NOV. 2). 2014 9:34AM



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



		Type of Household Goods Authority Requested - Check one	Fee Required
	Q	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
V	¥	Fermanent 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
		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
		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	S 250
	Q.	Name Change - Complete pages 2-3 and Attachment D	5.35

		TYPE OF PA	YMENT	
Check	Money Order	mex Master	reard Visa HAUGCHO	2
5.1.	12			
Anount \$5	7		Expiration Date: 03/1	7
ENVOYED MANAGES 12 TEST	ic with an interesting in the	d, under panalty for fi am authorized to exe file is current and val	faire statement, certify that the following sente and file this document on behalf of the lid.	\$
Name (printed):	Murielle Ar	Сотра	apy Name: Greatbel Quality Tho	vero in
Cardbolder's Sign	nature: WWW		Date: 10/22/14	
	-	FOR OFFICIAL I	USE ONLY	
Date Filed:	DOL/SOS:	10:	Permit Issued: THG-	
Staff Assigned	lasticance:	Inspection!	Docker#	
Reception %: 111-0268-207-03	111-	1768-207-01	111-0268-013-20	

Page 2 of 12

NOV. 20. 2014 9:34AM

SCOPELITIS, GARVIN, ET. AL

BUSINESS INFORMATION
Name of Applicant Graebel/Quality Movers, Inc. (must be individual, partners of a partnership or corporation)
Trade Name, if applicable
Physical Address 21902 65th Avenue, South, Kent, WA 98032
Mailing Address
Telephone Number (253) 395-9700 Fax Number (253) 395-9766
UBI #: 601140705 Email: rpayne@graebel.com
USDOT #: 2105002 (If you currently don't have one, you can go online at www.fmesca.dot.gov/online-registration to apply for one or call 360-596-3812 for assistance.)
Department of Labor & Industries-Worker's Comp Acct? Account # 809200009
Employment Security Department registration number? ESD #664746001
Is your business registered with the Department of Revenue? No Yes w
TYPE OF BUSINESS STRUCTURE
Individual Partnership X Corporation Other
List the name, title and percentage of partner's share or stock distribution for major stockholders:
*Name Title Stock Distribution or Percentage of Shares
Graebel Vanlines, LLC Owner/(Sole Member) 100% (Acquiring Stockholder)
Must provide a copy of a valid Washington state driver's license for each person listed above.

Page 3 of 12

REDACTED per RCW 42.56.230

NO. 2287 P. 5

NOV: 20. 2014 9:34AM SCOPELITIS, GARVIN, ET. AL

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: See attached Permit CC-007407
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 continue to provide exceptional service with an experienced work force in providing a competitive service to our customers. Under new ownership we will continue the high level of service to our customers.
Briefly describe your experience in the transportation/household goods moving industry: Graebel/Quality Movers has held Washington household goods authority since 1994 and possesses extensive experience in the household goods moving industry.
Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property? No X Yes If yes, please indicate your permit number CC-097407-Common carrier permit have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington? X No Yes If yes, please explain
Do you currently operate interstate? No Yes If yes, please indicate your MC=
Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? Graebel Van Lines, Inc.
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:
las any person named in this application, within the past five years, been convicted of any rime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the nanufacture, sale, or distribution of a controlled substance? Yes If yes, please xplain:
las any person named in this application, been cited for violation of state laws or Commission ules? No : Yes If yes, please explain:
гдия 2012 Page 4 or 12

You must complete the	following financial	CIAL STATEMENT statement or attach a balance sheet, pro or business plan.	ofit and loss statement,
Ass	ets	Liabilities	
Cash in Bank	\$ 1,000	Salaries/Wages Payable	\$ 142,000
Notes Receivable	\$ 3,306,000	Accounts Payable	\$ 1,728,000
Investments	\$	Notes Payable	\$
Other Current Assets	\$ 3,836,000	Mortgages Payable	\$
Prepaid Expenses	\$ 147,000	TOTAL LIABLITIES	\$ 1,870,000
Land and Buildings	\$ 14,000	NET WORTH	1,0:0,000
Trucks and Trailers	\$ 191,000	Preferred Stock	\$
Office Furniture	\$ 3,000	Common Stock	\$ 1,000
Other Equipment	\$ 98,000	Retained Earnings	\$ 6,089,000
Other Assets	\$ 364,000	Capital	\$ 6,090,000
TOTAL ASSETS	\$ 7,960,000	TOTAL LIABILITIES & NET	\$ 7,960,000

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

/car	Make	License Number	Vehicle ID	umber	Gross Vehicle Weight
	See attached E	quipment List			
-					

Page 5 of 12

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 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: William Burlison

Position:

General Manager

Page 6 of 12

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:

Debi McCabe

Position:

General Ledger Accountant

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: Richard Payne

Position Chief Risk & Compliance Officer

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.

Print name of applicant

Signature of Applicant

Page 7 of 12

Augusi 2012

NOV. 20. 2014 9:38AM

ATTACHMENT B

Transfer or Acquisition of Control

Transfer of Acquisition of Control
Applicant is seeking one of the following – please check one: Transfer X Acquisition of Control
Current Name on Permit (Seller): Graebel/Quality Movers, Inc.
Current Trade Name on Permit (Seller)
Address (Seller) 21902 65th Avenue, South, Kent, WA 98032
HG Permit Number: CC-007407 Phone Number (Seller) 253-395-9700
Does the transfer of this permit fall under the provisions of WAC-480-15-187? X No 11 Yes If yes, please complete Attachment C.
Have all fines or penalties owed to the commission been paid? No X Yes
Has the closing annual report been filed with the commission? NoX Yes (Not at this time; closing annual report to be filed under separate correspondence.) 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? Richard Payne, Chief Risk & Compliance Officer
RELEASE OF AUTHORITY
I, the seller, have sold or otherwise released interest in my household goods permit number HG- <u>cc-007407</u> to the following:
Name of Buyer:Graebel Vanlines, LLC (acquiring stockholder)
Trade Name of Buyer:
We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge. Sycrocycle Socrocycle S
Duit and EoCation
Buyer's Signature Date and Location
Page 10 of 12

N/A

ATTACHMENT C

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

- 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:
 - u 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?
 - 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.

Page 11 of 12

SENT BY: GRAEBEL/QUALITY MOVERS: 1-14-87; 4:47FK; GRAEBEL/QUALITY - GRAEBEL CORPORATE; # 2/ 2

washington utilities and transportation commission

For the Operation of Motor Propelled Vehicles

pursuant to the provisions of Chapter 81 RCW

THIS IS TO CERTIFY that authority is granted to operate as a MOTOR CARRIER in the transportation of the commodities and in the territory described herein to

GRAEBEL/QUALITY MOVERS, INC. 13433 S. E. 30TH BELLEVUE, WA 98005

PERMIT NO. CC-007407

D-1

CORRECTED

L-D-E-1-2

Intrastate, irregular route, nonradial service as a carrier of mousehold Goods (local cartage) in the cities of Bellevic, Tacoma, Renton and Puyallup and in the State of Washington; General Freight consisting of Household Goods, New Furniture and Office Equipment (local cartage) in the City of Seattle.

M. V. NO. 144041

8 04-50-84



WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

By StM. LB



10/11/2014 Leaned TANZZZO35 Owned 05/14/2015 Owned Of /ZG/Z015 Cwaned 04/17/2015 Leased 05/02/2018 Leaned 11/18/2014 Owned C035154 C28460A 1750A1Z BR14430 **Z623688** ≸ ¥¥ VIA. Š. WA WA ΜĀ Ş X ¥. X ¥. ΜW 14,040 BASE 14,300 BASE 16,020 BASE O BASE OBLASE 16,680 BASE 16, FAD BASE 15,220 BASE 25,500 24,000 26,000 25,500 25.99日 9,670 26,000 26,000 28,000 25,350 28,000 25,950 19,500 26,000 26,000 000'9X 10,000 26,000 28,000 4,000 Diase 24, DIS Chesel 28,448 Diesel 13,000 Diersel \$BO 24,605 Gas B,000 Clas ₫00'D1 26.1IXI 20,100 1FBSS3BL2
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Graebel/Quality Movers, Inc. Equipment List

	Graebel/Quality Movers, (nc. Equipment List		Graebsificuality Movers, Inc. 628-353 POWER	Graebel Quarty Morers, Inc. 828-264 POWER	828-285	Graebel/Quellty Movers, Iric. 428-266 P.D.			Graebelik Libing Novers, Inc. 828,302 POWER	828-444 828-456		RZR-X6.7	(in the second	80h-07d		Graebel Quelly Mavers, Inc. B28 473 POWIER		828-479	Graebel/Questy Movers, Inc. 828-482 PONYER
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Grasbel/Quality Movers, Inc. Equipment List

Grashel/Quality Movers, Inc. Equipment List

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Certified Statement of Graebel/Quality Movers, Inc.

I, the undersigned, as the duly authorized officer and representative of Graebel/Quality Movers, Inc., as Applicant (the "Company"), hereby certify that the below statements, in conjunction with the completed Household Goods Moving Company Permit Application of Graebel/Quality Movers, Inc., are true and correct:

The current stockholder of the Company (the "Current Stockholder") has determined that now is an appropriate time to sell the Company, which will enable the Current Stockholder (and its principals) to pursue other endeavors. In order for the Current Stockholder to sell the Company and for the Company to continue as a viable business, it was necessary to find a buyer that was interested in acquiring the Company and continuing the operations of the Company. Based on the information and representations provided to the Company and the Current Stockholder, Graebel Vanlines, LLC, as the Acquiring Stockholder, intends to acquire the Company and oversee its operations with the intent that it continue as an economically viable enterprise and in compliance with all applicable safety regulations.

Executed the 215⁷ day of October, 2014.

Graebel/Quality Movers, Inc.

Вy

William R. Zota

Its: Suc

NO. 2287 P. 20

Certified Statement of Graebel Vanlines, LLC

I, the undersigned, as the duly authorized officer and representative of Graebel Vanlines, LLC, as the Acquiring Stockholder (the "Acquiring Stockholder") of Graebel/Quality Movers, Inc. (the "Company"), hereby certify that the below statements, in conjunction with the completed Household Goods Moving Company Permit Application of Graebel/Quality Movers, Inc., are true and correct:

It is my understanding that the Company currently operates in compliance with all applicable safety regulations. It is the current intent of the Acquiring Stockholder that operations of the Company after completion of the transaction by which the Acquiring Stockholder attains control of the Company will continue in compliance with all applicable safety regulations.

Executed the 28th day of October, 2014.

Graebel Vanlines, LLC

By: C. Sal Ollur C. DAVID ALLEN JR.

CHECKLIST

Please make sure the following items are included with your Household Goods Moving application:



New Provisional Application

u	Completed application
	Correct fee
	Evidence of registration with Dept. of Labor & Industries
	Evidence of registration with Employment Security Department
	Registered with Department of Revenue
	Registered with the Business Licensing Service (UBI#)
	Registered with Secretary of State's Office (if corporation)
Ц	Copy of valid Washington state driver's license for each person named in the application
	Evidence of your enrollment in a drug and alcohol testing program, or evidence that you have in
	place your own drug and alcohol testing program, if required.* See 49 CFR 382(e) and 383 5
	*(If your company operates commercial vehicles and has CDL drivers)
	Combined single limit of public liability and property damage (Form E) and careo insurance
	Attachment A - At least three completed statements of support from people in the community
	supporting the proposed service

Transfer or Acquiring Control of an existing household goods moving company:

- M Completed application
- D Correct fee
- Evidence of registration with Dept. of Labor & Industries
- Evidence of registration with Employment Security Department
- Registered with Department of Revenue
- Registered with the Business Licensing Service (UBI #)
- Registered with Secretary of State's Office (if corporation)
- Copy of valid driver's license for each person named in the application N/A-LLC listed on page 3
- Evidence of your enrollment in a drug and alcohol testing program, or evidence that you have in place your own drug and alcohol testing program, if required.* See 49 CFR 382(e) and 383.5 *(If your company operates commercial vehicles and has CDL drivers)
- Attachments B & C. if appropriate
- Combined single limit of public liability and property damage (Form E) and cargo insurance
- 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
- Certified statement from the applicant and the current owner describing the steps taken by the parties to ensure the safe operations and continuity of service to customer is maintained

Page 8 of 12

NO. 2287



SCOPELITIS, GARVIN, LIGHT & HANSON & FEARY

PROFESSIONAL CORPORATION ATTORNEYS AT LAW

INDIANAPOLIS CHICAGO · WASHINGTON, D.C. · LOS ANGELES · KANSAS CITY

10 W. Market Street, Suite 1500 Indianapolis, Indiana 46204 phone (317) 637-1777 fex (317) 687-2414 www.scopelitis.com

FAX COVER SHEET

FROM: Susan Laetsch

PHONE #: 317-637-1777

FAX #: 317-687-2414

DATE: November 20, 2014

CLIENT FILE: 15376.1

PAGES INCLUDING THIS PAGE

HARD COPY TO FOLLOW: Yes X No

TO: Tina Leipski TO: COMPANY: WA Utilities & Transportation COMPANY: Commission CITY: CITY: **FAX #:** 360-586-1181 FAX #: **PHONE#:** 360-664-1170 PHONE#:

REGARDING:

Graebel/Quality Movers, Inc.

Permit CC-007407 - Stock Acquisition

COMMENTS:

Tina: Please review the attached stock acquisition application. If you have any questions, please feel free to contact Andrew K. Light, Greg Ostendorf or

me. Your assistance in this matter is appreciated. Susan

For questions or problems in transmission, please contact the telecopier operator at 317-637-1777.

TELECOPIER OPERATOR: RICOH/SML

WARNING CONFIDENTIALITY NOTICE

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M:\Usera\albetsch\WPDOCS\Graebal Movere, Inc\Graebal Quelity Movere\Fix - WA Tina LeipskLooc

SCOPELITIS GARVIN LIGHT HANSON & FEARY

10 West Market Street Suite 1500 Indianapolis, IN 46204

The full service transportation law firm

www.scopelitis.com

Main (317) 637-1777 Fax (317) 687-2414

ANDREW K. LIGHT alight@scopelitis.com

November 20, 2014

VIA TELEFAX/360-586-1181

Ms. Tina Leipski Utilities & Transportation Commission Licensing Services

Re:

Graebel/Quality Movers, Inc.

Permit CC-007407 - Stock Acquisition

Dear Ms. Leipski:

Pursuant to your telephone and e-mail communications with Greg Ostendorf of this office, enclosed for filing are the following with regard to a stock acquisition application on behalf of Graebel/Quality Movers, Inc.:

- 1. Application Form (transfer or acquire control)
- 2. Charge card authorization completed with regard to filing fee of \$550
- 3. Attachment B
- 4. Copy of Permit CC-007407
- 5. Equipment List
- 6. Certified Statement of Graebel/Quality Movers, Inc. (current stockholder)
- 7. Certified Statement of Graebel Vanlines, LLC (acquiring stockholder)

If you have any questions concerning this matter, please contact me or Greg. Your assistance in this matter is appreciated.

Very truly yours,

Andrew K. Ligh

AKL/sl Enclosures

cc: Laura McCabe w/enclosures
David Allen, Jr. w/enclosures

Check

Money Order

. Amex



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Type of Honsehold Goods Authority Requested - Check one	Fee Required
O 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
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
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
Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-4501 - Complete pages 2 - 3 and include a statement justifying the reinstatement	S 250
Name Change - Complete pages 2 - 3 and Attachment D	S 35

TYPE OF PAYMENT

Mastercard

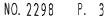
Visa

Expiration Date:_! CERTIFICATION: I, the undersigned, under panalty 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): Musicallo Company Name: Concoloel Cardbolder's Signature: Date: FOR OFFICIAL USE ONLY Date Filed: DOL/505: Permit Issued: THGmc 449463 Staff Assigned Insurance; Inspection: Docker# Reception % 250,00 111-0268-207-02 111-0268-207-01 111-0268-013-20 52901 11-24-14

NOV 20. 2014 9:34AM SCOPELITIS, GARVIN, ET. AL

BUSINESS INFORMATION							
Name of Applicant <u>Graebel/Quality Movers, Inc.</u> (must be individual, partners of a partnership or corporation)							
Trade Name, if applicable							
Physical Address 21902 65th Avenue, South, Kent, WA 98032							
Mailing Address							
Telephone Number (253) 395-9700 Fax Number (253) 395-9766 UBI #: 601140705 Email: rpayne@graebel.com							
UBI#:601140705							
USDOT #: 2105002 (If you currently don't have onc, you can go online at www.fmcscu.dot.gov/online-registration to apply for one or call 360-596-3812 for assistance.)							
Department of Labor & Industries-Worker's Comp Acct? Account # 809200009							
Employment Security Department registration number? ESD #664746001							
Is your business registered with the Department of Revenue? No Yes							
TYPE OF BUSINESS STRUCTURE							
Individual Partnership X Corporation Other							
List the name, title and percentage of partner's share or stock distribution for major stockholders:							
*Name Title Stock Distribution or Percentage of Shares							
Graebel Vanlines, LLC Owner/(Sole Member) 100% (Acquiring Stockholder)							
Must provide							
Must provide a copy of a valid Washington state driver's license for each person listed above.							

Page 3 of 12





HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



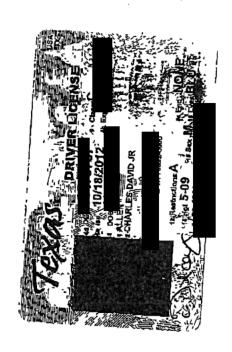
	Type of Household Goods Authority Requested - Check one	Fee Required
٥	Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee Complete pages 2 - 7 and Attachment A	\$ 550
ر آل سرد در ر	Permanent authority to transfer or acquire control resulting in 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
×	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
a	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	S 250
ď	Name Change - Complete pages 2 - 3 and Attachment D	\$ 35

		TYPE OF PA	YMENT			
` Check	Money Order An	mex Mastero	ard Visa			
Amount: \$, 25	0.00		Expiration Date: 03/[/			
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): Murielle ARY Company Name: Gracibel Quality Movers In						
Cardholder's Signature: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
FOR OFFICIAL USE ONLY						
Date Filed:	DOL/SOS:	ID:.	Permit Issued: THG-			
Staff Assigned:	Insurance:	Inspection:	Docket #			
Reception #: 111-0268-207-02	111-0268	-207-01	111-0268-013-20			

Page 2 or 12 August 2013

BUSINESS INFORMATION						
Name of Applicant Graebel/Quality Movers, Inc. (must be individual, partners of a partnership or corporation)						
Trade Name, if applicable						
Physical Address 21902 65th Avenue, South, Kent, WA 98032						
Mailing Address						
Telephone Number (253) 395-9700 Fax Number (253) 395-9766						
UBI#: 601140705 Email: rpayne@graebel.com						
USDOT #: 2105002 (If you currently don't have one, you can go online at www.linesea.dot.gov/online-registration to apply for one or call 360-596-3812 for assistance.)						
Department of Labor & Industries-Worker's Comp Acct? Account # 809200009						
Employment Security Department registration number? ESD # 664746001						
Is your business registered with the Department of Revenue? No						
TYPE OF BUSINESS STRUCTURE						
Individual Partnership X Corporation Other (LP, LLP, LLC)						
List the name, title and percentage of partner's share or stock distribution for major stockholders:						
*Name <u>Title</u> <u>Stock Distribution or Percentage of Shares</u>						
Graebel Vanlines, LLC Owner/(Sole Member) 100% (Acquiring Stockholder) (Members of Graebel Vanlines, LLC: Vasilia Peterson, DL #148688-06-Texas - owns 93%						
Brent S. Snyder, DL #06703224 - Texas - owns 4%						
C. David Allen, Jr., DL #09473767 - Texas - owns 3%						
*Must provide a copy of a valid Washington state driver's license for each person listed above.						

Page 3 of 12



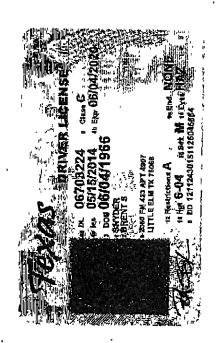
NOV. 25. 2014 8:51AM SCOPELITIS, GARVIN, ET. AL

P. 7 NO. 2298



NOV. 25. 2014 8:52AM SCOPELITIS, GARVIN, ET. AL

NO. 2298 P. 8



NO. 2298 P. 2



10 West Marker Street Suite 1500 Indianapolis, IN 46204

The full service transportation law firm

www.scopelitis.com

Main (317) 637-1777 Fax (317) 687-2414

ANDREW K. LIGHT alight@scopelitis.com

November 25, 2014

VIA TELEFAX/360-586-1181

Ms. Tina Leipski Utilities & Transportation Commission Licensing Services

Re:

Graebel/Quality Movers, Inc.

Permit CC-007407 - Stock Acquisition

Dear Ms. Leipski:

Pursuant to your telephone conversation with Susan Laetsch of this office, enclosed are the following additional items you requested in connection with the stock acquisition application of Graebel/Quality Movers, Inc.:

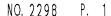
- 1. Revised Charge card authorization to reflect filing fee of \$250
- 2. Updated Page 3 to reflect owners of Graebel Vanlines, LLC
- 3. Updated Attachment C
- 4. Copies of driver's licenses for Vasilia Peterson, Brent Snyder and David

If you have further questions concerning this application, please contact me or Greg. Your assistance in this matter is appreciated.

Very truly yours,

AKL/sl **Enclosures**

cc: Laura McCabe w/enclosures David Allen, Jr. w/enclosures





SCOPELITIS, GARVIN, LIGHT & HANSON & FEARY

PROFESSIONAL CORPORATION ATTORNEYS AT LAW

INDIANAPOLIS CHICAGO - WASHINGTON, D.C. - LOS ANGELES - KANSAS CITY

10 W. Market Street, Suite 1500 Indianapolis, Indiana 46204 phone (317) 637-1777 fax (317) 687-2414 www.scopelitis.com

FAX COVER SHEET

FROM: Susan Laetsch

DATE: November 25, 2014

PHONE #: 317-637-1777

CLIENT FILE: 15376.1

FAX #; 317-687-2414

PAGES INCLUDING THIS PAGE

HARD COPY TO FOLLOW: Yes X No

TO: Tina Leipski TO: COMPANY: WA Utilities & Transportation COMPANY: Commission CITY: CITY: FAX #: 360-586-1181 FAX #: PHONE#: 360-664-1170 PHONE#:

REGARDING:

Graebel/Quality Movers, Inc.

Permit CC-007407 - Stock Acquisition

COMMENTS:

Tina: Please review the attached supplemental information regarding the stock acquisition application filed on behalf of Graebel/Quality Movers, Inc. If you have further questions, please feel free to contact Andrew K. Light, Greg Ostendorf or me. Your assistance in this matter is appreciated.

For questions or problems in transmission, please contact the telecopier operator at 317-637-1777.

TELECOPIER OPERATOR: RICOH/SML

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H:\Usars\slaatach\WFDQC8\Graebei Mòvera, Inc\Graebei Quality Mavors\Fax - WA Tina Leipsklauppiemental info.doc

REDACTED per RCW 42.56.230