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3	JF SHARES	2	1300 Soull Every zen Park Drive SIV PO Box 47250 Ohmera, wa 34510-7250 Ohmera, wa 34510-7250 Phone 360-664-1222 Fax 3619-566-3121 Web Siles wew.ugc.wa.pox hansporlation@utc.wa.pox hansporlation@utc.wa.pox hansporlation@utc.wa.pox hansporlation@utc.wa.pox hansporlation@utc.wa.pox hansporlation@utc.wa.pox hansporlation.

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WASH. UT. & TP. COMM

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

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)

	This is to certify,	that the _State Farm I	Mutual Automobile	Company (h	ereinafter called	Company)
of	Bloomington, IL					

has issued to Cardenas, Guillermo___

a policy or policies of insurance effective from June 17, 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 1000 Wilmington Dr, Dupont, WA 98327 this 10th day of July 2015

Insurance Company File No. 164 1540-47 (Policy Number)

Keith R. Warren (Authorized Company Representative)