



Washington Movers Conference

of the Washington Trucking Associations

930 South 336th Street, Suite B
Federal Way, WA 98003-6384
(253) 838-1650
1-800-732-9019
Fax (253) 838-1793
www.wmcmovers.com

James R. Tutton, Jr.
Executive Director

June 5, 2012

Mr. Dave Danner
Executive Director/Secretary
Washington Utilities and Transportation Commission
P.O. Box 47250
Olympia, WA 98504-7250

Dear Mr. Danner:

References:

- A. UTC Docket, Docket No. TV-120640 – Temporary Household Goods Carrier Authority for “Advanced Movers LLC”, dated May 10, 2012. (Exhibit A)
- B. Household Goods Moving Company Permit Application – “Advanced Movers LLC” (Exhibit B)
- C. Print out from Department of Labor & Industries web site, dated June 5, 2012, showing no open Workers Comp account for UBI 603-194-962 -- “Advanced Movers LLC”

The Washington Movers Conference requests an informal review of how the Temporary HHG Authority, attached as Exhibit A, was granted based upon the contents of the Application, attached as Exhibit B.

The Application, even with its replacement page, clearly shows no Worker’s Comp Account established as the company states it has “No employees at this time.”

Following a telephone call to the Governing person of this family business, Mr. Gurukirtan Khalsa (son) on June 5, 2012, inquiring if his company could handle relocating the contents from a large 3-bedroom home; Mr. Khalasa stated “He has plenty of helpers.” Following that telephone call, a check was made on the Washington State Department of Labor & Industries web site to see if a Worker’s Comp Account had been subsequently opened after obtaining employees. The site showed “no accounts” for a business with a UBI No. 603-194-962, belonging to Advanced Movers LLC. See Exhibit C.

In addition, it is a concern to the Washington Movers Conference that Advanced Moving Services may be using a “Household Goods Moving Services Contract” that is not in conformance with the WUTC HHG Tariff No. 15-C. See pages 13-15 of the Application.

Should you have any questions, please feel free to contact me.

Sincerely,

James R. Tutton, Jr.
Executive Director

Encl – Exhibits A, B, & C

“Committed To Excellence”

RECEIVED
RECORDS MANAGEMENT
2012 JUN -6 AM 8:44
STATE OF WASHINGTON
UTIL. AND TRANSP.
COMMISSION



Docket

May 10, 2012

This list of permanent operating authority applications pending and temporary operating authority applications granted is issued under the provisions of Title 81 and WAC 480 of the Commission's Laws and Rules.

TEMPORARY Household Goods Carrier Authority Application Granted

The following temporary operating authority application was granted under the provisions of RCW 81.80.170 and WAC 480-15-280. As provided in WAC 480-15-340 HOUSEHOLD GOODS CARRIER application filings published in conjunction with a grant of temporary authority, are subject to comment for 180 days or the full term of the temporary permit. Comments may be in the form of statements supporting or protesting the application and must be filed according to this rule.

<u>Application</u>	<u>Date Filed</u>	<u>Applicant & Service Desired</u>
Docket No. TV-120640	05/04/12	Advanced Movers LLC 2821 NE 16th St. Renton WA 98056-2333
Permit No. THG064616		

Household Goods and General Commodities (excluding Armored Car Service and Hazardous Materials) in the state of Washington.

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EXHIBIT A

TV-120640-CT

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Type of Household Goods Authority Requested - Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 7 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) - Complete pages 2 - 7 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) - 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 type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 - Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 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
<input type="checkbox"/> Extension of authority - Complete pages 2 - 7 and Attachment A	\$ 550

TYPE OF PAYMENT

- Check Money Order Amex Mastercard Visa

176544

Amount: \$ 550

Expiration Date

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, and 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): Tarvinder K Khalsa Company Name: Advanced Motors LLC

Cardholder's Signature: Khalsa

Date: 04/25/2012

Permit Issued: THG-
Docket #
Section #: <u>038683</u>
111-0268-207-01 111-0268-013-20

Received Time Apr. 26. 2012 9:04AM No. 3866

EXHIBIT B

Replacement Page

BUSINESS INFORMATION

Name of Applicant TARVINDER K KHALSA
(must be individual, partner of a partnership or corporation)

Trade Name, if applicable ADVANCED MOVERS LLC

Physical Address 2821 NE 16TH ST RENTON, WA, 98056-2333

Mailing Address || SAME ||

Telephone Number (425) 254-8713 Fax Number (425) 254-8713

BI #: 603 194 962 Email: tarvinderkhal@gmail.com

SDOT #: 2292409 (If you currently don't have one, you can go online at www.fmc.ca.dot.gov/online-registration to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
No Yes L & I Account No. NO employees at this time (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
D No. NO employees at this time (required if you have employees)

Have you registered your business with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation (LP, LLP, LLC) Other

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

Name	Title	Stock Distribution or Percentage of Shares
Resident (owner)	Tarvinder K Khalsa	(Mother)
Governing person	JAGSIT S KHALSA	(Father)
Governing person (GURK)	GURUKIRTAAN S KHALSA	(son)

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:

Advanced Movers wishes to provide HHG moving service by adding comprehensive, reliable, quality based experience to all who are served in the moving service sector. We can produce integrity in scheduling, Reasonability in competitive pricing and overall exceptional satisfaction in personal service to our customers!

Briefly describe your experience in the transportation/household goods moving industry: My experience in the transportation industry evolved through working in family businesses and delivering the furniture sold and working in setup of living/dining room and appliance setup and haulaway.

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# _____ and USDOT# _____

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: _____

Have you ever been convicted of a crime? No Yes If yes, please explain: _____

Have you 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	\$ 2500	Salaries/Wages Payable	\$ N/A
Notes Receivable	\$ N/A	Accounts Payable	\$ N/A
Investments	\$ N/A	Notes Payable	\$ N/A
Other Current Assets	\$ N/A	Mortgages Payable	\$ N/A
Prepaid Expenses	\$ N/A	TOTAL LIABILITIES	\$ N/A
Land and Buildings	\$ N/A	NET WORTH	N/A
Trucks and Trailers	\$ 10,000	Preferred Stock	\$ N/A
Office Furniture	\$ 1500	Common Stock	\$ N/A
Other Equipment	\$ N/A	Retained Earnings	\$ N/A
Other Assets	\$ N/A	Capital	\$ N/A
TOTAL ASSETS	\$ 14,000	TOTAL LIABILITIES & NET WORTH	\$ N/A

EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2005	GMC/SAV BOXVAN	AHH2782	100	10,000

SAFETY AND OPERATIONS

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.

SAFETY RESPONSIBILITIES

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.

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.

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: Tarvinder Khalsa

Position: President/owner

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: Tarvinder KHALSA Position: President/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 and Internal Revenue Service (taxes); and Employment Security.

Name: Tarvinder KHALSA Position: President/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.

Tarvinder KHALSA Print name of applicant [Signature] Signature of Applicant 04/24/12 Renton, WA 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: Advanced Movers LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Jerry Chen

Address (include street address, mailing address, city, state, zip, and county): 512 GRANDER BLVD Tukwila WA 98188

Phone Number: (206) 242-0698

Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: Furniture moving for customer

Do you anticipate a future need for the services of a residential household goods moving company? [X] Yes If yes, please describe your future moving needs: Will need a trusty company for delivery furniture to customer

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: a Good Moving Company can always reduce damage of Goods on Delivery & cut down the expense of customer service

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Not at this time

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: 4-20-12 Tukwila WA

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:

Advanced Movers LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

TAMISHIA L. GARRETT

Address (include street address, mailing address, city, state, zip, and county):

2903 NE 16 STREET
RENTON WA 98056

Phone Number:

360 481 3247

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:

WILL MOVE IN THE FUTURE & NEED A TRUSTWORTHY, REASONABLY PRICED MOVER.

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:

A GOOD, SOLID COMMUNITY-BASED BUSINESS IS ALWAYS AN ASSET & IT'S IMPORTANT TO HAVE SOMEONE TRUSTWORTHY TO HANDLE MOVES OF OUR TREASURED POSSESSIONS.

Is there anything else the Commission should consider when making a determination about this application for a household goods permit? (ADVANCED MOVERS)

I HAVE SEEN JURG'S WORK AS A NEIGHBOR, & KNOW HIM TO BE CONSCIENTIOUS & HONEST. IT IS VERY IMPORTANT TO SUPPORT SMALL BUSINESS STARTUPS THAT WILL EVENTUALLY BECOME AN ECONOMIC STIMULUS TO THE LOCAL ECONOMY.

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

Tamishia L. Garrett
Signature of Person Completing Form

04/20/12 Renton, WA
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: Advanced Movers LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: GUSEYN ALIYEV

Address (include street address, mailing address, city, state, zip, and county): 26624 19th AVE S Des Moines WA 98198

Phone Number: 425-308-9918

Do you currently need the services of a residential household goods moving company? [X] 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 [X] Yes If yes, please describe your future moving needs: WE CURRENTLY LOOK FOR THE HOUSE FOR MY SISTER AND WILL NEED ADVANCED MOVERS SERVICE

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: THE SERVICE WILL BENEFIT US IN THAT WE WILL RECEIVE QUALITY SERVICE AT A REASONABLE PRICE

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? NOT THAT I CAN THINK OF AT THIS TIME.

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: [Signature] Date and Location: 04/19/2012 Des Moines WA

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

ADVANCED MOVERS LLC

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

Date: 3/30/2012

UBI Number: 603-194-962



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

Sam Reed

Sam Reed, Secretary of State

25571001165001

ADVANCED MOVERS LLC
2821 NE 16TH ST
RENTON WA 98056-2333

DETACH BEFORE POSTING

001165



STATE OF
WASHINGTON

BUSINESS LICENSE

Domestic Limited Liability Company

Unified Business ID #: 603 194 962
Business ID #: 1
Location: 1

ADVANCED MOVERS LLC
2821 NE 16TH ST
RENTON WA 98056 2333

TAX REGISTRATION

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

Brad Flaherty
Director, Department of Revenue



Progressive
P.O. Box 94739
Cleveland, OH 44101
1-800-895-2886

Policy number: 01532019-0

Underwritten by:
United Financial Casualty Company
April 6, 2012
Page 1 of 1

Certificate of Insurance

Certificate Holder	Insured	Agent
ADVANCED MOVERS LLC 2821 NE 16TH ST RENTON, WA 98056	ADVANCED MOVERS LLC 2821 NE 16TH ST RENTON, WA 98056	PROG COMMERCIAL PO BOX 94739 CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$300,000 Combined Single Limit
Underinsured Motorist Bodily Injury	\$50,000/\$100,000
Underinsured Motorist Property Damage	\$50,000 w/\$100 Ded (\$300 if Hit & Run)
Personal Injury Protection	\$35,000
Motor Trucking Cargo	\$10,000 w/\$500 Ded

Policy Effective Date: Apr 19, 2012

Policy Expiration Date: Oct 19, 2012

Description of Location/Vehicles/Special Items

Scheduled autos only

2005 GMC SAVANA G3500 1GDHG31U151911890	
Comprehensive	\$500 Ded
Collision	\$500 Ded

Certificate number

09712TC0019

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

Form 5241 (10/02)

ADVANCED MOVERS LLC

"Advancing Your Move!"

Household Goods Moving Services Contract

(1) Section 1 - General Provisions.

(A) For the purposes of this Contract, the following terms will mean:

(i) Carrier - the motor carrier/mover contracted to transport a shipment of household goods.

(ii) Shipper - the owner of the household goods shipment or his representative.

(B) Changes to the moving service contract are not valid unless agreed to in writing by the Carrier and the Shipper.

(C) Household goods carriers will transport shipments with reasonable dispatch. Reasonable dispatch requires the transportation of a shipment within the agreed period of time shown on the moving services contract, except when circumstances beyond the Carrier's control, force majeure, prevent or delay transportation.

(D) Moving services contracts must comply with all other applicable laws of the State of Washington.

(2) Section 2 - Cargo Liability Provisions. The Carrier shall be liable for physical loss of or damage to any articles from external cause while being carried or held in storage-in-transit, except loss, damage, or delay caused by or resulting:

(A) From an act, omission, or order of the Shipper;

(B) From defect or inherent vice of the article, including structural integrity and susceptibility to damage because of atmospheric conditions such as temperature and humidity or changes therein.

(C) From Acts of God, including, but not limited to rain, wind, flood, hail and/or sun damage.

(D) Except in cases of negligence of the Carrier of all or any of the property herein described shall not be liable for damage to or loss of contents of

pieces of furniture, crates, bundles, cartons, boxes, barrels or other containers unless such contents are open for the Carrier's inspection and then only for such articles as are specifically listed by the shipper and receipted for by the Carrier or its agent.

(E) From spoilage, deterioration, contamination, freezing, rusting, extremes of temperature, shrinkage, evaporation, loss of weight, changes in color, flavor, finish or texture unless any of them shall be caused by fire or overturn of the vehicle.

(F) From mechanical or electrical derangements of pianos, radios, phonographs, clocks, refrigerators, television or video equipment, computers and their peripheral devices, automatic washers or other instruments or appliances, unless evidenced by external damage to such equipment and unless caused by perils not otherwise excluded.

(G) The household goods Carrier is not liable for loss or damage caused by dangerous or explosive goods unless the Shipper notifies the Carrier, in writing, of the nature of the goods and the Carrier agrees, in writing, to the transportation of these goods.

SUBJECT, in addition to the foregoing, to the further following limitations on the Carrier's liability:

1. The Carrier's maximum liability shall be the either actual DEPRECIATED VALUE or REPLACEMENT VALUE for loss or damage as elected by the Shipper on the face hereof, not exceeding the amount declared by the Shipper on the face hereof.
2. The Carrier shall not be liable for documents, tickets, deeds, manuscripts, blue prints, plans, specifications, or other valuable papers.
3. The Carrier shall not be liable for jewels, jewelry, gems, precious metals, gold, silver or platinum articles (including household goods such as silverware, coffee service sets, trays, candlesticks and dishes) watches, precious stones, pearls, furs or garments trimmed with fur, currency, money, bullion, bonds, notes, stock, stock certificates or other securities, accounts bills, bills of exchange, evidence of debt, credit cards, stamp-postage, stamp collections, revenue, trading-or letter or packets of letters not specifically listed on the shipping document by description and value.
4. Where replacement or total loss payment of a damaged article(s) is made by the Carrier, they at their sole option, have the right to salvage of the damaged article(s).
5. In the event of loss to any article or articles which is/are part of a set, the measure of loss to that article or articles shall apply only to the value of the piece or part that incurred the loss giving consideration to the importance of said articles, but in no event shall that loss be construed to mean loss of the total pair or set.
6. The Carrier shall not be liable for "Ready to Assemble Furniture" made of engineered wood and paper laminate finish, such as furniture manufactured by; Bush, O'sullivan, Sauder, etc., due to the inherent risk and sub-standard structural integrity of this type of furniture.

(3) Section 3 - Claims Provisions.

(A) A written claim must be filed by the Shipper within 60 days of delivery of the shipment to the final destination. In case of failure to make delivery, then a written claim must be filed by the Shipper within 60 days after a reasonable time for delivery has elapsed.

(B) A household goods Carrier is not liable for any claim that is not filed within 60 days of the delivery of the shipment to the final destination. A household goods Carrier is not liable for any claim that is not

filed within 60 days after a reasonable time for delivery has elapsed for shipments that were not delivered.

(C) In order for any claim to be considered, all monies due Carrier from the Shipper must be paid in full.

(4) Section 4 - Payment Provisions. The shipper must pay the freight charges upon delivery unless the shipper and household goods Carrier agree otherwise.

(5) Section 5 - Provisions for Shipments Not Delivered.

(A) A household goods Carrier may place a shipment of household goods into storage if the shipper is not available for delivery of the goods as scheduled.

(B) The cost of such storage is the responsibility of the shipper of the household goods.

(C) A shipment of household goods placed in storage is subject to liens for storage, freight, and other lawful charges.

(D) A household goods Carrier must issue written notice of the storage of the household goods to the shipper at each address shown on the moving services contract within three days of placing the goods in storage.

(E) If the shipper refuses to accept or does not claim the household goods within 15 days of the written notice of storage, the household goods Carrier may begin the process of selling the goods at public sale.

(F) A household goods Carrier must give written notice of the public sale to the shipper at each address shown on the moving services contract.

(G) The moving services contract does not prohibit the sale of the goods under any other lawful manner if the method set out in the contract cannot be reasonably accomplished.

(6) Section 6 - Severability Provisions. If any term of this Contract is held by a court of competent jurisdiction to be invalid or unenforceable, then this Contract, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.

CARRIER: ADVANCED MOVERS LLC

SHIPPER: _____

VEHICLE TITLE APPLICATION/REGISTRATION CERTIFICATE

04/05/2012

1209617330251591

AHH2782

Lic/Plt AHH2782	Issue-Date 04/2012	Tab-No R703087	Reg-Exp 04/05/2013	Value-Code/Yr 8300/2012	Depre 1	Mo-Reg 12	Mo-Gwt	
Power G	Use PAS	Mod-Yr 2005	Make GMC	Ser/Body VN	Model/BT SCT/YY	VIN or Serial No 1GDHG31U151911890	Res-Co 17	Prev-Plt
Sclwt 4350	Seats 00	Gwt	Gwt-Strt	Gwt-Exp	Fleet	Equip	Prev Title 3435133	Prev St AL

BRANDS:

COMMENT:

COLOR-YELLOW - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

MILEAGE 110909 A

REGISTERED OWNER

LEGAL OWNER

KHALSA, GURUKIRTAN S
2021 NE 10TH ST
RENTON WA 98056

I certify that the information contained hereon is accurate and complete.

X
Signature of Registered Owner(s)

X
Signature of Registered Owner(s)

Subscribed and sworn to before _____ This _____ Day of _____

FILING	\$ 7.00	TBD FEE 1725	\$	CHECK	\$
SUBAGENT	\$ 12.00	RTA EXCISE	\$ 25.00	CASH	\$ 938.65
LOCAL FEE	\$	USE TAX 1725	\$ 813.40	TOTAL FEES	\$ 938.65
LICENSE SRVC	\$.75	OTHER	\$ 60.50		
GWT/VWT FEE	\$ 20.00	DONOR AWARENESS	\$		
QUICK TITLE	\$	STATE PARKS	\$		

VALIDATION CODE 83173302120960405120010025159

ORTGTNAI

RPT ID: ATITPR-1

THIS DOCUMENT IS NOT PROOF OF OWNERSHIP

Vehicle Inspection Report



11185830

11185830

rplus
Technologies, Inc.



www.emissionstestwa.com

www.ecy.wa.gov/programs/air/airhome.html

Inspection Summary	Payment Amount: \$15.00	Payment Type: CASH
	This is your receipt. Test valid for 365 days.	
	Test Counter: 1	Test ID Number: 831333817388
Test Result: PASS	Software Version: 2.28	

Vehicle Information				PLEASE VERIFY VIN AND LICENSE NUMBER ARE CORRECT			
VIN: 1GBHG31U151911890		License Number: 80B817		License State: AK			
Fuel Type: GAS	Vehicle Type: TRUCK	Body Type: WA	Model Year: 2005	Make: GME	Model: BOX VAN	Engine Size: 6L	GVWR: 38,500
Cylinders: 8	Transmission: AUTOMATIC	Exhaust: SINGLE	AES ID #: N/A	Lookup Table ID: 0	Equiv Test Wt: 0	Horsepower: N/A	

Inspection Station Information		Station: 8	Lane: 3
Start Date/Time: 04/05/2012 09:18 AM	Operator 1: KATRINA KATRINA	Operator 2: MOJIB TOF MOJIB	

Gas Cap Test Results		Cap 1:	Cap 2:
Result: N/A	Cap 3:	Cap 4:	

This emission test was performed in accordance with federal regulations on emission tests (40CFR 85 Subpart W) by rplus Technologies, Inc. for the Department of Ecology.

Test Results		Test Type: TSI
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Overall Test Result: PASS		TSI Test Sequence Number: 1			
	HC (PPM)	CO (%)	CO+CO2 (%)	O2 (%)	
Pass Limit:	400	3	6	N/A	
Pass Emissions:	22	0	15	0.26	
Pass Result:	PASS	PASS	N/A	N/A	
Pass Limit:	400	3	6	N/A	
Pass Emissions:	22	0	15.1	0.22	
Pass Result:	PASS	PASS	N/A	N/A	

Repair Information		Emission Specialist #:	Date/Time:
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By signing this form, I am acknowledging that I diagnosed/attempted repairs to this vehicle, after the initial test failure, in an effort to reduce failing emission reading(s). I am currently an Ecology Authorized Emission Specialist.

Printed Name:	Signature:
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MAKING FALSE STATEMENTS TO OBTAIN A CERTIFICATE OF COMPLIANCE/ACCEPTANCE IS A VIOLATION OF WAC 173-422-190

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to ADVANCED MOVERS LLC of 2821 NE 16TH ST, RENTON, WA 98056 a policy or policies of insurance effective from 04/19/2012 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 Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143
this 30th day of April, 2012

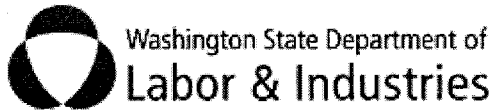
Insurance Company File No. CA 01532019
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)


IRB3539B



Verify Workers' Comp Premium Status: Business Accounts

Legal Business Name: UBI #:

Click on an Account # to view account information.

 UBI# 603194962 has no accounts.

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EXHIBIT C