

DEAN AGDOR

TV401499

RELEASE OF AUTHORITY FOR CANCELLATION

Received
10/1/10
10/1/10

TO: Washington Utilities and Transportation Commission
Licensing Services
P.O. Box 47250
Olympia, WA 98504-7250
(360) 664-1222 or fax (360) 586-1151

The undersigned, holder of G _____ C _____ CH/ES _____
Permit/certificate number(s): CC 63436 HG _____
OTHER _____

Does hereby declare that the authority is no longer being used and is hereby
surrendered to the Commission for cancellation. (Attach original permit or
certificate, if available)

Dean Agdor
SIGNATURE OF CARRIER

9/3/2010
DATE

NAME OF CARRIER (Please print)

D03 W Fairview Ave.
ADDRESS

Spokane WA 99205
CITY-STATE-ZIP

(509) 481-0835
(AREA CODE) - PHONE NUMBER