

TN143571  
7694

**RELEASE OF AUTHORITY FOR CANCELLATION**

TO: Washington Utilities and Transportation Commission  
Licensing Services  
P.O. Box 47250  
Olympia, WA 98504-7250  
(360) 664-1222 or fax @ (360) 586-1181

The undersigned, holder of Permit/certificate number(s):  
G \_\_\_\_\_ C \_\_\_\_\_ CH/ES \_\_\_\_\_  
CC 58646 HG \_\_\_\_\_ TCC \_\_\_\_\_  
OTHER \_\_\_\_\_

Does hereby declare that the authority is no longer being used and is hereby surrendered to the Commission for cancellation. (Attach original permit or certificate, if available)

Michael D Hadaller Sept 26-2014  
SIGNATURE OF CARRIER DATE

TRK  
MIKE HADALLER TRUCKING, INC.  
NAME OF CARRIER (Please print)

P.O. Box 1196  
ADDRESS

Toledo, WA 98591  
CITY-STATE-ZIP

360-560-4019  
(AREA CODE) - PHONE NUMBER

MIKE HADALLER TRUCKING, INC.

PO BOX 1196 TOLEDO WA 98591

To Whom It May Concern:

I am a self employed log truck driver and have recently had surgery on my rotator cup. Due to the nature of my injury I am under the Doctors orders to not return to work until I am done with the rehabilitation. I am currently under the treatment of a physical therapist and will tentatively be allowed to return to work between mid December and January based on results from my healing.

I would appreciate a copy of the 35 day deferral of cancellation so that I can send a copy to my Insurance Company.

Thank you for your help in this matter and if I can be of any assistance please feel free to call me at 360-560-4019.

Sincerely



Mike Hadaller

Mike Haddaller Trucking, Inc.

cell: 360-560-4019

fax: 360-425-3900