

REINSTATEMENT

TV-101273

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: 111 0268 200 02	0025413 10023	Safety: <i>Bender</i>	Carrier ID#: <i>431233</i>
		Insurance:	Employee:

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	

<input checked="" type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth # <i>1075906</i>
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TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa Expiration Date: *7/10/13*

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): *Terry Bounds* Date: *7/30/10*
Signature: *Terry Bounds* Title: *Owner*

MOTOR CARRIER IDENTIFICATION

CC#: <i>48663</i>	US DOT# (if required): <i>336148</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>601-560-936-2</i>
APPLICANT NAME: <i>TERRY BOUNDS</i>		PHONE#: <i>(701) 685-2472</i>
d/b/a: <i>Bounds BEES</i>		FAX #: <i>(701) 685-2288</i>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>P.O. Box 553</i>		
(city, state, zip) <i>Sud N. Dakota 58454</i>		
PHYSICAL ADDRESS: (street address, if different)		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____

<u>NAME</u>	<u>TITLE</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Terry Bounds	(Bounds BEES)	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.
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EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
6	86063X	WA	1X95D89X2LD292493

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 7/26/10

Dakota Heritage Bank
JUD, North Dakota
Member FDIC
Fax# 701-685-2288
Phone # 701-685-2211

Date: 7/26/10

To: TINA

Fax# 360-586-1181

From: TERRY BOUNDS

Page: 1 of 3 (including this page)

Note:

If you do not receive all pages, please call Dakota Heritage Bank at 701-424-3373 in Sreeter, ND.

The information contained in the facsimile message is privileged and confidential and is intended only for the use of individual/entity named. Any dissemination of this communication by anyone besides the intended recipient is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail at the above address. Thank you.

PRODUCER Phone: (509) 891-2502 Fax: (509) 892-6702
TRUCK INSURANCE OFFICE, INC
 23801 E. APPLEWAY #130
 LIBERTY LAKE WA 99019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
TERRY BOUNDS
DBA BOUNDS BEES
 105 LINDA STREET
 ZILLAH WA 98953

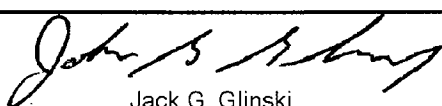
INSURER A: **United Financial Casualty Company**
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED. EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS-COMP/OP AGG.	\$
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____	07566725-0	08/10/10	02/10/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE-EA EMPLOYEE	\$
						E.L. DISEASE-POLICY LIMIT	\$
		OTHER:					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS

CERTIFICATE HOLDER	CANCELLATION
WUTC PHONE: 360-664-1222 FAX: 360-586-1181 Attention:	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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 REPRESENTATIVE  Jack G. Glinski