

TV-130112-CT



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



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

RECEIVED

JAN 25 2013

TYPE OF PAYMENT

Check Money Order Amex Mastercard Visa

WASH. UT. & TP. COMM

Amount: \$ 550.00

Expiration Date: _____

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information on file is current and valid.

Name (printed): [Redacted] Company Name: Lucky Moving Co.

Cardholder's Signature: _____ Date: 01-18-13

FOR OFFICIAL USE ONLY

Date Filed: <u>1/25/13</u>	DOL/SOS: _____	ID: <u>7157</u>	Permit Issued: THG- <u>6486af</u>
Staff Assigned: <u>[Signature]</u>	Insurance: _____	Inspection: _____	Docket # <u>TV 130112</u>
Reception #: <u>550.00</u>	111-0268-207-02	111-0268-207-01	111-0268-013-20

OK # 1121 040000

Posted

BUSINESS INFORMATION

Name of Applicant Lu, Xiansin
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Lu, Xiansin

Physical Address 6402 Sunset Ave - Seattle WA 98168

Mailing Address SAME AS ABOVE

Telephone Number (000) 206-759-1486 Fax Number () _____

UBI #: 603-263 226 Email: LASINLU@Microsoft.com

USDOT #: 1402675 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # _____

Employment Security Department registration number? ESD # _____

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

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation (LP, LLP, LLC) Other _____

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

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Lu, Xiansin</u>	<u>OWNER</u>	<u>100%</u>

***Must provide a copy of a valid Washington state driver's license for each person listed above.**

Choose one of the following for the territory in which you wish to operate:

All counties in the State of Washington

The following named counties only: _____

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

Helping customers to move their household items to their destination

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

Worked for Fed Ex Distribution Co.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?

No Yes If yes, please indicate your permit number LC 0000000000

Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington? No Yes If yes, please explain _____

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

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

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

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

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

FINANCIAL STATEMENT

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

Assets		Liabilities	
Cash in Bank	\$ 8,000.00	Salaries/Wages Payable	\$ 0.00
Notes Receivable	\$	Accounts Payable	\$ 0.00
Investments	\$ 17,000.00	Notes Payable	\$ 0.00
Other Current Assets	\$	Mortgages Payable	\$ 0.00
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 0.00
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 25,000.00	TOTAL LIABILITIES & NET WORTH	\$

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2000	Ford	R099882	46-181337-1100	7000

****Attach a copy of the registration form for each vehicle listed.**

SAFETY AND OPERATIONS

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program. ****Please attach evidence of your enrollment in a drug and alcohol testing program.**

SAFETY RESPONSIBILITIES

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

DRIVER QUALIFICATION REQUIREMENTS: (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name:

Lee X...

Position:

owner

OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name: <i>Luc. Anderson</i>	Position: <i>owner</i>
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STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.

Name: <i>Luc. Anderson</i>	Position: <i>owner</i>
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DECLARATION OF APPLICANT

I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

<i>Luc. Anderson</i>	<i>Luc. Anderson</i>	<i>07/12/12</i>
Print name of applicant	Signature of Applicant	Date and Location

ATTACHMENT B

Transfer or Acquisition of Control

Applicant is seeking one of the following – please check one:

- Transfer
- Acquisition of Control

Current Name on Permit (Seller): John Li

Current Trade Name on Permit (Seller) Century Moving & Remediating Inc

Address (Seller) _____

HG Permit Number: 62650 Phone Number (Seller) 306-359-1286

Does the transfer of this permit fall under the provisions of WAC-480-15-187? No Yes
If yes, please complete Attachment C. Compliance

Have all fines or penalties owed to the commission been paid? No Yes Compliance

Has the closing annual report been filed with the commission? No Yes Compliance

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer/acquisition? SELLER

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG- 62650 to the following:

Name of Buyer: Lucy Lianoum

Trade Name of Buyer: Century Moving & Remediating Inc. Etc.

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

<u>Bill of Sale</u>	<u>Please see copy of</u>
_____ Seller's Signature	_____ Date and Location

<u>12-20-13 Seattle</u>	<u>12-20-13 Seattle</u>
_____ Buyer's Signature	_____ Date and Location

25571001497001

XIANQIN LUO
LUCKY MOVING & REMODELING
6402 SWIFT AVE S
SEATTLE WA 98108-2849

001497

DETACH BEFORE POSTING



STATE OF
WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 603 262 326
Business ID #: 1
Location: 1

Sole Proprietorship

XIANQIN LUO
LUCKY MOVING & REMODELING
6402 SWIFT AVE S
SEATTLE WA 98108 2849

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:
LUCKY MOVING & REMODELING

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Brad Fleherity
Director, Department of Revenue

" B I L L O F S A L E "

BE IT KNOW, FOR GOOD CONSIDERATION, AND IN PAYMENT OF \$12,000.00 THE SUM OF TWELVE THOUSAND US DOLLARS THE RECEIPT AND SUFFICIENCY OF WHICH IS ACKNOWLEDGED, THE UNDERSIGNED LUCKY MOVING & REMODELING L.L.C., LOCATED 8501 WILLOWS ROAD, NE #G238 REDMOND, WA 98052 NOW LOCATEDS AT 8325 128TH AVE NE, #207 KIRKLAND, WA 09033 OF 1. MRS. XUELING SUN (*WIFE OF YUN LI*) 2. MS. JIA LI (DAUGHTER OF YUN LI) 3. MR.YUN LI (*DECEASED*) (SELLERS) HEREBY SELLS AND TRANSFERS ALL RIGHTS TO OWN AND OPERATES THE "LUCKY MOVING & REMODELING L.L.C." OF MRS. XIANQIN LUO WILL BE LOCATING AT 6402 SWIFT AVE. S. SEATTLE, WA 98108 (BUYER) AND THE BUYER'S SUCCESSORS AND ASSIGNS FOREVER, THE FOLLOWING DESCRIBED AND PERSONAL PROPERTY:

THIS SALE IS CONDITION AS FOLLOW:

- 1) YEAR 2000, 24 FOOT MITSUBISI TRUCK (*VALUED AT \$5,000*)
- 2) ALL RELATED MOVING EQUIPMENTS AND ACCESSORIES.
- 3) BUSINESS'S PHONE NUMBER.
- 4) BUSINESS'S WEBSITE AND ALL COPY OF SALE RECEIPTS.
- 5) BUSINESS'S ADVERTISING COMPANY.
- 6) EMPLOYEES' ADDRESS AND THEIR PHONE NUMBERS.
- 7) SELLERS AGREE TO ACCOMPANY THE BUYER TO OLYMPIA FOR BUSINESS TRANSFER.
- 8) SELLERS AGREE TO PAY FOR ALL CLOSING AND TRUCK'S TITLE TRANSFER COST.

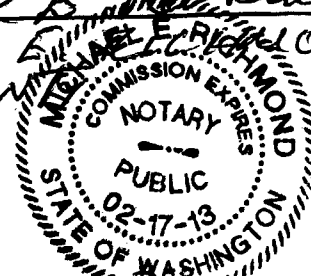
9) SELLERS ARE RESPONSIBLE FOR ALL OF THEIR OWN DEBT.

THE SELLERS WARRANT BUYER HAS A GOOD AND MARKETABLE TITLE TO SAID PROPERTY FULL AUTHORITY TO SELL AND TRANSFER SAID PROPERTY, AND THAT SAID PROPERTY IS SOLD FREE OF ALL LIENS, ENCUMBRANCES, LIABILITIES AND ADVERSE CLAIMS OF EVERY NATURE AND DESCRIPTION WHATSOEVER.

SELLERS FURTHER WARRANT TO BUYER THAT IT WILL FULLY DEFEND, PROTECT, INDEMNIFY AND HOLD HARMLESS THE BUYER AND ITS LAWFUL SUCCESSORS AND ASSIGNS FROM ANY ADVERSE CLAIM MADE THERETO BY ALL PERSONS WHOMSOEVER.

SAID PROPERTY IS OTHERWISE SOLD IN "AS IS" CONDITION AND WHERE PRESENTLY LOCATED.

Michael E. Richmond
MICHAEL E. RICHMOND
King County



SIGNED THIS 26 DAY OF December, 2012

SIGNED IN PRESENCE OF

SELLER Xueli Sun

XUELING SUN

[Signature]

SELLER [Signature]

WITNESS

JIA LI

HANPHY P. CHIN

BUYER Xin Lin Luo

PRINT NAME OF WITNESS

ADDRESS OF WITNESS 6402 Swift Ave. S.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number 9766		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Yun Li				2. Death Date (4b)		
3. Sex (M/F) M	4a. Age - Last Birthday 47	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number (4b)	6. County of Death King	
7. Birthdate 10/26/1964		8a. Birthplace (City, Town, or County) Yantai	8b. (State or Foreign Country) China	9. Decedent's Education High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No			11. Decedent's Race(s) Chinese		12. Was Decedent ever in U.S. Forces? Yes No No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St) (Include Apt. No.) (4b)				13b. City or Town (4b)		
13c. Residence: County King		13d. Tribal Reservation Name (if applicable) (4b)		13e. State or Foreign Country	13f. Zip Code + 4 98052	
14. Estimated length of time at residence. 3 Years		15. Marital Status at Time of Death Married but separated		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Xueling Sun		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Business Owner			18. Kind of Business/Industry (Do not use Company Name) Moving Company			
19. Father's Name (First, Middle, Last, Suffix) Shijing Li			20. Mother's Name Before First Marriage (First, Middle, Last) Huimin Yang			
21. Informant's Name Jia Li		22. Relationship to Decedent Daughter		23. Mailing Address (Street, P.O. Box, Apt. No., City or Town, State, Zip) (4b)		
24. Place of Death, if Death Occurred in a Hospital: Hospital Inpatient				25. Facility Name (If not a facility, give number & street or location) Harborview Medical Center		
26a. City, Town, or Location of Death Seattle		26b. State WA		27. Zip Code 98104		
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Washelli Crematory		30. Location - City/Town, and State Seattle, WA		
31. Name and Complete Address of Funeral Facility Evergreen Washelli Funeral Home 11111 Aurora Ave N Seattle				32. Date of Disposition 9/29/2012		
33. Funeral Director Signature <i>[Signature]</i>				WA 98183		
Cause of Death (See instructions and examples)						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Hemorrhagic Shock		Interval between Onset & Death hrs		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. Intraperitoneal Bleeding		Interval between Onset & Death hrs		
		c. Cirrhosis and Liver Mass		Interval between Onset & Death Months		
		d. Hepatitis B		Interval between Onset & Death years		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				45. Location of Injury: Number & Street: Apt No.		
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician <i>[Signature]</i> Lbovee, Laura			48b. Medical Examiner/Coroner David Park MD HMC Attending Service			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner Laura Lbovee MD HMC Dept of Health Services 3500 1st Ave S, Seattle, WA 98104				50. Hour of Death (24hrs) 1:45		
51. Name and Title of Attending Physician if other than Certifier (Type, License No., Address) David Park MD HMC Attending Service				52. Date Signed (mm/dd/yyyy) 9-26-2012		
53. Title of Certifier Resident MD		54. License Number MD00027610		55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) SEP 28 2012		
59. Amendments						



alth

Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

Name on record: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

Father's Full Name (For Birth): (Husband for Marriage or Dissolution) _____ 5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution) _____

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
7.	
9.	
11.	
13.	

I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

Signature: _____ 16. Date: _____ 17. Address: _____

Vital records are registered as received.
Most changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Numident Report (Social Security Administration)	School Transcripts (Official)
	Hospital /Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:
 Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.

- Child (under 18)**
 Only parent(s) or legal guardian can change the birth certificate. Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older)**
- Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
1. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

- Death Certificates:**
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
 3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

- Marriage/Dissolution (Divorce) Certificates:**
1. Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

SEARCHED
 INDEXED
 SERIALIZED
 FILED

Seattle - King County
 Department of Public Health

David Fleming

David Fleming, MD
 Director and Health Officer

DOH/CHS 023a January 2012

XX00035445

ENVISION INS SRVCS
4066 155TH AVE SE
BELLEVUE, WA 98006

010056

PROGRESSIVE

Named insured

XIANQIN LUO
LUCKY MOVING COMPANY
6402 SWIFT AVE S
SEATTLE, WA 98108

Policy number: 01998320-0

Underwritten by:
United Financial Casualty Company
January 9, 2013
Policy Period: Dec 28, 2012 - Dec 28, 2013
Page 1 of 2



progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-425-462-6638

ENVISION INS SRVCS

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage has changed

Your coverage began the later of December 28, 2012 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on December 28, 2013 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852WA (09/05), 4852WA (09/05), 4881WA (06/12) and Z228 (01/11).

The named insured organization type is a sole proprietorship.

Policy changes effective January 8, 2013

Premium change:	- \$2,114.00
Changes:	The driver information has changed.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,204
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Underinsured Motorist Bodily Injury	\$750,000 combined single limit		192
Underinsured Motorist Property Damage	\$100,000 each accident	\$100	53
		\$300 hit & run	
Personal Injury Protection	Rejected		--
Total 12 month policy premium			\$3,449

Rated driver

- XIANQIN LUO

Rated commodities

- OTHER MISC.

Auto coverage schedule

1. **2000 Isuzu Ftr**

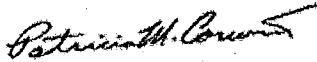
VIN: 4GTJ7C135YJ701003

Garaging Zip Code: 98108

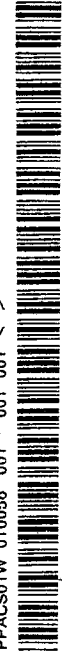
Radius: 50

Liability Premium	Liability	UIM BI	UIM PD	Auto Total
	\$3,204	\$192	\$53	\$3,449

Company officers



Secretary



PPACS01W 010056 001 * 001 001

