

**HOUSEHOLD GOODS CARRIER
 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 1 - 5 and Attachment F	\$50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachments A & B	\$250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachments A & B	\$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 1 - 5 and Attachments B & C	\$550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B, C, & D	\$250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) – Complete pages 1 - 2 and include a statement justifying the reinstatement	\$250
<input type="checkbox"/> Name Change – Complete page 1 and Attachment E	\$35
<input type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A	\$550

TYPE OF PAYMENT					
Check	Money Order	Amex	Discover	Mastercard	<u>Visa</u>
Expiration Date: <u>08/08</u>		Amount: <u>550.00</u> <u>\$170992</u>			
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.					
Name (printed): <u>Heather R. Ford</u>		Date: <u>5/19/05</u>			
Signature: <u>Heather R Ford</u>		Title: <u>office mgr/owner</u>			
FOR OFFICIAL USE ONLY					
Date Filed: <u>5/25/05</u>	Staff Assigned: <u>[Signature]</u>	Motcar: <u>43110</u>	Permit Issued: HG- <u>61812</u>		
Tariff Maint: <u>N/A</u>	Insurance: <u>[Signature]</u>	Inspection:	DOL/SOS: <u>[Signature]</u>		
Reception #: 111-0268-207-02 <u>550.00</u> 111-0268-202-01 111-0268-013-20					

0010480

PAGE 1

TV-050790

Revised 04/02

BUSINESS INFORMATION

Name of Applicant At Always Moving, INC.
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable _____

Physical Address 15743 SE Clatsop Street Portland, OR 97236

Mailing Address P.O. BOX 80849 Portland, OR 97286

Telephone Number (503) 240-2995 Fax Number (503) 255-0877

UBI # 002 287 727 01 Email: APLUSALWAYSMOVING@COMCAST.NET

TYPE OF BUSINESS STRUCTURE

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

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

Name	Title	Stock Distribution or Percentage of Shares
<u>TIMOTHY R. FORD</u>	<u>OWNER/PRESIDENT</u>	<u>100%</u>
<u>HEATHER R. FORD</u>	<u>OWNER/SECRETARY</u>	<u>0%</u>

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: to provide an honest and affordable service, provide more job opportunities as well as increased revenue for Washington state.

Briefly describe your experience in the transportation/household goods moving industry: We have been providing moving and packing services in the greater Portland, Oregon area for over 12 years.

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: CLASS 1A PERMIT NO. 267260

Have you ever applied for and been denied a permit to operate as a motor carrier of property?
 No Yes If yes, please explain: _____

Do you currently operate interstate? No Yes If yes, please indicate your:
 DOT# _____ MC# _____ Single State Registration Base State _____

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 Class A or B Felony? 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 may attach a Balance Sheet, Profit and Loss Statement, or business plan if available			
ASSETS		LIABILITIES	
Cash in Bank	\$ 7,000	Salaries/Wages Payable	\$ 2,000
Notes Receivable	\$	Accounts Payable	\$ 8,000
Accounts Receivable	\$ 12,000	Notes Payable	\$ 0
Investments	\$ 0	Mortgages Payable	\$ 0
Other Current Assets	\$ 0	Other	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 10,000
Land and Buildings	\$ 250,000	NET WORTH	
Trucks and Trailers	\$ 30,000	Preferred Stock	\$ 0
Office Furniture	\$ 1,000	Common Stock	\$ 0
Other Equipment	\$ 5,000	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 305,000	TOTAL LIABILITIES & NET WORTH	\$ 10,000

EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
	WE WILL UTILIZE RENTALS FROM BUDGET			
	AND/OR PENSKE.			

SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and rules. 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 DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial/motor vehicle must have a valid CDL. *N/A - we do not use CDL vehicles*

Name: _____ Position: _____

DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: *Heather Ford* Position: *Office manager*

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: *Heather Ford* Position: *Office manager*

CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Title 49, Code of Federal Regulations Part 382 & Part 40) Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40. *N/A - we do not use CDL vehicles*

Name: _____ Position: _____

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirement (49 CFR Part 382 and 49 CFR Part 40)

VEHICLE INSPECTION, REPAIR, AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396) Companies must ensure that each motor vehicle operated is regularly inspected, repaired, and maintained.

Name: *Tim Ford* Position: *president / Fleet mgr.*

INSURANCE REQUIREMENTS (WAC 480-15-530) All companies must file and maintain proof of public liability and property damage insurance covering vehicles operated. (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

Name: *Heather Ford* Position: *Office manager*

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550) All companies 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: *Heather Ford* Position: *Office manager*

OPERATIONAL RESPONSIBILITIES

ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480) Companies must annually file a report of their financial operations and pay regulatory fees.

Name: Heathov Ford Position: Office manager

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: 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: Heathov Ford Position: Office manager

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 be granted 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.

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.

Heathov R Ford Heathov R Ford 5/19/05 Portland Oregon
 Print name of applicant Signature of Applicant Date & Place

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name:

A+ Always Moving, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

SANDY CONKLIN

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

34471 9TH AVENUE S.W.
FEDERAL WAY, WA 98023

Phone Number:

(253) 350-2290

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

No - not at this time

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:

Yes - Within the next year or two with the purchase of a new home.

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:

There is always a need for good local movers who can offer an alternative to the "big guys".

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Any new company coming into Washington State can provide new revenue, create taxes, not to mention the possibility to create new jobs to a state that is suffering a high unemployment rate.

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

Sandy Conklin
Signature of Person Completing Form

April 20, 2005 Seattle, WA
Date and Location

Revised May, 2003

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Applicant Name: *A+ Always Moving*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *Nicki Wann Pacific Lifestyle Homs.*

Address (include street address, mailing address, city, state, zip, and county):
*11815 NE 99th St. Ste 1200
Vanc., WA. 98682 Clark County*

Phone Number: *360-518-4084*

Do you currently need the services of a residential household goods moving company?
No Yes If yes, please describe your current moving needs: *Move needed home furniture from various locations.*

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:
same as above, we generally need them once or twice per quarter.

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 provide a good service for a reasonable price, provide jobs in the community and tax revenue.

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

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

Nicki Wann _____ *April 15, 05 office*
Signature of Person Completing Form Date and Location

Revised 04/02

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name: At always moving inc

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Crystal Hartum

Address (include street address, mailing address, city, state, zip, and county): 16329 4th ave SE Bothell WA 98012 Snohomish county

Phone Number: 206 235 7036

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

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: we as a family of four that will be looking larger home within the next 6 months

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: Funding quality work and customer service is hard to find. This company already has a great referral base that will allow them to Washington.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? allowing a company like At always moving that has such a substantial reputation in Oregon can only mean increased tax revenue for Washington state

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

4-27-05 Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Sheri Nelson

Address (include street address, mailing address, city, state, zip, and county):
3037 127th Place SE
Bellevue WA 98005

Phone Number: 425 557-4510

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:

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 State of Washington can use Reliable and Dependable Companies - More Revenue

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

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

Sheri Nelson
Signature of Person Completing Form

4/15/05
Date and Location

Revised 04/02

ATTACHMENT A

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Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name: **At Always Moving, Inc.**

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: **JAMES D. CLEGHORN DESIGNER/MANAGER**

Address (include street address, mailing address, city, state, zip, and county):
**2849 N.W. 57TH ST.
SEATTLE, WA. 98107
KING CO.**

Phone Number: **206-782-3085**

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:
PLANS FOR MOVING FATHER-IN-LAW TO NEW DWELLING.

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:
MY FAMILIARITY WITH THIS COMPANY ASSURES ME A COMPETANT, EARNEST AND ECONOMICAL SERVICE.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
**A GOOD FAITH BASED AND TRUSTED COMPANY.
AN ASSET FOR WASHINGTON COMMERCE.**

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

James D. Cleghorn 4/19/05 SEATTLE, WA.
Signature of Person Completing Form Date and Location

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 AUTHORITY

to

A+ ALWAYS MOVING, INC.

a/an OR Profit Corporation. Charter documents are effective on the date indicated below.

Date: 12/1/2004

UBI Number: 602-287-727

APPID: 191361



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

Sam Reed, Secretary of State

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/24/2005

PRODUCER (503) 293-9500
Acordia of Oregon, Inc.
 10300 SW Greenburg Rd.
 Suite 110
 Portland OR 97223-
 INSURED
A+ ALWAYS MOVING, INC.
 PO BOX 86849
 PORTLAND OR 97286-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: AMERICAN AUTOMOBILE INS.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

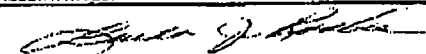
INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$250 PD DEDUCTIBLE GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	KZG80835444	11/15/2004	11/15/2005	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	KZG80835444	11/15/2004	11/15/2005	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$		/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <small>If yes, describe under SPECIAL PROVISIONS below</small>		/ /	/ /	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER CARRIER LEGAL WAREHOUSE LEGAL	KZG80835444	11/15/2004	11/15/2005	LIMIT 25,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

CERTIFICATE HOLDER

() - (360) 586-1181
 WASHINGTON UTILITY TRANSPORTATION
 1300 S. EVERGREEN PARK DR., SW
 OLYMPIA WA 98504-7250

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE 

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

MASTER LICENSE SERVICE
BUSINESS ENTITY INQUIRY

05/25/05
11:02:53

INQR UTL024P1

UBI: 602 287 727 001 0001
Type: PROFIT CORPORATION

State of Inc: OR Loc Status: A
Date of Inc: 12 01 2004 Corp Status: A

Owner Name: A+ ALWAYS MOVING, INC.

Reg. Agent: JUDITH FORD
Reg. Address: 3555 NE 92ND
 SEATTLE WA 98115

Exp. Date: 12 31 2005
Total Shares authzd:
Total Shares issued:

Firm Name : A+ ALWAYS MOVING, INC.
Loc: 3555 NE 92ND AVE
 SEATTLE WA 98115

Mail: PO BOX 86849
 PORTLAND OR 97286

Phone: (503) 240-2995

Registered Tradenames for this UBI? Yes

RFI: No NSF: No

Location First Activity: 02 01 2005

RFP: No Withhold: No

Last License Issue: 01 25 2005

TRANSFER: _____ {Press <ENTER> for Endorsements List}

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
 GLIST APLST UBIQ SERV TRDU INQA INQR MMENU

INQR UTL024P1 MASTER LICENSE SERVICE 05/25/05
 BUSINESS ENTITY INQUIRY 11:03:03

UBI: 602 287 727 001 0001 Loc Status: A
Type: PROFIT CORPORATION

Owner Name: A+ ALWAYS MOVING, INC.
Firm Name : A+ ALWAYS MOVING, INC.
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	01 18 2005	
No Unemployment Insurance					
No Industrial Insurance					

TRANSFER: _____ End of Endorsement List
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 GLIST APLST UBIQ SERV TRDU INQA INQR MMENU

[HOME](#)[CORPORATIONS MENU](#)**CORPORATIONS DIVISION - REGISTRATION DATA SEARCH**

A+ ALWAYS MOVING, INC.

UBI Number	602 287 727
Category	Regular Corporation
Profit/Nonprofit	Profit
Active/Inactive	Active
State of Incorporation	OR
Date of Incorporation	12/01/2004
License Expiration Date	12/31/2005
Registered Agent Information	
Agent Name	JUDITH FORD
Address	3555 NE 92ND
City	SEATTLE
State	WA
ZIP	98115
Special Address Information	
Address	
City	
State	
Zip	

[« Return to Search List](#)**Disclaimer**

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Washington Secretary of State
Legislative Building
PO BOX 40220, OLYMPIA WA 98504-0220
(360) 753-7115