

MASTER SERVICE LIST

As of: 2/5/2013

Docket: 130141

Original MSL Date: 2/5/2013

Status	Name and Address	Phone & Fax	Added	By
Assistant Attorney General	Brown, Sally Assistant Attorney General WUTC PO Box 40128 Olympia, WA 98504-0128 sbrown@utc.wa.gov	Tel: (360) 664-1193 Fax: (360) 586-5522	2/5/2013	Higgins, Joni
Applicant	Fricke, John Vice President-Operations Pacific Northwest Transportation Services, Inc. PO Box 2163 Olympia, WA 98507-2163 johnf@capair.com	Tel: (360) 754-7113 Fax: (360) 754-7118	2/5/2013	Higgins, Joni

MASTER SERVICE LIST

As of: 12/19/2012

Docket: 121980

Original MSL Date: 12/19/2012

Status	Name and Address	Phone & Fax	Added	By
Assistant Attorney General	Brown, Sally Assistant Attorney General WUTC PO Box 40128 Olympia, WA 98504-0128 sbrown@utc.wa.gov	Tel: (360) 664-1193 Fax: (360) 586-5522	12/19/201 2	Wyse, Lisa
Applicant	Three Star Moving Three Star Moving 1636 SE 158th Ave. Portland, OR 97233 threestarmoving@gmail.com	Tel: (503) 935-2283	12/19/201 2	Wyse, Lisa

BUSINESS INFORMATION

Name of Applicant THREE STAR MOVING
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable ~~Moving~~ N/A

Physical Address 1636 SE 158th AVE Portland, OR 97233

Mailing Address same as above

Telephone Number (503) 935-2283 Fax Number ()

UBI #: 603-259-630 Email: threestarmoving@gmail.com

USDOT #: 2273603 (If you currently don't have one, you can go online at www.fincsa.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # N/A

Employment Security Department registration number? ESD # 603 259 630

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

*Oregon company -
not required to register*

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation (LP, LLP, LLC) Other _____

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

*Name	Title	Stock Distribution or Percentage of Shares
Carlos Portugal Contreras	Owner	50%
JUAN PABLO PORTUGAL CONTRERAS	OWNER	50%

*Must provide a copy of a valid Washington state driver's license for each person listed above.

Choose one of the following for the territory in which you wish to operate:

All counties in the State of Washington

The following named counties only: _____

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

Provide packing, moving, and delivery of commercial and residential goods. Our first priority is satisfying our customers in providing excellent affordable service.

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

We have several years of experience in handling the transportation of our customer's household goods.

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	\$ 30,000	Salaries/Wages Payable	\$ NEW BUSSINESS
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 17,000
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 17,000
Land and Buildings	\$ 0	NET WORTH	NEW BUSSINESS
Trucks and Trailers	\$ 50,000	Preferred Stock	\$ NEW BUSSINESS
Office Furniture	\$ 1,000	Common Stock	\$ NEW BUSSINESS
Other Equipment	\$ 3,000	Retained Earnings	\$ NEW BUSSINESS
Other Assets	\$	Capital	\$ NEW BUSSINESS
TOTAL ASSETS	\$ 84,000	TOTAL LIABILITIES & NET WORTH	\$ NEW BUSSINESS

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
06	mits	T584177	1L6CCJ1S86K006398	18,000
07	STRG	T584191	1L5CCJ1S97K002931	17,000

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

SAFETY AND OPERATIONS

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

N/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: Cou R...

Position: 12/17/012

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>Cow Per AC</u>	Position: <u>OWNER</u>
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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>Cow 103 Per AC</u>	Position: <u>OWNER</u>
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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.

<u>Cow Per AC</u> Print name of applicant	<u>Cow Per AC</u> Signature of Applicant	<u>12/17/12</u> Date and Location
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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: Azucena Arredondo

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Azucena Arredondo

Address (include street address, mailing address, city, state, zip, and county): 3224 SE 92nd Ave # 49 Portland, OR 97266 Multnomah County

Phone Number: 503-701-6266

Do you currently need the services of a residential household goods moving company? [] No [X] Yes If yes, please describe your current moving needs: Moving to another household.

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: this company has provided excellent moving service, and I would not hesitate in calling them again.

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: Any community will benefit from such courteous, outgoing and hard working individuals as such that work with Three Star moving.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Have heard and can only say positive comments about this company, its service, and employees.

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: Azucena Arredondo Date and Location: 12/15/12 Portland Oregon

3cc is

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: Bethany LongChamps

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Address (include street address, mailing address, city, state, zip, and county):
13110 SE Stark St Apt 1
Portland OR 97233

Phone Number: 503-890-4383

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

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:
when lease is up on this apartment
I plan to obtain a house in which they will move

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: they are affordable and very professional as well as getting the job done in a timely manner.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I have referred them to friends and have had positive reviews on them

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

Bethany LongChamps
Signature of Person Completing Form
12-16-2012 portland OR
Date and Location

3cc es

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: Janice Miles

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Address (include street address, mailing address, city, state, zip, and county):
719 Q Ave #101
Anacortes Wa 98221

Phone Number: 617-240-7927

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

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: Should the occasion arise where I would have to move

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: they are very polite as well as in my budget

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I will recommend them to anyone who needs to move

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

Janice Miles 12-16-12 Portland OR
Signature of Person Completing Form Date and Location

[*]

Replacement-

OREGON
IDENTIFICATION CARD

PORTUGAL CONTRERAS, CARLOS
NOT A LICENSE TO DRIVE

DOB	Issue Date	02-11-2013
Endorsements	Sex	Record Created
	M	2002
Restrictions	Height	Weight
	6'8"	180

*****INTERIM***** EXPIRES 03-13-2013

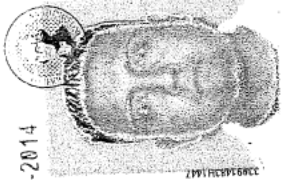
PORTUGAL CONTRERAS, CARLOS

LIMITED TERM

Posted
RMS
Y



WASHINGTON DRIVER LICENSE



EXP 05-01-2014

LIC # [REDACTED]

PORTUGAL CONTRERAS, JUAN P

[REDACTED]

SEX M HT 5-08 WT 165 EYES BRN

ISSUE DATE 05-24-2009

DOB [REDACTED]

[Signature]

24 2014

in


OREGON
IDENTIFICATION CARD

Expires **11-24-2012**
PORTUGAL CONTRERAS, CARLOS
NOT A LICENSE TO DRIVE

DOB [REDACTED] Issue Date **01-31-2008**

Endorsements	Sex	Record Created
	M	2002
Restrictions	Height	Weight
	5'05"	180

Expires: **11/24/2012** ID Card
PORTUGAL CONTRERAS, CARLOS



24 24

m

OREGON

TRUCK REGISTRATION

PLATE NUMBER	TITLE NUMBER	PROCESS DATE	EXPIRATION DATE	TYPE	EQUIPMENT NO.
T584177	1228406505	101012	JUN 30, 13	DIESEL	
YEAR	MAKE	STYLE	MODEL	VEHICLE IDENTIFICATION NUMBER	WEIGHT/LENGTH
2006	MITG	TK	85D	JL6CCJ1586K006398	18,000
TITLE BRANDS				ODOMETER READING	ODOMETER DATE
- NONE -					
OWNER / LESSEE				ODOMETER MESSAGE	

OWNER / LESSEE

THREE STAR MOVING
1636 SE 158TH AVE
PORTLAND OR 97233

COUNTY OF RESIDENCE
MULTNOMAH
COUNTY OF USE

NEW ADDRESS

OREGON

TRUCK REGISTRATION

PLATE NUMBER	TITLE NUMBER	PROCESS DATE	EXPIRATION DATE	FUEL TYPE	EQUIPMENT NO.
T584191	1230051606	102612	SEP 30, 13	DIESEL	
YEAR	MAKE	STYLE	MODEL	VEHICLE IDENTIFICATION NUMBER	WEIGHT/LENGTH
2007	STRG	TK	500	JL5CCJ1597K002931	17,000
TITLE BRANDS				ODOMETER READING	ODOMETER DATE
- NONE -					
OWNER / LESSEE				ODOMETER MESSAGE	

OWNER / LESSEE

THREE STAR MOVING
1636 SE 158TH AVE
PORTLAND OR 97233

COUNTY OF RESIDENCE
MULTNOMAH
COUNTY OF USE

NEW ADDRESS

From:

12/17/2012 14:35

#101 P.001/001



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
12/17/2012

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).

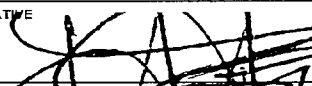
PRODUCER Antonov Insurance Agency, Inc. 6819 Se Foster Rd. Portland, OR 97206 503-772-1090 phone 503-772-4266 fax	CONTACT NAME: Anna Antonov	
	PHONE (A/C, No, Ext): 503-772-1090	FAX (A/C, No): 503-772-4266
INSURED Three Star Moving 601 NE 162nd Ave # 78 Portland, OR 97230	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A:		
INSURER B: Continental Divide Ins. Co.		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 GEN'L AGGREGATE LIMIT APPLIES PER. <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		05TRM001119-01	06/26/12	06/26/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Cargo		05TRM001119-01	06/26/12	06/26/13	\$20,000 \$ 1,000 deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER UTC 1300 Evergreen Park Dr Olympia WA 98503 fax: 360-586-1181	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 
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ACORD 25 (2010/05)

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