

BUSINESS INFORMATION

Name of Applicant Christian Brothers Moving & Storage Inc *OK*
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 3805 S Kalamath St Englewood, Co 80110

Mailing Address _____

Telephone Number (803) 526 2430 Fax Number (803) 386-8011

UBI #: W03-332-507 *OK* Email: cbmoving@gmail.com

USDOT #: 2016356 *OK* (If you currently don't have one, you can go online at www.fmcsa.dot.gov/online-registration to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 271 543-00 *OK*

Employment Security Department registration number? ESD # 493083/004

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

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>
<u>Brian Robertson</u>	<u>Pres</u>	<u>50%</u>
<u>Danna Robertson</u>	<u>VP</u>	<u>50%</u>

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

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:

We felt this was an industry that needed companies that operate with integrity. We have thousands of highly satisfied customers. We only hire the top movers and pay our movers more than any other company.

Briefly describe your experience in the transportation/household goods moving industry:

We have been in business since May 2009 and our facilities include a 50,000 sq ft warehouse + we average 25-50 moves a week. We are professionals in both moving + storage + we do occasional interstate moves.

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 CO-HHG-00267 Colorado

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# 709929

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: small claims in CO N/A in Washington

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: CO - We didn't register a dba with the Public Utilities Comm. It was an oversight. We had registered it w/ our ins. but neglected to reg w/ PUC. We were fined but our licence was never revoked

August 2012 We immediately took care of the problem.

1:54 PM
 11/11/13
 Accrual Basis

Christian Brothers Moving and Storage
Profit & Loss
 January 1 through November 11, 2013

	<u>Jan 1 - Nov 11, 13</u>
Ordinary Income/Expense	
Income	
chargeback returned	985.50
Moving	1,597,586.76
Moving Supplies Income	88,674.06
Move Out Cleaning	9,473.25
Packing	70,070.00
Trip Charge Income	55,223.00
Fuel Charge Income	140,925.49
Storage Income	178,977.11
Storage Insurance	585.00
Cargo Insurance Income	2,805.00
Sales Discounts	-4,888.78
Total Income	<u>2,140,416.39</u>
Gross Profit	2,140,416.39
Expense	
Truck Returns	130.00
Cleaning	5,149.50
Dues and subscriptions	51.00
Chargeback	12,570.50
Reconciliation Discrepancies	459.01
Child Support	7,509.98
Licenses	325.00
Crew Meals	2,841.22
Administration	216.00
Fees	673.08
Contributions	12,265.56
PUC Licensing	7,491.25
Accounting and Legal	9,399.22
Truck Repair	2,778.81
Trash Removal	954.37
Outside Services	8,368.25
Reimburse travel expenses	241.42
Parking Fee	293.25
Furniture Repair	16,788.49
Office Cleaning	96.00
Advertising and Promotion	20,685.73
Moving Truck Expense	103.06
Bank Service Charges	50,875.26
Computer and Internet Expenses	1,965.60
Equipment Rental	
Fuel Expense	64,887.89
Tolls	710.74
Equipment Rental - Other	135,275.94
Total Equipment Rental	<u>200,874.57</u>
Insurance Expense	
Car Insurance	4,561.40
General Liability Insurance	12,609.36
Health Insurance	6,154.67
Worker's Compensation	29,062.00
Total Insurance Expense	<u>52,387.43</u>

1:54 PM
 11/11/13
 Accrual Basis

Christian Brothers Moving and Storage
Profit & Loss
 January 1 through November 11, 2013

	<u>Jan 1 - Nov 11, 13</u>
Interest Expense	0.00
Meals and Entertainment	2,101.27
Merchant Account Fees	-470.20
Mileage Reimbursement	5,340.64
Miscellaneous Expense	686.73
Estimator	8,393.30
Movers	245,866.95
Movers Advance	1,988.21
Moving Supplies	20,479.52
Office Supplies	9,119.70
Postage and Delivery	24,384.80
Rent Expense	68,416.49
Salaries & Wages - Other	477,461.35
Salaries & Wages - Officers	174,000.00
Payroll Expenses	1,801.03
Payroll Taxes Expense	60,019.75
Telephone Expense	12,402.23
Travel Expense	24,687.88
Utilities	15,292.57
Total Expense	<u>1,567,465.78</u>
Net Ordinary Income	<u>572,950.61</u>
Net Income	<u><u>572,950.61</u></u>

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	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

Handwritten note: All Profit & Loss Statement attached

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
1998	GMC		1G1D16M13W510060	

Handwritten note: per JAC

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: <u>Brian Robertson</u>	Position: <u>President</u>
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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: <u>Danna Robertson</u>	Position: <u>VP</u>
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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: <u>Danna Robertson</u>	Position: <u>VP</u>
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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.

<u>Danna Robertson</u> Print name of applicant	<u>Danna Robertson</u> Signature of Applicant	<u>11/11/13</u> Date and Location
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CERTIFICATE OF COVERAGE



EMPLOYER: This official certificate of industrial insurance coverage is in lieu of a policy. It remains in effect until your account is officially closed. There is no limitation of benefits. You are required by law to post both this certificate and copies of the posters listed below. You will soon be receiving 1 copy of each. If you require additional copies, call Labor and Industries at 360-902-4817.

Insurance Services Division
Employer Services

- Job Safety and Health Protection (available in Spanish)
- Your Rights as a Worker/Family Care
- Notice to Employees

Department of Labor & Industries
PO Box 44144
Olympia WA 98504-4144
www.LNI.wa.gov
360 332 507

WORKER: The employer named below is an insured policyholder with the Washington State Industrial Insurance Trust Fund.

UBI*: Policy Effective Date: / / 13

Location
CHRISTIAN BROTHERS MOVING & ST
3885 S KALAMATH ST
ENGLEWOOD CO 90110-3488

Employer
CHRISTIAN BROTHERS MOVING & ST
3885 S KALAMATH ST
ENGLEWOOD CO 90110-3488

*Your Unified Business Identifier is the only number you need to discuss your business account with the Washington state departments of Revenue, Licensing, Employment Security, Labor and Industries and the Office of the Secretary of State. Other state licenses or registrations may be required for proper licensing of your business.

F211-141-000-(8/02)



UNIFIED BUSINESS IDENTIFIER
603 332 507 000

DATE: 09/23/13

CHRISTIAN BROTHERS
MOVING AND STORAGE INC
3865 S KALAMATH ST
ENGLEWOOD CO 80110-3488

ES Reference Number
493083-00 4

You have been determined subject to the Washington Employment Security Act effective 12/01/13.

Please use your number as shown above on all communications and reports to the Employment Security Department.

You will be sent a tax report (EMS 5208) each quarter which must be completed and returned with your payment. If no wages are paid in a quarter and your account has not been closed, you are required to submit a report for that quarter indicating "no payroll". You may file this report by phone using the Washington Employer Help Line.

All Businesses may call 1-888-836-1900 (toll free).
Your default pin number is 9034.

It is your responsibility to advise us immediately of any change in the ownership of your business, since your status under the law may be affected.

If you have further questions, please contact this department in Olympia at (360)902-9360.

Status Section
Tax Central Office Operations

UNIFIED BUSINESS IDENTIFICATION NUMBER
603 332 507 000



STATE OF WASHINGTON
EMPLOYMENT SECURITY DEPARTMENT

TAX RATE NOTICE

CHRISTIAN BROTHERS
MOVING AND STORAGE INC
3865 S KALAMATH ST
ENGLEWOOD CO 80110-3488

A

ES REFERENCE #	MAILING DATE
493083 00 4	09/23/13

IMPORTANT NOTICE: If YOU WANT US TO REVIEW YOUR TAX RATE, THE LAW SAYS YOU MUST SEND US A REQUEST IN WRITING NO LATER THAN 30 DAYS FROM THE MAILING DATE ABOVE.

2013 ANNUAL TAXABLE WAGE BASE FOR EACH EMPLOYEE	TAX RATE	YOUR TAX RATE FOR 2013	
\$39,800	2.73%	UNEMPLOYMENT INSURANCE TAX RATE EMPLOYMENT ADMINISTRATION FUND (EAF) COMBINED TOTAL TAX RATE	
	0.02%		
	2.75%		
		RATE FROM YOUR EXPERIENCE	2.42%
		RATE FROM SOCIAL COSTS	0.31%
		NO SOLVENCY SURCHARGE FOR 2013	N/A
		TOTAL OF UNEMPLOYMENT INSURANCE TAX RATES	2.73%
YOUR TAX RATE IS BASED UPON THE AVERAGE TAX RATE OF YOUR BUSINESS ACTIVITY.			

FOR QUESTIONS OR CORRECTIONS ABOUT THIS NOTICE, CONTACT:
EMPLOYMENT SECURITY DEPARTMENT
EXPERIENCE RATING UNIT
P O BOX 9046
OLYMPIA WA 98507-9046
(360) 902-9670
(360) 902-9202 - FAX

FOR QUESTIONS ABOUT THIS NOTICE, SEE WEBSITE:
WWW.ESD.WA.GOV/TAX-RATES

FOR QUESTIONS ABOUT YOUR ACCOUNT, CONTACT:
EMPLOYMENT SECURITY DEPARTMENT
AMC OLYMPIA TAX OFFICE
PO BOX 9046
OLYMPIA WA 98507-9046
(855) 829-9243
(360) 902-9201 - FAX



25571000254001

CHRISTIAN BROTHERS MOVING & STORAGE,
3865 S KALAMATH ST
ENGLEWOOD CO 80110-3488

000254

DETACH BEFORE POSTING



STATE OF
WASHINGTON

BUSINESS LICENSE

Foreign Profit Corporation

Unified Business ID #: 603 332 507
Business ID #: 1
Location: 1

CHRISTIAN BROTHERS MOVING & STORAGE, INC.
3865 S KALAMATH ST
ENGLEWOOD CO 80110 3488

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE


LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF AUTHORITY

to

CHRISTIAN BROTHERS MOVING & STORAGE, INC.

a/an CO Profit Corporation. Charter documents are effective on the date indicated below.

Date: 9/10/2013

UBI Number: 603-332-507




Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 9/12/2013

Colorado
Driver License




BRAM JOHN ROBERTSON
(4b)

Expires: 01-31-2016
Issued: 08-13-2011
DOB: (4b)
Pseudo: Type A
Sex: M
Ht: 6'01" Wt: 215 Eyes: GRN
Hair: (4b)
Voter: (4b)
Order #: (4b)

Bram


Colorado
Driver License



(4b) Expires: 10-30-2018
Class: R Issued: 04-09-2013
End: DOB: (4b)
Rest: V Previous State: A
Ht: 5'04" Wt: 135 Eyes: GR Hair: BR
Voter: Y

Dana Roberts

DANA DANIELLE ROBERTSON
(4b)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/22/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Homer Smith Insurance Inc. PO Box 591 Port Townsend WA 98368	CONTACT NAME: PHONE (A/C, No, Ext): (360) 385-3711	FAX (A/C, No): (360) 385-3726
	E-MAIL ADDRESS:	
INSURED Christian Brothers Moving & Storage, Inc 3865 S Kalamath St Englewood CO 80110	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Progressive Casualty Ins Co	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** CL13112205352 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			024852160	11/15/2013	11/15/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured Motorist CSL \$ 1000000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	MOTOR TRUCK CARGO			024852160	11/15/2013	11/15/2014	PROPERTY LIMIT 50000 DEDUCTIBLE 500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Washington Utilities and Transportation C PO Box 47250 Olympia, WA 98504	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Rebecca Beebe/REB



Customer Lobby

Customer Review Form

Christian Brothers Moving
 3865 S Kalamath St, Englewood, CO 80110
 Questions? Give us a call: (303) 526-2630

How did we do? We work with Customer Lobby to collect customer reviews and publish them online. To complete this online, go to: <https://www.customerlobby.com/reviews/write/6552/christian-brothers-moving>

Your Information (All fields required):

First Name: William (Bill) Last Name: Fountain
 City: Parker State: CO
 Email Required (Print clearly): william.fountain@pulte.com
(Review will be published only after you approve it from email)

Your Star Rating (Check the box):

	Unsatisfactory	Poor	Average	Above Average	Excellent
Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will Recommend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Total Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

How would you summarize your experience?

Your Review (10 word minimum): Thomas Ricky Chiet
These guys totally rocked - they kicked this move into high gear the moment they arrived. No scratches, no dings, everything was perfectly executed.
Thanks a ton!

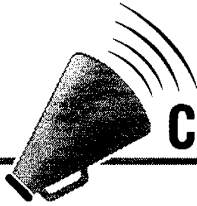
Send This: Fax: 510-848-8154

Bill Fountain

Mail: Customer Lobby, 2030 Addison Street, Suite 620, Berkeley, CA 94704

Email: review@customerlobby.com

Web: <https://www.customerlobby.com/reviews/write/6552/christian-brothers-moving>



Customer Lobby

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Your Information (All fields required):

First Name: William & Victoria Last Name: Hansen
 City: Highlands Ranch State: CO
 Email Required (Print clearly): willhens@msu.com
 (Review will be published only after you approve it from email)

Your Star Rating (Check the box):

	Unsatisfactory	Poor	Average	Above Average	Excellent
Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will Recommend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Total Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

How would you summarize your experience?

these guys had a unbelievable great Attitude & enjoy their work

Your Review (10 word minimum): the Attention to making sure the protected our property from damage and made sure not to ding or scratch the paint or floors was exceptional. This crew works fast & efficient & overperformed all of our expectations. A truly enjoyable experience.

Send This: Fax: 510-848-8154
 Mail: Customer Lobby, 2030 Addison Street, Suite 620, Berkeley, CA 94704
 Email: review@customerlobby.com
 Web: <https://www.customerlobby.com/reviews/write/6552/christian-brothers-moving>



Customer Lobby

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How did we do? We work with Customer Lobby to collect customer reviews and publish them online. To complete this online, go to: <https://www.customerlobby.com/reviews/write/6552/christian-brothers-moving>

Your Information (All fields required):

First Name: GARY Last Name: DIXON
 City: AURORA State: COLORADO

Email Required (Print clearly): _____
 (Review will be published only after you approve it from email)

Your Star Rating (Check the box):

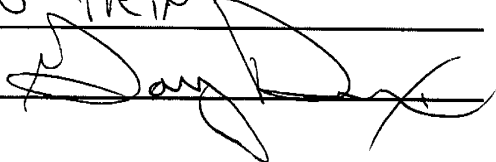
	Unsatisfactory	Poor	Average	Above Average	Excellent
Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will Recommend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Total Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

How would you summarize your experience?

GREAT CREW! VERY COMPETENT & CAREFUL.

Your Review (10 word minimum):

JAMES, JOSH, BRANDON, DALE WERE VERY CAREFUL AND POLITE. THEY WERE GREAT TO WORK WITH AND HOPE TO SEE THEM ON THE RETURN TRIP



Send This: Fax: 510-848-8154

Mail: Customer Lobby, 2030 Addison Street, Suite 620, Berkeley, CA 94704

Email: review@customerlobby.com

Web: <https://www.customerlobby.com/reviews/write/6552/christian-brothers-moving>