

REINSTATEMENT

TV-131477

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)

done 8/5/13

FOR OFFICIAL USE ONLY

Reception Number: 015520

Safety: bundled

Carrier ID#: 432024

111 0268 200 02 100.00

Insurance: bundled

Employee: [Signature]

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$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 #: 169059

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): Benito Medelez Jr Date: 8-8-13

Signature: Benito Medelez Jr Title: President

MOTOR CARRIER IDENTIFICATION

CC#: <u>31512</u>	US DOT#: <u>273194</u>	UNIQUE IDENTIFIER (UI) #: <u>602059513</u>
APPLICANT NAME: <u>Medelez Inc</u>		PHONE#: <u>541-567-4098</u>
d/b/a:		FAX #: <u>541-289-0761</u>

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 30522 Oldfield St, Hermiston, OR
(city, state, zip) 97138

PHYSICAL ADDRESS: (street address, if different) Same

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Benito Medelez Jr	Pres	1186 E Puna Rd	Hermist 33 1/3
Jose C Medelez	Vice P.	1300 E Puna Rd	Hermist 35 1/3
Humberto Medelez	Sec	800 E Puna Rd	Hermist 33 1/3

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)

(Permit will not be issued until acceptable insurance is received)

<input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating - <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.	<input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity - <u>\$750,000</u> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey - Section 1.	<input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$1 million</u> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey - Sections 1 and 2.	<input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$5 million</u> in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey - Sections 1 and 2.
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EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
			See Attached List

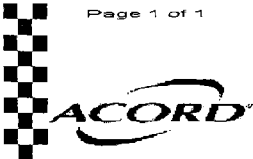
I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Benito Medelez Jr.
Signature(s)

8-8-13
Date

CC-31512 MEDELEZ INC.			
M-03	YAFW262	02-PETE	1XP5DB9X92D576363
M-05	YAHC230	07-INTL	2HSCNAPR67C300659
M-07	YAEZ348	03-KW	1XKWDB9X93J383501
M-08	YAFY777	06-KW	1XKWDB9X66R115222
M-9	YAGH596	07-FRHT	1FUJA6CK27LV93556
M-10	YAFS513	05-PETE	1XP5DB9X85D875251
M-12	YAFQ983	97-PETE	D439394GL
M-13	YAGY369	07-PETE	1XP5DB9XX7N636040
M-16	YAFS514	05-PETE	1XP5DB9XX5D875252
M-18	YAFW240	04-KW	1XKWDB9X14J067902
M-20	YAGQ922	13-PETE	1XPXD49X1DD184338
M-21	YAGR906	07-PTRB	1XP5DB9X37D686204
M-23	YAGY872	06-INT	2HSCNSBR06C198724
M-25	YAFQ996	08-PETE	1XPXDB9XX8D737742
M-26	YAGK326	07-FRHT	1FUNF6CK67DX47134
M-27	YAFK955	01-PETE	1XP5DB9X81D563683
M-28	YAGZ352	10-PTRB	1XPXD49X8AD104951
M-29	YAFS533	06-PETE	1XP5DB9X36D875255
M-34	YAFK978	04-PETE	1XPSDB9X14D814676
M-36	YAFW247	02-FRHT	1FUJAHCG52PJ54084
M-37	YAGX906	11-FRHT	1FUJA6CK1BD9V9745
M-38	YAEC043	02-FRHT	1FUJAHCG12PJ54082
M-39	YAFI947	04-PETE	1XP5DB9X84D809572
M-40	YAFI948	04-PETE	1XP5DB9X34D809575
M-43	YAHB109	06-KW	1XKWDB9X36R112116
M-44	YAGM970	03-PETE	1XP5DB9X03N596769
M-48	YAGK342	07-FRHT	1FUNF6CK87DX47135
M-50	YAFS510	06-PETE	1XP5DB9X56D875256
M-51	YAGE716	06-PETE	1XP5DB9X76D875257
M-52	YAGX840	06-PETE	1XP5DB9X46D634319
M-54	YAGR982	06-PETE	1XP5DB9X66D634323
M-55	YAGM968	06-KW	1XKWDB9X96R112119
M-56	YAGK321	06-VOLVO	4V4NC9TH46N415776

M-58	YAGE735	04-KW	1XKWDB9X34J055976
M-61	YAGH569	07-PTRB	1XP5DB9X97D686188
M-63	YAGK384	07-FRGH	1FUNF6CK37DX47124
M-65	YAGM910	07-FRGH	1FUNF6CK87DX47121
M-67	YAGQ356	07-KW	1XKWD48XX7R185269
M-69	YAGQ352	09-PTRB	1XPHD49X39D785908
M-70	YAGR903	06-PTRB	1XP5D49XX6N888039
M-72	YAGR973	01-FRGH	1FUJAPCG01PH24987
M-73	YAGR987	09-KW	1XKWD49XX9J239752
M-74	YAGR992	00-PETE	1XP5DB9X5YD538511
M-76	YAGU501	06-INT	2HSCNAPR86C224778
M-77	YAGY819	06-INT	3HSCNAPR16N141031
M-78	YAHA087	09-FRHT	1FUJA6CK99DAE7543
M-80	YAGU545	06-INT	2HSCNSBR96C195403
M-81	YAGU546	06-INT	2HSCNSBR06C195421
M-82	YAGU547	06-INT	2HSCNSBR36C195428
M-83	YAGU548	06-INT	2HSCNSBR76C198722
M-84	YAGZ328	07-INT	2HSCNAPR07C329624
M-85	YAGX907	06-INT	2HSCNSBR56C198721
M-86	YAGY818	07-INT	2HSCNAPR87C329662
M-87	YAHA501	09-FRGH	1FUJA6CK89DAE7615
M-89	YAHA442	09-FRGH	1FUJA6CK39DAE7411
M-108	YAFB037	02-PETE	1XP5DB9X62D545782
M-110	YAGX839	02-PETE	1XP5DB9X82D545783
M-131	YAFW248	00-PETE	1XP5DB9X8YN489993
M-711	YAFK932	92-PETE	1XP5DB9X6ND313297
M-290	YAGU518	05-INT	3HSCNAPR65N011552
M-291	YAHA088	05-INT	2HSCNAPR85C179159
M-293	YAGM954	02-INT	2HSCNAHR42C031617
M-294	YAGK334	03-INT	2HSCNAHR53C049867
M-295	YAGK335	02-INT	2HSCNAHR22C035343
M-296	YAGE722	03-INT	2HSCNAHR63C049859
M-298	YAGE723	03-INT	2HSCNAHR53C049870
M-299	YAGE724	03-INT	2HSCNAHR93C049869



MEDELE1 OPID: CK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/08/13

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(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).

PRODUCER HUB Transportation (UT) P. O. Box 17346 Salt Lake City, UT 84117 David Hicks	Phone: 801-943-2600 Fax: 801-943-3889	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
	INSURED Medelez, Inc. 30522 Oldfield St Hermiston, OR 97838	INSURER A: National Indemnity Co INSURER B: Starr Marine INSURER C: 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WYP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			73TRS020045	12/04/12	12/04/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Motor Truck Cargo			MASISF0010US12 REFER DEDUCTIBLE: \$2,500	12/04/12	12/04/13	Limit 100,000 Deduct 2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

This certificate applies to a schedule of vehicles on file with the company.
 Refer Deductible: \$2,500

CERTIFICATE HOLDER

CANCELLATION

WASHUT1 Washington Utilities & Transportation Commission 1300 S. Evergreen Park Dr. SW Olympia, WA 98504-8002	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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