WATELINES MA	NTO THOUNANOL	ZLZI_'ON WUGG:L	ve4 lime Dec. 3, 2015 Z102 Sc. 3, 2015
	· · · · · · · · · · · · · · · · · · ·		
UIC	1		1300 South Evergreen Park Drive SW PO Box 47250
UTILITIES AND TRANSPORTATION	1		Clympia, WA 98504-7250
	COMMON CARDON		Phone 360-664-1222 Fax 260-586-1181
	COMMON CARRIER	OF PROPERTY	Web Sile: <u>WWW.Ukc.wa.gov</u> transportation@ukc.wa.gov
	(Excluding Household Goods C	arriers and Brokers)	
APPLIC	ATION FOR DEVICE	-	,
	ATION FOR REINSTA	ATEMENT – FEE \$ <u>2-14-220)</u>	100.00
Applications for Rei	istatement of a Cancelled ncellation date of the peri	_	
10 months of the ca	ncellation date of the peri rm.	Common Carrier perr	nit must be within
a new application for	rm	nit. If over 10 month	5: VOU Must submit
	/ / / /	0.01	
C	ion Carrier # 6) (YU I	
	ion carrier #	to be reinsta	ited.
Legal Name: COM+	remilio		
		<u>9 - Jeurs</u>	Contremi
Trade Name(s), dba(s), if	any: Contreras 1		
Pluginger () (()		rucking	
Business (Malling) Addre	IS: F.O box	416 1	and Tausse
Physical Address /if differen	917	- us u	uraci wit a 88.5
	ent): 912 5 (00	unty Rd n	PLIL Mà
Phone number: 509	750 2338 Fax 1		THE MO
	Fax /	Number: <u>204</u> 340	1958
Email address: CHOY &	CRUB CONTINUES B & USDO	π# 977977	G
Unified Business Identify	Mail . Com		7
Unified Business Identifier	Number (UBI): 60352	4310	
	<u>Type of Business</u>	Structure	
Individual II Partnered			
	nip 🗍 Limited Liability Compa	iny 🛛 Corporation Stat	e of Inc
NAME			
• · · · ·	ADDR	ESS PERCENT	AGE OF SHARES
Jaul (outreral	Owner Pa		
	F.Q_	Box 416	
Ene Official at			
For Official Use Only 111-0268-200-02	Received Date:	ID:	
Receipt ID:	insurance:		
	Payment ID;	Docket TV-	
_		•	

FORM E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPLICATE)

Filed with		Utilities & Transportation Commission	(hereinafter called Commission)			
	(Na	me of Commission)				
This is to certify, that the		Continental Divide Insura	ance Company			
		(Name of Company)			
(hereinafter called Company) of		1314 Douglas Street, Omaha, NE 68102				
		(Home Office Address of Company)				
has issued to		JESUS CONTRERAS BUENO DBA CONTRE	RAS TRUCKING			
		(Name of Motor Carrier)				
of		912 S COUNTY RD APT #A3, WA	RDEN, WA 98857			
		(Address of Motor Ca	rier)			

a policy or policies of insurance effective from <u>12/04/2015</u> 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 Commissioner.

Countersigned at	1314 Douglas Street (Street Address)	Omaha (City)		NE (State)	68102 (ZIP Code)
this	4th	day of	December	2015	
				11/1	1
		_	Authorized Representative		

Insurance Company File No.

05TRM014967-01 (Policy Number)

1,000,000 CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the interstate Commerce Act (49 U.S.C. § 302[b][2]) and 49 CFR § 387.301