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NAME ON PERMIT: Americo V. Suarez PERMIT NUMBER: CC 61046 Signature of current permit holder S-4-10									
Oignature of current permit holder									
INSURANCE REQUIREMENTS (must check one) (Permit will not be issued until acceptable Insurance is received)									
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as applicant, understand that the filing of this application does not in itself constitute authority to perate and that no operations may be conducted until a permit is received from the Commission.									
referred deciare and affirm that the information contained in this application is true to the best of my									
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fax 360 586 1181

Atnn: Coleen washington Utilities and Transportation commission.

from

Americo & Hermila

Saarez

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)

This is to certify, that the State Farm Insurance (hereinafter called Company)

Of Bloomington, Illinois

Has issued to Americo V Suarez of 2246 W Shelly Rd, Othello, WA 99344

a policy or policies of insurance effective from 12-21-2009 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 1000 Wilmington Dr, DuPont, WA 99327 this 13th day of September, 2010

Insurance Company File No. 139 7707-47 (Policy Number)

Dean Hosni (Authorized Company Representative)