

REINSTATEMENT

TV-100527

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
APPLICATION FOR PERMIT
(excluding Household Goods and Common Carrier Brokers)

[Handwritten signature]

FOR OFFICIAL USE ONLY

Reception Number: 0020046	Safety: <i>[Handwritten mark]</i>	Carrier ID#: 5529
111 0268 200 02 <i>1071.00</i>	Insurance: <i>[Handwritten mark]</i>	Employee: <i>[Handwritten mark]</i>

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<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 checked="" type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth
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TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa Expiration Date: _____

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): Roberta Reyes Date: 3/31/10
Signature: _____ Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: <u>63580</u>	US DOT# <u>18687460</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI)#: <u>602 392 306</u>
APPLICANT NAME: <u>Roberta Della Reyes</u>		PHONE#: <u>509 670 3228</u>
d/b/a:	FAX#: <u>509 6636611</u> <i>Please fax Back</i>	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>7850 HWY 97</u>		
(city, state, zip) <u>Wenatchee Wash 98801</u>		
PHYSICAL ADDRESS: (street address, if different)		

TYPE OF BUSINESS STRUCTURE
 (check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____
 (LP, LLP, LLC)

NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
 Roberta Della Reyes Owner

TRANSFER OF PERMIT NUMBER

Complete this section 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 holder 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)
 (Permit will not be issued until acceptable insurance is received)

The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating—\$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.

The applicant WILL NOT HAUL hazardous materials in any quantity -- \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1.

The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.

The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
1	B755260	Wash	1FUYSDB2WL913846

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 received from 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(s) Roberta Reyes

Date 3/31/10

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with WASHINGTON Utility & Trans Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the NORTHLAND INSURANCE COMPANY
(Name of Company)

(hereinafter called Company) of 385 WASHINGTON STREET - SAINT PAUL MN 55102
(Home Office Address of Company)

has issued to ROBERTA REYES DBA REYES RANCH
(Name of Motor Carrier)

of 7850 HWY 97A - WENATCHEE WA 98801
(Address of Motor Carrier)

a policy or policies of insurance effective from 03/31/2010 12:01 A.M. standard time at the address of the insured stated in said

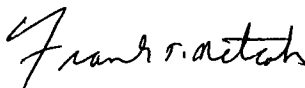
policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the state in which the 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 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 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 385 WASHINGTON STREET - SAINT PAUL MN 55102 this 1ST day of APRIL 2010

Insurance Company File No TN651650



(Policy Number)

(Authorized Company Representative)