

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

3Z Movers LLC dba: []

(REGISTERED NAME OF BUSINESS)

14428 88th Ave NE Certificate Number: []

(OFFICIAL MAILING ADDRESS)

Kirkland WA 98034
(CITY) (STATE) (ZIP)

3zmovers@gmail.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:	Boubacar Zida		
Title:	Owner		
Address:	14428 88th Ave NE		
City:	Kirkland		
State:	WA	Zip Code:	98034
Telephone:	206-486-2462		
Email:	3zmovers@gmail.com		

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

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.:
(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: _____

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)

X	<input type="text" value="Boubacar Zida"/>	Name	<input type="text" value="Boubacar Zida"/>			
		Title	<input type="text" value="Owner"/>			
		Company	<input type="text" value="3Z Movers LLC"/>			
		Street Address	<input type="text" value="14428 88th Ave NE"/>			
		City	<input type="text" value="Kirkland"/>	State	<input type="text" value="WA"/>	Zip Code <input type="text" value="98034"/>
Date	<input type="text" value="10/16/2018"/>	Telephone	<input type="text" value="206-486-2462"/>			
		Email	<input type="text" value="3zmovers@gmail.com"/>			

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

A-1 Piano Sales & Rentals, Inc dba:
(REGISTERED NAME OF BUSINESS)

PO BOX 30165 Certificate Number: HG-016503
(OFFICIAL MAILING ADDRESS)

Seattle WA 98113
(CITY) (STATE) (ZIP)

info@a-1pianos.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:	Bret Mulholland		
Title:	General Manager		
Address:	PO BOX 30165		
City:	Seattle		
State:	WA	Zip Code:	98113
Telephone:	206-782-4592		
Email:	bsmulholland@a-1pianos.com		

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

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.:
(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:

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.

X	<input type="text" value="Bret S Mulholland"/>	Name	<input type="text" value="Bret S Mulholland"/>				
		Title	<input type="text" value="General Manager"/>				
		Company	<input type="text" value="A-1 Piano Sales & Rentals, Inc"/>				
		Street Address	<input type="text" value="7020 Greenwood Ave N"/>				
		City	<input type="text" value="Seattle"/>	State	<input type="text" value="WA"/>	Zip Code	<input type="text" value="98103"/>
Date	<input type="text" value="11/14/2018"/>	Telephone	<input type="text" value="206-782-4592"/>				
		Email	<input type="text" value="bsmulholland@a-1pianos.com"/>				

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

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)

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

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

PREPARER INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: Sheri Douglas
Title: Bookkeeper

If different; Company Name: Security Tax Services
Telephone: 425-339-2400

Principal Business Address: 2910 Colby Ave Ste 200
City: Everett State: WA Zip: 98201

COMPANY INFORMATION

Washington Unified Business Identifier (UBI) No.: 603 393 839
(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): LLC
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: 4/30/2014

'X' if Address is same as Cover:

Business Physical Address: 12040 28TH Ave NE #B2
City: Seattle State: WA Zip: 98125
Telephone: 323-286-7904 Fax:
Business Website:

Accounting Records Information

'X' if Address is same as above:

Location of Books & Records: 2910 Colby Ave Ste 200
City: Everett State: WA Zip: 98201

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)

X	Name	Sheri Douglas				
	Title	Bookkeeper				
	Company	Security Tax Services				
	Street Address	2910 Colby Ave Ste 200				
	City	Everett	State	WA	Zip Code	98201
	Telephone	425-339-2400				
Email	sheri@securitytaxservices.com					
Date	10/31/2018					

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

All Alaska Thru Vans dba:
(REGISTERED NAME OF BUSINESS)

PO Box 389666 Certificate Number:
(OFFICIAL MAILING ADDRESS)

Seattle WA 98138
(CITY) (STATE) (ZIP)

neumann@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:	WA	Zip Code:	98138
Telephone:	425-496-2200		
Email:	sleick@denaligroup.com		

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

PREPARER INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: Sara Leick
Title: Controller

If different; Company Name: Denali Group
Telephone: 425-496-2200

Principal Business Address: 32125 32nd Ave S
City: Federal Way State: WA Zip: 98001

COMPANY INFORMATION

Washington Unified Business Identifier (UBI) No.: 602584952
(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): Corporation
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: 2/27/1989

'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)

<p>X </p> <p>Date: 10/16/2018</p>	Name	Sara Leick				
	Title	Controller				
	Company	Denali Group Inc				
	Street Address	PO Box 389666				
	City	Seattle	State	WA	Zip Code	98138
	Telephone	425-496-2200				
Email	sleick@denaligroup.com					

Ben SHARBOND

**HOUSEHOLD GOODS CARRIERS
2017
ANNUAL REPORT**

FOR
more inc.

All Seasons Moving, Handling & Storage dba: All Seasons Moving
(REGISTERED NAME OF BUSINESS)

1306 W. Bellwood dr Certificate Number:
(OFFICIAL MAILING ADDRESS)

Spokane (CITY) WA (STATE) 99218 (ZIP)

jbaenpro@hotmail.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 Baen
Title: President
Address: 1306 W. Bellwood Dr
City: Spokane
State: WA Zip Code: 99218
Telephone: 509 217-1581
Email: jbaenpro@hotmail.com

SUBMIT TO:

<https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx>



RECEIVED
 FINANCIAL MANAGEMENT
 2018 OCT 29 PM 2:10
 STATE OF WASHINGTON
 UTIL. AND TRANSP.
 COMMISSION

ORIGINAL
RECEIVED
DATE
APR 30 2018
BUS
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 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.: 602 997 158
(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): S Corp
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: 2018

'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:

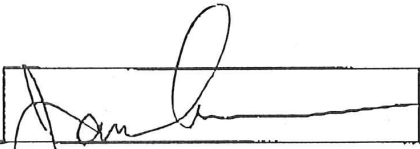
Location of Books & Records: _____
 City: _____ State: _____ Zip: _____

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)

X		Name	Jason Green		
		Title	President		
		Company	All Seasons moving, hauling & more inc		
		Street Address	1306 W. Bellwood dr		
		City	Spokane	State	WA
		Zip Code	99218		
Date	4-30-18	Telephone	509 217-1581		
		Email	jgreen.pro@hotmail.com		

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

AMERICAN MOVING CO. <small>(REGISTERED NAME OF BUSINESS)</small>	dba: INC	
3172 W SELTICE WAY <small>(OFFICIAL MAILING ADDRESS)</small>	Certificate Number:	
POST FALLS <small>(CITY)</small>	ID <small>(STATE)</small>	83854 <small>(ZIP)</small>
american.moving5@gmail.com <small>(BUSINESS EMAIL FOR OFFICIAL COMMUNICATIONS)</small>		

'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:	MIKE LASHER		
Title:	PRESIDENT		
Address:	3172 W SELTICE WAY		
City:	POST FALLS		
State:	ID	Zip Code:	83854
Telephone:	208-777-0929		
Email:	american.moving5@gmail.com		

SUBMIT TO:

<https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx>

WASHINGTON



UTILITIES AND TRANSPORTATION
COMMISSION

RECEIVED

OCT 16 2018

BMS
WASH. UT. & TP. COMM

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

PREPARER INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: MIKE LASHER
Title: PRESIDENT

If different; Company Name: _____
Telephone: _____

Principal Business Address: _____
City: _____ State: _____ Zip: _____

COMPANY INFORMATION

Washington Unified Business Identifier (UBI) No.: NA
(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): CORPORATION
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: 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)

MIKE LASHER	Name	MIKE LASHER
	Title	PRESIDENT
	Company	AMERICAN MOVING CO INC

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

Arays Moving Service LLC dba: A-ray's Moving Solutions
(REGISTERED NAME OF BUSINESS)

3410 14th ave west unit 2 Certificate Number: HG064320
(OFFICIAL MAILING ADDRESS)

Seattle WA 98110
(CITY) (STATE) (ZIP)

alex@a-raysmovingsolutions.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:	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:

<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 INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: Alex White
Title: Owner

If different; Company Name:
Telephone: 206 313-7609

Principal Business Address: 3410 14th Ave West unit 2
City: Seattle State: WA Zip: 98119

COMPANY INFORMATION

Washington Unified Business Identifier (UBI) No.: 602 691 560
(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): LLC
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: 6/1/2011

'X' if Address is same as Cover:

Business Physical Address: 3410 14th Ave West unit 2
City: Seattle State: WA Zip: 98119

Telephone: 206 313-7609 Fax:

Business Website: a-raysmovingsolutions.com

Accounting Records Information

'X' if Address is same as above:

Location of Books & Records: 3410 14th ave west unit 2
City: Seattle State: WA Zip: 98119

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)

X	Alex White	Name	Alex White				
		Title	Owner				
Date		Company	Arays Moving Service				
		Street Address	3410 14th ave west unit 2				
		City	Seattle	State	wa	Zip Code	98119
		Telephone	206 313-7609				
		Email	alex@a-raysmovingsolutions.com				

HOUSEHOLD GOODS CARRIERS
2017
ANNUAL REPORT

FOR

EASTSIDE VAN & STORAGE CO, INC dba: _____
(REGISTERED NAME OF BUSINESS)

15617 NE AIRPORT WAY Certificate Number: CC1731
(OFFICIAL MAILING ADDRESS)

PORTLAND OR 97230
(CITY) (STATE) (ZIP)

KAREN@MOVE-NORTHWEST.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:	<u>KAREN J. ASHCRAFT / President</u>		
Title:	<u>PRESIDENT</u>		
Address:	<u>15617 NE AIRPORT WAY</u>		
City:	<u>PORTLAND</u>		
State:	<u>OR</u>	Zip Code:	<u>97230</u>
Telephone:	<u>503-777-4181</u>		
Email:	<u>Karen@move-northwest.com</u>		

SUBMIT TO:

<https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx>

WASHINGTON



UTILITIES AND TRANSPORTATION
COMMISSION

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

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

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.: 602 411 710
(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): S Corporation
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)

x	Name	Karen J. Ashcraft		
	Title	President		
	Company	EASTSIDE VAN & STORAGE CO, INC		
	Street Address	15017 NE Airport Way		
	City	State	Zip Code	97203

Karen J. Ashcraft

Date

Telephone

Email

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

Established Moving & Storage of Seattle Inc dba:
(REGISTERED NAME OF BUSINESS)

1 South Ocean Blvd. Suite 203 Certificate Number: THG067984
(OFFICIAL MAILING ADDRESS)

(CITY) (STATE) (ZIP)

(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 Crossen		
Title:	President		
Address:	1 South Ocean Blvd. Suite 203		
City:	Boca Raton		
State:	FL	Zip Code:	33432
Telephone:	214 869 0878		
Email:	jcro@establishedmoving.com		

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

PREPARER INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: Jason Crossen
Title: President

If different; Company Name:
Telephone: 214 869 0878

Principal Business Address: 908 Industry Drive
City: Tukwila State: WA Zip: 98188

COMPANY INFORMATION

Washington Unified Business Identifier (UBI) No.: 604 185 966
(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): Corporation
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: 10/27/2017

'X' if Address is same as Cover:

Business Physical Address: 908 Industry Drive
City: Tukwila State: WA Zip: 98188
Telephone: 2148690878 Fax:
Business Website: www.establishedmoving.com

Accounting Records Information

'X' if Address is same as above:

Location of Books & Records: 908 Industry Drive
City: Tukwila State: WA Zip: 98188

Method of Accounting: Quickbooks *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)

X	/Jason Crossen/	Name	Jason Crossen				
		Title	President				
Date		Company	Established Moving & Storage of Seattle Inc.				
		Street Address	1 South Ocean Blvd. Suite 203				
		City	Boca Raton	State	FL	Zip Code	33432
		Telephone	214 869 0878				
		Email	jcro@establishedmoving.com				

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

First Due Inc. dba: First Due Movers

(REGISTERED NAME OF BUSINESS)

PO Box 589 Certificate Number:

(OFFICIAL MAILING ADDRESS)

Preston WA 98050

(CITY)

(STATE)

(ZIP)

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

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

PREPARER INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: Kristie Beniasch
Title: Accounting Manager

If different; Company Name: _____
Telephone: 425.466.9338

Principal Business Address: PO Box 589
City: Preston State: WA Zip: 98050

COMPANY INFORMATION

Washington Unified Business Identifier (UBI) No.: 602-985-701
(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): S Corp
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: 2010

'X' if Address is same as Cover:

Business Physical Address: 8120 304th Ave SE
City: Preston State: WA Zip: 98050
Telephone: 4254418861 Fax: _____
Business Website: firstduemovers.com

Accounting Records Information

'X' if Address is same as above:

Location of Books & Records: 8120 304th Ave SE
City: Preston State: WA Zip: 98050

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)

X	Kristie Beniasch	Name	Kristie Beniasch				
		Title	Accounting Manager				
Date	5/8/2018	Company	First Due Inc.				
		Street Address	8120 304th Ave SE				
		City	Preston	State	WA	Zip Code	98050
		Telephone	4254418861				
		Email	kristie@firstduemovers.com				

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

FULL HOUSE MOVERS dba: [REDACTED]

(REGISTERED NAME OF BUSINESS)

4480 CALIMESA Certificate Number: [REDACTED]

(OFFICIAL MAILING ADDRESS)

LAS VEGAS NV 89115

(CITY)

(STATE)

(ZIP)

ACCOUNTING@FULLHOUSEMOVERSWA.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:	TOM DADON		
Title:	OWNER		
Address:	4480 CALIMESA ST		
City:	LAS VEGAS		
State:	NV	Zip Code:	89115
Telephone:	253-200-6632		
Email:	TOM@FULLHOUSEMOVERSWA.COM		

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

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.:
(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:

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)

X	<input type="text" value="TOM DADON"/>	Name	<input type="text" value="TOM DADON"/>				
		Title	<input type="text" value="OWNER"/>				
		Company	<input type="text" value="FULL HOUSE MOVERS INC"/>				
		Street Address	<input type="text" value="22440 72DN AVE"/>				
		City	<input type="text" value="KENT"/>	State	<input type="text" value="WA"/>	Zip Code	<input type="text" value="98032"/>
Date	<input type="text" value="10/19/2018"/>	Telephone	<input type="text" value="253-200-6632"/>				
		Email	<input type="text" value="TOM@FULLHOUSEMOVERSWA.COM"/>				

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

Homestead Move and Estates Services dba:
(REGISTERED NAME OF BUSINESS)

6101 N 35th St Certificate Number:
(OFFICIAL MAILING ADDRESS)

(CITY) (STATE) (ZIP)

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

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

PREPARER INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: Robin Clausen
Title: owner-manager

If different; Company Name:
Telephone:

Principal Business Address:
City: State: Zip:

COMPANY INFORMATION

Washington Unified Business Identifier (UBI) No.: 603-408-392
(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): LLC
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: 6/16/2014

'X' if Address is same as Cover:

Business Physical Address: 6101 N 35th St
City: Tacoma State: WA Zip: 98407

Telephone: 253-906-9696 Fax:

Business Website: www.homesteadmove.com

Accounting Records Information

'X' if Address is same as above:

Location of Books & Records: 6101 N 35th St
City: Tacoma State: WA Zip: 98407

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)

X	Robin Clausen	Name	Robin Clausen				
		Title	owner-manager				
		Company	Homestead Move and Estate Services				
		Street Address	6101 N 35th St				
		City	Tacoma	State	WA	Zip Code	98407
Date	10/15/2018	Telephone	253-906-9696				
		Email	rlclausen@comcast.net				

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

dba:
(REGISTERED NAME OF BUSINESS)

Certificate Number:
(OFFICIAL MAILING ADDRESS)

(CITY) (STATE) (ZIP)

(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:	Leslie L. Nash	
Title:	Pres.	
Address:	P.O.Box 1594	
City:	Ellensburg	
State:	Wa.	Zip Code: 98926
Telephone:	(509)968-3818	
Email:	moving_storage@hotmail.com.	

SUBMIT TO:

<https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx>

WASHINGTON



UTILITIES AND TRANSPORTATION
COMMISSION

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

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

PREPARER INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: Leslie L. Nash
Title: Pres.

If different; Company Name: King Moving & Storage Inc
Telephone: 509-968-3818

Principal Business Address: 12800 Vantage Hwy.
City: Ellensburg State: Wa. Zip: 98926

COMPANY INFORMATION

Washington Unified Business Identifier (UBI) No.: 297-004-622
(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): corporation
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: July 25th. 1966

'X' if Address is same as Cover:

Business Physical Address: King Moving & Storage Inc.
City: Ellensburg State: Wa. Zip: 98926
Telephone: 95090-968-3818 Fax: 509-568-4849
Business Website: none

Accounting Records Information

'X' if Address is same as above:

Location of Books & Records: 12800 Vantage Hwy.
City: Ellensburg State: Wa. Zip: 98926

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)

X  Name: Leslie L. Nash
Title: Pres.
Company: King Moving & storage Inc.
Street Address: 12800 Vantage Hwy.
City: Ellensburg State: Wa. Zip Code: 98926
Date: 10-19-2018 Telephone: 509-968-3818
Email: moving_storage@hotmail.com

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

McClaine, Steven R. dba: Me & My Truck
(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 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:	Steve McClaine		
Title:	Owner		
Address:	P.O. Box 9335		
City:	Moscow		
State:	ID	Zip Code:	83843
Telephone:	2088825641		
Email:	meandmytruck1@gmail.com		

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

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.:
(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: _____

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)

X	<input type="text" value="Steve McClaine"/>	Name	<input type="text" value="Steve McClaine"/>			
		Title	<input type="text" value="owner"/>			
		Company	<input type="text" value="Me & My Truck"/>			
		Street Address	<input type="text" value="827 Harold"/>			
		City	<input type="text" value="Moscow"/>	State	<input type="text" value="ID"/>	Zip Code <input type="text" value="83843"/>
Date	<input type="text" value="10/29/18"/>	Telephone	<input type="text" value="2088825641"/>			
		Email	<input type="text" value="meandmytruck1@gmail.com"/>			

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

Moving & Storage Solutions dba:
(REGISTERED NAME OF BUSINESS)

3836 Williamson Way Certificate Number:
(OFFICIAL MAILING ADDRESS)

Bellingham wa 98226
(CITY) (STATE) (ZIP)

info@movingstoragesolutions.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:	David Powell		
Title:	President		
Address:	3836 Williamson Way		
City:	Bellingham		
State:	wa	Zip Code:	98226
Telephone:	360-676-5267		
Email:	info@movingstoragesolutions.com		

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

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.:
(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: _____

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)

X	<input type="text" value="david Powell"/>	Name	<input type="text" value="David Powell"/>			
		Title	<input type="text" value="President"/>			
		Company	<input type="text" value="Moving & Storage Solutions"/>			
		Street Address	<input type="text" value="3836 Williamson Way"/>			
		City	<input type="text" value="Bellingham"/>	State	<input type="text" value="wa"/>	Zip Code <input type="text" value="98226"/>
	Date	<input type="text" value="10/17/2018"/>	Telephone	<input type="text" value="360-676-5267"/>		
		Email	<input type="text" value="info@movingstoragesolutions.com"/>			

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

North Coast Moving and Storage Co LLC dba:
(REGISTERED NAME OF BUSINESS)

13045 SE 32nd Street Certificate Number:
(OFFICIAL MAILING ADDRESS)

Bellevue WA 98005
(CITY) (STATE) (ZIP)

smorrow@ncoastallied.com hkelberg@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:	<u>Stuart Morrow</u>	
Title:	<u>President</u>	
Address:	<u>13045 SE 32nd Street</u>	
City:	<u>Bellevue</u>	
State:	<u>WA</u>	Zip Code: <u>98005</u>
Telephone:	<u>425 643 2100</u>	
Email:	<u>smorrow@ncoastallied.com</u>	

RECEIVED
RECORDS MANAGEMENT
2018 OCT 19 AM 9:45
STATE OF WASHINGTON
UTIL. AND TRANSP.
COMMISSION

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

PREPARER INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: Tammy Kolberg
Title: Office Manager

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): LLC
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: April 1, 2007

'X' if Address is same as Cover:

Business Physical Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Business Website: www.ncopsstashed.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)

X	Name	<u>Stuart Morrow</u>			
	Title	<u>President</u>			
	Company	<u>North Coast Moving & Storage</u>			
	Street Address	<u>13045 SE 32nd Street</u>			
	City	State	Zip Code	<u>Belleve</u>	<u>WA</u>

Stuart L Morrow

Date October 16, 2018

Telephone 425 643 2100
Email smorris@ncoastolliv.com

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

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:	WA	Zip Code:	98138
Telephone:	425-496-2200		
Email:	sleick@denaligroup.com		

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

PREPARER INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: Sara Leick
Title: Controller

If different; Company Name: Denali Group Inc
Telephone: 425-496-2200

Principal Business Address: 32125 32nd Ave S
City: Federal Way State: WA Zip: 98001

COMPANY INFORMATION

Washington Unified Business Identifier (UBI) No.: 601235894
(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): Corporation
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: 4/11/1956

'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:

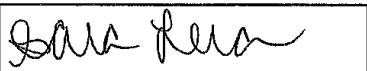
Location of Books & Records: _____
City: _____ State: _____ Zip: _____

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)

<input checked="" type="checkbox"/> 	Name	Sara Leick			
	Title	Controller			
	Company	Denali Group			
	Street Address	PO Box 389666			
	City	Seattle	State	WA	Zip Code
Date	10/16/2018				
Telephone	425-496-2200				
Email	sleick@denaligroup.com				

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

Paul's Transfer Inc dba:
(REGISTERED NAME OF BUSINESS)

POB 819 Certificate Number: HG000957
(OFFICIAL MAILING ADDRESS)

Milton Wa 98354
(CITY) (STATE) (ZIP)

paulstransferwa@gmail.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:	<u>Joy Scheidt</u>	
Title:	<u>sec-Treas</u>	
Address:	<u>POB 819</u>	
City:	<u>Milton</u>	
State:	<u>WA</u>	Zip Code: <u>98354</u>
Telephone:	<u>(253) 929-6507</u>	
Email:	<u>paulstransferwa@gmail.com</u>	

SUBMIT TO:

<https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx>

WASHINGTON



UTILITIES AND TRANSPORTATION
COMMISSION

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

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

PREPARER INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: Joy Scheidt
Title: sec-treasurer

If different; Company Name: _____
Telephone: (253) 929-6507

Principal Business Address: 1390 Valentine Ave SE
City: Pacific State: WA Zip: 98047

COMPANY INFORMATION

Washington Unified Business Identifier (UBI) No.: 397 019 025
(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): Corporation
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: 1960

'X' if Address is same as Cover:

Business Physical Address: 1390 Valentine Ave SE
City: Pacific State: WA Zip: 98047
Telephone: 253 929 6507 Fax: 253 929 6540
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)

x Joy Scheidt
Date: 10-23-2018

Name	<u>Joy Scheidt</u>				
Title	<u>Sec-Treasurer</u>				
Company	<u>Paul's Transfer Inc</u>				
Street Address	<u>POB 819</u>				
City	<u>Milton</u>	State	<u>WA</u>	Zip Code	<u>98354</u>
Telephone	<u>(253) 929-6507</u>				
Email	<u>paulstransfer@gmail.com</u>				

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

Prestige Moving & Storage dba:
(REGISTERED NAME OF BUSINESS)

7930 SW Burns Way, Ste A Certificate Number: HG065014
(OFFICIAL MAILING ADDRESS)

Wilsonville OR 97070
(CITY) (STATE) (ZIP)

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

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

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.:
(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: _____

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)

X	David Borgwardt	Name	David Borgwardt			
		Title	Exec Vice-President			
		Company	Prestige Moving & Storage			
		Street Address	7930 SW Burns Way, Ste A			
		City	Wilsonville	State	OR	Zip Code
Date	10/17/2018	Telephone	503-682-8832			
		Email	dborgwardt@prestigemoving.com			

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

Puget Sound Delivery Guys, LLC dba:
(REGISTERED NAME OF BUSINESS)

218 Main Street, Suite 153 Certificate Number:
(OFFICIAL MAILING ADDRESS)

(CITY) (STATE) (ZIP)

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

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

PREPARER INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: Phillip A. Johnson
Title: President/Agent

If different; Company Name:
Telephone: 206-778-2067

Principal Business Address:
City: State: Zip:

COMPANY INFORMATION

Washington Unified Business Identifier (UBI) No.: 602-669-582
(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): LLC
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: 11/9/2006

'X' if Address is same as Cover:

Business Physical Address: 11810 NE 116th St
City: Kirkland State: WA Zip: 98034
Telephone: 206-778-2067 Fax: 425-820-0639
Business Website:

Accounting Records Information

'X' if Address is same as above:

Location of Books & Records:
City: State: Zip:

Method of Accounting: Accrual *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)

X	Phillip A. Johnson		Name	Phillip A. Johnson			
			Title	President/Agent			
		Company	Puget Sound Delivery Guys, LLC				
		Street Address	218 Main Street, Suite 153				
		City	Kirkland	State	WA	Zip Code	98033
Date	10/21/2018		Telephone	206-778-2067			
		Email	psdglc@gmail.com				

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

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)

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

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

PREPARER INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: Sarah Lewis
Title: Operations Manager

If different; Company Name: _____
Telephone: 503.960.0544

Principal Business Address: 8811 SE Herbert Court, Suite b
City: Clackamas State: OR Zip: 97015

COMPANY INFORMATION

Washington Unified Business Identifier (UBI) No.: 604-005-998
(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): LLC
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: 2009

'X' if Address is same as Cover:

Business Physical Address: Same As Above
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Business Website: www.redefynemoving.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)

X	Sarah Lewis	Name	Sarah Lewis				
		Title	Operations Manager				
	Sarah Lewis	Company	Redefyne Moving, LLC				
		Street Address	8811 SE Herbert Court, Suite B				
		City	Clackamas	State	OR	Zip Code	97015
Date	11/1/2018	Telephone	503.960.0544				
		Email	Sarah@redefynemoving.com				

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

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

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

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.:
(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: _____

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)

X	Lars Kaldestad	Name	Lars Kaldestad				
		Title	Sole MBR				
		Company	Seattle Moves & More LLC				
		Street Address	4601 Shilshole Ave NW				
		City	Seattle	State	WA	Zip Code	98107
		Telephone	206-972-6683				
		Email	info@seattlemovesandmore.com				

Date

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

Specialty Moving, Inc. dba:

(REGISTERED NAME OF BUSINESS)

6012 South 196th Street Certificate Number: HG004888

(OFFICIAL MAILING ADDRESS)

Kent WA 98032

(CITY)

(STATE)

(ZIP)

chrisn@specialtymoving.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:	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:

<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 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.:
(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:

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)

X	<input type="text" value="Kenneth C. Niesner, Jr."/>	Name	<input type="text" value="Kenneth C. Niesner, Jr"/>				
		Title	<input type="text" value="President"/>				
		Company	<input type="text" value="Specialty Moving, Inc."/>				
		Street Address	<input type="text" value="6012 South 196th Street"/>				
		City	<input type="text" value="Kent"/>	State	<input type="text" value="WA"/>	Zip Code	<input type="text" value="98032"/>
Date	<input type="text" value="11/5/2018"/>	Telephone	<input type="text" value="800-225-5935"/>				
		Email	<input type="text" value="chrisn@specialtymoving.com"/>				

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

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@LINCMOVE.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:	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:

<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 INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: CHRIS COLABRESE
Title: CHIEF FINANCIAL OFFICER

If different; Company Name:

Telephone: 42525

Principal Business Address: 8420 s 190th
City: KENT State: WA Zip: 98031

COMPANY INFORMATION

Washington Unified Business Identifier (UBI) No.: 278000247
(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): CORPORATION
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: 1920

'X' if Address is same as Cover:

Business Physical Address: 10753 A ST SOUTH, TACOMA WA 98444
City: TACOMA State: WA Zip: 98444

Telephone: Fax:

Business Website: STARMOVING.COM

Accounting Records Information

'X' if Address is same as above:

Location of Books & Records: 8420 S 190TH ST
City: KENT State: WA Zip: 98031

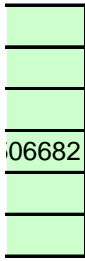
Method of Accounting: ACCRUAL *Please enter: Cash or Accrual*

CERTIFICATION

I have examined this report and to the best of my knowledge and belief, all statements of fact are accurate 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)

X	Christopher j Colabrese	Name	Christopher Colabrese		
		Title	CFO		
		Company	STAR MOVING SYSTEMS		
		Street Address	8420 S 190th		
		City	Kent	State	WA 98031
Date	10/24/2018	Telephone	4253513453		
		Email	chrisc@lincmove.com		



06682



e, the



HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

TLC Moving & Storage Inc dba:
(REGISTERED NAME OF BUSINESS)

5508 1st Ave S Certificate Number:
(OFFICIAL MAILING ADDRESS)

Seattle WA 98108
(CITY) (STATE) (ZIP)

tlcmovestorage@aol.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:	Craig Elliott		
Title:	Owner		
Address:	5508 1st Ave S		
City:	Seattle		
State:	WA	Zip Code:	98108
Telephone:	206-762-5656		
Email:	tlcmovestorage@aol.com		

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

RECEIVED
OCT 24 2018

WASH. UTILITY COMM.

PREPARER INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: Mark Mead
Title: Office Manager

If different; Company Name: TLC Moving & Storage Inc
Telephone: 206-762-5656

Principal Business Address: 5508 1st Ave S
City: Seattle State: WA Zip: 98108

COMPANY INFORMATION

Washington Unified Business Identifier (UBI) No.: 602181193
(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): Corporation
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: Apr-05

'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: Accrual *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)

<p>X </p> <p>Date: 10/17/2018</p>	Name	Craig J Elliott				
	Title	Owner				
	Company	TLC Moving & Storage Inc				
	Street Address	5508 1st Ave S				
	City	Seattle	State	Wa	Zip Code	98108
	Telephone	206-762-5656				
	Email	tlcmovestorage@aol.com				

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

Trefethen and Co., Inc dba: Bader and Olson
(REGISTERED NAME OF BUSINESS)

601 S Andover St Certificate Number: HG30389
(OFFICIAL MAILING ADDRESS)

Seattle WA 98108
(CITY) (STATE) (ZIP)

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

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

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.:
(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: _____

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)

X	Sean Trefethen	Name	Sean Trefethen			
		Title	President			
		Company	Trefethen and Co., Inc			
		Street Address	601 S Andover St			
		City	Seattle	State	WA	Zip Code 98108
Date	10/16/2018	Telephone	206-447-1770			
		Email	sean@trefethenco.com			

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

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

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

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.
(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: _____

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)

X	<input type="text" value="Yuriy Deyneka"/>	Name	<input type="text" value="Yuriy Deyneka"/>				
		Title	<input type="text" value="Governor"/>				
		Company	<input type="text" value="Two men and a moving van llc"/>				
		Street Address	<input type="text" value="240 Sw 325th pl"/>				
		City	<input type="text" value="federal way"/>	State	<input type="text" value="wa"/>	Zip Code	<input type="text" value="98023"/>
Date	<input type="text" value="10/16/2018"/>	Telephone	<input type="text" value="2533915853"/>				
		Email	<input type="text" value="tmaamv@gmail.com"/>				

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

We Like To Move It, Move It!! LLC dba:
(REGISTERED NAME OF BUSINESS)

16825 48th Ave W, STE# 105 Certificate Number: THG067656
(OFFICIAL MAILING ADDRESS)

Lynnwood WA 98037
(CITY) (STATE) (ZIP)

quote@welike2moveitmoveit.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:	Josh Manion		
Title:	Owner		
Address:	16825 48th Ave W, STE# 105		
City:	Lynnwood		
State:	WA	Zip Code:	98037
Telephone:	360-525-7654		
Email:	quote@welike2moveitmoveit.com		

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

PREPARER INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: Josh Manion
Title: Owner

If different; Company Name: _____
Telephone: 360-525-7654

Principal Business Address: 16825 48th Ave W, STE# 360
City: Lynnwood State: WA Zip: 98037

COMPANY INFORMATION

Washington Unified Business Identifier (UBI) No.: 604-088-306
(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): LLC
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: 2-Feb-17

'X' if Address is same as Cover:

Business Physical Address: 16825 48th Ave W, STE# 105
City: Lynnwood State: WA Zip: 98037

Telephone: 360-525-7654 Fax: _____

Business Website: welike2moveitmoveit.com

Accounting Records Information

'X' if Address is same as above:

Location of Books & Records: 16825 48th Ave W, STE# 105
City: Lynnwood State: WA Zip: 98037

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)

X	Josh Manion	Name	Josh Manion				
		Title	Owner				
		Company	We Like To Move It, Move It!! LLC				
		Street Address	16825 48th Ave W, STE# 105				
		City	Lynnwood	State	WA	Zip Code	98037
		Telephone	360-525-7654				
Date	10/30/2018	Email	quote@welike2moveitmoveit.com				

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

dba:

(REGISTERED NAME OF BUSINESS)

Certificate Number:

(OFFICIAL MAILING ADDRESS)

(CITY)

(STATE)

(ZIP)

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

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

PREPARER INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: Todd Hesselgesser
Title: President

If different; Company Name: Yakima Transfer & Storage Co.
Telephone: 509-453-4888

Principal Business Address: 1907 S 11th Street
City: Union Gap State: Wa Zip: 98903

COMPANY INFORMATION

Washington Unified Business Identifier (UBI) No.: 600 371 277
(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): Corporation
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: 8/1/1980

'X' if Address is same as Cover:

Business Physical Address: 1907 S 11th Street
City: Union Gap State: Wa Zip: 98903
Telephone: 509-453-4888 Fax: 509-453-2831
Business Website:

Accounting Records Information

'X' if Address is same as above:

Location of Books & Records: 1907 S 11th Street
City: Union Gap State: Wa Zip: 98903

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)

X	Name	Todd Hesselgesser			
	Title	President			
	Company	Yakima Transfer & Storage Co.			
	Street Address	1907 S 11th Street			
	City	Union Gap	State	Wa	Zip Code 98903

Date 11/14/2018

Telephone 509-453-4888
Email todd@yakimatransfer.com

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

Hing's Professional Moving dba: Andy CHEN.
(REGISTERED NAME OF BUSINESS)

3227-16th AVE S Certificate Number:
(OFFICIAL MAILING ADDRESS)

Seattle WA 98144
(CITY) (STATE) (ZIP)

Hingsmoving@gmail.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: Andy CHEN.
Title:
Address: 3227-16th AVE S.
City: Seattle.
State: WA Zip Code: 98144
Telephone: 206-679-3388.
Email: Hingsmoving@gmail.com.

SUBMIT TO:

<https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx>

WASHINGTON



UTILITIES AND TRANSPORTATION
COMMISSION

RECEIVED

NOV 02 2018

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

Sent Email 11-5-2018 Re: report Pg3 + Sch 2
Updated per email 11-13-2018 BMS

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.: 601 342 967
 (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: _____

Accounting Records Information

'X' if Address is same as above:

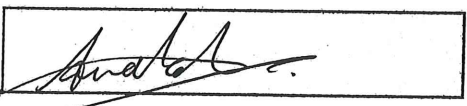
Location of Books & Records: _____
 City: _____ State: _____ Zip: _____

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)

X 

Date 10-31-2018

Name	ANDY CHEN			
Title	Owner.			
Company	HING'S Professional Moving.			
Street Address	3227 - 16 th AVE S.			
City	Seattle	State	WA	Zip Code 98144
Telephone	206 - 679 - 3388			
Email	Hingsmoving@gmail.com.			

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

MAJOR MOVERS LLC. dba: **Major Movers LLC**
(REGISTERED NAME OF BUSINESS)

7530 4TH AVE NW Certificate Number: **A6065643**
(OFFICIAL MAILING ADDRESS)

Tulalip, **WA** **98271**
(CITY) (STATE) (ZIP)

SAYLESS79@gmail.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:	Darin Pearson.	
Title:	Office Manager.	
Address:	7530 4TH AVE NW.	
City:	Tulalip, WA.	
State:	WA	Zip Code: 98271
Telephone:	425-249-6577.	
Email:	SAYLESS79@gmail.com	

SUBMIT TO:

<https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx>

WASHINGTON



UTILITIES AND TRANSPORTATION
COMMISSION

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

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

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.: 603-338-936
 (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) LLC
 Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: ~~01/01/2014~~ 1/2014

'X' if Address is same as Cover:

Business Physical Address: _____
 City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Business Website: N/A

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)

x <u>Darin Paxon</u> Date <u>4-11-2018</u>	Name	<u>Darin Paxon</u>		
	Title	<u>Office Manager</u>		
	Company	<u>Major Movers LLC</u>		
	Street Address	<u>7530 47th Ave NW</u>		
	City	State	Zip Code	
	Telephone	<u>425-249-6577</u>		
Email	<u>sayless79@gmail.com</u>			

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

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@FriendsAndFamilyMoving.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)		
Address:	11914 SE 206th St		
City:	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>



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

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

PREPARER INFORMATION

'X' if Preparer same as Cover:

Person who prepared report: John Muse
Title: Owner (President)

If different; Company Name: _____
Telephone: 206-396-8215

Principal Business Address: 11914 SE 206th St
City: Kent State: WA Zip: 98031

COMPANY INFORMATION

Washington Unified Business Identifier (UBI) No.: 602716974
(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): Small S corp
Please enter: Individual/Sole Proprietor, Partnership, LP, LLP, LLC, Corporation, or Nonprofit Corporation

Date First Organized or Regulated: Jul-05

'X' if Address is same as Cover:

Business Physical Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Business Website: Friendsandfamilymoving.com

Accounting Records Information

'X' if Address is same as above:

Location of Books & Records: _____
City: _____ State: _____ Zip: _____

Method of Accounting: accrual *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)

X	John P Muse	Name	John Muse				
		Title	Owner (President)				
Date	11/21/2018	Company	Friends and Family Moving and Storage Inc				
		Street Address	11914 SE 206th St				
		City	Kent	State	WA	Zip Code	98031
		Telephone	253-854-6683				
		Email	John@FriendsAndFamilyMoving.com				

HOUSEHOLD GOODS CARRIERS 2017 ANNUAL REPORT

FOR

David GM Anderson dba: Anderson Piano Service
(REGISTERED NAME OF BUSINESS)

2732 French R., N.W. Certificate Number:
(OFFICIAL MAILING ADDRESS)

Olympia Wa. 98502
(CITY) (STATE) (ZIP)

davidgmanderson@comcast.net
(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:	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.net		

SUBMIT TO:

<https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx>

W A S H I N G T O N



UTILITIES AND TRANSPORTATION
COMMISSION

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

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

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.:

(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: _____

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)

X

Date

Name	David GM Anderson				
Title	Owner				
Company	Anderson Piano Service				
Street Address	2732 French Rd. N.W.				
City	Olympia	State	Waq	Zip Code	98502
Telephone	360-866-8252				
Email	davidgmanderson@comcast.net				