

1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250
Phone 360-664-1222
Fax 360-586-1181
Web Site: www.utc.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)

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

Common Ca	arrier # <u>CC-31512</u>	_ to be reinstated.
Legal Name: MEDELET	2, Ivc	· · ·
Trade Name(s), dba(s), if any:		
Business (Mailing) Address: 3	30522 OLDFIELD	ST, HERMISTON, OR 9703
Physical Address (if different):	SAME	
Phone number: 541-567.	- 4098 Fax Number	541-564-9726
Email address:	USDOT #:	6027319
Unified Business Identifier Numl		
	Type of Business Struct	ure:
☐ Individual ☐ Partnership ☐	☐ Limited Liability Company 🕱	Corporation State of Inc.
NAME <u>TIT</u>	<u>LE</u> <u>ADDRESS</u>	PERCENTAGE OF SHARES
For Official Use Only	1000010	
111-0268-200-02	Received Date: \\ 24\\ b	ID:
Receipt ID:	Payment ID:	Docket TV-
· · · · · · · · · · · · · · · · · · ·		

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

Filed with Washington Uti	lities & Transport	ation Commiss	sion .		* .	(herein after cal	led Agency)
	(Narr	e of Agency)					
This is to certify that the	Penn Millers In:	surance Comp	any				
,,	(Nam	e of Company)					
(herein after called Company) of			street ,Wilkes-Barre ,P	A ,18773-0	016		<u> </u>
	(Hon	ne Address of Com	pany)	ara Pin		-	
			- Company of the Comp				
MEDE	1 E Z (NIO						
has issued to MEDE	LEZ INC		, <u>30522 OLDFIE</u>	LDST,	<u>HERMIST</u>	ON ,OR ,97	(838
(Name of	(Name of Motor Ca	rrier)	(Add	Iress of Moto	r Carrier)		
A policy or policies of insurar		11/01/20	15 12.01 AM e	tandard time	at the address	of the insured sta	hies ni het
policy or policies of insurar policy or policies and continu							
Damage Liability Insurance E	ndorsement, has o	r have been ame	inded to provide automob	ile bodily init	ury and propert	ty damage liability	insurance
covering the obligations impo	sed upon such mot	or carrier by the	provisions of the motor c	arrier law of t	hé State in whi	ich the Agency ha	s jurisdiction
regulations promulgated in a	ccordance therewith	1.					
Whenever requested, t	he Company agree	s to furnish the A	gency a duplicate origina	al of said poli	cy or policies a	ınd all endorsemer	nts thereon.
			not be cancelled without				
cancellation may be effective				in writing to	the State Ager	acy, such thirty (30	i) days' notic
commence to run from the da	ite notice is actually	received in the	office of the Agency.				
72 North	Franklin St DO	Pov D Wilkon	-Barre PA .18773-00	16			
Countersigned at	THANKIN St,FO	DUX F , VYIINES	-barre, FA, fib.115-00	This	_29thday	of <u>Dec</u> 20	15
		(Address)			(Day)	(Month)	(Year)
Insurance Company File No.	PAC 2605745			Beverly J	lohnson		
madranca Company i ne ric.		(Policy No)		(Âu	thorized Comp	any Representativ	e)

Liability Limit:1,000,000.00