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BUSINESS INFORMATION

Name of Applicant ~~Ramona Harris~~
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Tri Cities Precision Movers & Cleaning Services LLC

Physical Address 2907 W 7th Ave Kennewick WA 99336

Mailing Address 100 N Moraine St Suite 308

Telephone Number (509) 396 9940 Fax Number (509) 491 1321

UBI #: 1003 380 8330 Email Precision.movers1@gmail.com

USDOT #: 244644202 (If you currently don't have one, you can go online at www.fmcsa.dot.gov/online-registration to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # attached page 287 271 00

Employment Security Department registration number? ESD # 009 350 00

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>Ramona Harris</u>		<u>55</u>
<u>Michelle Julson</u>		<u>45</u>

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

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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:

move peoples household goods at a good price

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

Helped family and friends move

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

No Yes If yes, please indicate your permit number _____

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

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

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


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

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

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

USA **WASHINGTON** DRIVER LICENSE

1 JUI SON
 2 MITCHELL RALEAN
 3 DOB 09-15-1974
 4 SEX M
 5 HT 5'11"
 6 WT 170
 7 HA BRN
 8 EYES GRN
 9 CLASS C
 10 EXP 09-14-2013
 11 RESIDENCE C



12 Renewals C

13 DD JUI SON MITCHELL RALEAN

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

TRI-CITIES PRECISION MOVERS & CLEANING SERVICES LLC

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

Date: 2/28/2014

UBI Number: 603-366-140



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

Kim Wyman

Kim Wyman, Secretary of State

Date Issued: 3/28/2014

Labor Industries #

287 271 00

Employment Security #

~~603 03000~~

009 350 00

WBI #

603-366-140

Ein # 46-5165723

MOTOR CARRIER IDENTIFICATION REPORT

(Application for U.S. DOT NUMBER)

REASON FOR FILING (Check Only One)
 NEW APPLICATION BIENNIAL UPDATE OR CHANGES OUT OF BUSINESS NOTIFICATION REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER: **TRI-CITIES PRECISION MOVERS & CLEANING SERVICES LLC**

2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME: _____

3. PRINCIPAL ADDRESS: **100 N MORAIN ST SUITE 308**

4. CITY: **KENNEWICK**

5. STATE/PROVINCE: **WASHINGTON**

6. ZIP CODE + 4: **99336**

7. COLONIA (MEXICO ONLY): _____

8. MAILING ADDRESS: **100 N MORAIN ST STE 308**

9. CITY: **KENNEWICK**

10. STATE/PROVINCE: **WASHINGTON**

11. ZIP CODE+4: **99336**

12. COLONIA (MEXICO ONLY): _____

13. PRINCIPAL BUSINESS PHONE NUMBER: **(509) 398-9940**

14. PRINCIPAL CONTACT CELL PHONE NUMBER: **(509) 438-8374**

15. PRINCIPAL BUSINESS FAX NUMBER: **(509) 491-1321**

16. USDOT NO.: **2466442**

17. MC OR MX NO.: _____

18. DUN & BRADSTREET NO.: _____

19. IRS/TAX ID NO.: **EIN# 465185723**

20. INTERNET E-MAIL ADDRESS: **michellej@tricityprecisionmovers.com**

21. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year): **14000** YEAR: **2013**

22. COMPANY OPERATION (Mark all that apply)
 A. Interstate Carrier B. Intrastate Hazmat Carrier C. Intrastate Non-Hazmat Carrier D. Interstate Hazmat Shipper E. Intrastate Hazmat Shipper F. Vehicle Registrant Only

23. OPERATION CLASSIFICATION (Circle All that Apply)
 A. Authorized For-Hire B. Exempt For-Hire C. Private Property
 D. Private Passengers (Business) E. Private Passengers (Non-Business) F. Migrant
 G. U. S. Mail H. Federal Government I. State Government
 J. Local Government K. Indian Tribe L. Other

24. CARGO CLASSIFICATIONS (Circle All that Apply)

<input type="checkbox"/> A. GENERAL FREIGHT	<input type="checkbox"/> F. LOGS, POLES, BEAMS, LUMBER	<input type="checkbox"/> J. FRESH PRODUCE	<input type="checkbox"/> P. GRAIN, FEED, HAY	<input type="checkbox"/> V. COMMODITIES DRY BULK	<input type="checkbox"/> BB. CONSTRUCTION
<input checked="" type="checkbox"/> B. HOUSEHOLD GOODS	<input type="checkbox"/> G. BUILDING MATERIALS	<input type="checkbox"/> K. LIQUIDS/GASES	<input type="checkbox"/> Q. COAL/COKE	<input type="checkbox"/> W. REFRIGERATED FOOD	<input type="checkbox"/> CC. WATER WELL
<input type="checkbox"/> C. METAL SHEETS; COILS; ROLLS	<input type="checkbox"/> H. MOBILE HOMES	<input type="checkbox"/> L. INTERMODAL CONT.	<input type="checkbox"/> R. MEAT	<input type="checkbox"/> X. BEVERAGES	<input type="checkbox"/> DD. OTHER
<input type="checkbox"/> D. MOTOR VEHICLES	<input type="checkbox"/> I. MACHINERY, LARGE OBJECTS	<input type="checkbox"/> M. PASSENGERS	<input type="checkbox"/> S. GARBAGE, REFUSE, TRASH	<input type="checkbox"/> Y. PAPER PRODUCTS	
<input type="checkbox"/> E. DRIVE AWAY/TOWAWAY		<input type="checkbox"/> N. OIL FIELD EQUIPMENT	<input type="checkbox"/> T. U.S. MAIL	<input type="checkbox"/> Z. UTILITY	
		<input type="checkbox"/> O. LIVESTOCK	<input type="checkbox"/> U. CHEMICALS	<input type="checkbox"/> AA. FARM SUPPLIES	

25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply) C-CARRIED S-SHIPPED B(BULK) - IN CARGO TANKS NB(NON-BULK) - IN PACKAGE

C S A. DIV 1.1	B NB C S K. DIV 2.2A (Ammonia)	B NB C S U. DIV 4.2	B NB C S EE. HRCQ	B NB
C S B. DIV 1.2	B NB C S L. DIV 2.3A	B NB C S V. DIV 4.3	B NB C S FF. CLASS 6	B NB
C S C. DIV 1.3	B NB C S M. DIV 2.3B	B NB C S W. DIV 5.1	B NB C S GG. CLASS 6A	B NB
C S D. DIV 1.4	B NB C S N. DIV 2.3C	B NB C S X. DIV 5.2	B NB C S HH. CLASS 6B	B NB
C S E. DIV 1.5	B NB C S O. DIV 2.3D	B NB C S Y. DIV 6.2	B NB C S II. CLASS 9	B NB
C S F. DIV 1.6	B NB C S P. Class 3	B NB C S Z. DIV 6.1A	B NB C S JJ. ELEVATED TEMP MAT.	B NB
C S G. DIV 2.1	B NB C S Q. Class 3A	B NB C S AA. DIV 6.1B	B NB C S KK. INFECTIOUS WASTE	B NB
C S H. DIV 2.1 LPG	B NB C S R. Class 3B	B NB C S BB. DIV 6.1 Poison	B NB C S LL. MARINE POLLUTANTS	B NB
C S I. DIV 2.1 (Methane)	B NB C S S. COM LIQ	B NB C S CC. DIV 6.1 SOLID	B NB C S MM. HAZARDOUS SUB(RQ)	B NB
C S J. DIV 2.2	B NB C S T. DIV 4.1	B NB C S DD. CLASS 7	B NB C S NN. HAZARDOUS WASTE	B NB
			B NB C S OO. ORM	B NB

26. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor Coach	School Bus			Mini-bus		Van		Limousine		
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+	
OWNED																
TERM LEASED																
TRIP LEASED																
27. DRIVER INFORMATION							INTERSTATE			INTRASTATE			TOTAL DRIVERS		TOTAL CDL DRIVERS	
Within 100-Mile Radius										2			2		0	
Beyond 100-Mile Radius																
28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? If Yes, enter your U.S. DOT Number. Yes No <input checked="" type="checkbox"/>																

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICER(S) OR PARTNER(S) AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)

1. **RAMAREN HARRIS, OWNER** (Please print Name)

2. **MICHELLE JULSON, OWNER** (Please print Name)

30. CERTIFICATION STATEMENT (to be completed by an authorized official)

I, **TRI-CITIES PRECISION MOVERS & CLEANING SERVIC LLC** (Please print Name), certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Signature: **TRI-CITIES PRECISION MOVERS & CLEANING SERVIC LL** Date: **03/28/2014**

Title: **RAMAREN** (Please print)

