

TN-070419

RELEASE OF AUTHORITY FOR CANCELLATION

2623

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 951 CH/ES _____
CC _____ HG _____
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)

CBHA by [Signature] CFO 2/20/2007
SIGNATURE OF CARRIER DATE

Columbia Basin Health Association
NAME OF CARRIER (Please print)

140 E Main
ADDRESS

Othello, WA 99344
CITY-STATE-ZIP

(509) 488-5256
(AREA CODE) - PHONE NUMBER