



1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250
Phone 360-664-1222
Fax 360-586-1181
Web Site: www.utc.wa.gov
transportation@utc.wa.gov

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.

Common Carrier # CC 60126 to be reinstated.

Legal Name: Scottco Joint Venture

Trade Name(s), dba(s), if any: _____

Business (Mailing) Address: PO Box 595
210 SW Cooper Washtucna WA 99371

Physical Address (if different): 210 SW Cooper Washtucna WA 99371

Phone number: 509-650-7313 Fax Number: _____

Email address: 2manykids@centurytel.net USDOT #: 17 35288

Unified Business Identifier Number (UBI): 602 084 981

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
<u>Blankenship Enterprises Inc</u>		<u>PO Box 595</u> <u>210 SW Cooper Washtucna WA 99371</u>	<u>50%</u>
<u>Magooly Farms Inc</u>		<u>PO Box 595</u> <u>210 SW Cooper Washtucna WA 99371</u>	<u>50%</u>

<u>For Official Use Only</u>	Received Date: <u>2/11/15</u>	ID: <u>M3840</u>
<u>111-0268-200-02</u>	Insurance: <u>MM</u>	Docket TV- <u>15057</u>
Receipt ID: _____	Payment ID: _____	

MS-5444 (01/2010)

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

(EXECUTED IN TRIPPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the Continental Divide Insurance Company
(Name of Company)
(hereinafter called Company) of 1314 Douglas Street, Omaha, NE 68102
(Home Office Address of Company)

has issued to SCOTTCO JOINT VENTURE
(Name of Motor Carrier)
of 210 SW COOPER, WASHTUCNA, WA 99371
(Address of Motor Carrier)

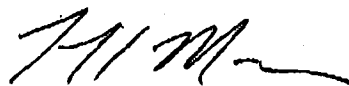
a policy or policies of insurance effective from 03/13/2015 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance 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 Commissioner.

Countersigned at 1314 Douglas Street Omaha NE 68102
(Street Address) (City) (State) (ZIP Code)

this 1st day of April, 20 15



Authorized Representative

Insurance Company File No. 06TRM011573-01
(Policy 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