PART A	TV# 110419					
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)						
in identification in the constitution of the constitution in the c	Camier ID#:					
Reception Number: 0031100 Safety: 111 0268 200 02 275 Insurance: 00	(C) (UCI) Employée:					
111 0200 200 02	Extension of Common Carrier Permit Authority					
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE					
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS					
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE					
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	ON CARRIER PERMIT For Commission Use Saly: 154 Auth #:					
The state of the s	Mastercard Visa Expiration Date					
that I am authorized to execute and file this document on b valid.	se statement, certify that the following information is true and correct, sehalf of the applicant, and that all information on file is current and					
Name (printed): Charles To Kurilla	Date: 3-/-//					
Signature:	Title: Owver					
CC#: 14205 US DOI # du 10,00	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:					
APPLICANT NAME: KURILLAND	PHONE#: 206 769 998/					
d/b/a: Kurilla Deliver Service of FAX#:						
BUSINESS (MAILING) ADDRESS. (street address, P.O. Box) 2009 Lincon	War S.E.					
(city, state, zip) Revten WA 980	25					
PHYSICAL ADDRESS: (street address, if different	t)					

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INDIVIDUAL	.,,,,	P CORPORA	ATION (LP, LLP, LLC) FINCORPORATION		
NAME	TITLE	ADDDE	ee STO	CK DISTRIBUTION OR	
Chuck Tig	Visilla Ouver	- 3009 Liv	colo GRSE.	RCENTAGE OF SHARE	
		Revior	WA 98055		
			tarcamais e di samania		
holder an	ction if you are transfer	rring an existing pe	ermit to a new owner. List na current permit holder must sig	ame of <u>current</u> permit on below to authorize the	
NAME ON PERM	AIT:		PERMIT NU	JMBER:	
Signature of cu	rrent permit holder			Date	
You will not he hazardous mater quantity. You will operate vehicles GWR of less the pounds. You mus \$300,000 in Publand Property Dallnsurance. You need to complet	rials in any hazardou any quan operate vo an 10,000 st obtain slic Liability and Propulation not e Part B.	Il not haul is materials in itity. You will wehicles with a f 10,000 pounds You must obtain in Public Liability werty Damage e. You must 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 hau! hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	
UNIT#	LICENSE#	STATE			
	606XXE	WA.	1FAFP3638	41124831	
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.					
(A)	Gionatura(s)			- <u>/ - </u>	
	oignature(a)				

CERTICIOATE MUMARIE

06/07

OP ID: EH DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

03/02/11

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(les) 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 cartificate holder in lieu of such endorsement(s).

PRODUCER 206-285-7735 CONTACT Edward Hadley Lovsted-Worthington LLC PHONE (A/C, No, Ext): 206-838-1017

E-MAIL NO, Ext): 206-838-1 206~285-3461 (A/C, No): 206-285-3461 424 3rd Ave West Seattle, WA 98119 Loveted Worthington LLC INSURER(S) AFFORDING COVERAGE NAIC # INSURED Chuck Kurlila INSURER A : Mutual of Enumciaw 14761 **DBA: Kurllia Delivery Service** INSURER B : Attn: Chuck Kurilla INSURER C : 2009 Lincoln Circle SE Renton, WA 98055 INSURER D : INSURER E : INSURER F

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 OF CONTRIBUTION OF THE POLICY PERIOD								
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.								
Nan		The Content of Social	ADDLIBU	2' PIMILIO QUOMNINIMA HAVE BEE	M KEDÖĞED BA	PAID CLAIMS.		
LIR	-	TYPE OF INSURANCE	NSR WY	POLICY NUMBER	POLICY EFF (MM/DO/YYYY)	(MM/DD/)(YYY)	LIMIT	73
	GE	MERAL LIABILITY					EACH OCCURRENCE	\$
		COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Es occurrence)	s
	<u></u>	CLAIMS-MADE OCCUR			1		MED EXP (Any one person)	3
							PERSONAL & ADV INJURY	5
		·		•	[[GENERAL AGGREGATE	\$
	GEN	I'I. AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$
		POLICY PROL LOC	_	<u> </u>		1	THE POT OF THE	3
A	X	OMOBILE LIABILITY ANY AUTO		BAP0000877	02/17/11	02/17/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ALL OWNED AUTOS	İ	-A 000007 ((2/1//11	02/1//12	BODILY INJURY (Per person)	5
		SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
A	X	HIRED AUTOS		BAP0000877	02/17/11	02/17/12	PROPERTY DAMAGE (Per accident)	\$
A	Х	NON-OWNED AUTOS		BAP0000877	02/17/11	02/17/12		\$
A	X	UNINSURED LIAB		BAP0000877	02/17/11	02/17/12	UIM/UM	s 1,000,000
		UMBRELLA LIAB OCCUR					EACH OCCURRENCE	3
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
		DEDUCTIBLE	}					\$
	لـــا	RETENTION \$				Ì		3
		RKERS COMPENSATION EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER	
	ANY	PROPRIETOR/PARTNED/CYCCUTIVE T/N	N/A		-	•	E.L. EACH ACCIDENT	5
	iMaa	rdstory in NH)	710	·		Ì	E.L. DISEASE - EA EMPLOYEE	
	DES	s, describe under CRIPTION OF OPERATIONS below	_				E.L. DISEASE - POLICY LIMIT	5
		· · · · · · · · · · · · · · · · · · ·					EL SISEAGE - FOLIOT LIMIT	<u> </u>
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space to required) RE: 2004 Ford Focus VIN#: 1FAFP36384W124857								

CERTIFU	CATE	HOL	DED

COVERAGES

WASHU-2

Washington Utilities & Transportation Commission Attn: Colleen PO Box 47250 Olympia, WA 98504

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