

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 Phone 360-564-1222 Fax 360-586-1181 Web Site: www.ut.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)

a naw application form	
a new application form.	65027
Common	to be reinstated.
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Legal Name: ONO 1	alls Heavy Haul, LLC
Trade Name(s), dba(s), if an	
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Physical Address (if differen	t): 2100 12 1210 7/WA 1000
Phone number: 425 4	77-5723 Fax Number:
Email address: Snofells h	onyhoul@qmail.clom USDOT#: 242 0287
Unified Business Identifier N	
	Type of Business Structure:
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NAME	ip ☑ Limited Liability Company ☐ Corporation State of Inc.  TITLE ADDRESS PERCENTAGE OF SHARES



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

	Filed with Washington Utilitles & Transportation Commission							(herein after called Agency)			
	(Ngm	e of Agency)									
	This is to certify that the Lancer Insura										
	, -	of Company)	•								
	(herein after celled Company) of 970 West Park	Avenue ,P.O.		4 ,Long E	each ,NY	,11561		<del></del>			
			-37					^			
	SNO FALLS HEAVY HAI	JL									
	has issued to LLC (Name of Motor Car	rier) of	29100	SE 43RD (Add	PL FALL			8024			
		09/12/2015		,			4				
	A policy or policies of insurance effective from - policy or policies and continuing until cancelled a		which by	l2:01 A.M. st attachment c	andard time of the Uniform	at the ed n Motor C	dress or t	dilv Injurv	ા કાસ્ત્રાહ and F	roperty	
	Damage Liability insurance Endorsement, has or	have been amend	ded to prov	ride automob	ile bodily inju	ury and pr	roperty d	amagé lial	ıl Villid	surance	
	covering the obligations imposed upon such motor regulations promulgated in accordance therewith		ovisions of	the motor ca	rrier law of t	he State	in which	lhe Agenc	y has	jurisdictio	
	Whenever requested, the Company agrees	to furnish the Age	encv a dun	licate orlgina	l of epid notic	ev or nolic	rios and :	all andorse	ament	s thereon	
	This certificate and the endorsement descr										
	cancellation may be effective by the Company or				in wilting to	the State	Agency,	auch thirt	y (30)	days' noti	
	commence to run from the date notice is actually		tice of the	Agency.							
	12276-214 San Jose Bl PO Box 56728	va									
	Countersigned at Jacksonville		F L	32223	This	<u> 21st</u>	day of	Sep	_ 20	<u> </u>	
		(Address)				(Day)		(Month)		(Year)	
					12.15	,					
	Insurance Company File No. CM0060955	(Policy No)	_		Kelley I		Company	Represer	ntative	<del> </del>	
		(Folicy 140)			/ /	10	<u>/)</u>		7	,	
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