

TC-071501-C

# RELEASE OF AUTHORITY FOR CANCELLATION

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

RECEIVED  
JUL 11 2007  
WASH. UT. & TP. COMM

The undersigned, holder of  
Permit/certificate number(s):

G \_\_\_\_\_ C -919 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) *not available*

*Robert M. Jeter* *7/11/07*  
SIGNATURE OF CARRIER DATE  
*Director of Finance*

*Seattle Indian Health Board*  
NAME OF CARRIER (Please print)

*P.O. Box 3364* *606 12<sup>th</sup> Ave*  
ADDRESS

*Seattle WA 98119*  
CITY-STATE-ZIP

*206 - 834 - 4024*  
(AREA CODE) - PHONE NUMBER