



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

	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 2 - 7 and Attachment A	\$ 550
٥	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
۵	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
٥	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
0	Name Change – Complete pages 2 - 3 and Attachment D	\$ 35

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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.																				
Nam	Name (printed): Company Name:																			
														_						
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FOR OFFICIAL USE ONLY																				
Date 1	21/		13	DO	LOG		1		P	AH	4	P	ermi	t Issu	ed: T	HG-	60	18	20	3
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(K#1003 #550)-

BUSINESS INFORMATION					
Name of Applicant RBT Moving LLC (must be individual, partners of a partnership or corporation).					
Trade Name, if applicable You Move Me Portland OV					
Physical Address 4001 Main St. #312 Vancouver WA 98663					
Mailing Address 14005 NW 53rd Ave Vancouver WA 98685					
Telephone Number (619) 540 - 5666 Fax Number (206) 237 - 2178					
UBI#: 603-265.914 DE Email: benhaskins I @gmail. com					
USDOT #: 2389358 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)					
Department of Labor & Industries-Worker's Comp Acct? Account # 174,485 - 52					
Employment Security Department registration number? ESD # 476784 -00 1					
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:					
*Name <u>Title</u> <u>Stock Distribution or Percentage of Shares</u>					
Ben Hoskins Member 70 %					
Tom Rypma Member 30 Yo					
*Must provide a copy of a valid Washington state driver's license for each person listed above.					

All counties in the State of Washington The following named counties only: Clark, cowlitz, Shanana
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 wish to provide local maving services to homes + businesses in SW WA and the Portland Metra. We will provide customers with gnother option. Our focus will be an excellent levels of client setiefaction and customer service. We feel there is always a need for exceptional customer service at a reasonable price + this will enhance consumer choice and promote competition. Briefly describe your experience in the transportation/household goods moving industry: I do not have experience in HHG but I have over 10 years experience in a similar industry, junh remaind shouling. I have operated 1-500-657 I WM franciscus was offer them and offer themselves and offer themselves and offer themselves and offer themselves and offer themselves. Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property? 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 See 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 \(\sigma\) 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:

FINANCIAL STATEMENT

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

Ass	ets	Liabilities	
Cash in Bank	\$100,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable - Truch Lability	\$ 94,400
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABLITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 94,400	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$100,001
TOTAL ASSETS	\$ 194,400	TOTAL LIABILITIES & NET WORTH	\$ 194,400

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
2013	Isuzu NIR-HD Gas	Not assigned	540C4W1C5D5800439	14,500
2013	ISUZU NPP-HD Gas	Not assished yet	540C4W1C505800442	14,500

**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: Robert Christensen Position: General Manager

OPERATIONAI	L RESPONSIBILITIES
financial operations and pay regulatory fees.	0-15-480). You must annually file a report of your
Name: Ben Haskins	Position: Member
business in the State of Washington must comp agencies. Please state the name and position of responsible for ensuring compliance with the la to the Department of Labor and Industries (indu of Licensing (vehicle and drivers licenses, busin number), fuel permits, fuel tax; Secretary of Sta Transportation (over-size or over-weight permit (taxes); and Employment Security.	ws of the State of Washington, such as, but not limited astrial insurance, safety, prevailing wage); Department ness licensing, Unified Business Identifier (UBI te (corporate registrations); Department of as); Department of Revenue, Internal Revenue Service
Name: Ben Hoskins	Position Member

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 480-15-330 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.

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.

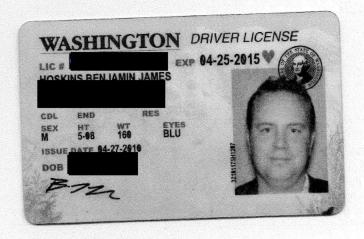
Hoskins

Print name of applicant

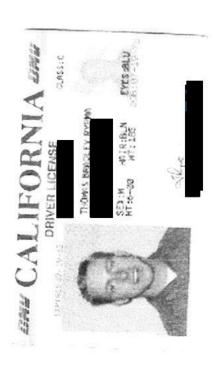
Signature of Applicant

3/27/13 Vanconve

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: RBT MOVING LLC					
The following must be completed by the Supporter of the applicant					
Name, Title, and Business Name: JOE BJORKWND / SALES ASSOC. / KELLER WILLIAMS REATY					
Address (include street address, mailing address, city, state, zip, and county):					
915 BROADWAY ST.					
VANCOUNTR WA 98660					
Phone Number: (360) 977 2888					
Do you currently need the services of a residential household goods moving company?					
□ No X Yes If yes, please describe your current moving needs: AS A REALTOR, I AM ASKED TO REFER MY CLIENTS					
TO SEVERALTYPES OF SERVICES. MOVING CO. 15 TOP REDUCE	57				
Do you anticipate a future need for the services of a residential household goods moving company?					
□ No XYes If yes, please describe your future moving needs: THIS WILL BE AN ONGOING NEED. I FULLY EXPECT					
THAT I WILL ALWAYS LEED QUALITY HOWEST MOVERS					
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: IT HAS BEEN CHALLENKING TO FIND MOVERS THAT FIT MY CLIENTS NEEDS AND					
TO THE STATE OF THE PERSON OF					
TIMENG. ADDITIONAL RESOURCES WOULD BE HELPFUL Is there anything else the Commission should consider when making a determination about this company's					
application for a household goods permit? MOST OF THE PEOPLE IN OUR COMPANY'S					
COMMOUNITY LIKE TO BO BUSINESS WITH LOCAL COMPANIE.	Ž				
THAT COME RECCOMENDED TO THEM	_				
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 3/8/13 VANCOUVER WA Date and Location					
Signature of Person Completing Form Date and Location					

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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: Ben Froskins (KBT MOYING UC)
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Darry Hrizes, VP, Greeker Vancourer Chamber of Commerce
Address (include street address, mailing address, city, state, zip, and county):
1101 Broadway, Ste. 100
Jancouver, com 986
Phone Number: 360 - 694 - 2588
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:
Prelocating to a new home in conventaces or
mend ecree
Briefly describe how granting this company a permit to provide household goods moving services in Washington
Stare will benefit you your business and/or your community.
this course provide agreed modes service maddles to job growth in the
Levery the months of the twis would need to an earner of the many states. Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? The making a determination with the company's application for a household goods permit?
Is there anything else the Commission should consider when making a determination about this company's
application for a household goods permit? The miscore is a highly very come and types
application for a household goods permit? The specient is a highly verpocated and tras a high strick standard. This is allowed be agreed asset to community
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 3.7-13 Vancouver, Lo A. Date and Location
Signature of Ferson Complexing 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: RBT NOUINGUE
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name:
Address (include street address, mailing address, city, state, zip, and county):
Phone Number
Phone Number: 360, 679-2586
Do you currently need the services of a residential household goods moving company?
□ No ⊠ Yes If yes, please describe your current moving needs:
Pariceway & 4 to good only in the state and growing ,
Do you anticipate a future need for the services of a residential household goods moving company?
□ No S Yes If yes, please describe your future moving needs:
We see continued migration from Chapter and California
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:
It provide our comments comment arrest to and a
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
This company is notive in the Chamber of Commerce in qual studies
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
- 3-6-13 Vanner, Will
Signature of Ferson Completing Form Date and Location



APR 0 1 2013

To Whom It May Concern:

WASH, UT. & TP. COMM

Enclosed please find the Household Goods Moving Company Permit Application for RBT Moving LLC dba You Move Me Portland. In addition to the application you will find:

- Our letters of support from local community leaders, including the President and CEO of the Vancouver, WA Chamber of Commerce Kelly Parker.
- Our application fee
- Copies of paperwork showing our registration with the Secretary of State, UBI for Department of Revenue, and ESD.
- An expanded Pro Forma Profit and Loss statement to Augment the Balance Sheet Provided in the application. You will note that, as we have not opened yet the balance sheet just includes the \$100,000 in opening equity we provided and the trucks and truck loans we have purchased.

Additionally, there are a couple of other items you will find which require a touch of explanation:

- You will find my WA drivers license, as well as the CA Drivers License of our silent Partner Tom Rypma. He is a CA resident and as such does not have a WA drivers license. When I spoke to your staff on the phone they informed me this will be ok.
- Per discussion with your staff, as our trucks GVW is 14,500 we are not required to submit our proof of drug and alchohol testing but I wanted to inform you that we do plan on having such a plan and it will actually be required by our Insurance Company. Proof of insurance will be sent separately once this policy binds next week.

I have attached the insurance plan we have which will go into effect April 1.

- I have spoken to LNI on the phone and they provided me with our number so that I can include it in the application but I have not received it yet. I will send the paperwork along once I receive it in the mail.
- As we do not physically have the trucks yet I do not have their registration, however the dealer did provide the VINs, all taxes are part of the financing, and I have included the sales contract so you will know we will be operating with new, safe equipment.

Please do not hesitate to reach out to me with any questions or concerns or anything I can do to help with the process. We are hoping to be operating as soon as possible, hopefully by the end of April when we receive our trucks so I can be very responsive. My cell phone is 619.540.5666 and my email address is either ben.hoskins@youmoveme.com.

Best Regards,

Ben Hoskins

Member and President, RBT Moving LLC

619.540.5666

You Move Me Portland Year 1

		Ľ													
= 6			٤ŀ	. 1.		zna Quarter	Ter		3rd Quarter	rer					
I ruck Koll-out		Σ	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	
Fleet Size			2	2	2	2	2	2	2	2	2	2	2	2	
															Year End
Fixed Costs		/	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Totals
Vehicle Lease	\$	919	1,838	1,838	1,838	1,838	1,838	1.838	1,838	1.838	1.838	1.838	1.838	1.838	22.056
Vehicle Insurance		175	350	320	350	350	350	350	350	350	350	350	350	350	4,200
Vehicle Operating expenses (maintenance/repairs/wash)	(Hi		1		,	-	,	1			,		,		,
Cellular Phone - Truck	\$	20	100	100	100	100	100	100	100	100	100	100	100	100	1,200
Cellular Phone - Operations Manager / Owner		75	75	75	75	75	75	75	75	75	75	75	75	75	900
Office Expenses (tel/internet/utilities/supplies)		125	125	125	125	125	125	125	125	125	125	125	125	125	1,500
Office Rent / Storage Locker	\$	300	300	300	300	300	300	300	300	300	300	300	300	300	3,67
Equipment Cost (Pressure washers, ladders, etc.)		200	200	200	200	200	200	200	200	200	200	700	200	200	2,4
Business Liability Insurance		150	150	150	150	150	150	150	150	150	150	150	150	150	1,800
Accounting Fees		200	200	200	200	200	200	200	200	200	200	200	200	200	2,400
Management Salaries (if applicable, excluding owner		2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	30,000
Miscellaneous	49	-		1	-		•	-	ı		,		,	-	RE '
Other Expenses			1	•	•	-	1	•		,	-			,	DA '
Other Expenses			,	1	1	-	1	-			1	,		,	C1
Additional Truck Rental (if more jobs than trucks)			75	100	200	300	350	400	300	300	300	300	300	350	3,275
New Truck Investment	÷	_			3	'	1	-	1	,	'	1	,	1	þ
Total Fixed Costs			5,913	5,938	6,038	6,138	6,188	6,238	6,138	6,138	6,138	6,138	6,138	6,188	73,33€
															RCI
Variable Costs		_	-					•							/V 4
Royalty	8	8.0%	432	929	1,152	1,728	2,016	2,304	1,728	1,728	1,728	1,728	1,728	2,016	18,864
Sales Centre / Ad Fund Fee	2	2.0%	270	360	720	1,080	1,260	1,440	1,080	1,080	1,080	1,080	1,080	1,260	11,790
Local Marketing (see note for Mktg error details)	8	8.0%	432	576	1,152	1,728	2,016	2,304	1,728	1,728	1,728	1,728	1,728	2,016	18,864
Bank Charges / Merchant Account Fees	1	1.5%	81	108	216	324	378	432	324	324	324	324	324	378	3,537
Gas Expense	8	3.0%	162	216	432	648	952	864	648	648	648	648	648	756	7,074
Management Fee	7	2.5%	135	180	360	540	630	720	540	540	540	240	540	630	5,895
Wages - Staff (with taxes & workers comp)	98	36.0%	1,944	2,592	5,184	7,776	9,072	10,368	7,776	7,776	7,776	7,776	7,776	9,072	84,888
Total Variable Costs			3,456	4,608	9,216	13,824	16,128	18,432	13,824	13,824	13,824	13,824	13,824	16,128	150,9
Total Costs			9,369	10,546	15,254	19,962	22,316	24,670	19,962	19,962	19,962	19,962	19,962	22,316	224,24~
		L	Business Ramp Up Stage	Ramp U	o Stage										
Estimated Revenue		<u> </u>	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	
Average Job Size			450	450	450	450	450	450	450	450	450	450	450	450	
Average Jobs / Week			3.0	0.4	8.0	12.0	14.0	16.0	12.0	12.0	12.0	12.0	12.0	14.0	
Operating Days / Month				,	,	1	1	1	1	,	-	,	,	ı	
Total Revenue			5,400	7,200	14,400	21,600	25,200	28,800	21,600	21,600	21,600	21,600	21,600	25,200	235,800
Total Costs			698'6	10,546	15,254	19,962	22,316		19,962	19,962	19,962	19,962	19,962	22,316	224,243
Net Profit					100	1,638	2,884	4,130	1,638	1,638	1,638	1,638	1,638	2,884	11,557
												Net	Net Profit Percentage:	rcentage:	2%

35,831 32,485 31,631 33,269 36,153 40,283 41,921 43,559 45,197 46,835 48,473 51,357

\$ 39,800

Cashflow Start-Up Working Capital Cumulative Surplus / (Deficit)



STATE OF WASHINGTON

EMPLOYMENT SECURITY DEPARTMENT

TAX RATE NOTICE

YOU MOVE ME PORTLAND RBT MOVING LLC 14005 NW 53RD AVE VANCOUVER WA 986851590

A

ES REFERENCE #	MAILING DATE
476784 00 1	03/04/13

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% 0.02% 2.75%	EMPLOYMENT ADMINISTRATION FUND (EAF)	
		RATE FROM YOUR EXPERIENCE RATE FROM SOCIAL COSTS	2.42% 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	

THE AVERAGE TAX RATE OF YOUR BUSINESS ACTIVITY.

FOR QUESTIONS OR CORRECTIONS ABOUT THIS NOTICE, CONTACT:

EMPLOYMENT SECURITY DEPARTMENT EXPERIENCE RATING UNIT P 0 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 VANCOUVER TAX OFFICE 5411 E MILL PLN BLVD #14 VANCOUVER WA 98661-7000 (360) 735-5050 (360) 735-5049 - FAX



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

RBT MOVING LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 1/7/2013

UBI Number: 603-265-914



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

Sam Reed, Secretary of State

February 26, 2013

RBT MOVING LLC YOU MOVE ME PORTLAND 14005 NW 53RD AVE VANCOUVER WA 98685-1590 **UBI Number: 603 265 914** PAC Code: R429234B

IMPORTANT! Tax Registration Information. Please keep on file.

Congratulations! You are now registered to operate a business in Washington. Your Unified Business Identifier (UBI) number shown above is also your Department of Revenue (DOR) tax registration number. Please refer to this number any time you contact us for assistance.

When to file and pay your taxes

Your business is assigned to report taxes **annually**. Your tax return is due January 31 following the taxable period (e.g. January 1 through December 31 of the previous year). If you do not have business activity to report you are still required to file a tax return.

Based on your business open date, the first return you must file is the Annual 2013 return and is due on January 31, 2014. We will mail your return to you.

(over)

11525 S. Rogers Road ● Olathe ● KS 66062Phone: (913)764-6000 Fax: (913)696-1800 www.midwest-trucks.com

www.midwest-trucks.com

Kansas Buyers Order

	New ☑	Used	Lease		Other 🗆	Trader-	In Information	Yes		No	
Order Date: .	2-27-13						Trade-In # 1	Trade	-In #	2	
Purchaser:	RBT Moving LL	C DBA				Year					
Be Titled As:	You Move Me F	ortland				Make / Model:					
Address:	14005 NW 53rd	Ave.				VIN #:					
City,State,Zip:	Vancouver, WA	98685				Balance Owed to:			·		
FedEx Address:						Address:					
Contact:	Ben Hoskins					Contact:					
Bus Phone:	619.540.5666					Phone:					
Mobile Phone:						Title At:				•	
Fax:						Verified By:					
Stock #:	Stoc	k # 1		Stoc	k # 2						
Year:	2013		2013				ler the terms (a) "Seller" Shall mea n as "Dealer" and who shall becor				C.
Make:	Isuzu		Isuzu			acceptance hereof, (I	o) "Purchaser" shall mean the part being understood by Purchaser a	y execu	ting th	nis Order as	
Model:	NPR-HD Gas		NPR-HD	Gas		this Order.	-			•	
VIN #:	TBD		TBD				to buy and Dealer agrees to sell t act on the terms and conditions se			cle describe	d on
Milege:							e used as trade-in as a part of the eunder, is not to be delivered to D				e of
•	Stock # 1:		 Sale Pric	e:	\$32,463.00	ordered motor vehicle	to Purchaser, than the motor veh	nicle trac	le-in s	shall be	mai
	Stock # 2:		Sale Pric	e:	\$32,463.00	allowance made for s	ne. In addition, the reappraised va ame motor vehicle trade-in.				
							to deliver to Dealer satisfactory ever part of the consideration for the me				
Additions or Dele	tions (including	Labor):					of such motor vehicle trade-in to le trade-in to be his property free				its
14,500 GVW						encumbrances excep	t as otherwise noted herein.				
V-8 Gas Engine						the motor vehicle ord	the right, upon failure or refusal of ered hereunder and to comply witl	n the ter	ms of	this Örder, t	0
Auto Transmission							amages any cash deposit made by de-in as a part of the consideration				
Pwer Windows and D	oors					hereunder, dealer is a	allowed to sell such motor vehicle f such sale for the expenses incur	trade-in	and r	eimburse hir	nself
Cruise						insuring, repairing, re	conditioning, and advertising of th	e trade-i	in-veh	icle.	
Tilt						vehicle covered by th	e liable for failure to deliver or dela is Order where such failure or dela	y is due	e, in w	hole or in pa	ırt, to
CD Player							e control or without the fault or neg fore or at the time of delivery of th				
A/C						Order, will execute su	ch other forms of agreement or do	ocument	s as ı	nay be requi	red
20' Van Body - YMM s	spec				\$14,987.00 ea	8. Purchaser underst	ands and agrees that he will be a	ccepting	such	vehicle subj	
2 Rows E-Track							te warranty agreement and the rig he terms of said limited warranty.	nts of P	urcha	ser and Dea	er
Ramp							consummated for any reason and aler. The Dealer's sole liability to				
Floor Upgrade						proceeds of said sale	by the Dealer less reasonable ex	penses i	incurr	ed by the De	
Wrap and Installation	4 sides (no roof)					10. Purchaser agrees	onditioning, repairing and selling o s to pay the balance due under thi				livery
Roll up Rear Door						date unless otherwise 11. Purchaser under	: herein agreed upon. stands and agrees that Dealer will	retain ti	tle to	motor vehicle	е
40" x 78" Side Door							er until such time as Dealer can a eeding Purchaser's signature, and				
Translucent Roof						towards balance has	cleared Dealer's bank.	-			
Scuff						Law allows Dealer 30	ent of Total Purchase Price, on the Days in which to deliver the MSO				5
						Purchaser. 13. Federal Law proh	nibits the hauling of freight under th	ne use c	fa 30)-Day Tempo	orary
						Permit.					
							NOTICE TO THE BUYER	₹			
Tax Exempt #:							act before you have read it or if it on tile I/We have read this Order and a				•
Doc. Fee:					·	conditions stated here	ein. This Order comprises the enti Inc. and Me/Us and no other agre	re agree	ement	between	
Total Selling Price					\$94,900.00	understandings of any	nature have been made concern				
_ess Trade Allowar	nce:					hereby acknowledge	receipt of this Purchase Order.				
Cash Difference:			 								
Sales Tax (KS Resi	idents Only):		 			Purchaser:					
Subtotal:			 		\$94,900.00	•					
Deposit / Cash Dow	vn;					Salesman:					
Down Payment:						•					P
Fotal:			 			Manager:					

Commercial Insurance Proposal



RBT Moving LLC

Presented by: David Anzellotti and Megan McGlohn



916 Main Street • Vancouver, WA 98666

March 27, 2013

THIS DOCUMENT SUMMARIZES THE PROPOSAL FOR YOUR INSURANCE. THIS IS NOT A CONTRACT. THE TERMS OF THE POLICY FORMS WILL CONTROL THE INSURANCE CONTRACT WITHOUT REGARD TO ANY STATEMENT MADE IN THIS PROPOSAL.

OUR PROFESSIONAL FEES, UNLESS OTHERWISE SPECIFICALLY NEGOTIATED AND AGREED TO WITH OUR CLIENT, ARE CUSTOMARILY BASED ON COMMISSION CALCULATED AS A PERCENTAGE OF THE PREMIUM COLLECTED BY THE INSURER AND ARE PAID TO US BY THE INSURER. INSURERS AND INSURANCE INTERMEDIARIES MAY PAY US ADDITIONAL COMPENSATION, WHICH IS CONTINGENT ON VOLUME, PROFITABILITY OR OTHER FACTORS PURSUANT TO AGREEMENTS WE MAY HAVE WITH THEM RELATING TO ALL OR PART OF THE BUSINESS WE PLACE WITH THOSE INSURERS OR THROUGH THOSE INTERMEDIARIES. SUCH AGREEMENTS MAY BE IN EFFECT WITH ONE OR MORE OF THE INSURERS WITH WHOM YOUR INSURANCE IS PLACED, OR WITH THE INSURANCE INTERMEDIARY WE USE TO PLACE YOUR INSURANCE. WE WILL BE PLEASED TO DISCUSS WITH YOU FURTHER DETAILS OF ANY CONTINGENT COMPENSATION AGREEMENTS PERTINENT TO YOUR PLACEMENT UPON YOUR REQUEST.

Introduction to the Agency

Who We Are

Biggs Insurance Services has served the insurance needs of thousands of businesses and individuals for more than sixty years. Our staff of more than 45 seasoned professionals has the experience to design a comprehensive insurance and risk management program to fill your particular needs. They are committed to providing the highest level of service to our clients, service that doesn't end when you receive your policy.

Products and Services
Commercial Property and Casualty
Bonds
Group Benefit Plans
Financial Planning
Individual Life and Health
Personal Insurance

Biggs Service Team

Biggs Insurance Services

Phone Number

360-695-3301

Fax Number
Portland Number

360-828-3801 503-285-9700

Address

916 Main Street

Vancouver, WA 98666

Account Executive

Dave Anzellotti

Phone

360-828-3734

Email Address

dave.anzellotti@biggsinsurance.com

Claims

Tami Bowden

Phone Number

360-828-3748

Email Address

tami.bowden@biggsinsurance.com

Bond Dept

Karl Choltus

Phone Number

360-828-3716

Email Address

karl.choltus@biggsinsurance.com

Employee Benefits

Greg Seifert

Phone Number

360-828-3710

Email Address

greg.seifert@biggsinsurance.com

Personal Insurance

Bill Biggs

Phone Number

360-828-3714

Email Address

bill.biggs@biggsinsurance.com

Accounting

Jamie Shindler

Phone Number

360-828-3740

Email Address

jamie.shindler@biggsinsurance.com

Fromium Summary

Premiums

Line of Business	Proposed Premium
General Liability	\$578.00
Business Auto	\$4,146.00
Motor Truck Cargo	\$1,018.00
Total Premium:	\$5,742.00

Payment Options

Down Payment	Check	# of	Installment
Amount	Payable to	Installments	Fee
TBD	TBD	TBD	TBD

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Location Schedule

Loc #	Bldg #	Address
1	1	4001 Main St #312 • Vancouver, WA 98663

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General Liability

Insurance Company: Western National Assurance Company

Proposed Policy Period: 04/01/13 to 04/01/14

Coverage Detail

Limits of Liability	Description
\$1,000,000	Per Occurrence
\$2,000,000	Annual Aggregate, Other Than Products
\$2,000,000	Annual Aggregate, Products and Completed Operations
\$1,000,000	Personal and Advertising Injury
\$100,000	Premises Damage Liability
\$5,000	Medical Expense Each Person
\$1,000,000	Washington Stop Gap
Available	Employee Benefits Liability Limit
Available	Employee Benefits Liability Retroactive Date
Available	Employment Practices Liability

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Schedule of Hazards

Loc#	Description	Premium Basis
1	Truckers	\$17,800
1	WA Stop Gap \$1,000,000	3 Employees

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Commercial Auto

Insurance Company: Western National Assurance Company

Proposed Policy Period: 04/01/13 to 04/01/14

Coverage Detail

Limits	Symbols*	Description			
\$1,000,000	62,68,71	Liability Combined Single Limit			
\$1,000,000	62	Uninsured / Underinsured Motorists Protection			
\$5,000	62	Medical Payments			
Included	62	Physical Damage – Comprehensive			
Included		Physical Damage – Specified Cause of Loss			
Included	62	Physical Damage – Collision			
Included		Non-Owned Auto Liability – Employees			
Included		Hired Auto Liability			
Included		Hired Auto Physical Damage – Comprehensive			
Included		Hired Auto Physical Damage – Collision			

*S	ymbol Definitions				
1)	Any Auto	4)	Owned Autos Other Than Private Passenger	7)	Autos Specified on Schedule
2)	All Owned Autos	5)	All Owned Autos Requiring No- Fault Coverage	8)	Hired Autos
3)	Owned Private Passenger Autos	6)	Owned Autos Subject To Compulsory U.M. Law	9)	Non-Owned Autos

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Vehicles

Vehicle	Garage Loc.	Liab	Med Pay	UM	SCL Ded	Comp Ded	Coll Ded
2013 Isuzu NPR-HD Box Van 54DC4W1C5DS800439	98663	1	1	✓		500	500
2013 Isuzu NPR-HD Box Van 54DC4W1C5DS800442	98663	1	1	~		500	500

Abbreviation Definitions			
Liab = Liability	Med Pay = Med	lical Payments	UM = Uninsured Motorist
Comp Ded = Comprehensive SCL = Specified Cause o		Coll Dec	d = Collision Deductible

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Drivers

Name	State	Drivers License #
Christensen, Robert	OR	
Hoskins, Ben	WA	
Sharpe, Aaron	ME	1
Dempsey, Corey	WA	

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Motor Truck Cargo

Insurance Company: Western National Assurance Company

Proposed Policy Period: 04/01/13 to 04/01/14

Coverage Detail

Coverage	Limit
Property in Vehicles	\$100,000
Per Occurrence	\$100,000
Additional Debris Removal Expenses	\$10,00
Freight Charges	\$5,000
Pollutant Cleanup and Removal	\$10,000
Deductible	\$1,000

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