******	PART A				TV#101621		
QC H	WASHINGTON UTILITIES AND T 2000 S Evergreen Park Dr SW, PO E Telephone (360) 664-12 22000 Intrastate Common Car APPLICATION (excluding Household Goods	30x 4 22 — 1 rier C 1 FO and Co	7250, OI Fax (360 Operatin R PER	lympia, WA)) 586-1181 Ig Authority MIT Arrier Brokers)	98504-7250		
Rec	eption Number: 2012 Safety: 10 - 5-		A. COLOR	Carrier	D#: 6119		
	0268 200 02 275, av Insurance: For	ME		Employ			
	New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Ext	ension d	of Common	Carrier Permit A	uthority	
7	\$275 GENERAL COMMODITIES ONLY		\$100		COMMODITIES, inclu	ding	
	\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE		\$100	GENERAL C	COMMODITIES, Inclu	ding	
	\$275 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS		\$100	GENERAL	COMMODITIES, inclu MATERIALS and ARMO	ding RED CAR	
	\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS BIRD ARMORED CAR SERVICE						
	\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	N CAF	RRIER PE	RMIT	For Commission Use On Auth #:	nly:	
	heck		917.35		1000		
	CERTIFICATION: I, the undersigned, under penalty for false that I am authorized to execute and file this document on be valid.	e stater ehalf of	ment, certify the applica	y that the following and that all l	ng Information is true ar nformation on file is cur	nd correct, rent and	
	e (printed): I (A) 1 V(1) Pers		_Date:	1011/30	XO.		
Sign	lature: NOUL VOLVENZ		Title:	tresic		YOU THE REAL	
CC (Ĺ	WA UN	IFIED BUSINE	SS IDENTIFIER (UB D39 - 318	1)#:	
AP	PLICANT NAME: KV HUDTER I	<u>-</u> ر	-1 90	PHONE#:	353-552	16 L	
d/b	Hunter Industries			FAX#: 360	-1665-303	6	
	eet address, P.O. Box)	ale	SRd	1			
(cit	y, state, zip)		329(0			
PH	YSICAL ADDRESS: (street address, if different)		<u> </u>	me			

TYPE OF BUSINESS STRUCTURE					
	(check individual or complete partnership/corporation information)				
☐ INDIVIDUAL ☐ PARTNERSHIP CORPORATION STATE OF INCORPORATION (LP, LLP, LLC)					
NAME	TITLE	STOC	K DI	STRIBUTION OR PERC	ENTAGE OF SHARE
Kari Ito	hera Pre	sident		50	if
Marty Variety Vice President 50					
	TI	RANSFER OF P	ERI	MIT NUMBER	
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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: HUMAN TOUSTON PERMIT NUMBER: CC 62358					
Signature of cu	rrent permit holder				Date
INSURANCE REQUIREMENTS (must check one) (Permit will not be issued until acceptable insurance is received)					
The applica NOT HAUL haza materials in any and WILL only of vehicles less that pounds gross we rating—\$300,000 Liability and Proposage Insurant required. You do to complete the Fitness Survey.	ridous quantity perate perate in 10,000 eight in Public perty ce is onot need NOT I materi \$750,0 and Pi Insura Compi Safety Section	The applicant WILL NOT HAUL hazardous materials in any quantity — \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the		The applicant WILL UL hazardous Iterials requiring million in Public bility and Property mage Insurance and omit the Safety Fitness rvey – Sections 1 and	The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.
	EQUIPA	IENT LIST (Attach	add	itional list if necessary)
UNIT#	LICENSE#	STATE			/IN#
Ponitrates	GROBVF	te new		159CA543	aLL189237
Westernster	A659 87 A	Warst		AWLPGOCJ	9UK945792
·					<u>, 1</u>
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 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. (677) 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.

	And the self of th			.,
Name: Martin	Vanbeg	Position:	Vice Presid	leat

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.

	1.0247.754.2.11.2683.	<u> Diskipani da Granda katang da </u>
Name:	Martin Vanberg	Position: Vice President

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.

6

Name: Karli Vanber Position: President
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.
Name: Karti Vanhey Position: President
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.
1 216 199 5 7 7 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1
Name: Position: President
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.
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 Date

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 KV HUNTERS INC, HUNTER INDUSTRIES of 18526 FALES RD, SNOHOMISH, WA 98296-0000 a policy or policies of insurance effective from 09/17/2010 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 29th day of September, 2010

Insurance Company File No. CA 07642225

(Policy Number)

MC1633a(08/99)

(Authorized Company Representative)

IRB3539B

Attention: Ken Chapman and friends

10/1/2010

My name is Karli Vanberg, we spoke yesterday. Here is the app. I hope I filled this out right. I would like to use the same CC#. I am transferring the existing CC # from Hunter Industries Inc. to KV Hunter Inc. dba Hunter Industries. Thank you so much for your help yesterday.

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Best Regards,

Karli Vanberg