

TV 121699-0

RECEIVED



# HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



OCT 22 2012

WASH. UT. & TP. COMM

Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 2 - 7 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment B	\$ 550
<input checked="" type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-186 and 480-15-187 – Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35

**TYPE OF PAYMENT**

Check   
 Money Order   
 Amex   
 Mastercard   
 Visa

041309

Amount: \$ 250.00

Expiration Date: \_\_\_\_\_

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information on file is current and valid.

Name (printed): RON CRONKHITE Company Name: METROPOLITAN MOVERS, INC.

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

**FOR OFFICIAL USE ONLY**

Date Filed: <u>10/24/12</u>	DOL/SOS: <u>[Signature]</u>	ID: <u>7084</u>	Permit Issued: THG- <u>HG 5966</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: _____	Docket # <u>TV 121699</u>
Reception #: <u>040649</u>	111-0268-207-02	111-0268-207-01	111-0268-013-20

#250.00

### BUSINESS INFORMATION

Name of Applicant METROPOLITAN MOVERS, INC.  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable (THE) FAMILY MOVERS, METROPOLITAN/FAMILY MOVERS

Physical Address 10303 PORTLAND AVE. E. #2, TACOMA, WA 98445

Mailing Address 10303 PORTLAND AVE. E. #2, TACOMA, WA 98445

Telephone Number ( 253 ) 537-8480 Fax Number ( 253 ) 537-8481

UBI #: 278 048 169 Email: info@thefamilymovers.com

USDOT #: 1006044 (If you currently don't have one, you can go online at [www.fmcsca.dot.gov/online-registration](http://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 # 206 973 01

Employment Security Department registration number? ESD # 282746 00 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-005966

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# 460087

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

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: Docket TV-120113 / RESOLVED.

### 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	\$46,685.03	Salaries/Wages Payable	\$8,537.25
Notes Receivable	\$64,295.17	Accounts Payable	\$1,926.08
Investments	\$	Notes Payable	\$
Other Current Assets	\$1,395.00	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	<b>\$10,463.33</b>
Land and Buildings	\$	<b>NET WORTH</b>	<b>\$8,223.99</b>
Trucks and Trailers	\$	Preferred Stock	\$0.00
Office Furniture	\$	Common Stock	\$0.00
Other Equipment	\$	Retained Earnings	\$232,296.89
Other Assets	\$154,377.33	Capital	\$14,993.00
<b>TOTAL ASSETS</b>	<b>\$266,752.53</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$266,752.53</b>

### 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
1995	FREIGHTLINER	B84536B	1FV6HLAC4SL534587	26,000
1991	INTL	AO5741K	1HTSCNPL2MH387111	26,000
1997	INTL	A67526Y	1HTSCAAMOVH434728	26,000
1990	INTL	73533W	1HTSDZN6LH229987	26,000
2000	CHEV	A46237S	1GCHG39R6Y1267800	8,000

**\*\*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: RON CRONKHITE

Position: CEO

**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.

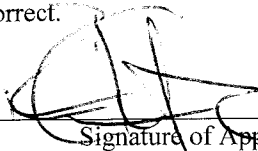
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

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

10-1-12 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) *Metropolitan Movers, Inc*

Current Trade Name on Permit (Seller) METROPOLITAN MOVERS / FAMILY MOVERS

Address (Seller) 10303 PORTLAND AVE. E. TACOMA #2, 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? RON CRONKHITE / CEO

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG-005966 to the following:

Name of Buyer: ANN CRONKHITE / OWNER / METROPOLITAN MOVERS, INC.

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 shares in METROPOLITAN MOVERS, INC., a Washington Corporation;

WHEREAS, Purchaser is the record and beneficial owner of shares in METROPOLITAN MOVERS, INC.; and

WHEREAS, Purchaser desires to purchase 100% of Seller's Shares in METROPOLITAN MOVERS, 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.**

2.1. Purchase Price. The Purchase Price for the Shares to be paid by Purchaser to Seller will be the sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00) ("Purchase Price").

2.2. Payment of Purchase Price. Payment of the Purchase Price shall be paid in accordance with the Settlement Agreement and General Release, attached hereto as Exhibit A.



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

1-11-2012  
Date

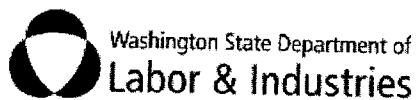
## ATTACHMENT C

### 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.](#)

METROPOLITAN MOVERS - Q3/2012 Quarterly Report Confirmation Page

Confirmation #: 2037291  
Received on: 10/4/2012 2:02:48 PM  
Submitted by: Ronald Cronkhite  
Account ID: 206,973-01  
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**

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**Payment Confirmation**

Business Name: METROPOLITAN MOVERS INC  
ES Reference Number: 282746 00 1  
Year and Quarter: 3rd Quarter 2012  
Bank Routing Number: ██████████  
Bank Account Number: ██████████  
Name on Bank Account: Metropolitan Movers In  
User Reference: ESD WA UI-Tax  
Payment Amount: \$1,858.10  
Debit Date: 10/04/2012

Preparer Name: Ron Cronkhite  
Employer Relationship: Owner/Officer/Partner of the business  
Preparer Phone: (253) 537-8480  
Preparer Email: ron@thefamilymovers.com

**Payment Confirmation: PQAX-BN84-CDPN-1MDG**

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.

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★ ATTACHMENT ①

WA USA **WASHINGTON** COMMERCIAL DRIVER LICENSE

1 CRONKHITE  
2 RONALD KIRK

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

4 LIC# [REDACTED] DONOR

5 [REDACTED]

6 [REDACTED]

7 [REDACTED]

8 [REDACTED]




9 Class A 9a End NONE

10 Sex M 16 Hgt 6-00

11 Wgt 190 18 Eyes GRN

12 Restrictions C 4b Exp 07-05-2015

Rev 09-16-2009



# CONFIDENTIAL Random Selections



Tuesday, April 03, 2012

The 3<sup>rd</sup> 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.

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Training and Seminar Dates – To be announced  
Training for Supervisors of Commercial Drivers –  
Visit our Web site [www.drugfreebusiness.org](http://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

CHAIN OF CUSTODY FORM

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

Customer Service: 800-898-0180



SPECIMEN ID NO

0952420361

LAB ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

★ ATTACHMENT 2

A. Employer Name, Address and I.D. No.		B. MRO Name, Address, Phone and Fax No.	
ATTN: TONYA 10303 PORTLAND AVENUE TACOMA WA 98445 253-537-8480 FAX: 253-537-8481  Location: 036740		DRUG FREE BUSINESS MRO DEE J MCGONIGLE 11511 NE 195TH ST, SUITE 102 BOTHELL WA 98011 866-448-0651 FAX: 425-489-0832	
C. Donor SSN or Employee I.D. No.			
D. Reason for Test: <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Periodic <input type="checkbox"/> Other _____			
E. Collection Site Address:		Collector Phone No. _____	
F. Donor Identification Verified By: <input type="checkbox"/> Photo I.D. <input type="checkbox"/> Employer Representative		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.

Signature of Collector \_\_\_\_\_ Time of Collection \_\_\_\_\_ AM \_\_\_\_\_ PM

(PRINT) Collector's Name (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr.) \_\_\_\_\_

SPECIMEN BOTTLE(S) RELEASED TO: \_\_\_\_\_ Name of Delivery Service Transferring Specimen to Lab \_\_\_\_\_

RECEIVED AT LAB:

Signature of Accessioner \_\_\_\_\_ Primary Specimen Bottle Seal Intact  Yes  No, Enter Remark Below

(PRINT) Accessioner's Name (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr.) \_\_\_\_\_

SPECIMEN BOTTLE(S) RELEASED TO: \_\_\_\_\_

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. 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)

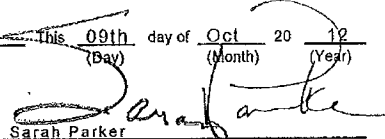
has issued to Metropolitan Movers, Inc of 10303 Portland Avenue, Tacoma, WA, 98445  
(Name of Motor Carrier) (Address of Motor Carrier)

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  
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





**METROPOLITAN MOVERS, INC.**

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-005966 / Metropolitan Movers, Inc.**

Dear Commission,

1. The Estate of Jack Cronkhite has transferred 100% ownership of Metropolitan Movers, 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 remain at its Tacoma location at 10303 Portland Avenue East, #2, Tacoma, WA 98445. Current management at this Tacoma location will remain in place to ensure the safe operations and continuity of service to customers.

Thank you for your assistance in this matter.

Corporate Office:  
10303 Portland Avenue E #2  
Tacoma, WA 98445

Email: [info@thefamilymovers.com](mailto:info@thefamilymovers.com)  
Website: [www.thefamilymovers.com](http://www.thefamilymovers.com)

Office: 253-537-8480  
Fax: 253-537-8481  
Toll Free: 1-877-492-6551

RE: Certified Statement from Applicant /Transfer of Permit #HG-001626 / Metropolitan Movers, Inc.

APPLICANT:

METROPOLITAN MOVERS, INC. / RON CRONKHITE / CEO



\_\_\_\_\_  
[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 June, 2012

David T. Hedges

Notary Public in and for the State of Washington

Residing at Burien

