

20.5_ 9:22阳___Licers rg St wices

! (^

OU you'll sweet sin hat other SW Probes 47850 Chympis, Wa access 1750 Picce 2016 864 1222 Par 180-360-3161 Was sine worklicher are treoper (also gent and gent

COMMON CARRIER OF PROPERTY

(Excluding Household Goods Carriers and Brokers)

APPLICATION FOR REINSTATEMENT - FEE \$100.00

(Per WAC 480-14-220)

Applications for Reinstatement of a Cancelled Common Carrier permit must be within 10 months of the cancellation date of the permit. If over 10 months, you must submit a new application form.

		TRANSPORT MERICAN		TROPINI
Trade Name(s), dba	s), if any:	- CO OO	TUTOUS V	
Business (Mailing) A	ddress: 1065	2 <u>5 .SE 23</u>	1.th St, RE	N <u>7,60+</u> 784
Physical Address (if				
Phone number (!53-223-	9700 Fax Number 9 44400 - Com USDOT#:	- 206-212-	-25 <u>26</u>
AMERICAN.	ROADWAYS	9 YAHOO. COM	9209	กวา
				10 10 10 10 10 10 10 10 10 10 10 10 10 1
i kalifi and Bujulan see Isla	calGae Neachae (1)E	m <u>603 05</u>	1 770	
Other photograps inc	INCIDED INCIDENTAL FOR	"" <u> </u>		
Offitied indaffigures for				
	Type	of Business Struc	ture:	finc. <u>WA</u>
□ Individual □ Pa	Type	of Business Struc ted Liability Company	<u>tture</u> : 1 Carporation State of	
□ Individual □ Pa	. Type ortnerskip Wlimit <u>IITLE</u>	e of Business Struc ted Liability Company C ADURESS	ture: Corporation Status of PERCENTAG	<u>FORSHARUS</u>
□ Individual □ Pa	. Type ortnerskip Wlimit <u>IITLE</u>	e of Business Struc ted Liability Company C ADURESS R 10225, SE 2	ture: 1 Carporation Status of PERCENTAGE 37 ^{1/3} 7 /00	<u>FORSHARUS</u>
□ Individual □ Pa <u>NAME</u>	. Type ortnerskip Wlimit <u>IITLE</u>	e of Business Struc ted Liability Company C ADURESS	ture: 1 Carporation Status of PERCENTAGE 37 ^{1/3} 7 /00	<u>FORSHARUS</u>
□ Individual □ Pa NAME	Type ortnorskip Wlimil HTLE GAL JANKA	e of Business Structed Liability Company C ADURESS R 10225, SE2 KENT, WA	ture: Corporation State of PERCENTAG 37/37 /60, 9803/	<u>FORSHARUS</u>
□ Individual □ Pa NAME	Type ortnorskip Wlimil HTLE GAL JANKA	e of Business Struc ted Liability Company C ADURESS R 10225, SE 2	ture: Corporation State of PERCENTAG 37/37 /60, 9803/	<u>Forshares</u>

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

(EXECUTED IN TRIPLICATE)

Filed with	Washington Utilitie	es & Transportation	Commission	(hereinaf	ter called Commission)			
	(Name of Co	ommission)			•			
This is to certify	that the	Continental Divide Insurance Company						
,		(Name of Company)						
(hereinafter called C	company) of	333	3333 Farnam Street, Omaha, NE 68131					
(more mane) canca c		(Home Office Address of Company)						
has issued to		MANAN TRANSPORT LLC						
		(Name of Motor Carrier)						
of								
o <u>†</u>		10225 SE 237TH ST, KENT, WA 98031 (Address of Motor Carrier)						
the insured stated in the Uniform Motor (amended to provide upon such motor car or regulations promoted whenever requipolicies and all end. This certificate to which it is attache in writing to the Statentian	of insurance effective from said policy or policies. Carrier Bodily Injury and automobile bodily injurance automobile bodily injurance by the provisions of ulgated in accordance to usested, the Company agorsements thereon. and the endorsement of ed. Such cancellation rate Commission, such the of the Commissioner.	and continuing until I Property Damage L ry and property dama of the motor carrier la therewith. grees to furnish the C described herein may may be effected by th irty (30) days' notice	cancelled as pro iability Insurance age liability insurance w of the State in Commission a du not be cancelle e Company or t	ovided herein, which e Endorsement, has rance covering the on my which the Commis uplicate original of s ed without cancellati the insured giving the	s or have been obligations imposed ssion has jurisdiction said policy or ion of the policy nirty (30) days' notice			
Countersianed at	3333 Farnam Street	On	naha	NE	68131			
Countersigned at	(Street Address)	(Cit		(State)	(ZIP Code)			
this	13th	day of _	January	, 2015				
		-		Authorized Repress	entative			
Insurance Compan		9 298-01 olicy Number)	-					

1,000,000 CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302[b][2]) and 49 CFR § 387.301