

REINSTATEMENT

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)

TV, 091143

None
OS

FOR OFFICIAL USE ONLY

| | | |
|----------------------------------|----------------------|----------------------------|
| Reception Number: 0019118 | Safety: | Carrier ID#: <u>my4424</u> |
| 111 0268 200 02 | Insurance: <u>OS</u> | Employee: <u>OS</u> |

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 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

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): Rod Moore Date: 07-15-2009

Signature: _____ Title: G.M.

MOTOR CARRIER IDENTIFICATION

CC#: 145592 US DOT# 235502 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 582 910

APPLICANT NAME: CARROLL MILLS TRANSPORT, LLC PHONE#: 360-856-2396

d/b/a: CARROLL MILL FAX #: 360-856-2594

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) P.O. BOX 641, Sedro-Woolley, WA 98284

(city, state, zip) 632 SUNSET PARK DR, STE 15D,

PHYSICAL ADDRESS: (street address, if different) SEDRO-WOODLEY, WA 98284

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WA
(LP, LLP, LLC)

| NAME | TITLE | STOCK DISTRIBUTION OR PERCENTAGE OF SHARE |
|--------------|--------|---|
| Denise Moore | Member | 100% |

TRANSFER OF PERMIT NUMBER

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 _____

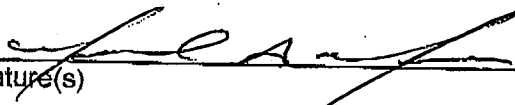
INSURANCE REQUIREMENTS (must check one) (Permit will not be issued until acceptable insurance is received)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating-- <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <u>\$750,000</u> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey-- Section 1. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$1 million</u> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey - Sections 1 and 2. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$5 million</u> 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# |
|-------|----------|----------|------|
| | SEE | ATTACHED | |
| | | | |
| | | | |

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) 

Date 07-15-2009

6/4/2009

Carroll Mill Transport, LLC.

Power Units:

| Unit# | Year | Make | Vin# | Plate#: |
|-------|------|--------------|-------------------|----------|
| 154 | 2000 | Freightliner | 1FUYSYB0YLB68848 | 06843 RP |
| 158 | 2000 | Freightliner | 1FUYDSEB3YPG36200 | 08010 RP |
| 162 | 2000 | Freightliner | 1FUYDSEB9YPG36198 | 09769 RP |
| 166 | 1993 | Freightliner | 1FUYDZYB6PP489578 | 14618 RP |
| 168 | 2001 | Freightliner | 1FUJAHCG61LG16127 | 18445 RP |
| 164 | 1998 | Freightliner | 1FUYDSEB6WA983589 | 1217 RP |

Trailers:

| | Unit# | Year | Make | Vin# | Plate#: |
|-----------|-------|------|---------|-------------------|---------|
| Semi | 114A | 1986 | Utility | 1UYFS2433EC103201 | 2957 TK |
| "A" | 124A | 1978 | Utility | 7L81447001 | 1036 SW |
| Train | 124B | 1978 | Utility | 7L81448001 | 1037 SW |
| Super "B" | 181A | 1999 | Arnes | 2A911403XXA003039 | 1038 UJ |
| Super "B" | 182A | 1999 | Arnes | 2A9112928XA003040 | 1039 UJ |
| Super "B" | 183A | 1999 | Arnes | 2A9114031XA003043 | 1036 UJ |
| Super "B" | 184A | 1999 | Arnes | 2A9112925XA003044 | 1037 UJ |
| Super "B" | 174A | 1996 | Arnes | 2A9113126TZ003016 | 7414 SY |
| Super "B" | 175A | 1996 | Arnes | 2A9114038TA003017 | 7215 SY |
| Super "B" | 179A | 1994 | Arnes | 2A9114312RA003909 | 0185 UI |
| Super "B" | 180A | 1994 | Arnes | 2A9114312RA003919 | 0184 UI |

Carroll Mill Transport, LLC

"Serving Western United States & Canada"

VIA FACSIMILE

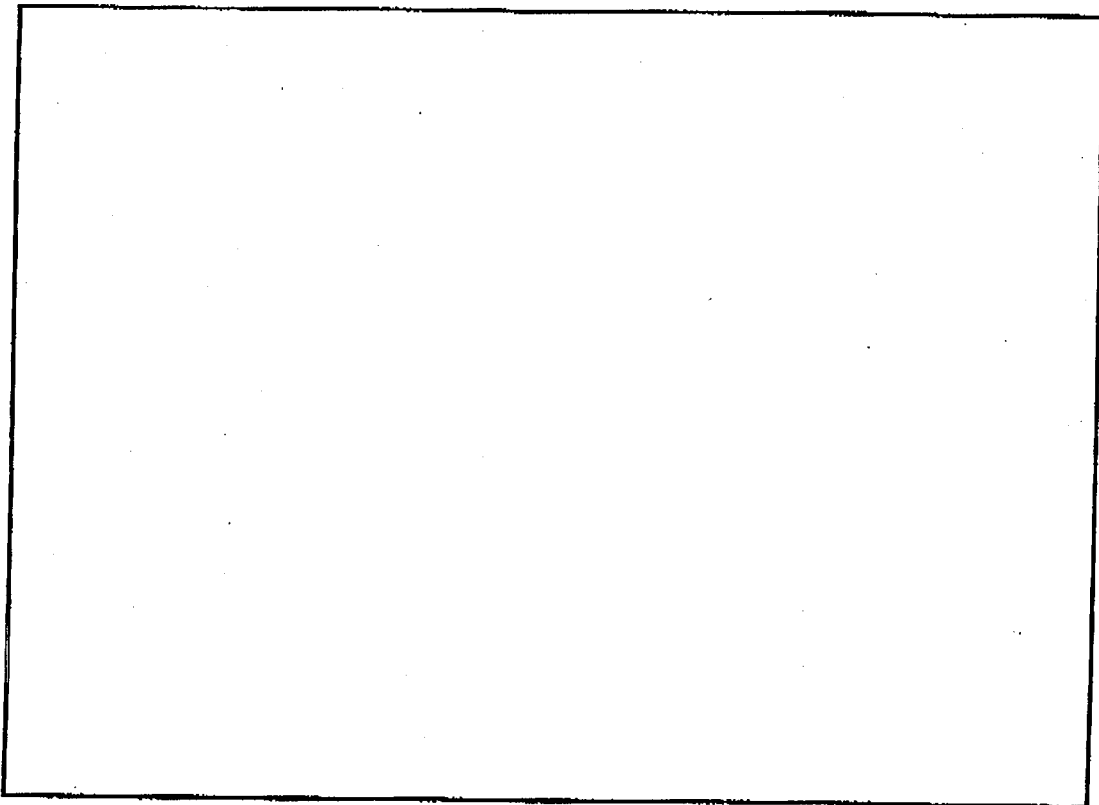
TO: WUTC DATE: 07-15-09

ATTN: KEN CHAPMAN NUMBER OF PAGES: 4
(INCLUDING THIS COVER)

FAX#: (360) 586-1181

REGARDING: RE-INSTATEMENT

FROM: Rod Moore rod@carrollmill.com



UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE
LIABILITY CERTIFICATE OF INSURANCE
(Executed in triplicate)

Inactive
72484
CC7099
JR5

Filed with WASHINGTON UTILITIES AND TRANSPORTATION COMM. (hereinafter called commission)
(Name of Commission)

This is to certify, that the CORNHUSKER CASUALTY COMPANY
(Name of Company)

(hereinafter called company) of 929th W DODGE ROAD OMAHA, NEBRASKA 68114
(Home Office Address of Company)

has issued to CARROLL HILLS TRANSPORT LLC
(Name of Motor Carrier)

of PO BOX 399
(Address of Motor Carrier)

MT VERNON WA 98273

a policy or policies of insurance effective from 07-31-2009, 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 929th W DODGE ROAD OMAHA, NEBRASKA 68114
this 3rd day of JUN, 2009. *[Signature]*
(Authorized Company Representative)

Insurance Company File No. 1st WAAC02206
(Policy No.)

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provision of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)).
MC 1633