

Revised

PART - A

TV-090688

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)

FOR OFFICIAL USE ONLY

Reception Number: 0018717

Safety: 7122109

Carrier ID#: 5528

111 0268 200 02 \$275.00

Insurance: 7122109 Fennel

Employee: Ave

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input 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 checked="" 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 #:

TYPE OF PAYMENT

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): JEFF AKRIDGE Date: 5-04-09

Signature: [Signature] Title: SOLE MEMBER

MOTOR CARRIER IDENTIFICATION

CC#: 063579

US DOT# (if required) 1723453

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602-899-754

APPLICANT NAME:

COLUMBIA PACIFIC AVIATION, TRANSPORT DIVISION LLC

PHONE#:

509-762-1016

d/b/a:

FAX #: 509-762-6038

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box) 7610 ANDREWS ST NE

(city, state, zip) MOSES LAKE, WA 98837

PHYSICAL ADDRESS: (street address, if different)

Revised

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.



5-4-09

Signature(s)

Date

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

Controlled Substances and Alcohol Testing (Part 382)

Name: JEFF AKRIDGE Position: SOLE MEMBER

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).

Commercial Drivers License (CDL) Requirements (Part 383)

Name: JEFF AKRIDGE Position: SOLE MEMBER

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

Driver Qualification Requirements (Part 391)

Name: JEFF AKRIDGE Position: SOLE MEMBER

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.

Revised

Drivers Hours of Service (Part 395)

Name: JEFF AKRIDGE Position: SOLE MEMBER

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

Vehicle Inspection, Repair, and Maintenance (Part 396)

Name: JEFF AKRIDGE Position: SOLE MEMBER

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.



5-4-09

Signature of applicant

Date

revised

PART - B

SAFETY FITNESS SURVEY - SECTION 2 HAZARDOUS MATERIALS

Applicants Applying to Transport HAZARDOUS MATERIALS must
Complete the Following Questions.

1. Name the person or position responsible for maintaining and understanding current hazardous material regulations.

JEFF AKRIDGE

2. Y Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600?

3. Y Are drivers trained in the use of Emergency Response Information?

4. Y 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.

JEFF AKRIDGE

6. Y 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?

SHIPPER AND DRIVER AS NEEDED

8. Where are hazardous material shipping papers located during transportation?

DRIVERS DOOR POCKET

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.

N/A

10. Y Does your company have a US DOT Hazardous Materials permit? If so, attach a copy to this application.

PREVIOUSLY SUBMITTED

Revised

PART - C

STATE ENVIRONMENTAL PROTECTION ACT (SEPA) QUESTIONNAIRE

NOTE: Complete this questionnaire ONLY if you intend to haul the following commodities:

☒ PETROLEUM PRODUCTS, IN BULK, IN TANK TYPE VEHICLES

The State Environmental Policy Act of 1971, Chapter 43.21C RCW, requires all state and local governmental agencies to consider environmental values both for their own actions and when licensing private proposals. The Act also requires that an Environmental Impact Statement (EIS) be prepared for all major actions significantly affecting the quality of the environment. The purpose of this checklist is to help the agencies involved determine whether or not a proposal is a major action.

Please answer the following questions as completely as you can with the information presently available to you. Where explanations of your answers are required, or where you believe an explanation would be helpful to government decision makers, include your explanation in the space provided, or use additional pages if necessary. You should include references to any reports or studies of which you are aware and which are relevant to the answers you provide. Complete answers to these questions will help all agencies involved with your proposal to undertake the required environmental review without unnecessary delay.

The following questions apply to your total proposal, not just to the permit for which you are currently applying or the proposal for which approval is sought. Your answers should include the impacts which will be caused by your proposal when it is completed, even though completion may not occur until sometime in the future. This will allow all of the agencies involved to complete their environmental review now, without duplication of paperwork in the future.

NOTE: This is a standard form being used by all state and local agencies in the state of Washington for various types of proposals. Many of the questions may not apply to your proposal. If a question does not apply, just answer "not applicable" or "N/A" and continue on to the next question.

ENVIRONMENTAL CHECKLIST FORM

A. BACKGROUND

1. Name of proposed project, if applicable: N/A
2. Name of applicant: COLUMBIA PACIFIC AVIATION, TRANSPORT DIVISION LLC
3. Address and phone number of applicant and contact person:
7610 ANDREWS ST. NE MOSES LAKE, WA 98837 JEFF AKRIDGE 509-762-1016
4. Date checklist is being prepared: 5-4-09
5. Agency requesting checklist: WA UTILITIES AND TRANSPORTATION COMMISSION
6. Proposed timing or schedule (including phasing, if applicable): ASAP
7. Do you have any plans for future additions, expansion, or further activity related to or connected with this proposal? If yes, explain. YES: WE PLAN TO EVENTUALLY ADD DELIVERY LOCATIONS

- 8. List any environmental information you know about that has been prepared, or will be prepared, directly related to this proposal. N/A
- 9. Do you know whether applications are pending for governmental approvals of other proposals directly affecting the property covered by your proposal? If yes, explain. N/A
- 10. List any government approvals or permits that will be needed for your proposal, if known.
HAZARDOUS MATERIALS CARRIER PERMIT HOLDER. US DOT.
- 11. Give a brief, complete description of your proposal, including the proposed uses and the size of the project and site. There are several questions later in this checklist that ask you to describe certain aspects of your proposal. You do not need to repeat those answers on this page.
BULK AVIATION FUEL TRANSPORTATION AND DELIVERY TO AIRPORT
- 12. Location of the proposal.
Pickup Terminal Locations: US Oil. 3001 Marshall Ave. Tacoma, WA 98421-0116
Shell Oil Co. Harbor Island Term. 2555 13th Ave. SW Seattle, WA 98134

Delivery Points: Grant County Int'l Airport
Avfuel Inventory c/o Million Air LLC. 2050 Randolph Rd. Moses Lake, WA 98837

Spokane Int'l Airport
Avfuel Inventory 8002 W. Aviation Dr. Spokane, WA 99224

B. ENVIRONMENTAL ELEMENTS

1. EARTH

- a. General description of the site (circle one): flat, rolling, hilly, steep slopes, mountainous, other.
N/A
- b. What is the steepest slope on the site (approximate percent slope)?
N/A
- c. What general types of soils are found on the site (for example, clay, sand, gravel, peat, mulch)?
If you know the classification of agricultural soils, specify them and note any prime farmland.
N/A
- d. Are there surface indications or history of unstable soils in the immediate vicinity? If so, describe.
N/A
- e. Describe the purpose, type, and approximate quantities of any filling or grading proposed.
Indicate source of fill.
N/A
- f. Could erosion occur as a result of clearing, construction, or use? If so, generally describe.
N/A
- g. About what percent of the site will be covered with impervious surfaces after project construction (for example, asphalt or building)?
N/A
- h. Proposed measures to reduce or control erosion, or other impacts to the earth, if any:
N/A

2. AIR

- a. What types of emissions to the air would result from the proposal (i.e., dust, automobile, odors, industrial wood smoke) during construction and when the project is completed? If any, generally describe and give approximate quantities if known.
N/A VAPOR RECOVERY SYSTEM INSTALLED AS REQUIRED
- b. Are there any off-site sources of emissions or odor that may affect your proposal? If so, generally describe.
N/A
- c. Proposed measures to reduce or control emissions or other impacts to air, if any:
NONE- VAPORY RECOVERY SYSTEM UTILIZED

3. WATER

a. Surface:

- 1) Is there any surface water body on or in the immediate vicinity of the site (including year-round and seasonal streams, saltwater, lake, ponds, wetlands)? If yes, describe type and provide names. If appropriate, state what stream or river it flows into.
NO
- 2) Will the project require any work over, in, or adjacent to (within 200 feet) of the described waters? If yes, please describe and attach available plans.
NO
- 3) Estimate the amount of fill and dredge material that would be placed in or removed from surface water or wetlands and indicate the area of the site that would be affected. Indicate the source of fill material.
N/A
- 4) Will the proposal require surface water withdrawals or diversions? Give general description, purpose and approximate quantities if known.
N/A
- 5) Does the proposal lie within a 100-year floodplain? If so, note location on the site plan.
NO N/A
- 6) Does the proposal involve any discharge of waste materials to surface waters? If so, describe the type of waste and anticipated volume of discharge.
NO

b. Ground:

- 1) Will ground water be withdrawn, or will water be discharged to ground water? Give general description, purpose and approximate quantities if known.
N/A
- 2) Describe waste material that will be discharged into the ground from septic tanks or other sources, if any (for example: Domestic sewage; industrial, containing the following chemicals...; agricultural; etc.). Describe the general size of the system, the number of such systems, the number of houses to be served (if applicable), or the number of animals or humans the system(s) are expected to serve.
N/A

c. Water Runoff (including storm water):

- 1) Describe the source of runoff (including storm water) and method of collection and disposal, if any (include quantities, if known). Where will this water flow? Will this water flow into other water? If so, describe.
N/A
- 2) Could waste materials enter ground or surface water? If so, generally describe.
N/A

d. Proposed measures to reduce or control surface, ground, and runoff water impacts, if any:

4. PLANTS

a. Check or circle types of vegetation found on the site:

- | | | |
|-----|--|---------------------|
| N/A | _____ deciduous tree: alder, maple, aspen, other | _____ pasture |
| | _____ evergreen tree: fir, cedar, pine, other | _____ crop or grain |
| | _____ water plants: water lily, eelgrass, milfoil, other | _____ shrubs |
| | _____ wet soil plants: cattail buttercup, bullrush, skunk cabbage, other | |

b. What kind and amount of vegetation will be removed or altered?

N/A

c. List threatened or endangered species known to be on or near the site.

N/A

d. Proposed landscaping, use of native plants, or other measures to preserve or enhance vegetation on the site, if any:

N/A

5. ANIMALS

- a. Circle any birds and animals which have been observed on or near the site or are known to be on or near the site:

birds: hawk, heron, eagle, songbirds, other:

N/A mammals: deer, bear, elk, beaver, other:

fish: bass, salmon, trout, herring, shellfish, other:

- b. List any threatened or endangered species known to be on or near the site.

N/A

- c. Is the site part of a migration route? If so, explain.

N/A MIGRATORY WATERFOWL?

- d. Proposed measures to preserve or enhance wildlife, if any:

NONE

6. ENERGY AND NATURAL RESOURCES

- a. What kinds of energy (electric, natural gas, oil, wood stove, solar) will be used to meet the completed project's energy needs? Describe whether it will be used for heating, manufacturing, etc.

N/A

- b. Would your project affect the potential use of solar energy by adjacent property? If so, generally describe.

N/A

- c. What kinds of energy conservation features are included in the plans of this proposal? List other proposed measures to reduce or control energy impacts, if any:

N/A

7. ENVIRONMENTAL HEALTH

- a. Are there any environmental health hazards, including exposure to toxic chemicals, risk of fire and explosion, spill, or hazardous waste, that could occur as a result of this proposal? If so, describe.

YES

- 1) Describe special emergency services that might be required.

SPILL RESPONSE, FIRE HAZARD, EXPOSURE TO PETROLEUM LIQUIDS

- 2) Proposed measures to reduce or control environmental health hazards, if any:

PPE- SPILL RESPONSE KITS ONSITE, SPILL PREVENTION PLANS.

- b. Noise

- 1) What types of noise exist in the area which may affect your project (for example: traffic, equipment, operation, other)?

NONE

- 2) What types and levels of noise would be created by or associated with the project on a short-term or a long-term basis (for example: traffic, construction, operation, other)?

Indicate what hours noise would come from the site.

NONE

- 3) Proposed measures to reduce or control noise impacts, if any:

N/A

8. Land and Shoreline Use

- a. What is the current use of the site and adjacent properties?

INDUSTRIAL

- b. Has the site been used for agriculture? If so, describe.

NO

- c. Describe any structure on the site.

FUEL STORAGE FACILITY

- d. Will any structure be demolished? If so, what?

NO

- e. What is the current zoning classification of the site?

LIGHT AND HEAVY INDUSTRIAL

- f. What is the current comprehensive plan designation of the site?

N/A

- g. If applicable, what is the current shoreline master program designation of the site?
N/A
- h. Has any part of the site been classified as an "environmentally sensitive" area? If so, specify.
N/A
- i. Approximately how many people would reside or work in the completed project?
N/A
- j. Proposed measures to avoid or reduce displacement impacts, if any:
N/A
- k. Proposed measures to ensure the proposal is compatible with existing and projected land uses and plans, if any:

ONGOING CURRENT OPERATIONS

9. HOUSING

- a. Approximately how many units would be provided, if any? Indicate whether high, middle or low-income housing.
N/A
- b. Approximately how many units, if any, would be eliminated? Indicate whether high, middle or low-income housing.
N/A
- c. Proposed measures to reduce or control housing impacts, if any:
N/A

10. AESTHETICS

- a. What is the tallest height of any proposed structure, not including antennas; what is the principal exterior building material proposed?
N/A
- b. Proposed measures to reduce or control aesthetic impacts, if any:
N/A

11. LIGHT AND GLARE

- a. What type of light or glare will the proposal produce? What time of day would it mainly occur?
NONE
- b. Could light or glare from the finished project be a safety hazard or interfere with views?
NONE
- c. What existing off-site sources of light or glare may affect your proposal?
NONE
- d. Proposed measures to reduce or control light and glare impacts, if any:
NONE

12. RECREATION

- a. What designated and informal recreational opportunities are in the immediate vicinity?
NONE
- b. Would the proposed project displace any existing recreational uses? If so, describe.
NO
- c. Proposed measures to reduce or control impacts on recreation, including recreation opportunities to be provided by the project or applicant, if any:
N/A

13. HISTORIC AND CULTURAL PRESERVATION

- a. Are there any places or objects listed on, or proposed for, national, state, or local preservation registers known to be on or next to the site? If so, generally describe.
NO
- b. Proposed measures to reduce or control impacts, if any:
N/A

14. TRANSPORTATION

- a. Identify public streets and highways serving the site, and describe proposed access to the existing street system. Show on-site plans, if any.

PORT OF TACOMA, PORT OF SEATTLE, PORT OF MOSES LAKE, SPOKANE COUNTY
I-5, I-90 HWY 17

- b. Is site currently served by public transit? If not, what is the approximate distance to the nearest transit stop?

NO. NONE OF THE PICKUP OR DELIVERY LOCATIONS HAVE PUBLIC
TRANSPORTATION, TRANSPORTATION STOPS OR LOCATIONS.

THE CLOSEST PUBLIC TRANSPORTATION STOP IS THE MOSES LAKE LOCATION &
PUBLIC BUS STOP IS 1/2 MILE TO THE WEST ON PATTON BLVD.

- c. How many parking spaces would the completed project have? How many would the project eliminate?
N/A
- d. Will the proposal require any new roads or streets, or improvements to existing roads or streets, not including driveways? If so, generally describe (indicate whether public or private).
NO
- e. Will the project use (or occur in the immediate vicinity of) water, rail, or air transportation? If so, generally describe.
YES, SERVED BY RAIL AND AIR TRANSPORTATION
- f. How many vehicular trips per day would be generated by the completed project? If known, indicate when peak volumes would occur.
1-2 PER DAY
- g. Proposed measures to reduce or control transportation impacts, if any:
NONE

15. PUBLIC SERVICES

- a. Would the project result in an increased need for public services (for example: fire protection, police protection, health care, schools, other)? If so, generally describe.
NO, ONGOING OPERATIONS JUST A NEW CARRIER.
- b. Proposed measures to reduce or control direct impacts on public services, if any.
NONE

16. UTILITIES

- a. Circle utilities currently available at the site: electricity, natural gas, water, refuse service, telephone, sanitary sewer, septic system, other. ELECTRICITY ONLY
- b. Describe the utilities that are proposed for the project, the utility providing the service, and the general construction activities on the site or in the immediate vicinity which might be needed.
NONE

C. SIGNATURE

The above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.



Signature: _____

Date Submitted: 5-4-09

**UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2008-2011**

Registrant: COLUMBIA PACIFIC AVIATION, TRANSPORT DIVISION LLC
Attn: JEFF AKRIDGE
7610 ANDREWS ST NE
MOSES LAKE, WA 98837

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 050409 552 047QS Issued: 05/04/2009 Expires: 06/30/2011

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PIH-62, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

Please

Attach this
updated

HAZ Req.

to my earlier FAXed
Appl. for CC

This Reflects our
proper Company Name

JEFF AKRIDGE

509 762 1016

Columbia Pacific Transport

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

(Executed In Triplicate)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the Arch Insurance Company
(Name of Company)

(hereinafter called Company) of 300 First Stamford Place, 5th Floor, Stamford, CT 06902
(Home Office Address of Company)

has issued to Columbia Pacific Aviation Transport Division, LLC of 7610 Andrews St NE, Moses Lake WA 98837
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 02/19/2009 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 canceled 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 1451 Larimer St., Suite 200 Denver, CO 80202
(Street Address) (City) (State) (Zip Code)

this 20th day of February, 2009.

Insurance Company File No. FBCAT0123100
(Policy Number)



Authorized Company Representative