

BEFORE THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

PROOF OF SERVICE

DOCKET NO. TV-082171

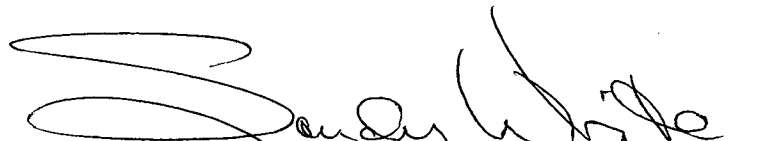
KNOW ALL PERSONS BY THESE PRESENTS That the undersigned, an employee of the Washington Utilities and Transportation Commission at Olympia, Washington, hereby certifies that a copy of the document referred to below was served on the parties of record in said proceeding in the following manner:

On the 2ND day of JANUARY, 2009, a true copy of CC PERMIT CERTIFICATE

in the above-entitled cause now pending before the Commission was enclosed in an envelope addressed to each of the parties of record as set forth below. Each envelope was addressed to the address shown in the official files attached hereto, sealed with the required first-class postage thereon, and deposited on said date in the United States mail in the City of Olympia, County of Thurston, State of Washington.

PARTIES OF RECORD AND OTHERS RECEIVING NOTICE

Mailed To: Angel Towing & Recovery, LLC
10423 E Trent Avenue
Spokane, WA 99206



Sandra White, Customer Service Specialist I

WASHINGTON STATE UTILITIES AND TRANSPORTATION COMMISSION

1300 S EVERGREEN PARK DRIVE SW, PO BOX 47250

OLYMPIA, WA 98504-7250

(360) 664-1222

This certificate authorizes the following operations under the provisions of RCW Title 81:

Angel Towing & Recovery, LLC
10423 E. Trent Ave.
Spokane, WA 99206

Permit No.
CC-63449

General commodities in the state of Washington excluding household goods, hazardous materials and armored car service.

TV-082171

12-30-08

EXPIRES DATE
JAN 02 2009

WASHINGTON UTILITIES AND TRANSPORTATION
COMMISSION



By Ken W. Chapman
For David W. Danner

PART - A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250
Olympia, WA 98504-7250

Telephone (360) 664-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

Reception Number: 0015658	Safety: 00	Carrier ID#: 5344
111 0268 200 02 275.00	Insurance: 12-30-09	Employee: 2

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, Including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Commission Use Only:
Auth #:

Check
 Money Order
 Amex
 Discover
 Mastercard
 Visa

Expiration Date: _____

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): BETH KINGSBURY Date: 10/23/08

Signature: Beth Kingsbury Title: AGENT

IDENTIFICATION

CC#: 63449	US DOT# (if required): 1815419	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 4001-864-629
APPLICANT NAME: ANGEL TOWING + RECOVERY LLC		PHONE #: 405-283-0095
d/b/a:		FAX #: 405-283-0521

BUSINESS (MAILING) ADDRESS:
(street address, P.O. Box) 10681 NW 107th St
(city, state, zip) YUKON, OK 73099

PHYSICAL ADDRESS: (street address, if different) 10423 E TRENT AVE
SPokane, WA 99206

TYPE OF BUSINESS STRUCTURE
(CHECK ONE) INDIVIDUAL OR PARTNERSHIP OR COMPLETE PARTNERSHIP OR CORPORATION OR TRUST

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WA

NAME **TITLE** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**
ANGELINE CAMPIONE OWNER 100%

PERMIT TRANSFER
(CHECK ONE) YES OR NO

Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: _____ PERMIT NUMBER: _____

Signature of current permit holder _____ Date _____

HAULING REQUIREMENTS
(CHECK ONE) YES OR NO

- The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating--\$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.
- The applicant WILL NOT HAUL hazardous materials in any quantity -- \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey-- Section 1.
- The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey - Sections 1 and 2.
- The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey - Sections 1 and 2.

EQUIPMENT
(CHECK ONE) YES OR NO

UNIT#	LICENSE#	STATE	VIN#
01	B41127A	WA	3FRNF65F35V183205
02	A20971W	WA	1H1TMNAALX5H685489
03	B94984G	WA	1GDK7D1C63F517840
04	B96587G	WA	1FD4FE36PX6EA47596

I, as applicant, understand 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. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Signature(s) Beth Krystine Date 12-2-08

PART - B**SAFETY FITNESS SURVEY - SECTION 1
GENERAL SAFETY**

Instructions: In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

Copies of the FMCSR's are available from several vendors, these include, but are not limited to:

Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, (800) 732-9019 or (253) 838-1650
 J. J. Keller & Associates, Inc. 3003 W. Breezewood Lane, Neenah, WI 54966 (877) 564-2333
 Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, (503) 236-1183
 US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401 (866) 512-1800 or (202) 512-1800

Name: ANGELINE CAMPIONE Position: OWNER

Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40).

Name: ANGELINE CAMPIONE Position: OWNER

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL. The definition of a commercial motor vehicle is:

- < has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- < has a gross vehicle weight rating of 26,001 pounds or more; or
- < is designed to transport 16 or more passengers, including the driver; or
- < is of any size and is used to transport hazardous materials of an amount that requires placarding under HM regulations.

(Definition shown above applies in reference to this section and that of controlled substance testing.) Contact local Department of Licensing office for additional information

Name: ANGELINE CAMPIONE Position: OWNER

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive motor vehicle. To determine what information is required, review FMCSR Part 391.51

Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions that are found in WAC 480-14-370(7). Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any casual or intermittent driver that they may use.

Name: ANGELINE COMPIONE Position: OWNER

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle. If company's operations meet all requirements of the "100 air mile radius driver," a record of duty status is acceptable. A driver must complete a driver's daily log book when he/she exceeds the 100 air-mile radius or he/she exceeds 12 hours.

Note: Reference 49 CFR, Part 395.1(e) and WAC 480-14-380

Name: ANGELINE COMPIONE Position: OWNER

Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

Each motor carrier must maintain certain required records for each vehicle that includes the following: (see Part 396.3(b)).

- < Identification of the vehicle
- < A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- < A record of inspections, repairs and maintenance indicating their date and nature.

All companies must comply with Part 396.17 dealing with Periodic inspections. Each motor carrier must inspect, or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.

My signature below certifies that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.

Beth Kingly

Signature of applicant

12-2-08

Date

LIMITED POWER OF ATTORNEY

STATE OF WASHINGTON
COUNTY OF SPOKANE

I, ANGELINE CAMPBELL, individually and on behalf of ANGEL TOWING & RECOVERY, LLC
(your personal name) (your company name, not carriers)
as Grantor, do hereby make, constitute and appoint Coast to Coast Services, LLC, of 10681 NW 107th St. Yukon, Oklahoma, 73099, as my true and lawful Attorney-in-Fact, to act in my name, place and stead, on my behalf for my use and benefit, the following specific acts:

- A. To represent and serve as a registered agent on matters pertaining to fuel licensing and reporting, and registration and reporting of vehicles;
- B. Filing US DOT applications, applying for operating authority, state authority, obtaining Unified Carrier Registration, KYU numbers, and New York Hus permits, New Mexico Tax ID#, Oregon permit;
- C. Filing 2290 forms and Federal ID#; Canadian authority, Non-bonded carrier code
- D. Processing vehicle titles and perfecting liens, LLC and Incorporations;
- E. All other activities attendant to the registered agent relationship in any state.

I further grant to my Attorney-in-Fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper, or necessary to be done in the exercise of any the rights and powers granted herein, as fully to all intents and purposes as I might, or could do if I were personally, with full power of substitution, revocation, ratification and confirming all that my Attorney-in-Fact or a substitute or substitutes shall lawfully do, or cause to be done, by virtue of this power of attorney and the rights and powers granted herein.

Grantor indemnifies and holds Attorney-in-Fact harmless from any liability or obligation related to the grantor's conduct of its business. The only responsibility of Attorney-in-Fact relates to the specific limited powers specified above.

My Attorney-in-Fact shall be compensated based upon the fee schedule provided to Grantor, and the Attorney-in-Fact, and all payments shall be made to Attorney-in-Fact in advance.

All actions taken by Attorney-in-Fact on behalf of the Grantor shall be based upon information provided by Grantor, and the Attorney-in-Fact is hereby indemnified and held harmless by Grantor as to Attorney-in-Fact's reliance on any information provided by Grantor.

This Power of Attorney shall continue in full force and effect until revoked by subsequent writing. Further, this Power of Attorney revokes all other Powers of Attorney executed by Grantor prior to the date of this Power of Attorney.

GRANTOR Angeline Campbell
(your signature)

DATE 9-24-08

STATE OF WASHINGTON
COUNTY OF SPOKANE

Authorized representative of
Attorney-in-Fact:

- Randy Kingsbury
- Beth Kingsbury
- Dana Isbell
- Holley Whitman
- Lynda Smedra

Before me, the undersigned, a Notary Public in and for said County and State, on this _____ day of the _____ month, of the year _____, personally appeared _____, individually, and on behalf of _____, to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that _____ executed the same as _____ free and voluntary act and deed for the uses and purposes therein set forth.

Witness my hand and seal the day and year last above written.

Notary Public _____ My Commission Expires _____

*******BE YOUR OWN BOSS*******

COAST TO COAST SERVICES
10681 N. W. 107TH STREET
YUKON, OK 73099
TOLL FREE 1-877-273-7611
FAX 1-405-283-0521

DATE: 12-2-08

TO: WA IntraState

FROM: Beth

FAX: 300-586-1181 # OF PAGES 5

MEMO: _____

Please call with any questions
405-283-0095

Thanks) Beth

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

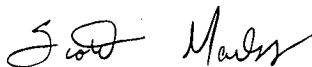
This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to ANGEL TOWING & RECOVERY LLC of 10423 E TRENT AVE, SPOKANE VALLEY, WA 99206 a policy or policies of insurance effective from 10/16/2008 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled 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, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143
this 24th day of December, 2008

Insurance Company File No. CA 06613222
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Angel Towing & Recovery, LLC
10423 E. Trent Ave.
Spokane WA 99206

December 5, 2008

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- 12/30
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.

12/18 - Spoke to Agent - need INS