



Express Movers, Inc.

12819 SE 38th St #409 • Bellevue, WA 98006 ■ 206.276.4599

RECEIVED
JUL 11 2006
WASH. UT. & TP. COMM.

July 6, 2006

Washington Utilities and Transportation Commission
POB 47250
Olympia WA 98504-7250

I am in receipt of a letter saying we must pay a fine because we turned in our annual report after the May 1 deadline. (Penalty assessment # TV-060980) However this is inaccurate.

We completed our form and sent it with our payment on January 4, 2006. Several months later someone from your office called to say the forms you use had been updated and that we needed to redo it on the new form. They offered to send a new form to us. We received this new form along with a letter dated May 16...two weeks after your deadline. We promptly filled out and submitted this second form which, according to your letter, was recorded as being received June 5. (Copies enclosed here.)

Considering that we did send the report and payment in a timely fashion (on the only form the state had provided to us) and then complied promptly when the replacement form was sent, well past your deadline, we respectfully request that you dismiss this penalty.

Sincerely,

Toni Powell
Vice President

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

PENALTY ASSESSMENT, Docket No. TV-060980

PLEASE NOTE: You must complete and sign this document, and send it to the Commission within 15 days after you receive the penalty assessment. Use additional paper if needed.

I have read and understand RCW 9A.72.020 (printed below), which states that making false statements under oath is a class B felony. I am over the age of 18, am competent to testify to the matters set forth below and I have personal knowledge of those matters. I hereby make, under oath, the following statements.

[] 1. Payment of penalty. I admit that the violation occurred and enclose \$100 in payment of the penalty.

~~[X] 2.~~ Request for a hearing. I believe that the alleged violation did not occur, based on the following information, and request a hearing for a decision by an administrative law judge: OUR FORM & PAYMENT WERE SUBMITTED JAN. 4, 06. MONTHS LATER WE WERE CONTACTED & TOLD THE FORM HAD BEEN REPLACED WITH A NEW VERSION & THAT WE NEEDED TO REDO IT. THE NEW FORM WAS SENT TO US WITH A LETTER DATED MAY 16, 2006 - WE PROMPTLY FILLED IT OUT AND RE-SUBMITTED

[X] 3. Application for mitigation. I admit the violation, but I believe that the penalty should be reduced for the reason(s) set out below.
[] a) I ask for a hearing for a decision by an administrative law judge
OR [X] b) I waive a hearing and ask for an administrative decision on the information I present here.

NO MONIES ENCLOSED

I declare under penalty of perjury under the laws of the State of Washington that the foregoing, including information I have presented on any attachments, is true and correct.

Dated: July 6, 06 [month/day/year], at Milton Wa [city, state]

Toni Powell EXPRESS MOVERS
Name of Respondent (company) - please print

Toni Powell
Signature of Applicant

RCW 9A.72.020:

"Perjury in the first degree. (1) A person is guilty of perjury in the first degree if in any official proceeding he makes a materially false statement which he knows to be false under an oath required or authorized by law. (2) Knowledge of the materiality of the statement is not an element of this crime, and the actor's mistaken belief that his statement was not material is not a defense to a prosecution under this section. (3) Perjury in the first degree is a class B felony."



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

May 16, 2006

Toni Powell
Express Movers, Inc.
4212 S. 375th Pl.
Auburn, WA 98001

Dear Toni Powell:

After reviewing your 2005 Household Goods Carriers Annual Report, it was noted that an old form was used and some of the information we need was not on the old form. I am enclosing a blank form for your use.

Please have this report back to my office by June 16, 2006 so I can close out your file. Thank you for your time. I can be reached at (360) 664-1170 if you have any questions or concerns. Our fax number is (360) 586-1181 if you would like to fax the information to our office.

Sincerely,

Tina Leipski
Transportation Specialist

Enclosure



HOUSEHOLD GOODS CARRIERS

ANNUAL REPORT

-OF-

Express Movers, Inc. 12819 SE 38th St #409 Bellevue, WA 98006	Express Movers Incorporated 4212 S 375th Pl Auburn, WA 98001
Full Name and Address of Reporting Carrier	Correct name and address, if different than shown
Washington Unified Business Identifier (UBI#): 602-366-249	

TO THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION FOR THE

Year Ended December 31,

All Washington intrastate carriers of Household Goods must complete and file this report. If you did not have revenue from the intrastate transportation of Household Goods indicate "0" on line 1 below.

You are not required to complete Schedule 2 if you are reporting "0" revenue or if you are a "small business" as defined in Schedule 1 on page 2 of this report.

Mail an ORIGINAL signed copy of this report with the appropriate regulatory fee payment to:

Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250

Retain a copy of this report for your records.

SUMMARY OF FEES

Reception No.

			WUTC Use only
1. Gross Washington intrastate revenue generated from the transportation of household goods.	\$	48,994.35	
2. 1999 Regulatory Fee is set at 1/4 of one percent of gross intrastate revenue generated from the transportation of household goods.		.0025	
3. Regulatory Fee Calculation (Multiply Line 1 by Line 2)	\$	122.49	(207-01)
4. Late Penalty: If paying after May 1, 1999, multiply Line 3 x .02	\$	0	(207-11)
5. Interest: 1% due for each month thereafter. (e.g., If paying after June 1, 1999, multiply Line 3 x .01 If paying after July 1, 1999, multiply Line 3 x .02 etc.)	\$	0	(207-11)
6. Add Line 3, Line 4 and Line 5—This is your TOTAL DUE	\$	122.49	

This report must be filed no later than May 1

SCHEDULE 1

SMALL BUSINESS No Yes Small Business means any business entity, including a sole proprietorship, corporation, partnership, or other legal entity, owned and operated independently from all other businesses, that has the purpose of making a profit, and has fifty or fewer employees.

TYPE OF MOTOR CARRIER Individual Partnership Corporation, state in which incorporated: WA
List partners or officers and their percentage of ownership or shares.

Name: Toni Powell Title: Treasurer Phone: 206- Percent/Shares: 60%
Name: Adrian Yun Title: President Phone: 206-276-4599 Percent/Shares: 40%
Name: Title: Phone: Percent/Shares:

DRIVERS AND EQUIPMENT

Name and telephone number of Safety Director: Adrian Yun 206-276-4599
Number of vehicle accidents during the year: Fatality 0 Injury Only 0 Property Damage Only 0

Drivers employed during the year # DRIVERS: 1
Total vehicles operated during the year #OWNED: 1 #LEASED: 0
Vehicles Under 10,000 lbs (gross vehicle weight rating) #OWNED: 0 #LEASED: 0

TERMINAL FACILITIES Do you operate terminals at locations other than the primary address of record? No Yes
If yes, list (or attach a list) the address of each terminal located in Washington State: 6323 6th Ave NE
Seattle, WA 98115

STORAGE FACILITIES Do you operate your own storage facilities? No Yes If yes, list (or attach a list) the address of each warehouse located in Washington State:

INTERSTATE OPERATIONS No Interstate operations Yes, interstate operations under FHWA or ICC Operating
Authority MC# Single State Registration System - Base State
If you operate as the agent of an interstate carrier indicate the name of the carrier:

HOUSEHOLD GOODS MOVES

Name and telephone number of Claims Manager: Toni Powell 206-276-4599

	#Total Company	#Washington (in-state)
Number household goods moves completed during the year	64	64
Number of written estimates issued during the year	112	112
Number of Loss and/or Damage Claims received during the year	0	0

Cargo Insurance Company Name: Lloyds London - P W I
Cargo Insurance Policy Number: R504010/0152 Cargo Insurance Effective Date: 05/06/05

CERTIFICATION I certify under penalty of perjury that the information and regulatory fee calculation contained herein are true and correct to the best of my knowledge and belief.
Signature: [Signature] Title: President Date: 1-4-06

(Name and telephone number of individual to whom correspondence concerning this report should be addressed.)

EXPRESS MOVERS, INC.
12819 SE 39TH ST. #109
BELLEVUE, WA 98006
206-276-4599

NATIONAL CHECKS 1-800-274-7342

PAY TO THE
ORDER OF

WUIC
One hundred and twenty-two
KEY BANK NATIONAL ASSOCIATION
1000 MERIDIAN BL
MILTON, WA 98544

FOR *Registry Fee*
⑆ 25000574147441005959⑆

DATE 1-4-06

\$ 122.49

M.C.
2858

2861

www.checkbook.com

STAMPED: 01/04/06 10:20 AM

2
0
0
5

HOUSEHOLD GOODS CARRIERS ANNUAL REPORT

Express Movers, Inc
4212 S. 375th PL
Auburn, WA 98001

Full name and address of Company

Correct name and address, if different than shown

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION for the YEAR ENDED DECEMBER 31, 2005

Inquiries concerning this Annual Report should be addressed to:

NAME: Toni Powell TITLE: V.P.
 ADDRESS: SEE ABOVE
 CITY: _____ STATE: _____ ZIP: _____
 TELEPHONE: 253-838-5418 FAX: _____ E-MAIL: EXPRESSMOVERS@MSU.COM

The company must notify the Commission, in writing, of any changes to the above information.

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL										For Commission Use Only									
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard PAID 1-4-06 CK# 2861 (\$122.49)										Credit Card Authorization #: _____									
Date										Expiration									
Credit Card Number:										Month/Year									
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to card issuer agreement.																			
Name (Printed): <u>NA</u>										Title: _____									
Signature: _____										Date: _____									

5-28-06
'05 REPORT
REDONE ON THIS
FORM & SENT AGAIN
PER WTC REQUEST

For Commission Use Only

Reception Number 0000902 001-111-02-68-207-11: _____
 001-111-02-68-207-01: _____ 001-111-02-68-032-05: _____

Original to be mailed to the Washington Utilities and Transportation Commission
 Web Site: www.wutc.wa.gov

\$122.49

SCHEDULE 1

Washington Unified Business Identifier (UBI) No.: 602-366-249

(If you do not know your UBI No. please contact the Department of Licensing at 360-664-1400)

SMALL BUSINESS No Yes Small Business means any business entity, including a sole proprietorship, corporation, partnership, or other legal entity, owned and operated independently from all other businesses, that has the purpose of making a profit, and has fifty or fewer employees.

TYPE OF MOTOR CARRIER Individual Partnership Corporation, Other (LP, LLP, LLC, etc.)
List the name, title, and percentage of partner's share or stock distribution for major stockholders. If LLC, list members and percentage of ownership.

Name: <u>TONI POWELL</u>	Title: <u>V.P./TREASURER</u>	Percent/Shares/Stock/Ownership: <u>60%</u>
Name: <u>ADRIAN YUN</u>	Title: <u>PRESIDENT</u>	Percent/Shares/Stock/Ownership: <u>40%</u>
Name: _____	Title: _____	Percent/Shares/Stock/Ownership: _____

Safety Director Name: <u>ADRIAN YUN</u>	Telephone Number: <u>253-838-5418</u>
Claims Manager Name: <u>DIANE SHIRLEY</u>	Telephone Number: <u>253-838-5418</u>

Drivers employed during the year: ADRIAN YUN

Total vehicles operated during the year: 1

Total Vehicles Owned: 1 Total Vehicles Leased: 0

Total Vehicles Under 10,000 lbs (gvw rating): 0

Did you have any Recordable Accidents in 2005? Yes No

If yes, how many recordable accidents? 0
(please indicate total recordable accidents for both interstate and intrastate operations)

Recordable Accident Definition: An occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce which results in one or more of the following:

1. A fatality,
2. Injury to a person requiring immediate treatment away from the scene of the accident, or disabling damage to a vehicle requiring it to be towed from the accident scene.

TERMINAL FACILITIES

Do you operate terminals at locations other than the primary address of record? Yes No
If yes, list (or attach a list) the address of each terminal located in Washington State:

6323 6th AV NE
SEATTLE WA 98115

STORAGE FACILITIES

Do you operate your own storage facilities? Yes No
If yes, list (or attach a list) the address of each warehouse located in Washington State:

You are not required to complete Schedule 2 if you are reporting "0" revenue or if you are a "small business" as defined in Schedule 1 on page 3 of this report.

SCHEDULE 2

Line No.	Item	Total Amount
OPERATING REVENUES		
1	Common Carrier (\$ Washington Intrastate Household Goods Revenue)	48994.35
2	Contract Carrier (\$ Washington Intrastate Household Goods Revenue)	
3	Other Operating Revenues (describe)	
4	Total Operating Revenues	0
48994.35		
OPERATING EXPENSES		
SALARIES AND WAGES		
5	Owners, Spouses, Officers or Partners	
6	Clerical and Administrative (e.g. billing, personnel, etc.)	
7	Managerial/Supervisory (all not shown on line 5)	
8	Drivers and Helpers	
9	Mechanics and Truck Service	
10	Other Employees	
11	Total Salaries and Wages	
PAYROLL TAXES AND RELATED EXPENSES		
12	Federal Social Security (FICA) Taxes (\$ Owners, Partners, Officers)	
13	Federal Unemployment Taxes (\$ Owners, Partners, Officers)	
14	State Unemployment Taxes (\$ Owners, Partners, Officers)	
15	Workman's Compensation (Industrial Insurance) (\$ Owners, Partners, Officers)	
16	Other Payroll Taxes and Related Expenses (\$ Owners, Partners, Officers)	
17	Total Payroll Taxes and Related Expenses (\$ Owners, Partners, Officers)	
PAYROLL FRINGES		
18	Health and Welfare (Medical Insurance) -- employees	
19	Health and Welfare (Medical Insurance) -- owners, partners, officers	
20	Pension (Include IRA's and Keough Plans) -- employees	
21	Pension (Include IRA's and Keough Plans) -- owners, partners, officers	
22	Life insurance (Include IRA's and Keough Plans) --employees	
23	Other Payroll Fringes	
24	Total Payroll Fringes	

DEPRECIATION AND AMORTIZATION

53	Building and Structures (Terminal, Shop, etc.)	
54	Revenue Equipment (Trucks, Power Units, etc.)	
55	Other Carrier Property	
56	Leasehold Improvements	
57	Amortization	
58	Other Depreciation and Amortization	
59	Total Depreciation & Amortization	

OPERATING RENTS

60	Equipment Rents and Purchased (Leased) Transportation -- Net	
61	Building Rents	
62	Computer and Office Equipment Rents	
63	Other Rents	
64	Total Operating Rents	
65	(GAIN) OR LOSS ON DISPOSITION OF OPERATING ASSETS	

MISCELLANEOUS EXPENSES

66	Legal Services	
67	Accounting Services	
68	Uncollectible Revenue	
69	Other Miscellaneous Expenses & Professional Fees	
70	Total Miscellaneous Expenses	

71	TOTAL OPERATING EXPENSES GRAND TOTAL (Total of Lines 11, 17, 24, 30, 36, 44, 48, 52, 59, 64, 65, 70)	
72	NET CARRIER OPERATING INCOME (line 4 minus Line 71)	
73	Other Income (Credit) (describe)	
74	Interest Expense	
75	Corporate Income Tax	
76	Other Deductions (describe)	
77	Income Deductions (Total of lines 74, 75, & 76 minus line 73)	
78	NET INCOME (line 72 minus line 77) (Show loss in brackets)	

REGULATORY FEE CALCULATION SCHEDULE

Company Name Express Movers, Inc Annual Report Year 2005

In accordance with RCW 81.24.010 and 81.80.321 "Regulatory Fees", the Commission requires Household Goods companies to file reports of gross intrastate operating revenue and pay fees on that revenue. Every company subject to regulation shall file with the Commission a statement under oath showing its gross intrastate operating revenue from operations for the preceding year and pay to the Commission a fee as instructed below. There is no minimum fee.

All Washington intrastate carriers of Household Goods must complete and file this report. If you did not have revenue from the intrastate transportation of Household Goods indicate "0" on line 1

- 1 Total Gross Intrastate Operating Revenue **
- 2 Total Regulatory Fees owed (enter amount from line 1)

									1
									\$ 48,994.35
2	\$	x .25% (.0025) =							\$ 122.49
									Agency Use Only

Complete Lines 3 through 6 if filing after May 1

- 3 Penalties on Regulatory Fees filed after May 1
- 3a Total Penalties on Regulatory Fees owed - enter amount from line 2
- 4 Interest on Regulatory Fees filed after May 1
- 4a Amount from line 2 _____ x Number of months past May _____ x 1% (.01) =
- 5 Total Penalties and Interest owed (add lines 3a and 4a)

									3
3a	\$	x 2 % (.02) =							\$
									4
									4a
									\$
									5
									\$
									Agency Use Only

- 6 Total Regulatory, Penalty and Interest Fees Due (add lines 2 and 5)

									6
									\$

** Note: Gross Washington intrastate operating revenue is defined as all revenue collected for the year from rates under Washington Utilities and Transportation Commission Tariff 15A. The revenues subject to the Commission's regulatory fees are gross Washington intrastate operating revenues before deductions for uncollectibles, unbillables or the payment of state and federal taxes, i.e. "Gross Revenues" means before any deductions from Revenue Receipts.