

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**

#074018

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket #:-
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # 5348	111-0268-207-02	Receipt ID 074018	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
- 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
- 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: MOVING PODS LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable N/A

Physical Address 875 140th Ave NE Suite 103, Bellevue WA 98005

Mailing Address same above

Telephone Number 425 747-0953 Fax Number 425 747-4481

TYPE OF PAYMENT

- Check Money Order
 Amex Discover Mastercard Visa

Amount \$ 550 =

Credit Card number:

Expiration Date

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doc work see Attachment

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.

Company Name: MOVING PODS LLC / Jesus M zamudio

Name (printed): JESUS M ZAMUDIO Date: 12-19-2014

Signature: X Jesus Zamudio Title: Member-Director

If paying by credit card, you may fax your application to 360-586-1181 or scan and email to transportation@utc.wa.gov



TU-144134



1300 S. Evergreen Park D
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Olympia, WA 98504-7250
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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: 12/19/14	DOL/SOS: #074018	ID: 16796	Docket #:- TU144134
Staff Assigned	Insurance: [signature]	Inspection	Permit Issued THG- 65700
Reception #: 53481	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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BUSINESS INFORMATION

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(must be individual, partners of a partnership or corporation)

Trade Name, if applicable N/A

Physical Address 875 140th Ave NE Suite 103, Bellevue WA 98005

Mailing Address same above

Telephone Number (425) 747-0953 Fax Number (425) 747-4481

BUSINESS INFORMATION - continued

UBI #: 603-406-030 Email: manuelz1@hotmail.com

USDOT #: 2552859 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp Acct? Account # 167,361-02

Employment Security Department registration number? ESD # 000-056756-09-0

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>Jesus Zamudio Garcia</u>	<u>Member-Director</u>	<u>100%</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: I observed the needs of students at University of WA and Seattle. I did a survey and notice the need of our business. Students that come out of state. Our prices are affordable, also we will help residents of goods moving w/ car.

Briefly describe your experience in the transportation/household goods moving industry: I have helped personally family and friends for years and it is their recommendation that I did such a good job that I should go into this business.

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	\$ 1,500 ⁼	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$ 723 ⁼
Investments	\$	Notes Payable	\$
Other Current Assets	\$ 2,550 ⁼	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 723 ⁼
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$ 3,327 ⁼
TOTAL ASSETS	\$ 4,050 ⁼	TOTAL LIABILITIES & NET WORTH	\$ 4,050 ⁼

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
2014	FORD	C98739A	1FDWE3FL6EDA123901	✓
	ECONOLINE			

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.**

W/A

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: <u>Jesus Zamudio Garcia</u>	Position: <u>X MEMBER - Director</u>
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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:	Position:
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:	Position:
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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.

Jesus Zamudio G *Jesus Zamudio* Bellevue 12-19-2014
Print name of applicant Signature of Applicant Date and Location

see replacement page

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: MOVING PODS, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Alfa Torrez.

Address (include street address, mailing address, city, state, zip, and county):
8914 Emerson Pl Everett WA 98208

Phone Number: 425-314-7066.

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
furniture moved - Household Items. In March 2015

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:
If I move to a nather location/place.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:
I trust the owner.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
the company is organize and called what my personal Items

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

Alfa Torrez.
 Signature of Person Completing Form

12/18/14, Everett.
 Date and Location

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Applicant Name: MOVING PODS LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Heber A. Garua BOOKKEEPING ASSISTANT

Address (include street address, mailing address, city, state, zip, and county):
215 SW CLARK ST ISSAQUAH WA 98027

Phone Number:
425-761-0635

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

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

Service will be requested from ISSAQUAH TO BELLEVUE WA.

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:

PUNCTUAL EASY AND AFFORDABLE THE MOST IMPORTANT ^{HELPFUL & FRIENDLY}

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

THEY ARE COMMITTED TO DO A HONEST & GOOD JOB

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

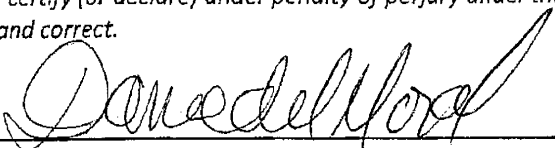
 Bellevue WA 12/18/14
 Signature of Person Completing Form Date and Location

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Applicant Name: MOVING PODS LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Daniela del MORAL</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>11 152nd PL SE, Bellevue WA 98007</u>
Phone Number:	<u>425-652-7841</u>
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:	<u>Moving Furniture and household items to another location</u>
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:	<u>In a year or two</u>
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:	<u>He is very careful and organize</u>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<u>I trust this person. Good Business</u>
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u></u>	<u>Bellevue 10-24-14</u>
Signature of Person Completing Form	Date and Location

WASHINGTON INSURANCE IDENTIFICATION CARD

Vern Fonk Insurance Services Inc
23830 Pacific Hwy S Ste 104
Kent, WA 98032

Company

BERKSHIRE HATHAWAY INSURANCE COMPANY

Policy Number	Effective Date	Expiration Date
05TRM007106-01	06/04/2014	06/04/2015

Coverage provided by this policy meets the minimum liability limits prescribed by law.

Named Insured

MOVING PODS LLC
15030 NE 8TH PL
BELLEVUE, WA 98007

Yr/Make/Model

2014 Ford Econoline Bas

VIN

1FDWE3FL6EDA12390

THIS CARD MUST BE CARRIED IN INSURED
VEHICLE TO BE PRESENTED UPON DEMAND

IF YOU HAVE AN ACCIDENT: Report all accidents to your
Agent/Company as soon as possible. Before calling,
obtain the following information:

- Name and address of each driver, passenger and witness.
- Name of Insurance Company and policy number for each
vehicle involved.

Additional Drivers On This Policy:

ZAMUDIO, JESUS

Insurance Agency / Phone Number

Vern Fonk Insurance Services Inc
206-859-4894

Printed by GSC on June 04, 2014 at 03:17PM

FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE
LIABILITY CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)
 (Name of Commission)

This is to certify, that the Continental Divide Insurance Company
 (Name of Company)

(hereinafter called Company) of 3333 Farnam Street, Omaha, NE 68131
 (Home Office Address of Company)

has issued to MOVING PODS LLC
 (Name of Motor Carrier)

of 15030 NE 8TH PL, BELLEVUE, WA 98007
 (Address of Motor Carrier)

a policy or policies of insurance effective from 06/04/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier-Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein 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, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commissioner.

Countersigned at 3333 Farnam Street Omaha NE 68131
 (Street Address) (City) (State) (ZIP Code)

this 4th day of June, 20 14



Authorized Representative

Insurance Company File No. 05TRM007106-01
 (Policy Number)

300,000.CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302[b][2]) and 49 CFR § 387.301



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Vern Fonk Insurance Services Inc 23830 Pacific Hwy S Ste 104 Kent, WA 98032	CONTACT NAME: GLORIA CASTRO
	PHONE (A/C No, Ext): 206-859-4894 FAX (A/C, No): 206-859-4899
	E-MAIL ADDRESS: Gloria@vernfonk.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: BERKSHIRE HATHAWAY INSURANCE COMPANY
INSURED MOVING PODS LLC 15030 NE 8TH PL BELLEVUE, WA 98007	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 00270818-0 REVISION NUMBER: 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		05TRM007106-01	06/04/2014	06/04/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CARGO		05TRM007106-01	06/04/2014	06/04/2015	CARGO \$ 20,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
2014 Ford Econoline Base, Cutaway, 5.4L VIN 1FDWE3FL6EDA12390, ACV \$27K

CERTIFICATE HOLDER WASHINGTON UTILITIES AND TRANSPORTATION COMM PO BOX 47250 OLYMPIA, WA 98504	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE (GSC)

WA
DC
WASHINGTON DRIVER LICENSE

(4b)

ZAMUDIO GARCIA
JESUS MANUEL

DOB (4b)

(4b)

Sex M Hgt 5-03
Wgt 169 Eye BRN
Class NONE Exp NONE
Restrictions NONE

11-07-2013

(4b)



State of Washington
 Business Licensing Service
 PO Box 9034
 Olympia WA 98507-9034
 Telephone: 1-800-451-7985
 http://business.wa.gov/BLS

Information provided may be subject to disclosure under the public disclosure law (RCW 42.56)

[Redacted]
 [Redacted]
 [Redacted]

Jesus M. Zamudio
 Legal Entity/Owner Name

603-406-030

Unified Business Identifier (UBI)

Federal Employer Identification Number (FEIN)

LNT BELLEVUE
 For Validation - Office Use Only

6/9/2014 12:35:57 PM

Activity: 3000481297

TransId: 104263764

\$19.00

03N-400-925-0003

Business License Application

For faster service apply online at business.wa.gov/BLS
 Online applications are typically processed within two business days.
 It may take up to 21 days if you file by mail.

1. Purpose of Application

Please check all boxes that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Open/Reopen Business
complete sections 2, 3, 4, (5 if hiring employees) and 6 | <input type="checkbox"/> Add License/Registration to Existing Location
complete sections 2, 3, 4, and 6 |
| <input type="checkbox"/> Open Additional Location
complete sections 2, 3, 4, (5 if hiring employees) and 6 | <input type="checkbox"/> Business Has or Will Have Employees
complete all sections |
| <input type="checkbox"/> Change Ownership
complete sections 2, 3, 4, (5 if you have employees) and 6 | <input type="checkbox"/> Business Has or Will Have Employees Under Age 18
complete all sections (If this business location has an active Workers' Compensation account with L&I, and there were no business changes since the last Business License Application was filed, complete only sections 2, 3a, 3c, 3d, [and 3f for sole proprietors], 5c, and 6.) |
| <input type="checkbox"/> Register Trade Name
complete sections 2, 3, 4 and 6 | <input type="checkbox"/> Hire Persons to Work In or Around Your Home
complete all sections |
| <input type="checkbox"/> Change Trade Name - complete sections 2, 3, 4 and 6
Name(s) to be cancelled: _____ | <input type="checkbox"/> Other - complete all |
| <input type="checkbox"/> Change Location - complete sections 2, 3, 4 and 6
Old address to be closed: _____ | |

DEPARTMENT OF
 LABOR & INDUSTRIES
 JUN 09 2014
 BELLEVUE
 SERVICE LOCATION

2. Licenses and Fees

Use the License Fee Sheet for the information needed to complete this list.

Mark Registrations Needed:	Fees Due
<input type="checkbox"/> Tax Registration (State Dept. of Revenue) - Do you want a separate tax return for each business? <input type="checkbox"/> Yes <input type="checkbox"/> No	No Fee
<input checked="" type="checkbox"/> Industrial Insurance (Workers' Compensation) - Required if you will have employees.	No Fee
<input checked="" type="checkbox"/> Unemployment Insurance - Required if you will have employees.	No Fee
<input type="checkbox"/> Minor Work Permit - Required if you will have employees under age 18.	No Fee
<input type="checkbox"/> New Trade Name (Doing Business As):	\$ 5.00
List Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):	
➤	\$
➤	\$
➤	\$
➤	\$
➤	\$

Enclose check for total amount due, including the non-refundable Processing Fee, which MUST be submitted with this form.

Processing Fee \$ 19.00

Total Amount Due \$ 19.00

Make check payable to the Department of Revenue.

To receive this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

4. Location / Business Information

- a. Are you an out-of-state business with no Washington location and have employees or representatives working in Washington?
 Yes No

If yes, provide **one** of their Washington addresses (we will not use this address for mailing purposes):

Business Street Address (Do not use a PO Box or PMB Address) City State Zip code

- b. Do you plan to hire independent contractors or people you will report on a 1099 form? Yes No
 Check "Independent Contractors" definition at www.lni.wa.gov/IPUB/101-063-000.pdf

- c. Provide the **estimated** gross annual income in Washington (check the one box that applies to your business):
 \$0 - \$12,000 \$12,001 - \$28,000 \$28,001 - \$60,000 \$60,001 - \$100,000 \$100,001 and above

- d. Mark the business activities in Washington State (check all that apply):
 Wholesale Retail Manufacturing Services

- e. Describe in detail the principal products or services you provide in Washington State--failure to provide this information will cause delay in processing your application:

Moving Services:

DEPARTMENT OF
LABOR & INDUSTRIES
JUN 09 2014
BELLEVUE
SERVICE LOCATION

- f. Did you buy, lease, or acquire all or part of an existing business? No All Part

Date bought/leased/acquired: / /
MM DD YY Prior Business Name ()
 Prior Owner's Name Telephone Number

- g. Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax? Yes No
 If yes, indicate purchase or lease price: \$

- h. If this business is owned by, controlled by, or affiliated with any other business entity, provide that business entity's name: NO

- i. If you are changing your business structure (such as changing from sole proprietorship to corporation) and want the old account closed, provide the UBI number to be closed: N/A
 Do you wish to cancel all the trade names registered under the old UBI number? Yes No
 You must re-register all trade names you use under the new business structure.

- j. If you have ever owned another business, provide: Dan's Cleaning
Business Name UBI Number

- k. Provide your bank's name: Wells Fargo Branch: Belleveue

If you plan to have employees or wish to register for elective coverage for owners or excluded employees, complete Section 5.
 (For information see the Industrial Insurance or Unemployment Insurance sections on the License Fee Sheet.)

CERTIFICATE OF COVERAGE



Insurance Services Division
Employer Services

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

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.

- 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#: 603 406 030 Policy Effective Date
10/24/14

Location

MOVING PODS LLC
875 140TH AVE NE
BELLEVUE WA 98005-3400

Employer

MOVING PODS LLC
PO BOX 6247
BELLEVUE WA 98008-0247

*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.

F211-141-000-3/02



Employment Security Department
WASHINGTON STATE

Tax Rate Notice

ESD number: 000-056756-00-0
UBI number: 603-406-030

MOVING PODS LLC
PO BOX 6247
BELLEVUE, WA 98008-0247

Mailing date: November 25, 2014

If you want us to review your tax rate, the law says you must send us a request in writing by December 26, 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.

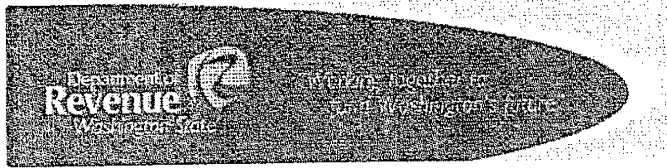
For tax rate questions and corrections:

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





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If "Non-revenue" appears after Tax Registration Number, the account is not registered with the Department of Revenue. However, it may be registered with other agencies in the state.

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Take a 30 sec survey



Washington State Department of Revenue State Business Records Database Detail

TAX REGISTRATION NO: 603406030	ACCOUNT OPENED: 05/01/2014 12:00:00 AM
UBI: 603406030	ACCOUNT CLOSED: OPEN
ENTITY NAME: MOVING PODS LLC	
BUSINESS NAME:	
MAILING ADDRESS: 875 140TH AVENUE BELLEVUE, WA 98005-3400	BUSINESS LOCATION: 875 140TH AVENUE BELLEVUE, WA 98005-3400
ENTITY TYPE: LIMITED LIABILITY	RESELLER PERMIT NO: N/A
NAICS CODE: 484210	PERMIT EFFECTIVE: N/A
NAICS DEFINITION: USED HOUSEHOLD AND OFFICE GOODS MOVING (PT)	PERMIT EXPIRES: N/A

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12/19/2014 2:39 PM

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voter registration assistance (SECRETARY OF STATE)

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

MOVING PODS LLC

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

Date: 5/23/2014

UBI Number: 603-406-030



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

Kim Wyman, Secretary of State

Date Issued: 5/28/2014