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HAZARDOUS MATERIALS and ARMORED CAR   \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) For Commission Use Only: Auth #:   Check Money Order Amex Discover Mastercard B Visa Expiration Date   Check Money Order Amex Discover Mastercard B Visa Expiration Date   Check Money Order Amex Discover Mastercard B Visa Expiration Date   CERTIFICATION: It 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): RICHARD A. NELSow Date: 2-4-15   Signature: Rucland A. MELSow Date: 2-4-15   Signature: Rucland A. MELSow Date: 2-4-15   CC#: US DOT# WA UNIFIED BUSINESS IDENTIFIER (UB).# GO2 565 GO2 565   APPLICANT NAME: RICHARD A. NELSON 206-348-7119   d/b/a: FAX #: BUSINESS (MAILING) ADDRESS: SIGN AVE. # 37   (cty, state, zip) SEATTLE, WA. 98122 SEATTLE, WA. 98122	S275 GENERAL CON	AMODITIES, including	\$100	HAZARDOUS MATERIALS and ARMORED CAR
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT For Commission Use Only: Auth #:   Check Money Order Amex Discover Mastercard 12 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): RICHARD A. NELSON Date: 2-4-15   Signature: RucharD A. NELSON Date: 2-65   CC#: US DOT# WA UNIFIED BUSINESS IDENTIFIER (UBI)#   CC#: US DOT# WA UNIFIED BUSINESS IDENTIFIER (UBI)#   CC#: BUSINESS (MAILING) ADDRESS: 1517 BoyLSTON Ave. #37   (cty, state, zip) SEATTLE_, WA. 98122 SEATTLE_, WA. 98122 Image: Prince Penelise Penelise	HAZARDOUS MAT	MMODITIES, INCLUDING TERIALS and ARMORED CAR		
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): RICHARD A. NELSON Date: 2-4-15 Signature: Richard Q Malgor Title: OWNER CC#: GSAN US DOT# WA UNIFIED BUSINESS IDENTIFIER (UBI) # GO2 565 945 118 APPLICANT NAME: PHONE#: Date: 2-4-15 MA UNIFIED BUSINESS IDENTIFIER (UBI) # GO2 565 945 118 APPLICANT NAME: PHONE#: Date: 2-4-15 Signature: Richard Q Malgor Title: OWNER GO2 565 945 118 GO2 - 348-7119 FAX #: BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 1517 BOYLSTON AVE, # 37 (city, state, zip) SEATTLE, WA. 98122	\$100 REINSTATEME (Must be filed within 10	NT OF CANCELLED COMM months of cancellation)	ION CARRIER P	
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CC#: <u>GO2 565 945 918</u> APPLICANT NAME: <u>PHONE#:</u> <u>Richard A. Nelson</u> <u>206-348-7119</u> d/b/a: FAX #: BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>1517 Boylston Ave.</u> # 37 (city, state, zip) <u>SEATTLE</u> , WA. 98122	CERTIFICATION: I, the u that I am authorized to ex valid. Name (printed): RIC HAR	undersigned, under penalty for fixecute and file this document on	alse statement, cer behalf of the appli Date:	tify that the following information is true and correct cant, and that all information on file is current and 2 - 4 - 15
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Pending

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to RICHARD D NELSON of 1517 BOYLSTON AVE #37, SEATTLE, WA 98122 a policy or policies of insurance effective from 02/09/2015 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 10th day of February, 2015 Insurance Company File No. CA 03238309

MC1633a(08/99)

(Policy Number)

(Authorized Company Representative)

IRB3539B