

TV-130497-A



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



| Type of Household Goods Authority Requested – Check one   | Fee Required |
|---|--------------|
| <input 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 checked="" type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-186 and 480-15-187 – Complete pages 2 - 7 and Attachments B & C   | \$ 250       |
| <input type="checkbox"/> Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 2 - 3 and include a statement justifying the reinstatement                                  | \$ 250       |
| <input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D  | \$ 35        |

**TYPE OF PAYMENT**

Check     Money Order     Amex     Mastercard     Visa

# 640687

Amount: 550.00 250      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): JILLIAN ITALY      Company Name: Bellingham Transport & Storage NOWADNICK AND SONS, INC

Cardholder's Signature: [Signature]      Date: 4/4/13

| FOR OFFICIAL USE ONLY               |                            |                        |                                  |
|-------------------------------------|----------------------------|------------------------|----------------------------------|
| Date Issued: <u>4/8/13</u>          | DOL/SOS: <u>[initials]</u> | ID: <u>M6331</u>       | Permit Issued: YHG- <u>21611</u> |
| Staff Assigned: <u>[initials]</u>   | Insurance: <u>on file</u>  | Inspection:            | Docket # <u>TV-130497</u>        |
| Reception #: <u>111-0268-207-02</u> | <u>111-0268-207-01</u>     | <u>111-0268-013-20</u> |                                  |

# 250 -

Handwritten notes: cc, HSC, rms

**BUSINESS INFORMATION**

Name of Applicant Bellingham Transfer and Storage, Inc.  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Northwest Movers

Physical Address 7010 150<sup>th</sup> ST SW, SUITE 101, LAKEWOOD, WA 98243

Mailing Address SAME

Telephone Number (360) 582-2494 Fax Number (360) 582-0151

UBI #: 600-062-942 Email: info@moventw.com

USDOT #: 2308242 (If you currently don't have one, you can go online at [www.fmcsca.dot.gov/online-registration](http://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 # 223,223-00

Employment Security Department registration number? ESD # 35312-00-4

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:

| *Name          | Title                | Stock Distribution or Percentage of Shares |
|----------------|----------------------|--|
| LAURI O'BANNON | PRESIDENT            | 60%  |
| JILLIAN TILLY  | VICE PRESIDENT       | 20%  |
| MANDI BEALE    | SECRETARY, TREASURER | 20%  |

\*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:

We have purchased and relocated Bellingham Transfers. We plan on servicing the Greater Tacoma Olympia South King County area, Moving and Storage H&H Services. We will be affiliated with Bekins Van Lines, of which there are no current other RV Agencies in our area. We believe we will bring excellent competition to our service area.

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

Lauri O'Bannon has been in the moving industry for over 30 years. She is co-owner of Olympic Moving and Storage, Inc. Jillian Inly and Mandi Beale each have over 10 years experience working for and running operations at Olympic moving and Storage.

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 HE-021611

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? BEKINS VAN LINES

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         | \$ 10,000. <sup>00</sup> | Salaries/Wages Payable                   | \$ 0                     |
| Notes Receivable     | \$ 0                     | Accounts Payable                         | \$ 5,000. <sup>00</sup>  |
| Investments          | \$ 0                     | Notes Payable                            | \$ 0                     |
| Other Current Assets | \$ 0                     | Mortgages Payable                        | \$ 0                     |
| Prepaid Expenses     | \$ 0                     | <b>TOTAL LIABILITIES</b>                 | \$ 5000. <sup>00</sup>   |
| Land and Buildings   | \$ 0                     | <b>NET WORTH</b>                         |                          |
| Trucks and Trailers  | \$ 34,000. <sup>00</sup> | Preferred Stock                          | \$ 0                     |
| Office Furniture     | \$ 15,000. <sup>00</sup> | Common Stock                             | \$ 5000. <sup>00</sup>   |
| Other Equipment      | \$ 5,000. <sup>00</sup>  | Retained Earnings                        | \$ 13,437. <sup>10</sup> |
| Other Assets         | \$ 0                     | Capital                                  | \$ 18,835. <sup>72</sup> |
| <b>TOTAL ASSETS</b>  | \$ 64,000. <sup>00</sup> | <b>TOTAL LIABILITIES &amp; NET WORTH</b> | \$ 42,272. <sup>82</sup> |

**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 |
|------|---------------|----------------|-------------------|----------------------|
| 2002 | INTERNATIONAL | A22335Z        | IHTMMAAM12H515612 | 26,000               |
| 1999 | FORD          | A06508W        | IFDXE47FXHA87429  | 14,000               |
| 1997 | INTERNATIONAL | A63296T        | IHTSDAAM1VH444240 | 26,000               |
| 1992 | INTERNATIONAL | A76088Y        | IHSCUNM4NH404083  | 26,000               |
|      |               |                |                   |                      |

**\*\*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: JILLIAN IHLY | Position: VICE PRESIDENT |
|--------------------|--------------------------|

**OPERATIONAL RESPONSIBILITIES**

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

|                           |                                 |
|---------------------------|---------------------------------|
| Name: <u>JILLIAN IHLI</u> | Position: <u>VICE PRESIDENT</u> |
|---------------------------|---------------------------------|

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

|                           |                                 |
|---------------------------|---------------------------------|
| Name: <u>JILLIAN IHLI</u> | Position: <u>VICE PRESIDENT</u> |
|---------------------------|---------------------------------|

**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.

|  |  |   |
|--|--|---|
| <u>JILLIAN IHLI</u><br>Print name of applicant | <u>[Signature]</u><br>Signature of Applicant | <u>4/1/13 LAKEWOOD, WA</u><br>Date and Location |
|--|--|---|



Tina Lipsi 664-1170

**CHECKLIST**

WUTC

Please make sure the following items are included with your Household Goods Moving application:



**New Provisional Application**

- Completed application
- Correct fee
- Evidence of registration with Dept. of Labor & Industries
- Evidence of registration with Employment Security Department
- Registered with Department of Revenue
- Registered with the Business Licensing Service (UBI #)
- Registered with Secretary of State's Office (if corporation)
- Copy of valid Washington state driver's license for each person named in the application
- Copy of vehicle registration of all vehicles listed
- Evidence of your enrollment in a drug and alcohol testing program, or evidence that you have in place your own drug and alcohol testing program, if required.\* *See 49 CFR 382(e) and 383.5*  
*\*(If your company operates commercial vehicles and has CDL drivers)*
- Combined single limit of public liability and property damage (Form E) and cargo insurance
- Attachment A - At least three completed statements of support from people in the community supporting the proposed service



**Transfer or Acquiring Control of an existing household goods moving company:**

WILL BE WITH N/A  
BECAUSE FREE  
BUSINESS

- Completed application
- Correct fee
- Evidence of registration with Dept. of Labor & Industries
- Evidence of registration with Employment Security Department
- Registered with Department of Revenue
- Registered with the Business Licensing Service (UBI #)
- Registered with Secretary of State's Office (if corporation)
- Copy of valid driver's license for each person named in the application
- Evidence of your enrollment in a drug and alcohol testing program, or evidence that you have in place your own drug and alcohol testing program, if required.\* *See 49 CFR 382(e) and 383.5*  
*\*(If your company operates commercial vehicles and has CDL drivers)*
- Attachments B & C, if appropriate
- Combined single limit of public liability and property damage (Form E) and cargo insurance
- Certified statement from the applicant and the current owner explaining why the transfer of ownership or control is necessary to ensure the company's economic viability
- Certified statement from the applicant and the current owner describing the steps taken by the parties to ensure the safe operations and continuity of service to customer is maintained

**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): Bellingham Transfer & Storage, Inc.  
 Current Trade Name on Permit (Seller) B Tackburn Moving & Storage  
 Address (Seller) 500 Carolina St Bellingham, WA 98225  
 HG Permit Number: 021611 Phone Number (Seller) (360) 734-9265

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

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

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

WAITING FOR THE FORMS

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? SELLERS

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG-021611 to the following:

Name of Buyer: Bellingham Transfer & Storage, Inc  
 Trade Name of Buyer: Northwest Movers

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

[Signature] VP 28 Feb/13 Bellingham, WA.  
 Seller's Signature Date and Location

[Signature] 2/27/13 Olympia, WA  
 Buyer's Signature Date and Location



|                     |
|---------------------|
| <b>ATTACHMENT C</b> |
|---------------------|

**TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER  
EXCEPTIONS IN WAC 480-15-187**

1. The commission will grant an application to transfer existing permanent authority, without requiring a provisional permit, public notice or comment, if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for any one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to a spouse or to one or more remaining partners;
  - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
  - A sole proprietor has died, the sole proprietor devised or bequeathed the company by will, and the applicant is seeking transfer of the permit in accordance with the bequest or devise set forth in the will.
  - An individual has incorporated and the same individual remains the majority shareholder;
  - An individual has added a partner but the same individual remains the majority partner;
  - A corporation has dissolved and the interest is being transferred to the majority shareholder;
  - A partnership has dissolved and the interest is being transferred to the majority partner;
  - A partnership has incorporated and the partners are the majority shareholders; or
  - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

**Documentation supporting the checked box above must be included with your application.** You may submit a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

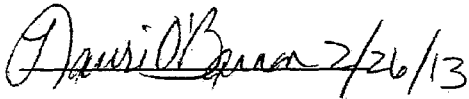
2. The Commission will grant an application for permanent authority without requiring a provisional permit after the application has been published on the application docket subject to comment for thirty days if the applicant is fit, willing, and able to provide service, the applicant has filed to transfer or acquire control of permanent authority, and all the following conditions exist:
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
    - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period prior to the application?     No  Yes
    - b. Need a certified statement from the applicant and the current owner explaining why the transfer of ownership or control is necessary to ensure the company's economic viability:
    - c. Include certified statement from the applicant and the current owner describing the steps taken by the parties to ensure that safe operations and continuity of service to customers is maintained.

WUTC Application

Statement Regarding Bellingham Transfer and Storage, Inc.

We, Lauri O'Bannon, the applicant and Tracey Fisher, the current owner, certify that the transfer of control is necessary to ensure the company's economic viability due to the retirement of the current owners from the moving and storage industry.

We, Lauri O'Bannon, the applicant and Tracey Fisher, the current owner, agree that we will ensure the safe operation and continuity of service to the custom by transferring all permits, licenses and insurances in force and without lapse. We agree that current owner will maintain the company in good standing, to preserve the company's business organization in tact; to keep available to the company the services of its present officers and employees; and to preserve for the company the goodwill of its suppliers, customer, and others having business relations with the company. The Company's business will be conducted in the ordinary course.

Handwritten signature of Lauri O'Bannon in cursive, followed by the date 2/26/13.

Lauri O'Bannon 2/26/2013

Handwritten signature of Tracey Fisher in cursive, followed by the date 2/26/13.

Tracey Fisher 2/26/13

UNIFIED BUSINESS IDENTIFIER  
600 062 5 000



STATE OF WASHINGTON  
EMPLOYMENT SECURITY DEPARTMENT

**TAX RATE NOTICE**

NORTHWEST MOVERS  
BELLINGHAM TRANSFER &  
STORAGE INC  
940 POPLAR ST  
BELLINGHAM WA 98501-0000

A

| ES REFERENCE # | MAILING DATE |
|----------------|--------------|
| 353112 00 4    | 03/08/13     |

**IMPORTANT NOTICE:** IF YOU WANT US TO REVIEW YOUR TAX RATE, THE LAW SAYS YOU MUST SEND US A REQUEST IN WRITING NO LATER THAN 30 DAYS FROM THE MAILING DATE ABOVE.

| 2013 ANNUAL TAXABLE WAGE BASE FOR EACH EMPLOYEE  | TAX RATE                | YOUR TAX RATE FOR 2013   |
|--|-------------------------|--|
| \$39,800   | 3.05%<br>0.03%<br>3.08% | UNEMPLOYMENT INSURANCE TAX RATE<br>EMPLOYMENT ADMINISTRATION FUND (EAF)<br>COMBINED TOTAL TAX RATE |
|  |                         | RATE FROM YOUR EXPERIENCE 2.63%  |
|  |                         | RATE FROM SOCIAL COSTS 0.42%   |
|  |                         | NO SOLVENCY SURCHARGE FOR 2013 N/A   |
|  |                         | TOTAL OF UNEMPLOYMENT INSURANCE TAX RATES 3.05%  |
| YOUR TAX RATE IS BASED UPON AN EXPERIENCE RATE CALCULATION FOR A REGULAR TAXABLE EMPLOYER. |                         |  |

THE FOLLOWING BENEFIT CHARGES AND TAXABLE WAGES WERE USED TO DETERMINE YOUR TAX RATE FOR 2013:

| EXPERIENCE YEAR | BENEFIT CHARGES \$ AMOUNT | TAXABLE WAGES \$ AMOUNT | TAXES PAID (INFO. ONLY) \$ AMOUNT |
|-----------------|---------------------------|-------------------------|-----------------------------------|
| 7/1/11-6/30/12  | 1,579.23                  | 128,655.40              | 3,788.91                          |
| 7/1/10-6/30/11  | 946.44                    | 134,116.91              | 3,090.75                          |
| 7/1/09-6/30/10  | 9,461.33                  | 177,783.50              | 1,946.61                          |
| 7/1/08-6/30/09  | 3,040.60                  | 147,801.90              | 1,005.05                          |
| <b>TOTAL</b>    | <b>\$15,027.60</b>        | <b>\$588,357.71</b>     | <b>\$9,831.32</b>                 |

BENEFIT RATIO FOR 2013 BENEFIT CHARGES \$15,027.60 DIVIDED BY TAXABLE WAGES \$588,357.71 EQUALS BENEFIT RATIO .025541

A BENEFIT RATIO OF .025541 QUALIFIES FOR A TAX RATE CLASS OF 22 FOR 2013

FOR QUESTIONS OR CORRECTIONS ABOUT THIS NOTICE, CONTACT:  
EMPLOYMENT SECURITY DEPARTMENT  
EXPERIENCE RATING UNIT  
P O BOX 9046  
OLYMPIA WA 98507-9046  
(360) 902-9670  
(360) 902-9202 - FAX

FOR QUESTIONS ABOUT THIS NOTICE, SEE WEBSITE:  
[WWW.ESD.WA.GOV/TAX-RATES](http://WWW.ESD.WA.GOV/TAX-RATES)

FOR QUESTIONS ABOUT YOUR ACCOUNT, CONTACT:  
EMPLOYMENT SECURITY DEPARTMENT  
SOUTH SOUND TAX OFFICE  
1301 TACOMA AV S  
TACOMA WA 98402-1903  
(253) 593-7380  
(253) 593-7314 - FAX

BELLINGHAM TRANSFER & STORAGE, INC.  
NORTHWEST MOVERS  
940 POPLAR ST  
BELLINGHAM WA 98501

DETACH BEFORE POSTING



STATE OF  
WASHINGTON

## BUSINESS LICENSE

Domestic Public Service Corporation

Unified Business ID #: 600 062 942  
Business ID #: 1  
Location: 1

BELLINGHAM TRANSFER & STORAGE, INC.  
NORTHWEST MOVERS  
7010 150TH ST STE 101  
LAKEWOOD WA 98439

UNEMPLOYMENT INSURANCE  
INDUSTRIAL INSURANCE

TAX REGISTRATION

LICENSING RESTRICTIONS:

Not authorized to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

NORTHWEST MOVERS

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 Flaherty*  
Director, Department of Revenue

WA USA **WASHINGTON** DRIVER LICENSE

1 BEALE (4b)  
2 MANDI LOUIS (4b)  
3 (4b)  
4a Iss 08-04-2011  
5 Sex F 16 Hgt 5-05  
17 Wgt 140 18 Eyes GRN  
9 Class 9a End NONE  
12 Restrictions NONE  
4b Exp 11-03-2013

*David Deato*

6 (4b)

DONOR ♥

