1300 S. Evergreen Park D

P.O. Box 47250

Here Ya 90! 47TN: 7

143663

Olympia, WA 98504-7250
(4b)

81
03
or
89
email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY

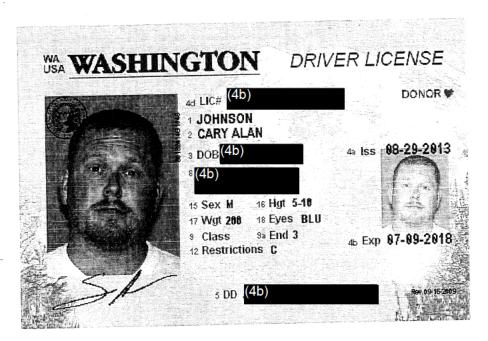
PERMIT APPLICATION

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

	Ţ	pe of Household Goods Au	thority Requested – check one	Fee Required
	Ø	permanent authority is a one-time	. The fee for provisional, and then tee. – Complete pages 3-8 and Attachment A	\$ 550
		- 18 - repute a preparativi de la company	ulting in a change in ownership or controlling e served on a temporary provisional basis) — t B	\$ 550
		Permanent authority to transfer un Complete pages 3-8 and Attachmen		\$ 250
		Reinstatement of permit (must be for on criteria set forth in statement justifying the reinstatement)	led within 30 days of cancellation, depending) – Complete pages 3-4 and include a	\$ 250
		– Complete pages 3-	and Attachment D	\$ 35
		BUS	NESS INFORMATION	ş
-	Legal I	Name: Jo4250015	Hauling CCC SK	okage octively
	Trade	Name, if applicable Johnson	15 Hauling + Moving Sx	- 1945 (1947) POP
			Tuclid Ave Spokane 1	
	Mailin	g Address Po Box 152	5 Mead, WA 99021	
		cone Number (59) 487-668	Fax Number ()	Posted 3

N	TinA	_	1.		7	TU 143	63	De x	defenunt
you hav	e, or have you	ever h	ad a busin	ess I	related le	gal proceeding	against you i	n W	ashington, or in
any other s	tate? ⊠No □	Yes	If yes, plea	se e	xplain: _				Jacy
									1
involving th	eft burglary	sexual	miscondud	t. id	entity th	st five years, beeft, fraud, false ance? ⊠No □	statements,	or t	ne
	rson named in			bee	n cited fo	or violation of s	tate laws or C	Comi	mission rules?
						TEMENT			New agencies to the
You m	ust complete t	he fol	lowing fina	ncia	l stateme	ent or attach a	balance sheet	t, pr	ofit and loss
		0.8	state	me	nt, or bus	siness plan.	Liabilities		
	Asset		5:0	_					
Cash in Bank \$ /coaco			Salaries/Wages Payable			\$			
Notes Receivable \$				Accounts Payable			\$		
Investments \$				Notes P	ayable		\$		
Other Curr	ent Assets	\$		LVCSCS4	Mortga	ges Payable		\$	
Prepaid Ex	penses	\$			TOTAL LIABLITIES			\$	
Land and E	2 100 200	\$	*		NET WORTH				
Trucks and	Trailers	\$ /	0,000		Preferred Stock			\$	
Office Furr	niture	\$			Common Stock			\$	
Other Equi	ipment	\$			Retained Earnings			\$	
Other Asse		\$			Capital		\$		
TOTAL ASS		\$ /	1,000		TOTAL	LIABILITIES & I	NET WORTH	\$	
	Describe	the eq	uipment yo	W	JIPMEN vill own o ional she	r lease to provi	de moving se	rvic	es
Year	Make		License No	_					Gross Vehicle Weight
1989	Internat	lond				1 HTSUCR 4827	K 4KAGO	Ça .	18,000
		12.15							

Department Of Licensing – IDL System



Picture Number: JOHNSCA256MZ Control Number: 30132414O1046 Name: JOHNSON,CARY ALAN

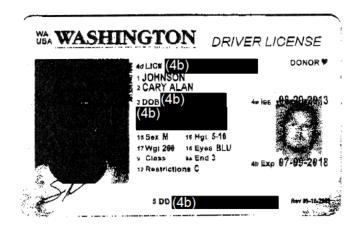
Production Status: Mailed - 09-02-2013

Issue Date: 08-29-2013

Report Date: Sep 19, 2014 9:58:03 AM

LeipsKi

APP# TV 143663





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

Pax: 360-586-1181 TTY: 360-586-8203

1-800-416-5289

email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

OR OFFICIAL USE ONLY		ID:	Docket #:-	
Date Filed:	DOL/SOS:	Inspection	Permit Issued T	
Staff Assigned	Insurance		111-0268-013-2	20
Reception #051481	111-0268-207-02	700		
	V0003	524		ee Required
Town of Househ	ald Goods Au	thority Requested -	- check one	
				\$ 550
Dravisional and pe	ermanent authori	ty. The fee for provisional,	and then	
permanent autho	rity is a one-time	fee. – Complete pages 3-8	and Attachment A	
permanent da ar		ON TO SEE SECTIONS AND MARKANIA	makin or controlling	\$ 550
☐ Permanent autho	ority to transfer re	sulting in a change in owner	ership of controlling	
interest (at least	six months must b	Je served off a temperature	MOATSIOLIGE DESIGN	
Complete pages :	3-8 and Attachme	nt B		1 (2/2/2
			C 480-15-187	\$ 250
Permanent authorities	ority to transfer un	nder the exceptions in WAC		
Complete pages	3-8 and Attachme	ilis b & c		\$ 250
We still alles also been et appear an activities and activities	for a sum it / muset he	filed within 30 days of can	cellation, depending	\$ 250
Reinstatement o	t permit (must be	5-450) – Complete pages 3	-4 and include a	
on criteria set to	ying the reinstater	ment		
				\$ 35
D Nama Change -	Complete pages 3	-4 and Attachment D		
Name Change	777	SINESS INFORMATI	ION	
	BUS	SINESS INFORMATI	1011	
	. 11	11.		
Legal Name: John	(Son's H	EUI MA LLL	or corporation) 5 00	Kane m.
	(IIIIIII) DE IIIIII	100	900km	ine Tran.
	Tolon Son	S Hauling + Mou	ing, spok	and Deli
Trade Name, if applical	ble			WA 992
Physical Address 32	216 E.	Euclid Ave	2 Sporane	With 116
7	1	man Mad	WA 99021	
Mailing Address P.C	9. BOX (565 / 11/2001	WA	
	New N		9 100 2	

Fax Number (

Telephone Number (54) 487-6683

		TYPE OF PAYMENT	
□ Check	☐ Money Order ☐ Discover ☐ Mastercard	√Visa	Amount \$550.00 HO00324 Evniration Date
Credit Care		-	

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: Johnson's Hauling + Mouing

Name (printed): CARY Johnson Date: 10-7-14

Signature: Signature: Manager

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





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

Johnson's Hauling LLC PO Box 1525 Mead WA 99021

October 10, 2014

Notice of Deficient Application - TV143663

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X Per WAC 480-15-302(3), you must provide a copy of your driver's license or a government issued phone identification card.
- Your Department of Revenue account is currently under the wrong name. It must show Johnson's Hauling LLC. You can contact their office at 800-451-7985.
- Your USDOT number is also in the wrong name. The legal name must show Johnson's Hauling LLC. You can go online at www.fmcsa.dot.gov/online-or you can contact (360)596-3810 to get this corrected.
- Your Labor & Industries Worker's Compensation Account number is also in the wrong name. It must also show Johnson's Hauling LLC. Their office number is 1-800-987-0145.
- Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name **EXACTLY** as it is shown above. We will also need to be able to verify your cargo insurance.

 (The insurance paperwork you attached to your application is not the correct insurance. We need your automobile liability not your commercial general liability.)

10/20 trong.

If you have questions or concerns, I can be reached at 360-664-1170 or email at tleipski@utc.wa.gov.

Sincerely,

Tina Leipski Licensing Services ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/0DNY) Oct 21, 2014

	Steeper V	a the same a same a	A A Million allon, 4 column a	b 6 mm		
			and the tenth of the state of t		TERRALIC TICHTO LIDON THE CERTIFICATE	
	THIS CERTIFICATE IS IS	SUED AS A MA	ATTER OF INFORM	IATION ONLY AND CON	FERS NO RIGHTS UPON THE CERTIFICATE	
	THIS CERTIFICATE TO TO			VAR NEARTHYELV AND	END EXTEND OR ALTER THE COVERAGE	
	HOLDER, THIS CERTIFIC	CATE DOES NO	OT AFFIRMA HVEL	TOK NEGATIVELT MINI	END, EXTEND OR ALTER THE COVERAGE	
	AREADDED BY THE DOL	ICIES BELOW	THIS CERTIFICA	TE OF INSURANCE DOE	ES NOT CONSTITUTE A CONRACT BETWEEN THE	-
	WELCKDED BY THE LOC	ICIEO DELCOVI			IF GERMEICATE UNI DEP	
	ISSUING INSURERIS). AL	JTHORIZED RI	EPRESENTATIVE	OK PRODUCER, AND IN	E CERTIFICATE HOLDER.	
.,			2 PL 24 PM	MOUNTED the entirelland	must be endorsed. If SUBROGATION IS WAIVED	١.
	IMPORTANT: If the certif	ficate holder is	an ADDITIONAL I	Manken' ma bouchtiasi	must be endersed. It domine of the	
	- black to the forms a send	anditions of i	he noticy certain	nolicies may require an	endorsement. A statement on this certificate doe	S
	and section the terms and	Conditions of	the policy, contain	policios may require an		

subject to the terms and conc not confer rights to the certifi	litions c	f the p	olicy, certain po	olicies dorsen	may require a nent(s).	n endorseme	int. A statement on th	is certificate o	ioes	
PRODUCER PRODUCER					CONTACT NAME				y an amenicanian dia matrim min	
Mount Spokane Insurance					PHONE	gry ang ang manadak sarah makamatan katalah sarah	f c	Ŭ: 8€, 146)		
'					E-MIL					
4025 E Mt Spokane Park Dr				ADDRESS FRODUCER CUSTOMERID# INSURER(S) AFFORDING COVERAGE;						
Mead, WA 99021										
INSURED	na an aidheadh ann dharag rainn	***************************************	entre mette de contracto de la	·	MENOSOA Nat		nity Company [70]	transport of the control of the cont	NAIC #	
					INSURER E					
Johnson's Hauling LLC				INSURER C INSURER C INSURER C						
PO Box 1525										
Mead, WA 99021										
					INSURER F					
COVERAGES	CERT	TEICAT	E NUMBER:	~ +44, 000,0 44,000,044		The same reality and the same reality of the same same same same same same same sam	REVISION NUMBER:			
COVERAGES THIS IS TO CERTIFY THAT THE F PERIOD INDICATED. NOTWITHS TO WHICH THIS CERTIFICATE M TO ALL THE TERMS, EXCLUSION:	OLICIES	OF INS	URANCE LISTED	BELOV ERM OF THE IN ICIES.	V HAVE BEEN IS R CONDITION O ISURANCE AFF LIMITS SHOWN	SSUED TO THE F ANY CONTRA ORDED BY THE MAY HAVE BE	INSURED NAMED ABOV ACT OR OTHER DOCUME E POLICIES DESCRIBED I EN REDUCED BY PAID C	VE FOR THE PO ENT WITH RESP HEREIN IS SUBJ LAIMS.	LIGY PECT PECT	
INS TYPE OF INSURANCE	ADDL INSR	SUB R	POLICY NUMBE	R	POLICY EFF (MM/OD/YYYY)	POLICY EXP (MM/OD/YYYY)	L.	au s		
GENERAL LIABILITY		CVW	***************************************	****			EACH OCCURRENCE	\$		
COMMERCIAL GENERAL LIABILITY	Y						DAMAGE TO RENTED PREMISES (Ea occurrence)	s		
and the same of th							MED EXP (Any one person)	\$	TO THE RESERVE THE PARTY OF THE	
							PERSONAL & ADVINJURY	\$		
							GENERAL AGGREGALE	\$		
GEN'L AGGREGATE LIMIT APPLIES PE	R						PRODUCTS/COMP/OP AGG	<u> </u> \$	· · · · · · · · · · · · · · · · · · ·	
POLICY PROJECT LO								\$		
AUTOMOBILE LIABILITY						1	COMBINED SINGLE LIMIT			
ANY AUTO							En accident)	\$		
ALL OWNED AUTOS							BODILY (NUCKY (Perperson)	\$	Augusta and Special States and Special States	
SCHEDULED AUTOS							BODILY INJURY (Per accident)			
HIREC AUYOS							PROPERTY DAMAGE	S		
NON-OWNED AUTOS							CONTRACTOR	\$		
CCCUR							EACH OCCURRENCE	<u> s</u>		
UMBRELLA LIAB CLOUR EXCESS LIAB CLAIMS-MAD							AGGREGATE	\$		
DEDUCTIBLE							Annual Control of the	\$		
retendon \$							a aa paaraa maaaaa paa ay ja	\$		
WORKERS COMPENSATION AND EMPLOYERS LIABILITY Y	IN						WC STATU OTH TORY JUMES ER		· w.c.k	
ANY PROPRIETORANTINEHEXECUTIVE							E L EACH ACCIDENT			
OFFICERAMEMBER EXCLUDED?][The state of the s	<u> S</u>		
(Mendatory in NH)							EL DISEASE EA EMPLOYEE	3		
Hyes, escarbe under DESCRIPTION OF OPERATIONS below								1\$	and the state of t	
A MOTOR TRUCK CARGO			70MTS0128	73	10/21/2014	10/21/2015	MOTOR TRUCK CARGO DEDUCTIBLE: \$1,000	: \$25,000		
DESCRIPTION OF OPERATIONS / LOCATION		ES (Alloc	h ACORD101, Addition	ial Remar	ks Schedule, if more	space is required)				
Evidence of Insurance or CERTIFICATE HOLDER	ııy.	· boo sarran en en electronic		CANO	ELLATION	and a second	1000-1000-1000-100-100-100-100-100-100-	***************************************		
WASHINGTON UTILITIES AND COMMISSION PO BOX 47250 OLYMPIA, WA 98504-7250	ND TRA	NSPC	DRTATION	S B A	HOLLO ANY C	PIRATION DATI	The second secon	S BE CANCEL L BE DELIVERE	LED ED IN	
						11.0	AM			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

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). CONTACT Steve Wilson PRODUCER PHONE (A/C, No. Ext): 509-467-8998 E-MAIL **Mount Spokane Insurance** FAX (A/C, No): 4025 East Mount Spokane Park Drive ADDRESS Mead WA 99021 INSURER(S) AFFORDING COVERAGE NAIC # **Charter Indemnity Company** INSURER A: INSURED INSURER B: Johnson's Hauling LLC INSURER C: PO Box 1525 INSURER D : Mead WA 99021 INSURER E REVISION NUMBER: COVERAGES **CERTIFICATE 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. ADDL SUBR LIMITS TYPE OF INSURANCE POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG \$ POLICY OTHER: COMBINED SINGLE LIMIT (Ea accident) 10/21/2014 10/21/2015 \$ 750,000 3717104 AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) PROPERTY DAMAGE \$ (Per accident) HIRED AUTOS AUTOS \$ **UMBRELLA LIAB** EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE \$ RETENTION \$ DED WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 🔀 🛅 🕟 📘 📗 Verification of coverage OCT 24 2014 WASH, UT, & TP, COMM CANCELLATION CERTIFICATE HOLDER Washington Utilities and Transportation Commission SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. PO Box 47250 Olympia WA 98504-7250 AUTHORIZED REPRESENTATIVE Steve Wilson

© 1988-2014 ACORD CORPORATION. All rights reserved.