REINSTATEMENT

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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

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

Intrastate Common Carrier Operating Authority

and so lot

	N FOR PERMIT and Common Carrier Brokers)				
	AL USE ONLY				
Reception Number: 0019027 Safety:	Carrier ID#: 1455m43515				
111 0268 200 02 100 . 00 Insurance:	Employee: fuc				
	ATION (check one)				
New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority				
\$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 HAZARDOUS MATERIALS	\$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 (Must be filed within 10 months of cancellation)	ON CARRIER PERMIT For Commission Use Only:. Auth #: 1 9 50 6				
	PAYMENT				
☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐ Mastercard N Visa					
CERTIFICATION: I, the undersigned, under penalty for false statems authorized to execute and file this document on behalf of the application (printed):	ent, certify that the following information is true and correct, that I am ant, and that all information on file is current and valid. Date: 4-23-09				
Signature: Ditle: Owner					
MOTOR CARRIER	RIDENTIFICATION				
CC#: しんつ / US DOT# (if required)	WA UNIFIED BUSINESS IDENTIFIER (UBI)#:				
APPLICANT NAME:	PHONE#: 509-945-9846				
d/b/a: B Ronches	FAX #:				
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 3니 (다.)	o50N				
(city, state, zip) Solah, wa, 98946	•				
PHYSICAL ADDRESS: (street address, if different)					
341 Gibson Soll in goods					

	(ah	TY	PE OF BUSIN	ESS STRUCTURE		
	(cn	eck individ	lual or complete pa	rtnership/corporation information	ation)	
D INDIVIDU	AL PAI	RTNERSH	HIP CORPOR	RATION - STATE OF INCOF	RPORATION	
NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE						
Robert 71	<i>C</i> ₆	COLURA	ec			
		TR	ANSFER OF P	ERMIT NUMBER		
Complete this holder and per of the permit n	mit number to umber.	are trans be trans	ferring an existing prepared. The current	permit to a new owner. List r permit holder must sign belo	ow to authorize the transfer	
NAME ON FE	17.17.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	17		PERMIT	IUMBER:	
Signature of a	Surront permit	holdo-				
Orginalare or t			NCE RECUIRE	MENTS (must check one	Date	
	(perm	it will not	be issued until ac	ceptable insurance is rece	ıyed) ≥ived)	
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 NOT HA materials \$750,000 and Prop Insuranc Complete Safety Find Section 11 and 12 and 13 and 14 and 14 and 15		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 LIST (Attach additional list if necessary) UNIT# LICENSE# STATE VIN#						
ONTH	 		STATE	VIN#		
	11 A 691934 Washington		Washington	116795 P		
	<u> </u>					
abovers alle ill	at no operat and affirm t	ions mav	' De conducted un	ration does not in itself contil a permit is received from ned in this application is true Date	n the Commission. I ue to the best of my	
			2			

M43515

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 ROBERT B FIFE, DBA: B & R RANCHES of 341 GIBSON RD, SELAH, WA 98942-0000 a policy or policies of insurance effective from 06/26/2009 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 26th day of June, 2009

Insurance Company File No. CA 05483300

(Policy Number)

MC1633a(08/99)

(Authorized Company Representative

IRB3539B