WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S Evergreen Park Dr. SW, PO Box 47250, Olympia, WA 98504-7250 Telephone (360) 664-1222 - Fax (360) 566-1181 Infrastate Common Carrier Operating Authority APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers) Reception Number: Safety: AQ Cerrier IDM: (CK) 111 0266 200 02 Insurance: //M Employee: //M 111 0266 200 02 Insurance: //M Extension of Common Carrier Permit Autority, or Transfer of Existing Permit Number 112 5275 GENERAL COMMODITIES, including 3100 GENERAL COMMODITIES, including HAZAROUS MATERIALS 12 5275 GENERAL COMMODITIES, including HAZAROUS MATERIALS and ARWORED CAR S100 GENERAL COMMODITIES, including HAZAROUS MATERIALS and ARWORED CAR 12 5275 GENERAL COMMODITIES, including HAZAROUS MATERIALS and ARWORED CAR S100 GENERAL COMMODITIES, including HAZAROUS MATERIALS and ARWORED CAR 13 5100 GENERAL COMMODITIES, including HAZAROUS MATE	ъ.	1				11	
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03/26/2015 6:20 PM FAX 5094533936 2 0004/0004 **KEEPONTRUKINGSERVICES** r guantication Requirement Name: _ Position: Manzac Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor vehicles as required by FMCSR Part 391.51 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. 12 Name: Position: han elgen 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. Rection Recent and Manuschance Name: Bestaiz Silvia Position: ____ an 2011 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. 2 Sille b Signature of applicant Date 7 Received Time Mar. 26. 2015 6:09PM No. 8490

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 97 TRANSPORT LLC of 3601 W WASHINGTON AVE 2B, YAKIMA, WA 98903-0000 a policy or policies of insurance effective from 03/20/2015 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 23rd day of March, 2015

Insurance Company File No. CA 03608311 (Policy Number)

MC1633a(08/99)

(Authorized Company Representative) IRB3539B