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PART A

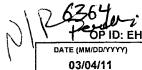
TV# 110439

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION							
1300 5 Evergreen Park Dr Svv, PO Box 4/250, Olympia, vvA 36504-7250							
Telephone (360) 664-1222 – Fax (360) 586-1181 Intrastate Common Carrier Operating Authority							
		FOR PERM					
Check#1587 (excluding Househ				okers)			
		USE ONLY				, , , , , , , , , , , , , , , , , , , 	
Reception Number: 0031104 Safety:	3/8/11		(Carrier ID#: 6369			
111 0268 200 02 275. Insurance	ce: 3 -4-	TI Buran	ر [Employe	ee: W	re	
TYPE OF		TION (check				A Total	
New Common Carrier Permit Authority, or Transfer of Existing Permit Number Extension of Common Carrier Permit Authority							
\$275 GENERAL COMMODITIES ONLY		\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE					
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	ing	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			S, including		
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			S, including d ARMORED CAR				
\$275 GENERAL COMMODITIES, INCLUD HAZARDOUS MATERIALS and ARMOREI SERVICE							
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) For Commission Use Only: Auth #:							
	YPE OF P						
Check ☐ Money Order ☐ Amex ☐ Dis	scover D M	<u> </u>	isa I		Expiration	Date	
			<u> </u>				
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): Hay Edmark		Date:	3/1	111			
Signature:		Title:	IN	<u>Livid</u>	wal		
MOTOR (CARRIER	IDENTIFICA			lin		
CC#: US DOT#		WA UN	IFIED	BUSINE SOS	SS IDENTIFI	ER (UBI) #:	
APPLICANT NAME: Jay K. Edmark - PHONE#: 206-660-7000							
d/b/a: Jay & Edmark FAX#:							
BUSINESS (MAILING) ADDRESS: 603 - 32ng Ave. E.							
(city, state, zip) Seatle, WA 98117							
PHYSICAL ADDRESS: (street address, if different) Same as above							
	4						

		TYP	E OF BUSINES	S STRUCTUR	RE	
M. INDVADUA			l or complete partr			on)
INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC) STATE OF INCORPORATION						
<u>NAME</u>	<u>TITL</u>	<u>.E</u>	ADDRE	ss /	STO	CK DISTRIBUTION OR CENTAGE OF SHARE
Jag K. E.	dmark	cwhe	<u>ADDRE</u> 603-3 Southle	2 ²² Aue.	E.	CENTROL OF CHARLE
			Seattle,	WA 98112	<u></u>	
		TR/	ANSFER OF PE	RMIT NUMBE	R	
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 PERM	ИIТ:				PERMIT NU	JMBER:
Signature of cur	rrent permit	holder				Date
	I	NSURAN	ICE REQUIREM t be issued until ad			ed h
		☐ 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.				
UNIT#	LICEN		STATE		\	/IN#
	B7118	120	WA	STEA	1X22N	06 724318
		:				
			<u> </u>			
Signature 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.						
	Signat	ure(s)	$/ \sqrt{}$		_5[Date
	Oigilat					



CERTIFICATE OF LIABILITY INSURANCE



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 DEEDESSINATIVE OR PRODUCER AND THE CERTIFICATE HOLDER

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). CONTACT Edward Hadley 206-285-7735 THUNE (A/C, No, Ext): 206-838-1017 Lovsted-Worthington LLC FAX (A/C, No): 206-285-3461 206-285-3461 E-MAIL ADDRESS: edward@lovstedworthington.com PRODUCER 424 3rd Ave West Seattle, WA 98119 CUSTOMER ID #: JAYKN-1 Loysted Worthington LLC INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Mutual of Enumclaw 14761 INSURED Jay Knute Edmark Attn: Jay INSURER B: 603 - 32nd Ave E INSURER C: Seattle, WA 98112 INSURER D INSURER E INSURER F **COVERAGES CERTIFICATE NUMBER: 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. ADDL SUBR LIMITS TYPE OF INSURANCE POLICY NUMBER INSR WVD **GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED \$ COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) \$ CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER PRO-JECT POLICY COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 1,000,000 (Ea accident) 02/28/11 02/28/12 BAP0000952 X ANY AUTO BODILY INJURY (Per person) \$ ALL OWNED AUTOS BODILY INJURY (Per accident) \$ SCHEDULED AUTOS PROPERTY DAMAGE \$ 02/28/12 02/28/11 Х BAP0000952 (Per accident) HIRED AUTOS 1,000,000 UIM/UM 02/28/11 02/28/12 \$ X BAP0000952 NON-OWNED AUTOS Uninsured Liab 02/28/11 02/28/12 BAP0000952 \$ X Α UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR EXCESS LIAB AGGREGATE \$ CLAIMS-MADE \$ DEDUCTIBLE RETENTION \$
WORKERS COMPENSATION OTH AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: 2006 Toyota Tacoma VIN#: 5TENX22N06Z243418

WASHU-2

Evidence of Insurance.

CERTIFICATE HOLDER

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

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