		5094533936			EPONTRI	UKINGSEI	RVICE5				
				PART	A			 יד	√#	1JI	K56
	WASHING 1300 S E	Intrasta	one (360 Ite Com	SW, PO 0) 664-1 Imon Ca CATIO	Box 4 222 – 1 arrier C N FO	7250, O Fax (360)peratin R PER	lympia, W 0) 586-118 Ig Authori MIT	A 98504- 1 ty	5SIC 7250) N	
			FOR		ALUS		rrier Brokers Y) A Antara) in generation of the	्र संस्कृत सामग्र संस्कृत संगण		
Reception N			Safety				Carrie		q		
111 0268 2		COLONIA CONTRACTOR STRAT	Insuran		With and a Company of		Emple	oyee: NK			
New Co	mmon Carı	rier Pormié					SOLEMINE	The second se			
T	ransfer of E	Existing Pe	mit Nu	ny, or mber	EXte	ension d	of Commo	n Carrier	Perr	nit A	uthor
X \$275		COMMODITIE				\$100	GENERAL	COMMODI CAR SERVIO	TIES,	includ)1p;g
		CAR SERVICE		-		\$100	GENERAL		TIES.	incluc	110,0
	GENERAL C	SOMMODITIE	S, includii	ng		\$100	GENERAL HAZARDOU SERVICE	S MATERIALS	ITIES	, Includ RMOR	
\$275	GENERAL C HAZARDOUS SERVICE		S, INCLUD	ING D CAR				· ·			
\$100	REINSTATE					<u>.</u>	<u> </u>				
(Mu			INGELLEL	э сомме	DN CAR		DANT	For Comm	lealan t	in a lot of	
	st bo filod within	10 months of ca	ncollation)	VERIOR	PAYM			For Comm Auth #:			
CERT CERT that I a valid. Name (printed	IFICATION: I, the authorized to	10 months of ca	under peo		PAYM Mastern Se statem ohalf of th	ent, certify he applicar	sa that the follow of that all $7/28/$	Auth #: Expiratio	n Dat		
CERT CERT that I a valid.	IFICATION: I, the authorized to	te undersigned, o exocute and fil multiple	under pen e this docu		e statem	ent, certify the applicar Date: Title:	sa that the follow ont, and that all $7/28/$	Auth #: Expiratio	n Dat		
CC#:	IFICATION: I, the am authorized to	te undersigned, o exocute and fil multiple	under pen e this docu	alty for fais	e statem	ent, certify he applican Date: Title:	sa that the follow ont, and that all $7/28/$	Auth #: Expiration Auth #: Expiration Information of Comparison	on Is u		
CERT that I a valid. Name (printed Signature: CC#:	IFICATION: I, the am authorized to	te undersigned, o oxocute and fil 77 J.C. A	under pen e this docu	alty for fais	e statem	ent, certify he applican Date: Title:	sa that the follow ht, and that all 2 2 7 2 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Auth #: Expiration information of SS IDENT	on Is the infile		
CERT that I a valid. Name (printed Signature: CC#: APPLICAN d/b/a:	IFICATION: I, the am authorized to a): 527 T NAME: U.F. K + R T	te undersigned, o exocute and fill 71 J.e. A US DOT# 27 US DOT# 27 0 0 0 0 0 0 0 0 0 0 0 0 0	under pen e this docu	alty for fais	e statem	ent, certify he applican Date: Title: WA UNIT	sa that the follow ht, and that all 2 82 82 812 812 812 812 812 812 812 812 812 812 812 12 1212 12 1212 12 1212 12 1212 12 12 1212 12 12 1212 12 12 12 12 12 12 12	Auth #: Expiration information of SS IDENT			
CC#:	IFICATION: I, the am authorized to a): (MAILING) ess, P.O. Bo	undersigned, o exocute and fil US DOT# 27 US DOT# 27 0 0 0 0 0 0 0 0 0 0 0 0 0	under pen e this docu	alty for fais	e statem	ent, certify he applican Date: Title: WA UNIT	sa that the follow ht, and that all 2 82 82 812 812 812 812 812 812 812 812 812 812 812 12 1212 12 1212 12 1212 12 1212 12 12 1212 12 12 1212 12 12 12 12 12 12 12	Auth #: Expiration information of SS IDENTI			
CC#:	IFICATION: I, the am authorized to a): (MAILING) ess, P.O. Bo	undersigned, o exocute and fil US DOT# 27 US DOT# 27 0 0 0 0 0 0 0 0 0 0 0 0 0	under pen e this docu $\frac{1}{40}$ DTOR C $\frac{2}{2}$ 82 $\frac{2}{2}$ $\frac{2}{2}$	alty for fais	e statem	ent, certify ent, certify he applican Date: Title: WA UNIF	sa that the follow ht, and that all 2 82 82 812 812 812 812 812 812 812 812 812 812 812 12 1212 12 1212 12 1212 12 1212 12 12 1212 12 12 1212 12 12 12 12 12 12 12	Auth #: Expiration information of SS IDENTI			
CERT that I a valid. Name (printed Signature: CC#: APPLICAN d/b/a: BUSINESS (street addre (city, state, a	IFICATION: I, the am authorized to a): (MAILING) ess, P.O. Bo	US DOT#	under pen e this docu 770 Conf 282 7200 72000000000000000000000000000000000000		e statem	ent, certify ent, certify he applican Date: Title: WA UNIF	sa that the follow ht, and that all 28/2 128/2 128/2 FAC FAC FAC FAC FAC FAC FAC FAC FAC FAC	Auth #: Expiration information of SS IDENTI			
CERT that I a valid. Name (printed Signature: CC#: CC#: CC#: BUSINESS (street addri (city, state, addri (c	IFICATION: I, the am authorized to a): 527 T NAME: 527 (MAILING) ess, P.O. Bo zip)	to months of ca the undersigned, to exocute and fil US DOT# 27 US DOT# 27 US DOT# 27	under pen e this docu 770 Conf 282 770 Conf 360 73600 736000 736000 736000000000000000000000000000000000000	ARRIER	PAYM Mastern ohalf of the COLORN	ent, certify ent, certify he applican Date: Title: WA UNIF	sa that the follow ht, and that all 28/2 128/2 128/2 FAC FAC FAC FAC FAC FAC FAC FAC FAC FAC	Auth # Expiration information of $\int \int decline decl$			

9/2015 9:46 A	M FAA JU	04000000							∃í L Č Ì
									
		T	RECEBOS	NESS STR	Tenni - He		1997 (1394) # JARANKE	111 115 1 18 m 1	। सन्दर्भ दिसाल
		CCK INDIVICE	an or complete	partnership/co	TOOP TO TO TO TO TO	OFFICIENT			
X INDIVIDU	AL DP	ARTNERSH		PORATION (LF	PLLP LLC)				<u>90 (C-49</u>
			STAT	TE OF INCORF	ORATION				
NAME	T				-				
	ρ \pm			DRESS		STOCK D	ISTRIBU	ΓΙΦΝ (₽R
LUIS	Keyha	-Cort-	(2 111	52 N. 41	65	PERCEN		SHA	<u> </u>
Luis	/	Owner		oz N. 4t akima, 1	1 10 90	de 1			╋┝╴
· · · ·				aning (<u> </u>	4Ko	
Complete this s	ection if you	L are transfe		RERMAN					
Complete this s holder a			transferred: T	be current per	ew owner. L	ist name of	<u>current</u> p	ermit	ļ
transfer	of the perm	lit number.				ust sign beic		onzet	ne I
MAME ON PER	NALT.								
					PERM	IIT NUMBER	₹:		
•									
Signature of cu	rrent perm	it holder			· • • • • • • • •	Da	te	╶┼╬╂┈┥	╋╢
		INSORAN	CERECUS	EMENTS	ust check	A CONTRACTOR OF	Shars- internet		B B4
You will not h	1. Mar. 1. May 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		LOG SOUCO UNR		Sucencens	eceived			
azardous mate	aur	peq. You will	materials in	L∐ ¦You wil	l haul	T Yo	u will had	1	Ī
uantity. You wil			ity. You will	hazardous		hazar	dous mat	erials	:
		j any quant		reguiring §	1 million in	l roquir	ina 65 mil	احت اطامانا	9
perate vehicles	witha	operate ve	hicles with a	requiring \$ Public Liat	bility and	requir Public	ing \$5 mi Liability	llon in Indi	
perate vehicles	with a nan 10,000	GVWR of	hicles with a 10,000 pounds	Public Liat Property D	oility and amage	Public Prope	Liability rty Dama	gel	
perate vehicles SVWR of less th ounds. You mu	with a nan 10,000 st obtain	operate ve GVWR of or more. Y	chicles with a 10,000 pounds ou must obtair	Public Liat Property D Insurance.	oility and amage You⊧must	Public Prope Insura	Liability rty Dama nce. You	and ge must	
perate vehicles SVWR of less th ounds. You mu 300,000 in Pub nd Property Da	with a han 10,000 st obtain lic Liability mage	operate ve GVWR of or more. Y \$750,000 and Prope	ehicles with a 10,000 pounds ′ou must obtair in Public Liabili erty Damage	Public Liat Property D Insurance.	oility and amage	Public Prope Insura ons compl	Liability rty Dama nce. You ete Part 0	and ge must	
perate vehicles SVWR of less th ounds. You mu 300,000 in Pub nd Property Da nsurance. You (with a han 10,000 st obtain lic Liability mage do not	operate ve GVWR of or more. Y \$750,000 and Prope Insurance	chicles with a 10,000 pounds ou must obtair in Public Liabili rty Damage You must	Public Liat Property D Insurance. ity complete P	oility and amage You⊧must	Public Prope Insura ons compl	Liability rty Dama nce. You	and ge must	
perate vehicles SVWR of less th ounds. You mu 300,000 in Pub nd Property Da	with a han 10,000 st obtain lic Liability mage do not e Part B.	operate ve GVWR of or more. Y \$750,000 and Prope Insurance complete	chicles with a 10,000 pounds ou must obtair in Public Liabili erty Damage . You must Part B.	Public Liat Property D Insurance. ity complete F 1 and 2.	bility and bamage You must Part C, Secti	Public Prope Insura ons compl Sectio	Liability rty Dama nce. You ete Part 0	and ge must	- - - - - - - - - - - - - - - - - - -
perate vehicles SVWR of less the ounds. You mu 300,000 in Pub and Property Da nsurance. You complete eed to complete	with a nan 10,000 st obtain lic Liability mage do not e Part B.	operate ve GVWR of or more. Y \$750,000 and Prope Insurance complete OR VELUC	ehicles with a 10,000 pounds ou must obtair in Public Liabili erty Damage You must Part B.	Public Liat Property D Insurance. ity complete P	bility and bamage You must Part C, Secti	Public Prope Insura compl Sectio	Liability rty Dama nce. You ete Part 0	and ge must	
perate vehicles SVWR of less th ounds. You mu 300,000 in Pub nd Property Da nsurance. You (with a han 10,000 st obtain lic Liability mage do not e Part B.	operate ve GVWR of or more. Y \$750,000 and Prope Insurance complete OR VELUC	chicles with a 10,000 pounds ou must obtair in Public Liabili erty Damage . You must Part B.	Public Liat Property D Insurance. ity complete F 1 and 2.	bility and bamage You must Part C, Secti	Public Prope Insura compl Sectio	Liability Ity Dama Ince. You ete Part 6 Ins 1 and	and ge must 2.	
perate vehicles SVWR of less the ounds. You mu 300,000 in Pub and Property Da nsurance. You complete eed to complete	with a nan 10,000 st obtain lic Liability mage do not e Part B.	operate ve GVWR of or more. Y \$750,000 and Prope Insurance complete OR VELUC	ehicles with a 10,000 pounds ou must obtair in Public Liabili erty Damage You must Part B.	Public Liat Property D Insurance. ity complete F 1 and 2.	bility and bamage You must Part C, Secti	Public Prope Insura compl Sectio	Liability Ity Dama Ince. You ete Part 6 Ins 1 and	and ge must 2.	
perate vehicles SVWR of less the ounds. You mu 300,000 in Pub and Property Da nsurance. You complete eed to complete	with a nan 10,000 st obtain lic Liability mage do not e Part B.	operate ve GVWR of or more. Y \$750,000 and Prope Insurance complete OR VELUC	ehicles with a 10,000 pounds ou must obtair in Public Liabili erty Damage You must Part B.	Public Liat Property D Insurance. ity complete F 1 and 2.	bility and bamage You must Part C, Secti	Public Prope Insura compl Sectio	Liability Ity Dama Ince. You ete Part 6 Ins 1 and	and ge must 2.	
perate vehicles SVWR of less the ounds. You mu 300,000 in Pub and Property Da nsurance. You complete eed to complete	with a nan 10,000 st obtain lic Liability mage do not e Part B.	operate ve GVWR of or more. Y \$750,000 and Prope Insurance complete OR VELUC	ehicles with a 10,000 pounds ou must obtair in Public Liabili erty Damage You must Part B.	Public Liat Property D Insurance. ity complete F 1 and 2.	bility and bamage You must Part C, Secti	Public Prope Insura compl Sectio	Liability Ity Dama Ince. You ete Part 6 Ins 1 and	and ge must 2.	
perate vehicles SVWR of less the ounds. You mu 300,000 in Pub and Property Da nsurance. You complete eed to complete	with a nan 10,000 st obtain lic Liability mage do not e Part B.	operate ve GVWR of or more. Y \$750,000 and Prope Insurance complete OR VEHIC NSE#	ehicles with a 10,000 pounds ou must obtair in Public Liabili erty Damage You must Part B.	Public Liat Property D Insurance. ity complete F 1 and 2.	bility and bamage You must Part C, Secti	Public Prope Insura compl Sectio	Liability Ity Dama Ince. You ete Part 6 Ins 1 and	and ge must 2.	
perate vehicles SVWR of less the ounds. You mu 300,000 in Pub and Property Da nsurance. You complete eed to complete	with a nan 10,000 st obtain lic Liability mage do not e Part B.	operate ve GVWR of or more. Y \$750,000 and Prope Insurance complete OR VEHIC NSE#	ehicles with a 10,000 pounds ou must obtair in Public Liabili erty Damage You must Part B.	Public Liat Property D Insurance. ity complete F 1 and 2.	bility and bamage You must Part C, Secti	Public Prope Insura compl Sectio	Liability Ity Dama Ince. You ete Part 6 Ins 1 and	and ge must 2.	
perate vehicles SVWR of less the ounds. You mu 300,000 in Pub and Property Da nsurance. You complete eed to complete	with a nan 10,000 st obtain lic Liability mage do not e Part B.	operate ve GVWR of or more. Y \$750,000 and Prope Insurance complete NSE#	ehicles with a 10,000 pounds ou must obtair in Public Liabili erty Damage You must Part B. STATE STATE	Public Liat Property D Insurance. ity complete F 1 and 2.	bility and bamage You must Part C, Secti	Public Prope Insura compl Sectio	Liability Ity Dama Ince. You ete Part 6 Ins 1 and	and ge must 2.	
perate vehicles SVWR of less the ounds. You mu 300,000 in Pub and Property Da nsurance. You complete eed to complete	with a nan 10,000 st obtain lic Liability mage do not e Part B.	operate ve GVWR of or more. Y \$750,000 and Prope Insurance complete NSE#	ehicles with a 10,000 pounds ou must obtair in Public Liabili erty Damage You must Part B.	Public Liat Property D Insurance. ity complete F 1 and 2.	bility and bamage You must Part C, Secti	Public Prope Insura compl Sectio	Liability Ity Dama Ince. You ete Part 6 Ins 1 and	and ge must 2.	
UNIT#	with a han 10,000 st obtain lic Liability mage do not e Part B. LICEI	operate ve GVWR of or more. Y \$750,000 and Prope Insurance complete NSE#	ehicles with a 10,000 pounds fou must obtair in Public Liabili erty Damage You must Part B. ELISI (Att STATE	Public Liat Property D Insurance. complete F 1 and 2.	pility and pamage You must Part C, Section Decres 17 m Doctors 17 m Do	Public Prope Insura compl Sectio	Liability rty Dama nce. You ete Part 0 ns 1 and	and ge must 2. 2. 2.	
as applicant, of the second se	with a han 10,000 st obtain lic Liability mage do not e Part B. LICEI	operate ve GVWR of or more. Y \$750,000 and Prope Insurance complete OR: VETTO NSE#	ehicles with a 10,000 pounds ou must obtair in Public Liabili erty Damage You must Part B. STATE STATE	Public Liat Property D Insurance. complete F 1 and 2. //X/KI	pility and pamage You must Part C, Secti Dages if m DO29X	Public Prope Insura compl Sectio VIN# VIN#	Liability rty Dama nce. You ete Part 6 ns 1 and 20 X 8 20 X 8	and ge must 2. 7	
as applicant, operate and that areby declare	with a han 10,000 st obtain lic Liability mage do not e Part B. LICEI	d that the finations may b	Phicles with a 10,000 pounds ou must obtair in Public Liabili rty Damage You must Part B. STATE STATE	Public Liat Property D Insurance. ity complete F 1 and 2. Active	not in itself	Public Prope Insura compl Sectio VIN# VIN#	Liability rty Dama ince. You ete Part o ns 1 and 20 x8 20 x8 20 x8	and ge must 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
as applicant, of the second se	with a han 10,000 st obtain lic Liability mage do not e Part B. LICEI	d that the finations may b	Phicles with a 10,000 pounds ou must obtair in Public Liabili rty Damage You must Part B. STATE STATE	Public Liat Property D Insurance. ity complete F 1 and 2. Active	not in itself	Public Prope Insura compl Sectio VIN# VIN#	Liability rty Dama ince. You ete Part o ns 1 and 20 x8 20 x8 20 x8	and ge must 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
as applicant, operate and that areby declare	with a han 10,000 st obtain lic Liability mage do not e Part B. LICEI	d that the finations may b	Phicles with a 10,000 pounds ou must obtair in Public Liabili rty Damage You must Part B. STATE STATE	Public Liat Property D Insurance. complete F 1 and 2. Activation //X/Ki	not in itself	Public Prope Insura compl Sectio VIN# VIN#	Liability rty Dama ince. You ete Part o ns 1 and 20 x8 20 x8 20 x8	and ge must 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
as applicant, operate and that areby declare	with a han 10,000 st obtain lic Liability mage do not e Part B. LICEI	d that the finations may b	Phicles with a 10,000 pounds ou must obtair in Public Liabili rty Damage You must Part B. STATE STATE	Public Liat Property D Insurance. complete F 1 and 2. Activation //X/Ki	not in itself	Public Prope Insura compl Sectio VIN# VIN#	Liability rty Dama ince. You ete Part o ns 1 and 20 x8 20 x8 20 x8	and ge must 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
as applicant, operate and that areby declare	with a han 10,000 st obtain lic Liability mage do not e Part B. LICEI	d that the finations may b	Phicles with a 10,000 pounds ou must obtair in Public Liabili rty Damage You must Part B. STATE STATE	Public Liat Property D Insurance. complete F 1 and 2. Activation //X/Ki	not in itself	Public Prope Insura compl Sectio VIN# VIN#	Liability rty Dama ince. You ete Part o ns 1 and 20 x8 20 x8 20 x8	and ge must 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
as applicant, operate and that areby declare	with a han 10,000 st obtain lic Liability mage do not e Part B. LICEI	d that the finations may b	Phicles with a 10,000 pounds fou must obtain in Public Liabili erty Damage You must Part B. STATE STATE Sign bing of this app pe conducted formation cont	Public Liat Property D Insurance. complete F 1 and 2. Activation Activation Cature	not in itself	Public Prope Insura compl Sectio VIN# VIN# VIN# CESSON VIN# CESSON VIN# COESSON VIN# COESSON VIN# COESSON VIN# COESSON VIN# COESSON VIN#	Liability rty Dama nce. You ete Part o ns 1 and 20 88 20 88	and ge must 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
as applicant, operate and that areby declare	with a han 10,000 st obtain lic Liability mage do not e Part B. LICEI	d that the finations may b	Phicles with a 10,000 pounds fou must obtain in Public Liabili erty Damage You must Part B. STATE STATE Sign bing of this app pe conducted formation cont	Public Liat Property D Insurance. complete F 1 and 2. Activation Activation Cature	not in itself	Public Prope Insura compl Sectio VIN# VIN# VIN# CESSON VIN# CESSON VIN# COESSON VIN# COESSON VIN# COESSON VIN# COESSON VIN# COESSON VIN#	Liability rty Dama ince. You ete Part o ns 1 and 20 x8 20 x8 20 x8	and ge must 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
as applicant, operate and that areby declare	with a han 10,000 st obtain lic Liability mage do not e Part B. LICEI LICEI	operate ve GVWR of or more. Y \$750,000 and Prope insurance complete OR VE-HO NSE#	Phicles with a 10,000 pounds fou must obtain in Public Liabili erty Damage You must Part B. STATE STATE Sign bing of this app pe conducted formation cont	Public Liat Property D Insurance. complete F 1 and 2. Activation //X/Ki	not in itself	Public Prope Insura compl Sectio VIN# VIN# VIN# CESSON VIN# CESSON VIN# COESSON VIN# COESSON VIN# COESSON VIN# COESSON VIN# COESSON VIN#	Liability rty Dama nce. You ete Part o ns 1 and 20 88 20 88	and ge must 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	

÷

07/29/2015	9.47	AM FAX	509453393	f
01/20/2010	0.41	ALL LAA	000400000	L

-----D777 070 0

	7 AM FAX	00010					KINGSERV	•				
	<u> </u>					PART	B					
				SVEE.		FITNES						
FOI	R ALL A	PPLIC	CANTS	SAFE		FITNES		EY ICLE	EOVER 1(
····						1	i					n x
	Compani	es app	lying to	o transp	port	any com	nodity m	ust d	complete th	is surv	rey.	
Instructio	ns: In each	ו catego	bry show	n below.	list	the person	and/or po	aition	responsible f			
a construction of the			91111 CUITE	-11 604			Nr Sotota / A	است حصر امر		A A A		
		Vennig (i	uns ar 4	M (أسالية تحديهما	current FMC		andat	ed by
 Oples of the Washing 	he FMCSR aton Truckin	l's are a	vailable	from sev	veral	l vendors. 1	hese inclu	ude, b	out are not lim 8003, www.wt	ited to:		
							1					
		vicau. Io	JOUD NE 1	Lameron		I Pomend (10 07230 B	1020 i	ww.jjkeller.com www.wtbtraffic.	A	استعبالا وحماح	
US Gove	ernment Prir	nting Offi	ce, 732 N	I. Capital	Stre	eth NW, Wa	shington, D	C 204	01, www.gpo.g	.com, (56 10V, (866)3)236 5)512-	180. 300
			MARINE STATISTICS	- Contraction of the Contraction	an menterat	A second start and a second start start and a second start		·				
			Contra	Hed St	0	BITCHSTAR	Alcoho	Mes	ting			
Name: 🔔	NIS_	Ke	ynz	Cont		2	sition:	0	Untr			
							1	· Ì				
nust have a	vno operat a valid CDI	les a ver L. The d	nicle that efinition	t meets : of a con	the c	definition of rcial motor	a comme	rcial n	notor vehicle	as desc	ribed	elow
 nas 	a gross co	mbined	weight r	ating of	26.0	01 pounds	that includ	les a	towed unit wi	th a gro	ss ver	icle
weig	yni raung o	n more t	nan au,u	JUU pour	nas;	or pounds or	}					
 is de 	esigned to t	transpoj	rt 16 or n	nore bas	ssen	aers includ	ling the dr	iver: c	or .			
 IS OT 	'any size a	and is us	sed to tra	insport F	aża	rdous mate	rials of an	amou	int that requir	es plac	arding	unde
11920			gulation	15.								
ny person	who drives	s a com	mercial r	notor ve	hicle	requiring	CDL mu	stipari	ticipate in a c	ontrolle	d subs	lance
nd alconol 1 WAC 446	resung pro	ogram a	s require	ed by FIV	ics/	1 in 49 CFF	R Part 382	and 4	9 CFR Part 4	10, and	by the	wsf
						Į		i I				
					i National	A BARMANNA AND AND AND AND AND AND AND AND AND		1917 - 101 -	STATE OF THE O	NOR AND DE AND DE	STATEMENT OF STATE	
		Go	MAGAE	ial Driv	ens	Eicense (100	ments			
ame:	Vis,	Rey	nz	Cor	te	2 Po	sition:	a	UNG			
		. +	. :			1						
ny driver w must	/ho operate have a va	es a veh	icle that	meets ti	he d	efinition of	a commer	cial m	otor vehicle a ent of Licensi	as desci	ibed b	alow
a cor	mmercial m	notor ve	hicle is a	i vehicle	that		-			-		
 has a waid 	a gross cor ht rating of	nbined	weight ra	ating of 2	26,00	01 pounds i	that includ	es a t	owed unit wit	h a gros	s veh	Cler
 has a 	a gross vel	nole we	ight ratin	ig of 26.0	us; (001	pr pounds or i	nore: or					
 is de: 	signed to t	ranspor	t 16 or m	nore pas	seng	gers, includ	ing the driv	ver; o	r			
 is of a haza 	any size ar rdous mate	na is use erials re	ed to trai gulations	nsport ha 5.	azar	dous mater	ials of an i	amou	nt that require	es placa	rding	under
						N						
		1	1.	1		-						
					Ì	6						

07/29/2015 9:47 AM FAX 5094533936 KEEPONTRUKINGSERVICES 🖉 0004/0005 SHOW SHEET STORES Name: LUIT して Position: 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 in at 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. Drivers in ourse of Service Corter Name: -Position: 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 dicie inspection, Ropair, aud Maintananco 1015 Name: -0 Position: ... Sal-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, Schauce: My signature below certifies that I understand my responsibility as a motor carrier and v comply with all the safety requirements which apply to my operations. Signature of applicant Date Received Time Jul. 29. 2015 9:35AM No. 0040

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 LUIS E REYNA-CORTEZ, L & R TRANSPORT of 1102 N 4TH ST, YAKIMA, WA 98901-0000 a policy or policies of insurance effective from 01/04/2016 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 5th day of January, 2016

Insurance Company File No. CA 02824844 (Policy Number) K-PM

MC1633a(08/99)

(Authorized Company Representative)

IRB3539B

1164