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LICENSING SERVICES

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REINST.	ATEMENT TY-09/4 26						
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 (exclusing Household Goods and Common Carrier Brokers)							
Reception Number 1019347 Safety:	IAL USE ONLY						
111 0268 200 02 (07 00 Insurance: (/)	Ounter 10#: W36915						
170 . US 11100; (//	ATION (check one)						
New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority						
S279 GENERAL COMMODITIES ONLY	8100 GENERAL COMMODITIES, Including ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIES, Including ARMORDED CAR SERVICE	S100 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS						
HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIES, INCLUDING HAZARDQU'S MATERIALS 2Nd ARMORED GAR SERVICE							
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 menths of cancellation) For Com Auth #:							
TYPE OF	PAYMENT						
Chack Maney Order C Amex D Discover C	Mestercard A Visa Expiration Date						
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am outhorized to execute and the this document on behalf of the applicant, and that all information on file is current and valid. Name (printed): Ruber Certification of the printed of the applicant of the printed of the current and valid.							
Signature	Title;						
MOTOR CARRIED INCOME.							
APPLICANT NAME:	WA UNIFIED BUSINESS IDENTIFIER (URI)#:						
hiben Cervantes (541)571-0093							
	FAX#:						
eusiness (Mailing) address: (etreet address, F.O. Box) Po Box 172 Paterson, WA 99345 (city, state, zip)							
PHYSICAL ADDRESS: (street address, if different) 197268 593 PR 5 W							
Palerson, WA 99345							

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PARTNERSH	ip [] Corpor/ (Lp, llp.	YTION - LLC)	- STATE OF INCORP								
то₌	STOC	KDIS	тын галы до бёра								
,			TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE								
		,									
TD	ANGEER OF R	EDMI	IT 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:											
morrit holder				Date							
	NCE REQUIRE	MEN'	TS (must sheck one)								
(Permit will no	be issued until a	ceptal	ble insuranco la recui	Ved)							
ntity material material to \$750,00 and Property leading to the complex of the com	LUL hazardous s in any quantity o in Public Liability perty Damage to is required. to and submit the itness Survey—	HAUL mater \$1 mi Liabill Dama subm	L hezardous brials requiring brials requiring brillion in Public blity and Property age insurance and brit the Safety Fitness	The applicant WILL MAUL hazardous materials requiring \$5 million in Public Liability and Property Damage insurance. Complete and submit the Safety Fitness Survey—Sections 1 and 2.							
Fitness Survey. EQUIPMENT LIST (Attach additional list if necessary)											
LICENSE#	STATE		VIN#								
36536V	washingto		1x Kmp 38x88K130 Pd @								
-											
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. Pulse: Constitute authority to operations the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief. Date: Date:											
	permit holder INSURA (Permit will not s material s 750.00 and Pro- insuranc Complet Safety F Section EQUIPME LICENSE# Perstand that the operations me affirm that the of.	permit holder INSURANCE REQUIRE (Permit will not be issued until active materials in any quantity— **TF0,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey— Section 1. **EQUIPMENT LIST (Attach LICENSE** **STATE** **Property Damage Insurance is required. Complete and submit the Safety Fitness Survey— Section 1. **EQUIPMENT LIST (Attach LICENSE** **STATE** **Propertions may be conducted unafilm that the information container.	permit holder INSURANCE REQUIREMEN (Permit will not be issued until accepts III. The applicant WILL S NOT HAUL hazardous tity materials in any quantity— and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey— Section 1. EQUIPMENT LIST (Attach addity LICENSE# STATE Perstand that the filing of this application operations mey be conducted until a pafilm that the information contained in eff.	permit holder INSURANCE REQUIREMENTS (must check one) (Permit will not be issued until acceptable insurance is required. ILL S MOT HAUL hazardous materials in any quantity—se \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1. EQUIPMENT LIST (Attach additional list if necessary) EQUIPMENT LIST (Attach additional list if necessary) EQUIPMENT LIST (Attach additional list if necessary) Fix and that the filing of this application does not in itself contagerations may be conducted until a permit is received from affirm that the information contained in this application is true of.							

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LICENSING SERVICES

RECEIVED IN COURT

REINSTATEMENT WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S Evergreen Park Dr SW, PO Box 47250 Olympia, WA 96504-7250 Telephone (360) 664-1222 - Fex (360) 586-1181 Intrastate Common Carrier Operating Authority APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers) FOR OFFICIAL USE ONLY Reception Number 0019347 Baraty: Chiles Ditt 36915 M 111 0268 200 02 00 insurance: Employee' TYPE OF APPLICATION (check one) New Common Carrier Remnit Authority, or Extension of Common Carrier Permit Authority Transfer of Existing Permit Number \$275 GENERAL COMMODITIES ONLY 91 DO GENERAL COMMODITIES, Including ARMORED CAR SERVICE GENERAL COMMODITIES, Including ARMORDED DAR SERVICE **\$27**5 金石口砂 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS 5275 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS \$100 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS and AMMORED CAR SERVICE GENERAL COMMODITIES, INCLUDING HATARBOILD WATERIALS AND ARMORED GAR **5275** \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT Must be filed within 10 merting of concellation For Com AUM # TYPE OF PAYMENT LI CHeck Money Order D Amex Discover D Mastercard A View Expiration Date CERTIFICATION: I, the undersigned, under person for false statement, certify that the following information is true and correct, that I am subjected to execute and life this document on behalf of the applicant, and that all information on the is current and valid. Name (printed): Signature THE: MOTOR CARRIER IDENTIFICATION CC#: US DOT# WA UNIFIED DUSI APPLICANT NAME PHONE d/b/a: BUSINESS (MAILING) ADDRESS: (etreet address, P.O. Box) (city, state, zip) PHYSICAL ADDRESS: (street address, if different)

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FICENSING SERVICES

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TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)								
INDIVIDUAL DEPARTMERSHIP DECORPORATION - STATE OF INCORPORATION								
NAME STOCK DISTRIBUTION OR PERCENTAGE OF SHARE								
		TR	ANGEER OF R	Ë	MIT WINDERS	A STATE OF THE STA		
TRANSFER OF PERMIT NUMBER Complete this section if you are transferring an axisting permit to a new owner. List name of <u>our and</u> 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 c	Jerent berrit	holder				Date		
	18	SURAL	VCE REQUIRE	ME	NTS (must check one	}		
				Cer	voer el consruent elden	T		
NOT HALL 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. Complete and submit the Safety Pitness Survey—Section 1.		in any quantity in any quantity in Public Liability perty Damage e is required. e and submit the these Survey	Liability and Property Damage Insurance and submit the Safety Fitness Survey — Sections 1 and 2.		The applicant WILL MAUL hazardous materiats requiring \$25 million in Public Liability and Property Damage insurance. Complete and submit the Safety rithess Survey—Sections 1 and 2.			
EQUIPMENT LIST (Attach additional list if necessary)								
ÜNITA	LICEN	-	STATE	VIN#				
	A5653	by_	1000 hington		1x Kmp33x88X1207000			
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 requived from the Commission. I hereby declars and affirm that the information contained in this application is true to the best of my knowledge and belief.								
Ruber T. Concerner 9-41-09 Signature(s) Date								
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Watts Brothers Fertilizer, Inc. P.O. Box 1900 Kennewick. WA 99336 Phone: 509-875-3154 FAX 509-875-3300

FAX COVER SHEET

trucking (Ruben Corvantes) Pages Including Cover Page:

M 36915 pending

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 RUBEN CERVANTES, R CERVANTES TRUCKING of PO BOX 234, PATTERSON, WA 99345-0000 a policy or policies of insurance effective from 09/08/2009 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 9th day of September, 2009

Insurance Company File No. CA 04343188

(Policy Number)

(Authorized Company Representative

MC1633a(08/99)

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