



1300 S. Evergreen Park Drive SW  
 P.O. Box 47250  
 Olympia, WA 98504-7250  
 Phone: 360-664-1222  
 Fax: 360-586-1181  
 TTY: 360-586-8203  
 or  
 1-800-416-5289  
 email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION**

TV-151976  
A

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed: 10/13/15	DOL/SOS: 0440	ID: 17288 1026	Docket # N151976
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # 50776	111-0268-207-02 \$550	111-0268-013-20	

*reg refund 1/5/16 \$300*

**Type of Household Goods Authority Requested – check one      Fee Required**

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. \$ 550
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis). Complete pages 3-8, Attachment B as well as a closing annual report \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C. \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement. \$ 250
- Name Change – Complete pages 3-5 and Attachment D. \$ 35

**BUSINESS INFORMATION**

Legal Name: HELP-U-MOVE, INC.  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable HELP-U-MOVE

Physical Address 3412 N. SWALLOW AVE., PASCO, WA 99301

Mailing Address SAME

Telephone Number (509) 547-2212      Fax Number (509) 542-9912

**3 Posted**  
10/13/15



**BUSINESS INFORMATION - continued**

UBI #: 602 209 789 Email: INFO@HELPUMOVE.COM

USDOT #: H6011855 (If you currently don't have one, go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 969,003-01

Employment Security Department registration number 199200-008

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

*All replacement log*

**TYPE OF BUSINESS STRUCTURE**

Individual  Partnership  Corporation  Other (LP, LLP, LLC) State of Incorporation \_\_\_\_\_

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

Name	Title	Stock Distribution or % of Shares
<u>STEPHEN S. SCHWAN</u>	<u>PRESIDENT</u>	<u>75%</u>
<u>BRUCE G. SCHWAN</u>	<u>SEC/TREAS</u>	<u>25%</u>

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

1. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: CONTINUE EXCELLENT LOCAL MOVING AND STORAGE IN EASTERN WASHINGTON WHICH HAS BEEN PROVIDED BY HELP-U-MOVE SINCE 1999.

2. Briefly describe your experience in the transportation/household goods moving industry: STEVE AND BRUCE OWN 50% of H&S STORAGE AND HAVE SUCCESSFULLY OPERATED SINCE 2010. IN ADDITION, BRUCE WAS PRES. OF SCM CONSULTANTS, INC FOR 21 YEARS.

3. 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 H6011855

4. 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 \_\_\_\_\_

5. Do you currently operate interstate?  No  Yes If yes, please indicate your MC# \_\_\_\_\_

6. Do you operate interstate as an agent of another company?  No  Yes If yes, what is the name of the company? WHEATON

7. 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 list below:

Type of Legal Proceeding	Date	State

\*attach additional pages if necessary

8. Has any person named in this application ever 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 list below:

Type of Conviction	Date	City/State

\*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules?  No  Yes If yes, please list below:

Violation	Date	RCW/WAC

\*attach additional pages if necessary

### FINANCIAL STATEMENT - SEE ATTACHED

Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

### 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
2006	FORD-E350	C36867B	1FDWE35L96DA12306	7000
2005	GMC YUKON	353TSN	3GKFK16Z35G239596	5224
1998	INTL 490	B48670E	1HTSDAAN7WH570412	16820
1999	FREIG STRT	A51330S	1FV6HLAC0XHA11225	15900

SEE ATTACHED FOR ADDITIONAL EQUIPMENT

### 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.**

### 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: 	Position: <i>President</i>
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## OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name: BRUCE G. SCHWAN

Position: Sec/Treas

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: STEPHEN S. SCHWAN

Position: PRESIDENT

If you would like to receive information about new household goods carriers, check here

### 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 480-15-305 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 understand the commission will complete a criminal background check on each person named in the application.

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.

STEPHEN S. SCHWAN  
Print name of applicant

  
Signature of Applicant

10-9-15  
Date and Location

## HELP-U-MOVE Inc.

## BALANCE SHEET

As of October 9, 2015

	TOTAL
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
American West Bank	0.00
CD (deleted)	0.00
Checking Account (deleted)	0.00
Community 1st (new)	85,536.79
Community First	7,384.21
First Bank Checking-Money Marke (deleted)	0.00
First Bank Money Market (deleted)	0.00
Petty Cash	0.00
<b>Total Bank Accounts</b>	<b>\$92,921.00</b>
<b>Accounts Receivable</b>	
Accounts Receivable	0.00
<b>Total Accounts Receivable</b>	<b>\$0.00</b>
<b>Other current assets</b>	
Accounts Receivable-Offset	0.00
Accumulated Amortization	0.00
Employee loans (Draw)	0.00
Undeposited Funds	0.00
<b>Total Other current assets</b>	<b>\$0.00</b>
<b>Total Current Assets</b>	<b>\$92,921.00</b>
<b>Fixed Assets</b>	
(Less) Accum. Depr	-197,149.95
1999 Freight Liner (deleted)	0.00
Equipment Purchase (deleted)	0.00
<b>Fixed Assets</b>	<b>197,149.95</b>
Suburban (deleted)	0.00
Volvo (deleted)	0.00
<b>Total Fixed Assets</b>	<b>\$0.00</b>
<b>Other Assets</b>	
Advances	-278.38
Business Start up - Orgz costs (deleted)	0.00
Overpaid Payroll Taxes (deleted)	0.00
Pre Paid & Deposits (deleted)	0.00
Unclaimed Property Clearing Acc (deleted)	0.00
<b>Total Other Assets</b>	<b>\$ -278.38</b>
<b>TOTAL ASSETS</b>	<b>\$92,642.62</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Accounts Payable	

Tru Loan	0.00
Vehicle Loan - Bank of America (deleted)	0.00
<b>Total Long-Term Liabilities</b>	<b><u>\$0.00</u></b>
<b>Total Liabilities</b>	<b><u>\$2,226.22</u></b>
<b>Equity</b>	
Common Stock	3,690.00
Opening Bal Equity	114,975.00
Previous Year Income Tax (deleted)	0.00
Retained Earnings	100,677.19
Shareholder Draw	-198,121.60
Net Income	69,195.81
<b>Total Equity</b>	<b><u>\$90,416.40</u></b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b><u><u>\$92,642.62</u></u></b>

*Friday, Oct 09, 2015 12:02:28 PM PDT GMT-7 - Cash Basis*



**HELP-U-MOVE Inc.**  
**PROFIT AND LOSS**  
 October 1-9, 2015

	<b>TOTAL</b>
<b>Income</b>	
<b>Moving</b>	
Local Moving	9,060.00
Tips	40.00
<b>Total Moving</b>	<b>9,100.00</b>
<b>Total Income</b>	<b>\$9,100.00</b>
<b>Gross Profit</b>	<b>\$9,100.00</b>
<b>Expenses</b>	
Accounting / Legal	450.00
charitable contributions	375.00
Dues and Subscriptions	232.00
Legal & Professional Fees	35,000.00
Office Expense	1,334.86
<b>Payroll Expenses</b>	
Payroll Taxes	
L&I Tax	9.80
SUTA	-2,244.77
<b>Total Payroll Taxes</b>	<b>-2,234.97</b>
Taxes	521.33
Wages	4,406.75
<b>Total Payroll Expenses</b>	<b>2,693.11</b>
Reimbursements	17.82
Rent - Office	1,146.35
<b>Total Expenses</b>	<b>\$41,249.14</b>
<b>Net Operating Income</b>	<b>\$ -32,149.14</b>
<b>Net Income</b>	<b>\$ -32,149.14</b>

*Friday, Oct 09, 2015 12:03:02 PM PDT GMT-7 - Cash Basis*

**Exhibit A**

## Furniture, Fixtures, and Office Equipment

2 occasional chairs	1 sofa	1 rug	2 end tables	2 hat racks
1 conference table	8 confer. Chairs		3 VCR player	1 roll top desk
2 white boards	3 book cases		3 office desks	5 office chairs
1 computer	1 copier/printer		1 safe	

**Exhibit B**

## Vehicles

2005 GMC YukonXL	SUV	3GKFK16Z35G239596 - ON PRIOR SHIP
2006 E350 Van	Cube Van	1FDWE35L96DA12306 - ON PRIOR SHIP
1999 Freightliner	Straight Truck	1FV6HJAA7XH992475
1999 Freightliner	Straight Truck	1FV6HLAC0XHA11225 - ON PRIOR SHIP
1998 International	Straight Truck	1HTSDAAN4WH510412 - ON PRIOR SHIP

**Exhibit C**

## Moving Supplies and Accessories (Boxes, Tape, Paper etc)

100-+ Small Box	100-+ Medium	50-+ Large	40-+ X Large
30-+ Dish Pack	20-+ Wardrobe	15-+ Picture	10-+ Lamp
1 Box Tape	150 lbs Paper	20 Mattress Bags	4-+ Shrink Wrap
50-+ Brown Wrap	Wine Movers	10-+Canoes	Lots-Bubble Wrap
Lots-Peanuts	Misl Mattress Boxes	Assortment of Misl Boxes & Accessories	


**Exhibit D – Moving and Other Equipment**

20-+ 4 Wheel Dolly	10-+ 2 Wheel Dolly	500-+ Moving Pads
100-+ Logistical Straps	15-+ Hump Straps	5 Piano Boards
XLarge Dolly	4 Appliance Dolly	Hot Tub Trailer
Gun Safe Equipment (Big Red, 2 Sets of Roll or Carry)		275-+ Plastic Totes
15-+ Floor Runners	4 Machine Carts	1 Pallet Jack
1 Floor Sweeper	16-+ Loading Ramps	1 Dock Ramp
5 Ladders	3 Warehouse Carts	Uniforms/Shirts & Hats
Metal Storage Cabinets	Battery Charger	Misc Tools and Supplies

Third Party Equipment and Inventory (Compressor, Staple Gun, Chop Saw)

# 4

WA USA **WASHINGTON** DRIVER LICENSE



32159816C1338

4d LIC (4b)

1 SCHWAN

2 STEPHEN SEE

3 DOB (4b)

4a Iss 04-01-2015

15 Sex M 16 Hgt 5-03

17 Wgt 160 18 Eyes BRN

9 Class 9a End NONE


12 Restrictions NONE

4b Exp 08-06-2021

5 DD (4b)

Rev 09-16-2009

WA USA **WASHINGTON** DRIVER LICENSE



32113576C1125

4d LIC (4b)

1 SCHWAN

2 BRUCE GREGORY

3 DOB (4b)

4a Iss 12-23-2011

15 Sex M 16 Hgt 5-11

17 Wgt 200 18 Eyes BLU

9 Class 9a End NONE

12 Restrictions C

4b Exp 01-02-2017

5 DD (4b)

Rev 09-16-2009

**ATTACHMENT B**

**Transfer of Household Goods Authority  
Per WAC 480-15-187**

Current Name on Permit (Seller): RUSSELL POGUE  
Current Trade Name on Permit (Seller): HELP-U-MOVE, INC  
Address (Seller): 3412 N. SWALLOW AVE, PASCO, WA 99301  
HG Permit Number: HGO 11855 Phone Number (Seller): 509 531 7712

Does the transfer of this permit fall under the provisions of WAC-480-15-187(2) or (3)?  
 No  Yes If yes, please complete Attachment C.

Have all fines or penalties owed to the commission been paid?  No  Yes

**A closing annual report must be filed with the commission by the current company.**

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer? RUSSELL POGUE

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG-11855 to the following:

Name of Buyer: BRUCE G SCHWAN AND STEPHEN S. SCHWAN  
Trade Name of Buyer: HELP-U-MOVE

**We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.**

<u>Russ Pogue</u> Seller's Signature	<u>Oct 5, 2015</u> <u>Pasco Wa</u> Date and Location
<u>Ben Sch</u> Buyer's Signature	<u>10/5/15</u> <u>10/5/15</u> Date and Location



AMENDED REPORT

Fee: \$10.00
Expedite: \$50.00

10/05/15 3009465-001
\$60.00 K
tid: 3088219

Total Fee: FILED \$60.00
SECRETARY OF STATE
OCTOBER 05, 2015
STATE OF WASHINGTON

RETURN COMPLETED FORM AND PAYMENT TO:
(Checks made payable to "Secretary of State")

801 Capitol Way South
PO Box 40234
Olympia, WA 98504-0234

Unified Business Identifier: 602 209 789
Entity Name: HELP-U-MOVE, INC.
State of Incorporation: WA
Inc./Qual. Date: 6/3/2002

TYPE OR PRINT ALL INFORMATION IN DARK INK

Current Registered Agent/Office: RUSSELL S POGUE, 3412 N SWALLOW AVE, PASCO, WA 993013785
Registered Agent/Office Changes: New Registered Agent Name: BRUCE G. SCHWAN, Signature: [Signature], Physical Address: (4b), City: (4b), State: (4b), Zip Code: (4b)

REPORT SECTION MUST BE FILLED IN COMPLETELY - DO NOT LEAVE SPACES BLANK

Principal place of business in WA: Address: (4b), City: (4b), Telephone: 509 547 2212, Email: STEVE.SCHWAN@gmail.com

Nature of Business: LOCAL MOVING + STORAGE

Print or type names and addresses of ALL corporate officers and directors (attach additional list if necessary)

Table with 3 rows for corporate officers: 1. Name: STEPHEN S. SCHWAN, Title: PRESIDENT, Address: (4b); 2. Name: BRUCE G. SCHWAN, Title: SEC/TREAS., Address: (4b); 3. Name: [Blank], Title: [Blank], Address: [Blank]

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct

Signature of Governing Person listed above: [Signature], Print Name and Title: BRUCE G. SCHWAN SEC/TREAS, Date: 10/2/15

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- [Forms](#)
- [About us](#)
- [Home](#)
- [Start your business](#)
- [Change or update your business information](#)
- [How to renew your license](#)

## Search Business Licenses

### License Information:

**Entity Name:** HELP-U-MOVE, INC.  
**Business Name:** HELP-U-MOVE, INC.  
**License Type:** Washington State Business  
**Entity Type:** Profit Corporation  
**UBI:** 602209789 Business ID:001 Location ID:0001  
**Status:** To check the status of this company, go to [Secretary of State](#) and [Department of Revenue](#).

**Location Address:**  
 3412 N 4TH AVE  
 PASCO, WA, 99301

**Mailing Address:**  
 3412 N 4TH AVE  
 PASCO, WA, 99301

	Status	Expires	First Issued
<b>Registered Trade Names:</b> HELP-U-MOVE	Active	N/A	08/02/2002

### Governing People:

BRUCE G SCHWAN  
 STEPHEN S SCHWAN

Information Current as of 10/09/2015 6:39AM Pacific Time

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# LEGAL ENTITY REGISTRATION

Unified Business ID #: 602 209 789  
Business ID #: 1

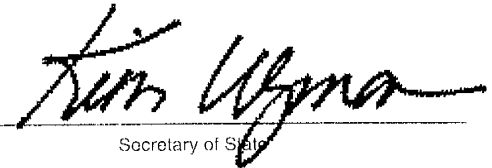
Expires: 06-30-2016

HELP-U-MOVE, INC.  
3412 N SWALLOW AVE  
PASCO WA 99301 3785

Domestic Profit Corporation  
Renewed by Authority of Secretary of State

REGISTERED TRADE NAMES:  
HELP-U-MOVE

By accepting this document the licensee certifies that information provided on the renewal was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

  
Secretary of State

BLS CONTACTS FOR, ESD, AND  
L+I TO NOTIFY THEM OF  
CHANGE IN OWNERSHIP



Bi-State Occupational Safety & Health  
4303 W. 27th Ave., Suite D  
Kennewick, WA 99338



## Bi-State Occupational Safety & Health

### Statement of Compliance

Certifies company listed below meets minimum testing rates for applicable DOT Operating Agency & Pool

Help U Move  
Attn: Russ Pogue  
3442 N Swallow Ave.

Pasco, WA 993010000

Company Code:	HipUMove
Random Pool:	DOTQ
Regulatory Mode:	
Random Rates:	50/10%
Report Date:	10/02/2015

Per DOT regulation, this employer has been part of a random testing program for controlled substances and alcohol. As part of a random testing pool, selections have been made based on the average number of safety-sensitive positions in the pool using a scientifically valid computerized random selection process in which each covered individual has an equal probability of selection.

This report is documentation that testing in this random pool has been completed to meet the minimum testing rates of the applicable DOT Operating Agency for the testing period identified herein.

Testing Period 1/1/15 to 12/31/15

**DO NOT DISCARD:** Please file this important document with your drug and alcohol testing records for the testing period listed below.  
This document may be required during a DOT audit or review.

Program administered by: Bi-State Occupational Safety & Health

Name: \_\_\_\_\_

*MARK A. BROWN*

Date: \_\_\_\_\_

*10-2-15*

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

*MRO-ASSISTANT*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/29/2015

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 JMS Insurance LLC 4206 W 24th Avenue Suite A 104 Kennewick WA 99338	CONTACT NAME: JMS Insurance	FAX (A/C, No): (509) 735-4357
	PHONE (A/C, No, Ext): (509) 735-4703	E-MAIL ADDRESS: kim@jms-ins.com
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Granite State Ins. Co.	
INSURED Help-U-Move Inc. Russell Pogue 3412 N Swallow Avenue Pasco WA 99301-	INSURER B:	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		02LX003980469-12	05/13/2015	05/13/2016	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			02CA006266115-12	05/13/2015	05/13/2016	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"/> EXCESS LIAB DED      RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Inland Marine			02LX003980469-12	05/13/2015	05/13/2016	Warehouse Legal	100,000
							Cargo Legal	25,000

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

CERTIFICATE HOLDER  Help U Move Inc	CANCELLATION AI 026773
	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 <i>Kimberly a Taylor</i>

Utilities and Transportation Commission  
1300 S. Evergreen Park Drive DW  
PO Box 47250  
Olympia, WA 98504-7250

RE: Household Goods Moving Company Transfer Application- Certified Statement of Economic Viability

To Whom It May Concern:


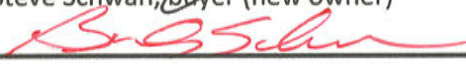
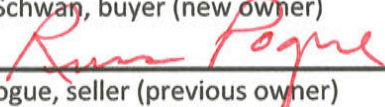
As of October 1, 2015, Help U Move, Inc. in Pasco, Washington, will assume a stock ownership change. The Seller is current owner, Russ Pogue. The Buyers are Bruce and Steve Schwan.

Per the UTC application for an ownership transfer, this is the certified statement explaining why the transfer of ownership is necessary to ensure the company's economic viability.

After over 15 years of operation, the current owner has decided the timing to leave the business is right. As the financial records indicate, Mr. Pogue has created a successful company. To ensure the economic viability of the company, Mr. Pogue identified potential buyers that would be able to continue the business and potentially grow it. After a thorough vetting, it was determined that the buyers (Bruce and Steve Schwan) represented an excellent opportunity for a smooth transition. The buyers come with over 50 years of combined business experience in this community- as well as an extensive list of community involvement.

Given the where Mr. Pogue is in his business career, and the scope of the business he has built, the transfer is necessary to ensure the company economic viability to keep the 8 employees employed and to fill a large part of the moving market in Tri-Cities.

Sincerely,

 Steve Schwan, buyer (new owner)	10-1-15 date
 Bruce Schwan, buyer (new owner)	10/1/15 date
 Russ Pogue, seller (previous owner)	10-1-15 date

Utilities and Transportation Commission  
1300 S. Evergreen Park Drive DW  
PO Box 47250  
Olympia, WA 98504-7250

RE: Household Goods Moving Company Transfer Application- Certified Statement of Safe Operations

To Whom It May Concern:

As of October 1, 2015, Help U Move, Inc. in Pasco, Washington, will assume a stock ownership change. The Seller is current owner, Russ Pogue. The Buyers are Bruce and Steve Schwan.

Per the UTC application for an ownership transfer, this is the certified statement explaining what steps are being taken to ensure safe operations and continuity of services to customers.

To start, all of the previous owner's successful safety and training protocols will be maintained. Drug testing, daily safety meetings, and best practices above and beyond all legal requirements will be continued. We understand that safety to the public, customers, and employees is paramount. In addition, new owners will complete a full review of safety procedures to see what needs to be addressed and improved.

To ensure continuation of customer service, the transition is structured in phases so that the new owners can continue operations without disruption of services. The previous owner is staying on as a consultant for 6 months to properly train and assist in the takeover. The previous owner has also informed employees and prepped them for the change of ownership. New owners have also been studying operations and communicating with current owner to ensure a smooth transition. More so, new owners will consult with current employees on best practices in regard to this matter.

Again, both safety practices and continuity of services will be further enhanced by Mr. Pogue's (current owner and seller) willingness to stay on and train the new owners for 6 months. His best practices have created a safe work environment and will ensure the quality of service provided to customers does not change.

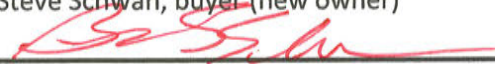
Sincerely,



Steve Schwan, buyer (new owner)

10-1-15

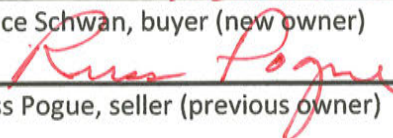
date



Bruce Schwan, buyer (new owner)

10/1/15

date



Russ Pogue, seller (previous owner)

10-1-15

date

**MEMO FROM-**

**DATED: October 9, 2015**

**Stephen S. Schwan, President  
Help-U-Move, Inc.  
3412 N. Swallow Ave  
Pasco, WA 99301  
PHONE/ 509-547-2122  
EMAIL info@helpumove.com  
CELL 509-438-5056**

RECEIVED

OCT 13 2015

WASH. UT. & TP. COMM

**MEMO TO -**

**Washington Utilities and Transportation Commission  
PO Box 47250  
Olympia, WA 98504-7250**

**SUBJECT - Household Goods Moving Company Ownership Transfer  
Permit Application with supporting documents attached**

I have completed the permit application as Attachment A to the Checklist and attached the additional documents required by the application as attachments #1-9 to the checklist.

The check for \$550 is attached to the first page of A, the application, *AND \$909.96 IS ATTACHED TO THE CLOSING ANNUAL REPORT - ATT # 6.*  
If I have missed anything or made any mistakes please call or email me per the above references.

Best Regards,

Stephen S. Schwan

