

BUYER(S) -- Mark Doubravsky and Kim Doubravsky

PROPERTY LOCATION --

Permit Transfer

NAMED  
INSURED  
AND  
MAILING  
ADDRESS

**MARK DOUBRAVSKY TRUCKING INC.  
PO BOX 361  
GOLDENDALE, WA 98620**

**RENEWAL DECLARATIONS**

**POLICY NUMBER 01-CE-813225-3  
RENEWAL OF 01-CE-813225-2 06-00**

**AGENT OREGON TRAIL INSURANCE LLC  
NAME 409 WEST 4TH STREET  
AND THE DALLES, OR 97058  
ADDRESS**

**POLICY PERIOD FROM 06-27-02 TO 06-27-03 12:01 AM  
STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.**

**36-61641 (541) 296-2395**

**THE TOTAL PREMIUM DUE FOR THE POLICY TERM IS \$8,743.00.  
YOU WILL BE BILLED THROUGH YOUR CUSTOMER ACCOUNT #016-1107-592-01.  
YOU NEED NOT PAY ANY PREMIUM AT THIS TIME. WE WILL SEND A BILLING  
STATEMENT IN A SEPARATE MAILING.**

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU  
TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

**THIS RENEWAL SERVES THE SAME PURPOSE AS WRITING A NEW POLICY WITH THE SAME PROVISIONS, CONDITIONS AND  
INSURING AGREEMENTS. THE INDIVIDUAL COVERAGE PART DECLARATIONS WHICH FOLLOW, LIST ALL OF THE FORMS THAT  
APPLY TO YOUR RENEWAL AND THOSE, IF ANY, WHICH NO LONGER APPLY. ONLY NEW OR REVISED FORMS ARE ATTACHED  
TO THIS RENEWAL. YOU MUST ADD THEM TO YOUR PRIOR POLICY.**

|   |              |           |                 |
|---|--------------|-----------|-----------------|
| <b>COMMERCIAL PROPERTY COVERAGE PART</b>  | <b>.....</b> | <b>\$</b> | <b>1,538.00</b> |
| <b>COMMERCIAL LIABILITY COVERAGE PART</b> | <b>.....</b> | <b>\$</b> | <b>1,168.00</b> |
| <b>COMMERCIAL AUTO COVERAGE PART</b>      | <b>.....</b> | <b>\$</b> | <b>6,037.00</b> |
|   |              |           | <b>8,743.00</b> |

\_\_\_\_\_  
(DATE) BY \_\_\_\_\_ (AUTHORIZED REPRESENTATIVE)

2475



**AMERICAN STATES INSURANCE COMPANY**

**SEATTLE, WASHINGTON  
COMMERCIAL PACKAGE POLICY**

NAMED INSURED AND MAILING ADDRESS  
**MARK DOUBRAVSKY TRUCKING INC.  
 PO BOX 361  
 GOLDENDALE, WA 98620**

**RENEWAL DECLARATIONS**

POLICY NUMBER 01-CE-813225-5  
 RENEWAL OF 01-CE-813225-4 06-00

AGENT NAME AND ADDRESS  
**OREGON TRAIL INSURANCE LLC  
 409 WEST 4TH STREET  
 THE DALLES, OR 97058**

POLICY PERIOD FROM 06-27-04 TO 06-27-05 12:01 AM  
 STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

3661641 (541) 296-2395

THE TOTAL ESTIMATED PREMIUM FOR THE POLICY TERM IS \$3,401.00  
 YOU WILL BE BILLED THROUGH YOUR CUSTOMER ACCOUNT #016-1107-592-01.  
 THIS POLICY IS SUBJECT TO A FINAL AUDIT.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE COMPANIES INDICATED ON THE SPECIFIC COVERAGE PART DECLARATIONS AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THIS RENEWAL SERVES THE SAME PURPOSE AS WRITING A NEW POLICY WITH THE SAME PROVISIONS, CONDITIONS AND INSURING AGREEMENTS. THE INDIVIDUAL COVERAGE PART DECLARATIONS WHICH FOLLOW, LIST ALL OF THE FORMS THAT APPLY TO YOUR RENEWAL AND THOSE, IF ANY, WHICH NO LONGER APPLY. ONLY NEW OR REVISED FORMS ARE ATTACHED TO THIS RENEWAL. YOU MUST ADD THEM TO YOUR PRIOR POLICY.

|   |       |    |          |
|---|-------|----|----------|
| COMMERCIAL PROPERTY COVERAGE PART       | ..... | \$ | 1,625.00 |
| COMMERCIAL LIABILITY COVERAGE PART      | ..... | \$ | 1,582.00 |
| COMMERCIAL INLAND MARINE COVERAGE PART  | ..... | \$ | 176.00   |
|   |       |    | 3,383.00 |
| PREMIUM FOR CERTIFIED ACTS OF TERRORISM | ..... | \$ | 18.00    |
| TOTAL POLICY PREMIUM                    | ..... | \$ | 3,401.00 |

\_\_\_\_\_ BY \_\_\_\_\_  
 (DATE) (AUTHORIZED REPRESENTATIVE)

9-CCR (0887)

COMPANY USE ONLY

NORTHWEST

60 (WENUCE)

INSURED COPY

PREPARED 04-22-04 (MARREE)



AUTO POLICY STATUS

NOVEMBER 25, 2002

DOUBRAVSKY, MARK E & KIM  
PO BOX 361  
GOLDENDALE WA 98620-0361

MUTL 013 9324-A22-47A  
2000 GMC K2500  
PICKUP  
VIN: 1GYGK29U2YE231314

H PHONE: (509) 773-5485  
IRG: 19  
TERR: 008  
CLASS: 6F3H502  
ACC FREE: JAN-22-84  
BIRTH: AUG-05-50

STATUS: PAID  
AMT DUE: 0.00  
DUE DATE: OXD: JUL-22-00  
TERM DATE: DEC-23-01  
COV DATE: JAN-22-02  
TOT PREM: 384.34  
PREV PREM: 392.16

A 100 /300 /50 95.22 UUI 50 /100 /50 17.80  
P2 22.14  
D 108.00  
G100 136.98  
H 4.20

AMT PAID: 384.34 DATE PAID: AUG-14-02  
GRP 06/23/00, MCD 82.52, AFD 20% \$63.54,  
VSD 40% 14.76, ODM 18000 06-00, MLD 40.32.

NAME: DOUBRAVSKY, MARK E & KIM

H PHONE: (509) 773-5485

REPLACED POLICY: 0139324-47

POLICY FORM: 98477

EXCEP. & END: FINANCED - 99700, GMAC INSURANCE SERVICE CENTER PO BOX 2525  
HUDSON OH 44236-0025, RESIDENCE - 110 S ROOSEVELT, GOLDENDALE, WA 98620.

REC CHG:

COV. S NAMES

S AMT

MIKE COLE, Agent  
140 West Main  
Goldendale, WA 98620  
(509) 773-5529 or  
(509) 493-4400

MIKE COLE, Agent  
140 West Main  
Goldendale, WA 98620  
Bus: (509) 773-5529 or  
(509) 493-4400



**WASHINGTON INSURANCE CARD**  
**STATE FARM INSURANCE COMPANIES**

**INSURED DOUBRAVSKY, MARK E & KIM MUTL VOL**  
**POLICY NUMBER 13 9324-A22-47B EFFECTIVE**  
**YR 2000 MAKE GMC JAN 22 2004 TO JUL 22 2004**  
**MODEL K2500 VIN 1GYGK29U2YE231314**  
**AGENT MIKE COLE 950A-479**  
**PHONE (509)773-5529**

- A BODILY INJURY/PROPERTY DAMAGE LIABILITY**
- P2 PERSONAL INJURY PROTECTION**
- D COMPREHENSIVE**
- G 100 DEDUCT COLLISION**
- H, U, U1**

**SEE REVERSE SIDE FOR ADDITIONAL COVERAGE INFORMATION**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



FORM F

MC 16 32 6 71

COMMERCIAL AUTO

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE ENDORSEMENT

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated below.
3. This endorsement 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 with which such certificate has been filed, such thirty (30) days' notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming part of policy No. 01-CE-813225-2

issued by AMERICAN STATES INSURANCE COMPANY, herein called

Company, of INDIANAPOLIS, INDIANA

to MARK DOUBRAVSKY TRUCKING INC. of Goldendale, WA

Dated at Portland, OR this 27th day of June 2000

Countersigned by \_\_\_\_\_ Authorized Representative

X - INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED

|                      |  |               |  |                |   |                |   |
|----------------------|--|---------------|--|----------------|---|----------------|---|
| ALABAMA              |  | ILLINOIS      |  | MONTANA        |   | RHODE ISLAND   |   |
| ALASKA               |  | INDIANA       |  | NEBRASKA       |   | SOUTH CAROLINA |   |
| ARIZONA              |  | IOWA          |  | NEVADA         |   | SOUTH DAKOTA   |   |
| ARKANSAS             |  | KANSAS        |  | NEW HAMPSHIRE  |   | TENNESSEE      |   |
| CALIFORNIA           |  | KENTUCKY      |  | NEW JERSEY     |   | TEXAS          |   |
| COLORADO             |  | LOUISIANA     |  | NEW MEXICO     |   | UTAH           |   |
| CONNECTICUT          |  | MAINE         |  | NEW YORK       |   | VERMONT        |   |
| DELAWARE             |  | MARYLAND      |  | NORTH CAROLINA |   | VIRGINIA       |   |
| DISTRICT OF COLUMBIA |  | MASSACHUSETTS |  | NORTH DAKOTA   |   | WASHINGTON     | X |
| FLORIDA              |  | MICHIGAN      |  | OHIO           |   | WEST VIRGINIA  |   |
| GEORGIA              |  | MINNESOTA     |  | OKLAHOMA       |   | WISCONSIN      |   |
| HAWAII               |  | MISSISSIPPI   |  | OREGON         | X | WYOMING        |   |
| IDAHO                |  | MISSOURI      |  | PENNSYLVANIA   |   |                |   |

1234

ITEM ONE -- NAMED INSURED:  
 MARK DOUBRAVSKY TRUCKING INC.  
 FORM OF BUSINESS: CORPORATION

POLICY NUMBER: 01-CE-813225-3

ITEM TWO -- SCHEDULE OF COVERAGES AND COVERED AUTOS

THIS POLICY PROVIDES ONLY THOSE COVERAGES WHERE A CHARGE IS SHOWN IN THE PREMIUM COLUMN BELOW. EACH OF THESE COVERAGES WILL APPLY ONLY TO THOSE "AUTOS" SHOWN AS COVERED "AUTOS." "AUTOS" ARE SHOWN AS COVERED "AUTOS" FOR A PARTICULAR COVERAGE BY THE ENTRY OF ONE OR MORE OF THE SYMBOLS FROM THE COVERED AUTO SECTION OF THE BUSINESS AUTO COVERAGE FORM NEXT TO THE NAME OF THE COVERAGE.

| COVERAGES                            | LIMIT OF INSURANCE                               | DEDUCTIBLE | COVERED AUTO SYMBOL | PREMIUM     |
|--------------------------------------|--|------------|---------------------|-------------|
| LIABILITY                            | \$ 1,000,000                                     |            | 7                   | \$ 4,404.00 |
| COMPREHENSIVE -<br>EACH COVERED AUTO | LESSER OF ACTUAL<br>CASH VALUE OR<br>REPAIR COST | \$ 500     | 7                   | \$ 399.00   |
| COLLISION - EACH COVERED AUTO        | LESSER OF ACTUAL<br>CASH VALUE OR<br>REPAIR COST | \$ 1,000   | 7                   | \$ 1,060.00 |
| UNDERINSURED MOTORIST (UIM)          | \$ 1,000,000                                     | \$ 300     | 7                   | \$ 174.00   |
| ESTIMATED TOTAL PREMIUM              |  |            |                     | \$ 6,037.00 |

ITEM THREE -- SCHEDULE OF COVERED AUTOS YOU OWN

| VEH NO. | CO* | YR | DESCRIPTION<br>MAKE MODEL BODY | CLASS CODE, AND<br>AUTO IDENTIFI-<br>CATION NUMBER | OTHER INTERESTS<br>COST NEW | CLASS CODE | OTHER INTER | GARAGE LOC:<br>STATE/TERR |
|---------|-----|----|--------------------------------|--|-----------------------------|------------|-------------|---------------------------|
| 001     | 06  | 95 | KENWORTH<br>LOG TRUCK          | 1NKDXBOX0SS663354                                  | \$ 91,000                   | 502910     | 1, 2        | WA/028                    |
| 002     | 06  | 72 | KENWORTH<br>LOG TRUCK          | TO FOLLOW  | \$ 50,000                   | 502910     |             | WA/028                    |

\*INSURANCE COMPANY WITH RESPECT TO EACH AUTO IS DESIGNATED AS FOLLOWS:

- 01 AMERICAN STATES INSURANCE COMPANY
- 02 AMERICAN ECONOMY INSURANCE COMPANY
- 04 AMERICAN STATES OF TEXAS INSURANCE COMPANY
- 06 AMERICAN STATES PREFERRED INSURANCE COMPANY

LIMITS, DEDUCTIBLES, AND PREMIUMS

ABSENCE OF A DEDUCTIBLE OR LIMIT OF INSURANCE ENTRY IN A COLUMN BELOW MEANS THAT THE LIMIT OF INSURANCE OR DEDUCTIBLE ENTRY IN THE CORRESPONDING ITEM TWO COLUMN APPLIES INSTEAD.

| AUTO NO.           | COVERAGES  | LIMIT OF INSURANCE | DEDUCTIBLE | PREMIUM   |
|--------------------|--|--------------------|------------|---|
| 001                | LIABILITY<br>COMPREHENSIVE<br>COLLISION<br>ADDITIONAL INSURED<br>UIM |                    |            | \$ 2,173.00<br>\$ 399.00<br>\$ 1,060.00<br>\$ 58.00<br>\$ 87.00 |
| AUTO PREMIUM TOTAL |  |                    |            | \$ 3,777.00   |

AMERICAN STATES INSURANCE COMPANY  
SEATTLE, WASHINGTON

COMMERCIAL LIABILITY COVERAGE PART DECLARATIONS

PAGE CG 2

NAMED INSURED: MARK DOUBRAVSKY TRUCKING INC. POLICY NUMBER: 01-CE-813225-5

THE FOLLOWING FORMS CURRENTLY APPLY TO THIS COVERAGE PART: (CONTINUED)

CG0197(0798) - WASHINGTON CHANGES-EMPLOYMENT  
CG2170(1102) - CAP ON LOSSES-CERTIFIED ACTS OF TERRORIS  
CG7635(1001) - LIABILITY PLUS ENDORSEMENT  
CG0062(1202) - WAR LIABILITY EXCLUSION

THE FOLLOWING FORMS NO LONGER APPLY TO THIS COVERAGE PART:

IL0146(1198) - COMMON POLICY CONDITIONS

AMERICAN STATES INSURANCE COMPANY  
SEATTLE, WASHINGTON

COMMERCIAL INLAND MARINE COVERAGE PART DECLARATIONS

PAGE CM 1

NAMED INSURED: MARK DOUBRAVSKY TRUCKING INC.

POLICY NUMBER: 01-CE-813225-5

| <u>PREMISES</u>                               | <u>OCCUPANCY</u>               |
|---|--------------------------------|
| 1. 1033 E BROADWAY ST<br>GOLDENDALE, WA 98620 | TRUCK REPAIR                   |
| 2. 620 W RAILROAD ST<br>GOLDENDALE, WA 98620  | 4 ACRES LEASED TO OTHERS FOR B |

| COVERAGE (S)               | PREM-<br>ISES | LIMIT OF<br>INSURANCE<br>(\$) | RATE  | DEDUCT-<br>-IBLE<br>(\$) | PREMIUM<br>(\$) |
|----------------------------|---------------|-------------------------------|-------|--------------------------|-----------------|
| MOTOR TRUCK CARGO CARRIERS | 1             | 10,000                        | 1.760 | 1000                     | 176             |

|                                |           |
|--------------------------------|-----------|
| PREMIUM ADJUSTMENTS:           |           |
| CERTIFIED ACTS OF TERRORISM    | \$ 0.00   |
| COMMERCIAL INLAND MARINE TOTAL | \$ 176.00 |

THE FOLLOWING FORMS CURRENTLY APPLY TO THIS COVERAGE PART:

- CM7851(0600) - MOTOR TRUCK CARGO CARRIERS
- IL0146(0303) - COMMON POLICY CONDITIONS - WA
- CM0001(0900) - COMMERCIAL INLAND MARINE CONDITIONS
- CM0107(0900) - WASHINGTON CHANGES
- IL7201(0392) - COMPANY COMMON POL CONDITIONS
- CM0119(0693) - WA CHANGES - EXCLUDED CAUSE OF LOSS
- CM7896(0198) - WASHINGTON CHANGES
- 6-4580(0900) - ADVISORY NOTICE TO POLICYH
- IL0935(0701) - EXCL OF CERTAIN COMPUTER-RELATED LOSSES
- IL0952(1102) - CERT ACTS OF TERRORISM - CAP ON LOSSES

THE FOLLOWING FORMS NO LONGER APPLY TO THIS COVERAGE PART:

- IL0146(1198) - COMMON POLICY CONDITIONS
- IL0935(0898) - EXCL OF CERTAIN COMPUTER-RELATED LOSSES

NAMED INSURED: MARK DOUBRAVSKY TRUCKING INC.

POLICY NUMBER: 01-CE-813225-5

SCHEDULED ITEMS

PREMISES 1

SCHEDULE FOR : MOTOR TRUCK CARGO CARRIERS

| ITEM | DESCRIPTION  | LIMIT OF INSURANCE |
|------|--|--------------------|
| 01   | 1995 KENWORTH LOG TRUCK<br>VIN # 1NKDXBOX0SS663354 | \$ 2,500           |
| 02   | 1972 KENWORTH LOG TRUCK<br>VIN # 125658            | 2,500              |
| 03   | 1973 KENWORTH LOG TRUCK<br>VIN # 1SKWD29X7BM192575 | 2,500              |
| 04   | 1965 PEERLESS LOG TRAILER<br>VIN # 655381          | 2,500              |



AMERICAN STATES INSURANCE COMPANY  
SEATTLE, WASHINGTON

COMMERCIAL LIABILITY COVERAGE PART    DECLARATIONS

PAGE CG    1

NAMED INSURED:    MARK DOUBRAVSKY TRUCKING INC.

POLICY NUMBER:    01-CE-813225-5

FORM OF BUSINESS:    ORGANIZATION OTHER THAN A PARTNERSHIP OR JOINT VENTURE

-----  
L I M I T S   O F   I N S U R A N C E  
-----

|  |             |
|--|-------------|
| COMMERCIAL GENERAL LIABILITY                                       |             |
| GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS-COMPLETED OPERATIONS) | \$1,000,000 |
| PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT                      | \$1,000,000 |
| PERSONAL AND ADVERTISING INJURY LIMIT                              | \$1,000,000 |
| EACH OCCURRENCE LIMIT  | \$1,000,000 |
| DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISE)                 | \$ 200,000  |
| MEDICAL EXPENSE LIMIT (ANY ONE PERSON)                             | \$ 10,000   |

LOCATION OF ALL PREMISES YOU OWN, RENT, OR OCCUPY:

1. 1033 E BROADWAY ST  
GOLDENDALE, WA 98620
2. 620 W RAILROAD ST  
GOLDENDALE, WA 98620

| CODE  | CLASSIFICATION-PREMIUM BASIS  | EXPOSURE | RATE    | PREMIUM     |
|-------|---|----------|---------|-------------|
|       | COMMERCIAL GENERAL LIABILITY<br>OTHER THAN PRODUCTS-COMPLETED OPERATIONS  |          |         |             |
|       | ** LOCATION # 1 **  |          |         |             |
| 99793 | TRUCKERS<br>PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT<br>TO THE GENERAL AGGREGATE LIMIT<br>PAYROLL (PER \$1000)   | 50,000   | 29.8570 | \$ 1,493.00 |
|       | ** LOCATION # 2 **  |          |         |             |
| 45539 | LAND - OCCUPIED BY PERSONS OTHER THAN<br>THE INSURED FOR BUSINESS PURPOSES -<br>(LESSOR'S RISK ONLY)<br>PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT<br>TO THE GENERAL AGGREGATE LIMIT<br>(PER ACRE) | 4        | 22.1250 | 89.00       |

PREMIUM ADJUSTMENTS:

|                             |             |
|-----------------------------|-------------|
| CERTIFIED ACTS OF TERRORISM | \$ 13.00    |
| COMMERCIAL LIABILITY TOTAL  | \$ 1,595.00 |

THE FOLLOWING FORMS CURRENTLY APPLY TO THIS COVERAGE PART:

- IL0146(0303)    -    COMMON POLICY CONDITIONS - WA
- IL0021(1185)    -    NUCLEAR ENERGY EXCL. ENDT. (BROAD FORM)
- CG0001(1001)    -    COMMERCIAL GEN LIAB COV FORM
- CG0181(0798)    -    WASHINGTON CHANGES
- IL7201(0392)    -    COMPANY COMMON POL CONDITIONS
- CG8613(1001)    -    EXCLUSION ASBESTOS

AMERICAN STATES INSURANCE COMPANY  
SEATTLE, WASHINGTON

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

PAGE CP 1

NAMED INSURED: MARK DOUBRAVSKY TRUCKING INC.

POLICY NUMBER: 01-CE-813225-5

FIRE COVERAGES PROVIDED

PREMISES 1 ADDRESS: 1033 E BROADWAY ST  
GOLDENDALE, WA 98620

BUILDING 1 AMERICAN STATES INSURANCE COMPANY  
CONSTRUCTION: FRAME  
OCCUPANCY: TRUCK REPAIR

| BUILDING                     |             |                                     |                       |               | DEDUCTIBLE: \$ 500 |  |
|------------------------------|-------------|-------------------------------------|-----------------------|---------------|--------------------|--|
| LIMIT OF INSURANCE           | COINSURANCE | CAUSES OF LOSS COVERED              | ADDITIONAL EXCLUSIONS | RATE          | PREMIUM            |  |
| \$ 111,300                   | 90%         | SPECIAL CERTIFIED ACTS OF TERRORISM |                       | .464<br>.002  | \$ 517.00<br>2.00  |  |
| OFFICE CONTENTS              |             |                                     |                       |               | DEDUCTIBLE: \$ 500 |  |
| LIMIT OF INSURANCE           | COINSURANCE | CAUSES OF LOSS COVERED              | ADDITIONAL EXCLUSIONS | RATE          | PREMIUM            |  |
| \$ 10,610                    | 90%         | SPECIAL CERTIFIED ACTS OF TERRORISM |                       | 2.107<br>.002 | \$ 223.00<br>1.00  |  |
| PERSONAL PROPERTY OF INSURED |             |                                     |                       |               | DEDUCTIBLE: \$ 500 |  |
| LIMIT OF INSURANCE           | COINSURANCE | CAUSES OF LOSS COVERED              | ADDITIONAL EXCLUSIONS | RATE          | PREMIUM            |  |
| \$ 106,090                   | 90%         | SPECIAL CERTIFIED ACTS OF TERRORISM |                       | .834<br>.002  | \$ 885.00<br>2.00  |  |
| COMMERCIAL PROPERTY TOTAL    |             |                                     |                       |               | \$ 1,630.00        |  |

A PREMIUM OF \$ 5.00 IS INCLUDED IN THE TOTAL ABOVE FOR CERTIFIED ACTS OF TERRORISM. A PORTION OF THIS PREMIUM INCLUDES FIRE LOSSES FROM CERTIFIED ACTS OF TERRORISM AS REQUIRED BY CERTAIN STATES.

THE FOLLOWING FORMS CURRENTLY APPLY TO THIS COVERAGE PART:

- IL0935(0701) - EXCL OF CERTAIN COMPUTER-RELATED LOSSES
- CP0090(0788) - COMMERCIAL PROPERTY CONDITIONS
- IL0157(0489) - WASHINGTON-CHANGES ACV
- CP0126(1000) - WASHINGTON CHANGES
- IL0146(0303) - COMMON POLICY CONDITIONS - WA
- IL7201(0392) - COMPANY COMMON POL CONDITIONS
- CP0160(1298) - WASHINGTON CHANGES - DOMESTIC ABUSE
- CP0010(1000) - BLDG & PERS PROP COV FORM
- CP1030(1000) - CAUSES OF LOSS - SPECIAL FORM
- CP7591(1000) - PROPERTY PLUS ENDORSEMENT
- IL0173(1298) - WASHINGTON CHANGES-EXCL CAUSES
- IL0952(1102) - CERT ACTS OF TERRORISM - CAP ON LOSSES

NAMED INSURED: MARK DOUBRAVSKY TRUCKING INC.

POLICY NUMBER: 01-CE-813225-5

THE FOLLOWING FORMS NO LONGER APPLY TO THIS COVERAGE PART:

IL0935(0898) - EXCL OF CERTAIN COMPUTER-RELATED LOSSES  
IL0146(1198) - COMMON POLICY CONDITIONS