

VENDOR 534744

TV-101965

PART - A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47200

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)

RECEIVED

cut # 9132914 APR 26 2010

RECEIVED COMMODITIES ENCLOSED

FOR OFFICIAL USE ONLY

Reception Number: 0025531	Safety: OK 1-26-11	Carrier ID#: 6227
111 0268 200 02 275.00	Insurance: Dunder 1-26-11	Employee: LWC

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 checked="" 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

<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiration Date
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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): Greg C. Arend Date: 4-22-10

Signature: [Signature] Title: VP OF FINANCE

MOTOR CARRIER IDENTIFICATION 602-001-712

CC#: 51083	US DOT# 358597	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: (36-3642294)
APPLICANT NAME: US FOODSERVICE INC		PHONE#: 425-226-7300
d/b/a: STOCK YARDS SEATTLE ✓	FAX #: 425-204-8122	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 600 Powell Ave SW (city, state, zip) Renton, WA 98057		
PHYSICAL ADDRESS: (street address, if different)		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION DE
(LP, LLP, LLC) *Per Cal*

NAME APR 2010 **TITLE** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**

~~WASH. UT. & TR COMM~~
USP Holding Corp - 9309 W Higgins Rd Rosemead FL 60018 100%

TRANSFER OF PERMIT NUMBER

M 9107-canc-5/10

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: Keeners Inc PERMIT NUMBER: CC 51083

Jay Keener Signature of current permit holder 4/20/10 Date

INSURANCE REQUIREMENTS (must check one)

(permit will not be issued until acceptable insurance is received)

- The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating--\$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.
- 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 Safety Fitness Survey-- Section 1.
- The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey - Sections 1 and 2.
- 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.

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
<u>See attached</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] VP OF Finance Signature(s) 4-22-10 Date

Unit #	License	State	Vin
725841	B70155F	WA	<u>1FVHBXAK11HJ19009</u>
725843	B44921D	WA	<u>1HSHBAHN4XH695508</u>
725844	B44922D	WA	<u>1HSHBAHN3XH695516</u>
725845	24409RP	WA	<u>1XKDDU9X5VR757030</u>
725847	A29102V	WA	<u>1HTHBAHN42H399697</u>
725852	06399RP	WA	<u>2HSFMAXR7XC025061</u>
725853	22342RP	WA	<u>1XKDDU9X7VR757031</u>
725856	06404RP	WA	<u>2HSFMAXR1XC025993</u>
725857	A84331B	WA	<u>1HTSDAAN9VH469984</u>
725858	25512RP	WA	<u>1HSHBATN4VH437199</u>
725859	A68347M	WA	<u>1HSHBATN9VH469985</u>
725860	A12645E	WA	<u>1HTSDAAN6XH670101</u>
725861	0845IRP	WA	<u>1HTSDAAN8XH670293</u>
725862	9055LX	WA	<u>1ALSR0283VS970064</u>
725865	4890UM	WA	<u>1PT01ANH9Y9012060</u>
725866	4886UM	WA	<u>1PT01ANH0Y9012061</u>
725867	4887UM	WA	<u>1PT01ANH2Y9012059</u>
725868	26194PR	WA	<u>1FUJAHCG51PJ22833</u>
726154	23857RP	WA	<u>2HSCEAPR26C236907</u>
726155	06406RP	WA	<u>1HSHXSBR56J236904</u>
726156	A59166Y	WA	<u>1HSHXSBR76J236905</u>
726157	06407RP	WA	<u>1HSHXSBR96J236906</u>
726158	B34445A	WA	<u>1HSHXAHRX6J348583</u>
726159	B34446A	WA	<u>1HSHXAHR06J348589</u>
726160	14638RP	WA	<u>2HSCEAPR18C568715</u>
726161	B65236D	WA	<u>2HSCEAPR48C568692</u>
726162	7477VQ	WA	<u>1UYVS24896U800102</u>
726163	7478VQ	WA	<u>1UYVS24876U800101</u>
726164	5400TC	WA	<u>1UYVS24816U986301</u>
726165	5401TC	WA	<u>1UYVS24836U986302</u>
726166	5402TC	WA	<u>1UYVS24856U986303</u>
726167	7473VQ	WA	<u>1UYVS23647U046902</u>
726168	7474VQ	WA	<u>1UYVS23627U046901</u>
726169	7475VQ	WA	<u>1UYVS23667U046903</u>

DOT #
358597

726170	3101TN	WA	<u>1UYVS24888U371201</u>
726171	2558-TX	WA	<u>1UYVS248X8U371202</u>
729754	9543UI	WA	<u>1GRAA7228YB068402</u>
739975	7479VQ	WA	<u>1UYVS25351U501508</u>
739976	7481VQ	WA	<u>1UYVS25301U501531</u>
739978	7480VQ	WA	<u>1UYVS25341U501533</u>
740811	4902UM	WA	<u>1ALSR0282PS930836</u>
749651	A77974A	WA	<u>4LMB51114TL009376</u>
761415	1701VJ	WA	<u>1UYVS248XAU881703</u>
768743	1700VJ	WA	<u>1UYVS2486AU881701</u>
768744	5334VH	WA	<u>1UYVS2488AU881702</u>
768745	1702VJ	WA	<u>1UYVS2481AU881704</u>

Replacement

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: Keith Hill Position: Transportation MGR

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: Keith Hill Position: Transportation mgr

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: Keith Hill Position: Trans MGR

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: Keith Hill Position: Trans MGR

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: Keith Hill Position: Trans MGR

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.

Bill Rodney
Signature of applicant

12-29-2010
Date

PART C – SECTION 1

SAFETY FITNESS SURVEY FOR HAZARDOUS MATERIALS APPLICANTS

Companies applying to transport hazardous materials must complete this survey.

1. Name the person or position responsible for maintaining and understanding current hazardous material regulations.

Keith Hill

2. Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600? Yes No

3. Are drivers trained in the use of Emergency Response Information? Yes No

4. Is the Emergency Response Information carried in the vehicle? Yes No

5. Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816.

Keith Hill

6. Are you familiar with accident reporting requirements in Title 49 CFR, Part 177, Subpart D? Yes No

7. Who is responsible for completing hazardous materials shipping papers?

Keith Hill / Shippers

Per call

8. Where are hazardous material shipping papers located during transportation?

Cab of truck within reach of driver.

1-26-11 Keith Hill

9. If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials.

N/A

10. If you have a permit to haul hazardous materials on an interstate level, please attach a copy of your US Pipeline and Hazardous Materials Safety Administration (PHMSA) permit.

N/A / Found online - attached

Per call 1-26-11

Signature

My signature below certifies that I understand my responsibility as a transporter of hazardous materials and I will comply with all the safety requirements which apply to my operations.

Bill Rosling (Operations Manager)

Signature of applicant

12/29 / 2010

Date

PART C – SECTION 2

HAZARDOUS MATERIALS QUESTIONNAIRE

Companies applying to transport hazardous materials must complete the following questions.

1. Please indicate if you plan to transport:

- Petroleum or petroleum products in bulk in tank-type vehicles Yes No
- Radioactive substances Yes No
- Explosives Yes No
- Corrosives Yes No

2. As part of transporting any of these four materials, do you or your company intend to build, or have someone else build, install or otherwise create a new structure, or a new addition to an existing structure? Yes No N/A

- If yes, does the proposed construction require a building permit by a city, county or other governmental agency? Yes No N/A
- If yes, which governmental agency will issue the permit? N/A
- If yes, please explain what you intend to build: N/A

3. In granting an application for hazardous materials transportation, the commission is required to consider possible impacts such transportation may have on the environment. Please answer the following questions related to possible environmental impacts:

a. Do you understand you are required to comply with Washington State Patrol safety standards for hazardous materials transportation, as defined in WAC 446-65-010?

Yes No

b. Do you understand that you are required to comply with Washington State Patrol noise emission standards for commercial motor vehicles, as defined in WAC 446-65-010?

Yes No

c. Do you understand that in the case of a hazardous materials spill, you must immediately contact the local emergency services agency, such as the 911 operator?

Yes No

• If your answer to a, b, or c is no, please explain: _____

**UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2009-2012**

Registrant: US FOODSERVICE INC
Attn: JENELL TRIPP
9399 W. HIGGINS ROAD, STE 500
ROSEMONT, IL 60018

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 060809 551 059RT Issued: 06/09/2009 Expires: 06/30/2012

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-62, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
12/30/2010

6227
Perkins

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of New York, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME:		
	PHONE (A/C, NO. EXT):	877-945-7378	FAX (A/C, NO.): 888-467-2378
	E-MAIL ADDRESS:	certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A: ACE American Insurance Company		22667-001
INSURED USF HOLDING CORP. AND ALL SUBSIDIARIES ATT: Carol Arendall VP RM 9399 West Higgins Road Suite 500 Rosemont, IL 60018	INSURER B: Lexington Insurance Company		19437-001
	INSURER C: Indemnity Insurance Company of North Amer		43575-001
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER: 15254941** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR I TR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			HDOG25521535	11/1/2010	11/1/2011	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ISAH08626534	11/1/2010	11/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			62785273	11/1/2010	11/1/2011	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WLRC46140461 WCUC46140497 SCFC46140473 WLRC46140485	11/1/2010 11/1/2010 11/1/2010 11/1/2010	11/1/2011 11/1/2011 11/1/2011 11/1/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)
Division Name: Stock Yards - Seattle

RECEIVED
JAN 07 2011
WASH. UT. & TP COMM

CERTIFICATE HOLDER Washington Utilities and Transportation Commission 1300 S. Evergreen Park Dr. SW P.O. Box 47250 Olympia, WA 98504-7250	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 