

BEFORE THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

PROOF OF SERVICE

DOCKET 180892

I HEREBY CERTIFY That I, as an employee of the Washington Utilities and Transportation Commission at Olympia, Washington, have served on 11/7/2018 the parties of record in this proceeding a true copy of the following document(s):

Permit Cancellation Lack 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

Pam Chiles, Office Assistant

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SERVED BY MAIL:

No recipients has been served by mail

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