



1300 S. Evergreen Park D
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203

or
1-800-416-5289
email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket #:-
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # 050926	111-0268-207-02	Receipt ID MC030756	111-0268-013-20

\$ 550.00

- | <u>Type of Household Goods Authority Requested – check one</u> | <u>Fee Required</u> |
|--|---------------------|
| <input checked="" type="checkbox"/> <u>Provisional and permanent authority.</u> The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 3-8 and Attachment A | \$ 550 |
| <input type="checkbox"/> Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 3-8 and Attachment B | \$ 550 |
| <input type="checkbox"/> Permanent authority to transfer under the exceptions in <u>WAC 480-15-187</u> – Complete pages 3-8 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 <u>WAC 480-15-450</u>) – Complete pages 3-4 and include a statement justifying the reinstatement | \$ 250 |
| <input type="checkbox"/> <u>Name Change</u> – Complete pages 3-4 and Attachment D | \$ 35 |

BUSINESS INFORMATION

Legal Name: Empty Truck Co.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 1322 165th AVE NE, Bellevue, WA 98008

Mailing Address 1322 165th AVE NE, Bellevue, WA 98008

Telephone Number (425) 563-5652 Fax Number () _____



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 email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY
 PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed: <u>7/20/14</u>	DOL/SOS: <u>al/eb</u>	ID: <u>7975</u>	Docket #: <u>TV 141536</u>
Staff Assigned	Insurance: <u>al/eb</u>	Inspection	Permit Issued THG- <u>65588</u>
Reception # <u>050926</u>	111-0268-207-02	Receipt ID	111-0268-013-20

Type of Household Goods Authority Requested – check one **Fee Required**

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 3-8 and Attachment A **\$ 550**
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- Permanent authority to transfer under the exceptions in WAC 480-15-187 – Complete pages 3-8 and Attachments B & C **\$ 250**
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 3-4 and include a statement justifying the reinstatement **\$ 250**
- Name Change – Complete pages 3-4 and Attachment D **\$ 35**

BUSINESS INFORMATION

Legal Name: Empty Truck Co., LLC per UBL
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: Empty Truck Co.

Physical Address: 1322 165th AVE NE, Bellevue, WA 98008

Mailing Address: 1322 165th AVE NE, Bellevue, WA 98008

Telephone Number (425) 563-5652 Fax Number () _____

Posted
 AMS
 JS

BUSINESS INFORMATION - continued

UBI #: 603 373 449 Email: n.nienaber@live.com

USDOT #: 2514309 (If you currently don't have one, go online at www.fmcsa.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp Acct? Account # 287620-01

Employment Security Department registration number? ESD # 000-028532-00-3

Is your business registered with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation WA

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or % of Shares
<u>Ghostruck Inc.</u>	<u>Sole Owner</u>	<u>100%</u>
<u>See attached email 8/1/14</u>		

***Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.**

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Empty Truck Co. is the back up moving company for Ghostruck.com. Ghostruck gets job requests and forwards them to professional licensed movers ONLY. If no mover wants the job, Empty Truck Co will deliver it

Briefly describe your experience in the transportation/household goods moving industry: OUR MOVERS & DRIVERS HAVE 3 YEARS OF PROFESSIONAL MOVING EXPERIENCE

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	\$ 5,136.02	Salaries/Wages Payable	\$ 6,000.00
Notes Receivable	\$ 0.00	Accounts Payable	\$ 2,100.00
Investments	\$ 0.00	Notes Payable	\$ 0.00
Other Current Assets	\$ 0.00	Mortgages Payable	\$ 0.00
Prepaid Expenses	\$ 0.00	TOTAL LIABILITIES	\$
Land and Buildings	\$ 0.00	NET WORTH	
Trucks and Trailers	\$ 6,000.00	Preferred Stock	\$
Office Furniture	\$ 500.00	Common Stock	\$
Other Equipment	\$ 2,000.00	Retained Earnings	\$
Other Assets	\$ 0.00	Capital	\$
TOTAL ASSETS	\$ 13,636.02	TOTAL LIABILITIES & NET WORTH	\$ 8,100.00

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
1999	GMC	833 428U	58DC4B148X7005994	14,500 ← to include to be sold
2015	Isuzu	2267127	JALC4W161F7000014	14,500

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: Nathanael Niender

Position: Member
on behalf of Ghostruck Inc.

OPERATIONAL RESPONSIBILITIES	
Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.	
Name: <u>Nathanael Nienaber</u>	Position: <u>Member</u> <u>on behalf of Ghostruck Inc.</u>
STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.	
Name: <u>Nathanael Nienaber</u>	Position: <u>Member</u> <u>on behalf of Ghostruck Inc.</u>
DECLARATION OF APPLICANT	
I understand that filing this application does not in itself constitute authority to operate as a household goods mover.	
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.	
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.	
My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.	
I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.	
<u>P. Nathanael Nienaber II</u> Print name of applicant	 Signature of Applicant
<u>7/15/2024 Seattle WA</u> Date and Location	

WA USA **WASHINGTON** DRIVER LICENSE


1 LIC (4b) DONOR

2 NIENABER II
3 PAUL NATHANAEL

4 DOB (4b) ISS 07-23-2013


5 Sex M 6 Hgt 5-02
7 Wgt 180 8 Eyes BLU
9 Class 10 End NONE 41 Exp 07-18-2018
12 Restrictions NONE

13 (4b) Rev 01-16-2009



UNITED STATES OF AMERICA
* PASSPORT CARD *

U S A Nationality *** Passport Card no. * (4b)
U S A Surname
U S A NIENABER II
Given Names
PAUL NATHANAEL
Sex Date of Birth
M (4b)
Place of Birth
WASHINGTON, U.S.A.
Issued On Expires On
08 JUN 2010 07 JUN 2020
E-09707-1
(4b)
UNITED STATES DEPARTMENT OF STATE



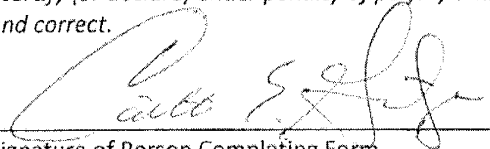


ATTACHMENT A

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: 9 Mile Labs Empty Truck Co. LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Caitlin Goetze, Program Manager, 9Mile Labs
Address (include street address, mailing address, city, state, zip, and county):	999 Third Ave, Suite 1601; Seattle, WA 98109
Phone Number:	360-920-9269
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your current moving needs:	Not at the moment, but in the somewhat near future
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	See above answer
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:	Trusted resource. They are local, we know the company & support what they are building.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
 Signature of Person Completing Form	06/10/2019 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: Empty Truck Co LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: Impact HUB Seattle	
Address (include street address, mailing address, city, state, zip, and county): 220 2nd Ave S, Seattle, WA 98104	
Phone Number: 206-430-6007	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: Tables, chairs, refrigerator	
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: Desks, tables, chairs	
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: Easy moving!	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? No, love them!	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
Signature of Person Completing Form	Date and Location
	7/30/14



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

July 11, 2014

EMPTY TRUCK CO
1322 165TH AVE NE
BELLEVUE WA 98008-3028

ACCOUNT INFO:

L&I Account ID: 287,620-01
WA UBI: 603 373 449
PAC Code: 58794698 (needed to file online at
www.QuickFile.lni.wa.gov)
Account Manager: ALISON S WOODWARD
Phone Number: (360) 902-4629

Dear Employer:

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

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

This letter contains important information that needs your attention:

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

RISK CLASSIFICATION(S) FOR YOUR BUSINESS

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

6907-01 Moving/Storage Hshld Furnishgs

02356088-000507-01-11111100



- Welcome
- Claim information
- Send information to L&I
- Claim payments
- Employer accounts
 - Employer Accounts
 - Quarterly Reports
 - EFT Setup
- Account Summary
 - Owners and Addresses
 - Account Update
- Rates and Risk Classes
- Trend and Analysis Tools
- Employer imaged documents

Claim & Account Center Messages

Employer Account Summary

Enter Account ID

[Get Account](#)

Account ID	287,620-01
Business name	EMPTY TRUCK CO
Account manager	ALISON WOODWARD

Overview

Account Status	Active as of 08-01-2014	Account Activity history
Account Balance	\$0.00 Balance History	
WA UBI	603 373 449	
Legal Business Name	EMPTY TRUCK CO LLC	
Doing Business as (DBA)	EMPTY TRUCK CO Change DBA Name	
Business type	Limited Liability	
Filing status	Report Filed	
Audit, collections or bankruptcies?	View Detail	
Retro coverage?		
Are there sub accounts?	Yes	

Account Information on File

Quarterly Report Address	1322 165TH AVE NE	
	BELLEVUE, WA 98008-3028	
Foreign country		
Will this account receive claims correspondence?		Yes
Contact name		
Phone number	425-563-5652	Ext
Alternate phone number		
Fax		

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Visit access.wa.gov



STATE OF WASHINGTON

DEPARTMENT OF LABOR AND INDUSTRIES

Thursday, July 24, 2014

EMPTY TRUCK CO
1322 165TH AVE NE
BELLEVUE,WA 98008-3028

To Whom It May Concern:

Nathanael Nienaber has registered for access in the Department of Labor and Industries' Claim and Account Center. The Claim and Account Center is a web site that you log into with a user name and password in order to view claim and/or employer account information.

- * If you are an injured worker and also the person named above, this letter confirms your registration to view your claim data online. If you have not registered to view your claim information online, or if you are not the person named above, contact the department so that we can verify whether this person should have access or not.
- * For all relationships other than injured workers - employers and self-insured employers, medical/vocational/IME providers, legal/thirdparty representatives or retrospective rating associations - the new registrant now has access to your organization's claim and/or account information.

As the first person to register for your organization, the person named above automatically becomes the Access Manager, which means they are responsible for managing access and permission levels for additional people in your organization who want to use the Claim and Account Center.

If you feel that you have received this letter in error or if the person named above is not authorized to view your information, please contact the Web Customer Support Unit at either the phone number or e-mail address below.

For more information about L&I's Claim and Account Center, please visit us at 'www.ClaimInfo.LNI.wa.gov'

Sincerely,

Web Customer Support
360.902.5999
'websupport@LNI.wa.gov'



Employment Security Department

WASHINGTON STATE
P.O. Box 9046 • Olympia, WA 98507-9046

July 1, 2014

EMPTY TRUCK CO
1322 165TH AVE NE
BELLEVUE, WA 98008-3028

ESD number: 000-028532-00-3
UBI number: 603-373-449

Dear Employer:

You now have an account

We opened an account for you at the Employment Security Department (ESD) after determining that you're subject to the Washington Employment Security Act. Your new ESD number is printed above. Please include it whenever you contact us.

If the ownership of your business ever changes, please let us know as soon as possible.

How to file quarterly tax reports

Please visit esd.wa.gov/file-taxes.

If you need paper forms, please email us at taxforms@esd.wa.gov. Please mention the number of employees you have so we can send the correct number of forms.

If you have no employees

If you pay no wages in a quarter, and your account has not been closed, you're still required to submit a report. There are three ways you can submit a report when you pay no wages:

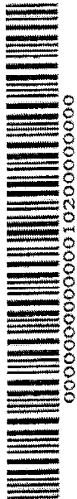
- Submit it electronically at esd.wa.gov/file-taxes.
- Mail the paper form to us after checking the box for "no payroll this quarter."
- Call 1-888-836-1900 to file a "no payroll" report by phone. **Your default pin number is 2523.**

Questions?

If you have questions, please contact the RISC Unit at status@esd.wa.gov or 360-902-9360, or your district tax office at OlympiaAMC@esd.wa.gov or 855-829-9243.

Sincerely,

William Haag
Tax Specialist 3
RISC





Employment Security Department
WASHINGTON STATE

Tax Rate Notice

ESD number: 000-028532-00-3
UBI number: 603-373-449

EMPTY TRUCK CO
1322 165TH AVE NE
BELLEVUE, WA 98008-3028

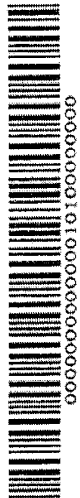
Mailing date: July 1, 2014

If you want us to review your tax rate, the law says you must send us a request in writing by July 31, 2014.

Your tax rate for 2014 will be 2.42%.

Your tax rate is the average tax rate for your business activity.

You pay tax on an employee's wages only up to the 2014 taxable wage base: \$41,300	Unemployment Insurance (UI) tax rate based on experience	2.11%
	UI social cost rate	0.29%
	UI Trust Fund solvency surcharge	0.00%
	UI limit deduction (This deduction reduces your rate to the maximum rate.)	0.00%
	Subtotal of unemployment insurance rate	2.40%
	Employment Administrative Fund (EAF)	0.02%
Total of the above tax rates	2.42%	



Your tax rate for 2014 is based on the average tax rate for your type of business.

You must report a minimum of six quarters of wages before we can assign you a tax rate based on your experience with unemployment. In future years, when you have enough wage experience, we will assign a tax rate based on that experience.

To learn more about how your tax rate is determined, please visit esd.wa.gov/tax-rates.

Please contact us if we can assist you.

For tax rate questions and corrections:
Employment Security Department
Experience Rating Unit
P.O. Box 9046
Olympia, WA 98507-9046
360-902-9670 360-902-9202 fax

For account questions:
Employment Security Department
AMC Olympia (Bellevue)
PO Box 9046
Olympia, WA 98507-9046
855-829-9243 800-794-7657 fax



STATE OF
WASHINGTON

BUSINESS LICENSE

Domestic Limited Liability Company

Unified Business ID #: 603 373 449
Business ID #: 1
Location: 1

EMPTY TRUCK CO LLC
EMPTY TRUCK CO
1322 165TH AVE NE
BELLEVUE WA 98008 3028

TAX REGISTRATION

REGISTERED TRADE NAMES:
EMPTY TRUCK CO

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 in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

STATE OF WASHINGTON

449 1 1

K CO LLC
K CO
1 AVE NE
IA 98008 3028

TATION

Director, Department of Revenue

ON ONE SIDE FOR YOUR COPY

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

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

CERTIFICATE OF FORMATION

to

EMPTY TRUCK CO LLC

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

Date: 2/4/2014

UBI Number: 603-373-449



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

Kim Wyman, Secretary of State

Date Issued: 2/5/2014

CERTIFICATE OF COVERAGE



EMPLOYER: This official certificate of industrial insurance coverage is in lieu of a policy. It remains in effect until your account is officially closed. There is no limitation of benefits. You are required by law to post both this certificate and copies of the posters listed below. You will soon be receiving 1 copy of each. If you require additional copies, call Labor and Industries at 360-902-4817.

Insurance Services Division
Employer Services

Department of Labor & Industries
PO Box 44144
Olympia WA 98504-4144
www.LNI.wa.gov

- Job Safety and Health Protection (available in Spanish)
- Your Rights as a Worker/Family Care
- Notice to Employees

WORKER: The employer named below is an insured policyholder with the Washington State Industrial Insurance Trust Fund.

UBI*: 603 373 449 Policy Effective Date
06/23/14

Location

EMPTY TRUCK CO
1322 185TH AVE NE
BELLEVUE WA 98008-3028

Employer

EMPTY TRUCK CO LLC
EMPTY TRUCK CO
1322 185TH AVE NE
BELLEVUE WA 98008-3028

*Your Unified Business Identifier is the only number you need to discuss your business account with the Washington state departments of Revenue, Licensing, Employment Security, Labor and Industries and the Office of the Secretary of State. Other state licenses or registrations may be required for proper licensing of your business.

FORM F

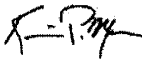
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE ENDORSEMENT

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated below.
3. This endorsement may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming part of policy No. CA 01441720-0 issued by United Financial Casualty Company, herein called Company, of PO BOX 94739, CLEVELAND, OH 44101 to EMPTY TRUCK CO LLC of 1322 165TH AVE NE, BELLEVUE, WA 98008

Dated at MAYFIELD VILLAGE, OH 44143 this 24 th day of July, 2014

Countersigned by  _____
Authorized Representative

X - - INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED							
ALABAMA		ILLINOIS		MONTANA		RHODE ISLAND	
ALASKA		INDIANA		NEBRASKA		SOUTH CAROLINA	
ARIZONA		IOWA		NEVADA		SOUTH DAKOTA	
ARKANSAS		KANSAS		NEW HAMPSHIRE		TENNESSEE	
CALIFORNIA		KENTUCKY		NEW JERSEY		TEXAS	
COLORADO		LOUISIANA		NEW MEXICO		UTAH	
CONNECTICUT		MAINE		NEW YORK		VERMONT	
DELAWARE		MARYLAND		NORTH CAROLINA		VIRGINIA	
DISTRICT OF COLUMBIA		MASSACHUSETTS		NORTH DAKOTA		WASHINGTON	
FLORIDA		MICHIGAN		OHIO		WEST VIRGINIA	
GEORGIA		MINNESOTA		OKLAHOMA		WISCONSIN	
HAWAII		MISSISSIPPI		OREGON		WYOMING	
IDAHO		MISSOURI		PENNSYLVANIA			

CITY INS CENTER
4610 200 ST SW STE C
LYNNWOOD, WA 98036



Named insured

EMPTY TRUCK CO LLC
1322 165TH AVE NE
BELLEVUE, WA 98008

Policy number: 01441720-0

Underwritten by:
United Financial Casualty Company
June 12, 2014
Policy Period: Mar 20, 2014 - Mar 20, 2015
Page 1 of 2

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Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-425-412-3665

CITY INS CENTER

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page
Your coverage has changed

Your coverage began the later of March 20, 2014 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on March 20, 2015 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852WA (09/05), 1652WA (09/05), 2434WA (04/12), 4852WA (09/05), 4881WA (06/12) and Z228 (01/11).

The named insured organization type is a corporation.

Policy changes effective June 11, 2014

Premium change:	\$641.00
Changes:	Coverage has been changed on your policy.

The changes shown above will not be effective prior to the time the changes were requested.



Leipski, Tina (UTC)

From: Nathanael Nienaber <(4b)>
Sent: Wednesday, July 30, 2014 1:59 PM
To: UTC DL Transportation
Subject: Application for Household Goods Moving Company
Attachments: Empty Truck Co - Household Goods WA App 7.30.2014.pdf

To Whom It May Concern:

Here is a link to our Application for a Household Goods Moving Company. Our company name is Empty Truck Co. LLC.

Empty Truck Co. is a subsidiary of Ghostruck Inc. Ghostruck finds household goods moving jobs and assigns them to professional licensed household goods movers only. If no professional mover can do the job, Ghostruck has a truck from Empty Truck Co. to deliver it.

Sincerely,

Nathanael Nienaber