## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

## DETERMINATION OF NON-SIGNIFICANCE

DESCRIPTION OF PROPOSAL: Transportation of General Commodities in the State of Washington, including hazardous materials requiring one million dollars in Public Liability and Property Damage Insurance.

PROPONENT:

Date:

AG LINK INCORPORATED CC-63556

TV-090383

Location of proposal, including street address, if any:

860 W BROADWAY REARDAN, WASHINGTON 99029

Lead Agency: Washington Utilities and Transportation Commission

The lead agency for this proposal has determined that it does not have a probable significant adverse impact on the environment. An environmental impact statement (EIS) is not required under RCW 43.21C.030(2)(c). This decision was made after review of a completed environmental checklist and other information on file with the lead agency. This information is available to the public on request.

There is no comment period for this DNS.

Responsible official: Anne Solwick Phone: (360) 664-1290

Position/Title: Director, Regulatory Services

Address 1300 S Evergreen Park Drive SW

PO Box 47250

Olympia, WA 98504-7250

Signature

November 19, 2009

Director, Regulatory Services

PAR	T – A
1300 S Evergreen Park Olympia, WA Telephone (360) 664-12 Intrastate Common Car APPLICATION	RANSPORTATION COMMISSION CDr SW, PO Box 47250 98504-7250 22 - Fax (360) 586-1181 Teler Operating Authority I FOR PERMIT and Common Carrier Brokers)
FOR OFFICE	
Reception Number: 0017546   Safety: 11/9/0	9 Carrier ID#: 5470 5456
111 0268 200 02 225.00 Insurance: /(//9	109 Employee: KUC
TYPE OF APPLICA	ATION (check one)
New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authori
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, Including ARMORED CAR SERVICE
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS
\$275 GENERAL COMMODITIES, including (	\$100 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
\$100 REINSTATEMENT OF CANCELLED COMMO	ON CARRIER PERMIT For Commission Use Only:
(Must be filed within 10 months of cancellation)	Auth #:
(Must be filed within 10 months of cancellation)  TYPE OF	PAYMENT
(Must be filed within 10 months of cancellation)	Auth#
(Must be filed within 10 months of cancellation)  TYPE OF  Check  Money Order  Amex	PAYMENT
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the applica	ent, certify that the following information is true and correct, that I among that all information on file is current and valid.
(Must be filed within 10 months of cancellation)  TYPE OF  Check □ Money Order □ Amex  CERTIFICATION: I, the undersigned, under penalty for false statement authorized to execute and file this document on behalf of the application Name (printed): □ Lanna Smith peter	ent, certify that the following information is true and correct, that I amont, and that all information on file is current and valid.  Date: 3-16-09
TYPE OF  □ Check □ Money Order □ Amex  □ CERTIFICATION: I, the undersigned, under penalty for false statement authorized to execute and file this document on behalf of the application Name (printed): □ Lanna Smith peter  Signature: Signature	PAYMENT  ent, certify that the following information is true and correct, that I among the second of
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the application.  Name (printed):  Lanna Smith peter  Signature:  MOTOR CARRIER	PAYMENT  ent, certify that the following information is true and correct, that I at int, and that all information on file is current and valid.  Date: 3-16-09  Title: Office Manager  RIDENTIFICATION
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the application.  Name (printed): Dianna Smith peter Signature: MOTOR CARRIEF  CC#: US DOT# (if required) 330	ent, certify that the following information is true and correct, that I among the second of the seco
CERTIFICATION: I, the undersigned, under penalty for false statemer authorized to execute and file this document on behalf of the application.  Name (printed): Drama Smith peter Signature: Motor Carrier  MOTOR CARRIER  CC#: US DOT# (if required) 330  APPLICANT NAME:	PAYMENT  ent, certify that the following information is true and correct, that I among that all information on file is current and valid.  Date: 3-16-09  Title: Office Manager  RIDENTIFICATION  WA UNIFIED BUSINESS IDENTIFIER (NBI) #:  (002 666 583 PHONE#:
CERTIFICATION: I, the undersigned, under penalty for false statemer authorized to execute and file this document on behalf of the application.  Name (printed): Dianna Smith peter Signature: Motor Carrier Motor Carrier US DOT# (if required)  APPLICANT NAME: Ag Link Incorporated	PAYMENT  ent, certify that the following information is true and correct, that I amont, and that all information on file is current and valid.  Date: 3-16-09  Title: Office Manager  RIDENTIFICATION  WA UNIFIED BUSINESS IDENTIFIER (MBI) #:  602-666-583  PHONE#:  509-796-3301
CERTIFICATION: I, the undersigned, under penalty for false statemer authorized to execute and file this document on behalf of the application.  Name (printed): Drama Smith peter Signature: Motor Carrier  MOTOR CARRIER  CC#: US DOT# (if required) 330  APPLICANT NAME:	PAYMENT  ent, certify that the following information is true and correct, that I among that all information on file is current and valid.  Date: 3-16-09  Title: Office Manager  RIDENTIFICATION  WA UNIFIED BUSINESS IDENTIFIER (NBI) #:  (002 666 583 PHONE#:
CERTIFICATION: I, the undersigned, under penalty for false statemer authorized to execute and file this document on behalf of the application Name (printed):    Dianna Smith peter   Signature:   MOTOR CARRIEF	PAYMENT  ent, certify that the following information is true and correct, that I amont, and that all information on file is current and valid.  Date: 3-16-09  Title: Office Manager  RIDENTIFICATION  WA UNIFIED BUSINESS IDENTIFIER (NBI) #:  (002 666 583
CERTIFICATION: I, the undersigned, under penalty for false statement authorized to execute and file this document on behalf of the application.  Name (printed): Dianna Smith peter Signature: Motor Carrier Motor Carrier US DOT# (if required) 330 APPLICANT NAME:  Ag Link Incorporated d/b/a:  BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) PO Box 17	PAYMENT  ent, certify that the following information is true and correct, that I amont, and that all information on file is current and valid.  Date: 3-16-09  Title: Office Manager  RIDENTIFICATION  WA UNIFIED BUSINESS IDENTIFIER (NBI) #:  (002 666 583
CERTIFICATION: I, the undersigned, under penalty for false statemer authorized to execute and file this document on behalf of the application Name (printed):    Dianna Smith peter   Signature:   MOTOR CARRIEF	PAYMENT  ent, certify that the following information is true and correct, that I amont, and that all information on file is current and valid.  Date: 3-16-09  Title: Office Manager  RIDENTIFICATION  WA UNIFIED BUSINESS IDENTIFIER (NBI) #:  (002 666 583
CERTIFICATION: I, the undersigned, under penalty for false statemer authorized to execute and file this document on behalf of the application.  Name (printed): Dianna Smith peter Signature: Warman Smith peter Signature: US DOT# (if required)  APPLICANT NAME: Ag Link Incorporated d/b/a:  BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) PO Box 17 (city, state, zip)	PAYMENT  ent, certify that the following information is true and correct, that I among that all information on file is current and valid.  Date: 3-16-09  Title: Office Manager  RIDENTIFICATION  WA UNIFIED BUSINESS IDENTIFIER (NBI) #: 0000

		TYP	E OF BUSINES	35	STRUCTURE	
	(chec	k individua	al or complete parti	nersi	nip/corporation information	on)
. INDIVIDUAL	□ PAR	TNERSHIF			N - STATE OF INCORP	
NAME	-	TITLE	<del>_</del> -		STRIBUTION OR PERC	
Ben A	dams.	Pr	esident	••••	1%	shane I vote
- Vernon	Willia	ms <u>Vi</u>	ie President		1.0/0	
) <del></del>		TRA	NSFER OF P	ERI	NIT NUMBER	
holder and perm of the permit nur	it number to nber.	be transfe	erred. The current	регп		W to addional the transfer
NAME ON PERI	MIT: Edu	vall Cl	remical Co	ce	PERMIT N	UMBER: <u>CC 4599</u> 0
mike	Ing		G.M.		3-19	-09
Signature of cu	rrent permit	holder	IOE DEOUIDE	<u> </u>		
	IN (permi	t will not	be issue <u>d until ac</u>	cep	NTS (must check one table insurance is rece	ived)
The applica NOT HAUL haze materials in any and WILL only o vehicles less the pounds gross we rating—\$300,000 Liability and Pro Damage Insurar required. You do complete the Fitness Survey.	ardous quantity perate in 10,000 eight I in Public perty nce is o not need Safety	MOT HAI materials \$750,000 and Prop Insurance Complete Safety Fi Section 1		me \$1 Lia Da sul Su 2.	The applicant WILL LUL hazardous Interials requiring Million in Public Ibility and Property Image Insurance and Interior the Safety Fitness Invey – Sections 1 and Illional list if necessary	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.
UNIT#	LICE	* -,	STATE			VIN#
				•	,	
operate and th	at no opera and affirm	ations ma	y be conducted u	ntil a	on does not in itself co a permit is received fro I in this application is t	m the Commission. I
Mことと Signature(s)	LI		G.M.	··-	3-/9-0° Date	9
			2.			

# 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

	-		C	ontrolled Sub	stances ar	id Alcoho	l Testing (Part	382)
lame:		Mi	hh	Inqu	f	Position:	GENEVAL	manager
Any	, pers	on who	drives	a commercial	motor vehicle	e requiring	a CDL must be in	n a Controlled Substance and 49 CFR Part 40.
				ve in place a sy uirements (49 (				ng alcohol and controlled
			Com	mercial Drive	rs License	(CDL) Re	quirements (P	art 383)
ame:	1	mi	لحظه	Tal	-	Position	. General	Manager
nv dri	ver w	no aber	ates a	. Venicle that mi	eets the defin	nition of a c	ommercial motor	vehicle as described below
	ave a has a weigh has a is details	valid Cl gross of trating gross of signed t	DL. Toombing of modern of the contract of the	he definition of ned weight ratir ore than 10,000 weight rating of sport 16 or mor	a commerciang of 26,001 pounds; or of 26,001 pounds; or of 26,001 pounds; or one passengen	al motor vel pounds tha unds or mo s, including	aicle is: t includes a towe re; or the driver; or	d unit with a gross vehicle
nust h < < < Cefinition	has a weigh has a is desired is of a HM re	valid Ci gross in trating gross in signed to any size egulation	DL. To combine of movehicle to transport and learns.	he definition of ned weight ratir ore than 10,000 weight rating of sport 16 or mor is used to transp in reference to this formation	a commercial of 26,001 pounds; or of 26,001 pour passenger cort hazardous section and the	al motor vel pounds that unds or mo s, including us materials at of controlle	aicle is: t includes a towe re; or the driver; or s of an amount the	nat requires placarding unde
nust h < < < Continues	has a weigh has a is desired is of a HM re	valid Ci gross in trating gross in signed to any size egulation	DL. To combine of movehicle to transport and learns.	he definition of ned weight ratir ore than 10,000 weight rating of sport 16 or mor is used to transp in reference to this formation	a commercial of 26,001 pounds; or of 26,001 pour passenger cort hazardous section and the	al motor vel pounds that unds or mo s, including us materials at of controlle	aicle is: t includes a towe re; or the driver; or s of an amount th	d unit with a gross vehicle nat requires placarding under

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.

	· <u></u>	Drivers H	lours of Servi	ce (Part 395	<u> </u>	
Name: <u>↓</u>	Mitel	Ing-		Position:	LEneval	Manager
drives a moto driver," a reco he/she excee	r vehicle. If c and of duty sta ds the 100 air	aln true and act ompany's operatus is acceptab -mile radius or Part 395.1(e) a	ations meet al lle. A driver m he/she excee	l requirement ust complete is 12 hours.	s of the "100 a	
	Vehic	le Inspection,	Repair, and	<b>Maintenance</b>	(Part 396)	
Name: <u>↓</u>	Mi tel	- Ing		_Position:	GENEVAL	Manager
		rivers prepare a art 396.11 for a				t" on each vehicle report.
Each motor co (see Part 396		aintain certain r	equired record	is for each ve	ehicle that Incl	udes the following:
< A m	rations to be	ate the nature a				
All companies must inspect, preceding 12	or have inspe	with Part 396. cted, all motor	17 dealing with vehicles subje	n Periodic ins ect to its conti	pections. Eac ol at least onc	h motor carrier e during the
My signature comply with	below certif all the safety	les that I unde requirements	erstand my re which apply	sponsibility to my opera	as a motor ca tions.	errier and I will
Signature of ap	plicant	<u>(</u>	n.	·	3-19-0 °	7

# Mar-09

**AGLINK INCORPORATED - VEHICLES HAULING HAZARDOUS** 

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Fuel	WA	1NKDLB9X6YR864710	WHITE	T80	KW	2000	B56535G
#3 F/B (NEW PLATE 56606R)	WA	1GBL7H1M9MJ106640	WHITE	C7H	CHEV	1991	B85403E
Multipurpose		1XPGDU9X0YD496530		385	PETRB	2000	B30685E
#14 NH3		1FDPK74C0RVA41925	WHITE	F7F	FORD	1994	A73632W
#19 F/B	WA	1FDPF82K8HVA47569	WHITE	F80	FORD	1987	A66157P
#7 FUEL	WA	F75FVN74514	WHITE		FORD	1972	A53778J
#15 NH3	WA	1FDXF80C8VVA37910	WHITE	F80	FORD	1997	A50051B
#9 NH3	WA	2FZH8JBA2XAF15428	WHITE	L75	STERL	1999	A30518E
#26 MULTI-PURPOSE	WA	1XPCDB9X9ND323054	BLUE	377	PTRB	1992	A01036P
#13 NH3	WA.	1FDPF70J5NVA09653	WHITE	F70	FORD	1992	A01030P
#24 NH3	WA	2FZHAJAA2YAF22843	WHITE		STERL	2000	A01029P
#5 NH3	WA	1FDPF80C1TVA25434	WHITE	F80	FORD	1996	87292Z
#12 NH3	WA	1FDPF70J5PVA18646	WHITE	F70	FORD	1993	30836W
#21 F/B	<b>₩</b>	1GBL7D1E5KV107842	WHITE	C7D	CHEV	1989	29561N
UNIT	STATE	VIV#	COLOR	MODEL	MAKE	ΥR	PLATE #

# COULEE CITY

PLATE #	YR	MAKE	MODEL	COLOR	VIV#	STATE	TINO
A19701S	1996	FRHT	FLD	MUL	1FUYDSEB2TP732020	WA AW	#26
A25726M	1983	GMC	C7D	WHITE	1GDG7D1B8DV510778	WA	#15
A25790M	1996	PTRB	377	YEL	1XPCDBXXTN390771	WA	#25
B12773G	2000	FRHT	FLD	WHITE	1FUYDSEB8YDF66954	WA A	#28
B85431E	1994	GMC	C7H	WHITE	1GDM7H1J5RJ521835		#23 (NEW PLATE 56068Y)
B85432E	1983	FORD	LN9	WHITE	1FDYW90W9DVA36798	WA	#24 (NEW PLATE A27474H)
B22532D	2000	PTRB	385	BLU	1XPGDU9X4YD496529	WA	#27

# AGLINK INCORPORATED - VEHICLES HAULING HAZARDOUS

# Mar-09 DAVENPORT PLATE # YR

#3	¥A	1XKDDB9X9VR744950	WHITE	T800	KW	1997	B69043K
#2	WA	WHITE  1FUY3LYB2RP418672	WHITE	FD1	FRHT	1994	B22408D
#1	WA	WHITE  1FUYDDYB05P617986	WHITE	FLD	FRHT	1995	A53135R
TINU	STATE	VIN#	COLOR	MODEL	MAKE	¥	PLATE#

# EDWALL

				•			
#18		1XKWDB9X0YR855786	BRWN	06M	<b>₹</b>	2000	B12776G
#16		1XKWDB9X5YR855816	MAR	W90	₹	2000	B01249C
#15		1XKWDB9X8XR836269	BLUE	W90	ΚW	1999	B01248C
#14		1XPCDB8X0TN385175	WHITE	377	PTRB	1996	A81265Y
#5	AW	1XKADB9X2PS585493	BLKWHI	T60	₹	1993	A81194Y
#7 2 ton	AW	1GDM7H1J4LJ603997	WHITE	C7H	GMC	1990	A01097P
#19	WW	1XKWDB9X33R395189	RED	W90	KW	2003	558973
UNIT	STATE	VIN#	COLOR	MODEL	MAKE	Ϋ́R	PLATE #

# REARDAN

PLATE #	¥	MAKE	MODEL	COLOR	WW#	STATE	TINU
13865T	1990	GMC	C7H		1GDM7H1J2LJ603819	WA	#8 Topkick
A19705S	1985	FORD	LN9	BLUE	1FDYW90W3FVA46536	WA	#16
A30568E	1985	GMC	C7D		1GDG7D1B9FV606633	WA A	#12 7000
A37321U	1996	KW	T60		1XKAD69X3TJ687389	WA	#10
B30392B	1987	PTRB	377	BLUE	1XPCDB9X6HD214670	WA	#007
B61700F	1999	WX	T80		1XKDDR9X4XJ793824	WA	#11

# REARDAN HDW

	#1 F1	WA	1NKMHZ7X7XS814757	REDWHI	T30	₩.	1999	B70309H
UNIT		STATE	VIN#	COLOR	MODEL	MAKE	YR	PLATE#

# AGLINK INCORPORATED - VEHICLES HAULING HAZARDOUS

#13	WA	1XKDD29X8VR747371	WHITE	T80	₩ W	1997	A01098P
Flatbed (NEW PLATE LS6285)	WA	1GBL7D1B8EV139002	31HW	C7D	CHEV	1984	B22409D
#17 (Ladwig)	WA	1NPCXR0X5YD532500		377	РВ	2000	B12778G
Tractor	AW	CA113HP046281			FREIH	1970	B12772G
#4 Fuel	AW	2FZHAJAA9XAF22840	WHITE	L70	STRG	1999	A53856J
#12 Single Tank	WA	1GDL7D1G0FV608541	WHITE	C7D	GMC	1985	A46854M
#20 SS Tanker	WA	1HTAA1957DHB13978	GRN	9V4	NTL	1983	A10428L
#23 Propane	WA	1HTAA195XDHA32375	GRN	9V4	INTL	1983	A10427L
#18 Single Tank	WA	1HTSDPNNXRH544100	WHITE	490	INTL	1994	64439X
Fuel (back-up)	WA	1GBL7D1YXKV112643	WHITE	C7D	CHEV	1989	52766H
#25 Twin Tank	WA	1HTSCABN6SH631700	WHITE	470	INTL	1995	32115Y
UNIT	STATE	VIV#	COLOR	MODEL	MAKE	ΥR	PLATE#
	•						WILBUR
							Mar-09

# PART - B



# SAFETY FITNESS SURVEY - SECTION 2 HAZARDOUS MATERIALS

Applicants Applying to Transport <u>HAZARDOUS MATERIALS</u> must Complete the Following Questions.

1.	Name the person or position responsible for maintaining and understanding current hazardor material regulations.
2.	Y N Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600?
3.	N Are drivers trained in the use of Emergency Response Information?
4.	N Is the Emergency Response Information carried in the vehicle?
5.	Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816.
6.	N Are you familiar with the accident reporting requirements of Title 49 CFR, Part 177, Subpart D?
7.	Who is responsible for completing hazardous materials shipping papers?
8.	Where are hazardous material shipping papers located during transportation?
9.	If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials.
10.	N Does your company have a US DOT Hazardous Materials permit? If so, attach a copy to this application.



Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E. Washington, DC 20590

March 10, 2009

In reply refer to: USDOT Number: 336352

MC Number: MC255846

MIKE DORMAIER PRESIDENT AG LINK INCORPORATED PO BOX 136 EDWALL, WA 99008

# HAZARDOUS MATERIALS SAFETY PERMIT HM Safety Permit ID: US-336352-WA-HMSP Effactive Date: March 10, 2009

## Dear MIKE DORMAIER:

The Hazardous Materials Safety Permit (HMSP) is verification of the motor carrier's permission to engage in the transportation of hazardous materials listed in 49 CFR 385.403 by motor vehicle in interstate, intrastate, or foreign commerce.

This HMSP will be effective beginning March 10, 2009 and remain effective through February 28, 2011 if your company maintains compliance with the requirements pertaining to the safe and secure movement of hazardous materials for the protection of the public (49 CFR 385 and other applicable Federal Motor Carrier Safety Regulations and Hazardous Material Regulations). Failure to maintain compliance will constitute sufficient grounds for suspension or revocation of this authority.

Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a Department of Transportation safety fitness rating less than "Satisfactory" or by other indicators, could result in a proceeding requiring the holder of this permit to show cause as to why this authority should not be suspended or revoked.

For questions regarding this document you may contact the FMCSA Hazardous Materials Division at 202-366-6121.

Sincerely,

John Van Steenburg

Director, Office of Enforcement and Compliance

MAR 1 8 2009

Application in UNIFO

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATION OF INSURANCE 1/1/2

Filed with Washington Utilities & Transportation Commission	(herein after called Agency)		
(Name of Agency)	MAD -		
This is to certify that the Farmland Mutual Insurance Company (Name of Company)	WASH 115 2009		
(herein after called Company) of 1100 Locust Street, Dept 3030, Des Moines, IA	4,50391 · U/ o		
(Home Address of Company)	$\frac{q}{p}\rho_{0}$		
	P. COMM		
DO DOV 400 DV			
	EARDAN ,WA ,99008 ress of Motor Carrier)		
A policy or policies of insurance effective from 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 Agency has jurisdiction or regulations promulgated in accordance therewith.			
Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.			
1100 Locust Street Dept 3030 Countersigned at DES MOINES IA 50391	This <u>03rd</u> — f Mar 20 <u>09</u>		
(Address)	(Day) (Month (Year)		
011010101001	The same of the sa		
Insurance Company File No. CMG124769A (Policy No.)	BRAD LONDON (Authorized Company Representative)		
(i didy ita)			

Underlying Limit:0.00

Liability Limit :1,000,000.00