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WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S Evergreen Park Dr SW, PO Box 47250 Olympia, WA 95804-7250 Telephone (360) 664-1222 – Fax (360) 586-1131 Intrastate Common Carrier Operating Authority APPLICATION FOR PERMIT  [excluding Household Goods and Common Carrier Permit Permit Authority APPLICATION FOR PERMIT  [excluding Household Goods and Common Carrier Permit Authority FOR OFFICIAL USE ONLY  Reception Nurr 0019895 Safey: Carrier Der Der Common Carrier Permit Authority Transfer of Existing Permit Number  TYPE OF APPLICATION (check one)  New Common Carrier Permit Authority, or Transfer of Existing Permit Number  \$275 GENERAL COMMODITIES, including AMMORDE CAR SERVICE  \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and AMMORDE CAR SERVICE  \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS  \$275 GENERAL COMMOD		REIN	STAT	FMFN	IT T	1-1w=	369	
1300 S Evergreen Park Dr SW, PO Box 47250 Olympia, WA 93504-7250 Telephone (360) 664-1222 – Fax (360) 566-1131 Intrastate Common Carrier Operating Authority APPLICATION FOR PERMIT (excluding Homeshold Goods and Common Carrier Pinchera) FOR OFFICIAL USE DAILY Reception Num O019895 Safety: Carrier ID#: Ca		KEIN		F181F9				
Intrastate Common Carrier Operating Authority APPLICATION FOR PERMIT  (exclusing Hoseabald Goods and Common Carrier Brokers) FOR OFFICIAL USE ONLY  Reception Nur: 0019895   Safety:   Carrier ID#:	1300 S Evergreen Park Dr SW, PO Box 47250							
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S100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT  (Must be filed withen 10 menths of cancellation)  TYPE OF PAYMENT  Check   Money Order   Damex   Discover   Mastercard   Visa   Expiration Date  CERTIFICATION: I, the undersigned, under penalty for lates 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):   MOTOR CARRIER   DENTIFICATION    CC#			kgi	\$100	HAZARDOUS D	OMMODITIES, Inch AATERIALS and ARMO	HING RED CAR	
TYPE OF PAYMENT  Check   Money Order   Amex   Discover   PMastercard   Visa   Expiration Date  CERTIFICATION: I, the undersigned, under penalty for talse 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):   ANCENA   Dete: 3-1-10  Signature:   NOTOR CARRIER   DENTIFICATION  CC#:   US DOT#   H 4 2 7 1 4   GOZ - SOY - 843   OU    APPLICANT NAME:   JUENAL   BUENLESTED   SOY   787-1834  d/b/a:   TB   EX PLETS   FAX #: 509 - 588-2084  BUSINESS (MAILING) ADDRESS: (street address, P.O. Box)   212   I ST SE (city, state, zip)   QU   NCY   QUO	HAZARDOL	L COMMODITIES, INCLUDI US MATERIALS and ARMORED	ng Car					
CERTIFICATION: I, the undersigned, under penalty for lake 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): HOLLY TACH Date: 3-1-10  Signature: HOLLY THE GOOKICEPER  MOTOR CARRIER IDENTIFICATION  CC#: US DOT# HADTI WAUNIFIED BUSINESS IDENTIFIER (UBI) #  APPLICANT NAME: JUNENAL BUSINESS IDENTIFIER (UBI) #  APPLICANT NAME: SYPEESS OF FAX#: 509 - 588-3084  BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 212 I ST SE  (city, state, zip) QUINCY, WA 78848	\$100 REINSTAT	TEMENT OF CANCELLED	COMMON	CARRIER PE	RMIT	For Commission Use C	83	
CERTIFICATION: I, the undersigned, under penalty for lates statement, certify that the following information is true and correct, that I am authorized to execute and file this document on benalt of the applicant, and that all information on file is current and valid.  Name (printed): ANGELA TARZA Dete: 3-1-10  Signature: HOLLA TARZA DENTIFICATION  CC#: MOTOR CARRIER IDENTIFICATION  CC#: US DOT# 1442716 WA UNIFIED BUSINESS IDENTIFIER (UBI) # GOZ-564-843 WA UNIFIED BUSINESS (MAILING) ADDRESS: GIVEN BUSINESS (MAILING)					P	Curintian Orda		
Name (printed): ANGELIA (ARCA) Dete: 3-1-10  Signature: MOTOR CARRIER IDENTIFICATION  CC#: OG2149 US DOT# 144271 ( WA UNIFIED BUSINESS IDENTIFIER (UBI) #  APPLICANT NAME: DENTIFICATION  PHONE#: S09 787-1836  d/b/a: TB EX PEESS DENTIFIES (MAILING) ADDRESS: (street address, P.O. Box)  (city, state, zip) ON NCY, WA. 78848	☐ Check ☐ Money O	nder DAmex ODis	cover Jern	Mastercard LI	/68	/Expiration Date		
Signature: Trople GURRER DENTIFICATION  CC#: US DOT# HYD714 WAUNIFIED BUSINESS IDENTIFIER (UBI) # GOZ-564-843   APPLICANT NAME: JUVENAL BUSINESS (MAILING) ADDRESS: (street address, P.O. Box)  GURRER IDENTIFICATION  WAUNIFIED BUSINESS IDENTIFIER (UBI) # GOZ-564-843   FAX # 509-588-2084   GOZ-664-843   FAX # 509-588-2084   FAX # 509-588-2084   FAX # 509-588-2084    GOZ-664-843   FAX # 509-588-2084    GOZ-664-843   FAX # 509-588-2084    GOZ-664-843    FAX # 509-588-2084    GOZ-664-843    FAX # 509-588-2084    FAX # 509-588-2084    FAX # 509-588-2084    FAX # 509-588-2084    GOZ-664-843    FAX # 509-588-2084     FAX # 509-588-2084    FAX # 509-588-2084	authorized to execute and file this document on behalf of the applicant, and mar all imprintment on the is content and value.							
MOTOR CARRIER IDENTIFICATION  CC#: 062149 US DOT# 1442716 WA UNIFIED BUSINESS IDENTIFIER (UBI) # 602-564-843   APPLICANT NAME: JUVENAL BUENROTRO (SOG) 787-1836  d/b/a: TB EX PEESS N FAX #: 509-588-2084  BUSINESS (MAILING) ADDRESS: 212 I ST SE  (street address, P.O. Box) 212 I ST SE  (city, state, zip) QUINCY, WO. 78848	Name (printed)	198114 4 HA	2.2P	Dete:				
MOTOR CARRIER IDENTIFICATION  CC#: US DOT# 1442714 WA UNIFIED BUSINESS IDENTIFIER (UBI) #  APPLICANT NAME: JUVENAL BUSINESS (SCHOOL) 787-1834  d/b/a: TB SX PEESS W FAX#: 509-588-2084  (street address, P.O. Box) 212 I ST SE  (city, state, zip) QUINCY, WA . 98848	Signature: Male		+1/5		The second second second second second	CEEPICIL		
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(city, state, zip) QUINCY, WA. 98848	49	• • • • • • • • • • • • • • • • • • • •	27	73	SE			
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	PHYSICAL ADDRES	•	· ,					

TYPE OF BUSINESS STRUCTURE								
(check individual or complete partnership/corporation information)  INDIVIDUAL   PARTNERSHIP   CORPORATION - STATE OF INCORPORATION								
NAME	<u>.1</u>	MLE	STOCK	DIST	RIBUTION OR PERCE			
JUVENTL	_		MNER		100	70		
BUSA	JROS MR	<u> </u>						
		TRA	NSFER OF PE	RMI	T 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 cur	ment permit	holder				Date		
Olgridalio di da	18	SURAN	CE REQUIRE	MEN	TS (must check one)	/hone		
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 Eitness Survey.		The a NOT HAU materials \$750,000 and Prope Insurance Complete Safety Fitt Section 1	NOT HAUL hazardous materials in any quantity — \$750,000 in Public Liability and Property Darnage Insurance is required. Complete and submit the Safety Fitness Survey— Section 1.		The applicant WILL L hazardous rials requiring fillion in Public lity and Property age Insurance and nit the Safety Fitness ey – Sections 1 and	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.		
				addit	ional list if necessary	/1N#		
UNIT#	FICE		STATE		IVKWDR9			
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		<u></u>						
I, as applicant, understand that the filling 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.    JUENT BUNCOSTO   OB   OI   I   OB   Date   Dat								
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Date: 3/8/2010 Time: 10:56 AM To: 13605861181

F	4 <i>COF</i>	$RD_{M}$ CERTIFIC	CATE OF LIABIL	LITY INS	<b>URANCE</b>	=	DATE (MM/DD/YYYY) 3/8/2010		
RO Ii:	DUCER lson-He	Phone: 800-852-6140 eirgood Associates d Drive	Fax: 541-342-3786	THIS CER ONLY AN HOLDER.	TIFICATE IS ISS ID CONFERS N THIS CERTIFIC	UED AS A MATTER OO RIGHTS UPON THATE DOES NOT AMERICAFFORDED BY THE PO	F INFORMATION IE CERTIFICATE ND, EXTEND OR		
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_	AUTO	OMOBILE LIABILITY ANY AUTO	WK023522	3/1/2010	3/1/2011	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
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		EMBER EXCLUDED?	·	·	, "	E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, descr SPECIAL PI	ibe under ROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$		
	OTHER Cargo L Broad F	lability Form	WK023522	3/1/2010	3/1/2011	Deductible Theft Deductible	\$100,000 \$1,000 \$2,000		
	COLOTION OF	ODEDATIONS / LOCATIONS WEWS	LES / EXCLUSIONS ADDED BY ENDORSEME	ENT/COCOLA COCCO	IONS	Reefer Breakdown	Included		
.31	JAP HON OF		ESTEACLUSIONS ADDED BY ENDORSEME	ENT/SPECIAL PROVIS	ions				
EF	RTIFICAT	E HOLDER		CANCELLAT	TION				
WAUTC PO Box 47250 Olympia WA 98504				BEFORE THE WILL ENDEAY CERTIFICATE SHALL IMPOS	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.				
				AUTHORIZED RE	PRESENTATIVE	Comy Flata			