



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/25/2014

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).

<b>PRODUCER</b> Harvey Insurance Agency 3625 W Court Pasco WA 99301	CONTACT NAME: Kaleb Harvey PHONE (A/C No. Ext): (509) 543-9744 FAX (A/C No.): (509) 543-9564 E-MAIL ADDRESS: Kaleb Harvey <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Progressive Ins. Co. INSURER B: NORTHFIELD INSURANCE COMPANY INSURER C: PENNSYLVANIA MANUFACTURERS' ASSOC. INS. INSURER D: INSURER E: INSURER F:
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**COVERAGES**    **CERTIFICATE NUMBER:**    **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
B	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			WS178353	03/25/2014	03/25/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> <b>CARGO</b>			01450599-0 811401 0486415Y	03/25/2014	03/25/2015	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$1000 DEDUCTIBLE \$ 20,000
C	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Y/N N/A			WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 1999 UD U14 JNAUZV1J6XA550145

<b>CERTIFICATE HOLDER</b>  Washington Utilities & Transportation Commission PO Box 47250 Olympia WA 98504-7250	<b>CANCELLATION</b> AI 002448  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 
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**C AND E BRADLEY, LLC**



Form A022 (03/11)

**IF YOU'RE IN AN ACCIDENT**

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

**TO REPORT A CLAIM**

Call 1-800-274-4499 or go to [claims.progressive.com](http://claims.progressive.com).

**PROGRESSIVE**

**KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION**

**INSURANCE IDENTIFICATION CARD - Washington**

Policy Number: 01450599-0

Effective Date: 03/25/2014

Expiration Date: 03/25/2015

Policy Type: Commercial

Insurer: United Financial Casualty Company 1-800-444-4487

P.O. BOX 94739 Cleveland, OH 44101

Named Insured(s):

C AND E BRADLEY, LLC

Your Agent:

HARVEY INS AGC INC

3825 W GARY ST

PASCO, WA 99301

Year Make

1999 UD

Model

U14

VIN

JNALZV1J8XA550145

TEMPORARY  
TEMPORARY  
Manage your policy anytime  
with just a few clicks at  
[progressiveagent.com](http://progressiveagent.com)



# Application for Insurance

Please review, sign where indicated, and return

Policy number: **01450599-0**  
 Named Insured: C AND E BRADLEY, LLC

March 25, 2014  
 Page 1 of 5

## Policy and premium information for policy number 01450599-0

Insurance company: United Financial Casualty Company  
 P.O. BOX 94739  
 Cleveland, OH 44101

Agent: RANDALL HARVEY  
 HARVEY INS AGCY INC  
 3825 W COURT ST  
 PASCO, WA 99301  
 12676  
 1-509-543-9744

Named Insured: C AND E BRADLEY, LLC  
 (b) [REDACTED]  
 e-mail address: (b) [REDACTED]  
 Phone Number: [REDACTED]

Financial responsibility vendor: TRANS UNION  
 1-800-645-1938

Policy period: Mar 25, 2014 - Mar 25, 2015  
 Effective date and time: Mar 25, 2014 at 02:08PM ET  
 Total policy premium: \$1,293.00  
 Initial payment required: \$117.54  
 Initial payment received: \$117.54  
 Payment plan: 11 payments

### Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Date of birth	Age	Marital status	Drivers license number	State	Points	Additional information	CDL	Original year CDL issued
MANDY RESO	06/09/1977	36	Single	00992	AK	0		No	
JACOB CLAYTON	05/02/1981	32	Single	9318	WA	0		No	
JON RESO	12/10/1951	62	Single	5706	AK	0		Yes	2000

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$956
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Underinsured Motorist Bodily Injury	\$1,000,000 combined single limit		92
Underinsured Motorist Property Damage	\$100,000 each accident	\$100	21
		\$300 hit & run	
Personal Injury Protection	\$10,000 each person		33
Comprehensive			72
See Auto Coverage Schedule	Limit of liability less deductible		

Received Time Apr. 14, 2014 3:20PM No. 3697





**Alaska** (4b) (4b)

(4b)

**DRIVER LICENSE**

Female 5'5" 219 lbs Blue Eyes  
 Class - D  
 Expiration Date 06-03-2011 Endorsements - NONE  
 Restrictions - 1  
**EXPIRES - 06-03-2016**  
 Duplicate Number - 0



mpw/pt/1105

Lourdes  
 Occupational Health Center  
 9915 Sandilur Parkway  
 Pasco, WA 99301  
 (509) 546-2222

Anthony Gambone, PA-C PA10001870/WA  
 Robert Mitchell, PA-C PA10003461/WA  
 Bruce Deleonard, PA-C PA10004413/WA  
 Ronald Fleck, MD MD00019815/WA  
 John Stratte, MD MD00027986/WA

X *Stephanie Quintiere PA10003316/WA* 5/31/13  
 SIGNATURE OF MEDICAL EXAMINER DATE  
 X *Sean Clayton*  
 (4b)

X 5-31-13

WA USA **WASHINGTON** DRIVER LICENSE

(4b) DONOR

1 CLAYTON  
 2 SEAN JACOB

(4b) 01-13-2011

15 Sex M 16 Hgt 5-10  
 17 Wgt 185 18 Eyes GRN  
 9 Class 9a End NONE  
 12 Restrictions C 4b Exp 05-02-2015

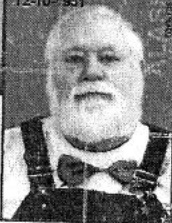
(4b) Rev 09-16-2009

**Alaska** (4b) (4b)

(4b) 12-10-2017

**COMMERCIAL DRIVER LICENSE**

Male 5'7" 270 lbs Hazel Eyes  
Class - A  
Endorsements - TPN  
Restrictions - M  
EXPIRES - 12-10-2017  
Duplicate Number - 0



*J. H. [Signature]*



## HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



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

TYPE OF PAYMENT			
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard <input checked="" type="checkbox"/> Visa
Amount: <u>\$ 550.00</u>		Expiration Date: _____	
<p>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.</p>			
Name (printed): <u>Mandy Keso</u>		Company Name: <u>C and E Bradley LLC</u>	
Cardholder's Signature: <u>Mandy Keso</u>		Date: <u>4/4/14</u>	
FOR OFFICIAL USE ONLY			
Date Filed: <u>4/2/14</u>	DOL/SCS: <u>[Signature]</u>	ID: <u>17815</u>	Permit Issued: THG- <u>65416</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	Docket # <u>TV 140584</u>
Reception #: 111-0268-207-02 <u>550.00</u>		111-0268-207-01	111-0268-013-20

049832

Posted



**BUSINESS INFORMATION**

Name of Applicant C and E Bradley LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable none

Physical Address 702 Saturn Ave

Mailing Address P.O. Box 5229

Telephone Number (509) 942-4248 Fax Number ( ) \_\_\_\_\_

UBI #: 1003-382-394 Email: SeanClayton81@gmail.com

USDOT #: 2482553 (If you currently don't have one, you can go online at [www.fmcsa.dot.gov/online-registration](http://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 # 289573-00

Employment Security Department registration number? ESD # 000-011009-00-1

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

*Benford City WA 99320*

**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>
Sean Clayton	President	50%
Mandy Keso	V. President	50%
Jon Keso	member	0%

**\*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:

Household goods Relocation Delivery and Labor, Small Community  
all options come from Tri-cities this gives locals the chance  
to use locally owned and operated. Better pricing  
and schedule,

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

Mandy Keso and Sean Clayton have 30 years  
moving experience, Mandy family business is moving  
in Alaska, military, commercial, local.

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	\$ 2500.00	Salaries/Wages Payable	\$ 5,000.00
Notes Receivable	\$ 0	Accounts Payable	\$ 3300.00
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	\$ 8300.00
Land and Buildings	\$ 0	<b>NET WORTH</b>	
Trucks and Trailers	\$ 36,000.00	Preferred Stock	\$ 0
Office Furniture	\$ 1200.00	Common Stock	\$ 0
Other Equipment	\$ 3,000.00	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
<b>TOTAL ASSETS</b>	\$ 42,700.00	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 8300.00

**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
1999	Nissan UD	C36233A	JDAU2V1JEXA55045	16,000

**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.**

*N/A*

**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: <i>Mandy L. Kieso</i>	Position: <i>V. President</i>
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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: Mandy L. Keso	Position: V. President
------------------------	---------------------------

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: Mandy L. Keso	Position: V. President
------------------------	---------------------------

**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.

Mandy L. Keso	<i>Mandy L. Keso</i>	3/31/14	Benton City, WA
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: Carroll Bradley LLC

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name: Carroll Goble

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

835 Higdon Rd # 48  
Prosser WA 99350

Phone Number: 509-230-0830

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:

maybe moving in future

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:

We dont have one in this area

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

no

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

Carroll Goble

Date and Location

3/27/14

**ATTACHMENT A**

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Applicant Name: Came E Bradley LLC

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name: Brandy Castro

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

Phone Number: (509) 854-2611

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:  
When We Move in the future

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:  
Moving is Stressfull, But if you use a Company who can supply whats Needed then its helpful

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
No

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  
Brandy Castro 3/27/14  
Signature of Person Completing Form Date and Location

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**Applicant Name:** C and E Bradley LLC

**The following must be completed by the Supporter of the applicant**

**Name, Title, and Business Name:** Samuel Niemi

**Address (include street address, mailing address, city, state, zip, and county):**  
4012 Janet, Pasco, WA 99301

**Phone Number:** 907-607-3173

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:

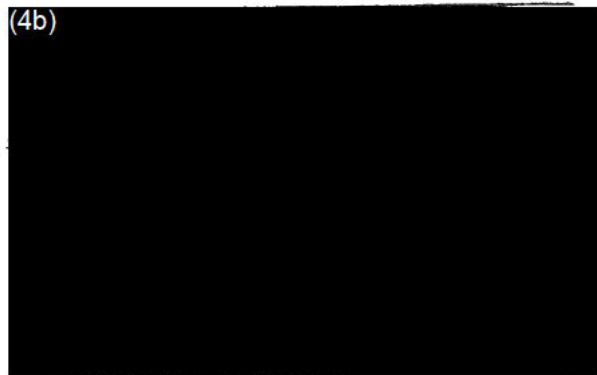
Returning Back to Alaska  
 Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

Schedule price knowledge  
 Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
NO

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

Sam Niemi 3/31/14 Pasco, WA  
 Signature of Person Completing Form Date and Location





Anthony Goshorn, PA-C PA10001870/WA  
 Robert Mitchell, PA-C PA10003461/WA  
 Bruce DeLozier, PA-C PA10004412/WA  
 Ronald Pacc, MD MD00019815/WA  
 John Strank, MD MD00027968/WA

Sources  
 Occupational Health Center  
 9915 Sandspur Parkway  
 Pasco, WA 99301  
 (509) 546-2222

X *[Signature]*  
 Occupation: *Antitoxin* *5/3/13*  
 DATE

X *Sean Clayton*  
 CLAYTON, SEAN JACOB  
 WA  
 STATE

(4b)  
 XS-31-15

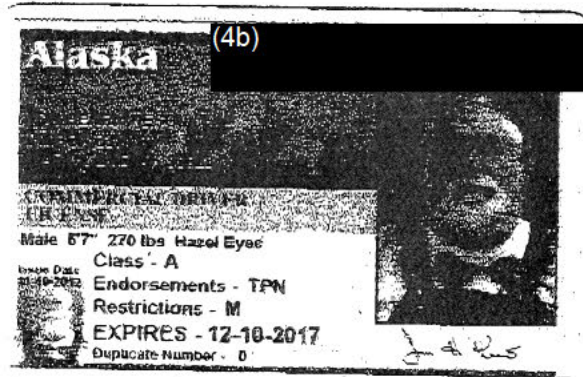
WASHINGTON DRIVER LICENSE

(4b) DONOR

CLAYTON  
 SEAN JACOB  
 (4b)

(4b)

(4b)





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PRODUCER Harvey Insurance Agency 3825 W Court Pasco WA 99301	CONTACT NAME: Kaleb Harvey
	PHONE (A/C No. Ext): (509) 543-9744 FAX (A/C No.): (509) 543-9564
	E-MAIL ADDRESS: Kaleb Harvey
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Progressive Ins. Co.
INSURED C&E Bradley, LLC PO BOX 5229 Benton City WA 99320	INSURER B: NORTHFIELD INSURANCE COMPANY
	INSURER C: PENNSYLVANIA MANUFACTURERS' ASSOC. INS.
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES      CERTIFICATE NUMBER:      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 SUBR INSE WVD	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		WS178353	03/25/2014	03/25/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY		01450599-0	03/25/2014	03/25/2015	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
C	ANY AUTO ALL OWNED AUTOS HIRED AUTOS <input checked="" type="checkbox"/> CARGO <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		811401 0486415Y	03/25/2014	03/25/2015	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$1000 DEDUCTIBLE \$ 20,000
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
1999 UD U14 JNAUZV1JBXA550145

CERTIFICATE HOLDER Washington Utilities & Transportation Commission PO Box 47250 Olympia WA 98504-7250	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 	AI 002448
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LINIIS (c) Copyright L&I, WA 1990 (A3 Reg)  
REVIEW DETAIL

03/31/14  
13:22:00.8

RACC SACFMRV3

603 382 394 C&E BRADLEY LLC

SI: STAT: 0 TYPE: L T5:PM55

Acct: 289,573-00 CKD: 8 Actv: 03/14/2014 Inact:

Finalled:

Acct Status: A

Special Project:

DBA: C&E BRADLEY LLC

Addr: PO BOX 5229

E-Corr: Acct History:

Claim Mailing Status: Y

Last FA:

BENTON CITY

WA (4b)

Field Audit:

Cntct:

Express File: Y

Phone: 509 942-4248

Ext:

Alt Phn:

Fax:

BANKRPTCY CAUSE#:

Collect Flg:

Xref Acct:

BANKRPTCY XREF ACCT:

Last Date:

Xref Resn:

BANKRUPTCY STATUS:

Coll Wrkpos:

Efct Date:

BANKRUPTCY TYPE:

Leasing Firm/Client:

Retro:

Select Option: \_ (L=List, H=Hist, X=X-Ref, R=Retro, S=Spcl Proj)

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
LIST Audts RSTRT EXIT



STATE OF WASHINGTON

Department of Labor & Industries

### Certificate of Workers' Compensation Coverage

FD/CV 27, 2014

**Employer:** B. Smith  
 VEA LER No. 603 392 394  
 (S) Account ID 288 873 80  
 Legal Business Name C&E BRADLEY LLC  
 Doing Business As C&E BRADLEY LLC  
 Workers' Compensation Status: Recently opened account, no premiums for this or prior at this time.  
 Estimated Pro-Rata Payroll: N/A  
 (See Description Below)  
 Account Representatives: TS/MICHAEL MURPHY (509)862-4872 - Email: MURPHY23@wa.gov  
 Insured Contractor? No

**What does "Estimated Workers Reported" mean?**  
 Estimated workers reported represents the number of full-time positions requiring at least 480 hours of work per calendar quarter. A single 480-hour position may be held by one person or several part-time workers.

**Additional Insurance Information**  
 Employer's report on any programs each quarter based on hours of employee work already performed, and available for premiums (and later to be due). Industrial insurance accounts have no policy periods, cancellations dates, renewals or coverage of workers of discontinuation (See (59A) 112.030 and 112.190).



You pay tax on an employee's wages only up to the 2014 taxable wage base:  \$41,300	Unemployment Insurance (UI) tax rate based on experience	2.11%
	UI social cost rate	0.29%
	UI Trust Fund solvency surcharge	0.00%
	UI limit deduction (This deduction reduces your rate to the maximum rate.)	0.00%
	<b>Subtotal of unemployment insurance rate</b>	<b>2.40%</b>
	Employment Administrative Fund (EAF)	0.02%
	<b>Total of the above tax rates</b>	<b>2.42%</b>

Your tax rate for 2014 is based on the average tax rate for your type of business.

You must report a minimum of six quarters of wages before we can assign you a tax rate based on your experience with unemployment. In future years, when you have enough wage experience, we will assign a tax rate based on that experience.


To learn more about how your tax rate is determined, please visit [esd.wa.gov/tax-rates](http://esd.wa.gov/tax-rates).

Please contact us if we can assist you:

**For tax rate questions and corrections:**  
 Employment Security Department  
 Experience Rating Unit  
 P.O. Box 9046  
 Olympia, WA 98507-9046  
 360-902-9670 360-902-9202 fax

**For account questions:**  
 Employment Security Department  
 AMC Yakima (Vancouver)  
 PO Box 9046  
 Olympia, WA 98507-9046  
 855-829-9243 800-794-7657 fax



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

Date of this notice: 03-12-2014

Employer Identification Number:  
**(4b)**

Form: SS-4

Number of this notice: CP 575 A

C & E BRADLEY LLC  
MANDY LYNNE KESO MBR  
PO BOX 5229  
BENTON CITY, WA 99320

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 ETN 46-5069804. 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 940	01/31/2015
Form 1065	04/15/2015
Form 944	01/31/2015
Form 720	04/30/2014

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.

(IRS USE ONLY) 575A

03-12-2014 C&amp;EB B 9999999999 SS-4

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at [www.irs.gov](http://www.irs.gov) for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://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.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is C&EB. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575A

03-12-2014 C&EB B 9999999999 SS-4

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number Best Time to Call  
( )

DATE OF THIS NOTICE: 03-12-2014  
EMPLOYER IDENTIFICATION NUMBER:  
FORM: SS-4 NOBOD

(4b)

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
[Barcode]

C & E BRADLEY LLC  
MANDY LYNNE KESO MER  
PO BOX 5229  
BENTON CITY, WA 99320



STATE OF  
WASHINGTON

# BUSINESS LICENSE

Domestic Limited Liability Company

Unified Business ID #: 603 382 394  
Business ID #: 1  
Location: 1

C&E BRADLEY LLC  
720 SATURN  
BENTON CITY WA 99320 9521

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





# Business License 2014

City of Benton City  
PO Box 70 \* 708 9th Street  
Benton City, WA 99320  
509-588-3322 \* f509-588-3323

License #: 3482

Issued: 03/17/2014

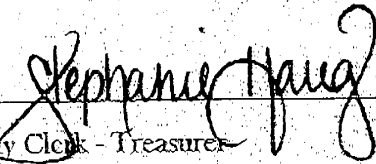
Expires: 12/31/2014

State UBI #: 603 382 394

Business: C and E Bradley LLC  
702 Saturn Ave  
Benton City, WA 99320

Account: 3482

Miscellaneous

  
City Clerk - Treasurer

NOTE: LOCAL SALES TAXES MUST BE PAID TO THE CITY OF BENTON CITY.

ACCOUNT NUMBER 0301 MUST BE USED ON ALL TAX FORMS

*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.*

**ISSUED ANNUALLY**

**NON-TRANSFERABLE**

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 FORMATION

to

C&E BRADLEY LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 3/5/2014

UBI Number: 603-382-394



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

Kim Wyman

Kim Wyman, Secretary of State

Date Issued: 3/6/2014

**C AND E BRADLEY, LLC**



Form A022 (03/11)

**IF YOU'RE IN AN ACCIDENT**

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

**TO REPORT A CLAIM**

Call 1-800-774-4499 or go to [claims.progressive.com](http://claims.progressive.com).



**KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.**

**INSURANCE IDENTIFICATION CARD - Washington**

Policy Number: 01450599-0

Effective Date: 03/25/2014

Expiration Date: 03/25/2015

Policy Type: Commercial

Insurer: United Financial Casualty Company 1-800-444-4487

P.O. BOX 94739 Cleveland, OH 44101

Named Insured(s):

C AND E BRADLEY, LLC

Your Agent:

HARVEY INS AGCY INC 1-800-955-5742

3825 W GORRY ST

PASCO, WA 99301

Year Make

1999 UD

Model

U14

VIN

JNAUZV1J8XA550145

TEMPORARY  
TEMPORARY  
Manage your policy anytime  
with just a few clicks at  
[progressiveagent.com](http://progressiveagent.com)



# Application for Insurance

Please review, sign where indicated, and return

Policy number: 01450599-0  
 Named Insured: C AND E BRADLEY, LLC

March 25, 2014  
 Page 1 of 5

## Policy and premium information for policy number 01450599-0

Insurance company: United Financial Casualty Company  
 P.O. BOX 94739  
 Cleveland, OH 44101

Agent: RANDALL HARVEY  
 HARVEY INS AGCY INC  
 3825 W COURT ST  
 PASCO, WA 99301  
 12676  
 1-509-543-9744

Named Insured: C AND E BRADLEY, LLC  
 (4b)

e-mail address: (4b)  
 Phone Number: (4b)

Financial responsibility vendor: TRANS UNION  
 1-800-645-1938

Policy period: Mar 25, 2014 - Mar 25, 2015  
 Effective date and time: Mar 25, 2014 at 02:08PM ET  
 Total policy premium: \$1,293.00  
 Initial payment required: \$117.54  
 Initial payment received: \$117.54  
 Payment plan: 11 payments

### Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Date of birth	Age	Marital status	Driver's license number	State	Points	Additional information	CDL	Original year CDL issued
MANDY KESO	06/03/1977	36	Single	***0932	AK	0		No	
JACOB CLAYTON	05/02/1981	32	Single	*****93KB	WA	0		No	
JON KESO	12/10/1951	62	Single	***5706	AK	0		Yes	2000

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$956
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Underinsured Motorist Bodily Injury	\$1,000,000 combined single limit		92
Underinsured Motorist Property Damage	\$100,000 each accident	\$100	21
		\$300 hit & run	
Personal Injury Protection	\$10,000 each person		33
Comprehensive			72
See Auto Coverage Schedule	Limit of liability less deductible		

Received Time Apr. 4, 2014 12:01PM No. 3545





Collision	119
See Auto Coverage Schedule	Limit of liability less deductible
<b>Total 12 month policy premium</b>	<b>\$1,293</b>

**Auto coverage schedule**

- 1999 UD U14** Stated Amount: \* \$14,000 (including Permanently Attached Equip)  
 VIN: **JNAUZV1J8XA550145** Garaging Zip Code: 99320 Territory: 86 Radius: 100 miles  
 Personal use: N Body type: Straight Truck Use class: H

<b>Liability Premium</b>	Liability \$956	UIM BI \$92	UIM PD \$21	PIP \$33	
<b>Physical Damage Premium</b>	Comp Deductible \$1,000	Comp Premium \$72	Collision Deductible \$1,000	Collision Premium \$119	<b>Auto Total \$1,293</b>

**Vehicle questions**

NONE

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

**Financial responsibility information**

Name	Home address	Age	Date of birth
MANDY KESO	(4b)	36	(4b)

Is MANDY KESO involved in the daily operation of the business? Yes

**Business information**

Business type	Sub business type	Other
Trucking For-Hire	Household Movers	
Applicant Corporation or LLC	Employer ID number	
	465069804	

**Additional policy questions**

- Year the current business was established: 2014
- Does the insured currently have General Liability Insurance or a Business Owners Policy? General Liability Insurance
- Premise type your tow business operates from: Unknown

**Premium discount**

Policy	CDL Experience
01450599-0	

**Prior insurance questions**

Prior insurance: Yes
Policy number: TBD
Effective dates of coverage: Apr 1, 2013 to Apr 1, 2015
Has applicant had continuous coverage for at least one year? Yes
Bodily injury limits: 100 CSL



Policy number: 01450599-0  
C AND E BRADLEY, LLC  
Page 3 of 5

**Underwriting questions**

Does the applicant require any Waivers of Subrogation? No If yes, how many? 0

How many Additional Insureds are required? 0

Are any state or federal filings required? No