



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Replacement App

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 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 (\$ 35.00) * \$ 215.00
<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

017456

Amount: ~~\$35.00~~ *\$215 -* 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): Debra L Sparks Company Name: Chipman Moving & Storage, Inc.
 Cardholder's Signature: Debra L Sparks Date: 3-14-14

Date Filed: <u>3/18/14</u>	DOL/SOS: <u>OK</u>	ID: <u>7763</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	Docket # <u>TV-140333</u>
Reception #: <u>049639</u>	111-0268-207-02	111-0268-207-01	111-0268-013-20

Rec # 049393 - \$35 -

Posted
JS

BUSINESS INFORMATION

Name of Applicant Chipman Moving & Storage, Inc.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Chipman Relocations, Rainier Relocations

Physical Address 8939 S. 190TH St., Kent, WA 98031

Mailing Address 1040 Marina Village Pkwy Ste 100, Alameda CA 94501

Telephone Number (425) 251-0562 Fax Number (425) 251-9427

UBI #: 600 354 852 Email: chipman@chipmancorp.com

USDOT #: 2014603 (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 # 436,078-0000

Employment Security Department registration number? ESD # 473721-004

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>
Tom Chipman	President	60%
Justin Chipman	Vice President	30%

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

P

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 will continue to operate as a household goods carrier offering local and intrastate household goods moving and packing services. We also offer storage to customers who need it

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

Tom Chipman, President (new majority shareholder) has been involved in the moving business for over 40 years and involved in the daily operations of Chipman Moving & Storage, Inc. since its inception

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 HG 006985
Tom Chipman, current majority shareholder previously owned 45% of same company

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# _____
Not on our authority

Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? United Van Lines and Mayflower Transit

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. *See Attached*

Assets		Liabilities	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	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
1995	Freightliner Trac	9A41818	1FDXR82E9SVA35892	51000
2013	Isuzu Truck	B705897	JALCW163D7001467	11000

P5 Attachment 1 of 1

Chipman Corporation and Chipman Moving & Storage, Inc.
 Consolidated
 For the Twelve Months Ending December 31, 2013

	<u>This Year</u>
Current Assets	
Cash in Bank	\$1,148,853.06
Accounts Receivable	4,383,772.04
Notes Receivable	17,750.00
Notes Receivable - Related Parties	0.00
Prepaid Expenses	243,093.20
Inventories	87,194.31
	<hr/>
Total Current Assets	5,880,662.61
Fixed Assets	
Revenue Equipment	3,185,078.16
Warehouse Equipment	1,743,160.79
Office Equipment	1,086,399.81
Leasehold Improvements	537,697.60
Accumulated Depreciation	(5,468,532.88)
	<hr/>
Total Fixed Assets	1,083,803.48
Other Assets	
Unigroup Stock	769,488.00
Other Assets	443,085.23
	<hr/>
Total Other Assets	1,212,573.23
	<hr/>
Total Assets	8,177,039.32
	<hr/> <hr/>
Current Liabilities	
Accounts Payable	2,241,073.99
Accrued Liabilities	1,207,079.88
	<hr/>
Total Current Liabilities	3,448,153.87
Long Term Debt	
Note Payable - Related Parties	2,979,498.00
	<hr/>
Total Long Term Debt	2,979,498.00
Other Liabilities	
Deferred Taxes	
	<hr/>
Total Liabilities	6,427,651.87
Stockholder's Equity	
Common Stock	1,500.00
Paid In Capital	156,140.14
Treasury Stock	(3,670,473.00)
P&L - Current Year	2,281,442.09
Retained Earnings	2,980,778.22
	<hr/>
Total Stockholder's Equity	1,749,387.45
	<hr/>
Total Liabilities & Stockholder's Equity	8,177,039.32

Chipman Moving & Storage, Inc.
Income Statement
For the Twelve Months Ending December 31, 2013

	Current	%
	\$	
Revenue:		
Cartage	\$3,221,338.68	57.41%
Packing	407,232.10	7.26%
Warehouse Handling	102,920.09	1.83%
Storage	462,325.63	8.24%
Commissions	713,176.68	12.71%
Other	82,118.29	1.46%
Valuation	37,700.81	0.67%
Accessorial	504,659.79	9.02%
Total Revenue	5,611,472.07	100.00%
Operating Costs:		
Labor	261,830.60	4.67%
Fringe Benefits	109,117.39	1.96%
Equipment Expense	79,246.03	1.41%
Building Expense	437,432.75	7.80%
Claims Expense	(6,583.71)	(0.12%)
Other Expense	292,417.15	5.21%
Contractor Expense	2,782,729.08	49.59%
Total Operating Expense	3,867,189.29	68.92%
Non Operating Credits		
Sales Expense	563,932.87	10.05%
Administration	532,934.46	9.50%
Fringe Benefits	200,854.01	3.58%
Office Expense	96,224.61	1.71%
Total Non Operating	1,393,945.95	24.84%
Corporate Expense		
Corporate Expense	235,529.90	4.20%
Total Corporate Expense	235,529.90	4.20%
Net Income Before Taxes	\$14,908.83	0.27%
Provision	114,806.83	2.05%

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.**
Please see attached

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: Jeremiah Hicks	Position: General Manager
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-rug + Alcohol AT# P.043



6025 Labath Avenue, Suite 104
Rohnert Park, CA 94928
707.588.1234 ~ Fax 707.588.8096 ~ 800.457.5508
customerservice@adts.com

Tony Trujillo
Chipman Relocation
2300 North Whatney Way Suite C
Fairfield, CA 94533

Certification of Enrollment in Random Selection

1/17/2014

Batch R0005462 Generated on 1/17/2014

This document certifies that your company's employees are subject to computer-generated random selections for alcohol and/or drug testing. You should store this document with your other permanent drug testing

Number of your employees eligible for selection:	13
Number of your employees selected for Drug testing only:	2
Number of your employees selected for Alcohol testing only:	0
Number of your employees selected for dual Drug/Alcohol testing:	1
Total number of your employees selected for testing:	3
Total number of participants in this random pool:	4903
Total number of participants selected from this random pool:	31
Total percentage of eligible participants selected for Drug Testing:	14.01
Total percentage of eligible participants selected for Alcohol Testing:	0.00

Authorized Signature

1st Quarter 2014

ALL TESTING MUST BE COMPLETED BEFORE THE NEXT SELECTION!

SELECTED EMPLOYEES:

(Employees must proceed to test site immediately upon receiving notification.)

***Owner/Operators: Must Test Immediately Upon Receiving Notification!**

**Note: If the selected driver(s) are no longer employed, on disability, etc.
PLEASE CONTACT ADTS IMMEDIATELY!**

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING DATA COLLECTION FORM

Calendar Year Covered by this Report: 2013

I. Employer:

Company Name: DOT CONSORTIUM

Doing Business As (DBA) Name (if applicable):

Address: E-mail:

Name of Certifying Official: Signature:

Telephone: Date Certified:

Prepared by (if different): Joe Helberg Telephone: (707) 588-1234

C/TPA Name and Telephone (if applicable): ADTS-Alcohol & Drug Testing Services (707) 588-1234

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

X FMCSA - Motor Carrier: DOT# _____ Owner-operator (circle one) YES or NO Exempt (Circle one) YES or NO

___ FAA - Aviation: Certificate # (if applicable): _____ Plan / Registration # (if applicable): _____

___ PHMSA - Pipeline (Check) Gas Gathering ___ Gas Transmission ___ Gas Distribution ___ Transport Hazardous Liquids ___ Transport Carbon Dioxide _____

___ FRA - Railroad: Total number of observed/documentated Part 219 "Rule G" Observations for covered employees: _____

___ USCG - Maritime: Vessel ID # (USCG- or State Issued): _____ (if more than one vessel, list separately)

___ FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety Sensitive Employees in All Employee Categories: 4,773

(B) Enter Total Number of Employee Categories: 1

Employee Category	Total Number of Employees in this Category
Driver	4,773

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II(C), III, and IV for each separate employee category.

III. Drug Testing Data:

Type of Test	Total Number of Test Results (Should equal the sum of Columns 2, 3, 9, 10, 11 and 12)	Verified Negative Results	Verified Positive Results - For One Or More Drugs	Positive for Marijuana	Positive for Cocaine	Positive for PCP	Positive for Opiates	Positive for Amphetamines	Refused Results				Canceled Results
									Adhered	Substituted	Shy Bladder With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	1570	1544	22	12	2	0	0	7	0	0	0	4	6
Random	2411	2393	12	9	0	0	0	4	0	0	0	6	14
Post-Accident	27	26	1	0	1	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	2	1	1	0	0	0	0	1	0	0	0	0	0
Return-To-Duty	19	19	0	0	0	0	0	0	0	0	0	0	0
Follow-Up	64	62	2	1	1	0	0	0	0	0	0	0	0
TOTAL	4093	4045	38	22	4	0	0	12	0	0	0	10	20

IV. Alcohol Testing Data:

Type of Test	Total Number Of Screening Test Results (Should equal the sum of Columns 2, 3, 7 and 8)	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Test Results	Confirmation Tests With Results 0.02 Through 0.019	Confirmation Tests With Results 0.04 Or Greater	Refusal Results			Canceled Results
							"Shy Lung" With No Medical Explanation	Other Refusals To Submit To Testing		
Pre-Employment	7	7	0	0	0	0	0	0	0	0
Random	487	487	0	0	0	0	0	0	0	0
Post-Accident	20	20	0	0	0	0	0	0	0	0
Reasonable Susp./Cause	1	0	1	1	0	1	0	0	0	0
Return-To-Duty	0	0	0	0	0	0	0	0	0	0
Follow-Up	1	1	0	0	0	0	0	0	0	0
TOTAL	528	525	1	1	0	1	0	0	0	0

0343



Random Selection - Eligible Pool

Random Batch R0005452

Configuration Name: DOT Standard

Company: 1783	Chipman Relocation	Phone: (707) 399-6177	Fax: (707) 399-6193
Contact:	Tony Trujillo	Phone:	Fax:
Home Base:			
Contact:			

ID	SSN	Name	Occupation	Pool Group
	(4b)	Denny Benavidez	DOT DOT Driver (DOT)	
		Roy Bulen	DOT DOT Driver (DOT)	
		Jesus Contreras	DOT DOT Driver (DOT)	
		Heather George	DOT DOT Driver (DOT)	
		Javier Granados	DOT DOT Driver (DOT)	
		Nick Gutierrez Sr.	DOT DOT Driver (DOT)	
		Kris Johnson	DOT DOT Driver (DOT)	
		Norman Mangskau	DOT DOT Driver (DOT)	
		Aaron Mangskau	DOT DOT Driver (DOT)	
		Candido Reyes	DOT DOT Driver (DOT)	
		Richard Rhoades	DOT DOT Driver (DOT)	
		Dan Williamson	DOT DOT Driver (DOT)	
		Gerardo Zavala	DOT DOT Driver (DOT)	

13 Eligible Participants in Home Base: ()

13 Eligible Participants in Company: Chipman Relocation (1783)

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>Debbie Sparks</i>	Position: <i>VP Finance</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>Tom Chipman</i>	Position: <i>President</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.

Tom Chipman
Print name of applicant

[Signature]
Signature of Applicant

3/14/14 *Albany, California*
Date and Location

ATTACHMENT B

Transfer or Acquisition of Control

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

- Transfer
- Acquisition of Control

Current Name on Permit (Seller): Chipman Moving & Storage, Inc

Current Trade Name on Permit (Seller) Chipman Relocations, Rainier Relocations

Address (Seller) 8939 S. 190TH ST., Kent, WA 98031
1040 Marina Village Pkwy Ste 100 Alameda CA 94501

HG Permit Number: 006985 Phone Number (Seller) (510) 748-8700

Does the transfer of this permit fall under the provisions of WAC-480-15-18?? 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 *For 2012
will file 2013
when due prior to 3/14*

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? Chipman Moving & Storage, Inc

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG- 006985 to the following:

Name of Buyer: Chipman Moving & Storage, Inc

Trade Name of Buyer: Chipman Relocations, Rainier Relocations *
** Until prior application to add + remove DBA processed*

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

John Chipman
Seller's Signature John Chipman

3/14/14 Alameda, Ca
Date and Location

Tom Chipman
Buyer's Signature Tom Chipman

3/14/14 Alameda, Calif.
Date and Location

ATTACHMENT C

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

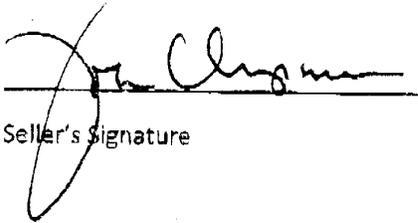
1. The commission will grant an application to transfer existing permanent authority, without requiring a provisional permit, public notice or comment, if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for any 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.

Attachment C – Statement 2b

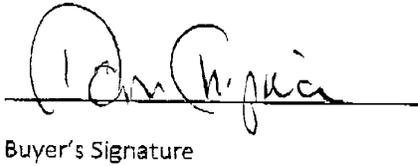
Chipman Moving & Storage, Inc. (the company) is a family owned business. The transfer of majority stock ownership is part of the company's plan to continue operating long after John Chipman's planned retirement in a few years. John Chipman owned 50% of the company and after redemptions and stock transfers, Tom Chipman who previously owned 45% of the company, now owns 60% of the company. The remaining shares are owned by two other family members, Justin Chipman owns 30% and John Chipman Jr owns 10%. Tom has always been very involved in the operation of the company and there is no change in how the company operates with this change in majority ownership. John Chipman is still very involved with the company as a corporate officer.



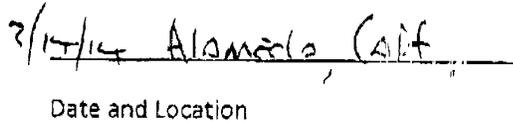
Seller's Signature



Date and Location



Buyer's Signature



Date and Location

Attachment C – Statement 2c

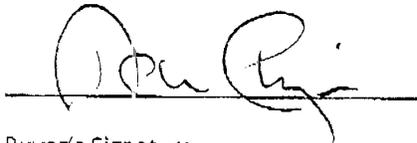
Chipman Moving & Storage, Inc. (the company) is a family owned business. There has been no change in how the company operates and there has been no change in any of the key personnel involved in day to day operations. John Chipman (Seller) is still involved with the company as a corporate officer while he works with Tom Chipman for a smooth transition when he does retire a few years from now. John's brother, Tom Chipman (Buyer) has always been very involved in the company's daily operations as 45% owner. The company will continue to operate as it always has to maintain financial stability while maintaining safe operations and providing continuous service to our customers.



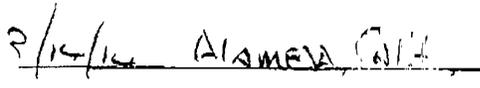
Seller's Signature



Date and Location



Buyer's Signature



Date and Location



