

PART A

TV# 101052

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)

Auth: 161345

Done CA

FOR OFFICIAL USE ONLY

Reception Number: 0023951

Safety: CA

Carrier ID#: 6032

111 0268 200 02 275.00

Insurance: CA

Employee: [Signature]

New Common Carrier Permit Authority, or Transfer of Existing Permit Number

Extension of Common Carrier Permit Authority

- \$275 GENERAL COMMODITIES ONLY
- \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE
- \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
- \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE

- \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
- \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
- \$100 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 Comm: Auth #:

TYPE OF PAYMENT

- Check
- Money Order
- Amex
- Discover
- Mastercard
- Visa

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): Cheyenne Lindenmuth

Date: 6/9/10

Signature

Title: Chy's Courier Service/owner

NOTICE CARRIER IDENTIFICATION

CC#: 63949

US DOT#: Under 10,000

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 667 46100

APPLICANT NAME: Cheyenne Lindenmuth

PHONE#: 509-668-8669

d/b/a: Chy's Courier Service

FAX #:

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box) 542 S. Chelan Street

(city, state, zip) Wenatchee WA 98801

PHYSICAL ADDRESS: (street address, if different)

Same

Per call

**TYPE OF BUSINESS STRUCTURE**

INDIVIDUAL     PARTNERSHIP     CORPORATION (LP, LLP, LLC)  
STATE OF INCORPORATION \_\_\_\_\_

| NAME                  | TITLE               | ADDRESS                                    | STOCK DISTRIBUTION OR PERCENTAGE OF SHARE |
|-----------------------|---------------------|--|---|
| Chy's Courier Service | Sole Proprietorship | 542 S. Chelan Street<br>Wenatchee WA 98801 | 100% Per call                             |
| Cheyenna Lindenmuth   |                     |  |   |

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 \_\_\_\_\_

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B. | <input type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |
|--|--|---|---|

| UNIT# | LICENSE# | STATE | VIN#              |
|-------|----------|-------|-------------------|
|       | 844 YDM  | WA    | 1J4GL48K35W601808 |
|       |          |       |                   |
|       |          |       |                   |

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.

 \_\_\_\_\_ Date 6/9/10

Signature(s)

Date

6032  
pend

**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

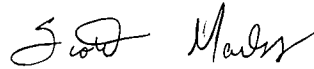
This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to CHEYENNA M LINDENMUTH of 542 S CHELAN ST, WENATCHEE, WA 98801 a policy or policies of insurance effective from 06/23/2010 12:01 A.M. standard time at the address 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.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143  
this 25th day of June, 2010

Insurance Company File No. CA 06484030  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B