



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 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

TYPE OF PAYMENT

Check
 Money Order
 Amex
 Mastercard
 Visa

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Amount: _____ 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): Noelle Seawiner Company Name: Life Therapeutic Works

Cardholder's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY			
Date Filed: <u>7/31/13</u>	DOL/SOS: <u>[Signature]</u>	ID: <u>M444</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	Docket # <u>TV-131423</u>
Reception #: <u>111-0268-207-02</u>	<u>111-0268-207-01</u>	<u>111-0268-013-20</u>	

RECEIVED

JUL 31 2013

BUSINESS INFORMATION

Name of Applicant Noelle Seawright
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Life Therapeutic works, LLC per UBI

Physical Address 431 Stoll Road SE Olympia, WA 98501

Mailing Address Same

Telephone Number (360) 789-9555 Fax Number (360) 625-8849

UBI #: 603 059 220 Email: Life therapeutic

USDOT #: not needed/vehicle ind. 10,000 (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 # 200, 342-00

Employment Security Department registration number? ESD # 481035-00 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:

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Noelle Seawright</u>	<u>manager/owner</u>	<u>100%</u>

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

See replacement page

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: Pacific, Clallam, Jefferson, Cowlitz, Clark, Thurston, Mason, Lewis, Pacific, Grays Harbor

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

I wish to provide small moving services for Home and community services assisting clients moving from skilled nursing facilities to their own homes, apartments, assisted living facilities or adult family homes. This is client driven and based on client choice and direction.

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

Currently I schedule with an existing large and worldwide moving company to have client belongings moved. I currently assist in packing small items with client direction.

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: _____

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: <i>Noelle Seawier</i>	Position: <i>manager/owner</i>
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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>Noelle Seawier</u>	Position: <u>owner/manager</u>
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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: <u>Noelle Seawier</u>	Position: <u>owner/manager</u>
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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.

<u>Noelle Seawier</u> Print name of applicant	<u>[Signature]</u> Signature of Applicant	<u>7-29-13 Olympia WA</u> Date and Location
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BUSINESS PLAN

Life Therapeutic Works LLC
431 Stoll Road SE Olympia, WA 98501

July 29, 2013

Executive Summary

The Company

Life Therapeutic Works is a business built on the integrity and reliability of its owner Noelle Seaunier. These same assets have proven to work well with Department of Social and Health Services, Home and Community Services team. The intent of Life Therapeutic Works is to further the contract work with this team and continue to meet the needs of said clients with minimal overhead costs. The equipment used is owned out right and maintained regularly so as to reduce the costs of running this business. Life Therapeutic Works has interested employees to complete the posed moving tasks. There is also a managements system in place to continue the high level of communication, respect and commitment that Department of Social and Health Services and Life Therapeutic Works have grown to expect from each other.

The Market

Life Therapeutic Works has current contracts with Department of Social and Health Services, Home and Community Services team and wishes to further the contract status by offering small moving services. This business is located central to the main office of the contracting company as well. The service area is based on the region designated by Department of Social and Health Services and is an area known to have a need of a reliable and consistent small moving company. Noelle Seaunier was asked by them and is being encouraged to proceed with a small moving company to assist in meeting the needs of designated clients.

The Competition

Life Therapeutic Works is in direct competition with one large international moving company. The intent of Life Therapeutic Works is to fill in for the smaller moves with a small business attitude tailored to meet the needs of Department of Social and Health Services.

Operations

Life Therapeutic Works moving portion of business will operate on a need based system and will not rely on the income from the moving in order to run. The movers in line do not want full time employment at this time.

Business Plan - Life Therapeutic Works LLC

The Company

Company History

Life Therapeutic Works has been open and running since 2010. This business has created a solid relationship with Departments of Social and Health Services; Home and Community Services team which has become the main contract that Life Therapeutic Works runs off of. Together with our fluid team work and understanding of need we have established a trust based business arrangement and this business now has one employee to meet the needs of this contract. At this time the need has expanded to include that of a small moving company which is being applied for at this time.

Company Goals and Objectives

The goal of Life Therapeutic Works is to continue to meet the needs and create a backup plan for work should previous client based services slow down. In the last six months the gross income from Department of Social and Health Services has grown to over \$24,000.

Company Ownership Structure

Life Therapeutic Works is a LLC with one 100% owner at this time. Due to the one on one client contact and liability risk this will remain the same.

Company Management Structure

Life Therapeutic Works is managed by owner Noelle Seauhier. This will remain the same in order to maintain the current level of care and conscientiousness that Department of Social and Health Services has come to expect. Currently all work is reported daily to manager/owner and this will continue with the designation of a manager for the moving team upon the approval of the moving contract that is being posed.

Management and Ownership Background

Noelle Seauhier is the owner of Life Therapeutic Works LLC and has worked over fifteen years in the social services field. As the opportunity arose Noelle branched out to obtain a private contract and open her own business. This has created a high standard of meeting client needs that shows the commitment and care of Noelle. With open, consistent communication the Department of Social and Health Services has supported and requested this additional service from Noelle. This is being sought at this time.

Organizational Timeline

Life Therapeutic Works owns a truck and trailer and can meet the needs of a small moving company for Department of Social and Health Services. Noelle will reassess the needs in six months and consider obtaining a cube van and or larger trailer if deemed necessary.

Company Assets

The current site is leased as a commercial property and all storage of vehicles is on this site. All vehicles are owned outright with approximate value of \$15,000. Vehicles are covered for commercial auto insurance and specific moving insurance quotes are in place to begin once provisional permit is granted.

Marketing Plan

The Target Market

The target market for Life Therapeutic Works is Department of Social and Health Services, Home and Community Services team. This includes the counties of Thurston, Mason, Grays Harbor, Pacific, Cowlitz, Clark, Lewis, Jefferson, Clallam and Wahkiakum Counties for this region. Life Therapeutic Works would offer back up services for Clark and Cowlitz Counties only.

Location Analysis

Life Therapeutic Works is located in Olympia and this offers a central location for meeting with the local Home and Community Services team. It is also near the freeway onramp for both I-5 and 101.

Established Customers

Life Therapeutic Works is primarily doing business with Department of Social and Health Services Home and Community Services team. This same team has developed a fluid running team built on integrity and trust.

Pricing

Life Therapeutic Works has contracts that bind the hourly rates versus the industry standards. These will be followed.

Advertising

Life Therapeutic Works will be advertised as a contracted provider with Department of Social and Health Services and Area Agency on Aging.

Competitor Analysis

The Competitors

One large moving company is currently contracted with Department of Social and Health Services and serves part of the designated county region. They do not offer services tailored to fit the needs of this client which is why Life Therapeutic Works has been supported in contracting to meet the needs of specified client. Although they will be a direct competitor they will still complete the large moves that are sometimes needed. Life Therapeutic Works is offering small move services only to meet the designated needs.

Competitor Strategies

The one competitor is an international moving company that offers professional moving services.

Through the addition of the small moving company services that Life Therapeutic Works proposes, Life Therapeutic Works will meet the needs of the small moves that are typically needed for this client maintaining the integrity and reliability the client has come to expect.

SWOT Analysis (Strengths/Weaknesses/Opportunities/Threats)

Strengths

Life Therapeutic Works has been built on the values of its owner which has earned the trust and repeated business contracts from Department of Social and Health Services. The integrity and professionalism displayed by its owner has created a strong and committed basis for the work that has been assigned to Life Therapeutic Works.

Weaknesses

Life Therapeutic Works is limited in the amount that it can expand as it currently has one employee. However, it is believed that the current employee market will allow for this need to be met. The intent

and known work request is within reason for a small moving company. Large moves will still be referred to the large international moving company. Life Therapeutic Works must plan on staffing issues and increase in work load.

Opportunities

If Life Therapeutic Works continues to be successful then owner must plan for further staffing to meet the needs of contract. As reputation builds for the moving contract, Life Therapeutic Works will also plan on hiring more staff to meet the needs of contract.

Threats

Life Therapeutic Works is at risk from the large moving company that is currently contracted. Life Therapeutic Works must respond to this by building on the reputation already expected and continue to function at the level that Department of Social and Health Services has come to rely on from Noelle.

Operations

Daily Operations

Life Therapeutic Works will be open as needed for the moving portion of its company. Staff will be hired without full time status expectations and little to no weekend services. All vehicles are owned without payments to decrease operating costs.

Operational Facilities

Life Therapeutic Works operates out of a home based business to decrease overhead costs that does not rely on the proposed moving contract.

Staffing

Life Therapeutic Works has one part time staff with owner working full time to meet the needs of current contract. There are two movers in line for this new contract to meet the needs of a small moving company.

Life Therapeutic Works LLC Projected Income Statement

For the year ending the 1st day of January: (US Dollars)

	2013
Revenues:	
Gross Sales:	30,000
Cost of Goods Sold:	0
Gross Profit:	30,000
 Expenses:	
Sales and Marketing	0
Research and Development	0
Insurance	648
Legal and Professional Services	0
Bookkeeping	0
Rent	4,800
Utilities	2,400

Repairs and Maintenance	400
General Office	0
Entertainment	0
Licenses	300
Salaries and Benefits	11,000
Bank Fees	0
Interest	0
Miscellaneous Expenses	4,800
Total Expenses:	24,348
<u>NET INCOME (Before Tax):</u>	<u>\$5,652</u>



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES
PO BOX 44000
OLYMPIA WA 98504-4000



April 26, 2013

LIFE THERAPEUTIC WORKS
431 STOLL RD SE
OLYMPIA WA 98501-2136

ACCOUNT INFO:

L&I Account ID: 260,342-00
WA UBI: 603 059 220
PAC Code: 32085052 (needed to file online at
www.QuickFile.lni.wa.gov)
Account Manager: SEAN P BLYSTONE
Phone Number: (360) 902-5129

Dear Employer:

Thank you for opening a workers' compensation insurance account with us. This mandatory insurance will protect you and your employees from the costs of a job-related injury or illness.

I am your account manager and point of contact for many of the services L&I provides. Our mission is to keep Washington safe and working, which includes helping you provide a safe workplace. Preventing injuries and illnesses protects your employees and also reduces future premium costs.

This letter contains important information that needs your attention:

- * Risk classification(s) for your business (please review for accuracy).
- * Quarterly online reporting is required, even if you have no employee hours to report.
- * Business owners' coverage is optional (you must complete a separate application).
- * Your safety program.
- * Required workplace posters.
- * Other resources.

RISK CLASSIFICATION(S) FOR YOUR BUSINESS

The following risk classification(s) were assigned to you based on the nature of your business and the information you provided on your Master Business Application. Each risk classification has a different hourly premium rate and employee payroll deduction rate.

4904-00

Clerical Office NOC & Draftsmn

02350088-000479-01-11111100

work out of state, please review the reporting rules and options that may apply to your business at www.OutofState.Lni.wa.gov.

As your company grows and changes, please contact me if you have any questions or to review your risk classes to be sure you continue to pay the appropriate premium.

Sincerely,

SEAN P BLYSTONE
Account Manager
(360) 902-5129

Enclosure: Class code description detail

02360088-000479-03-11111100



Employment Security Department
WASHINGTON STATE

UNIFIED BUSINESS IDENTIFIER
603 059 220 000

DATE: 04/18/13

LIFE THERAPEUTIC WORKS
LIFE THERAPEUTIC WORKS
431 STOLL RD SE
OLYMPIA WA 98501-2136

ES Reference Number
481035-00 4

You have been determined subject to the Washington Employment Security Act effective 02/28/13.

Please use your number as shown above on all communications and reports to the Employment Security Department.

Reports are enclosed and must be returned for each quarter following your first date of employment which was 02/28/13. Instructions for proper completion of these reports appear on the reverse side of the report.

You will be sent a tax report (EMS 5208) each quarter which must be completed and returned with your payment. If no wages are paid in a quarter and your account has not been closed, you are required to submit a report for that quarter indicating "No Payroll". You may file this report by phone using the Washington Employer Help Line.

All businesses may call 1-888-836-1900 (TOLL FREE).
Your default pin number is 8054.

It is your responsibility to advise us immediately of any change in the ownership of your business, Since your status under the law may be affected.

If you have further questions, please contact this department in Olympia at (360)902-9360 or the AMC-OLYMPIA TAX OFFICE AT (855)829-9243.

Status Section
Tax Central Office Operations

Enclosures
Packet
Washington Employer Helpline Brochure
EMS 5208 (X)



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 04-15-2013

Employer Identification Number:
46-2530493

Form: SS-4

Number of this notice: CP 575 A

LIFE THERAPEUTIC WORKS
NOELLE S SEAUNIER SOLE MBR
431 STOLL RD SE
OLYMPIA, WA 98501

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-2530493. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	07/31/2013
Form 940	01/31/2014

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.



25571003213001

LIFE THERAPEUTIC WORKS
431 STOLL RD SE
OLYMPIA WA 98501-2136

003213

DETACH BEFORE POSTING



STATE OF
WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 603 059 220
Business ID #: 1
Location: 1
Expires: 10-31-2013

LIFE THERAPEUTIC WORKS
431 STOLL RD SE
OLYMPIA WA 98501 2136

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

CITY LICENSES/REGISTRATIONS:
OLYMPIA GENERAL BUSINESS

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

REGISTERED TRADE NAMES:
LIFE THERAPEUTIC WORKS

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.

Director, Department of Revenue

WASHINGTON DRIVER LICENSE

LIC # (4b) EXP 12-10-2013

SEANIER NOELLE SUSANNE
(4b)



CDL	END	RES	C
SEX	HT	WT	EYES
F	5-06	125	BLU

ISSUE DATE 12-09-2008

DOB (4b)



Noelle Seanier

(4b)



3521 Hollywood Drive NE, Olympia, WA 98516
www.mbgmanagement.com

July 19, 2013

Noelle Seaunier
Life Therapeutic Works LLC
431 Stoll Road SE
Olympia, WA 98501

Dear Noelle:

Welcome to the FIT FOR WORK program.

We are notifying PACLAB (the drug testing laboratory) of your account. They will print up laboratory requisitions for drug testing that will be sent directly to you. When you need more, you can call or email our office. You cannot start laboratory testing until you have requisitions.

The NonDOT drug tests are \$35.00 - \$48.00 each (plus collection), depending on the number of drugs tested for. You will be billed monthly by our office when drug tests are used.

You can go to one of the sites on the enclosed list for urine collections. There is no charge for collections at sites marked as an **MBG no charge site**. Your employees must bring your Legal Drug Testing Custody and Control form (the blue and white PaLab lab form) with them in order for the collection and reporting process to work properly.

As the requisitions are used, I suggest you keep a log of the number, the social security number of the person using the requisition, the date and location of the urine collection. You can find a sample log available for download at the FFW Members section of our website: www.mbgmanagement.com.

All negative NonDOT results will be reported to you directly from the laboratory. All positive NonDOT drug tests will be sent to the Medical Review Officer first and they will notify you of the results. Your MRO is A. A. Armstrong, WPCI, 800-682-5176. If you have any questions about a result or the reporting of a result, call Dr. Armstrong's office and ask for your account representative. When communicating with the MRO's office, you must identify your password. **The password that has been assigned to you is 5250.**

NELSON INS AGCY INC
113 LEE ST SE
TUMWATER, WA 98501

PROGRESSIVE®

NOELLE SEAUNIER
431 STOLL RD
OLYMPIA, WA 98501

Underwritten by:
United Financial Casualty Company
July 24, 2013
Policy Period: Jul 24, 2013 - Jan 24, 2014
Page 1 of 2

Customer Phone number: 1-360-789-9555

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from United Financial Casualty Company, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized Web site. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499.

Policy information

Business type: Trucking For-Hire
Sub business type: Household Movers

Quote for 6 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$678.00
Paid in full discount	-30.00
Policy premium if paid in full	\$648.00

Payment plans

Payment Method: 3 payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$0.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
Make payments by mail or at progressiveagent.com. Each payment includes a \$5.00 installment fee.			
Payment plan	Total premium	Initial payment	Payments
3 Payments, 40.0% Down	\$678.00	\$271.20	2 payments of \$208.40
1 Payment	\$648.00	\$648.00	None
2 Payments, 50.0% Down	\$678.00	\$339.00	1 payment of \$344.00
OPF	\$678.00	\$678.00	None

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-360-352-1510**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

NOELLE SEAUNIER
Page 2 of 2

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
NOELLE SEAUNIER	33	Married	0	
NATHAN SEAUMIER	35	Married	0	

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$320
Bodily Injury and Property Damage Liability	\$300,000 combined single limit		
Underinsured Motorist Bodily Injury	\$300,000 combined single limit		49
Underinsured Motorist Property Damage	\$25,000 each accident	\$100	8
		\$300 hit & run	
Personal Injury Protection	\$10,000 each person		32
Subtotal policy premium			\$409

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$10,000	\$500	\$269
Subtotal policy premium			\$269
Total 6 month policy premium			\$678

Rated commodities

- Household Goods (Mover)

Auto coverage schedule

1. **2001 FORD F150**

VIN: Garaging Zip Code: 98501 Territory: 3 Radius: 50 miles
Personal use: Y Body type: Pickup Use class: C

Liability Premium	Liability	UIM BI	UIM PD	PIP	Auto Total
	\$320	\$49	\$8	\$32	\$409

2. **2010 Lufkin Trailer**

VIN: Garaging Zip Code: 98501 Territory: 3 Radius: 50 miles
Personal use: Y Body type: Sm Utility Trlr Use class: C

Premium discount

Policy	Business Experience
Form QTE (05/08)	

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: Noelle Seannier

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Stephanie Van Pelt, Social Service Specialist III, WADSWH/ACSA/HCS

Address (include street address, mailing address, city, state, zip, and county):
6631 Capital Blvd SW
PO Box 4810
Olympia, WA 98504 (Thurston County)

Phone Number: 360-644-9064

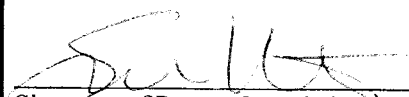
Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Small scale moves, residents from Nursing Facilities relocating into the community. These types of moves require flexibility and a creative approach, which a smaller moving provider would be more able to accommodate.

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:
Again, relocating/moving Nursing Facility residents into the community, ongoing need.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:
Granting this company a permit to provide household goods moving services would greatly improve our Agency's abilities/options of quickly discharging ~~residents~~ nursing facility residents. We currently have 0 provider, moving company -?

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
A large scale moving company and they are not able to meet our needs and our unable to flex their time frames, as a result with residents are losing housing options and are unable to discharge timely. Please consider this permit!

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.


Signature of Person Completing Form

7/10/13
Date and Location

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Applicant Name: Noelle Seannier

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: DAWN M. OKRASINSKI RSD Program Mgr,

Address (include street address, mailing address, city, state, zip, and county): Home & Community Service
6139 Capitol Blvd Oly. Wa. 98501

Phone Number: 360 664-9111

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Provider who could competitively price smaller moves

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:
Continued Transitions Service for clients moving from Nursing facilities to Community

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:
INCREASE OPPORTUNITY FOR TIMELY TRANSITIONS
DECREASE COST OF MOVES THAT ARE SMALLER IN NATURE

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
APPLICANT HAS BUILT SOLID TRUST AND WORKING RELATIONSHIPS.
APPLICANT CONTINUES TO WORK AT A HIGH LEVEL OF INTEGRITY + DEPENDABILITY

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Dawn Okrasinski 6/20/13 HCS
Signature of Person Completing Form Date and Location

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Applicant Name: Noelle Seannier

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Jennifer Karlson, Subject Matter Expert for RCL through DSHS/HCS

Address (include street address, mailing address, city, state, zip, and county):
6639 Capitol Blvd SW (physical) PO Box 45610 (mailing)
Tumwater Olympia WA 98504-5610

Phone Number: 360 664 9132

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
We have clients moving out of SNF into community settings smaller jobs that big moving company can't always do.

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:
Clients will always be transitioning out of SNF and the need will always be there for a smaller company mover

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:
Our clients will have the ease/no stress of transition and DSHS/HCS will have a smaller company that has competitive rates

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
It is per DSHS/HCS policy to get 2 bids for any job currently HCS can only get one. Also I believe this new company will save DSHS/HCS money with our moving needs

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Person Completing Form: [Signature]
Date and Location: 6/26/13 Tumwater WA