

1300 S. Evergreen Park Drive SW
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Fax: 360-585-1181
 TTY: 360-585-8203
 or
 1-800-416-5189
 email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY
 PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID: 176C	Docket #: 160961
Staff Assigned	Insurance	Inspection	Permit Issued THG- 6/23
Reception #	111-0268-207-02	111-0258-013-20	

Type of Household Goods Authority Requested – check one 145786 **Fee Required**

- Provisional and permanent authority.** The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. \$ 550
- Permanent authority to transfer** resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis). Complete pages 3-8, Attachment B, and a closing annual report from current company. \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187.** Complete pages 3-8, Attachments B & C, and a closing annual report from current company. \$ 250
- Reinstatement of permit** (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement. \$ 250
- Name Change** – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Redefyne Moving, LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address: 8811 SE Herbert Court, Suite B Clarkamas OR 97015

Mailing Address _____

Telephone Number (503) 960-0544 Fax Number () _____

Posted
 Case & Email
 3

BUSINESS INFORMATION - continued

UBI #: 604 005 998

Email: info@redelyne moving.com

USDOT #: 2317313

(If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # NC5-395-335135-D16 (Oregon)

Employment Security Department registration number All employees are based in Oregon

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

Was advised this was not needed.

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation OR

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

Name	Title	Stock Distribution or % of Shares
<u>Aaron Schaller</u>	<u>Owner/CEO</u>	<u>100%</u>

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

1. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Moving local & long distance service, primarily in the Vancouver area.

2. Briefly describe your experience in the transportation/household goods moving industry: We have held authority in Oregon for the last 6 years

3. 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 ODOT #160087

4. 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 ~~ODOT #160087~~

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

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

7. 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 list below:

Type of Legal Proceeding	Date	State

*attach additional pages if necessary

8. Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please list below:

Type of Conviction	Date	City/State

*attach additional pages if necessary

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

Violation	Date	RCW/WAC

*attach additional pages if necessary

FINANCIAL STATEMENT

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

Assets		Liabilities	
Cash in Bank	\$ 16K	Salaries/Wages Payable	\$ 20K per month
Notes Receivable	\$ 5K	Accounts Payable	\$ 3K
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 8K
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 31K
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 10K	Preferred Stock	\$ 0
Office Furniture	\$ 10K	Common Stock	\$ 0
Other Equipment	\$ 25K	Retained Earnings	\$ 0
Other Assets	\$ 16K	Capital	\$ 10K
TOTAL ASSETS	\$ 132K	TOTAL LIABILITIES & NET WORTH	\$ 101K

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
2005	GMC	990450	19PJ7C1C15F900478	25,000#
1991	International	TC96783	1HTSCNK19MH504974	210,000#
1999	Ford	1026MC	1FDWE37L1XHA86150	10,000#
1992	GMC	T551894	1GDT16H1P5N1508314	23,000#
1996	International	T530185	1HTSLAAM9TH3S1862	24,000#
2004	International	T92263	1HTMMAAM14HW12358	24,000#

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:

Aaron Schaller

Position:

Owner

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: Aaron Schaffer Position: Owner/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: Sarah Lewis Position: Operations Manager

If you would like to receive information about new household goods carriers, check here

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 480-15-305 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 understand the commission will complete a criminal background check on each person named in the application.

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.

Aaron Schaffer [Signature] 7/27/10
Print name of applicant Signature of Applicant Date and Location

OREGON CLASS C
 DRIVER LICENSE

Expires 08-03-2024

SCHALLER, ARNOLD ROWLEY

DOB [REDACTED] Issue Date 07-15-2018

ENDORSEMENTS:	SEX:	FIELD NO.:
M	M	14-26-2001
SEXUALITY:	HEIGHT:	WEIGHT:
D	6'03"	215

[REDACTED]

[REDACTED]



[REDACTED]

CLASS C - Any single vehicle with a GVW of not more than 25,000 pounds with the proper endorsements. Any temporary vehicle operated by a resident.

[REDACTED]

Arnold Rowley



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2016

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 Paul Hanson Partners 1319 First Street Napa CA 94559	CONTACT NAME: Jacob Link PHONE: (415) 241-8000 EMAIL: addressprocessing@paulhanson.com	FAX: (415) 241-8005
	INSURER(S) AFFORDING COVERAGE	
INSURED Redefyne Moving LLC 8811 SE Herbert Ct Suite B Clackamas OR 97015	INSURER A: Liberty Mutual Insurance Company INSURER B: Illinois National Insurance Company	NAIC #: 33043 33817
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1254027487 **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	ADD. SUEN. REP. / W/O	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		034088992-0	6/27/2016	5/27/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (per occurrence) \$100,000 MEDICAL EXPENSE (per occurrence) \$5,000 PERSONAL & ADJUTANT \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMMODITY \$0 (excluded)
	GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO: ALL OWNED AUTOS <input type="checkbox"/> HIRE/AUTO: SCHEDULED AUTOS / NON-OWNED AUTOS					OCCURRED SINGLE LIMIT (per occurrence) \$ BODILY INJURY (per occurrence) \$ BODILY INJURY (per occurrence) \$ PROPERTY DAMAGE (per occurrence) \$
	UMBRELLA LIAB. <input type="checkbox"/> BODILY EXCESS LIAB. <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PRODUCT OR SERVICE RELATED? <input type="checkbox"/> Y/N OFFICER/OWNER EMPLOYED? (Mandatory in NH) <input type="checkbox"/> Y/N (Note: Separate under DESCRIPTION OF OPERATIONS below)		034088992-016	6/28/2016	6/28/2017	<input checked="" type="checkbox"/> NON-STAT. / WITH-SPECY LIMITS / WITH-RET. EL. BODILY ACCIDENT \$1,000,000 EL. DISEASE - 24 EMPLOYEES \$1,000,000 EL. DISEASE - POLICY LIMIT \$1,000,000
B	Cargo Liability		034088992-1	6/27/2016	5/27/2017	Per Occurrence Deductible \$25,000,000,000 \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (attach ACORD 101. Additional Remarks/Endorsements, if more space is required)

*****For Informational Purposes Only*****

CERTIFICATE HOLDER

Redefyne Moving LLC
 8811 SE Herbert Ct Suite B
 Clackamas OR 97015

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

Lisa R. Paul

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PAUL HANSON INS SVCS
 PO BOX 9990
 NAPA, CA 94581
 1-707-252-9900

PROGRESSIVE
 COMMERCIAL

Policy number: 03133187-2

Underwritten by:
 ARTISAN AND TRUCKERS CASUALTY CO
 July 11, 2016
 Page 1 of 2

Certificate of Insurance

Certificate Holder

REDEFYNE MOVING LLC
 8811 SE HERBERT CT STE B
 CLACKAMAS, OR 97015

Insured

REDEFYNE MOVING LLC
 8811 SE HERBERT CT STE B
 CLACKAMAS, OR 97015

Agent

PAUL HANSON INS SVCS
 PO BOX 9990
 NAPA, CA 94581

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: May 17, 2016

Policy Expiration Date: May 27, 2017

Insurance coverage(s)

Limits

BODILY INJURY/PROPERTY DAMAGE \$1,000,000 COMBINED SINGLE LIMIT
 UNINSURED MOTORIST BODILY INJURY \$1,000,000 COMBINED SINGLE LIMIT

Description of Location/Vehicles/Special Items

Scheduled autos only

1996 INTL 470 1HTSCAAM5TH351662		Stated Amount	\$12,000
MEDICAL PAYMENTS	\$1,000		
COMPREHENSIVE	\$1,000 DED		
COLLISION	\$1,000 DED		
1999 FORD ECONO COMM 5-DR 1FDWE37L1RH86181		Stated Amount	\$12,000
MEDICAL PAYMENTS	\$1,000		
COMPREHENSIVE	\$1,000 DED		
COLLISION	\$1,000 DED		
1991 INTL 470 1HTSEAKM9MH364974		Stated Amount	\$5,000
MEDICAL PAYMENTS	\$1,000		
COMPREHENSIVE	\$1,000 DED		
COLLISION	\$1,000 DED		
2005 GMC C7E 1GDU7C1C15F900478		Stated Amount	\$9,500
MEDICAL PAYMENTS	\$1,000		
COMPREHENSIVE	\$1,000 DED		
COLLISION	\$1,000 DED		
2004 INTL 430 1HTMMAAM14H612359		Stated Amount	\$22,500
MEDICAL PAYMENTS	\$1,000		
COMPREHENSIVE	\$1,000 DED		
COLLISION	\$1,000 DED		



Policy number: 03133187-2

Page 2 of 2

Certificate number

19316NET187

A handwritten signature in black ink, appearing to be 'S. P. M.' with a stylized flourish at the end.

Form 02/01 (1/1/02)



STATE OF WASHINGTON

DEPARTMENT OF LABOR AND INDUSTRIES

July 13, 2016

REDEFYNE MOVING LLC
8811 SE HERBERT CT STE B
CLACKAMAS OR 97015-9621

Unified Business Identifier (UBI): 604 005 998

Dear Business Owner:

We did not set up a workers' compensation policy (or account) for your Limited Liability Company(LLC) because your application for a business license indicated you were not hiring workers. LLCs have specific workers' compensation coverage requirements in Washington. It is your responsibility to determine if coverage is required.

What do you need to do?

- A. Go online to www.WorkersCompAccount.Lni.wa.gov to learn about coverage requirements for LLCs. Contact us if coverage is required.
- B. If you hire Independent Contractors paid with an IRS-1099 form, verify if coverage is required at www.independentcontractor.lni.wa.gov
- C. If you hire workers: Update or file your application to hire workers at www.bls.dor.wa.gov/hire.aspx
- D. If you wish to purchase workers' compensation insurance for exempt individuals, contact us at the number below.

If you have workers that you have not reported, contact our Outreach team for assistance. We can help you reduce penalties and interest that may be assessed and bring your account into good standing.

Sincerely,

Employer Services Outreach
WA Dept. of Labor & Industries
PO Box 44140
Olympia, WA 98504-4140

Phone: 360-902-4599
FAX: 360-902-4988

EAUL

*** ORIGINAL ***



STATE OF WASHINGTON
DEPARTMENT OF REVENUE

July 13, 2016

7

REDEFYNE MOVING LLC
8811 SE HERBERT CT STE B
CLACKAMAS OR 97015-9621

UBI Number: 604 005 998
PAC Code: R905071E

IMPORTANT! Tax Registration Information

Congratulations! You are now registered to operate a business in Washington. Your Unified Business Identifier (UBI) number shown above is also your Department of Revenue (DOR) tax registration number. Please refer to this number any time you contact us for assistance.

Filing Due Dates

Your taxes must be filed monthly. Monthly filers are required to file and pay taxes electronically (e-file). All future correspondence with the Department will be sent electronically through the Department's secure My Account application.

Returns are due the 25th of the month following the taxable period. For example, your return for tax liability during January is due on February 25th. If you do not have business activity to report you must still file a tax return.

Based on your business open date, you must file the following returns:

<u>Return Period</u>	<u>Due Date</u>
July 2016	August 25, 2016

Electronic filing requirement

You are required to file and pay electronically (RCW 82.32.080). Follow these instructions to register:

1. Visit dor.wa.gov.
2. Click the "register" link in the top right hand side of the screen.
3. Follow the online instructions.

Note: You will need your Tax Registration Number and the Pre-Assigned Access Code (PAC) shown at the top of this letter.

(over)

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

Filed with the OREGON DEPARTMENT OF TRANSPORTATION - MOTOR CARRIER BRANCH (hereinafter called Commission) of 530 CAPITAL ST., NE. SALEM, OR 97301

This is to certify, that the Atwater and Taylor County Co. (hereinafter called Company) of PO BOX 94733, (CLEVELAND, OH 44101) has issued to RECEPYNE MOONIK LLC of 8511 SE HERBERT CT STR B, CLACKAMAS, OR 97015, a policy or policies of insurance effective from 06/28/2016 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, this Company agrees to furnish the Commission 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 in which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at WOOD WILSON MILLS, MANFIELD VILLAGE, OH 44143

this 30th day of June, 2016

Insurance Company File No. VA 03133187
(Policy Number)



(Approved Company Representative)

MC1538(12/99)

18333333

Form H
Uniform Motor Carrier Cargo
Certificate of Insurance
 (Electronic Filing)

Filed with Oregon Dept. of Transportation (Name of Commission) (hereinafter called Commission)

This is to certify that the Windsor National Insurance Company (Name of Company) WAIDE

(hereinafter called Company) of 200 South Riverside Plaza, Suite 2100, Chicago, IL 60606 (Home Address of Company)

has issued to REDRYNE MOBILE, LLC (Name of Motor Carrier)

of 611 SE HERBERT CT SUITE B CLACKAMAS, OR 97016 (Address of Motor Carrier)

A policy of coverage effective from 06/16/2014 to 06/16/2014 shall be deemed to be in force to the extent of the amount stated in such policy and shall be deemed to be a policy of insurance, which, by attachment of the Uniform Motor Carrier Cargo Insurance Certificate of Insurance, shall be deemed to be a policy of insurance covering the operations insured upon such policy under the provisions of the Motor Carrier Act of this State in which the Commission has jurisdiction and which is prohibited in interstate commerce.

Whereas requested, the Company agrees to furnish the Commission a complete copy of said policy or policies and all endorsements thereon. This certificate and the endorsement attached herein, may not be removed without cancellation of the policy in which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commissioner, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commissioner.

Countersigned at 1155 East St (Street Address) (City) (State) (Zip Code) (City of)

Aug 14

Windsor Company File No. 024024002 (Policy Number)

Michelle Whitcomb (Authorized Company Representative)



STATE OF
WASHINGTON

BUSINESS LICENSE

Limited Liability Company

REDEFYNE MOVING LLC
8811 SE HERBERT CT STE B
CLACKAMAS, OR 97015-9821

Unified Business ID #: 604005990

Business ID #: 001

Location: 0001

TAX REGISTRATION

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, federal, and local laws and ordinances.

Vicki Smith

Business Registration Information

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name:

Redefyne Moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Matthew Lewis

Address (include street address, mailing address, city, state, zip, and county):

*11119 NW Fescue Ct
Portland, OR 97229*

Phone Number:

971-777-3423

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

Need my things moved to Washington.

Do you anticipate a future need for the services of a residential household goods moving company?

No Yes If yes, please describe your future moving needs:

Will be moving back one day

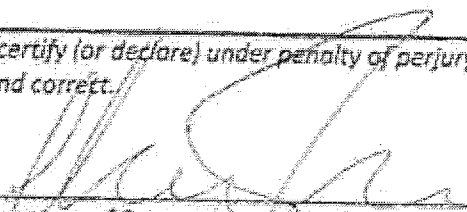
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

Company has fair prices, does a great job, and is easy to deal with. All of this would benefit anyone.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Person Completing Form



Date and Location

7/23/2016 Portland, OR



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: Redefyne Moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Aimee Mahathy

Address (include street address, mailing address, city, state, zip, and county): 1920 NW 26th Ave. Portland, OR 97210 Multnomah County

Phone Number: 309-750-7581

Do you currently need the services of a residential household goods moving company?
 No Yes. If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes. If yes, please describe your future moving needs: I will need a company to transport the contents of my apartment to a new one.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: this is a good & reputable company & it benefits everyone to have such a good & fair company operating in operation.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Aimee Mahathy
Signature of Person Completing Form

07/11/16 Portland OR
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: Redefyne Moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Bobby Overacker

Address (include street address, mailing address, city, state, zip, and county):

Clackamas County

7760 SE Cypress Ave. Milwaukie OR 97267

Phone Number:

503-679-5037

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company?

No Yes If yes, please describe your future moving needs:

Family moves between PDX + Vancouver (multiple)

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

Makes it easier to coordinate upcoming moves between State

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Bobby Overacker

Signature of Person Completing Form

7/27/16 Milwaukie OR

Date and Location