Unified Business Identifier Number (UBI):__

601 840 415

513079

(509) 371 - 5200

Estall address: Laly Mt 215 DEFORMS USDOT #:

Phone number: (509) 750 - 1183 Fax Number:

Physical Address (If different): 683

S. SALC LA

Othello wa 99344

Business (Mailing) Address:

P.O. Box 2827

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

TXY

Truck.by

Legal Name:

Is, done

6 Mentiner

a new application form.

Common Carrier # 59185

__ to be reinstated.

10 months of the cancellation date of the permit. If over 10 months, you must submit Applications for Reinstatement of a Cancelled Common Carrier permit must be within

NAM

ADDRESS

PERCENTAGE OF SHARES

Sidace

Martin 2

SOLDER

Po3 2827

100%

🗅 Individual 🗋 Partnership 🗎 Limited Liability Company 🚨 Corporation State of Inc.

Type of Business Structure



Record ID:

Payment ID: Ollo E6

Insurance: M

Received Date 9-2215

111-0268-200-02 For Official Line Only

COMMON CARRIER OF PROPERTY (Excluding Household Goods Carriers and Brakess)

APPLICATION FOR REINSTATEMENT — FEE \$100.00

(Per WAC 480-14-220)

1900 Sadib Aury geze Faif, It he 594
10 Bar 47525
Olympia, WA 480047250
Phore 280-684-2222
Fair, 980-585-1181

1811-785 270

AF CANADAM AUSTRALIA

₹	eceived	Time	Sep.	21.	2015	4:05PM	No.	0686

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 ISIDORO MARTINEZ, U & I TRUCKING of PO BOX 2827, OTHELLO, WA 99344-0000 a policy or policies of insurance effective from 09/21/2015 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 21st day of September, 2015

Insurance Company File No. CA 02682583

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B