

MASTER LICENSE SERVICE

PO Box 9034 • Olympia, WA 98507-9034 • (360) 664-1400

REGISTRATIONS AND LICENSES

Sole Proprietorship

Unified Business ID #: 603 105 160

Business ID #: 1 Location: 1

FRED RAYMOND GLAUSER BELLEVUE ELITE COURIER 716 143RD PL SE BELLEVUE WA 98007 6761

TAX REGISTRATION

CITY LICENSES/REGISTRATIONS: BELLEVUE GENERAL BUSINESS #97691

REGISTERED TRADE NAMES: BELLEVUE ELITE COURIER

The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

PART A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250

RECEIVED

Telephone (360) 664-1222 – Fax (360) 586-1181
Intrastate Common Carrier Operating Authority

| 01 1400 | APPLICATION | FOR PER | MIT | JUN 22 2011 | | | | | | | |
|---|-------------|--|--|-------------|--|--|--|--|--|--|--|
| Check 197994 (excluding Household Goods and Common Carrier Brokers) | | | | | | | | | | | |
| | | | | | | | | | | | |
| 00007 | | | | 6500 | | | | | | | |
| 111 0268 200 02 275 | Insurance: | | Employee: | Kmc/OV | | | | | | | |
| TYPE OF APPLICATION (check one) | | | | | | | | | | | |
| 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 | | \$100 | GENERAL COMMODITIES, including HAZARDOUS MATERIALS | | | | | | | | |
| \$275 GENERAL COMMODITII 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 COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) For Commission Use Only: Auth #: | | | | | | | | | | | |
| TYPE OF PAYMENT | | | | | | | | | | | |
| Check Money Order Amex Discover Mastercard Visa Expiration Date | | | | | | | | | | | |
| | | | | | | | | | | | |
| 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): FF-2 R Glauser Date: 6/17/2011 | | | | | | | | | | | |
| Signature: Title: Ounce | | | | | | | | | | | |
| MOTOR CARRIER IDENTIFICATION | | | | | | | | | | | |
| CC#: / [| | | | | | | | | | | |
| 64323 Inder 10,000 603 105 160 | | | | | | | | | | | |
| APPLICANT NAME: PHONE#: | | | | | | | | | | | |
| FRED GIAUSER 425-641-07-18 | | | | | | | | | | | |
| d/b/a: FAX#: Believe Elite Corrise / Sastside Carrise DAM | | | | | | | | | | | |
| BUSINESS (MAILING) ADDRESS: | | | | | | | | | | | |
| (street address, P.O. Box) - 16 1432 PL SE Bellevice, wa 98007 | | | | | | | | | | | |
| (city, state, zip) | | | | | | | | | | | |
| Belleve, un que | | | | | | | | | | | |
| PHYSICAL ADDRESS: (street address, if different) | | | | | | | | | | | |
| | | | | | | | | | | | |

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATION OF INSURANCE

| Filed with Washington Utilities & Transportation Commission (Name of Agency) | | | | | | | (herein after called Agency) | | | |
|--|--|-----------------------|------------------------------|------------------|------------------------|------------|------------------------------|---------|--------------------|--|
| | (Identie of Agency) | | | | | | | | | |
| This is to certify that the Victo | ria Fire and Casualty Ir | suran | ce Compa | ny | | | | | | |
| (herein after called Company) of 22901 | | 00 014 | valand C | 144122 | | | | | | |
| (nerein aner called Company) or 22301 | (Home Address of Company |) | verand ,c | 711 ,44122 | | | <u></u> | | | |
| (DBA) BELLEV | UE ELITE COURIER | | | | | | | | | |
| has issued to FRED RAYMON (Name o | D GLAUSER of — of Motor Carrier) | 716 1 | | SE ,BELLE | | | 007 | | | |
| A policy or policies of insurance effec policy or policies and continuing until Damage Liability Insurance Endorsen covering the obligations imposed upo regulations promulgated in accordance | cancelled as provided herein, v nent, has or have been amende n such motor carrier by the prov | which by ed to pro | attachment vide automo | bile bodily inju | n Motor (ury and p | Carrier Bo | odily Injury amage lia | and f | roperty surance | |
| Whenever requested, the Comp This certificate and the endorse cancellation may be effective by the Commence to run from the date notice | ment described herein may not Company or the insured giving t | be cand hirty (30 | elled withou days' notice | t cancellation | of the po | licy to wh | nich it is at | tache | d. Such | |
| 22901 Millcree Countersigned at <u>Cleveland</u> | k Blvd. Suite 400 | ОН | 44122 | This | 24th | day of | Jun | 20 | 1 1 | |
| <u> </u> | (Address) | | | | (Day) | | (Month) | • | (Year) | |
| | | | | | | | | | | |
| Insurance Company File No. 9665 | 174 | | | <u>Debra S</u> | Seggio | | | | | |
| • • | (Policy No) | | | (Au | thorized | Company | Represei | ntative |) | |
| Underlying Limit :0.00 Liabil | ity Limit :750,000.00 | | | | | | | | | |