

|   |                              |  |
|---|------------------------------|--|
| VENDOR NAME AND ADDRESS<br><br><b>WILLIAM RAY EATON d/b/a EATON'S TRUE GRIT RANCH</b><br><b>PO BOX 10.</b><br><b>DAYTON, WA 99328</b> | AGENCY NUMBER<br><b>2150</b> | LOCATION CODE  |
| FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)                                 |                              |  |
| AGENCY P.R. OR AUTHORIZATION NUMBER<br><b>REFUND</b>  |                              | AGENCY NAME AND LOCATION<br><br><b>UTILITIES AND TRANSP. COMM.</b><br><b>1300 S. EVERGREEN PK DRIVE S.W.</b><br><b>P.O. BOX 47250</b><br><b>OLYMPIA, WA 98504-7250</b> |
| RECEIVED BY<br><br><b>BUSINESS OFFICE</b>   |                              | DATE RECEIVED  |

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

REVENUE REFUND – Carrier withdrew CC Permit Application.

RECEPTION OR FIELD RECEIPT NUMBERS 25839 DATED 08/23/10 \$275.00

Note – card holder Denise Alto.

*VWC*

*9-2-10*

| PREPARED BY<br><b>KEN CHAPMAN</b> |            |              | TELEPHONE NUMBER<br><b>664-1229</b> |                         |               | DATE<br><b>9/1/10</b> |                |           | AGENCY APPROVAL<br><i>L. Elhardt</i> |                              |                | DATE<br><i>9/2/10</i> |                        |           |                 |                |  |
|-----------------------------------|------------|--------------|-------------------------------------|-------------------------|---------------|-----------------------|----------------|-----------|--------------------------------------|------------------------------|----------------|-----------------------|------------------------|-----------|-----------------|----------------|--|
| DOC. DATE                         |            | PMT DUE DATE |                                     | CURRENT DOC. NO.        |               |                       | REF. DOC. NO.  |           |                                      | VENDOR NUMBER<br><b>VOD1</b> |                | VENDOR MESSAGE        |                        | USE TAX   |                 | UBI NUMBER     |  |
| REF DOC SUF                       | TRANS CODE | M O D        | FUN D                               | MASTER INDEX APPN INDEX | PROGRAM INDEX | SU B OBJ              | SUB SUB OBJECT | ORG INDEX | WORK CLASS ALLOC                     | COUNTY BUDGET UNIT           | CITY/ TOWN MOS | PROJEC T              | SUB PROJ               | PROJ PHAS | AMOUNT          | INVOICE NUMBER |  |
|                                   | <b>198</b> |              | <b>111</b>                          |                         |               | <b>02</b>             | <b>68</b>      |           |                                      |                              |                |                       |                        |           | <b>\$275.00</b> | <b>REFUND</b>  |  |
|                                   |            |              |                                     |                         |               |                       |                |           |                                      |                              |                |                       |                        |           |                 |                |  |
|                                   |            |              |                                     |                         |               |                       |                |           |                                      |                              |                |                       |                        |           |                 |                |  |
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|                                   |            |              |                                     |                         |               |                       |                |           |                                      |                              |                |                       |                        |           |                 |                |  |
| ACCOUNTING APPROVAL FOR PAYMENT   |            |              |                                     |                         |               |                       |                |           |                                      | DATE                         |                |                       | WARRANT TOTAL \$275.00 |           | WARRANT NUMBER  |                |  |

TV# 101434

PART A  
**Withdrawn 9/1/10**

**RECEIVED**

AUG 23 2010  
CK# 3260

**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)

WASH. UT. & TP. COMM.

**FOR OFFICIAL USE ONLY**

Reception Number: **0025839** Safety: W Carrier ID#: M 40125

111 0268 200 02 275.00 Insurance: Employee: W

**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 |   |

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) For Commission Use Only: 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): WILLIAM RAY EATON Date: AUGUST 17, 2010

Signature: William R Eaton Title: OWNER

**MOTOR CARRIER IDENTIFICATION**

CC#: 63052 US DOT# 904387 ✓ WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601-568-359 ✓  
CANCELLED SEPT 8, 2009

APPLICANT NAME: WILLIAM RAY EATON ✓ PHONE#: 509-520-1387

d/b/a: EATON'S TRUE GRIT RANCH ✓ FAX #: NONE

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) POST OFFICE BOX 10

(city, state, zip) DAYTON WA 99328

PHYSICAL ADDRESS: (street address, if different)

244 TUCKER ROAD, DAYTON, WA 99328

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

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

NAME                      TITLE                      ADDRESS                      STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

**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)**

A permit will not be issued until acceptable insurance is received

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.

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.

You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.

You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.

**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

| UNIT# | LICENSE#      | STATE | VIN#                              |
|-------|---------------|-------|-----------------------------------|
| # 3   | B 7 8 2 8 8 D | W A   | 1 X K W P B 0 X 4 T S 6 9 8 6 5 6 |
|       |               |       |                                   |
|       |               |       |                                   |
|       |               |       |                                   |

**Signature**

*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)

Aug 17, 2010

Date

## PART B

### SAFETY FITNESS SURVEY FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

Companies applying to transport any commodity must complete this survey.

**Instructions:** In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Administration (FMCSA) regulations in the Code of Federal Regulations at 49 CFR. The requirement to comply with current FMCSR is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code (WAC) 446-65.

Copies of the FMCSR's are available from several vendors. These include, but are not limited to:

- Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, www.wtatrucking.com, (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.jjkeller.com, (877) 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wtbtraffic.com, (503) 236-1183.
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

#### Controlled Substances and Alcohol Testing

Name: WILLIAM RAY EATON Position: OWNER

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL. The definition of a commercial motor vehicle is a vehicle that:

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

Any person who drives a commercial motor vehicle requiring a CDL must participate in a controlled substance and alcohol testing program as required by FMCSA in 49 CFR Part 382 and 49 CFR Part 40, and by the WSP in WAC 446-65-010.

#### Commercial Drivers License (CDL) Requirements

Name: WILLIAM RAY EATON Position: OWNER

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL, as required by the Washington State Department of Licensing. The definition of a commercial motor vehicle is a vehicle that:

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

### Driver Qualification Requirements

Name: WILLIAM RAY EATON Position: OWNER

Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor vehicles as required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions. Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any other driver that they may use.

### Drivers Hours of Service

Name: WILLIAM RAY EATON Position: OWNER

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.

### Vehicle Inspection, Repair, and Maintenance

Name: WILLIAM RAY EATON Position: OWNER

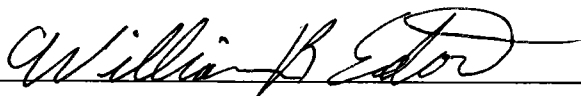
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required by the FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 446-65-010:

- Identification of the vehicle.
- The nature and due date of various inspection and maintenance operations to be performed.
- A record of inspections, repairs and maintenance indicating their date and nature.

All companies must conduct periodic inspections as required by the FMCSA in 49 CFR, Part 396.17 and by the WSP in WAC 446-65-010.

### Signature

***My signature below certifies that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.***

  
Signature of applicant

AUG 17, 2010  
Date