PART A

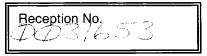
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION							
1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250							
Telephone (360) 664-1222 – Fax (360) 586-1181							
Intrastate Common Carrier Operating Authority APPLICATION FOR PERMIT							
Master Card (excluding Household Goods and Common Carrier Brokers)							
FOR OFFICIAL USE ONLY							
Reception Number: 0031633 Safety:	Carrier ID#:						
111 0268 200 02 275. Insurance: \(\sqrt{2} \)	Employee:						
TYPE OF APPLICA	ATION (check one)						
New Common Carrier Permit Authority, or	Extension of Common Carrier Permit Authority						
Transfer of Existing Permit Number							
\$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	M-03596						
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) For Commission Use Only: Auth #: P18292							
TYPE OF PAYMENT							
☐ Check ☐ Money Order ☐ Amey ☐ Discover ☐ Mastercard ☐ Visa							
ለ							
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): Kurn E. Cocps Date: 3-16-11							
Signature: Title:							
MOTOR CARRIER IDENTIFICATION							
CC# 04,238 US DOT# NA inder 10 602-165-103 00							
APPLIÇÂNT NAME:	PHONE#:						

JC HAULING BUSINESS (MAILING) ADDRESS:
(street address, P.O. Box) 5321 8072 C+ SW (city, state, zip) Olympia WA 93572 Same PHYSICAL ADDRESS: (street address, if different)

			SS STRUCTURE nership/corporation	information)			
☑ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION (LP, LLP, LLC) STATE OF INCORPORATION							
<u>NAME</u>	TITLE						
holder ar	ection if you are transfe	erring an existing p		r. List name of <u>current</u> permit r must sign below to authorize the			
NAME ON PER	MIT:	 	PE	RMIT NUMBER:			
Signature of cu	ırrent permit holder			Date			
And Park 1960 Co.	A permit will n	ot be issued until a	MENTS (must che cceptable insurance	is received			
You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B. MOTOR VEHICLE LIST (Attack)		☐ You will haul hazardous materia requiring \$1 million Public Liability and Property Damage Insurance. You mucomplete Part C, S 1 and 2.	requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.				
UNIT#	LICENSE#	STATE		VIN#			
	A 292 40L	WA	4KDC	4B1 R91,)804525			
	· · · · · · · · · · · · · · · · · · ·			-			
operate and the	at no operations may and affirm that the i	/ be conducted ur	cation does not in i ntil a permit is rece	itself constitute authority to ived from the Commission. I tion is true to the best of my			
<u>Lau</u>		·	·	3-31-11			
,	Signature(s)			Date			



Field Receipt



UTILITIES AND TRANSPORTATION COMMISSION		Perr	nit No.
Name Receipt No. Employee No. M 33596	Month-Day-Year	Method of Payment □Cash (Date Initials) □Check/Mon	ev OrderÆCredit Card
Comments: 111 111 111 1111	268 200 08 268 013 99 268 200 08 268 200 02 268 013 20	Single State Registration For Single	ee – Washington State ee – All Other States ion Fee
By:	268 * 01 268 * 02 268 *	\$ Regulatory Fee \$ Other By: Application Fee	Pant .

White: Financial Services ➤➤ Yellow: Applicant ➤➤ Pink: Action ➤➤ Goldenrod: Book

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 KAREN E COLPO of 5321 80TH COURT SW, OLYMPIA, WA 98512 a policy or policies of insurance effective from 04/04/2011 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 6th day of April, 2011

Insurance Company File No. CA 08601759 (Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B