

**BEFORE THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**

**PROOF OF SERVICE**

**DOCKET 181025**

I HEREBY CERTIFY That I, as an employee of the Washington Utilities and Transportation Commission at Olympia, Washington, have served on 12/19/2018 the parties of record in this proceeding a true copy of the following document(s):

Assure Ride non Emergency Medical Transportation Company - Letter Reinstating Charter/Excursion Authority and CH-67765.

The document(s) was/were mailed to each of the parties of record in this docket. Each envelope was addressed to the address shown in the official file, with the required first class postage, and deposited on this date in the United States mail in the City of Olympia, County of Thurston, State of Washington.

*/s/ Pam Chiles*

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Pam Chiles, Office Assistant

**PARTIES OF RECORD AND OTHERS RECEIVING NOTICE**

Mailed to:  
Assure Ride Non Emergency Medical Transportation Company LLC  
d/b/a Assure Ride  
720 N 10th St. A #227  
Renton, WA 98057

**SERVED BY MAIL:**

Assure Ride Non Emergency Medical Transportation Company, LLC, 720 N 10th St A #227, Renton, WA, 98057

**NOTIFIED BY E-MAIL:**

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