

PART A

TV# 110929

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)

VISA

[Handwritten Signature]

FOR OFFICIAL USE ONLY

Reception Number: 032799	Safety: <i>[Handwritten]</i>	Carrier ID#: <i>0478</i>
111 0268 200 02 <i>275.-</i>	Insurance: <i>[Handwritten]</i>	Employee: <i>[Handwritten]</i>

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" 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	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT
(Must be filed within 10 months of cancellation)

For Commission Use Only:
Auth #: *015919*

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): *Michael Lee Ritter* Date: *5-19-11*

Signature: *[Handwritten Signature]* Title: *Member*

MOTOR CARRIER IDENTIFICATION

CC#: <i>04300</i>	US DOT# <i>1937421</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>602 686 9310</i>
APPLICANT NAME: <i>Cascade Ventures United LLC</i>		PHONE#: <i>425-652-2059</i>
d/b/a:		FAX #: <i>425-451-2870</i>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>P.O. Box 50551</i>		
(city, state, zip) <i>Bellevue, WA 98015</i>		
PHYSICAL ADDRESS: (street address, if different)		
<i>6716 282nd Ave SE Issaquah, WA 98027</i>		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Michael Lee Ritter	member	P.O. Box 50551 Bellevue WA 98015	50%
Jeff Jordan	member	6716 282nd Ave SE Issaquah 98027	17%
Jasper Hahn	member	12512 SE 96th Renton 98056	3%

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 _____

You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage insurance. You do not need to complete Part B.

You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage insurance. You must complete Part B.

You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage insurance. You must complete Part C, Sections 1 and 2.

You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage insurance. You must complete Part C, Sections 1 and 2.

MOTOR VEHICLE LIST

UNIT#	LICENSE#	STATE	VIN#
		See Attached	

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.

Michael Lee Ritter

Signature(s)

Member

5/19/11

Date

PART B

SAFETY FITNESS SURVEY FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

Companies applying to transport any commodity must complete this survey.

Instructions: In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Administration (FMCSA) regulations in the Code of Federal Regulations at 49 CFR. The requirement to comply with current FMCSR is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code (WAC) 446-65.

Copies of the FMCSR's are available from several vendors. These include, but are not limited to:

- Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, www.wtatrucking.com, (600) 732-9C19 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.jjkeller.com, (877) 564-2333.
- Willametta Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wtbttraffic.com, (503) 236-1183
- US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

Name: Michael Ritter Position: Member

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL. The definition of a commercial motor vehicle is a vehicle that:

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

Any person who drives a commercial motor vehicle requiring a CDL must participate in a controlled substance and alcohol testing program as required by FMCSA in 49 CFR Part 382 and 49 CFR Part 40, and by the WSP in WAC 446-65-010.

Name: Michael Ritter Position: Member

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL, as required by the Washington State Department of Licensing. The definition of a commercial motor vehicle is a vehicle that:

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

Name: Michael Ritter Position: Member

Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor vehicles as required by FMCSR Part 391.61 and by the WSP in WAC 446-65-010. Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions. Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any other driver that they may use.

Name: Michael Ritter Position: Member

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.

Name: Michael Ritter Position: Member

Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required by the FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 446-65-010:

- Identification of the vehicle.
- The nature and due date of various inspection and maintenance operations to be performed.
- A record of inspections, repairs and maintenance indicating their date and nature.

All companies must conduct periodic inspections as required by the FMCSA in 49 CFR, Part 396.17 and by the WSP in WAC 446-65-010.

My signature below certifies that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.

Michael Ritter Member

Signature of applicant

5-19-11

Date

CASCADE VENTURES UNITED, LLC
PO BOX 50661
BELLEVUE, WA 98015

360
586-1181

TO: UTC

ATTN: Ken

Here's the paperwork Ken.

Thanks for your help.

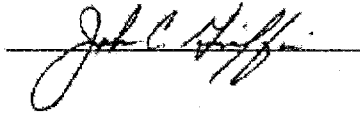
Mike Ritter

425-652-2059

P.S. The insurance is on the way.
Can I email that to you directly?

VJR

Certificate of Insurance

This is to certify that the Canal Insurance Company has issued to the named insured herein a policy of insurance which provides, subject to its provisions and during the effective period, coverage as herinafter described. The coverage and limits of liability indicated on this certificate apply only to the operation of motor vehicles described herein.	
CERTIFICATE ISSUED TO: WUTC	INSURED: Cascade Ventures United LLC DbA: ABC Cleanup Services Inc PO BOX 50551 Bellevue, WA 98015
LOCATION OF OPERATIONS: Bellevue, WA	RADIUS: 100
MOTOR VEHICLES COVERED: INCLUDING ANY TRAILER SINGULARLY ATTACHED TO ANY ABOVE LISTED VEHICLE.	
POLICY NUMBER: MC8024059	LIMITS OF LIABILITY:
KIND OF INSURANCE: AUTO LIABILITY	\$1,000,000 CSL - Liability \$1,000,000 CSL - UIM \$5000 Medical Payments
EFFECTIVE DATE OF CERTIFICATE: (From)	8/15/2010 (To) 8/15/2011
<p>This certificate is issued as a mere courtesy to the named insured and the party at whose request the certificate is issued. This certificate does not make the party requesting it an additional insured or give that party any rights under the policy. This certificate is not a part of the insurance policy and is not intended to affirmatively or negatively alter, extend or rescind any of the existing terms, conditions or coverage of the above mentioned policy.</p> <p>In the event of cancellation of such policy, the Company will attempt to notify the party at whose request certificate is issued, but the Company shall not be liable in any way for failure to give such notice.</p> <div style="text-align: right; margin-top: 20px;">  Authorized Representative, Griffin Underwriting Services </div>	

Canal Insurance Company

Greenville, South Carolina