

**PART A**  
**APPLICATION FOR PERMIT**  
(excluding Household Goods)

**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

<i>FOR OFFICIAL USE ONLY</i>		Docket No. TV- <u>152036</u>
Reception Number 111-0268-200-02	Safety <u>NO</u>	Carrier ID# <u>17317</u>
	Insurance	Employee <u>NO</u>
<b>TYPE OF APPLICATION</b>		
New Common Carrier Permit Authority, or Transfer of Existing Permit Number		Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<u>103969</u>
<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		
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation		

**MOTOR CARRIER IDENTIFICATION**

Common Carrier #: 66160 Unified Business Identifier Number (UBI): 603489952

Legal Name: Rex Potter USHA LLC USDOT: 603519083

Trade Name(s), dba(s), if any: OK Health Resource Labs LLC

Email address: rex.w.potter@gmail.com

Phone Number: (206) 678-2746 Fax Number: \_\_\_\_\_

Business (Mailing) Address: 325 S Washington St #207 Kent, WA 98032

Physical Address (if different): 23654 41st Ave S Kent, WA 98032

**TYPE OF BUSINESS STRUCTURE**

Individual   
  Partnership   
  Corporation   
  Limited Liability Company   
 State of Inc. \_\_\_\_\_

NAME Rex Potter                      TITLE Owner                      100%  
Stock Distribution or % of Shares

**\*TRANSFER OF PERMIT NUMBER**

\*Complete this section ONLY 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 hold 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

<input checked="" type="checkbox"/> 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.	<input type="checkbox"/> 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.	<input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	<input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
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**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

Unit #	License Number	State	VIN number
1		WA	WD3PE8DCL6F5958195
2		WA	WD3PE8DCLXF5947331

**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 issued by 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

10/28/15  
 \_\_\_\_\_  
 Date

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

Filed with: Washington Utilities and Transportation Commission WA (hereinafter called Agency)  
(Name of Agency)

This is to certify, that the: National General Insurance  
(Name of Company)

(hereinafter call Company) of: PO Box 3199, Winston Salem, NC 27102-3199  
(Address)

Has issued to: USH, LLC  
(Name of Motor Carrier)

of: 23654 41ST AVE S, KENT WA 98032  
(Address of Motor Carrier)

RECEIVED

DEC 07 2015

WASH. UT. & TP. COMM

A policy or policies of insurance effective from: 11/19/2015 12:01 A.M. Standard time at the address of the insured as stated in said policy or policies and continuing until canceled 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 agency 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 the endorsements thereon.

This certificate and the endorsement described herein may not be canceled 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 agency, such thirty (30) days' notice to commence to run from the date notice is actually in the office of the Commission.

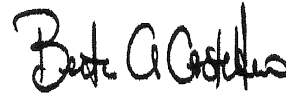
Countersigned at 5630 University Pkwy, Winston Salem, NC 27102-3199  
(Street Address) (City) (State) (Zip)

This 12th day of November, 2015

Insurance Company File No:

2003311113  
(Policy Number)

152056  
(Docket Number)



Brenda Castellano

Authorized Company Representative

Liability Coverage: Combined single limits      Liability Limit: \$300,000  
42121 (11012014)

