

TV-121254



# HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 2 - 7 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment B	\$ 550
<input checked="" type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-186 and 480-15-187 – Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35

### TYPE OF PAYMENT

- Check   
 Money Order   
 Amex   
 Mastercard   
 Visa

964294

Amount: \$250.00

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): John Muse      Company Name: Friends & Family Moving & Storage, Inc  
Cardholder's Signature: \_\_\_\_\_      Date: 7-25-12

### FOR OFFICIAL USE ONLY

Date Filed: <u>7/25/12</u>	DOL/SOS: <u>[Signature]</u>	ID: <u>6984</u>	Permit Issued: THG- <u>HG62096</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>on file</u>	Inspection: _____	Docket # <u>TV121254</u>
Reception #: <u>111-0268-207-02 039374</u>	<u>111-0268-207-01</u>	<u>111-0268-013-20</u>	

\$ 250.00

### BUSINESS INFORMATION

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

Trade Name, if applicable Friends & Family Moving & Storage *N/A*

Physical Address 11914 SE 206th St., Kent, WA 98031

Mailing Address Same.

Telephone Number (206) 396-8215 Fax Number (253) 854-6684

UBI #: 602-716-974 *ob* Email: admin@friendsandfamilymoving.com

USDOT #: 1412690 *ob* (If you currently don't have one, you can go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply for one or call 360-596-3810 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 106,447-01 *ob*

Employment Security Department registration number? ESD # 371617-000 *ob*

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>
John Muse	Shareholder	100% <i>ob</i>

**\*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:

Friends & Family Moving & Storage will continue to provide quality moving services to customers in the moving industry. We will continue to run a company in which the customer comes first.

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

Mr. Muse has been the manager of Friends & Family's operations for the last seven years, and thus has extensive experience in all aspects of the household goods moving industry.

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# 534509

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	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$</b>

### 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
2006	FRHT	B31511A	1FV3HJBC8XHB90975	26000
2006	INTL	B08865A	1HTSCAAM0WH563845	26000
2006	INTL	B08864A	1HTSCAAM2WH563846	26000
2010	GMC	B12499N	1GDJ7C1C65F530306	26000
2010	GMC	E28600P	1GDJ7C1C35F529694	26000

**\*\* Attach a copy of the registration form for each vehicle listed.**



**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	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

**EQUIPMENT LIST (Continued)**

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
2010	GMC	B29019P	1GDJ77C1C95F530235	26000

**\*\*Attach a copy of the registration form for each vehicle listed.**

## SAFETY AND OPERATIONS

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program. **\*\*Please attach evidence of your enrollment in a drug and alcohol testing program.**

## SAFETY RESPONSIBILITIES

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

DRIVER QUALIFICATION REQUIREMENTS: (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name: John Muse	Position: Owner
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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: John Muse Position: Owner

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: John Muse Position: Owner

### 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.

John Muse  
Print name of applicant



Signature of Applicant

7-25-12 Kent WA  
Date and Location

## CHECKLIST

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



### New Provisional Application

- Completed application
- Correct fee
- Evidence of registration with Dept. of Labor & Industries
- Registered with Employment Security Department
- Registered with Department of Revenue
- Registered with the Business Licensing Service (UBI #)
- Copy of valid Washington state driver's license for each person named in the application
- Copy of vehicle registration of all vehicles listed
- Evidence of your enrollment in a drug and alcohol testing program, or evidence that you have in place your own drug and alcohol testing program, if required by WAC 480-15-570
- The proper combined single limit of public liability and property damage (Form E) and cargo insurance
- Attachment A - At least three completed statements of support from people in the community supporting the proposed service

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

- Completed application
- Correct fee
- Evidence of registration with Dept. of Labor & Industries
- Registered with Employment Security Department
- Registered with Department of Revenue
- Registered with the Business Licensing Service (UBI #)
- Copy of valid driver's license for each person named in the application
- Evidence of your enrollment in a drug and alcohol testing program, or evidence that you have in place your own drug and alcohol testing program, if required by WAC 480-15-570
- Attachments B & C, if appropriate
- The proper combined single limit of public liability and property damage (Form E) and cargo insurance
- Certified statement from the applicant and the current owner explaining why the transfer of ownership or control is necessary to ensure the company's economic viability
- Certified statement from the applicant and the current owner describing the steps taken by the parties to ensure the safe operations and continuity of service to customer is maintained

From: PINAL FCU, FLORENCE

07/25/2012 10:47

#232 P.001/002

JUL-25-2012 10:26 From:

To: 15208690142

Page 1/3

**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): Friends and Family Moving and Storage, Inc

Current Trade Name on Permit (Seller) Friends and Family Moving and Storage

Address (Seller) 11914 SE 206th St., Kent, WA 98031

HG Permit Number: HG-62096      Phone Number (Seller) (206) 396-8215

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

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

Has the closing annual report been filed with the commission?  No  Yes  
Commission staff has advised that 5/31/12 annual report is sufficient.

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? John Muse

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG- 62096 to the following:

Name of Buyer: Friends & Family Moving & Storage, Inc

Trade Name of Buyer: Friends & Family Moving & Storage

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

Robert E. Kobus      7/25/12      505 0 51 11/2 KENT WA  
Seller's Signature      Date and Location

[Signature]      7-25-12      KENT WA  
Buyer's Signature      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: See Attachment E
    - 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. See Attachment E

From: PINAL FCU, FLORENCE

07/25/2012 10:47

#232 P.002/002

JUL-25-2012 10:26 From:

To: 15288680142

Page 13/3

**Attachment E*****Certified Statements for Attachment C***

2(b): The transfer of ownership and control is necessary to ensure the company's economic viability because the original owners of Friends & Family Moving & Storage, John Muse's mother and stepfather, are now advancing in age and no longer wish to have responsibility for the company. John Muse has been managing his parents' company since 2005, and now has acquired 100% of the stock of the company to ensure that it retains economic viability and continues to provide the high level of service that its customers have enjoyed over the last seven years.

2(c): Given that the new owner, John Muse, has overseen all aspects of the company's operation since 2005, he is extremely well equipped to ensure that safe operations and continuity of service to customers is maintained. The transfer in ownership will not result in operational changes to the company, and so it will continue to function in compliance with all safety laws and regulations required by federal law, state law, and the Utilities and Transportation Commission.

Dated this 25 day of July, 2012.



John Muse, Applicant and Current Owner



Robert E. Kakuschke, Permit Holder

SEA\_DOCS:1069634.1

## Verify Workers' Comp Premium Status - Employer Liability Certificate

Page 1 of 1

Washington State Department of  
Labor and Industries



Employer Liability  
Certificate

## Department of Labor and Industries

## Employer Liability Certificate

Date: 07/06/2012

UBI #: 602 716 974

Legal Business Name: FRIENDS &amp; FAMILY MOVING &amp; STORAGE INC

Account #: 106,447-01

'Doing Business As' Name: FRIENDS &amp; FAMILY MOVING &amp; STOR

Estimated Workers Reported: Quarter 1 of Year 2012 "7 to 10 Workers"  
(See Description Below)Workers' Comp Premium Status: Account is current. Firm has voluntarily reported and  
paid their premiums.

Licensed Contractor? No

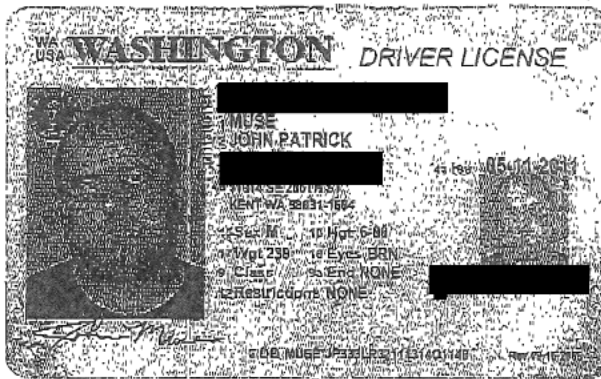
Account Representative: T5 / CARROLL SORRELL (360)902-4811 - Email:  
SEVC235@lni.wa.gov**What does "Estimated Workers Reported" mean?**

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).





FROM :

FAX NO. :

Jul. 20 2012 09:59AM P2

## Tax Advice, Inc.

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To the Board of Directors  
Friends & Family Moving & Storage Inc.  
20241 84th Ave S  
Kent, WA 98032

The accompanying statement of assets, liabilities, and equity - income tax basis of Friends & Family Moving & Storage Inc. (an S corporation), as of May 31, 2012 and the related statement of revenue and expenses - income tax basis for the month and period ended May 31, 2012 has been prepared by Tax Advice, Inc.

These financial statements have been prepared from information furnished by management, and accordingly, Tax Advice, Inc. does not express any assurance on them.

Substantially all of the disclosures and the statement of cash flows have been omitted from these statements. If the omitted disclosures were included in the financial statement, they might influence the user's conclusions about the Company's revenues and expenses. Accordingly, these financial statements are not designed for those who are not informed about such matters.

The Company, with the consent of its shareholders, has elected under the Internal Revenue Code to be an S corporation. In Lieu of corporation income taxes, the shareholders of an S corporation are taxed on their proportionate share of the Company's taxable income. Therefore, no provision or liability for federal income taxes has been included in these financial statements.

*Tax Advice*

Tax Advice, Inc.  
July 20, 2012

FROM :

FAX NO. :

Jul. 20 2012 09:59AM P3

Friends & Family Moving & Storage Inc.  
 Statement of Assets, Liabilities, & Equity  
 - Income Tax Basis  
 May 31, 2012

## Assets

Current Assets	\$	8,339.36	
Cash in Bank		14,660.16	
Cash in Bank - Other		<u>84.68</u>	
Due From Employees			
Total Current Assets	\$		23,084.20
Fixed Assets		220,410.64	
Fixtures and Equipment		<u>(125,921.44)</u>	
Accumulated Depreciation			
Total Fixed Assets			94,489.20
Other Assets			
Total Assets	\$		<u>117,573.40</u>

For Management Use Only

FROM :

FAX NO. :

Jul. 20 2012 09:59AM P4

Friends & Family Moving & Storage Inc.  
 Statement of Assets, Liabilities, and Equity  
 - Income Tax Basis  
 May 31, 2012

## Liabilities and Equity

Current Liabilities			
LAP - Wells Fargo	\$	5,704.59	
Loan Payable		27,901.45	
LAP Shareholder Vera		13,108.82	
L & I Payable		<u>1,020.15</u>	
Total Current Liabilities			\$ 47,735.01
Long Term Liabilities			
Equity			
Common Stock		171,260.01	
Withdrawals		(7,834.21)	
Retained Earnings		(70,380.77)	
Current Income (Loss)		<u>(23,206.64)</u>	
Total Equity			<u>69,838.39</u>
Total Liabilities & Equity	\$		<u>117,573.40</u>

For Management Use Only

FROM :

FAX NO. :

Jul. 20 2012 09:59AM P5

Friends & Family Moving & Storage Inc.  
 Statement of Revenue & Expenses  
 - Income Tax Basis  
 For the Period Ended May 31, 2012

	1 Month Ended May 31, 2012	Pct	5 Months Ended May 31, 2012	Pct
Revenue				
Sales - Service	\$ 50,663.50	100.00	\$ 227,644.65	100.00
Total Revenue	50,663.50	100.00	227,644.65	100.00
Cost of Sales				
Purchases - Materials	0.00	0.00	3,638.51	1.60
Purchases - Truck Rental	324.95	0.64	4,413.01	1.94
Purchases - Truck Repair	0.00	0.00	1,337.46	0.59
Purchases - Fuel	3,966.43	7.83	16,571.66	7.28
Total Cost of Sales	4,291.38	8.47	25,960.64	11.40
Gross Profit	46,372.12	91.53	201,684.01	88.60
Operating Expenses	46,630.90	92.04	224,890.65	98.79
Operating Income	(258.78)	(0.51)	(23,206.64)	(10.19)
Net Income (Loss)	\$ (258.78)	(0.51)	\$ (23,206.64)	(10.19)

For Management Use Only

FROM :

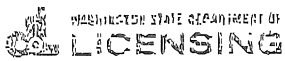
FAX NO. :

Jul. 20 2012 10:00AM PG

Friends & Family Moving & Storage Inc.  
 Schedule of Operating Expenses  
 - Income Tax Basis  
 For the Period Ended May 31, 2012

	1 Month Ended		5 Months Ended	
	May 31, 2012	Pct	May 31, 2012	Pct
Operating Expenses				
Accounting	\$ 1,359.50	2.68	\$ 3,208.00	1.41
Advertising	145.98	0.29	5,051.19	2.22
Auto and Truck Expense	741.36	1.46	1,147.26	0.50
Bank Charges	0.00	0.00	159.19	0.07
Claims\Damage Expenses	500.00	0.99	1,500.00	0.66
Contract Labor	2,887.25	5.70	5,426.01	2.38
Credit Card Fees	1,596.59	3.15	7,112.64	3.12
Depreciation	1,868.98	3.69	9,344.90	4.11
Dues and Subscriptions	0.00	0.00	371.28	0.16
Entertainment	297.08	0.59	664.16	0.29
Equipment Rental	0.00	0.00	944.05	0.41
Health and Life Insurance	(169.38)	(0.33)	6,053.44	2.66
Insurance	0.00	0.00	4,276.76	1.88
Licenses and Fees	932.00	1.84	2,815.99	1.24
Meals	0.00	0.00	1,098.04	0.48
Mileage	295.76	0.58	1,757.71	0.77
Office Expense	1,208.96	2.39	4,268.24	1.87
Postage\Delivery	0.00	0.00	119.46	0.05
Rent	5,671.98	11.20	28,669.48	12.59
Repairs and Maintenance	1,056.14	2.08	1,397.39	0.61
Salaries - Officers	3,500.00	6.91	6,300.00	2.77
Salaries and Wages	23,863.40	47.10	99,162.27	43.56
Security	322.34	0.64	2,194.93	0.96
Supplies	125.92	0.25	5,570.09	2.45
Taxes - Payroll & Business	(1,259.60)	(2.49)	17,018.52	7.48
Telephone	1,282.43	2.53	5,987.12	2.63
Travel	0.00	0.00	824.83	0.36
Utilities	404.31	0.80	2,447.70	1.08
Total Operating Expenses	\$ <u>46,630.90</u>	<u>92.04</u>	\$ <u>224,890.65</u>	<u>98.79</u>

For Management Use Only



B31511A

## 01/13/2012 VEHICLE REGISTRATION CERTIFICATE

Lic/Plt B31511A	Iss-Dt 04/2006	Tab-No G216883	Reg-Exp 12/31/2012	Val-Cd/Year 19000/2006	Dep 2	Mo-Reg 12	Mo-Gwt 12	Pwr D	Use COM	Mdyr 1999
Make FRHT	Body TRUCK	VIN or Serial No 1FV3HJBC8XHB90975	Res-Co 17	ScLwt 16380	Seats	Model/BT F70/CC	Gwt 26000	Gwt-St 01/01/2012	Gwt-Exp 12/31/2012	Flt
Equip	Prev-Plt A90896E	Filing \$3.00	TBD 1715	RTA Tax	Subagent \$5.00	Gwt/Veh Wt \$209.00	Other	Total Fees \$217.00	Check \$212.00	Gwt Cr

FRIENDS AND FAMILY  
MOVING AND STORAGE LLC  
20241 84TH AVE S STE A  
KENT WA 98032

OWNER(S) CERTIFY, BY SIGNATURE, THAT THIS VEHICLE WILL NOT TOW A TRAILER WITH A GVWR OF 10,000 OR MORE.

\_\_\_\_\_  
SIGNATURE OF REGISTERED OWNERS

\_\_\_\_\_  
SIGNATURE OF REGISTERED OWNERS

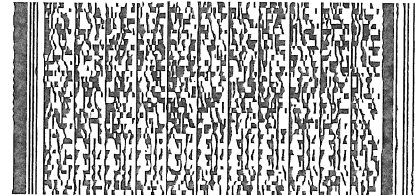
## COMMENTS:

VN-L - COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE NOT PAID - DISPLAY TAB ONBACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

## REMARKS:

## BRANDS:

Please keep this registration in file.  
Kent Licensing Agency  
331 So Washington Ave Kent WA 98032  
253-852-3110



RPT ID: AREGPR-1 VALIDATION CODE 56171801120130113120072010435

THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP

EPD: AREG AREGPR:2009/30/6.00001(1)

TD 470-80274-11 (01/01/07) 13/12



B08865A

05/08/2012 VEHICLE REGISTRATION CERTIFICATE

Lic/Plt B08865A	Iss-Dt 06/2006	Tab-No R777039	Reg-Exp 07/08/2013	Val-Cd/Year 10750/2006	Dep 2	Mo-Reg 12	Mo-Gwt 12	Pwr D	Use COM	Mdyr 1998
Make INTL	Body VANBODY	VIN or Serial No 1HTSCAAM0WH563845	Res-Co 17	Sclwt 16680	Seats 470/CC	Model/BT 26000	Gwt 07/09/2012	Gwt-St 07/08/2013	Gwt-Exp Flt	
Equip 20	Prev-Plt A51580D	Filing \$3.00	Monorail	RTA Tax \$5.00	Subagent \$209.00	Gwt/Veh Wt \$16.00	Other \$233.00	Total Fees \$233.00	Check \$233.00	Gwt Cr

FRIENDS AND FAMILY  
MOVING AND STORAGE  
11914 SE 206TH ST  
KENT WA 98031

OWNER(S) CERTIFY, BY SIGNATURE, THAT THIS VEHICLE WILL NOT TOW A TRAILER WITH A GVWR OF 10,000 OR MORE.

SIGNATURE OF REGISTERED OWNERS

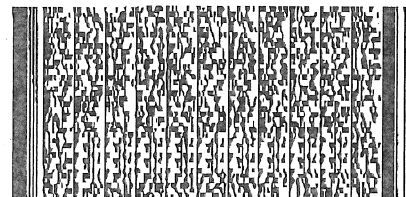
SIGNATURE OF REGISTERED OWNERS

COMMENTS:  
VN-L - COLOR-WHITE - COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE PAID - DISPLAYTAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

REMARKS:

BRANDS:

Please keep this Registration in your Vehicle  
Kent Licensing Agency  
331 So Washington Ave Kent WA 98032  
253-857-3110



RPT ID: AREGPR-1 VALIDATION CODE 06171802121290508120073023226  
THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP

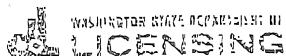
FPD: AREG\_AREGPR:2008/10/12.00001(1)

YD-420-902 (R711:10) 1 01 2

20



22 1412690 TAC KENT



B08864A

05/31/2011 VEHICLE REGISTRATION CERTIFICATE

Lic/Plt B08864A	Iss-Dt 06/2006	Tab-No D982056	Reg-Exp 07/08/2012	Val-Cd/Year 10750/2006	Dep 2	Mo-Reg 12	Mo-Gwt 12	Pwr D	Use COM	Mdyr 1998
Make INTL	Body VANBODY	VIN or Serial No 1HTSCAAM2WH563846	Res-Co 17	Sclwt 16880	Seats 00	Model/BT 470/CC	Gwt 26000	Gwt-St 07/08/2011	Gwt-Exp. 07/08/2012	Flt
Equip 22	Prev-Plt A51581D	Filing \$3.00	TBD 1715	RTA Tax	Subagent \$5.00	Gwt/Veh Wt \$209.00	Other	Total Fees \$217.00	Cash	Gwt Cr

BATCH NO 5979

FRIENDS AND FAMILY  
MOVING AND STORAGE LLC  
11814 SE 206TH ST  
KENT WA 98031

OWNER(S) CERTIFY, BY SIGNATURE, THAT THIS VEHICLE WILL NOT TOW A TRAILER WITH A GVWR OF 10,000 OR MORE.

SIGNATURE OF REGISTERED OWNERS

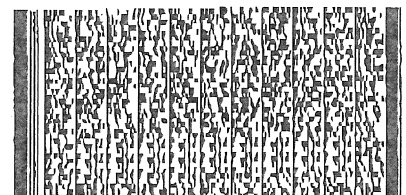
SIGNATURE OF REGISTERED OWNERS

COMMENTS:  
VN-L - 18 - COLOR-WHITE - COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE NOT PAID - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

REMARKS:

Please keep this Registration in your Vehicle  
Kent Licensing Agency  
331 So Washington Ave Kent WA 98032  
253-852-3110

BRANDS:



RPT ID: AREGPR-1 VALIDATION CODE 56171801111510531110096014803

THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP

FPD: AREG AREGPR:2009/30/6.00001(1)



B12499N

## 05/08/2012 VEHICLE REGISTRATION CERTIFICATE

Lic/Plt B12499N	Iss-Dt 05/2010	Tab-No R777005	Reg-Exp 05/18/2013	Val-Cd/Year 14598/2010	Dep 2	Mo-Reg 12	Mo-Gwt 12	Pwr D	Use COM	Mdyr 2005
Make GMC	Body TK	VIN or Serial No 1GDJ7C1C65F530306	Res-Co 17	Slwt 16100	Seats	Model/BT C7C/CB	Gwt 26000	Gwt-St 05/19/2012	Gwt-Exp 05/16/2013	Flt
Equip 24	Prev-Plt	Filing \$3.00	Monorail	RTA Tax	Subagent \$5.00	Gwt/Veh Wt \$209.00	Other \$16.00	Total Fees \$233.00	Cash	Gwt Cr

BATCH NO

8740

FRIENDS AND FAMILY MOVING  
N STORAGE  
11914 SE 206TH ST  
KENT WA 98031

OWNER(S) CERTIFY, BY SIGNATURE, THAT THIS VEHICLE WILL NOT TOW A TRAILER WITH A GVWR OF 10,000 OR MORE.

SIGNATURE OF REGISTERED OWNERS

SIGNATURE OF REGISTERED OWNERS

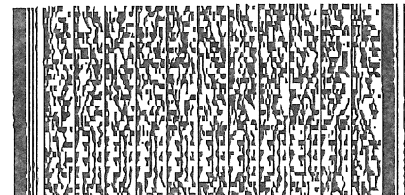
## COMMENTS:

VN-L - COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE PAID - DISPLAY TAB ON BACKLICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

## REMARKS:

## BRANDS:

Please keep this Registration in your Vehicle  
Kent Licensing Agency  
131 So Washington Ave Kent WA 98032



RPT ID: AREGPR-1

VALIDATION CODE 06171802121290508120026023175

THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP

FPD: AREG AREGPR:2008/10/12.00001(1)

TD-120-802 (R/1/10) 1 of 2



B28600P

## 05/08/2012 VEHICLE REGISTRATION CERTIFICATE

Lic/Plt B28600P	Iss-Dt 05/2010	Tab-No R777006	Reg-Exp 05/18/2013	Val-Cd/Year 14598/2010	Dep 2	Mo-Reg 12	Mo-Gwt 12	Pwr D	Use COM	Mdyr 2005	
Make GMC	Body TRK	VIN or Serial No 1GDJ7C1C35F529694		Res-Co 17	Slwt 15100	Seats	Model/BT C7C/CB	Gwt 26000	Gwt-St 05/19/2012	Gwt-Exp 05/18/2013	Flt
Equip 26	Prev-Plt	Filing \$3.00	Monorail	RTA Tax	Subagent \$5.00	Gwt/Veh Wt \$209.00	Other \$16.00	Total Fees \$233.00	Cash	Gwt Cr	BATCH NO B740

FRIENDS AND FAMILY  
MOVING N STORAGE  
11914 SE 206TH ST  
KENT WA 98031

OWNER(S) CERTIFY, BY SIGNATURE, THAT THIS VEHICLE WILL NOT TOW A TRAILER WITH A GVWR OF 10,000 OR MORE.

SIGNATURE OF REGISTERED OWNERS

SIGNATURE OF REGISTERED OWNERS

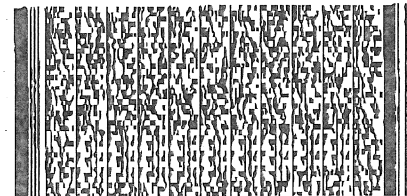
## COMMENTS:

VN-L - COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE PAID - DISPLAY TAB ON BACKLICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

## REMARKS:

## BRANDS:

Please keep this Registration in your Vehicle  
Kent Licensing Agency  
331 So Washington Ave Kent WA 98032  
253-852-3110



RPT ID: AREGPR-1 VALIDATION CODE 06171802121290508120027023176

THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP

EFD: AREG AREGPR:2008/10/12.00001(1)

TD-120-602 (Rev. 1/01)



B29019P

## 05/08/2012 VEHICLE REGISTRATION CERTIFICATE

Lic/Plt B29019P	Iss-Dt 06/2010	Tab-No R777007	Reg-Exp 06/25/2013	Val-Cd/Year 14598/2010	Dep 2	Mo-Reg 12	Mo-Gwt 12	Pwr D	Use COM	Mdyr 2005
Make GMC	Body TC7C	VIN or Serial No 1GDJ7C1C95F530235	Res-Co 17	ScLwt 16100	Seats	Model/BT C7C/CB	Gwt 26000	Gwt-St 06/26/2012	Gwt-Exp 06/25/2013	Flt
Equip 25	Prev-Plt	Filing \$9.00	Monorail	RTA Tax	Subagent \$5.00	Gwt/Veh Wt \$209.00	Other \$16.00	Total Fees \$233.00	Cash	Gwt Cr

BATCH NO

8740

FRIENDS AND FAMILY  
MOVING N STORAGE  
11914 SE 206TH ST  
KENT WA 98031

OWNER(S) CERTIFY, BY SIGNATURE, THAT THIS VEHICLE WILL NOT TOW A TRAILER WITH A GVWR OF 10,000 OR MORE.

SIGNATURE OF REGISTERED OWNERS

SIGNATURE OF REGISTERED OWNERS

## COMMENTS:

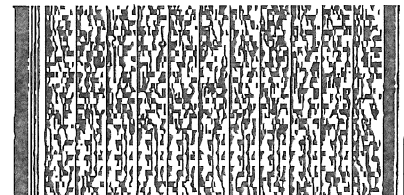
VN-L - COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE PAID - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

## REMARKS:

Please keep this Registration in your Vehicle  
Kent Licensing Agency

## BRANDS:

331 So Washington Ave Kent WA 98032  
253-852-3110



RPT ID: AREGPR-1

VALIDATION CODE 06171802121290508120028023177

THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP

FPD: AREG AREGPR:2008/10/12.00001(1)

FD-120-802 (R11/10) 1 of 2

7017



P.O. Box 50046  
Los Angeles CA 90074

CHECK CREDIT CARDS BEING FOR PAYMENT AND FILL OUT BELOW.

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	AMOUNT		
NAME ON CARD (PLEASE PRINT)	EXPI. DATE		
SIGNATURE			
INVOICE DATE 05/25/2012	DUPLICATE DATE 06/24/2012	ACCOUNT # 020725	PAY THIS AMOUNT \$63.00

AMOUNT PAID

### INVOICE

Invoice Number: 0420182-WA

(888) 499-6378

IRS#



MAKE CHECK PAYABLE & REMIT TO:

1644 1 AT 0.371 \*9 01644  
 Friends & Family Moving & Storage  
 John Muse  
 20241 84th Avenue S Ste A  
 Kent WA 98032-1250

US HealthWorks Medical Group WA, PS  
 P.O. Box 50046  
 Los Angeles CA 90074

USA-MWA11-0312877-0001644-2536022-001-000275-001819-7017

PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK.

DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

SVC DATE	PATIENT NAME	SOC SEC #	CASE #	SERVICE DESCRIPTION	CHARGE
05/18/2012	BENSON, DEVIN	[REDACTED]	689-200174	PE - DOT FRIENDS AND FAMILYL Facility - Puyallup	\$63.00

SAVE TIME: PAY YOUR BILL ONLINE! U.S. HealthWorks is now offering the option to pay your invoice online. Go to [www.USHealthWorks.com/PayMyBill](http://www.USHealthWorks.com/PayMyBill) to sign up today and free up some of your valuable time!

Billing questions can be sent to: [billing.questions@ushworks.com](mailto:billing.questions@ushworks.com)

Contact U.S. HealthWorks Medical Group today to schedule a FLU CLINIC at your work site. Get your employees vaccinated to protect your company's productivity. Go To [www.ushealthworks.com](http://www.ushealthworks.com) for the U.S. HealthWorks Medical Group nearest you.

Like you, we are dedicated to the health of your employees which is why we offer a self pay option for our Urgent Care services. This is a great way to offer affordable healthcare to your employees who are either uninsured or if your group health plans have high deductibles. Please tell them about U.S. HealthWorks where they can get the right care, right away.

If an item is not paid in full, please indicate disputed items on the reverse side of this form and return in the enclosed envelope.

BALANCE DUE \$63.00



SEATTLE OFFICE  
eighteenth floor  
second & seneca building  
1191 second avenue  
seattle, washington 98101-2939  
TEL 206 464 3989 FAX 206 464 0125

OTHER OFFICES  
beijing, china  
new york, new york  
portland, oregon  
washington, d.c.  
GSBLAW.COM

GARVEY SCHUBERT BARER

A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

Please reply to STEPHEN B. JOHNSON  
sjohnson@gsblaw.com TEL EXT 1309

July 24, 2012

Mr. David W. Danner  
Executive Director and Secretary  
Washington Utilities and Transportation Commission  
1300 S. Evergreen Park Dr. SW  
PO Box 47250  
Olympia, WA 98504-7250

Re: Transfer of Ownership—Friends & Family Moving & Storage, Permit Number HG-62096

Dear Mr. Danner:

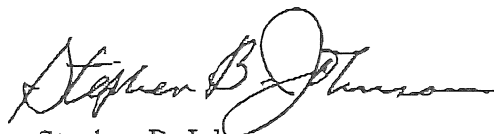
Please find attached the application of John Muse for Commission approval of the transfer of 100% of the stock of Friends & Family Moving & Storage, Inc. Mr. Muse's parents, the former owners, are now in their 80s and Mr. Muse has agreed to acquire their stock and carry on the business. Mr. Muse has been active in the management of the company since 2005. The permit will remain with the company.

Please let me know if you have questions or require additional information.

Sincerely,

GARVEY SCHUBERT BARER

By

  
Stephen B. Johnson

Enclosure



GARVEY SCHUBERT BARER  
A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

SEATTLE OFFICE  
eighteenth floor  
second & seneca building  
1191 second avenue  
seattle, washington 98101-2939  
TEL 206 464 3939 FAX 206 464 0125

OTHER OFFICES  
beijing, china  
new york, new york  
portland, oregon  
washington, d.c.  
GSSLAW.COM

## FACSIMILE TRANSMISSION

DATE: July 25, 2012

CLIENT MATTER NO: 12723-00200

TO:	FAX NO.	PHONE NO.
Mr. David W. Danner Washington Utilities and Transportation Commission	360-586-1181	360-664-1222

FROM:	FAX NO.	PHONE NO.
Stephen B. Johnson	206 464 0125	206 464 3939 x 1309

NUMBER OF PAGES, INCLUDING COVER: 63

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL OUR OFFICE AT 206 464 3939 X1463 AS SOON AS POSSIBLE AND ASK FOR VICKIE OWEN.

**DOCUMENT(S) BEING SENT:**

Correspondence with enclosures

**MESSAGE:**

Mr. Danner,

Please contact me if you have any questions or need further information to process this application.

Sincerely,

Stephen B. Johnson

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.