

RECEIVED

NOV 05 2013

WASH. UT. & TP. COMM

1300 S. Evergreen Park Dr. SW  
 P.O. Box 47250  
 Olympia, WA 98504-7250  
 Phone: 360-664-1222  
 Fax: 360-586-1181  
 TTY: 360-586-8203  
 or  
 1-800-416-5289  
 email: transportation@utc.wa.gov

**Common Carrier Broker Registration - Application**

**Application Fee: \$25.00**

**TYPE OF OPERATION:** (Check all that apply)  Forwarder  Broker (Intrastate)  Broker (Interstate FMCSA)

**BOND IN THE AMOUNT OF \$10,000 MUST ACCOMPANY THIS REGISTRATION APPLICATION**

Applicant Name: Lab Reach, LLC.

Trade Name (if any): \_\_\_\_\_

Mailing Address: 1600 SW 43rd St, #300, Renton, WA. 98057

Physical Address (if different than mailing address): \_\_\_\_\_

Phone Number: 425-336-5022 Fax Number: 425-251-5225 E-mail: dave@labreach.net

UBI Number: 603042023 State of Incorporation: WA US DOT number: 22401109

**Type of Business Structure:**  Individual  Partnership  Corporation (LP, LLP, LLC)

Name	Title	Stock Distribution or Percentage of Share
<u>David Hamilton</u>	<u>Manager</u>	<u>50%</u>
<u>Don Bistine</u>	<u>Manager</u>	<u>50%</u>

Have you held a permit or certificate from this Commission?  No  Yes-If yes, permit number \_\_\_\_\_

*If you are registering as a FMCSA regulated broker, you must attach a copy of your bond and operating authority.*

David Hamilton

Signature of Applicant

President

Title

11-3-15

Date

Reception #	Received Date: <u>11/3/15</u>	ID: <u>17325</u>
111 0268 200 02	Bond <u>15</u>	Docket No. <u>152048</u>
111 0268 032 05	FMCSA <u>15</u>	Employee <u>15</u>

# 437571

# FMCSA Motor Carrier

USDOT Number: **2401104**  
Docket Number: **MC818728**  
Legal Name: **LABREACH, LLC.**



DBA (Doing-Business-As) Name **DELIVERY EXPRESS, INC.**

## Addresses

Business Address: **1600 SW 43RD ST, #300**  
**RENTON, WA 98057**  
Business Phone: **(206) 510-0677** Business Fax:  
Mail Address:

Mail Phone: Mail Fax: Undeliverable Mail: **NO**

## Authorities:

Common Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>		
Contract Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>		
Broker Authority:	<b>ACTIVE</b>	Application Pending:	<b>NO</b>		
Property:	<b>YES</b>	Passenger:	<b>NO</b>	Household Goods:	<b>NO</b>
Private:	<b>NO</b>	Enterprise:	<b>NO</b>		

## Insurance Requirements:

BIPD Exempt:	<b>NO</b>	BIPD Waiver:	<b>NO</b>	BIPD Required:	<b>\$0</b>	BIPD on File:	<b>\$0</b>
Cargo Exempt:	<b>NO</b>			Cargo Required:	<b>NO</b>	Cargo on File:	<b>NO</b>
BOC-3:	<b>YES</b>			Bond Required:	<b>YES</b>	Bond on File:	<b>YES</b>

Blanket Company: **ALL AMERICAN AGENTS OF PROCESS**

## Comments:

## Active/Pending Insurance:

Form: <b>84</b>	Type: <b>SURETY</b>	Posted Date: <b>10/03/2013</b>
Policy/Surety Number: <b>9815898</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000*</b>
Effective Date: <b>10/01/2013</b>	Cancellation Date:	

Insurance Carrier **LEXON INSURANCE COMPANY**  
Attn: **TAMMY HENKLE**  
Address: **12890 LEBANON RD**  
**MT.JULIET, TN 37122 US**  
Telephone: **(615) 553 - 9500** Fax: **(615) 553 - 9502**

\* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

# FMCSA Motor Carrier

USDOT Number: **2401104**  
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 Legal Name: **LABREACH, LLC.**



DBA (Doing-Business-As) Name **DELIVERY EXPRESS, INC.**

**Rejected Insurances:**

Form:	Type:	Coverage From:	\$0	To:	\$0
Policy/Surety Number:		Received:	Rejected:		
Rejected Reason:					

**Insurance History:**

Form: <b>84</b>	Type: <b>SURETY</b>	Coverage From:	\$0	To:	\$10,000 *
Policy/Surety Number: <b>9815898</b>		Effective Date From: <b>03/01/2013</b>	To: <b>11/02/2013</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier **LEXON INSURANCE COMPANY**  
 Attn: **TAMMY HENKLE**  
 Address: **12890 LEBANON RD**  
**MT.JULIET, TN 37122 US**  
 Telephone: **(615) 553 - 9500** Fax: **(615) 553 - 9502**

Form: <b>84</b>	Type: <b>SURETY</b>	Coverage From:	\$0	To:	\$10,000 *
Policy/Surety Number: <b>9815898</b>		Effective Date From: <b>03/01/2013</b>	To: <b>10/01/2013</b>	Disposition: <b>Replaced</b>	

Insurance Carrier **LEXON INSURANCE COMPANY**  
 Attn: **TAMMY HENKLE**  
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**Authority History:**

Sub No.	Authority Type	Original Action	Disposition Action
	PROPERTY BROKER	GRANTED	05/02/2013

**Pending Application:**

Authority Type	Filed	Status	Insurance	BOC-3

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USDOT Number: **2401104**

Docket Number: **MC818728**

Legal Name: **LABREACH, LLC.**

DBA (Doing-Business-As) Name **DELIVERY EXPRESS, INC.**



## Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason
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