

**BEFORE THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**

**PROOF OF SERVICE**

**DOCKET 180008**

I HEREBY CERTIFY That I, as an employee of the Washington Utilities and Transportation Commission at Olympia, Washington, have served on 1/4/2018 the parties of record in this proceeding a true copy of the following document(s):

Lifestyle LLC d/b/a Lifestyle Shuttles & Tours; Lifestyle Valet - Cancellation of Certificate CH-65249 Due to Insufficient Proof of Insurance.

The document(s) was/were mailed to each of the parties of record in this docket. Each envelope was addressed to the address shown in the official file, with the required first class postage, and deposited on this date in the United States mail in the City of Olympia, County of Thurston, State of Washington.

*/s/ Pam Chiles*

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Pam Chiles, Office Assistant

**PARTIES OF RECORD AND OTHERS RECEIVING NOTICE**

Mailed to:  
Lifestyle LLC  
d/b/a Lifestyle Shuttles & Tours; Lifestyle Valet  
PO Box 112064  
Tacoma, WA 98411-2018

**SERVED BY MAIL:**

No recipients has been served by mail

**NOTIFIED BY E-MAIL:**

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