U.S. DEPARTMENT
OF TRANSPORTATION

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-007. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.

Form BMC 35
     Approved by OMB

<center>NOTICE OF CANCELLATION</center>

     2126-0017

To be sent to: MOTOR CARRIER INSURANCE UNDER 49 U.S.C. 13906   Expires:
     02/28/2009

<center>Filed with</center>

<center>FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION   FMCSA</center>

Docket No.
FMCSA   Commercial Enforcement Division   MC
_____

Commercial Enforcement Division   Washington, D.C. 20590
     FF_____ _____
MC-ECC (W63-105)
1200 New Jersey Ave S.E.

                     _____

Washington, D.C. 20590   -
               Filer Account No._____

Received: CHECK
COVERAGE CANCELED:
Date: Cargo:
     BMC 34

                                                  Public Liability:
                                                  BMC 91

This is to advise that, under the terms of a policy issued to:
     BMC 91X

                                                                $_____
           To _____

_____
_____
          (NAME OF MOTOR CARRIER)

_____
_____
(ADDRESS OF MOTOR CARRIER)

by
_____
_____
          (NAME OF COMPANY)

_____

     HOME OFFICE ADDRESS OF COMPANY)

the endorsement(s) and certificate(s) issued in connection therewith, as indicated herein, are hereby canceled, effective as of the _____ day of
_____, _____, 12:01 a.m. standard time at the address of the Insured as stated in said policy or policies provided said date is not

less than thirty (30) days after the receipt of this notice by the FMCSA.

Insurance Company Policy No. _____ _____

   (SIGNATURE OF AUTHORIZED REPRESENTATIVE)   **(POLICY NUMBER)**

_____   _____

                                                                                           (Date)