Feb 04 15 06:14p

Mary Dominguez



## COMMON CARRIER OF PROPERTY

(Excluding Household Goods Carriers and Brokers)

1300 South Evergreen Park Drive SW PO Box 47:50 Olympia, WA 92504-7250 Phone 360-564-1222 Fax 560-585-1181 Web Site: www.sids will sout transportation@uts.wa.gov

	R REINSTATEMENT Per WAC 480-14-220)	– FEE \$100.00	. ,
Applications for Reinstatement of 10 months of the cancellation da	f a Cancelled Common Cate of the permit. If over	arrier permit must be within  10 months, you must submit	
	. 059960 to	o be reinstated.	
Legal Name: NTEL R	SVAREZ		
	SURREZ TRUC		
Business (Mailing) Address: 86	75 theHU	mo CD. onteugus	र १९३५४
Business (Mailing) Address: 8 6  Physical Address (if different): 8 6	75 Mate	and 10. contact u	A 9534
Phone number: 509 - 989 - 0	0660 Fax Number:	509-488-2088	
Email address: MA	USDOT#:	895727	
Unified Business Identifier Number (U	BI): 602 - 052	2-538	
Type			
Individual   Partnership   Lim	orporation State of Inc.		
NAME TITLE	ADDRESS	PERCENTAGE OF SHARES	
NOEL REVOLER OF	UNEA 8675.1	tions of 100%	•
	UITU	co, wh 19344	
	elved Date: 31 (115	ID: M 7916	]
	arance: MO	Docket 1/- \ \ (6)2	1 1
Receipt ID: Pay	ment ID:		1.
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## 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 NOEL R SUAREZ, SUAREZ TRUCKING of 640 S SADDLE RD, OTHELLO, WA 99344-0000 a policy or policies of insurance effective from 08/05/2015 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 6th day of August, 2015

Insurance Company File No. CA 02605550

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B