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Services Licensing
Apr. 14, 2015 12:38PM



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 # LC 64651 to be reinstated.

Legal Name: CASCADE WEST LLC

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

Business (Mailing) Address: P.O. Box 880

Physical Address (if different): SLANAWAY WA 98387

Phone number: 360 894 1040 Fax Number: 360 894 1039

Email address: JONASON@YWAVE.COM USDOT #: 2232172

Unified Business Identifier Number (UBI): 602-503-653

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. WA

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
Terry D JONASON		17525 PONDVIEW CT SE	40% WA 50%
ROSE M JONASON		17525 PONDVIEW CT SE	YELP 50% WA 98597

For Official Use Only	Received Date: <u>AD 2/15</u>	ID: <u>6966</u>
111-0268-280-D2	Insurance: <u>M</u>	Docket TV-150619
Receipt ID:	Payment ID:	

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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Lancer Insurance Company
(Name of Company)
(herein after called Company) of 370 West Park Avenue ,P.O. Box 9004 ,Long Beach ,NY ,11561
(Home Address of Company)

has issued to CASCADE WEST LLC of 18407 PACIFIC AVE SE #2 ,SPANAWAY ,WA ,98387
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 04/04/2015 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 12276-214 San Jose Blvd FL 32223 This 04th day of Mar 20 15
(Address) (Day) (Month) (Year)

Insurance Company File No. CM0058610 (REINSTATE)
(Policy No)

Taylor Lamb 
(Authorized Company Representative)

Liability Limit : 1,000,000.00