

PART - A

TV-091975

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 0019633	Safety: <i>-under 10,000 lbs</i>	Carrier ID# 5811
111 0268 200 02 275.00	Insurance: 1-12-10 <i>KWC</i>	Employee: <i>KWC</i>

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" 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	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	

For Commission Use Only
 Aut: _____

TYPE OF PAYMENT

Check Money Order 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): Kelly Johnson Date: 12-28-09
 Signature: _____ Title: Administrative Assistant

MOTOR CARRIER IDENTIFICATION

CC#: <u>CC-60102</u>	US DOT# <u>under 10,000 lbs</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602-954-296 602-954-269</u>
APPLICANT NAME: <u>Pathology Associates Medical Laboratories, LLC</u>		PHONE#: <u>509-755-8600</u>
d/b/a:		FAX #: <u>509-209-5898</u>
BUSINESS (MAILING) ADDRESS: <u>110 W Cliff Ave</u>		
(street address, P.O. Box)		
(city, state, zip) <u>Spokane, WA 99204</u>		
PHYSICAL ADDRESS: (street address, if different) <u>110 W Cliff Ave Spokane, WA 99204</u>		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Bourget Health Services, Inc		110 W Cliff Ave Spokane, WA 99204	75%
Catholic Health Initiatives		1999 Broadway Suite 4000 Denver, CO 80202	25%

TRANSFER OF PERMIT NUMBER W-38282

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: Bourget Health Services, Inc Pathology Associates Medical Laboratories PERMIT NUMBER: CC-60102

 Thomas O. Tiffany, Ph.D., DABCC-CEO 12/28/2009
Signature of current permit holder Date

INSURANCE REQUIREMENTS (must check one)

(permit will not be issued until acceptable insurance is received)

<input checked="" 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 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.
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EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
See Attached List			

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)

Thomas O. Tiffany, Ph.D. DABCC - CEO

12/28/2009
Date

Unit Number	License #	State	VIN Number	Make	Model
ALP01P	A97713W	WA	1G1AK52F257589153	Chevy	Cobalt
ALP02P	031 RAF	WA	1G1JC52F737337523	Chevy	Cavalier
BEV01	068 TDE	WA	5Y2SL63875Z435217	Pontiac	Vibe
BEV02	396 WXZ	WA	1G1AL58F787311423	Chevy	Cobalt
BEV03	451 RFO	WA	1G1JC52F237337722	Chevy	Cavalier
BEV04	452 RFO	WA	1G1JC52FX37337791	Chevy	Cavalier
BEV06	389 XWZ	WA	1G1AL58F587309721	Chevy	Cobalt
BEV07	297 YVS	WA	1G1AL58F287123313	Chevy	Cobalt
BEV08	614 YLH	WA	5Y2SL65878Z409413	Pontiac	Vibe
BEV09	604 TPG	WA	5Y2SL63835Z458137	Pontiac	Vibe
BEV11	602 TPG	WA	5Y2SL63805Z457625	Pontiac	Vibe
BEV12	891 VVY	WA	5Y2SL65897Z421562	Pontiac	Vibe
BEV13	151 UMG	WA	5Y2SL65856Z421136	Pontiac	Vibe
BEV15	143 VBF	WA	5Y2SL65866Z435448	Pontiac	Vibe
OLV01	070 TPO	WA	1G1AK52F857625766	Chevy	Cobalt
OLV02	564 WQZ	WA	5Y2SL65867Z434883	Pontiac	Vibe
OLV03	893 VVY	WA	5Y2SL658X7Z420632	Pontiac	Vibe
OLV04	531 ZIQ	WA	5Y2SP67079Z452873	Pontiac	Vibe
OLV05	069 TPO	WA	1G1AK52F057625826	Chevy	Cobalt
OLV07	088 YLM	WA	1FAFP33P11W23448	Ford	Focus
OLV08	894 VVY	WA	5Y2SL65897Z420864	Pontiac	Vibe
OLV09	136 WTV	WA	5Y2SL65848Z402726	Pontiac	Vibe
OLV10	150 UMG	WA	5Y2SL658X6Z421391	Pontiac	Vibe
OLV13	780 ROF	WA	1G1JC52F547154929	Chevy	Cavalier
OLV15	A24448T	WA	1GCGG25R421217352	Chevy	Express
OLV16	067 TDE	WA	5Y2SL63845Z435515	Pontiac	Vibe
OLV18	526 ULR	WA	1G1AK55F767709106	Chevy	Cobalt
OLV19	525 ULR	WA	1G1AK55F867709115	Chevy	Cobalt
OLV20	100 VBF	WA	1G1AK55F467814914	Chevy	Cobalt
OLV21	296 YVS	WA	1G1AL58F987110798	Chevy	Cobalt
OLV22	385 XWZ	WA	1G1AL58F087310372	Chevy	Cobalt
OLV23	393 XWZ	WA	1G1AL58F087312431	Chevy	Cobalt
RTV01	818 YVJ	WA	5Y2SP67069Z417760	Pontiac	Vibe
RTV02	548 YLH	WA	5Y2SL65868Z400461	Pontiac	Vibe
RTV03	965 YLH	WA	5Y2SP67809Z453658	Pontiac	Vibe
RTV04	175 YSC	WA	5Y2SP67099Z419602	Pontiac	Vibe
SEV00	078 YLN	WA	1G1AT58H697213549	Chevy	Cobalt
SEV01	A02709Z	WA	5Y2SL65886Z404315	Pontiac	Vibe
SEV02	387 XWZ	WA	1G1AL58F187308923	Chevy	Cobalt
SEV03	219 ZIR	WA	1G1AL58F287140385	Chevy	Cobalt
SEV04	149 UMG	WA	5Y2SL65856Z420634	Pontiac	Vibe
SEV05	A46607Y	WA	5Y2SL65886Z403634	Pontiac	Vibe
SEV06	062 XXD	WA	1G1AK58F687104380	Chevy	Cobalt
SEV07	B23165B	WA	5Y2SL65846Z415845	Pontiac	Vibe Wagon
SEV09	A46608Y	WA	5Y2SL65836Z404089	Pontiac	Vibe
SEV12	A46609Y	WA	5Y2SL658X6Z403862	Pontiac	Vibe

Unit Number	License #	State	VIN Number	Make	Model
SEV13	390 XWZ	WA	1G1AL58F987310564	Chevy	Cobalt
SEV14	386 XWZ	WA	1G1AL58F187308713	Chevy	Cobalt
SEV15	610 YLH	WA	5Y2SL65848Z400118	Pontiac	Vibe
SEV16	394 XWZ	WA	1G1AL58F487311735	Chevy	Cobalt
SEV17	209 WJE	WA	1G1AK55F877295853	Chevy	Cobalt
SEVP01	590 RFO	WA	1G1JC52F737368139	Chevy	Cavalier
SPV01	557 TPG	WA	5Y2SL63825Z457366	Pontiac	Vibe
SPV02	591 ULR	WA	5Y2SL658X62416577	Pontiac	Vibe Wagon
SPV03	108 WKC	WA	5Y2SL65867Z432907	Pontiac	Vibe
SPV04	B36563C	WA	5Y2SL65817Z421331	Pontiac	Vibe
SPV05	102 VBF	WA	1G1AK55F167814059	Chevy	Cobalt
SPV06	B10796F	WA	1GCGG25V871197174	Chevy	Express
SPV07	332 VGR	WA	5Y2SL65876Z452971	Pontiac	Vibe
SPV08	696 WCP	WA	5Y2SL65837Z423081	Pontiac	Vibe
SPV09	068 WGF	WA	5Y2SL65887Z431340	Pontiac	Vibe
SPV10	433 UGO	WA	5Y2SL65856Z404546	Pontiac	Vibe Wagon
SPV12	589 ULR	WA	5Y2SL65886Z416335	Pontiac	Vibe Wagon
SPV13	786 ROF	WA	1G1JC52F747154740	Chevy	Cavalier
SPV14	111 WKC	WA	5Y2SL65897Z432688	Pontiac	Vibe
SPV15	605 TPG	WA	5Y2SL63855Z458396	Pontiac	Vibe
SPV16	107 WKC	WA	5Y2SL65807Z433339	Pontiac	Vibe
SPV17	766 VLV	WA	1GNDT13W22K154982	Chevy	Blazer
SPV18	767 VBE	WA	5Y2SL65886Z435449	Pontiac	Vibe
SPV19	760 VGQ	WA	5Y2SL65856Z451933	Pontiac	Vibe
SPV20	683 YJA	WA	5Y2SL65888Z406827	Pontiac	Vibe
SPV21	103 VBF	WA	1G1AK55F067813906	Chevy	Cobalt
SPV22	934 PDI	WA	1G1JC52F337156225	Chevy	Cavalier
SPV23	817 YVJ	WA	5Y2SL65878Z413574	Pontiac	Vibe
SPV24	217 ZIR	WA	5Y2SM67069Z444627	Pontiac	Vibe
SPV25	218 ZIR	WA	5Y2SL65878Z403384	Pontiac	Vibe
SPV26	323 VGR	WA	1J4GR48K36C179895	Jeep	Cherokee
SPVP1	A53509U	WA	2GTEK19V3Y1348931	GMC	Sierra
YAV01	516 WQZ	WA	5Y2SL65807Z435348	Pontiac	Vibe
YAV02	517 WQZ	WA	5Y2SL65827Z435349	Pontiac	Vibe
YAV03	781 ROF	WA	1G1JC52F147155141	Chevy	Cavalier
YAV04	333 VGR	WA	5Y2SL65856Z453228	Pontiac	Vibe
YAV06	522 WQZ	WA	5Y2SL65847Z434882	Pontiac	Vibe
YAV07	B29505B	WA	1GCGG25V871130140	Chevy	Express
YAV08	778 ROF	WA	1G1JC52F747155094	Chevy	Cavalier
YAV09	118 ZIR	WA	5Y2SL65888Z417021	Pontiac	Vibe

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
 1300 S. Evergreen Park Drive S.W., P.O. Box 47250
 Olympia, WA 98504-7250
 (360) 664-1222

BOURGET HEALTH SERVICES, INC.
 PATHOLOGY ASSOCIATES MEDICAL LABORATORIES
 P O BOX 2687
 SPOKANE, WA 99220-2687

PERMIT: CC-60102
 DATE: 12-01-2000

INTRASTATE COMMON CARRIER PERMIT

Pursuant to the provisions of Chapter 81 RCW, THIS IS TO CERTIFY that authority is granted to operate as a COMMON CARRIER in the transportation of:

GENERAL COMMODITIES IN THE STATE OF WASHINGTON

EXCLUDING:

- Household Goods
- Hazardous Materials
- Armored Car Service

WASHINGTON UTILITIES AND TRANSPORTATION
 COMMISSION

By Cheryl Schlenker for Paul Carl

NOTE: A copy of this permit MUST be carried in each vehicle being operated under this authority.

Form E
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**
(Executed in Triplicate)

5811 -
pending
RECEIVED

Filed with WASHINGTON UTILITIES & TRANSPORTATION COMMISSION
(Name of Commission)

(hereinafter called Commission) JAN 11 2010

This is to certify, that the UNIGARD INSURANCE COMPANY
(Name of Company)

WASH. UT. & TP. COMM

(hereinafter called Company) of 15805 NE 24TH ST. BELLEVUE, WA 98008
(Home Office Address of Company)

has issued to PATHOLOGY ASSOCIATES MEDICAL LABORATORIES, LLC of _____
O BOX 2687, SPOKANE, WA 99220-2687
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 01/01/2010 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.
*AMENDED NAMED INSURED FROM "OURGET_HEALTH_SERVICES,INC_DBA_PATHOLOGY ASSOCIATES MEDICAL LAB."

Countersigned at 15805 NE 24TH ST.
(Street Address)
this 4TH day of JANUARY 20 10

BELLEVUE
(City)

WA
(State)

98009
(Zip Code)

Karen Johnston
Karen Johnston
(Authorized company Representative)

Insurance Company File No. BA619344
(Policy Number)