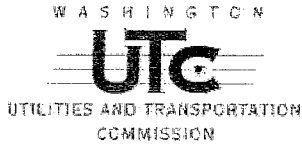


TV-130395-CT



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					
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input checked="" type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	09247B

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): Robert J. Glenn Company Name: Effort Enterprises of Tacoma, Inc.

Cardholder's Signature: *Robert J. Glenn* Date: 3/11/13

FOR OFFICIAL USE ONLY			
Date Filed: <u>3/13/13</u>	DOL/SOS: <u><i>aloh</i></u>	ID: <u><i>11335</i></u>	Permit Issued: THG- <u>64879</u>
Staff Assigned: <u><i>2</i></u>	Insurance: <u><i>aloh</i></u>	Inspection:	Docket #: <u>TV-130395</u>
Reception #: <u>111-0268-207-02</u>	<u>111-0268-207-01</u>	<u>111-0268-013-20</u>	

#0111

Posted

BUSINESS INFORMATION

Name of Applicant Effort Enterprises of Tacoma, Inc
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Atlantic Relocation Svsters

Physical Address 2121 S 80th Street Tacoma, Washington 98409-8439

Mailing Address 1314 Chattahoochee Ave NW, Atlanta, Georgia 30318-2829

Telephone Number (253) 475-3533 Fax Number (253) 474-7032

UBI #: 603-277-951 Email: jon.schroeder@atlanticrelocation.com

USDOT #: 2385545 (If you currently don't have one, you can go online at 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 # 256, 226-90

Employment Security Department registration number? ESD # 603 277 851

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

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:

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
Atlantic Moving & Storage Inc		100%
Kimberley Ann Flannagan	Franch Manager	0

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

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

All counties in the State of Washington

The following named counties only: _____

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

We are a full service moving & storage company that provides services that require us to be able to service our customers to and from all points in the State of Washington. We provide packing, transportation and storage of personal property for our customers the general public, government agencies, military and corporate clients.

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

Our company has been in this business since 1966, 47 years with 12 other affiliated locations throughout the United States

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? Atlas Van Lines USDOT # 125550

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: _____

See attach Financial Statement
Consolidated

FINANCIAL STATEMENT
You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

see attached

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

EQUIPMENT LIST
Describe the equipment you will own or lease to provide moving services.
(attach additional sheets if necessary)

see attachment

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight

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

SAFETY AND OPERATIONS

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

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: Jon Schroeder

Position: President, COO

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: Richard Reed	Position: Chief Financial Officer
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STATE OF WASHINGTON – general laws, rules and regulations. Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI) number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes) and Employment Security.

Name: Jon Schroeder	Position: President, CTO
------------------------	-----------------------------

DECLARATION OF APPLICANT

I understand that filing this application does not in itself constitute authority to operate as a household goods mover.

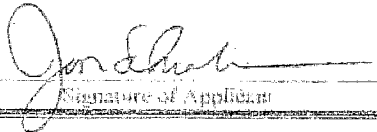
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

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 480-15-230 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Jon Schroeder
Print name of applicant


Signature of Applicant

3/12/13
Date and Location

WASHINGTON DRIVER LICENSE

3

FLANNAGAN
KIMBERLEY ANN

DOB: [REDACTED] EXP: 02-24-2012

SEX: F HEIGHT: 5-03
HAIR: BRN EYES: BRN
HAIR COLOR: NONE

CLASSIFICATION: B

EXPIRES: 04-02-2017

Signature: *Kimberley Ann Flannagan*

[REDACTED]

financial

ARS-ATLANTA
 CONSOL
 For the Ten Months Ending January 31, 2013

ASSETS		
CASH IN BANK	5216,947.32	
CASH - W/C & HEALTH	599.00	
PETTY CASH	3,871.00	
SHORT TERM INVESTMENTS	49,681,536.88	
INVESTMENTS - VERIZON	32,103.00	
INVESTMENTS - W/C	1,102,000.00	
TOTAL CASH AND INVESTMENTS		<u>51,037,157.20</u>
NOTES RECEIVABLE	585,473.62	
DUE FROM OTHER ATLANTICS	6,503,459.61	
CLAIMS RECEIVABLE	218,143.48	
AFFILIATED COMPANIES	13,150.00	
ACCOUNTS RECEIVABLE	11,160,433.20	
ACCOUNTS RECEIVABLE-MISC	39,715.33	
ADVANCES TO TRIP DRIVERS	3,338.41	
ADVANCES TO LOCAL DRIVERS	(4,773.94)	
ADVANCES TO EMPLOYEES	49,638.76	
INTEREST RECEIVABLE	302,486.52	
RETURNABLE DEPOSITS	18,035.00	
ALLOWANCE FOR UNCOLLECTIBLES	(322,224.43)	
TOTAL RECEIVABLES		<u>18,566,375.56</u>
PREPAID TAXES & LICENSES	3,353.11	
PREPAID INSURANCE	10,882.96	
PREPAID R/E TAXES	2,953.00	
PREPAID RENT	(446,420.00)	
PREPAID AUTO/LIABILITY INSUR	181,500.60	
TOTAL PREPAID		<u>(232,230.31)</u>
PACKING MATERIAL	65,793.31	
DIESEL FUEL	166,851.34	
TOTAL INVENTORY		<u>222,444.65</u>
LAND	295,744.00	
BUILDINGS	863,722.77	
ACCUM DEPRECIATION-BLDGS	(752,503.09)	
REVENUE EQUIPMENT	10,474,619.68	
ACCUM DEPRECIATION-REV EQUIP	(9,529,494.62)	
AUTOS	212,248.24	
ACCUM DEPRECIATION-AUTOS	(55,071.06)	
OFFICE FURNITURE & EQUIPMENT	425,755.72	
ACCUM DEPREC-OFFICE FURN & EQ	(424,593.15)	
WAREHOUSE EQUIPMENT	1,671,217.07	
ACCUM DEPRECIATION-W/H EQUIP	(1,545,058.74)	
SCALES	129,702.80	
ACCUM DEPRECIATION-SCALES	(129,702.80)	
TOTAL FIXED ASSETS		<u>2,637,486.81</u>
GOODWILL	2,000.00	
TOTAL INTANGIBLE PROPERTY		<u>2,000.00</u>
AFFILIATED COMPANIES	105,000.00	
OTHER INVESTMENTS	40,000.00	
PREPAID EXPENSES	427,340.90	
OTHER ASSETS		<u>572,340.90</u>
TOTAL ASSETS		<u><u>72,806,074.81</u></u>

ARS-ATLANTA
 CONSOL
 For the Ten Months Ending January 31, 2013

	<u>CURRENT</u> <u>YTD</u>	<u>PRIOR</u> <u>YTD</u>
OPERATING REVENUES	\$53,708,058.72	\$50,443,849.39
OPERATING EXPENSES	<u>47,355,549.12</u>	<u>44,847,048.21</u>
GROSS PROFIT	6,352,509.60	5,596,801.18
GENERAL & ADMIN EXP	<u>3,928,309.13</u>	<u>3,665,157.90</u>
INCOME FROM OPERATIONS	2,424,200.47	1,931,643.28
OTHER INCOME	1,031,859.32	859,687.47
OTHER EXPENSES	<u>8,438.50</u>	<u>6,970.55</u>
INCOME BEFORE TAXES	<u>3,447,461.29</u>	<u>2,784,360.20</u>
NET INCOME	<u><u>3,447,461.29</u></u>	<u><u>2,784,360.20</u></u>

Equipment List

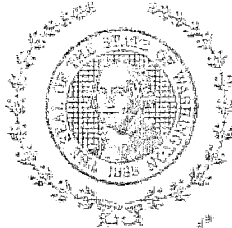
**Schedule 1.1(a)
Vehicles**

Location	Unit	Description	Est. Value
Tacoma	15116A	1993 28' STRAIGHT TRUCK	\$1,500.00
Tacoma	621	1993 28' STRAIGHT TRUCK	\$1,500.00
Tacoma	641	97 MONON VAN 48'	\$1,500.00
Tacoma	13347	1987 FORD PASS VAN/CLLBWAGON UNIT 254	\$2,000.00
Tacoma	13363	1993 PACK VAN UNIT 255	\$2,000.00
Tacoma	13457	1992 CHEVROLET - G30EXT - UNIT 13457	\$2,000.00
Tacoma	13619	2003 FORD MODEL E350 12' VAN TRUCK WITH RAMP	\$3,000.00
Tacoma	25205	1987 INTERNATIONAL 2 AXLE TRACTOR MODEL 52376	\$2,700.00
Tacoma	25213	88 INTL	\$3,000.00
Tacoma	25227	1987 INTERNATIONAL SEMI	\$2,500.00
Tacoma	53635	1993 FREIGHTLINER 63985	\$3,000.00
Tacoma	53659	1993 FORD ENGINE #53986	\$2,500.00
Tacoma	53694	1988 INTERNATIONAL 24' SOLO	\$4,000.00
Tacoma	53695	1992 GMC VAB & CHASSIS	\$2,000.00
Tacoma	53002	1989 VAN BODY FOR SOLO #396	\$1,500.00
Tacoma	53003	96 INTL 342	\$3,000.00
Tacoma	53353	1992 INTERNATIONAL 4300 UNIT 53353	\$3,000.00
Tacoma	5344	1998 KENWORTH #8344	\$3,500.00
Tacoma	58534	1989 IHC TRACTOR	\$3,000.00
Tacoma	58594	1989 IHC TRACTOR	\$3,000.00
Tacoma	58598	1993 FREIGHTLINER UNIT 6592	\$3,000.00
Tacoma	73855	92 INTL SOLO STRAIGHT TRUCK	\$2,500.00
Tacoma	98654	1998 FREIGHTLINER	\$2,500.00
Tacoma	11005AE	82 MATLOCK VAN TRLR 45'	\$900.00
Tacoma	11008AE	71 UTILITY PALLET TRLR	\$900.00
Tacoma	11015AE	57 FRUEHALF PALLET TRAIL	\$900.00
Tacoma	11020AE	1978 TRAILER - MATLOCK UNIT 7594	\$900.00
M-Hall	11315AE	1999 KTY 63' X 102" TRAILER	\$2,000.00
D-Hall	11325AE	1999 KY 63' X 102" ELECT TRAILER	\$2,000.00
Tacoma	11559AE	1985 TRAILMOBILE - UNIT 11559AE	\$2,000.00
Williams	13795AE	2008 KENTUCKY 52' X 102" TRAILER	\$10,250.00
Tacoma	6449AE	90 KENTUCKY 48 X 102 TRAILER UNIT 6449AE	\$2,000.00
Tacoma	7401F	1972 NABOR FLATBED	\$900.00
Tacoma	8942AE	82 MATLOCK VAN TRLR 45'	\$900.00
Tacoma	8945AE	60 FRUEHALF FLATBED 39'	\$900.00
Tacoma	8950AE	72 FRUEHALF 42'	\$900.00
Tacoma	8951AE	72 FRUEHALF TRLR 42'	\$900.00
Tacoma	8967AE	1997 KENTUCKY 51' TRAILER	\$1,200.00
Tacoma	8977AE	82 MATLOCK VAN TRLR	\$900.00
Tacoma	8981AE	1997 51FT KENTUCKY TRAILER UNIT 885	\$1,200.00
Tacoma	8985AE	73 FRUEHALF PALLET TRLR35	\$900.00
Tacoma	77	1997 CATERPILLAR FORKLIFT TRUCK GC25 (USED)	\$2,000.00
Tacoma	78	DAEWOO GC25P-3 FORKLIFT	\$2,000.00
Tacoma	79	2008 CLARK FORKLIFT MODEL C25CL	\$7,500.00
		TOTAL TACOMA	\$100,250.00

M-Hall	97093	Lien on M-Hall tractor - 2005 Freightliner	Bal of Note
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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

EFFORT ENTERPRISES OF TACOMA, INC.

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

Date: 2/21/2013

UBI Number: 603-277-851



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

Handwritten signature of Kim Wyman in cursive.

Kim Wyman, Secretary of State

Date Issued: 2/21/2013

Washington State Department of
Labor and Industries



Employer Liability
Certificate

Department of Labor and Industries

Employer Liability Certificate

Date: 07/28/2017

CRN#: 60327-RS1

Legal Business Name: HILORI ENTERPRISES OF TACOMA LLC

Account #: 256-226-00

Trading Business Name: ATLANTIC WELDING & TIGER SYSTEMS

Estimated Workers Reported: N/A
(See Description Below)

Worker's Comp Premium Status: No only - no medical premium payments are due or owed at this time

Contract Coverage: No

Account Representatives: HILORI GRATED BY ROZA (360)962-8997 and
LIZ (253) 234-3646

What does "Estimated Workers Reported" mean?

Estimated workers reported represents the number of full time position requiring at least 480 hours of work per calendar quarter. A single 480 hour position may be filled by one person or several part time workers.

Industrial Insurance Information

Employer report and pay records are each quarter based on hours of work by or work already performed, and are filed for premiums later to be due. Industrial Insurance accounts have reporting periods, cancellation dates, limitations of coverage or number of subrogation. (See RCW 51.12.080 and 51.16.090)



Employment Security Department

WASHINGTON STATE

UNIFIED BUSINESS IDENTIFIER
603 277 851 000

DATE: 03/06/13

ATLANTIC RELOCATION
EFFORT ENTERPRISES OF TA
AVE NW
1314 CHATTAHOOCHEE
ATLANTA GA 30318-2839

ES Reference Number
477079-00 3

You have been determined subject to the Washington Employment Security Act effective 03/11/13.

Please use your number as shown above on all communications and reports to the Employment Security Department.

You will be sent a tax report (EMS 5209) each quarter which must be completed and returned with your payment. If no wages are paid in a quarter and your account has not been closed, you are required to submit a report for that quarter indicating "no payroll". You may file this report by phone using the Washington Employer Help Line.

All Businesses may call 1-888-836-1900 (toll free).
Your default pin number is 7093.

It is your responsibility to advise us immediately of any change in the ownership of your business, since your status under the law may be affected.

If you have further questions, please contact this department in Olympia at (360)902-9360.

Status Section
Tax Central Office Operations

Enclosures
Packet
Washington Employer Helpline Brochure

UNIFIED BUSINESS IDENTIFIER
603 277 851 000



STATE OF WASHINGTON
EMPLOYMENT SECURITY DEPARTMENT

TAX RATE NOTICE

ATLANTIC RELOCATION
EFFORT ENTERPRISES OF TA
AVE NW
1314 CHATTAHOOCHEE
ATLANTA GA 30318-2829

A

ES REFERENCE #	MAILING DATE
477079 00 3	03/06/13

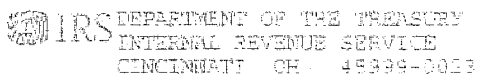
IMPORTANT NOTICE: IF YOU WANT US TO REVIEW YOUR TAX RATE, THE LAW SAYS YOU MUST SEND US A REQUEST IN WRITING NO LATER THAN 30 DAYS FROM THE MAILING DATE ABOVE.

2013 ANNUAL TAXABLE WAGE BASE FOR EACH EMPLOYEE	TAX RATE	YOUR TAX RATE FOR 2013	
\$39,800	2.73%	UNEMPLOYMENT INSURANCE TAX RATE	
	0.02%	EMPLOYMENT ADMINISTRATION FUND (EAF)	
	2.75%	COMBINED TOTAL TAX RATE	
		RATE FROM YOUR EXPERIENCE	2.42%
		RATE FROM SOCIAL COSTS	0.31%
		NO SOLVENCY SURCHARGE FOR 2013	N/A
		TOTAL OF UNEMPLOYMENT INSURANCE TAX RATES	2.73%
YOUR TAX RATE IS BASED UPON THE AVERAGE TAX RATE OF YOUR BUSINESS ACTIVITY.			

FOR QUESTIONS OR CORRECTIONS ABOUT THIS NOTICE, CONTACT:
EMPLOYMENT SECURITY DEPARTMENT
EXPERIENCE RATING UNIT
P O BOX 9046
OLYMPIA WA 98507-9046
(360) 902-9670
(360) 902-9202 - FAX

FOR QUESTIONS ABOUT THIS NOTICE, SEE WEBSITE:
WWW.ESD.WA.GOV/TAX-RATES

FOR QUESTIONS ABOUT YOUR ACCOUNT, CONTACT:
EMPLOYMENT SECURITY DEPARTMENT
SOUTH SOUND TAX OFFICE
1301 TACOMA AV S
TACOMA WA 98402-1903
(253) 593-7380
(253) 593-7314 - FAX



Date of this notice: 01-26-2013

Employer Identification Number:
46-2125919

Form: SS-4

Number of this notice: CP 575 A

EFFORT ENTERPRISES OF TACOMA INC
3121 S 80TH ST
TACOMA, WA 98409

For assistance you may call us at:
1-800-828-4931

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-2125919. 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 accounts, 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 941	04/30/2013
Form 940	01/31/2014
Form 1120	01/15/2014

If you have questions about the form(s) or the due date(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 531, *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.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

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: EMMA ENTERPRISES OF TACOMA, INC
Wash. Adaptive Relocation Systems

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: JOHN D MORRISSETTE PRESIDENT INTERSTATE VAN LINES

Address (include street address, mailing address, city, state, zip, and county):
5801 ROLLING ROAD
SPRINGFIELD VA 22152
(FAIRFAX COUNTY)

Phone Number:
703 569 2121

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
OUR COMPANY IS A FULL SERVICE NATIONWIDE HOUSEHOLD GOODS
CARRIER WITH CUSTOMERS REQUIRING ORIGIN AND DESTINATION SERVICES
IN THE STATE OF WASHINGTON. THIS REQUIRES USE OF A LOCAL PROVIDER

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 HAVE CONTINUED TO INCREASE OUR VOLUME OF BUSINESS
IN THE STATE OF WASHINGTON

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: RETAINING EXISTING AND
GAINING NEW BUSINESS REQUIRES A QUALITY SERVICE PROVIDER. THIS
COMPANY HAS PROVEN TO PROVIDE A HIGH LEVEL OF SERVICE. &

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? THIS COMPANY WOULD BE A VALUED
ADDITION TO THE BUSINESS COMMUNITY FOR THE STATE.

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

John D. Morissette 2/28/13 SPRINGFIELD VA
 Signature of Person Completing Form Date and Location

Fax @ 203-474-7032

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: Atlantic Relocation Systems

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Louis Rast VP Altair Global

Address (include street address, mailing address, city, state, zip, and county): 7500 Dallas Parkway Ste 300 Plano, TX 75024

Phone Number:

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

Yes If yes, please describe your current moving needs: We are a relocation company doing 9,000 moves into and out of the U.S.

Do you anticipate a future need for the services of a residential household goods moving company?

Yes If yes, please describe your future moving needs: This is annual business.

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:

Atlantic is a known quality provider whom we will utilize in WA State

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

3/12/13 Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: *Exact Enterprises of Tacoma, Inc*
does *Atlantic Relocation Systems Tacoma WA*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name
Steve Hermann, Vice President Army Development, Atlas Van Lines

Address (include street address, mailing address, city, state, zip, and county)
*Atlas Van Lines, Inc.
 1212 St George Rd
 EVANSVILLE IN 47711-2304*

Phone Number:
800-638-9747, x 2513 mobile: 317-499-6754

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?
Atlas Van Lines needs agents across the US to complete its network and provide service nationwide.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
This will be a branch office of Atlantic Relocation, headquartered in GA. This company maintains the highest standards

I hereby declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

[Signature]
 Signature of Person Completing Form
 3/5/13
 Date and Location

MAILING INSTRUCTIONS: MAIL FIRST THREE PARTS TO THE STATE COMMISSION. RETAIN FOURTH PART FOR YOUR FILE

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(Executed in Triplicate)

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)

This is to certify, that the Zurich American Insurance Company

(hereinafter called Company) of 1400 American Lane, Schaumburg, IL 60196
(Home Office Address of Company)

has issued to Elfort Enterprises of Tacoma, Inc DBA Atlantic Relocation Systems of 2121 S. 30th Street Tacoma WA 98406
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 2/27/2013 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State of which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at P.O. Box 5990 Napa CA 94581
(Street Address) (City) (State) (Zip Code)

this 7th day of March, 2013.

Insurance Company File No. 9222806
(Policy Number)

Authorized Company Representative

Liability Limit: \$1,000,000

Leipski, Tina (UTC)

From: Bob Glenn <Bob.Glenn@atlanticrelocation.com>
Sent: Wednesday, March 13, 2013 8:27 AM
To: Leipski, Tina (UTC)
Subject: Authority Application
Attachments: Washington UTC Authority Application.pdf

Good Morning Tina:

Attached you will find our application and supporting documents for a Household Goods Authority Application for our company:

Effort Enterprises of Tacoma, Inc
dba Atlantic Relocation Systems
2121 S. 80th Street
Tacoma, Washington 98409-8439

The primary point of contact for this application is Jon Schroeder or myself who will be assisting administratively.

Thank you for your attention in this matter.

Sincerely,

Bob

Bob Glenn CRP, CMC
Atlantic Relocation Systems
1314 Chattahoochee Ave.,NW
Atlanta, GA 30318
Direct 404-367-8988
404-351-5311 Ext 137
800-241-1140 Ext 137

Atlas video - <http://youtu.be/9diBe2hfzJ4>

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: Atlantic Relocation

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Richard Haas Dir. of Operations Rainier Overseas Mover

Address (include street address, mailing address, city, state, zip, and county):
7003 132nd PL SE PO Box 97004
Newcastle, WA 98059 Bellevue, WA 98009

Phone Number: 425-277-6000 x 214

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Local packing & unpacking for household good shipments, within the state of Washington.

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:
Local packing & unpacking for our shipments, within the state of Washington.

Briefly describe how granting this company's permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:
We move families overseas. This company will be used for packing & unpacking for the relocations we handle, in WA.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I use their other offices and they do great work and provide excellent service.

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

Richard Haas 3/14/13 Newcastle, WA
 Signature of Person Completing Form Date and Location

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:
Effort Enterprises of Tacoma, Inc. DBA Atlantic Relocation Systems

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
James Gaw, Vice President & General Manager, Atlas International, Inc.

Address (include street address, mailing address, city, state, zip, and country):
9750 3rd Ave NE
Seattle, WA 98115
King County

Phone Number:
206.436.0130

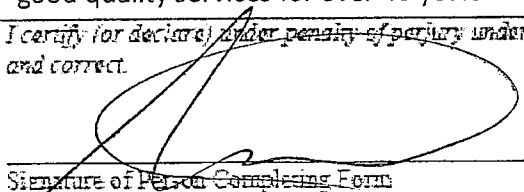
Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
We are a Seattle based freight forwarder whose business is heavily dependent on good quality moving and storage entities, Atlantic Relocation is an excellent service provider and partner.

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 have been growing rapidly and with the partnership of Atlantic Relocation in Tacoma we see many opportunities for future partnership and continued growth.

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.
Atlantic Relocation is a nationally known quality service provider, their expertise benefits businesses and the community. All will benefit by Atlantic Relocation doing business in WA.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Atlantic Relocation is a financially stable and debt free organization that has been providing good quality services for over 46 years. A company like this will be an asset to the State of WA.

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

March 18th, 2013 Seattle, WA

Date and Location

