### BEFORE THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

### **PROOF OF SERVICE**

### **DOCKET 180985**

I HEREBY CERTIFY That I, as an employee of the Washington Utilities and Transportation Commission at Olympia, Washington, have served on 11/30/2018 the parties of record in this proceeding a true copy of the following document(s):

Assure Ride Non Emergency Medical Transportation Company LLC - Letter Cancelling Certificate CH-67765 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

Pam Chiles, Office Assistant

# PARTIES OF RECORD AND OTHERS RECEIVING NOTICE

Mailed to: Assure Ride Non Emergency Medical Transportation Company, LLC d/b/a Assure Ride 720 N 10th St. A #227 Renton, WA 98057

### **SERVED BY MAIL:**

No recipients has been served by mail

## **NOTIFIED BY E-MAIL:**

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