

BUSINESS INFORMATION

Name of Applicant 3D SYSTEMS LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable 3D SYSTEMS OR

Physical Address 6411 128th AVE SW Olympia WA 98512

Mailing Address Po Box 111 Little rock WA 98556

Telephone Number (360) 791-2393 Fax Number () _____

UBI #: 602-671-505 OR Email: installationsby3d@yahoo.com

USDOT #: 2263068 OR (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 126, 146-01

Employment Security Department registration number? ESD # 352 756 003 OR

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>Peter Diaz</u>	<u>Co owner</u>	<u>50%</u>
<u>Michael Diaz</u>	<u>Co owner</u>	<u>50% OR</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:

My intention is to be awarded contract with WA state DES for intrastate relocations for household/office goods. This UTC permit is required to place a bid for contract. We currently provide service for several state agencies doing modular furniture work, and getting into the move side of things is the next step for our business. Our ability to participate in this bid will save the state and people of Washington money, because it will directly promote competition.

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

Between my partner and I we have over 20 years experience in the moving and trucking industry. We have both worked for moving companies in the past. I have also worked interstate for a commercial repo co. and logged many miles of moving goods across country.

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: _____

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	\$ 23,560	Salaries/Wages Payable	\$ 16,000
Notes Receivable	\$ 16,000	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 248,000
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 249,600
Land and Buildings	\$ 300,000	NET WORTH	304,960
Trucks and Trailers	\$ 40,000	Preferred Stock	\$
Office Furniture	\$ 125,000	Common Stock	\$
Other Equipment	\$ 50,000	Retained Earnings	\$
Other Assets	\$ 0	Capital	\$
TOTAL ASSETS	\$ 554,560	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
97	ISUZU	B26886V	SALB4B1K6V7003748	10,000
93	ISUZU	B58969K	SALK7A1V7P3201610	32,000
89	Ford	B21214K	1FDNK74P0KVA33243	24,000

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>Peter Diaz</i>	Position: <i>Co-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: <i>Peter Diaz</i>	Position: <i>Co-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>Peter Diaz</i>	Position: <i>Co-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.

Peter Diaz
Print name of applicant


Signature of Applicant

9/23/13 Olympia
Date and Location

USA WASHINGTON DRIVER LICENSE

144 LIC (4b)

1 DIAZ
2 PETER ERIC

3 DOB (4b)

42 Iss 07-26-2013

15 Sex M 16 Hgt 5-08
17 Wgt 165 18 Eyes BRN
9 Class B 8a End 7N
12 Restrictions U

4b Exp 02-19-2014

Rev 05-16-2009

DONOR

5513287401349



USA WASHINGTON DRIVER LICENSE

144 LIC (4b)

1 DIAZ
2 MICHAEL ALEX

3 DOB (4b)

42 Iss 02-23-2012


15 Sex M 16 Hgt 5-08
17 Wgt 169 18 Eyes BRN
9 Class 8a End NONE
12 Restrictions NONE

4b Exp 02-03-2017

Rev 05-16-2009

DONOR

2212854408958



PREMIUM DRUG SCREENING, INC.
P O BOX 1281
SHELTON, WA 98584
Ph: 360-463-1676, Fax: 360-427-7557

September 24, 2013

To Whom It May Concern;

This is to inform you that 3D Systems, LLC has been in Premium Drug Screening, Inc.'s program for the past year.

Driver for the company have been subject to a random testing program meeting the requirements of DOT 49.40. The following employee has provided a negative drug-screening specimen and is currently enrolled in a random selection pool for the drug-screening program. Per this agreement they are subject to selection at 50% of the current pool per year.

If you should have any further questions, please feel free to contact me at 360-463-1676.

Sincerely,



Christine Clark
Manager

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: 3D Systems LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Len & Patricia Wilson

Address (include street address, mailing address, city, state, zip, and county):
6610 Riviera Crt SE
Lacey, WA 98513

Phone Number: 360-539-7736

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:

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:
We may be needing additional items and will be using their services.

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:
Having had a ^{small} business we recognize their professionalism.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? We were very pleased with the delivery of book shelves by 3D Systems. They were extremely professional and certainly a pleasure to deal with their careful way in which they carried out the delivery.

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

Len A. Wilson
Signature of Person Completing Form

9/24/13 Sorento Condo.
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: 3D Systems LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Jessica Hurley

Address (include street address, mailing address, city, state, zip, and county):
1211 C 11th Ave SE
Olympia WA 98502, Thurston County

Phone Number: 360-229-6833

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I currently have a fully furnished apartment that I need packed up and moved to a house outside the city.

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:

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: I trust in the experience and knowledge of 3D Systems to provide moving services. I believe that permitting them to provide household moves gives the community an accommodating and competitive option.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I have known Peter and Michael Diaz for several years and have only seen excellent work and service from them. I would like to see these qualities advance them and be utilized by others.

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

[Signature] Sept. 24 2013 Olympia WA
 Signature of Person Completing Form Date and Location

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: 3D Systems LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: PAUL JOHNSON, Black Hills Tree Service

Address (include street address, mailing address, city, state, zip, and county): 805 Wilson Rd NW Olympia WA 98502

Phone Number: 360-485-7788

Do you currently need the services of a residential household goods moving company? [X] No [] Yes If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company? [X] No [] Yes If yes, please describe your future moving needs:

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: I trust Peter and his employees completely. I'm confident they will provide excellent service.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I have known and worked with Peter DIAZ for over 10 years.. I support Peter's Application absent any reservation.

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

Paul E. Johnson Signature of Person Completing Form Retired Olympia Police

9/23/13 Olympia Date and Location

Commercial Certificate of Insurance



FARMERS

Agency
 Name . Mark Felton
 & . 5757 Capitol Blvd S
 Address . Tumwater, WA 98501

Issue Date (MM/DD/YY) 09/25/2013

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below.

St. 79 Dist. 14 Agent 341

Companies Providing Coverage:

Insured
 Name . 3D Systems LLC
 & . 17211 Hound Dog Lane SW
 Address . Rochester, WA
 . 98579

Company **A** Truck Insurance Exchange
 Letter
 Company **B** Farmers Insurance Exchange
 Letter
 Company **C** Mid-Century Insurance Company
 Letter
 Company **D** _____
 Letter

Coverages

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits
B	<input checked="" type="checkbox"/> General Liability <input checked="" type="checkbox"/> Commercial General Liability - Occurrence Version Contractual - Incidental Only Owners & Contractors Prot.	604792385	09/25/2013	10/13/2014	General Aggregate \$ 2,000,000 Products-Comp/OPS Aggregate \$ 2,000,000 Personal & Advertising Injury Each Occurrence \$ 1,000,000 Fire Damage (Any one fire) \$ 100,000 Medical Expense (Any one person) \$ 5,000
B	<input checked="" type="checkbox"/> Automobile Liability All Owned Commercial Autos Scheduled Autos Hired Autos Non-Owned Autos Garage Liability	604792385	09/25/2013	10/13/2014	Combined Single Limit \$ Bodily Injury (Per person) \$ 100,000 Bodily Injury (Per accident) \$ 300,000 Property Damage \$ 100,000 Garage Aggregate \$
	Umbrella Liability				Limit \$
	Workers' Compensation and Employers' Liability				Statutory Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$

Description of Operations/Vehicles/Restrictions/Special items:

- 1989 Ford 24FT Box IFDNK74P0KVA33243,
- 1997 ISUZU 10 FT BOX JLB4B1K6V7003748,
- 1993 ISUZU 24FT Box JALK7A1U7P3201610

Certificate Holder

Name .
 & .
 Address .

Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Kori L Wolf Serrine
 Authorized Representative

3D SYSTEMS LLC
3D SYSTEMS
PO BOX 111
LITTLEROCK WA 98556

DETACH BEFORE POSTING



STATE OF
WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 602 671 505
Business ID #: 1
Location: 1

3D SYSTEMS LLC
3D SYSTEMS
6411 128TH AVE SW
OLYMPIA WA 98512

UNEMPLOYMENT INSURANCE
INDUSTRIAL INSURANCE

TAX REGISTRATION

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

REGISTERED TRADE NAMES:
3D SYSTEMS

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.

A handwritten signature in black ink, appearing to be "C. R. ...", written over a horizontal line.

Director, Department of Revenue

Part 100 - 11

Washington State Department of Licensing Business Registration Information

Business Information

- Business is a month-to-month plan.
- If not a sole proprietor, partnership and license agreement, advisory, advisory has not been completed by the state.
- All licenses should be renewed by the expiration date that appears on the front of the document by an individual who has not been convicted of a crime.
- If there is a violation date, the registration is no longer valid. A fee is required for a continuous registration (see Registrations).
- Please contact Business Licensing Service if you change your business name, location, mailing address, telephone number, or business ownership.

Business Licensing Service

P.O. Box 3000

Olympia, WA 98507-0000

Telephone: 1-800-451-7000

Fax: (360) 705-8718

Registration

Businesses are required to register with the state and obtain a license to operate on public lands. Some businesses are required to obtain a license to operate on public lands. Some businesses are required to obtain a license to operate on public lands. Some businesses are required to obtain a license to operate on public lands.

Each registration agency requires you to submit certain information. Each agency will send you the information regarding fees and procedures.

Businesses, including 100% Companies, LLCs,

must submit a Business License Application and fee with the Corporations Division of the Secretary of State. Before you can legally operate as a corporation, limited liability company, or other business organization type that requires registration with the Washington Secretary of State, if you have any questions, please call (360) 705-0577.

UNIFIED BUSINESS IDENTIFIER
602 671 505 000

1194



STATE OF WASHINGTON
EMPLOYMENT SECURITY DEPARTMENT

TAX RATE NOTICE

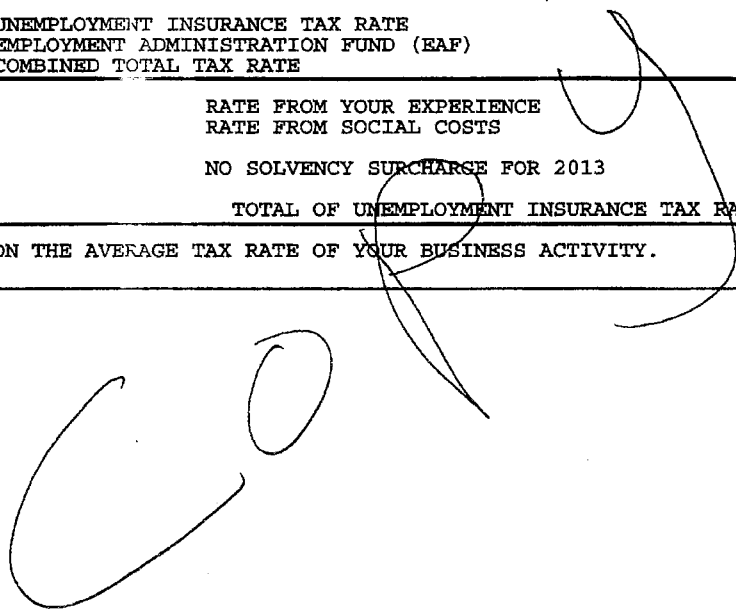
3D SYSTEMS
3D SYSTEMS LLC
PO BOX 11313
OLYMPIA WA 98508-1313

A _____

ES REFERENCE #	MAILING DATE
352756 00 3	12/07/12

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	3.65%	UNEMPLOYMENT INSURANCE TAX RATE	
	0.02%	EMPLOYMENT ADMINISTRATION FUND (EAF)	
	3.67%	COMBINED TOTAL TAX RATE	
		RATE FROM YOUR EXPERIENCE	3.32%
		RATE FROM SOCIAL COSTS	0.33%
		NO SOLVENCY SURCHARGE FOR 2013	N/A
		TOTAL OF UNEMPLOYMENT INSURANCE TAX RATES	3.65%
YOUR TAX RATE IS BASED UPON THE AVERAGE TAX RATE OF YOUR BUSINESS ACTIVITY.			



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

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

EMS 174 (REV. 11/10) -889-

Washington State Department of
Labor and Industries



Employer Liability
Certificate

RECEIVED
LABOR & INDUSTRIES

SEP 29 2013
REGION 4 TUMWATER WA

Department of Labor and Industries

Employer Liability Certificate

Date: 09/23/2013

UBI #: 602 671 505

Legal Business Name: 3D SYSTEMS LLC

Account #: 126,146-01

'Doing Business As' Name: 3D SYSTEMS

Estimated Workers Reported: Quarter 2 of Year 2013 "1 to 3 Workers"
(See Description Below)

Workers' Comp Premium Status: Account is current. Firm has voluntarily reported and paid their premiums.

Licensed Contractor? No

Account Representative: T2 / KATHY WITHERS (360)902-4829 - Email:
WITE235@lni.wa.gov

What does "Estimated Workers Reported" mean?

Estimated workers reported represents the number of full time position requiring at least 480 hours of work per calendar quarter. A single 480 hour position may be filled by one person, or several part time workers.

Industrial Insurance Information

Employers report and pay premiums each quarter based on hours of employee work already performed, and are liable for premiums found later to be due. Industrial insurance accounts have no policy periods, cancellation dates, limitations of coverage or waiver of subrogation (See RCW 51.12.050 and 51.16.190).

