

Aug. 20, 2013 12:21PM

Licensing Services

No. 0290 P. 2



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



| Type of Household Goods Authority Requested – Check one  | Fee Required |
|--|--------------|
| <input checked="" type="checkbox"/> Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 2 - 7 and Attachment A  | \$ 550       |
| <input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment B | \$ 550       |
| <input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-186 and 480-15-187 – Complete pages 2 - 7 and Attachments B & C   | \$ 250       |
| <input type="checkbox"/> Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 2 - 3 and include a statement justifying the reinstatement                       | \$ 250       |
| <input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D   | \$ 35        |

**TYPE OF PAYMENT**

Check    Money Order    Amex    Mastercard    Visa

Amount: \$ 550.00          Expiration Date: \_\_\_\_\_

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): Israel PAREDES    Company Name: BENS MOVING & DELIVERY SERVICES INC.

Cardholder's Signature: [Signature]          Date: 8/28/2013

| FOR OFFICIAL USE ONLY               |                               |                        |                                  |
|-------------------------------------|-------------------------------|------------------------|----------------------------------|
| Date Filed: <u>8/28/13</u>          | DOL/LOS: <u>[Signature]</u>   | ID: <u>1473</u>        | Permit Issued: THG- <u>65105</u> |
| Staff Assigned: <u>[Signature]</u>  | Insurance: <u>[Signature]</u> | Inspection: _____      | Docket # <u>T131654</u>          |
| Reception #: <u>111-0268-207-02</u> | <u>111-0268-207-01</u>        | <u>111-0268-013-20</u> |                                  |

\$ 550.00  
VI 965868

POSTED  
[Handwritten]

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Licensing Services

No.0290 P. 3

**BUSINESS INFORMATION**

**ISRAEL PAREDES - PRESIDENT / OWNER**

Name of Applicant BEN'S MOVING & DELIVERY SERVICES INC.  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Same as above

Physical Address 12040 GREENWOOD AVE N. Seattle, WA 98133

Mailing Address same as above

Telephone Number (206) 371 9271 Fax Number (206) 470-6719

UBI #: 603 284-989 OK Email: BensMovingCo@gmail.com

USDOT #: 2363266 OK (If you currently don't have one, you can go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply for one or call 360-596-3810 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 603 284 989 PENDING

Employment Security Department registration number? ESD # 603 284 989 PENDING

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

**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 |
|-----------------------|-------|--|
| <u>ISRAEL PAREDES</u> |       | <u>100% -</u> <u>OK</u>                    |
|                       |       |  |
|                       |       |  |

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

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Licensing Services

No. 0290 P. 4

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: King

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

Moving household & furniture items at fair low/competitive prices. We will have website in the future that will allow customers to chose from different price ranges

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

helped a friend at last minute notice with moving household and furniture at no charge but it allowed me to gain experience & learn enough to start my own business

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: \_\_\_\_\_

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Licensing Services

No. 0290 P. 5

**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          | \$ 2,500   | Salaries/Wages Payable/insurance         | \$ 500.00       |
| Notes Receivable      | \$         | Accounts Payable                         | \$ Pending upon |
| Investments           | \$         | Notes Payable                            | \$              |
| Other Current Asscets | \$         | Mortgages Payable                        | \$              |
| Prepaid Expenses      | \$         | <b>TOTAL LIABILITIES</b>                 | \$ 400.00       |
| Land and Buildings    | \$         | <b>NET WORTH</b>                         |                 |
| Trucks and Trailers   | \$ 18,000. | Preferred Stock                          | \$              |
| Office Furniture      | \$         | Common Stock                             | \$              |
| Other Equipment       | \$ 2,000   | Retained Earnings                        | \$              |
| Other Assets          | \$         | Capital                                  | \$              |
| <b>TOTAL ASSETS</b>   | \$         | <b>TOTAL LIABILITIES &amp; NET WORTH</b> | \$ 400.00       |

granted  
Permit

**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 |
|------|---------------|----------------|-----------------------|----------------------|
| 2007 | International | 745199         | 1HT MNA AM 47H 382769 | 17,000               |
|      |               |                |                       |                      |
|      |               |                |                       |                      |
|      |               |                |                       |                      |
|      |               |                |                       |                      |

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

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Licensing Services

No. 0290 P. 7

| 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:  | ISRAEL PAREDES         | Position: PRESIDENT         |
| 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:  | ISRAEL PAREDES         | Position: OWNER / PRESIDENT |
| DECLARATION OF APPLICANT   |                        |                             |
| <p>I understand that filing this application <u>does not</u> in itself constitute authority to operate as a household goods mover.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> |                        |                             |
| ISRAEL PAREDES   | Israel Paredes         | 8/28/2013                   |
| Print name of applicant  | Signature of Applicant | Date and Location           |

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No. 0290 P. 9

**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:** BENS MOVING & DELIVERY SERVICES Inc.

**The following must be completed by the Supporter of the applicant**

**Name, Title, and Business Name:** ROSALINDA LOPEZ

**Address (include street address, mailing address, city, state, zip, and county):**  
21750 123RD AVE SE  
KENT WA 98031  
King County

**Phone Number:** (206) 220-3182


**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:  
I will move in the future.

**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:**  
This moving company will benefit myself, and my community by providing good and affordable moving services.

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?**  
Ben's Moving company will have better prices than other competitors.

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

Signature of Person Completing Form:   
Date and Location: 8/29/13 SEATTLE WA

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Licensing Services

No. 0290 P. 9

**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: ISRAEL PAREDES

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name: Olga Hayden Ruiz

Address (include street address, mailing address, city, state, zip, and county):  
425 S 156th ST. APT 207A  
BURIEN, WA 98148

Phone Number: 206 458-0443

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 needing Bons Moving Services at the end of the year to move my household items to my new apartment in greenlake area

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, this company will be serving an extended area in Seattle and their prices are very affordable

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:  
→ Same as above

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.

Signature of Person Completing Form: Olga Hayden Ruiz  
Date and Location: Seattle, WA 98148



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No. 0290 P. 9

**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.

|                        |   |
|------------------------|---|
| <b>Applicant Name:</b> | <i>BENS MOVING &amp; DELIVERY SERVICES INC.</i> |
|------------------------|---|

| The following must be completed by the Supporter of the applicant  |  |
|--|--|
| <b>Name, Title, and Business Name:</b>   | <i>Janell Wight</i>  |
| <b>Address (include street address, mailing address, city, state, zip, and county):</b>  | <i>708 17th Street SE<br/>Puyallup, WA 98372 Pierce County</i> |
| <b>Phone Number:</b>   | <i>253-376-4019</i>  |
| Do you currently need the services of a residential household goods moving company?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> 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?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> 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: <i>This would be a reliable company providing a necessary service at a competitive price.</i> |  |
| 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.  |  |
| <i>Janell R. Wight</i>   | <i>8/29/13 Seattle, WA.</i>                                    |
| <b>Signature of Person Completing Form</b>   | <b>Date and Location</b>                                       |





STATE OF WASHINGTON

# BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 603 284 989  
Business ID #: 1  
Location: 1

BENS MOVING & DELIVERY SERVICES INC.  
BENS MOVING & DELIVERY SERVICE  
14020 GREENWOOD AVE N  
SEATTLE WA 98133

UNEMPLOYMENT INSURANCE  
INDUSTRIAL INSURANCE

TAX REGISTRATION

**LICENSING RESTRICTIONS:**

Not authorized to hire minors without a Minor Work Permit.

0000

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

UNITED STATES OF AMERICA

The State of Washington  
Secretary of State



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

to

BENS MOVING & DELIVERY SERVICES INC.

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

Date: 7/29/2013

UBI Number: 603-284-989



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

Kim Wyman, Secretary of State

Date Issued: 8/13/2013

X

 **IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
OGDEN UT 84201-0023

006416.279129.0017.001 1 MB 0.404 852



  
BENS MOVING SERVICES CO  
12040 GREENWOOD AVE N  
SEATTLE WA 98133

006416

Date of this notice: 12-18-2012

Employer Identification Number:  
80-0874612

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 80-0874612. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2014

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

City of Seattle Customer #: 761014  
State of Washington UBI #: 603284989



Tax period: Annual\*  
Tax Reporting: Separate

Expiration Date

BUSINESS LICENSE

12/31/2013

**2013**

Annual tax return due: Jan 31

If you have not received a blank return within 20 days of a due date, contact the Revenue and Consumer Affairs office.

BENS MOVING & DELIVERY SERVICES  
12040 GREENWOOD AV N  
SEATTLE, WA 98133

**Not Transferable**

**Post Conspicuously**



**THE CITY OF SEATTLE**

Dept. of Finance and Administrative Services  
700 5th Avenue Suite 4250  
P.O. BOX 34214  
Seattle WA 98124-4214  
(206) 684-8484 Fax (206) 684-5170  
email [rca@seattle.gov](mailto:rca@seattle.gov)  
[www.seattle.gov/rca/](http://www.seattle.gov/rca/)

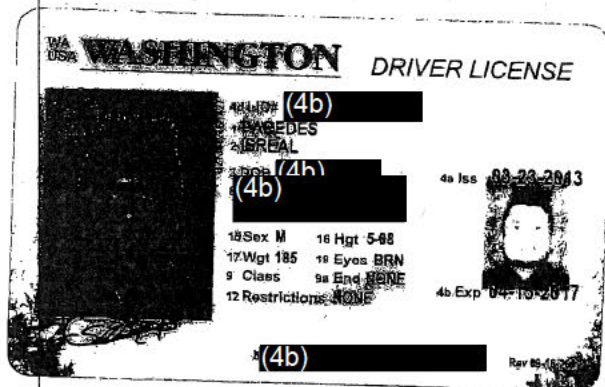
Business License

Expiration Date: 12/31/2013

**BUSINESS MAILING ADDRESS:**

761014 000 2  
BENS MOVING & DELIVERY SERVICES INC  
BENS MOVING & DELIVERY SERVICES  
12040 GREENWOOD AV N  
SEATTLE, WA 98133





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
**Aug 28, 2013**

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<br><b>Cestari Insurance Agency</b><br>13030 Linden Ave N, #A<br>Seattle, WA 98133            | CONTACT NAME           |                                  |
|   | PHONE (A/C, No. Ext.)  | FAX (A/C, No.)                   |
|   | E-MAIL ADDRESS         |                                  |
|   | PRODUCER CUSTOMER ID # |                                  |
| <b>INSURER(B) AFFORDING COVERAGE:</b>   |                        | <b>NAIC #</b>                    |
| INSURED<br><b>Bens Moving &amp; Delivery Services Inc</b><br>12040 Greenwood Ave<br>Seattle, WA 98133 | INSURER A:             | <b>National Casualty Company</b> |
|   | 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.

| INS PLTR | TYPE OF INSURANCE   | ADDL INSR | SUB R WVC | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|-----------|-------------------|-------------------------|-------------------------|---|
|          | <b>GENERAL LIABILITY</b>  |           |           |                   |                         |                         | EACH OCCURRENCE \$                                      |
|          | COMMERCIAL GENERAL LIABILITY  |           |           |                   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$            |
|          | CLAIMS-MADE   |           |           |                   |                         |                         | MED EXP (Any one person) \$                             |
|          | OCCUR   |           |           |                   |                         |                         | PERSONAL & ADV INJURY \$                                |
|          |   |           |           |                   |                         |                         | GENERAL AGGREGATE \$                                    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |           |           |                   |                         |                         | PRODUCTS-COMP/OP AGG. \$                                |
|          | POLICY  |           |           |                   |                         |                         |   |
|          | PROJECT   |           |           |                   |                         |                         |   |
|          | LOC   |           |           |                   |                         |                         |   |
| <b>A</b> | <b>AUTOMOBILE LIABILITY</b>   |           |           | <b>CTO1386583</b> | <b>8/23/2013</b>        | <b>8/23/2014</b>        | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> |
|          | ANY AUTO  |           |           |                   |                         |                         | BODILY INJURY (Per person) \$                           |
|          | ALL OWNED AUTOS   |           |           |                   |                         |                         | BODILY INJURY (Per accident) \$                         |
|          | <input checked="" type="checkbox"/> SCHEDULED AUTOS                         |           |           |                   |                         |                         | PROPERTY DAMAGE \$                                      |
|          | HIRED AUTOS   |           |           |                   |                         |                         | \$  |
|          | NON-OWNED AUTOS   |           |           |                   |                         |                         | \$  |
|          | UMBRELLA LIAB   |           |           |                   |                         |                         | EACH OCCURRENCE \$                                      |
|          | EXCESS LIAB   |           |           |                   |                         |                         | AGGREGATE \$  |
|          | DEDUCTIBLE  |           |           |                   |                         |                         | \$  |
|          | RETENTION \$  |           |           |                   |                         |                         | \$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                        |           |           |                   |                         |                         | WC STATUTORY LIMITS                                     |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WA) |           |           |                   |                         |                         | OTHER   |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                      |           |           |                   |                         |                         | E.L. EACH ACCIDENT \$                                   |
|          |   |           |           |                   |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                           |
|          |   |           |           |                   |                         |                         | E.L. DISEASE - POLICY LIMIT \$                          |
| <b>A</b> | <b>Physical Damage</b>  |           |           | <b>CTO1386583</b> | <b>8/23/2013</b>        | <b>8/23/2014</b>        | <b>\$500 COMP/COLL</b>                                  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD101, Additional Remarks Schedule, if more space is required)  
**Evidence of Insurance only.**

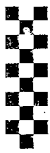
**CERTIFICATE HOLDER**                      **CANCELLATION**

|   |   |
|---|---|
| <b>WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION</b><br>1300 S. EVERGREEN PARK DR. SW,<br>OLYMPIA, WA 98504-7250 | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b> |
|---|---|

|   |
|---|
| <p><b>AUTHORIZED REPRESENTATIVE</b></p> <p><i>UCM</i></p> |
|---|

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**FAX Cover Sheet**

To: UTC From: ISRAEL PAREDES  
 Fax: 360 586-1181 Pages: 21  
 Phone: \_\_\_\_\_ Date: 9/28/2013  
 Re: Ben's Moving & Delivery Services Inc CC: \_\_\_\_\_

Urgent     For Review     Please Comment     Please Confirm     Please Recycle

● Comments:

Attached are all the documents required  
 & notify us  
 Please try to schedule the inspection far in advanced &  
 let us know what are the requirements before the  
 inspection  
 thank you