

RELEASE OF AUTHORITY FOR CANCELLATION

TO: Washington Utilities and Transportation Commission
Licensing Services
P.O. Box 47250
Olympia, WA 98504-7250
(360) 664-1222 or fax @ (360) 586-1181

The undersigned, holder of
Permit/certificate number(s):

G _____ C _____ CH/ES 65936
CC _____ HG _____ TCC _____
OTHER _____

Does hereby declare that the authority is no longer being used and is hereby
surrendered to the Commission for cancellation. (Attach original permit or
certificate, if available)

Christa Cornell

2-15-17

SIGNATURE OF CARRIER

DATE

Karst Stage

NAME OF CARRIER (Please print)

511 North Wallace

ADDRESS

Bozeman MT 59715

CITY-STATE-ZIP

406-556-3506

(AREA CODE) - PHONE NUMBER