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OCT 28 2011

PART A WASH. UT. & TP. COMM

TV# 111873

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)

Mastercard

DMG 10/12

FOR OFFICIAL USE ONLY

Reception Number: 034793

Safety: P/A

Carrier ID#: 6706

111 0268 200 02 275

Insurance: [Signature]

Employee: [Signature]

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 ARMORED 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 COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Commission Use Only Auth #: 081782

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): Gabriel de los Angeles Date: 10-18-11

Signature: [Signature] Title:

MOTOR CARRIER IDENTIFICATION

CC#: 64456

US DOT#: Under 10,000

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602852629

APPLICANT NAME: Gabriel de los Angeles

PHONE#: 360-362-0369

d/b/a: TK Enterprises

FAX #:

BUSINESS (MAILING) ADDRESS: 4709 89th Ave W

(city, state, zip) University Place, WA 98466

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)
STATE OF INCORPORATION _____

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Gabriel de los Angeles	owner	4709 65th Aven Univ Pl LA 98466	100%

TRANSFER OF PERMIT NUMBER

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: _____ PERMIT NUMBER: _____

Signature of current permit holder _____ Date _____

INSURANCE REQUIREMENTS (must check one)

A permit will not be issued until acceptable 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.

You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete 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 haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.

MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
	ACW9461	WA	3A3AN74KSSY057968

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.

Signature(s)

12/30/11

Date



BUSINESS LICENSE

STATE OF WASHINGTON

Sole Proprietorship


Unified Business ID #: 602 852 629
Business ID #: 1
Location: 1

GABRIEL ANDREW DE LOS ANGELES
TK ENTERPRISES
4709 69TH AVE W
UNIVERSITY PLACE WA 98466 4927

TAX REGISTRATION

REGISTERED TRADE NAMES:
THE KENDER ENTERPRISES
TK ENTERPRISES
TKE

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application 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.


Director, Department of Revenue


STATE OF WASHINGTON
JB/NO. 602 852 629 1 1
EXPIRATION DATE

GABRIEL ANDREW DE LOS ANGELES
TK ENTERPRISES
4709 69TH AVE W
UNIVERSITY PLACE WA 98466 4927

TAX REGISTRATION

FOLD HERE

FOLD HERE


Director, Department of Revenue

DETACH THIS SECTION FOR YOUR WALLET

FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPLICATE)

6706
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Filed with **Washington Department of Transportation** (hereinafter called Commission)

This is to certify, that the **Mutual of Enumclaw Insurance Company #1359**
(hereinafter called Company) of **1460 Wells Street, Enumclaw WA 98022**

has issued to GABRIEL DE LOS ANGELES DBA TK ENTERPRISES of 15200 NE 16TH PLACE #47,
BELLEVUE, WA 98007

a policy or policies of insurance effective from 09/30/2011] 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 affected 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 **1460 Wells St, Enumclaw WA 98022**

this 21ST day of NOVEMBER 2011.

Insurance Company File No: BAP0002113

Gregg Durham (CMB)

(Authorized Company Representative)