

BUSINESS INFORMATION

Name of Applicant GHASSAN MANSOUR / ROBERT SCHWERTLY
SNO - King Moving Co LHC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable SNO - King Moving Co LHC

Physical Address 1216 182 ST SW LYNN WA 98037

Mailing Address 1216 182 ST SW LYNN WA 98037

Telephone Number (206) 919 4678 Fax Number () _____

UBI #: 603303271 Email: _____

USDOT #: 241783601 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # NONE / owners only

Employment Security Department registration number? ESD # _____

Is your business registered with the Department of Revenue? No Yes *per attached paperwork*

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>GHASSAN Mansour</u>	<u>Manager</u>	<u>51%</u>
<u>ROBERT Schwertly</u>	<u>Manager</u>	<u>49%</u>

***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:

Residential and Business Moving "Mostly Furniture"

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

I have worked for two years in moving
House hold product

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 _____

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# _____

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

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

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

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

FINANCIAL STATEMENT

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

Assets		Liabilities	
Cash in Bank	\$ 5000	Salaries/Wages Payable	\$ 0
Notes Receivable	\$	Accounts Payable	\$ 0
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 5000 TRUCKS	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 10,000 -	TOTAL LIABILITIES & NET WORTH	\$ 0

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1993	GMC	B872595	16DL6 H1P1PJS13868	Scale weight 11300

**** 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: <u>G HASSAN MANSOUR</u>	Position: <u>Manager</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>GHIASSAN MANSOUR</u>	Position: <u>MANAGER / Manager / OWNER</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>GHIASSAN MANSOUR</u>	Position: <u>MANAGER / OWNER</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.

SNO-VIM Moving Co. LLC

GHIASSAN MANSOUR

[Signature]

6/2/13

SPRING

Print name of applicant

Signature of Applicant

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: SAN - King Moving Co

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Kevin Arora

Address (include street address, mailing address, city, state, zip, and county):
19221 36 AVE W LYN WA 98036

Phone Number: 206 895 7516

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I and my R-E agent all we need movers TO move clients & their car sell their home

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:
ABSOLUTELY (business is good now)

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:
The more competition the better prices.

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

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

KV 6/9/13
 Signature of Person Completing Form 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: SND - King Moving Co / GHASSAN MANSOUR

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Ali Ossiran / Costless Warehouse / OWNER

Address (include street address, mailing address, city, state, zip, and county):
41601 200th SW LYNN WA 98036
18611 ANDOVER W Tukwila WA 98188

Phone Number: 425 672-1000

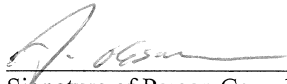
Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Moving Furnitures From our stores to the Public

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:


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: It will enhance our service to the clients and improve our sales.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? We know Mr. Mansour and he is very credible person.

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

 6/1/13
 Signature of Person Completing Form Date and Location

WA
USA **WASHINGTON DRIVER LICENSE**



4d LIC# [REDACTED]
1 MANSOUR
2 GHASSAN NARIH
3 DOB [REDACTED] 4a Iss 01-21-2011
8 [REDACTED]
15 Sex M 16 Hgt 5-06
17 Wgt 195 18 Eyes BRN
9 Class 9a End NONE
12 Restrictions NONE 4b Exp 02-14-2016

5 [REDACTED] Rev 09-16-2009

WASHINGTON DRIVER LICENSE

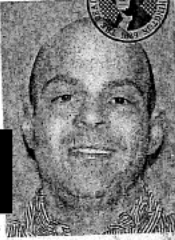
LIC # [REDACTED] EXP 12-24-2013 ♡

SCHWERTLEY, ROBERT DONALD

CDL	END	RES	
SEX	HT	WT	EYES
M	6-00	180	HAZ

ISSUE DATE 01-14-2009

DOB [REDACTED]



Rev 09-16-2009



STATE OF WASHINGTON
Vehicle Certificate of Ownership (Title)

Certificate Number

1117302508

License number B87259S	Vehicle identification number (VIN) 1GDE6H1P1PJ513868	Year 1993	Make GMC	Model C6H	Style CC	Series/Body TRK
Date issued 06/22/2011	Odometer miles 000000	Odometer status E	Fleet number	Equipment number	Fuel type G	
Use class COM	Scale weight 11300	Gross weight 000005	Vehicle color WHITE / ORANGE	Prior title state AZ	Prior title number	

Comments
2600-2011

Brands:

Sale price \$ _____

Date of sale _____

Legal owner: To release your interest, sign below, then give this title to the registered owner/transferee or send it to a vehicle licensing office with the proper fee. You may be liable to the registered owner/transferee for penalties if you do not release interest within 10 days after proper demand.

Legal owner
MANSOUR, GHASSAN N
1216 182ND ST SW
LYNNWOOD, WA 98037

Registered owner
SAME AS LEGAL OWNER

X
Signature of legal owner releases
all interest in the vehicle described above

Date

X
Signature of registered owner releases
all interest in the vehicle described above

Date

X
Signature of legal owner releases
all interest in the vehicle described above

Date

X
Signature of registered owner releases
all interest in the vehicle described above

Date

Assignment by registered owner

Federal regulation and state law requires you to state the mileage in connection with the transfer of ownership. Failure to complete this odometer statement or providing a false statement may result in fines and/or imprisonment.

I certify, to the best of my knowledge, the odometer reading is: (no tenths) Transfer date ____/____/____
Odometer reading in miles

This reading is (check one): the actual mileage of the vehicle in excess of its mechanic limits not the actual mileage.

Signature of transferee/buyer

X

PRINTED name of transferee/buyer

Signature of transferor/seller

X

PRINTED name of transferor/seller

Address of transferee/buyer

Address of transferor/seller

Keep in a safe place. Any alteration or erasure voids this title.



State of Washington
Business Licensing Service
Department of Licensing
P O Box 9034
Olympia WA 98507-9034

Business License Application Receipt

[Print Receipt](#)

Congratulations! The application has been submitted.

Filing Information

Filing Date and Time: **May 20 2013 2:17:43:000PM Pacific Time**

UBI Issued: **Not issued. To get your number, contact us after 2 business days at 1-800-451-7985 or bls@dor.wa.gov, or wait 14 days to receive your license in the mail.**

Application Transaction #: **20131405085**
(Refer to this number if you have questions about this application.)

Credit Card Approval #: ~~4998848172060478147814~~

Last 4 digits of Credit Card #: **1299**

Credit Card type: **Visa**

Total fees to be billed: **\$15.00**

Below are the licenses you are applying for.

Licenses with no additional requirements:

Tax Registration **\$0.00**

Processing Fee: **\$15.00**

Total fees to be billed: \$15.00

Do you want to print or save your entire application? Yes No

[Continue](#)



STATE OF WASHINGTON
DEPARTMENT OF REVENUE

May 22, 2013

51

UBI Number: 603 303 271
PAC Code: D331029N

SNO KING MOVING COMPANY LLC
SNO KING MOVING COMPANY
1216 182ND ST SW
LYNNWOOD WA 98037-4959

IMPORTANT! Tax Registration Information. Please keep on file.


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.

When to file and pay your taxes

Your business is assigned to report taxes **annually**. Your tax return is due January 31 following the taxable period (e.g. January 1 through December 31 of the previous year). If you do not have business activity to report you are still required to file a tax return.

Based on your business open date, the first return you must file is the Annual 2013 return and is due on January 31, 2014. We will mail your return to you.

(over)

 DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 05-20-2013

Employer Identification Number:
46-2811093

Form: SS-4

Number of this notice: CP 575 B

SNO-KING MOVING COMPANY
GHASSAN MANSOUR MBR
1216 182ND ST SW
LYNNWOOD, WA 98037

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-2811093. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2014

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

510 - King Norway Company
1216 1st St SW
Lynnwood, WA 98037
206-919-4678

Date 6-2-13

19-854/1250 3080

PAY to the order of Washington Utilities and Transportation Commission
Five hundred fifty and no/100
Dollars \$ 550.00

WELLS FARGO
Wells Fargo Bank, N.A.
wellsfargo.com

For



[Signature]



MP