FOR

3Z Movers LLC	dba:	
(REGISTERED NAME OF BUSINESS)	<u> </u>	
14428 88th Ave NE	Certificate Number:	
(OFFICIAL MAILING ADDRESS)		
Kirkland	WA	98034
(CITY)	(STATE)	(ZIP)
<u>3zmovers@g</u>	mail.com	
(BUSINESS EMAIL FOR OFFIC	CIAL COMMUNICATIONS)	
'X' if address listed above is an updated ad	ddress	

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Boubacar Zida			
Title:	Owner			
Address:	14428 88th Ave NE			
Citv:	Kirkland			
State:	WA Zip Code: 9803 206-486-2462			
Telephone:	206-486-2462			
Email:	3zmovers@gmail.com	n		

SUBMIT TO:



	PREPARER IN	<u>FORMATION</u>			
'X' if Preparer same as Cover:					
Person who prepared report:					
Title:					
If different; Company Name:					
Telephone:					
Principal Business Address:					
Cit	y:	State:		Zip:	
COMPANY INFORMATION					
Washington Unified Business	Identifier (LIBI) N	io :	603	3331454	
(If you do not know your UBI No. please cont	` ,				
Business Structure (please enter			Ionnrofit Cornors	LLC	
Please enter: Individual/Sole Proprietor, Date First Organized or Regulate	-	-	9/8/2013	ation	
			70,20.0		
'X' if Address is same as Cover:					
Business Physical Address:					
Cit	ty:	Sta	te:	Zip:	
	ephone:		Fax:	l · L	
	•		1 47.		
Business V	Nebsite:				
Ac	counting Reco	rds Informati	on		
'X' if Address is same as above:					
Location of Books & Records:					
Cit	iv:	Sta	te:	Zip:	
	3-L				
Method of Accounting:		Please enter: Cash	or Accruai		
	CERTIFIC	ATION			
I have examined this report and to the the financial statements, for the period report, correctly reflect the business	od from January 1,	2017 to Decem			
(PLEASE VERIFY THAT ALL SO	HEDULES ARE AG	CCURATE AND	COMPLETE	BEFORE SIG	NING)
	Name		Boubaca	ar Zida	
	Title		Own	er	
Boubacar Zida	Company		3Z Move	rs LLC	
X Boubacai Zida	Street Address		14428 88th	Ave NE	
	City	Kirkland	State WA	Zip Code	98034
Date 10/16/2018	Telephone		206-486	-2462	
	Email		3zmovers@	gmail.com	

FOR

	7		
A-1 Piano Sales & Rentals, Inc	dba:		
(REGISTERED NAME OF BUSINESS)			
PO BOX 30165	Cert	ificate Number:	HG-016503
(OFFICIAL MAILING ADDRESS)			
Seattle		WA	98113
(CITY)		(STATE)	(ZIP)
info@a-1pia	nos.co	<u>m</u>	
(BUSINESS EMAIL FOR OFFIC	CIAL CO	MMUNICATIONS)	
'X' if address listed above is an updated ad	ddress		

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Bret Mulholland		
Title:	General Manager		
Address:	PO BOX 30165		
City:	Seattle		
State:	Seattle WA Zip Code: 981		
Telephone:	206-782-4592		
Email:	bsmulholland@a-1pi	anos.com	

SUBMIT TO:



P	REPARER INFORM	MATION			
'X' if Preparer same as Cover:	1				
Person who prepared report:					
Title:					
If different; Company Name:					
Telephone:					
Principal Business Address:					
City:		State:		Zip:	
	COMPANY INFORM	IATION			
Washington Unified Business Ide	entifier (UBI) No.:		601	-775-269	
(If you do not know your UBI No. please contact	• •	at 1-800-45			
Business Structure (please enter the Please enter: Individual/Sole Proprietor, Par		•	Ionnrofit Cornors	Corporation	
Date First Organized or Regulated:			Mar-97	allOri	
	1		Mai U.		
'X' if Address is same as Cover:]				
Business Physical Address:	7	020 Green	wood Ave N		
City:	Seattle	Sta	ite: WA	Zip:	98103
•	phone: 206-782-4		Fax:	_ ·	
·					
Business We	ebsite:	WW	w.a-1pianos	.com	
Acco	ounting Records In	nformati	on		
'X' if Address is same as above: X]				
Location of Books & Records:					
Location of Books & Records: City:		Sta	te:	Zip:	
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City: Method of Accounting: Cas I have examined this report and to the k the financial statements, for the period	CERTIFICATIOn to the control of the	enter: Cash N and belieto Decem	or Accrual	ents of fact ar	-
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City: Method of Accounting: Cas I have examined this report and to the k the financial statements, for the period	CERTIFICATION Dest of my knowledge from January 1, 2017 fairs of the responder Name	enter: Cash ON and belie to Decem nt.	or Accrual of, all statem ber 31, 2017 Bret S Mu General N	ents of fact ar 7, contained in Iholland //anager & Rentals, Inc	-
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FOR

	T	
ABC Movers LLC	dba:	
(REGISTERED NAME OF BUSINESS)		
12040 28TH Ave NE #B2	Certificate Number:	2512075
(OFFICIAL MAILING ADDRESS)		
Seattle	Wa	98125
(CITY)	(STATE)	(ZIP)
<u>abcmoversseattle</u>	e@gmail.com	
(BUSINESS EMAIL FOR OFFIC	CIAL COMMUNICATIONS)	
'X' if address listed above is an updated ad	ddress	

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Sheri Douglas				
Title:	Bookkeeper				
Address:	2910 Colby Ave Ste 200				
City:	Everett				
State:	Wa Zip Code: 98201				
Telephone:	425-339-2400				
Email:	sheri@securitytaxser	vices.com			

SUBMIT TO:



	PREPARER INI	FURIMATIO	Y		
'X' if Preparer same as Cover:					
Person who prepared report:	Sheri Douglas				
Title:	Bookkeeper				
If different; Company Name:	Security Tax Services				
	425-339-2400				
Principal Business Address:		0			
·	City: Everett		: WA	Zip: 98201	
COMPANY INFORMATION					
Washington Unified Busine	• •			393 839	
(If you do not know your UBI No. please	contact Business Licensing S	Service at 1-800-4	51-7985 or BLS@	dor.wa.gov)	
Business Structure (please e	enter the appropriate o	designation):		LLC	
Please enter: Individual/Sole Proprie	etor, Partnership, LP, LLP, LL	C, Corporation, or	Nonprofit Corpora	ation	
Date First Organized or Regu	lated:		4/30/2014		
'X' if Address is same as Cover:	X				
Business Physical Address:		12040 28T	H Ave NE #B2		
	City: Seattle	S	tate: WA	Zip:	98125
	Telephone: 323	-286-7904	Fax:		
Busine	ss Website:				
Accounting Records Information					
	Accounting Reco	rds Informa	tion		
'X' if Address is same as above:	Accounting Reco	rds Informa	tion		
'X' if Address is same as above: Location of Books & Records:	Accounting Reco				
		2910 Colb	y Ave Ste 200	1	00004
	City: Everett	2910 Colb		Zip:	98201
	City: Everett	2910 Colb	y Ave Ste 200	Zip:	98201
Location of Books & Records:	City: Everett	2910 Colb Si	y Ave Ste 200	Zip:	98201
Location of Books & Records:	City: Everett Cash CERTIFIC the best of my know deriod from January 1,	2910 Colb Si Please enter: Cas ATION ledge and bel 2017 to Dece	y Ave Ste 200 tate: WA h or Accrual	ents of fact a	re accurate,
Location of Books & Records: Method of Accounting: I have examined this report and to the financial statements, for the p	City: Everett Cash CERTIFIC To the best of my know period from January 1, pess affairs of the respective control of the	2910 Colb Si Please enter: Cas ATION ledge and bel 2017 to Dece	y Ave Ste 200 tate: WA h or Accrual ief, all statemember 31, 2017	ents of fact a	re accurate, n this
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Location of Books & Records: Method of Accounting: I have examined this report and to the financial statements, for the preport, correctly reflect the busine (PLEASE VERIFY THAT ALL Sheri Douglas	City: Everett Cash CERTIFIC The best of my known period from January 1, ess affairs of the response affairs of the response affairs of the Title Company	2910 Colb Si Please enter: Cas ATION ledge and bel 2017 to Dece	y Ave Ste 200 tate: WA h or Accrual ief, all statementer 31, 2017 COMPLETE Sheri Do Bookke	ents of fact and an arrangements of fact and arrangements of fact arr	re accurate, n this
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FOR

[AH AL . T/	ĭ		
All Alaska Thru Vans	dba:		
(REGISTERED NAME OF BUSINESS)			
PO Box 389666	Cert	ificate Number:	
(OFFICIAL MAILING ADDRESS)			
Seattle		WA	98138
(CITY)		(STATE)	(ZIP)
lneumann@den	aligrou	p.com	
(BUSINESS EMAIL FOR OFFIC	CIAL CO	MMUNICATIONS)	
'X' if address listed above is an updated ad	ddress		

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Sara Leick			
Title:	Controller			
Address:	PO Box 389666			
City:	Seattle			
State:	WA Zip Code: 9813			
Telephone:	425-496-2200			
Email:	sleick@denaligroup.d	com		

SUBMIT TO:

Https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx



	PREPARER IN	FORMATION			
137.16.5					
'X' if Preparer same as Cover:	<u> </u>				
Person who prepared report:					
ŀ	Controller				
If different; Company Name:					
-	425-496-2200				
Principal Business Address:		1 01 1	1070	- 100001	
	City: Federal Way	State:	WA	Zip: 98001	
	COMPANY INF	ORMATION		ne gata ya eki.	
Washington Unified Busine	ss Identifier (UBI) N	lo.:	602	584952	
(If you do not know your UBI No. please	•		-7985 or BLS@e	dor.wa.gov)	
Business Structure (please e	enter the appropriate	designation):		Corporation	
Please enter: Individual/Sole Proprie	• • •	- ,	onprofit Corpora		
Date First Organized or Regul			/27/1989		
'X' if Address is same as Cover:	×				
Business Physical Address:	.,,,,,,				
	City:	Sta	te:	Zip:	
	Telephone:		Fax:		
Busine	ss Website:				
	Accounting Reco	rds Informati	on		
'X' if Address is same as above:	х				
Location of Books & Records:					· · · · · · · · · · · · · · · · · · ·
_	014				
	City:	Sta	te:	Zip:	
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	CERTIFIC	ATION	s fa Nggara.	ggin awa liking ang li	
I have examined this report and to the financial statements, for the po report, correctly reflect the busine	eriod from January 1,	2017 to Decem			
(PLEASE VERIFY THAT ALL	SCHEDULES ARE AC	CURATE AND	COMPLETE	BEFORE SIGNING	3)
	Name		Sara Lo	eick	
	Title		Contro	ller	
2010 DOLAN	Company		Denali Gro	oup Inc	
XI SUUP PUUC	Street Address		PO Box 3	89666	
	City	Seattle	State WA	Zip Code 98	3138
Date 10/16/2018	Telephone		425-496-	2200	
	Email	<u>s</u>	leick@denali	group.com	



Water the state of	
FOR MOREING.	
(REGISTERED NAME OF BUSINESS)	Moring
(OFFICIAL MAILING ADDRESS) (OFFICIAL MAILING ADDRESS)	
Spokane (CITY) (STATE)	99218 (ZIP)
Joseph Q Liturail Com (BUSINESS EMAIL FOR OFFICIAL COMMUNICATIONS)	
'X' if address listed above is an updated address	
Report Year Ended: December 31, 2017	
Inquiries concerning this Annual Report should be addressed	to:
Name: Jason Green	
Title: Parcicles +	
Address: 1306 w. Belwood dr	Z 20
City: Spokene.	THE OCT
State: Zip Code: 99218	
Telephone: <27 7-1581,	\$59 2 9 5 5
Email: 16 acompro o hoture. un	2
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UTILITIES AND TRANSPORTATION COMMISSION

RECEIVED

DATE

APR 3 0 2018

BHILL

WASH, UT. & TP. COMM

REPORT MUST BE RECEIVED NO LATER THAN: May 1, 2018

Please refer to the Instructions for Completing the Annual Report on Page 2

ENTERED IN COMPUTER

OCT 29 2018

	PREPARER	NFORMATION		
'X' if Preparer same as Cover:	\times			
Person who prepared report:		· · · · · · · · · · · · · · · · · · ·	· Control of the second	
Title:		THE STATE OF THE S	,	
If different; Company Name:				
Telephone:				
Principal Business Address:				
	City:	State:	Zip:	
	COMPANYI	NFORMATION		
Washington Unified Busine (If you do not know your UBI No. please	•		997 158 5 or BLS@dor.wa.gov)	
Business Structure (please of Please enter: Individual/Sole Proprie		The second secon	SCOS P	
Date First Organized or Regu	lated: Z	014		Value de Santonia de la compansión de la
'X' if Address is same as Cover:	×			
Business Physical Address:				
	City:	State:	Zip:	
	Telephone:		Fax:	
Busine	ss Website:			
	Accounting Red	ords Information	1	
'X' if Address is same as above:				
Location of Books & Records:	, , , , , , , , , , , , , , , , , , , ,	A		
	City:	State:	Zip:	
Method of Accounting:	VI	Please enter: Cash or Ad	ccrual	
	CERTIF	ICATION		
I have examined this report and to the financial statements, for the p report, correctly reflect the busine	eriod from January	1, 2017 to December		
(PLEASE VERIFY THAT ALL	. SCHEDULES ARE	ACCURATE AND COL	MPLETE BEFORE SIG	NING)
	Nai	-1,011	b-	
		tle presidant		5
VA L	Compa	1111 - 100		: & more Inc
XI/ Om	Street Addre	ss 1306 W. Bellity Share Sta		99218
Date 4,30-18	Telepho		17-158	7-10-10
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PAGE. 2/ 8

HOUS	EHOLD GO 201 ANNUAL F		रड		
	FOR	₹			
AMERICAN MOVING C	O.	dba: INC			
(REGISTERED NAME OF BUSIN		· · · · · · · · · · · · · · · · · · ·		7	
3172 W SELTICE WAY	***************************************	Certificate Number:	****************		
(OFFICIAL MAILING ADDRESS)					
POST	FALLS	ID		83854	
(0	CITY)	(STATE)		(ZIP)	
	american, moving	5@gmail.com			
(В	USINESS EMAIL FOR OFFIC	CIAL COMMUNICATIONS)			
'X' If address listed	above is an updated a	ddress		RE	CEIVED
:	Report Year Ended:	December 31, 2017		OCT	1 6 2018
Inquiries con	cerning this Annual F	Report should be addres	sed to:	B	WES
Name	: MIKE LASHER			WASH, U	IT. & TP. COMM
Title	PRESIDENT				
	: 3172 W SELTICE V	VAY			
•	POST FALLS	·····			
State		Zip Code: 838	854		
:	208-777-0929				
Email	american.moving5@g	ginail.com			
	SUBMIT	TO:			
Https://	www.utc.wa.gov/docs/	Pages/ElectronicFiling.asp	įχ		



	PREPARER INFO	RMATION	
	7		*****
'X' if Preparer same as Cover: X			1
Person who prepared report: MIKI		M	
Title: PRE	SIDENT	· · · · · · · · · · · · · · · · · · ·	
If different; Company Name:		**********************	· · · · · · · · · · · · · · · · · · ·
Telephone:			
Principal Business Address:			
City	y:	State:	Zip:
	COMPANY INFOR	RMATION	
Washington Unified Business Id	lentifier (UBI) No.:	NA	
(If you do not know your UBI No. please contact		at 1-800-451-7985 or	BLS@dor.wa.gov)
Business Structure (please enter	the appropriate desi	gnation):	CORPORATION
Please enter: Individual/Sole Proprietor, Pa		Betterture	Corporation
Date First Organized or Regulated	d:		
'X' if Address is same as Cover: X			
Business Physical Address:			
-			
Cit	y:	State:	Zip:
Tele	ephone:		Fax:
Business V	Vebsite:		
Ac	counting Records	Information	
'X' If Address Is same as above: X			
Location of Books & Records:			
Cit	y:	State:	Zip:
Method of Accounting: CA	ASH Plea	ase enter: Cash or Acc	crual
	CERTIFICAT	ION	
I have examined this report and to the the financial statements, for the period correctly reflect the business affairs o	d from January 1, 201		
(PLEASE VERIFY THAT ALL SC	HEDULES ARE ACCU	JRATE AND COM	IPLETE BEFORE SIGNING)
·	Name		MIKE LASHER
<u> </u>	Title		PRESIDENT
MIKELASHER	Company	AMER	ICAN MOVING CO INC

FOR

Arays Moving Service LLC	dha.	A-ray's Moving	Solutions	
(REGISTERED NAME OF BUSINESS)	aba.	r ray 5 wie ving	3014110113	
3410 14th ave west unit 2	Cert	ificate Number:	HG064320	
(OFFICIAL MAILING ADDRESS)				
Seattle		WA		98110
(CITY)		(STATE)	· · · · · · · · · · · · · · · · · · ·	(ZIP)
<u>alex@a-raysmovin</u>	gsoluti	ons.com		
(BUSINESS EMAIL FOR OFFIC	CIAL CO	MMUNICATIONS)		
'X' if address listed above is an updated ad	ddress			

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name: Alex White
Title: Owner/Operator
Address: 3410 14th ave west unit 2
City: Seattle
State: WA Zip Code: 98119
Telephone: 206 313-7609
Email: alex@a-raysmovingsolutions.com

SUBMIT TO:



	PREPARER IN	FORMATIOI	N	
'X' if Preparer same as Cover:	X			
Person who prepared report: Ale	ex White			
Title: Ov	vner			
If different; Company Name:				
Telephone: 20	6 313-7609			
Principal Business Address: 34				
C	ity: Seattle	State	e: WA	Zip: 98119
	COMPANY IN	FORMATION	V	
Washington Unified Business	Identifier (URI) N	lo ·	602	691 560
(If you do not know your UBI No. please con				
Puningg Structure (places and	or the engrepriete	docionation).		LLC
Business Structure (please enti- Please enter: Individual/Sole Proprietor,			r Nonprofit Corpora	
Date First Organized or Regulate		-0, 00.po.a.o, c.	6/1/2011	
_				
'X' if Address is same as Cover:				
Business Physical Address:		3410 14th A	Ave West unit 2	
C	ity: Seattle	S	State: WA	Zip: 98119
Te	elephone: 206	313-7609	Fax:	
Business	Website:	a-ray	/smovingsolutio	ns.com
Accounting Records Information				
'X' if Address is same as above:	x			
Location of Books & Records:		3410 14th	ave west unit 2	
C	ity: Seattle	e S	State: WA	Zip: 98119
Method of Accounting:	Cash	Please enter: Cas	sh or Accrual	
	CERTIFIC	CATION		
I have examined this report and to the best of my knowledge and belief, all statements of fact are accurate, the financial statements, for the period from January 1, 2017 to December 31, 2017, contained in this report, correctly reflect the business affairs of the respondent.				
(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)				
Name Alex White				
Title Owner				
Alex White	Company Arays Moving Service			
X	Street Address		3410 14th ave	
Data	City		State wa	Zip Code 98119
Date	Telephone		206 313- x@a-raysmovin	

HOUSEHOLD GOODS CARRIERS 2017

ANNUAL REPORT

FOR

EASTSIDE VAN V STORAGE OD TNC dba:		
15617 NE AIRAORT WAY Certific	cate Number:	C1731
(OFFICIAL MAILING ADDRESS) PORTLAND (CITY)	OR (STATE)	97230
KAREN E MOVE-NORTHWEST (BUSINESS EMAIL FOR OFFICIAL COMM	. com	(En)
'X' if address listed above is an updated address	NUNICATIONS)	

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name: KAREN J. ASHCRAFT / Aesident
Title: PRESIDENT
Address: 15617 NE AIR PORT WAY
City: PORTLAND
State: OR Zip Code: 97230
Telephone: 503-777-4181
Email: Karene, move-northwest, com

SUBMIT TO:

Https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx



PREPARER INFORMATION
'X' if Preparer same as Cover:
Person who prepared report:
Title:
If different; Company Name:
Telephone:
Principal Business Address:
City: State: Zip:
COMPANY INFORMATION
Washington Unified Business Identifier (UBI) No.: 602 41 710 (If you do not know your UBI No. please contact Business Licensing Service at 1-800-451-7985 or BLS@dor.wa.gov)
Business Structure (please enter the appropriate designation): Scorporation Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation Date First Organized or Regulated:
'X' if Address is same as Cover:
Business Physical Address:
City: State: Zip:
Telephone: Fax:
Business Website:
Accounting Records Information
'X' if Address is same as above: 💢
Location of Books & Records:
City: State: Zip:
Method of Accounting: Please enter: Cash or Accrual
CERTIFICATION
I have examined this report and to the best of my knowledge and belief, all statements of fact are accurate, the financial statements, for the period from January 1, 2017 to December 31, 2017, contained in this report, correctly reflect the business affairs of the respondent.
(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)
Name KAren J. Ashcraft
Title President
x Karen & ashcraft Street Address 15617 NE Air NORT Way
City Profile A J State OR Zip Code 97203

Exh. BMS-2h Docket TV-180772 Page 3 of 3

Date 10/17/2018

Telephone 503-777-4181

Email Karene Move-northwest. Com

FOR

Established Moving & Storage of Seattle Inc	dba:	
(REGISTERED NAME OF BUSINESS)	·	
1 South Ocean Blvd. Suite 203	Certificate Number:	THG067984
(OFFICIAL MAILING ADDRESS)		
Boca Raton	FL	33432
(CITY)	(STATE)	(ZIP)
jcro@established	dmoving.com	
(BUSINESS EMAIL FOR OFFIC	CIAL COMMUNICATIONS)	
X 'X' if address listed above is an updated ad	ddress	

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Jason Crossen		
Title:	President		
Address:	1 South Ocean Blv	d. Suite 203	
City:	Boca Raton		
State:	FL	Zip Code:	33432
Telephone:	214 869 0878		
Email:	jcro@establishedmo	ving.com	

SUBMIT TO:



PREPARER INFORMATION					
'X' if Preparer same as Cover:	X				
Person who prepared report: Ja	ason Crossen				
Title: P	resident				
If different; Company Name:					
Telephone: 2					
Principal Business Address: 9					
City: Tukwila State: WA Zip: 98188					
	COMPANY INF	ORMATION			
Washington Unified Business (If you do not know your UBI No. please co	, ,		604 185 966 BLS @dor.wa.gov)		
Business Structure (please en	ter the annronriate	designation):	Corportation		
Please enter: Individual/Sole Proprieto		,			
Date First Organized or Regula	ted:	10/27/201	7		
'X' if Address is same as Cover:					
Business Physical Address:		908 Industry Driv	е		
(City: Tukwila	State: W	/A Zip : 98188		
Telephone: 2148690878					
Business	s Website:	www.establishe	dmoving.com		
A	ccounting Reco	rds Information			
'X' if Address is same as above:	X				
Location of Books & Records:		908 Industry Driv	е		
	City: Tukwila State: WA Zip: 98188				
Method of Accounting: Qu	ickbooks	Please enter: Cash or Accrual	1		
	CERTIFIC	ATION			
I have examined this report and to the best of my knowledge and belief, all statements of fact are accurate, the financial statements, for the period from January 1, 2017 to December 31, 2017, contained in this report, correctly reflect the business affairs of the respondent.					
(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)					
Name Jason Crossen					
	Title President Company Established Moving & Storage of Seattle Inc.				
/Jason Crossen/	Company Street Address		ean Blvd. Suite 203		
<u> </u>	City	Boca Raton State	FL Zip Code 33432		
Date	Telephone		4 869 0878		
	•				

FOR

First Due Inc.	dba: First Due Move	rs
(REGISTERED NAME OF BUSINESS)	-	
PO Box 589	Certificate Number:	
(OFFICIAL MAILING ADDRESS)		
Preston	WA	98050
(CITY)	(STATE)	(ZIP)
<u>kristie@firstdue</u>	movers.com	
(BUSINESS EMAIL FOR OFFIC	CIAL COMMUNICATIONS)	
'X' if address listed above is an updated ad	ddress	

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Kristie Beniasch		
Title:	Accounting Manager		
Address:	P.O. Box 589		
	Preston		
State:	WA	Zip Code:	98050
Telephone:			4254669338
Email:	kristie@firstduemov	ers.com	

SUBMIT TO:



	PREPARER	INFORMATIO	N	
'X' if Preparer same as Cover:	Х			
Person who prepared report:	Kristie Beniasch			
Title:	Accounting Manage	er		
If different; Company Name:				
Telephone:	425.466.9338			
Principal Business Address:	PO Box 589			
	City: Preston	Stat	e: WA	Zip: 98050
	COMPANY I	NFORMATIO	N	
Washington Unified Busine	ess Identifier (URI) No.	602-	-985-701
(If you do not know your UBI No. please	•			
Pusinoss Structure (places	antar tha annsansia	to docimation):		S Corp
Business Structure (please of Please enter: Individual/Sole Proprie		,		•
Date First Organized or Regu		, 220, 00, portuiori, 0	2010	AUGIT
_				
'X' if Address is same as Cover:	X			
Business Physical Address:		8120 3	04th Ave SE	
	City: Pres	ston	State: WA	Zip: 98050
	Telephone:	4254418861	Fax:	
Business Website: firstduemovers.com				
	Accounting Re	cords Informa	ation	
Accounting Records Information 'X' if Address is same as above: X				
Location of Books & Records:		8120 3	04th Ave SE	
	City: Pres	ston	State: WA	Zip: 98050
Method of Accounting:	Cash	Please enter: Ca	sh or Accrual	
	CERTI	FICATION		
I have examined this report and to the best of my knowledge and belief, all statements of fact are accurate, the financial statements, for the period from January 1, 2017 to December 31, 2017, contained in this report, correctly reflect the business affairs of the respondent. (PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)				
Name Kristie Beniasch				
Title Accounting Manager				Manager
Kristie Beniasch	Compa	iny	First Du	e Inc.
X Tribule Bernadori	Street Addre		8120 304th	
		Preston	State WA	•
Date 5/8/2018	Telepho		425441	
	Em	aill	kristie@firstdu	emovers.com

FOR

	_	
FULL HOUSE MOVERS	dba:	
(REGISTERED NAME OF BUSINESS)	•	
4480 CALIMESA	Certificate Number:	
(OFFICIAL MAILING ADDRESS)		
LAS VEGAS	NV	89115
(CITY)	(STATE)	(ZIP)
ACCOUNTING@FULLHOL	JSEMOVERSWA.COM	
(BUSINESS EMAIL FOR OFFI	CIAL COMMUNICATIONS)	
X 'X' if address listed above is an updated a	ddress	

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	TOM DADON		
Title:	OWNER		
Address:	4480 CALIMESA S	Т	
City:	LAS VEGAS		
State:	NV	Zip Code:	89115
Telephone:	253-200-6632		
Email:	TOM@FULLHOUSEM	IOVERSWA.CO)M

SUBMIT TO:



	PREPARER INFO	ORMATION			
'X' if Preparer same as Cover: X					
Person who prepared report:					
Title:					
If different; Company Name:					
Telephone:					
Principal Business Address:					
City	<i>y</i> :	State		Zip:	
	COMPANY INFO	DRMATION			
				25.40000	
Washington Unified Business le	• •			3548003	
(If you do not know your UBI No. please conta	ct Business Licensing Se	rvice at 1-800-45	01-7985 OF BLS @	edor.wa.gov)	
Business Structure (please enter		- ,		CORPORATION	١
Please enter: Individual/Sole Proprietor, P				ation	
Date First Organized or Regulated	d: [1	10/2/2015		
'X' if Address is same as Cover:					
Business Physical Address:		22440 72	2ND AVE S		
City	/: KENT	Sta	ate: WA	Zip:	98032
			ate		70002
Tele	ephone: 253-2	00-6632	Fax:		
Business W	/ebsite:	FULLHO	USEMOVER	SWA.COM	
Acc	counting Record	ls Informat	ion		
'X' if Address is same as above:					
Location of Books & Records:		4480 CAI	LIMESA ST		
City	/: LAS VEGAS	S Sta	ate: NV	Zip: 8	39115
		lease enter: Cash			
Method of Accounting.			TOT ACCIUAL		
	CERTIFICA	IION			
I have examined this report and to the	_	_			
the financial statements, for the period report, correctly reflect the business a			nber 31, 2017	, contained in	this
• •	•				
(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)					
Name TOM DADON					
	Title	-	OWN		
TOM DADON	Company	ŀ	FULL HOUSE I		
X	Street Address	KENT	22440 721 State W		98032
Date 10/19/2018	City Telephone	KENI	253-200		90032
10/19/2010	Fmail	TOM		MOVERSWA C)M

FOR

	T -	
Homestead Move and Estates Services	dba:	
(REGISTERED NAME OF BUSINESS)	-	
6101 N 35th St	Certificate Numb	per:
(OFFICIAL MAILING ADDRESS)		
Tacoma	WA	98407
(CITY)	(STA	TE) (ZIP)
rlclausen@co	mcast.net	
(BUSINESS EMAIL FOR OFFIC	CIAL COMMUNICATIO	NS)
'X' if address listed above is an updated ad	ddress	

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Robin Clausen		
Title:	owner-manager		
Address:	6101 N 35th St		
City:	Tacoma		
State:	WA	Zip Code:	98407
Telephone:	253-906-9696		
Email:	rlclausen@comcast.r	net	

SUBMIT TO:



	PREPARER INFORMATION				
'X' if Preparer same as Cover:	х				
Person who prepared report:	Robin Clausen				
Title:	owner-manager				
If different; Company Name:					
Telephone:					
Principal Business Address:					
·	City:	State	e:	Zip:	
	COMPANY IN	FORMATION	V		
Washington Unified Busines	• •			3-408-392	
(If you do not know your UBI No. please	contact Business Licensing	Service at 1-800-4	451-7985 or BLS	@dor.wa.gov)	
Business Structure (please e	enter the appropriate	designation):		LLC	
Please enter: Individual/Sole Propried	tor, Partnership, LP, LLP, L	LC, Corporation, o	r Nonprofit Corpo	ration	
Date First Organized or Regul	lated:		6/16/2014		
'X' if Address is same as Cover:	х				
Business Physical Address:		6101	N 35th St		
	City: Tacom	na S	State: WA	Zip:	98407
	Tolonhono: 251	3-906-9696	Favi		
Telephone: 253-906-9696 Fax:					
Busines	ss Website:	www	ı.homesteadm	nove.com	
Accounting Records Information					
'X' if Address is same as above:	х				
Location of Books & Records:		6101	N 35th St		
	City: Tacom	na S	State: WA	Zip:	98407
Method of Accounting:	cash	Please enter: Cas	sh or Accrual		
	CERTIFIC	CATION			
I have examined this report and to the best of my knowledge and belief, all statements of fact are accurate, the financial statements, for the period from January 1, 2017 to December 31, 2017, contained in this report, correctly reflect the business affairs of the respondent.					
(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)					
Name Robin Clausen					
	Title			nanager	
D 1: 01	Company			and Estate Service	es
Robin Clausen					
X Robin Clausen	Street Address			35th St	00.407
X Robin Clausen Date 10/15/2018	Street Address City Telephone	Tacoma	State W		98407

FOR

, 0.	
King Moving & Storage Inc. (REGISTERED NAME OF BUSINESS)	dba:
P.O.Box1504 (OFFICIAL MAILING ADDRESS)	Certificate Number: HG000097
Ellensburg (CITY)	(STATE) 98926 (ZIP)
(BUSINESS EMAIL FOR OFFI	, in the second of the second
Report Year Ended:	: December 31, 2017
Inquiries concerning this Annual F	Report should be addressed to:
Name: Leslie L. Na Title: Pres. Address: F.O.Box 1594	

SUBMIT TO:

noving_storage@hotmail.com

Zip Code:

P.O.Box 1594

Ellensburg

City:

State:

Telephone: (509 Email:

Https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx



REPORT MUST BE RECEIVED NO LATER THAN: May 1, 2018

Please refer to the Instructions for Completing the Annual Report on Page 2

PREPARER	NFORMATION
'X' if Preparer same as Cover:	
Person who prepared report: Leslie L. N	ash
Title: Pres.	
If different; Company Name: King Moving	& Storage Inc
Telephone: 509-968-381	
Principal Business Address: 12800 Vanta	ge Hwy.
City: Ellensbu	g State: wa. Zip: 98926
COMPANY	NFORMATION
Washington Unified Business Identifier (UBI)	No.: 297-004-622
(If you do not know your UBI No. please contact Business Licensi	
Business Structure (please enter the appropriat	e designation): corporation
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP,	
Date First Organized or Regulated: July 25	th. 1966
'X' if Address is same as Cover:	
Business Physical Address: King Moving	& Storage Inc.
City: <u>11 ensbu</u>	State: Wa. Zip: 98926
Telephone	
i elepitorie.	7-968-3818 Fax: 509-568-4849
Business Website: no	
Business Website: no	
Business Website: no	ne
Business Website: noi	ords Information
Business Website: nor Accounting Rec 'X' if Address is same as above:	ords Information
Business Website: nor Accounting Rec 'X' if Address is same as above: xx Location of Books & Records: 12800 Vantage	ords Information
Business Website: nor Accounting Rec 'X' if Address is same as above: XX Location of Books & Records: 12800 Vantage City: Ellensbut Method of Accounting: Cash	ords Information Hwy. State: Wa. Zip: 98926
Business Website: nor Accounting Rec 'X' if Address is same as above: XX Location of Books & Records: 12800 Vantage City: 211ensbut Method of Accounting: Cash CERTIF I have examined this report and to the best of my know the financial statements, for the period from January	ords Information State: Wa. Zip: 98926 Please enter: Cash or Accrual ICATION Evaluation Evaluation ICATION Evaluation
Business Website:	ords Information State: Wa. Zip: 98926 Please enter: Cash or Accrual ICATION Eveloge and belief, all statements of fact are accurate, 1, 2017 to December 31, 2017, contained in this spondent. ACCURATE AND COMPLETE BEFORE SIGNING)
Accounting Rec 'X' if Address is same as above: XX Location of Books & Records: 12800 Vantage City: 211ensbut Method of Accounting: Cash CERTIF I have examined this report and to the best of my known the financial statements, for the period from January report, correctly reflect the business affairs of the reserved (PLEASE VERIFY THAT ALL SCHEDULES ARE Name)	ords Information State: Wa. Zip: 98926 Please enter: Cash or Accrual ICATION Environments of fact are accurate, 1, 2017 to December 31, 2017, contained in this spondent. ACCURATE AND COMPLETE BEFORE SIGNING) Eleslie L. Nash
Accounting Rec 'X' if Address is same as above: XX Location of Books & Records: 12800 Vantage City: Ellensbut Method of Accounting: Cash CERTIF I have examined this report and to the best of my known the financial statements, for the period from January report, correctly reflect the business affairs of the res (PLEASE VERIFY THAT ALL SCHEDULES ARE Nam Tit	State: Wa. Zip: 98926 Please enter: Cash or Accrual ICATION Evaluation Eva
Business Website:	ords Information State: Wa. Zip: 98926 Please enter: Cash or Accrual ICATION Environment of fact are accurate, 1, 2017 to December 31, 2017, contained in this spondent. ACCURATE AND COMPLETE BEFORE SIGNING) The Leslie L. Nash Pres. Wing Moving & storage Inc.
Accounting Rec 'X' if Address is same as above: XX Location of Books & Records: 12800 Vantage City: 211ensbut Method of Accounting: Cash CERTIF I have examined this report and to the best of my known the financial statements, for the period from January report, correctly reflect the business affairs of the res (PLEASE VERIFY THAT ALL SCHEDULES ARE Nam Tit Compar Street Address	ords Information State: Wa. Zip: 98926 Please enter: Cash or Accrual ICATION Eveloge and belief, all statements of fact are accurate, 1, 2017 to December 31, 2017, contained in this spondent. ACCURATE AND COMPLETE BEFORE SIGNING) The Leslie L. Nash Fres. Ye King Moving & storage Inc. 12800 Vantage Hwy.
Accounting Rec 'X' if Address is same as above: XX Location of Books & Records: 12800 Vantage City: Ellensbut Method of Accounting: Cash CERTIF I have examined this report and to the best of my knot the financial statements, for the period from January report, correctly reflect the business affairs of the res (PLEASE VERIFY THAT ALL SCHEDULES ARE Nam Tit Compar Street Address City: Ellensbut CERTIF CERTIF	ords Information E. Hwy. State: Wa. Zip: 98926 Please enter: Cash or Accrual ICATION Ewledge and belief, all statements of fact are accurate, 1, 2017 to December 31, 2017, contained in this spondent. ACCURATE AND COMPLETE BEFORE SIGNING) E. Leslie L. Nash Pres. Wing Moving & storage Inc. 12800 Vantage Hwy. Ellensburg State Na. Zip Code 98926
Accounting Rec 'X' if Address is same as above: XX Location of Books & Records: 12800 Vantage City: 211ensbut Method of Accounting: Cash CERTIF I have examined this report and to the best of my known the financial statements, for the period from January report, correctly reflect the business affairs of the res (PLEASE VERIFY THAT ALL SCHEDULES ARE Nam Tit Compar Street Address	State: Wa. Zip: 98926 Please enter: Cash or Accrual ICATION Environmental Statements of fact are accurate, 1, 2017 to December 31, 2017, contained in this spondent. ACCURATE AND COMPLETE BEFORE SIGNING) E Leslie L. Nash Pres. Wing Moving & storage Inc. 12800 Vantage Hwy. State Na. Zip Code 98926 109-968-3818

FOR

McClaine, Steven R.	dba: Me & My Trucl	k
(REGISTERED NAME OF BUSINESS)		
P.O. Box 9335	Certificate Number:	HG011886
(OFFICIAL MAILING ADDRESS)		
Moscow	ID	83843
(CITY)	(STATE)	(ZIP)
meandmytruck1	@gmail.com	
(BUSINESS EMAIL FOR OFFIC	CIAL COMMUNICATIONS)	
'X' if address listed above is an updated ad	ddress	

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Steve McClaine		
Title:	Owner		
Address:	P.O. Box 9335		
	Moscow		
State:	ID	Zip Code:	83843
Telephone:			2088825641
Email:	meandmytruck1@gn	nail.com	

SUBMIT TO:



PREPARER INFORMATION							
'X' if Preparer same as Cover: X							
Person who prepared report:	•						
Title:							
If different; Company Name:							
Telephone:							
Principal Business Address:							
City: State: Zip:							
	COMPANY INFORM	MATION					
Washington Unified Business Identifier (UBI) No.: 601074320							
(If you do not know your UBI No. please contact	• •	at 1-800-451					
	-						
Business Structure (please enter		,		dual/ Sole Prop	rieter		
Please enter: Individual/Sole Proprietor, Pa Date First Organized or Regulated:			ionprotit Corpor 10/29/18	ation			
Date First Organized of Regulated.	·		10/29/10				
'X' if Address is same as Cover:							
Business Physical Address:		827 Har	old Street				
City:	Moscow	Sta	ite: ID	Zip:	33843		
Teler	Telephone: 2088825641 Fax: 2088825641						
Business We							
Accounting Records Information							
Acc	ouning Heeding I						
'X' if Address is same as above: X]						
]						
'X' if Address is same as above: X		Sta	ıte:	Zip:			
'X' if Address is same as above: X Location of Books & Records: City:		Sta		Zip:			
'X' if Address is same as above: X Location of Books & Records:	Please	enter: Cash		Zip:			
'X' if Address is same as above: X Location of Books & Records: City: Method of Accounting:	Please	enter: Cash	or Accrual				
'X' if Address is same as above: X Location of Books & Records: City: Method of Accounting:	Please CERTIFICATION best of my knowledge	enter: Cash ON and belie	or Accrual	ents of fact ar			
'X' if Address is same as above: X Location of Books & Records: City: Method of Accounting: I have examined this report and to the the financial statements, for the period	CERTIFICATION CE	enter: Cash ON and belie to Decem	or Accrual	ents of fact ar			
'X' if Address is same as above: X Location of Books & Records: City: Method of Accounting: I have examined this report and to the the financial statements, for the period report, correctly reflect the business af	CERTIFICATION best of my knowledge from January 1, 2017 fairs of the responder	ON and belie to Decemnt.	or Accrual of, all statem	ents of fact ar	this		
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'X' if Address is same as above: X Location of Books & Records: City: Method of Accounting: I have examined this report and to the the financial statements, for the period report, correctly reflect the business af	Dest of my knowledge from January 1, 2017 fairs of the responder	ON and belie to Decemnt.	or Accrual of, all statem ber 31, 2017 COMPLETE Steve M	ents of fact ar 7, contained in BEFORE SIG	this		
'X' if Address is same as above: X Location of Books & Records: City: Method of Accounting: I have examined this report and to the the financial statements, for the period report, correctly reflect the business af	CERTIFICATION best of my knowledge from January 1, 2017 fairs of the responder EDULES ARE ACCUR	ON and belie to Decemnt.	or Accrual of, all statem ber 31, 2017 COMPLETE Steve M owr	ents of fact ar 7, contained in BEFORE SIG	this		
'X' if Address is same as above: X Location of Books & Records: City: Method of Accounting: I have examined this report and to the the financial statements, for the period report, correctly reflect the business af (PLEASE VERIFY THAT ALL SCH	Dease CERTIFICATION CERTIFICATION CERTIFICATION CERTIFICATION COMPANY Please CERTIFICATION Please Ple	ON and belie to Decemnt.	or Accrual of, all statem aber 31, 2017 COMPLETE Steve M owr Me & M	ents of fact ar 7, contained in BEFORE SIG cClaine ner	this		
'X' if Address is same as above: X Location of Books & Records: City: Method of Accounting: I have examined this report and to the the financial statements, for the period report, correctly reflect the business af (PLEASE VERIFY THAT ALL SCH	CERTIFICATION CERTIFICATION CERTIFICATION CERTIFICATION COMPANIE COMPANIE COMPANIE COMPANIE COMPANIE Street Address	enter: Cash ON and belie to Decem nt. ATE AND	or Accrual of, all statem ber 31, 2017 COMPLETE Steve Moown Me & My 827 H	ents of fact ar 7, contained in BEFORE SIG cClaine ner y Truck arold	this		
'X' if Address is same as above: X Location of Books & Records: City: Method of Accounting: I have examined this report and to the the financial statements, for the period report, correctly reflect the business af (PLEASE VERIFY THAT ALL SCH	CERTIFICATION CERTIFICATION CERTIFICATION CERTIFICATION COMPANIE COMPANIE COMPANIE Street Address	ON and belie to Decemnt.	or Accrual of, all statem aber 31, 2017 COMPLETE Steve M owr Me & M	ents of fact ar 7, contained in EBEFORE SIG CClaine ner 7 Truck arold Zip Code	this		

FOR

Moving & Storage Solutions	dba:
(REGISTERED NAME OF BUSINESS)	7
3836 Williamson Way	Certificate Number:
(OFFICIAL MAILING ADDRESS)	
Bellingham	wa 98226
(CITY)	(STATE) (ZIP)
info@movingstorag	esolutions.com_
(BUSINESS EMAIL FOR OFFIC	CIAL COMMUNICATIONS)
'X' if address listed above is an updated ac	ddress

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	David Powell					
Title:	President					
Address:	3836 Williamson Way					
City:	Bellingham					
State:	wa	Zip Code:	98226			
Telephone:	360-676-5267					
Email:	info@movingstorage	solutions.con	<u> </u>			

SUBMIT TO:



PREPARER INFORMATION						
'X' if Preparer same as Cover:	х					
Person who prepared report:						
Title:						
If different; Company Name:						
Telephone:						
Principal Business Address:						
(City:	State:		Zip:		
	COMPANY INF	ORMATION				
Washington Unified Business	s Identifier (UBI) N	o.;	601	791747		
(If you do not know your UBI No. please co	• •					
Business Structure (please en	tor the appropriate (locianation):		Corp.		
Please enter: Individual/Sole Proprieto.	• • •	•	Ionprofit Corpora	•		
Date First Organized or Regula		o, c	1997			
'X' if Address is same as Cover:	х					
Business Physical Address:						
_	Siz	Sto	44.	7:0.		
	City:	Sta	ite:	Zip:		
Т	elephone:		Fax:			
Business	s Website:					
A	ccounting Reco	ds Informati	on			
'X' if Address is same as above:	Х					
Location of Books & Records:						
	City: State: Zip:					
Method of Accounting:	Method of Accounting: cash Please enter: Cash or Accrual					
CERTIFICATION						
I have examined this report and to the best of my knowledge and belief, all statements of fact are accurate, the financial statements, for the period from January 1, 2017 to December 31, 2017, contained in this report, correctly reflect the business affairs of the respondent.						
(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)						
Name David Powell						
Title President Company Moving & Storage Solutions						
X david Powell	Company Street Address		3836 William			
<u> </u>	City	Bellingham	State wa		98226	
Date 10/17/2018	Telephone		360-676			
	Email	info@		gesolutions.com	n	

ANNOAL NEI ONI
FOR
(REGISTERED NAME OF BUSINESS)
(OFFICIAL MAILING ADDRESS) Certificate Number:
Belleve (CITY) (STATE) (ZIP)
Smorrow@ncoastallied.com +ks/berg@ncoastallied.com (Business email for official communications)
'X' if address listed above is an updated address
Report Year Ended: December 31, 2017
Inquiries concerning this Annual Report should be addressed to:
Name: Stuort Morred
Title: President
Address: 13045 SE 32nd Street
City: Benevo-C State: WA Zip Code: 98005
T. I. 1 (1/2 2 / = 2)
Email: Share Col 18 200 as the land the
SUBMIT TO:

Https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx



PREPARER INFORMATION				
'X' if Preparer same as Cover:				
Person who prepared report: Tammy Kalbers				
Title: Office Monoger				
If different; Company Name:				
Telephone:				
Principal Business Address:				
City: State: Zip:				
COMPANY INFORMATION				
Washington Unified Business Identifier (UBI) No.: 602692782 (If you do not know your UBI No. please contact Business Licensing Service at 1-800-451-7985 or BLS@dor.wa.gov)				
Business Structure (please enter the appropriate designation):				
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation Date First Organized or Regulated:				
'X' if Address is same as Cover:				
Business Physical Address:				
City: State: Zip:				
Telephone: Fax:				
Business Website: WWW. ncopstalled.com				
Accounting Records Information				
'X' if Address is same as above:				
Location of Books & Records:				
City: State: Zip:				
Method of Accounting: Please enter: Cash or Accrual				
CERTIFICATION				
I have examined this report and to the best of my knowledge and belief, all statements of fact are accurate, the financial statements, for the period from January 1, 2017 to December 31, 2017, contained in this report, correctly reflect the business affairs of the respondent.				
(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)				
Name Stuprt Morrol				
Title President				
X Sam UMann Street Address 13045 SE 32nd Street				
City Bellevue State W/D Zip Code 98005				

Exh. BMS-2p Docket TV-180772 Page 3 of 3

Date October 16,2018

Emails morrouencoasto / lud. com

FOR Pacific Movers, Inc. dba: (REGISTERED NAME OF BUSINESS) PO Box 389666 Certificate Number: (OFFICIAL MAILING ADDRESS) Seattle WA 98138 (CITY) (STATE) (ZIP) Ineumann@denaligroup.com (BUSINESS EMAIL FOR OFFICIAL COMMUNICATIONS) 'X' if address listed above is an updated address

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Sara Leick					
Title:	Controller					
Address:	PO Box 389666					
City:	Seattle					
State:	Seattle WA	Zip Code:	98138			
Telephone:	425-496-2200					
Email:	sleick@denaligroup.com					
Telephone:	425-496-2200	·				

SUBMIT TO:



, man manara	P .	REPARER INI	FORMA [*]	TION				1.1.1.1.1.1.1	
IVI I P]	Citiliza	11011					
'X' if Preparer same as Cover:	X	olok							
Person who prepared report:									
		Controller							
If different; Company Name:									
•	425-496-2200								
Principal Business Address:									
	City:	Federal Way		State:	WA		Zip: 98001		
	С	OMPANY INF	ORMAT	ION	i ve		ar North Colo	44,542,54	
Washington Unified Busine	ss Ide	entifier (UBI) N	o.:			601235894			
(If you do not know your UBI No. please	contact	Business Licensing S	Service at 1-	800-45	1-7985 or	BLS@do	r.wa.gov)		
Business Structure (please e	enter t	he appropriate o	designatio	on):		(Corporation	· 1	
Please enter: Individual/Sole Proprie		• • •	-	•	lonprofit C				
Date First Organized or Regu	lated:			4	/11/195	6			
'X' if Address is same as Cover:	X								
Business Physical Address:									
•	City:			Sta	ite:		Zip:		
	- 1	_			1				
	Telep	hone:			Fa:	x:			
Busine	ss We	bsite:	,						
	Acco	ounting Recor	rds Info	rmati	on	V Rije	in the state		
'X' if Address is same as above:	Х								
Location of Books & Records:						• • • • •			
	City:			Sta	nte:		Zip:		
Method of Accounting:			Please ente		l				
Method of Accounting.				, Casii	UI Acciua				
	ty say ski	CERTIFIC	AHON		7 19 50				
I have examined this report and to the financial statements, for the p report, correctly reflect the busine	eriod 1	from January 1,	2017 to E						
(PLEASE VERIFY THAT ALL	SCHE	DULES ARE AC	CURATE	AND	COMPL	ETE B	EFORE SIGN	ling)	
	Name Sara Leick								
		Title Controller							
x Sour Rua		Company			De	enall Gro	oup		
x 30000 10000		Street Address			PO	Box 389	9666		
		City	Seatt	е	State	WA	Zip Code	98138	
Date 10/16/2018		Telephone			42	5-496-2	200		
		Email		5	sleick@d	denaligi	roup.com		

	FOR	?		
	sfer INC	dba:		
(REGISTERED NAME OF BUSIN	IESS)			
POB 819		Certificate Num	ber: HG	000957
(OFFICIAL MAILING ADDRESS)				
Milton		W	0	98354
(C	TY)	(STA	ATE)	(ZIP)
paulstransfe	erwa @ gm	rail.com	n	
(BUS	SINESS EMAIL FOR OFFIC	CIAL COMMUNICATIO	NS)	
'X' if address listed a	bove is an updated ac	idress		
Re	eport Year Ended:	December 31, 2	2017	
Inquiries conce	erning this Annual R	eport should be	addresse	d to:
Name:	Joy Sche	eidt]
Title:	sec-Treas	5		
Address:	POB 819			
City:	milton			
State:	WA	Zip Code: 98	354	
Telephone:		6507		
Email:	Paulstran	sfer wacg	mail.co	M

SUBMIT TO:

Https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx



PREPARER INFORMATION
FREFARER INFORMATION
'X' if Preparer same as Cover:
Person who prepared report: Jau Scheid+
Title: sec-treasurer
If different; Company Name:
Telephone: (253)929-6507
Principal Business Address: 1390 Valentine Ave 58
City: Pacific State: WA Zip: 98047
COMPANY INFORMATION
Washington Unified Business Identifier (UBI) No.: 39 7 0 19 0 25 (If you do not know your UBI No. please contact Business Licensing Service at 1-800-451-7985 or BLS@dor.wa.gov)
Business Structure (please enter the appropriate designation):
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation
Date First Organized or Regulated: [9 6 D
'X' if Address is same as Cover:
Business Physical Address: 1390 Valentine Ave 58
City: Pacific State: WA Zip: 98047
Telephone: 253 929 6507 Fax: 253 929 654 0
Business Website:
Accounting Records Information
'X' if Address is same as above:
Location of Books & Records:
City: State: Zip:
Method of Accounting: CASh Please enter: Cash or Accrual
CERTIFICATION
I have examined this report and to the best of my knowledge and belief, all statements of fact are accurate, the financial statements, for the period from January 1, 2017 to December 31, 2017, contained in this report, correctly reflect the business affairs of the respondent.
(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)
Name Joy Scheidt
Title Sec- Freisurer
Company Paul's Twansfer INC
X Street Address Po B 8 1 9
City Milton State Wa Zip Code 98354
Date 10-23-2018 Telephone 253 929-4507
Email Pauls transfer & grana
paulstransferwa @gmail.com
-Page 3-

FOR

Prestige Moving & Storage	dba:			
(REGISTERED NAME OF BUSINESS)	•			
7930 SW Burns Way, Ste A	Certi	ficate Number:	HG065014	
(OFFICIAL MAILING ADDRESS)				
Wilsonville		OR		97070
(CITY)		(STATE)	-	(ZIP)
dborgwardt@prest	igemo	ving.com		
(BUSINESS EMAIL FOR OFFIC	CIAL CO	MMUNICATIONS)		
'X' if address listed above is an updated ad	ddress			

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Patty Holly				
Title:	Controller				
Address:	7930 SW Burns Way, Ste A				
City:	Wilsonville				
State:	OR	Zip Code:	97070		
Telephone:	503-682-8832				
	pholly@prestigemov	ing.com	_		

SUBMIT TO:



	PREPARER INF	ORMATION				
'X' if Preparer same as Cover:	X					
Person who prepared report:						
Title:						
If different; Company Name:						
Telephone:						
Principal Business Address:						
(City:	State:		Zip:		
	COMPANY INFO	ORMATION				
Washington Unified Business	s Identifier (UBI) No).:	6	0330755	13	
(If you do not know your UBI No. please co	•		1-7985 or BL	S@dor.wa.	gov)	
Business Structure (please en	ter the appropriate d	esignation):		Corp	oration	
Please enter: Individual/Sole Proprieto		,	lonprofit Corp	•		
Date First Organized or Regula	ted:		Sep-90			
'X' if Address is same as Cover:	X					
Business Physical Address:						
	City:	Sta	ite:	Zip:		
			1	z.p.		
	elephone:		Fax:			
Busines	s Website:					
A	accounting Record	ds Informati	on			
'X' if Address is same as above:	X					
Location of Books & Records:						
	City:	Sta	ite:	Zip:		
Method of Accounting:	Cash	Please enter: Cash	or Accrual			
	CERTIFICA	ATION				
I have examined this report and to the financial statements, for the pereport, correctly reflect the busines	riod from January 1, 2 s affairs of the respo	2017 to Decem	ber 31, 20)17, cont	ained in	this
(PLEASE VERIFY THAT ALL S		CURATE AND				IING)
Name David Borgwardt Title Exec Vice-President						
	Company		Prestige Mo			
X David Borgwardt	Street Address		930 SW B			
<u>^</u>	City	Wilsonville			p Code	97070
Date 10/17/2018	Telephone			682-8832		
	Email	dbore	wardt@p	restigemo	oving.cor	n

FOR

Puget Sound Delivery Guys, LLC	dba:	
(REGISTERED NAME OF BUSINESS)	_	
218 Main Street, Suite 153	Certificate Number:	
(OFFICIAL MAILING ADDRESS)		-
Kirkland	WA	98033
(CITY)	(STATE)	(ZIP)
psdgllc@gn	nail.com	
(BUSINESS EMAIL FOR OFFIC	CIAL COMMUNICATIONS)	
'X' if address listed above is an updated ad	ddress	

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Phillip A. Johnson				
Title:	President/Agent				
Address:	218 Main Street, Suite 153				
	Kirkland				
State:	WA Zip Code: 98033				
Telephone:	206-778-2067				
Email:	psdgllc@gmail.com				

SUBMIT TO:



		PREP	ARER INF	ORMA	TION				
'X	(' if Preparer same as Cover:	Х							
F	Person who prepared report:	Phillip A. Jo	hnson						
	Title:	President/A	gent						
	If different; Company Name:								
	Telephone:	206-778-20	67						
I	Principal Business Address:								
		City:		:	State:		Z	Zip:	
COMPANY INFORMATION									
	/ashington Unified Busine you do not know your UBI No. please				800-45		602-66 S@dor.		
В	usiness Structure (please e	enter the ap	propriate d	designation	on):			LLC	
	Please enter: Individual/Sole Proprie	-		_	-	lonprofit Co	rporatior	1	
I	Date First Organized or Regu	lated:			1	1/9/2006			
'X' i	f Address is same as Cover:								
	Business Physical Address:			118	810 NI	E 116th S	t		
		City:	Kirkland	d	Sta	ite: W/	A 2	Zip: 9	8034
		Telephone	: 206-	-778-2067	•	Fax:		425-820-0	639
	Busine	ss Website	:						
		Accounti	ng Recor	ds Info	rmati	ion			
'X' i	f Address is same as above:	X							
Lo	ocation of Books & Records:								
		City:			Sta	ite:		Zip:	
N	Method of Accounting:	Accural		Please ente	r: Cash	or Accrual			
		(CERTIFIC	ATION					
the fi	e examined this report and to inancial statements, for the p rt, correctly reflect the busine	eriod from	January 1,	2017 to [
	(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)					NING)			
	Name Phillp A. Johnson								
			Title				dent/Ag		
	Phillip A. Johnson		Company					y Guys, LLC	
X		Stre	et Address	IZ:ll		218 Main S		T T	00000
Date	10/21/2018		City Telephone	Kirklaı	iu	State 206-	WA 778-20	Zip Code	98033
Date	10/21/2010		Email			psdgllc			
			=IIIali			Pougnici	שווומי		

FOR

Redefyne Moving, LLC	dba: Redefyne Moving & Storage
(REGISTERED NAME OF BUSINESS)	
8811 SE Herbert Court, Suite B	Certificate Number: hg067284
(OFFICIAL MAILING ADDRESS)	
Clackamas	OR 97015
(CITY)	(STATE) (ZIP)
<u>Sarah@redefyne</u>	moving.com
(BUSINESS EMAIL FOR OFFIC	CIAL COMMUNICATIONS)
'X' if address listed above is an updated ad	ddress

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Sarah Lewis					
Title:	Operations Manager					
Address:	Same as above					
City:						
State:	Zip Code:					
Telephone:	503.960.0544					
Email:	Sarah@redefynemoving.com					

SUBMIT TO:



	PREPARER INFO	RMATION			
'X' if Preparer same as Cover:					
Person who prepared report: Sar	ah Lewis				
Title: Ope	erations Manager				
If different; Company Name:					
Telephone: 503	.960.0544				
Principal Business Address: 881	1 SE Herbert Court, S	uite b			
Cit	y: Clackamas	State: O	R	Zip: 97015	
	COMPANY INFO	RMATION			
Washington Unified Business I			604-0	005-998	
(If you do not know your UBI No. please conta	act Business Licensing Serv	vice at 1-800-451-7	985 or BLS@a	lor.wa.gov)	
Business Structure (please ente	r the appropriate des	ignation):		LLC	
Please enter: Individual/Sole Proprietor, F	Partnership, LP, LLP, LLC, (Corporation, or Non	profit Corporat	ion	
Date First Organized or Regulate	d:	2	2009		
'X' if Address is same as Cover:					
Business Physical Address:		Same As	Above		
Cit	y:	State):	Zip:	
Tel	ephone:		Fax:		
Business V	Vebsite:	www.red	defynemovii	ng.com	
Ac	counting Records	Information	n		
'X' if Address is same as above: X					
Location of Books & Records:					
Cit	y:	State):	Zip:	
Method of Accounting:	Ple	ase enter: Cash or	Accrual		
	CERTIFICA	ΓΙΟΝ			
I have examined this report and to the the financial statements, for the perior report, correctly reflect the business (PLEASE VERIFY THAT ALL SC	d from January 1, 20 affairs of the respond	17 to Decembe	er 31, 2017,	contained ir	this
(I LEAGE VEINI I IIIAI ALL GO	Name	DIAIL AID C	Sarah Le		MINO)
	Title		Operations N		
	Company	F	Redefyne Mo		
X Sarah Lewis	Street Address			Court, Suite B	
			State OR	Zip Code	97015
Date 11/1/2018	Telephone		503.960.	0544	
24.5					

FOR

Seattle Moves & More LLC	dba:	
(REGISTERED NAME OF BUSINESS)	•	
4601 Shilshole Ave NW	Certificate Number:	
(OFFICIAL MAILING ADDRESS)		
Seattle	WA	98107
(CITY)	(STATE)	(ZIP)
info@SeattleMove	sAndMore.com	
(BUSINESS EMAIL FOR OFFIC	CIAL COMMUNICATIONS)	
X 'X' if address listed above is an updated ac	ddress	

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Lars Kaldestad				
Title:	Sole MBR				
Address:	4601 Shilshole Ave NW				
City:	Seattle	Seattle			
State:	WA	Zip Code:	98107		
Telephone:	206-972-6683				
Email:	info@SeattleMovesAndMore.com				

SUBMIT TO:



PI	REPARER INFORI	MATION				
'X' if Preparer same as Cover: X						
Person who prepared report:						
Title:						
If different; Company Name:						
Telephone:						
Principal Business Address:						
City:		State:		Zip		
C	OMPANY INFORM	MATION				
Washington Unified Pusings Ide	ontifier (LIDI) No.		6	03-553-4	05	
Washington Unified Business Ide (If you do not know your UBI No. please contact	• •	at 1-800-451				
	-					
Business Structure (please enter t		-	(.LC	
Please enter: Individual/Sole Proprietor, Partnership, LP, LLC, Corporation, or Nonprofit Corporation Date First Organized or Regulated: 8/1/2017						
			, 1,2011			
'X' if Address is same as Cover: X						
Business Physical Address:						
City:		Sta	to:	Zip		
•		J. Sta			•	
Telep	hone:		Fax:			
Business We	bsite:					
Acco	ounting Records I	nformati	on			
'X' if Address is same as above:						
Location of Books & Records:		1210 W E	merson St	t		
City:	Seattle	Sta	te: WA	Zip	. 0	8119
	Jeane	J. Sta	ie. WA	Zip		0119
Method of Accounting:	Please	enter: Cash	or Accrual			
	CERTIFICATION	N				
I have examined this report and to the beather financial statements, for the period report, correctly reflect the business aff	from January 1, 2017	to Decem				
(PLEASE VERIFY THAT ALL SCHE	DULES ARE ACCUR	ATE AND	COMPLE	TE BEFO	RE SIGN	IING)
	Name		Lars h	Kaldestad		
	Title		Sol	e MBR		
Lars Kaldestad	Company		Seattle Mov	es & Mor	e LLC	
X Early Naideolad	Street Address		4601 Shils			
	City	(() -	State '	\A/A	p Code	00107
		eattle			p Code	98107
Date	Telephone Email			972-6683	- L	

FOR

Specialty Moving, Inc.	dba:			
(REGISTERED NAME OF BUSINESS)				
6012 South 196th Street	Cert	ificate Number:	HG004888	
(OFFICIAL MAILING ADDRESS)				
Kent		WA		98032
(CITY)		(STATE)		(ZIP)
chrisn@specialty	/movin	ig.com		
(BUSINESS EMAIL FOR OFFIC	CIAL CO	MMUNICATIONS)		
'X' if address listed above is an updated ad	ddress			

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Steve Strong			
Title:	Accounting Manager			
Address:	120 Internationale Blvd			
City:	Glendale Heights			
State:	IL	Zip Code:	60139	
Telephone:	630-384-8515			
Email:	steves@specialtymoving.com			

SUBMIT TO:



	PREPARER INFO	RMATION			
'X' if Preparer same as Cover:					
Person who prepared report:					
Title:					
If different; Company Name:					
Telephone:					
Principal Business Address:					
С	ity:	State:		Zip:	
	COMPANY INFORMATION				
Washington Unified Business	Identifier (UBI) No.:		601	587965	
(If you do not know your UBI No. please con	` '	ce at 1-800-45	1-7985 or BLS @	dor.wa.go	ov)
Business Structure (please ent	er the appropriate desi	gnation):		Corpor	ration
Please enter: Individual/Sole Proprietor,	Partnership, LP, LLP, LLC, Co	orporation, or N	Nonprofit Corpora	ation	
Date First Organized or Regulated:					
'X' if Address is same as Cover:	X				
Business Physical Address:		6012 South	196th Street		
С	ity: Kent	Sta	ate: WA	Zip:	98032
Te	elephone: 800-521	-0471	Fax:	25	3-872-3405
Business	Business Website: <u>www.specialtymoving.com</u>				
Accounting Pocords Information					
A	ccounting Records	Informati	ion		
'X' if Address is same as above:	ccounting Records	Informat	ion		
'X' if Address is same as above:	ccounting Records				
'X' if Address is same as above: Location of Books & Records:		120 Interna	ationale Blvd	1	
'X' if Address is same as above: Location of Books & Records:	ity: Glendale Height	120 Interna		Zip:	60139
'X' if Address is same as above: Location of Books & Records:	ity: Glendale Height	120 Interna	ationale Blvd	Zip:	60139
'X' if Address is same as above: Location of Books & Records:	ity: Glendale Height	120 Interna	ationale Blvd	Zip:	60139
'X' if Address is same as above: Location of Books & Records: C Method of Accounting: A I have examined this report and to the financial statements, for the per report, correctly reflect the business	CERTIFICAT The best of my knowledge of from January 1, 201 affairs of the respondent	120 Internations State enter: Cash ON le and belief 7 to Decement.	ationale Blvd ate: IL or Accrual ef, all statementer 31, 2017	ents of	fact are accurate, ined in this
'X' if Address is same as above: Location of Books & Records: C Method of Accounting: A I have examined this report and to the financial statements, for the per	CERTIFICAT The best of my knowledge of from January 1, 201 affairs of the respondence of the control of the co	120 Internations State enter: Cash ON le and belief 7 to Decement.	ationale Blvd ate: IL or Accrual ef, all statementer 31, 2017	ents of o	fact are accurate, ined in this RE SIGNING)
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'X' if Address is same as above: Location of Books & Records: C Method of Accounting: A I have examined this report and to the financial statements, for the per report, correctly reflect the business	ccrual CERTIFICAT The best of my knowledge of from January 1, 201 affairs of the respondence of the company o	120 Internations State enter: Cash ON le and belief 7 to Decement.	ef, all statementer 31, 2017 COMPLETE Kenneth C. N	ents of contains BEFOR Niesner, whent	fact are accurate, ined in this RE SIGNING)
'X' if Address is same as above: Location of Books & Records: C Method of Accounting: A I have examined this report and to the financial statements, for the perfeport, correctly reflect the business (PLEASE VERIFY THAT ALL S Kenneth C. Niesner, Jr.	ccrual CERTIFICAT The best of my knowledge of from January 1, 201 affairs of the respondence of the company CHEDULES ARE ACCU Name Title Company	120 Internations State enter: Cash ON le and belief 7 to Decement.	ationale Blvd ate: IL or Accrual ef, all statementer 31, 2017 COMPLETE Kenneth C. N	ents of a contain BEFOR Niesner, which worked by the contain to the contain th	fact are accurate, ined in this RE SIGNING) Jr
'X' if Address is same as above: Location of Books & Records: C Method of Accounting: A I have examined this report and to the financial statements, for the perference, correctly reflect the business (PLEASE VERIFY THAT ALL S	ccrual CERTIFICAT The best of my knowledge of from January 1, 201 affairs of the respondence of the respon	120 Internations State enter: Cash ON le and belief 7 to Decement.	etionale Blvd ate: IL or Accrual ef, all statementer 31, 2017 COMPLETE Kenneth C. N Presid Specialty Me	BEFOR Niesner, odent Dving, Inc.	fact are accurate, ined in this RE SIGNING) Ur
'X' if Address is same as above: Location of Books & Records: C Method of Accounting: A I have examined this report and to the financial statements, for the perfeport, correctly reflect the business (PLEASE VERIFY THAT ALL S Kenneth C. Niesner, Jr.	ccrual CERTIFICAT The best of my knowledge of from January 1, 201 affairs of the respondence of the company CHEDULES ARE ACCU Name Title Company	120 Internations State enter: Cash ON le and belief 7 to Decement. RATE AND	ef, all statementer 31, 2017 COMPLETE Kenneth C. N Presid Specialty Me 6012 South 1	ents of the contained o	fact are accurate, ined in this RE SIGNING) Jr

FOR

STAR MOVING SYSTEMS	dba: STAR MOVING	SYSTEMS		
(REGISTERED NAME OF BUSINESS)	•			
8420 S 190TH ST KENT, WA 98031	Certificate Number:			
(OFFICIAL MAILING ADDRESS)				
KENT	WA	98031		
(CITY)	(STATE)	(ZIP)		
CHRISC@LINC	MOVE.COM			
(BUSINESS EMAIL FOR OFFICIAL COMMUNICATIONS)				
'X' if address listed above is an updated ad	ddress			

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name: CHRISTOPHER J COLABRESE

Title: CHIEF FINANCIAL OFFICER

Address: 8420 S 190TH ST

City: KENT

State: WA Zip Code: 98031

Telephone: 425-250-6682

Email: CHRISC@LINCMOVE.COM

SUBMIT TO:



		PREPARER INFO	ORMATIC	N			1 age 2 01 5
'X' i	f Preparer same as Cover:						
	rson who prepared report: CH	RIS COLABRESE					
	Title: CH	EF FINANCIAL OFFIC	ER				
If o	different; Company Name:						
	Telephone:						42525
Pri	incipal Business Address: 842						
	Cit	y: KENT	State:	WA		Zip:	98031
	COMPANY INFORMATION						
Was	shington Unified Business	dentifier (UBI) No.:			278	3000247	
	u do not know your UBI No. please cont	` '	ce at 1-800-45	1-7985 or	BLS @do	r.wa.gov)	
Rus	siness Structure (please ente	r the annronriate desi	anation):		C	ORPORA	TION
	Please enter: Individual/Sole Proprietor, I	• • • •	• ,	Nonprofit (
Da	te First Organized or Regulate	d:		192	.0		
'X' if A	Address is same as Cover:						
Ві	usiness Physical Address:	10753	A ST SOUT	ГН, ТАС	OMA W	/A 98444	
	Cit	y: TACOMA	Sta	ate:	WA	Zip:	98444
	Tel	ephone:		Fa	ax:	_	
	Business \	Website:		STARMO	OVING.C	COM	
	, , , , , , , , , , , , , , , , , , ,	accounting Record	s Informa	ation			
'X' if A	Address is same as above:						
Loca	ation of Books & Records:		8420 \$	S 190TH	H ST		
	Cit	v: KENT			WA	Zip:	98031
Mo			se enter: Cash			p.[
IVIC	inod of Accounting.			TOT ACCIO	aı		
		CERTIFICA	TION				
financi	examined this report and to the al statements, for the period frective states affairs of the states affairs o	om January 1, 2017 to	•				
	(PLEASE VERIFY THAT ALL S	SCHEDULES ARE ACC	URATE AN	ID CON	IPLETE	BEFORE	SIGNING)
		Name		Chr	ristopher	Colabrese	
		Title			CF		
	Christopher j Colabrese	Company		STAR		G SYSTEM	S
X	, , , , , , , , , , , , , , , , , , , ,	Street Address	17		8420 S	1	
Deta F	40/04/0040	City	Kent	State	WA	98031)	Code
Date	10/24/2018	Telephone		السام	425351		
		Email		chris	scwiincr	move.com	

Exh. BMS-2y Docket TV-180772 Page 3 of 3

06682 e, the

HOUSEHOLD GOODS CARRIERS

	201 ANNUAL F				
	FOR	?			
TLC Moving & Storage (REGISTERED NAME OF BUSIN		dba:]
5508 1st Ave S (OFFICIAL MAILING ADDRESS)		Certificate N	umber:]
	eatle ITY)		WA (STATE)	98108 (ZIP)	3]
(BU:	tlcmovestorage		ATIONS)]
'X' if address listed a	above is an updated ad	ddress			RECEIVED
R	eport Year Ended:	December 3	31, 2017		OCT 2 4 2018
Inquiries conc	erning this Annual R	Report should	be addresse	d to:	/ASH. UT. 1. TR. COM/
Name:	Craig Elliott	907	-		
Title:	Owner				
Address:	5508 1st Ave S				
City:	Seattle				
State:	WA	Zip Code:	98108	3	
Telephone:	206-762-5656				
Email:	tlcmovestorage@aol	.com			
	OLIDA NE	. = 0			

SUBMIT TO:

Https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx



REPORT MUST BE RECEIVED NO LATER THAN: May 1, 2018

Please refer to the Instructions for Completing the Annual Report on Page 2

T Y					
	PREPARER IN	IFORMATION			
'X' if Preparer same as Cover:					
Person who prepared report:					
	Office Manager				
If different; Company Name:		e Inc			
	206-762-5656	C IIIC			
Principal Business Address:					
Fillicipal Busilless Address.	City: Seattle	State:	Ivara I	Zip: 98108	
	City. Seattle	State:	VVA	ZIP: 96 106	
	COMPANY IN	FORMATION			
Washington Unified Busine	ess Identifier (UBI) I	No.:	6021	181193	
(If you do not know your UBI No. please			1-7985 or BLS@de	or.wa.gov)	
Desirance Commenters (1)				0	
Business Structure (please of				Corporation	
Please enter: Individual/Sole Proprie Date First Organized or Regu		LO, Corporation, or N	Apr-05	IUII	
Date i not Organized of Regu	nateu.		7 tp1=00		
'X' if Address is same as Cover:	X				
Business Physical Address:					
	City:	Sta	ite:	Zip:	
	Telephone:		Fax:		
Busine	ess Website:				
	Accounting Reco	rds Informati	on		
'X' if Address is same as above:	х				
Location of Books & Records:					
	City:	Sta	ite:	Zip:	
Method of Accounting:	Accrual	Please enter: Cash	or Accrual		
	CERTIFIC	CATION			
I have examined this report and to the financial statements, for the p report, correctly reflect the busing	period from January 1	, 2017 to Decem			
(PLEASE VERIFY THAT ALL	SCHEDULES ARE A	CCURATE AND	COMPLETE E	BEFORE SIGN	ING)
	Name		Craig J E	lliott	19.5
	Title		Owne	r	
1. 5100 A	Company		TLC Moving & S	Storage Inc	
X Un X Eller	Street Address		5508 1st A	Ave S	
	City	Seattle	State Wa	Zip Code	98108
Date 10/17/2018	Telephone		206-762-5	5656	
	Email	t	cmovestorage	@aol.com	

FOR

Trefethen and Co., Inc	dba:	Bader and Olso	n	
(REGISTERED NAME OF BUSINESS)				
601 S Andover St	Cert	ificate Number:	HG30389	
(OFFICIAL MAILING ADDRESS)				
Seattle		WA		98108
(CITY)		(STATE)	· · ·	(ZIP)
sean@trefeth	enco.	<u>com</u>		
(BUSINESS EMAIL FOR OFFIC	CIAL CO	OMMUNICATIONS)		
'X' if address listed above is an updated ad	ddress			

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Sean Trefethen			
Title:	President			
Address:	601 S Andover St			
City:	Seattle			
State:	Seattle WA	Zip Code:	98108	
Telephone:	206-447-1770			
Email:	sean@trefethenco.co	om_		

SUBMIT TO:



	PREPARER INI	FORMATION				
'X' if Preparer same as Cover:	X					
Person who prepared report:						
Title:						
If different; Company Name:						
Telephone:						
Principal Business Address:						
	City:	State:		Zip:		
	COMPANY INFORMATION					
Washington Unified Busines	s Identifier (UBI) N	o.:	602	2775224		
(If you do not know your UBI No. please co	• •		1-7985 or BLS@	dor.wa.gov)		
Business Structure (please en	oter the annronriate (lesianation):		S-Corp		
Please enter: Individual/Sole Proprieto	• • •	•	lonprofit Corpor	•		
Date First Organized or Regulated: 6/1/2007						
'X' if Address is same as Cover:	Х					
Business Physical Address:						
	City:	S40	ite:	7 in		
•	σιτy:	Sta	ite:	Zip:		
Т	elephone:		Fax:			
Busines	s Website:					
A	Accounting Reco	ds Informati	on			
'X' if Address is same as above:	X					
Location of Books & Records:						
_	City:	Sta	ite:	Zip:		
Method of Accounting:	QBO	Please enter: Cash	or Accrual			
	CERTIFIC	ATION				
I have examined this report and to the financial statements, for the pereport, correctly reflect the business	riod from January 1,	2017 to Decem				
(PLEASE VERIFY THAT ALL S	SCHEDULES ARE AC	CURATE AND	COMPLETE	BEFORE SIG	NING)	
	Name		Sean Tr			
	Title		Presi			
Sean Trefethen	Company		Trefethen a			
X	Street Address	0 "	601 S An		00100	
Date 10/16/2018	City	Seattle	State W		98108	
Date 10/16/2018	Telephone Email		206-447 sean@trefet			

FOR

Two men and a moving van LLC	dba:	
(REGISTERED NAME OF BUSINESS)		_
240 sw 325th pl	Certificate Number:	THG067981
(OFFICIAL MAILING ADDRESS)		
Federal way	WA	98023
(CITY)	(STATE)	(ZIP)
tmaamv@gr	nail.com	
(BUSINESS EMAIL FOR OFFIC	CIAL COMMUNICATIONS)	
'X' if address listed above is an updated ad	ldress	

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Yuiry Deyneka			
Title:	Governor			
Address:	240 sw 325th pl			
City:	Federal way			
State:	Washinghton	Zip Code:	98023	
Telephone:			2533915853	
Email:	tmaamv@gmail.com			

SUBMIT TO:



	PI	REPARER INF	ORMA	ΓΙΟΝ			1,	ige 2 01 2
'X' i	if Preparer same as Cover: X	1						
Pe	rson who prepared report:							
	Title:							
lf	different; Company Name:							
	Telephone:							
Pr	incipal Business Address:							
	City		Si	tate:		Zip:		
	C	OMPANY INF	ORMAT	ION				
	/ashington Unified Business you do not know your UBI No. please cont	, ,		nt 1-800-45		173351 BLS @dor.	wa.gov)	
R	usiness Structure (please ente	er the annronriat	e desian:	ation		LLC	<u> </u>	
	Please enter: Individual/Sole Proprietor,				Vonprofit Co			
Da	te First Organized or Regulated:				2017			
X' if A	Address is same as Cover: X							
В	usiness Physical Address:							
	City			State:		Zip:		
Telephone: Fax:								
	Business We	ebsite:						
Accounting Records Information								
X' if A	Address is same as above: X]						
Loc	ation of Books & Records:							
	City			State:		Zip:		
Me	ethod of Accounting:		Please enter	: Cash or A	Accrual			
		CERTIFIC	ATION					
I have examined this report and to the best of my knowledge and belief, all statements of fact are accurate, the financial statements, for the period from January 1, 2017 to December 31, 2017, contained in this report, correctly reflect the business affairs of the respondent.								
(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)								
		Name			Yuriy De	yneka		
_		Title			Gover	nor		
	Yuriy Deyneka	Company			en and a r		an IIc	
X	, j = 2 j2	Street Address			240 Sw 32			
	40/40/0040	City	federal w	ay Sta		Zip C	ode	98023
Date	10/16/2018	Telephone			253391			
		Email		tm	aamv@g	mail.cor	<u>r1</u>	

FOR

We Like To Move It, Move It!! LLC	dba:	
(REGISTERED NAME OF BUSINESS)		
16825 48th Ave W, STE# 105	Certificate Number: THG0	67656
(OFFICIAL MAILING ADDRESS)		
Lynnwood	WA	98037
(CITY)	(STATE)	(ZIP)
quote@welike2mo	veitmoveit.com	
(BUSINESS EMAIL FOR OFFIC	CIAL COMMUNICATIONS)	
X 'X' if address listed above is an updated a	ddress	

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Josh Manion		
Title:	Owner		
Address:	16825 48th Ave W, STE# 105		
City:	Lynnwood		
State:	WA	Zip Code:	98037
Telephone:	360-525-7654		
Email:	quote@welike2move	eitmoveit.com	<u> </u>

SUBMIT TO:



	PREPARER INFORMATION							
'X' if Preparer same as Cover:	Χ							
Person who prepared report:		nion						
Title:	Owner							
If different; Company Name:								
Telephone:	360-525-	7654						
Principal Business Address:	16825 48	8th Ave W, ST						
	City: Ly	nnwood	Ş	State: V	٧A	Zip: 9	8037	
COMPANY INFORMATION								
Washington Unified Busine	ss Ident	ifier (UBI) N	lo.:		604	1-088-306		
(If you do not know your UBI No. please		• •		800-451-7	'985 or BLS ©	 ฏิdor.wa.goเ	<i>')</i>	
Business Structure (please	enter the	annronriate	designatic	n).		LLC	;	
Please enter: Individual/Sole Proprie			•	, <u> </u>	nprofit Corpor			
Date First Organized or Regu	lated:			2-F	-eb-17			
'X' if Address is same as Cover:	Х							
Business Physical Address:			16825 48	3th Ave	W, STE#	105		
-	City:	Lynnwoo	od	State	e: WA	T zin:		98037
	City:	Lynnwoo	Ju		E WA	Zip:	ອ	10037
	Telepho	ne: 360)-525-7654		Fax:			
Busine	ess Webs	ite:		welike2r	moveitmov	/eit.com		
	Accour	nting Reco	rds Infor	matio	n			
'X' if Address is same as above:	Х							
Location of Books & Records:			16825 48	3th Ave	W, STE# [^]	105		
	City:	Lynnwoo	od	State	e: WA	Zip:	ç	98037
Method of Accounting:	Cash		Please enter	". Cash or	Accrual			
		CERTIFIC	CATION					
I have examined this report and to the best of my knowledge and belief, all statements of fact are accurate, the financial statements, for the period from January 1, 2017 to December 31, 2017, contained in this report, correctly reflect the business affairs of the respondent.								
(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)								
Name Josh Manion								
		Title			Ow	ner		
Josh Manion		Company			ke To Move			
X	S	treet Address			25 48th Ave			0005
Date 10/30/2018		City	Lynnwo	od S	State W	A Zip (5-7654	Code	98037
		Telephone						

dba: Same	
Certificate Number: HG 30411	
Wa 9	8903
(STATE) (ZIP)	1
kimatransfer.com	
R OFFICIAL COMMUNICATIONS)	
	Certificate Number: HG 30411 Wa 99 (STATE) (ZIP) kimatransfer.com

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Todd Hesselgesser		
Title:	President		
Address:	1907 S 11th Street		
City:	Union Gap		
State:	Wa	Zip Code:	98903
Telephone:	509-453-4888		
Email:	todd@yakimatransfe	er.com	

SUBMIT TO:

Https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx



	PREPARER INF	ORMATION				
'X' if Preparer same as Cover:	х					
Person who prepared report:						
	President					
If different; Company Name:		age Co.				
	509-453-4888					
Principal Business Address:						
	City: Union Gap	State:	Wa	Zi	p : 98903	
	COMPANY INFO	ORMATION				
Washington Unified Busine	ess Identifier (UBI) No	o.:	60	00 371	277	
(If you do not know your UBI No. please	e contact Business Licensing S	ervice at 1-800-45	1-7985 or BL	S@dor.v	va.gov)	
Business Structure (please	enter the appropriate d	esignation):		Co	rporation	
Please enter: Individual/Sole Propri			lonprofit Corp	poration		
Date First Organized or Regu	ılated:	8	3/1/1980			
X' if Address is same as Cover:	Х					
Business Physical Address:		1907 S 1	1th Street			
	City: Union Gar	Sta	te: Wa	Zi	ip:	98903
	Telephone: 509-4	153-4888	Fax:		509-453-2	2831
Rusina	ess Website:					
Dusing	Accounting Record	ds Informati	on			
VI if Address is some as above		ao informati	011			
X' if Address is same as above:	X					
Location of Books & Records:		1907 S 1	1th Street			
	City: Union Gap	Sta	te: Wa	Zi	ip:	98903
Method of Accounting:	Cash	Please enter: Cash	or Accrual			
	CERTIFICA	ATION				
have examined this report and courate, the financial statement is report, correctly reflect the back (PLEASE VERIFY THAT AL	ts, for the period from J ousiness affairs of the r	anuary 1, 2017 espondent.	7 to Decer	nber 3 TE BE	1, 2017, co	ontained i
	Title		Pre	esident		
-1	Company	Ya	kima Trans	fer & S	torage Co.	
Tard W	Street Address		1907 S	11th St	treet	
V	City	Union Gap	State	Wa	Zip Code	98903

Exh. BMS-2dd Docket TV-180772 Page 3 of 3

 Date
 11/14/2018
 Telephone
 509-453-4888

 Email
 todd@yakimatransfer.com

NOV 02 2018

WASH, UT, & TP, COMM

HOUSEHOLD GOODS CARRIERS 2017 **ANNUAL REPORT**

FOR	
Hing's Professional Moving dba: Andy CHEN. (REGISTERED NAME OF BUSINESS)	
3227 – 16 th AVE S Certificate Number: (OFFICIAL MAILING ADDRESS)	
Seattle WA 98144 (STATE) (ZIP)	
Hings moving @ amail - com. (BusiNess Email for Official Communications)	
'X' if address listed above is an updated address	
Report Year Ended: December 31, 2017	RECEIVED

Inquiries concerning this Annual Report should be addressed to:

Name: Title: Address: City: Zip Code: State: Telephone: Email:

SUBMIT TO:

Https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx



REPORT MUST BE RECEIVED NO LATER THAN: May 1, 2018

Please refer to the Instructions for Completing the Annual Report on Page 2

Sent Email 11-5-2018 Re: report Pa3 + Schz Updated per email 11-13-2018 BMS

	PREPARER INFORMATION
'X' if Preparer same as Cover:	$\overline{\times}$
Person who prepared report:	
Title:	
If different; Company Name:	
Telephone:	
Principal Business Address:	
Ci	ity: State: Zip:
	COMPANY INFORMATION
Washington Unified Business (If you do not know your UBI No. please con	Identifier (UBI) No.: 60 342 967. tact Business Licensing Service at 1-800-451-7985 or BLS@dor.we.gov)
Business Structure (please ente	er the appropriate designation):
	Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation
Date First Organized or Regulate	d:
'X' if Address Is same as Cover:	
Business Physical Address:	
Cit	y: State: Zip:
Tel	ephone: Fax:
Business V	Vebsite:
Ac	counting Records Information
'X' if Address is same as above:	
Location of Books & Records:	
City	State: Zip:
Method of Accounting:	Please enter: Cash or Accruai
	CERTIFICATION
have examined this report and to the he financial statements, for the period eport, correctly reflect the business a	best of my knowledge and belief, all statements of fact are accurate, if from January 1, 2017 to December 31, 2017, contained in this ffairs of the respondent.
(PLEASE VERIFY THAT ALL SCH	HEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)
	Name ANDY CHEAL
, , ,	Title Owner. Company HING'S Professional Marine
And of	THE ESS CONCET MOVENT
tate $ 0-3 -20/8$	Telephone $206 - 679 - 3388$
	Email Hing smoving @ gmail com.

FOR

(REGISTERED NAME OF BUSINESS)	dba: Mayor M	overs.Lu
7530 474 AVE NW.	Certificate Number:	6065643
(OFFICIAL MAILING ADDRESS)		- 1. The state of
Tulalio,	WA	98271
(CITY)	(STATE)	(ZIP)
SAYLESS79(agmail.com.	
	R OFFICIAL COMMUNICATIONS)	
'X' if address listed above is an upd	lated address	

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	Darin Yearson.
Title:	Office Manager.
Address:	7530 47th Ave NW.
City:	Tulalio, 6009.
State:	WA . 'Zip Code: 9827
Telephone:	425:249-6577.
Email:	SAYLESS 79 @ gmail.com

SUBMIT TO:

Https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx

UTILITIES AND TRANSPORTATION
COMMISSION

'X' if Preparer same as Cover:	X
Person who prepared report:	
Title:	en de la companya de La companya de la co
If different; Company Name:	
Telephone:	[4] A second of the second
Principal Business Address:	Take the state of
	City: State: Zip:
Washington Unified Busin	ess Identifier (UBI) No.: (003-338-9310
	se contact Business Licensing Service at 1-800-451-7985 or BLS@dor.wa.gov)
Rusiness Structure (please	e enter the appropriate designation
	rietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation
Date First Organized or Regu	
'X' if Address is same as Cover:	
Business Physical Address:	
	City: State: Zip:
	Telephone: Fax:
Rusine	ss Website: N/A
	Accounting Records Information
The state of the s	Accounting Records information
X' if Address is same as above:	
Location of Books & Records:	
	City: State: Zip:
Method of Accounting:	Please enter: Cash or Accrual
Method of Accounting.	
	A CONTROL OF THE PROPERTY OF T
accurate, the financial stateme	to the best of my knowledge and belief, all statements of fact are nts, for the period from January 1, 2017 to December 31, 2017, tly reflect the business affairs of the respondent.
(PLEASE VERIFY THAT ALL	SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)
\wedge	Name Darin Rakon. Title Oftice Manager.
A = AH	Company Waier Movers LLC
x hairsky	Street Address 7530 474 Ave NW
11	City Tula (D State WA. Zip Code 9827)
Date 4-11-2018	Telephone 425.249-6577.
	Email 600/10079 (Damail-Com

FOR

Friends and Family Moving and Storage Inc	dba:	
(REGISTERED NAME OF BUSINESS)		
11914 SE 206th St	Certificate Number:	6026796
(OFFICIAL MAILING ADDRESS)		
Kent	WA	98031
(CITY)	(STATE)	(ZIP)
John@FriendsAndFa	milyMoving.com	
(BUSINESS EMAIL FOR OFFICIAL COMMUNICATIONS)		
'X' if address listed above is an updated address		

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name:	John Muse		
Title:	Owner (President)		
	11914 SE 206th St		
City: State:	Kent		
State:	WA	Zip Code:	98031
Telephone:	206-396-8215		
Email:	John@FriendsAndFamilyMoving.com		

SUBMIT TO:

Https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx



PREPARER INFORMATION			
'X' if Preparer same as Cover:			
Person who prepared report: John			
Title: Owne	Owner (President)		
If different; Company Name:			
Telephone: 206-3	396-8215		
Principal Business Address: 1191	4 SE 206th St		
City	Kent	State: WA	Zip: 98031
	COMPANY INFOR	MATION	
Washington Unified Business Id			602716974
(If you do not know your UBI No. please contac	t Business Licensing Servi	ce at 1-800-451-7985 or 	BLS @dor.wa.gov)
Business Structure (please enter	the appropriate desi	gnation):	Small S corp
Please enter: Individual/Sole Proprietor, Pa	rtnership, LP, LLP, LLC, C	orporation, or Nonprofit (Corporation
Date First Organized or Regulated: Jul-05			
'X' if Address is same as Cover: X			
Business Physical Address:			
City		Ctata	7:
City		State:	Zip:
Tele	phone:	Fa	x:
Business W	ebsite:	Friendsandfam	ilymoving.com
Acc	ounting Records	Information	
'X' if Address is same as above: X]		
Location of Books & Records:			
City		State:	Zip:
	•	State.	Ζιρ.
Method of Accounting: accr	rual Plea	se enter: Cash or Accrua	al
CERTIFICATION			
I have examined this report and to the best of my knowledge and belief, all statements of fact are accurate, the financial statements, for the period from January 1, 2017 to December 31, 2017, contained in this report, correctly reflect the business affairs of the respondent.			
(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)			
	Name		John Muse
	Title	Own	er (President)
John P Muse	Company	Friends and Fam	ily Moving and Storage Inc
X John F Muse	Street Address	1191	4 SE 206th St
	City	Kent State	WA Zip Code 98031
Date 11/21/2018	Telephone	25	3-854-6683
	Email	John@Friends	AndFamilyMoving.com

HOUSEHOLD GOODS CARRIERS 2017

ANNUAL REPORT

FOR

David GM Anderson	dba: Ar	iderson Piano Ser	vice
(REGISTERED NAME OF BUSINESS)			
2732 French R., N.W.	Certific	cate Number:	
(OFFICIAL MAILING ADDRESS)			1
Olympia		Wa.	98502
(CITY)		(STATE)	(ZIP)
<u>davidgmanderson</u>	@comcas	t.net	
(BUSINESS EMAIL FOR OFFIC	IAL COMM	JNICATIONS)	
'X' if address listed above is an updated add	ress		. •

Report Year Ended: December 31, 2017

Inquiries concerning this Annual Report should be addressed to:

Name: David GM Anderson

Title: Owner

Address: 2732 French Rd. N.W.

City: Olympia

State: Wa. Zip Code: 98502

Telephone: 360-866-8252

Email: davidgmanderson@comcast.nert

SUBMIT TO:



PREPARER INFORMATION		
'X' if Preparer same as Cover: X		
Person who prepared report:		
Title:		
If different; Company Name:		
Telephone:		
Principal Business Address:		
City:	State: Zip:	
COMPANY	INFORMATION	
Washington Unified Business Identifier (UBI (If you do not know your UBI No. please contact Business Licensin	the fact that the state of the	
Business Structure (please enter the appropria	ite designation): Sole Proprietor	
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP,	ENGINEERING COMMUNICATION COMU	
Date First Organized or Regulated:	Masrch 16, 2017	
'X' if Address is same as Cover:		
Business Physical Address:		
City:	State: Zip:	
Telephone:	Fax:	
Business Website:		
142 projections		
	ecords Information	
'X' if Address is same as above: X		
Location of Books & Records:		
City:	State: Zip:	
Method of Accounting:	Please enter: Cash or Accrual	
GERT	FICATION	
I have examined this report and to the best of my knowledge and belief, all statements of fact are accurate, the financial statements, for the period from January 1, 2017 to December 31, 2017, contained in this report, correctly reflect the business affairs of the respondent.		
(PLEASE VERIFY THAT ALL SCHEDULES AR	E ACCURATE AND COMPLETE BEFORE SIGNING)	
Na	me David GM Anderson	
	Title Owner	
David GM Anderson Comp		
X Street Addr		
	City Olympia State Waq. Zip Code 98502	
Date 11/5/18 Teleph	one 360-866-8252	