

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

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the **CASCADE NATIONAL INSURANCE COMPANY** (hereinafter called Company)
of **11100 NE 8TH STR., SUITE 800, BELLEVUE, WA 98004**

has issued to **DM LAYMAN INC of PO BOX 14767 SPOKANE WA 99214**

a policy or policies of insurance effective from **09/25/2003 12:01 A.M.** standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 Commission 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 endorsements thereon.

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

Countersigned at **6700 SW 105TH, #110, BEAVERTON, OR 97008**

this **10TH** day of **SEPTEMBER**, 2003

Insurance Company File No. **CC46500533 JTM**
(Policy Number)

HAROLD L. ANDERSON
(Authorized Company Representative)