



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



WASH. UT. & TP. COMM

Table with 2 columns: Type of Household Goods Authority Requested - Check one, Fee Required. Rows include Provisional and permanent authority, Permanent authority to transfer or acquire control, Permanent authority to transfer or acquire control under exceptions, Reinstatement of permit, and Name Change.

TYPE OF PAYMENT section with checkboxes for Check, Money Order, Amex, Mastercard, and Visa (checked). Includes handwritten amount 009649.

Amount: \$250.00 Expiration Date: / /

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct...

Name (printed): RON CRONKHITE Company Name: MORRISON MOVING & STORAGE CO, INC.

Cardholder's Signature: [Handwritten Signature] Date: 10-17-12

FOR OFFICIAL USE ONLY section with sub-table for Date Filed, DOL/SOS, ID, Permit Issued, Staff Assigned, Insurance, Inspection, and Docket #.

Reception #: 111-0268-207-02 040650 111-0268-207-01 111-0268-013-20

#250.00

Posted

Handwritten initials/signature

BUSINESS INFORMATION

Name of Applicant MORRISON MOVING & STORAGE CO., INC.
 (must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 10303 PORTLAND AVE. E. #1, TACOMA, WA 98445

Mailing Address 10303 PORTLAND AVE. E. #1, TACOMA, WA 98445

Telephone Number (253) 548-8864 Fax Number (253) 548-8865

UBI #: 600669436 *(34-002506)* Email: info@morrisonmoving.net

USDOT #: 27481 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 134 002 586

Employment Security Department registration number? ESD # 253511-01-1

Is your business registered with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation (LP, LLP, LLC) Other _____

List the name, title and percentage of partner's share or stock distribution for major stockholders:

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
ANN CRONKHITE	OWNER	100

***Must provide a copy of a valid Washington state driver's license for each person listed above.**

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington
- The following named counties only: _____

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

WILL CONTINUE PROVIDING SERVICE FOR GOVERNMENT AND MILITARY PERSONEL AS WE HAVE FOR OVER 50 YEARS, AS WELL AS, EXPAND OPERATIONS AND SERVICE FOR COMMERCIAL AND RESIDENTIAL CUSTOMERS.

Briefly describe your experience in the transportation/household goods moving industry:
AS A COMPANY OVER 50 YEARS, DEPARTMENT OF DEFENSE APPROVED. PERSONALLY OVER 36 YEARS EXPERIENCE AS DRIVER, MOVER, SALES, OPERATIONS/DISPATCH, GM, ACCOUNTING, & EXECUTIVE MANAGEMENT.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?
 No Yes If yes, please indicate your permit number HG-001626

Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington? No Yes If yes, please explain _____

Do you currently operate interstate? No Yes If yes, please indicate your MC# 129241

Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state? No Yes If yes, please explain: _____

Has any person named in this application, within the past five years, been convicted of any crime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please explain: _____

Has any person named in this application, been cited for violation of state laws or Commission rules? No Yes If yes, please explain: _____

FINANCIAL STATEMENT

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$58,727.01	Salaries/Wages Payable	\$2,115.46
Notes Receivable	\$242,469.35	Accounts Payable	\$66.08
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$2,181.54
Land and Buildings	\$10,000.00	NET WORTH	\$18,722.03
Trucks and Trailers	\$	Preferred Stock	\$0.00
Office Furniture	\$	Common Stock	\$0.00
Other Equipment	\$	Retained Earnings	\$331,837.79
Other Assets	\$44,345.00	Capital	\$2,800.00
TOTAL ASSETS	\$355,541.36	TOTAL LIABILITIES & NET WORTH	\$355,541.36

EQUIPMENT LIST

Describe the equipment you will own or lease to provide moving services
(Attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1993	FREIGHTLINER	A44126F	1FUPASYB6PP413855	80,000
1994	TRLR	0695SZ	1GRDM9628RM038901	40,000
1985	MACK	A07824W	VG6M114B4FB081982	26,000
1970	UNICO	1300NM	70101	10,000
1990	VOLVO	B84537B	YB3U6A7A8LB446077	26,000

****Attach a copy of the registration form for each vehicle listed.**

SAFETY AND OPERATIONS

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program. ****Please attach evidence of your enrollment in a drug and alcohol testing program.**

SAFETY RESPONSIBILITIES

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

DRIVER QUALIFICATION REQUIREMENTS: (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name: JODI BOESEN

Position: OFFICE MANAGER

OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name: RON CRONKHITE

Position: CEO

STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.

Name: RON CRONKHITE

Position: CEO

DECLARATION OF APPLICANT

I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

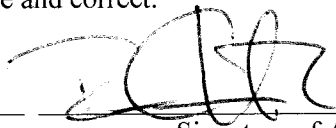
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

RON CRONKHITE

Print name of applicant



Signature of Applicant

9-28-12 TACOMA, WA

Date and Location

ATTACHMENT B

Transfer or Acquisition of Control

Applicant is seeking one of the following – please check one:

Transfer Acquisition of Control

Current Name on Permit (Seller): JACK CRONKHITE (DECEASED)

Current Trade Name on Permit (Seller) _____

Address (Seller) 10303 PORTLAND AVE. E. TACOMA #1, WA 98445

HG Permit Number: HG-001626 Phone Number (Seller) _____

Does the transfer of this permit fall under the provisions of WAC-480-15-187? No Yes
If yes, please complete Attachment C.

Have all fines or penalties owed to the commission been paid? No Yes

Has the closing annual report been filed with the commission? No Yes

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer/acquisition? JODI BOESEN / OFFICE MANAGER

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG-001626 to the following:

Name of Buyer: ANN CRONKHITE / OWNER / MORRISON MOVING & STORAGE

Trade Name of Buyer: _____

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

** See Attached "Stock Purchase and Sale Agreement"*

Estate of Jack Cronkhite 10-3-12 Spokane, WA
Seller's Signature Date and Location

[Signature] [Signature]
Buyer's Signature Date and Location

STOCK PURCHASE AND SALE AGREEMENT

THIS STOCK PURCHASE AND SALE AGREEMENT (“Agreement”) is made by and between ANN CRONKHITE (“Purchaser”), and the ESTATE OF JACK CRONKHITE (“Seller”). Purchaser and Seller are sometimes individually or collectively referred to as a “Party” or the “Parties.”

RECITALS

WHEREAS, Seller is the record and beneficial owner of one hundred percent (100%) of the shares in MORRISON MOVING & STORAGE, INC., a Washington Corporation;

WHEREAS, Purchaser is the record and beneficial owner of zero (0) shares in MORRISON MOVING & STORAGE, INC.; and

WHEREAS, Purchaser desires to purchase one hundred percent (100%) of Seller’s Shares in MORRISON MOVING & STORAGE, INC. from Seller (“Shares”), and Seller desires to sell Shares to Purchaser, in each case upon the terms and conditions set forth in this Agreement.

NOW, THEREFORE, in consideration of the representations, warranties, conditions, and covenants set forth in this agreement, and for other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the parties hereby agree as follows:

AGREEMENT

1. PURCHASE AND SALE OF STOCK.

1.1. Sale of Stock. At Closing (as defined in Section 1.2), and upon the terms and subject to the conditions set forth in this Agreement, Purchaser agrees to purchase, acquire, and accept from Seller, and Seller agrees to sell, transfer, convey, and deliver to Purchaser the Shares free and clear of any liens, claims, charges, security interests, options, redemption or preemptive rights, rights of first refusal, or other legal or equitable encumbrances, limitations, or restrictions whatsoever.

1.2. Closing; Closing Date. The closing of the transactions contemplated by this Agreement will take place at the date, time, and place mutually agreed upon by the Parties (“Closing”). The date of Closing is referred to herein as the “Closing Date.” For all purposes, Closing shall be deemed to be effective as of 11:59:59 p.m. on the Closing Date.

2. PURCHASE PRICE.

to any arbitration proceeding, the Parties will engage in at least eight (8) hours of mediation before a mutually-acceptable mediator (or, if the Parties cannot agree upon a mediator, before a mediator appointed by the American Arbitration Association). If the Parties are unable to resolve the Dispute through mediation, the Dispute shall be resolved by binding arbitration before a single, mutually-acceptable arbitrator (or, if the Parties cannot agree upon an arbitrator, before an arbitrator appointed by the American Arbitration Association). Notwithstanding anything in the Commercial Arbitration Rules of the American Arbitration Association to the contrary: (i) the arbitration must be conducted by a single arbitrator; (ii) each Party must be afforded a reasonable opportunity for discovery under the procedures for discovery set forth in applicable civil law; and (iii) the arbitrator must award attorneys' fees to the prevailing party. The award in any arbitration will be final and binding upon the Parties. A judgment upon an award rendered in arbitration may be entered in any court of competent jurisdiction. The venue for any mediation or arbitration under this Agreement will be in Spokane County, Washington.

5.16. Knowing and Voluntary Acceptance. The Parties hereby declare that they have carefully reviewed the terms of the foregoing Agreement, that they know the contents thereof, that they have voluntarily accepted the terms set forth herein, and that they sign the same as their own free act and will. This Agreement is the product of negotiation and the rule of construction providing that ambiguities within this Agreement are to be resolved against the drafter shall not be employed in the interpretation of this Agreement.

5.17. Effective Date. The Effective Date of this Agreement is the date on which the last Party has signed this Agreement.

IN WITNESS WHEREOF, Purchaser and Seller have caused this Agreement to be signed and attested to as of the Effective Date.

PURCHASER:

SELLER:

Ann Cronkhite
ANN CRONKHITE

Joni M. Nicholson
JONI M. NICHOLSON, as Personal
Representative of the Estate of Jack Cronkhite

9-2-11
Date

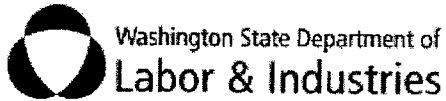
1-11-12
Date

**TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER
 EXCEPTIONS IN WAC 480-15-187**

1. The commission will grant an application to transfer existing permanent authority, without requiring a provisional permit, public notice or comment, if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for any one of the following reasons (check one, if applicable):
 - A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to a spouse or to one or more remaining partners;
 - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
 - A sole proprietor has died, the sole proprietor devised or bequeathed the company by will, and the applicant is seeking transfer of the permit in accordance with the bequest or devise set forth in the will.
 - An individual has incorporated and the same individual remains the majority shareholder;
 - An individual has added a partner but the same individual remains the majority partner;
 - A corporation has dissolved and the interest is being transferred to the majority shareholder;
 - A partnership has dissolved and the interest is being transferred to the majority partner;
 - A partnership has incorporated and the partners are the majority shareholders; or
 - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

Documentation supporting the checked box above must be included with your application. You may submit a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without requiring a provisional permit after the application has been published on the application docket subject to comment for thirty days if the applicant is fit, willing, and able to provide service, the applicant has filed to transfer or acquire control of permanent authority, and all the following conditions exist:
 - Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
 - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period prior to the application? No Yes
 - b. Need a certified statement from the applicant and the current owner explaining why the transfer of ownership or control is necessary to ensure the company's economic viability:
 - c. Include certified statement from the applicant and the current owner describing the steps taken by the parties to ensure that safe operations and continuity of service to customers is maintained.



You have successfully submitted your report.

- [Click here to print your Quarterly Report](#)
- [Click here to print this page for your records.](#)

MORRISON MOVING & STORAGE CO - Q3/2012 Quarterly Report Confirmation Page

Confirmation #: 2036780
Received on: 10/4/2012 12:02:50 PM
Submitted by: Ronald Cronkhite
Account ID: 206,973-02
Account Manager: COLEEN LARRETT 360-902-4919

What do you want to do next?

- [File another Quarterly Report with QuickFile](#)

Did You Know?

- You can manage your L&I account by [registering to use the Claim & Account Center](#)
- [Go to LNI Home](#)

Still need to file and pay your taxes with other agencies?





[Department of Revenue - Electronically file and pay my state taxes](#)



[Employment Security - Electronically file and pay my taxes](#)

Employment Security Department
WASHINGTON STATE**ePay ACH Debit****Payment Confirmation**

Business Name: MORRISON MOVING
ES Reference Number: 253511 01 1
Year and Quarter: 3rd Quarter 2012
Bank Routing Number: 
Bank Account Number: 
Name on Bank Account: MORRISON MVG STG INC
User Reference: ESD WA UI-Tax
Payment Amount: \$1,804.65
Debit Date: 10/04/2012

Preparer Name: Ronald Cronkhite
Employer Relationship: Owner/Officer/Partner of the business
Preparer Phone: (253) 548-8864
Preparer Email: info@morrisonmoving.net

Payment Confirmation: PGX6-N715-CU23-4HD6

I authorize the Washington State Employment Security Department to process the transaction as detailed above. I also certify that I have been authorized to enter into this agreement for the above referenced business. The payment detailed above was **successfully processed**. Please print this page to serve as your **certification of receipt** for this payment.

WA USA **WASHINGTON** COMMERCIAL DRIVER LICENSE

4d LIC# [REDACTED] DONOR ♥

1 CRONKHITE
2 RONALD KIRK

3 DOB [REDACTED] 4a Iss 07-30-2010



8 [REDACTED]

15 Sex M 16 Hgt 6-00
17 Wgt 190 18 Eyes GRN

9 Class A 9a End NONE
12 Restrictions C

4b Exp 07-05-2015

5 [REDACTED] Rev 09-16-2009



3D1021AE1336

R. Cronkhite

★ ATTACHMENT
②

WA USA **WASHINGTON** DRIVER LICENSE

4d LIC# [REDACTED] DONOR ♥

1 **BOESEN**

2 **JODI LINN**

3 DOB [REDACTED] 4a Iss **10-06-2011**

8 [REDACTED]


15 Sex **F** 16 Hgt **6-00**

17 Wgt **145** 18 Eyes **BLU**

9 Class 9a End **NONE**

12 Restrictions **NONE** 4b Exp **10-06-2016**

5 [REDACTED] Rev 09-16-2009



3211279 AH 1343

Jodi L. Boesen

CONFIDENTIAL Random Selections



Tuesday, April 03, 2012

The 3rd page of this report contains your random selections for this period.

Please review and update the list of employees subject to random testing (see enclosed). Cross out the names of employees no longer subject to random testing and write in the name and Social Security Number of additions to the pool. Please send the corrected list to *Drug Free Business*. (Fax # 425/489-0832 – email: randomselections@drugfreebusiness.org)

If you have any questions, please call us at 425/488-9755 ext. 206. As always, your comments are appreciated. Give us your suggestions. Our goal is to make this as easy as possible for all concerned.

Training and Seminar Dates – To be announced
Training for Supervisors of Commercial Drivers –
Visit our Web site www.drugfreebusiness.org for the latest training schedule or call
Drug Free Business (425-488-9755) for information and sign up

Important Information for Motor Carriers

Among the many rule changes that took effect August 1, 2001 and later is the addition of paragraph Part 382.305(i)(3)---Each driver selected for testing shall be tested during the selection period. If your company is on a monthly schedule, the selected drivers must be tested during that month. If your schedule is quarterly, then the driver must be tested during that quarter. If this is not done, your company is subject to penalties if audited by the DOT or the State Patrol.

Mobile Collection Services:

If your company would like to arrange to have its random testing conducted on-site in King, Pierce or Snohomish Counties, in Washington State, please contact our on-site collectors, 1-800-598-3437, ext. 304.

DOT Breath Alcohol Test Results:

Under federal regulations, the collection site must send all breath alcohol test results directly to the employer. This means *Drug Free Business* will not receive a copy of your alcohol test results. If you would like *Drug Free Business* to maintain a copy of your breath alcohol testing results for DOT record keeping, or statistical reasons, please make a note to fax or send us a copy.

E-Mail Communications:

Drug Free Business is now ready to increase the use of e-mail in our day to day business. This means you now have the option to receive random selections via e-mail. Electronic transfer is more secure since only the person who has access to a password controlled e-mail account has access to the random selections. E-mail also saves time and maintains a record of the transmission date, etc. To start receiving E-Mail selections please fax or send this form to *Drug Free Business* with the completed information below. Fax: 425-489-0832 Or E-Mail: (notifications@drugfreebusiness.org)

Please e-mail us random selections only

My e-mail address is: _____@_____

Drug Free Business
11511 NE 195th, Suite 102
Bothell, WA 98011

Phone: 425-488-9755
Fax: 425-489-0832
Email: Notifications@DrugFreeBusiness.org

LABCORP O
S - SEATTLE
550 17TH AVE. SUITE 300
SEATTLE, WA 98122
3000

Customer Service: 800-898-0
REDACTED per RCW 42.56.230



SPECIMEN ID NO. 0952420361

LAB ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ATTACHMENT 3

A. Employer Name, Address and I.D. No. B. MRO Name, Address, Phone and Fax No. 898226

ATTN: TONYA DRUG FREE BUSINESS
10303 PORTLAND AVENUE MRO DEE J MCGONIGLE
TACOMA WA 98445 11511 NE 195TH ST, SUITE 102
253-537-8480 BOTHELL WA 98011
FAX: 253-537-8481 866-448-0651 FAX: 425-489-0832

Location: 036740

C. Donor SSN or Employee I.D. No.

D. Reason for Test: Pre-Employment Random Reasonable Suspicion/Cause Post Accident Periodic Other _____

E. Collection Site Address:

F. Donor Identification Verified By: Photo I.D. Employer Representative

Collector Phone No. _____

Collector Fax No. _____

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F? Yes No, Enter Remark Below Split Specimen Collection Yes No

REMARKS:

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED BY COLLECTOR AND DONOR

G. Daytime Phone No. () Evening Phone No. () Date of Birth / /

H. TEST(S) REQUESTED BY EMPLOYER:

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

(PRINT) DONOR'S NAME (FIRST, MI, LAST) SIGNATURE OF DONOR INITIAL MONTH DAY YEAR

STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified on this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X _____ Signature of Collector AM/PM SPECIMEN BOTTLE(S) RELEASED TO:
Time of Collection

(PRINT) Collector's Name (First, MI, Last) / / Name of Delivery Service Transferring Specimen to Lab
Date (Mo/Day/Yr.)

RECEIVED AT LAB: Primary Specimen Bottle Seal Intact SPECIMEN BOTTLE(S) RELEASED TO:

X _____ Signature of Accessioner Yes
Date (Mo/Day/Yr.) No, Enter Remark Below

Printed: 05/07

CONTAINER SEAL

LABCORP O
3000

0952420361

Bottle A

Bottle B (SPLIT)

0952420361

0952420361

A / / DATE DONOR'S INITIALS

B SPLIT / / DATE DONOR'S INITIALS

NOTE POSITION OF BARCODE STARTS AT BOTTOM OF CONTAINER AS SHOWN HERE.

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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the American Automobile Insurance Company
(Name of Company)
(herein after called Company) of 777 San Marin Drive ,Novato ,CA ,94998
(Home Address of Company)

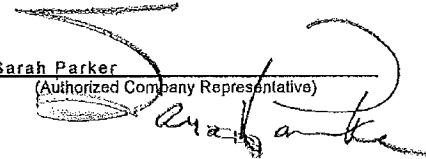
has issued to Morrison Moving & Storage Co. Inc of 10303 Portland Avenue ,Tacoma ,WA ,98445
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 11/01/2011 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

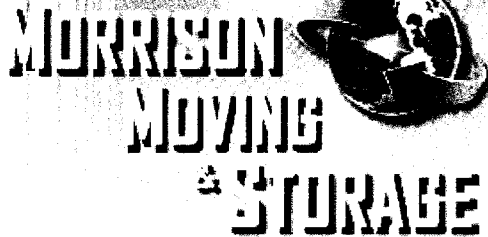
Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 500 North Akard Street
Lincoln Plaza, Suite 400
Dallas TX 75201 This 09th day of Oct 20 12
(Address) (Day) (Month) (Year)

Insurance Company File No. MZG80935886
(Policy No)

Sarah Parker
(Authorized Company Representative)


Underlying Limit :0.00 Liability Limit :1,000,000.00



REDACTED per RCW 42.56.230

Let our family move yours

TOLL FREE: 1-866-548-0022

www.morrisonmoving.com

10-15-12

Washington Utilities and Transportation Commission
1300 S. Evergreen Park Drive S.W.
P.O. Box 47250
Olympia, Washington 98504-7250

RE: Certified Statement from Applicant /Transfer of Permit #HG-001626 / Morrison Moving & Storage Co, Inc.

Dear Commission,

1. The Estate of Jack Cronkhite has transferred 100% ownership of Morrison Moving & Storage Co, Inc. from Jack Cronkhite to Ann Cronkhite, subsequent to the death of Jack Cronkhite.
2. The transfer of ownership is necessary to maintain current management and corporate stability.
3. The corporate office will be transferred from 304 W. Pacific Avenue, Spokane, WA 99204 to its Tacoma branch at 10303 Portland Avenue East, #1, Tacoma, WA 98445. Current management at this Tacoma location will remain in place to ensure the safe operations and continuity of service to customers.
4. The request to "voluntary cancel" permit #HG-001626 by Estate representative Joni Nicholson in May of 2012 was in error. The intended change was the transfer of permit ownership, the transfer of the corporate office to the Tacoma location, and closure of the Spokane location.

Thank you for your assistance in this matter.

Corporate Office:
10303 Portland Avenue E #1
Tacoma, WA 98445

Email: info@morrisonmoving.net
Website: www.morrisonmoving.com

Office: 253-548-8864
Fax: 253-548-8865
Toll Free: 1-866-548-0022

RE: Certified Statement from Applicant /Transfer of Permit #HG-001626 / Morrison Moving & Storage Co, Inc.

APPLICANT:

MORRISON MOVING & STORAGE / RON CRONKHITE / CEO

[Handwritten Signature]
[Signatures and date(s) of signing]

[Notary]

STATE OF Washington)

: SS.

COUNTY OF Franklin)

On this day personally appeared before me Ron Cronkhite to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

Given Under My Hand and Official Seal this 17 day of October, 2012

[Handwritten Signature]

Notary Public in and for the State of Washington

Residing at Burien

