

TV-090061

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

The undersigned, holder of Permit/certificate number(s):
G _____ C _____ CH/ES _____
CC 62982 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)

[Signature] _____ DATE 1.9.09
SIGNATURE OF CARRIER

Logistics Services LLC _____
NAME OF CARRIER (Please print)

2612 NE 114th Ave, #6 _____
ADDRESS

Vancouver, WA 98684 _____
CITY-STATE-ZIP

360-896-1059 _____
(AREA CODE) - PHONE NUMBER



Logistics Services, LLC

2612 NE 114TH AVE. #6, Vancouver WA 98682
360-896-1059 (Phone) 360-896-4189 (Fax)

Fax

To: Tina / Colleen **From:** Kellie
Fax: 360-586-1181 **Pages:** 2
Phone: 360-664-1222 **Date:**
Re: Release of Authority for Cancellation **cc:**

Urgent For Review Please Comment Please Reply Please Recycle

● **Comments:**

CC# 62982 - Logistics Services Transport, LLC dba: L.S.T.

If you can please fax back the *Accepted copy of voluntary withdrawal form* so I can supply this to my insurance company I would appreciate it.

Kindest Regards,

Kellie Sundstrom
Accounting
kellie@logisticservices.us
Phn: (360) 896-1059
Fax: (360) 896-4189