

BUSINESS INFORMATION

Name of Applicant ADVANCE RELOCATION EXPERTS (Austine Thompson)
(must be individual, partners of a partnership or corporation) LLC

Trade Name, if applicable A R. E. EXP PER UBI

Physical Address 1140 Browns Point Blvd NE #3 Tacoma, WA 98422

Mailing Address _____

Telephone Number (206 391 0204) Fax Number () _____

UBI #: 602 411 2750 Email: Info@advancerelocationexperts.com

USDOT #: 1752146 (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 # 978-192-03

Employment Security Department registration number? ESD # 462 011-003

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

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:

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Austine Thompson</u>	<u>owner</u>	<u>100%</u>

*~~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:

I intend to help the community with not only my ~~not~~ experience in the industry but to give a fair pricing option for low income earners.

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

I have been in the moving industry for over twenty years ~~as~~ as employee and a owner I have experience in operation part and administrative aspect of it.

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 HTG060430

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: _____

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	\$ 3,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$ 325 Ins
Investments	\$ —	Notes Payable	\$ 405 Trucknote
Other Current Assets	\$ —	Mortgages Payable	\$
Prepaid Expenses	\$ —	TOTAL LIABILITIES	\$
Land and Buildings	\$ —	NET WORTH	
Trucks and Trailers	\$ 12,000	Preferred Stock	\$
Office Furniture	\$ 2500	Common Stock	\$
Other Equipment	\$ 2,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 19,500	TOTAL LIABILITIES & NET WORTH	\$ 790

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
92	GMC TOPKICK	B57265L4GDS6H	1P1NJ504759	
				per registration attached

**** 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: *Austine Thompson*

Position: *Owner*

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: Austine Thompson Position: owner

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: Austine Thompson Position: owner

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.

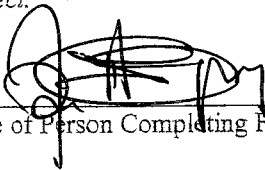
Austine Thompson (Austine Thompson) Hub 13
 Print name of applicant Signature of Applicant Date and Location

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: Advance Relocation Expert LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>REMI OMOYAYI, DIRECTOR OF OPERATIONS - CITYWIDE LOGISTICS INC</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>1720 S 341ST PL, ste-C2 FEDERAL WAY, WA 98003</u>	
Phone Number: <u>206-397-7718</u>	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <u>SOMEONE TO PICK UP OUR INVENTORY FROM WAREHOUSE</u>	
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <u>NEED A COMPANY TO LOAD AND UNLOAD. TO PICK UP AND DROP OFF INVENTORY</u>	
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: <u>THEY GAVE US A VERY GOOD RATES AND VERY DEPENDABLE</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>WE HAVE WORK WAITING, AS SOON AS THEY ARE OPEN FOR BUS.</u>	
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	<u>7/16/13</u> _____ Date and Location

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Applicant Name: *ADAM'S HOUSEHOLD GOODS MOVING, LLC*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *WANA GUYTON - OWNER*

Address (include street address, mailing address, city, state, zip, and county):
*1200 1st Ave S
Burien WA 98148*

Phone Number: *206-835-1111*

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:
I currently work in the state & work with other movers & my business.

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: *Wana Guyton* **Date and Location:** *7/16/13
1200 1st Ave S, Burien WA*

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Applicant Name: *Austine Thompson*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Simone Watkins Avanca Relocation Experts

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

*166 SW 310th Place
Federal Way, WA 98023*

Phone Number:

206 380 0100

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

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

Moving my mother to New home

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:

Two homes + office

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 find Avanca Relocation Experts Reliable & Trustworthy

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

This is a dedicated + ethical firm

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

Simone Watkins
Signature of Person Completing Form

7.15.2013
Date and Location

WA USA **WASHINGTON** DRIVER LICENSE

CITIZENSHIP

4d LIC# (4b) DONOR ♥

1 THOMPSON

2 AUSTINE OHONME

3 DOB (4b) 4a Iss 08-18-2011

6 (4b) 4b Exp 09-01-2016



15 Sex M 16 Hgt 6-04

17 Wgt 240 18 Eyes BRN

9 Class 9a End NONE

12 Restrictions NONE

5 DD (4b) Rev 02-16-2009





vehicle Registration Certificate

B57265L

07/17/2013

License plate B57265L	Plate issue date 07/2009	Tab no C343599	Reg expiration 07/14/2014	Value code 11000	Year 2001	Mo reg 12	Mo gwt 12	Pwr G	Use COM	Mod yr 1992	Make GMC	Body CUBE
Vehicle ident (VIN)/Serial no 1GDJ6H1P1NJ504759		Res co 17	Scale wt 7960	Seats	Model	BT	Gwt 12000	Gwt st 07/15/2013	Gwt exp 07/14/2014	Fleet	Equip	
Prev plate A06977M	Filing \$3.00	TBD	RTA Tax	Subagent \$5.00	Gwt/Veh wt \$77.00	Other \$16.00	Total fees \$101.00	Gwt cr				

ADVANCE RELOCATION EXPERT LLC
30823 18TH AVE S APT D103
FEDERAL WAY WA 98003

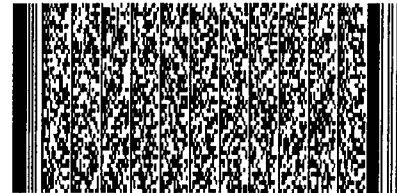
X *[Signature]*
Signature of registered owner(s)

X
Signature of registered owner(s)

Comments:

DOT 1752146 MCS150 LAST UPDATED 07/26/2012 - VN-C VN-L - COLOR-YELLOW - COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE PAID - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

Validation code 10172802131980717130017025561



RPT ID: AREGPR-1

This certificate is not proof of ownership.

VehicleRegistration (R/10/12)E

for Safety: ADVANCE RELOCATION EXPERT LLC

NEW
RENEWAL OF NUMBER

NATIONAL INDEMNITY COMPANY
OMAHA, NEBRASKA
CARGO COVERAGE DECLARATIONS

70 MTS 009815

ITEM ONE

NAMED INSURED & ADDRESS
ADVANCE RELOCATION, LLC.
1140 BROWNS POINT BLVD NE
TACOMA, WA 98422

Producer

STANFORD INSURANCE, INC.
1010 S 336TH ST STE #110
FEDERAL WAY, WA 98003

POLICY PERIOD: Policy covers FROM 10/15/2012 1:01 AM TO 10/15/2013 12:01 A.M. Standard Time at the Named Insured's Address stated above.

The Named Insured is: Individual; Partnership; Corporation; Other: LLC

Please check this policy and endorsements against original order. Griffin Underwriting Services assumes no responsibility for errors.

Business of the Named Insured is: HOUSEHOLD GOODS MOVER

NOTICE: Report all losses to Griffin Underwriting Services, PO Box 3867, Bellevue, WA 98009; Phone: 800-562-8095; claims@gogus.com

ITEM TWO

DESCRIPTION of CARGO principally consists of: Household Goods

See M-5159

Radius (04/2004) miles from the address of the Named Insured, stated above.

COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Cargo Coverage Form shows which types of autos 46A

ITEM THREE						SCHEDULE OF COVERAGE			
COVERED AUTOS						LIMIT OF INSURANCE	RATE	PREMIUM	
Auto No.	Year Model	Trade Name	Type of Body	Serial No.					
1	See M-5159 (04/2004)								
2									
3									
4									
5									
6									
7									
8									
DEDUCTIBLE FOR EACH COVERED "AUTO" \$						1,000			
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION									
See M-4572 (12/1994)									
MINIMUM EARNED PREMIUM \$						0	IF CANCELLED BY THE INSURED	TOTAL PREMIUM \$	800

COUNTERSIGNED: Griffin Underwriting Services
Bellevue, WA

By _____
Authorized Representative

In Witness whereof, we have caused this policy to be executed and attested, and if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Secretary
President

KEMPER
SPECIALTY**Washington Insurance Identification Card****THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND.**

Name and Address of Policyholder Austine O Thompson 1140 Browns Point Blvd.NE Kent, WA 98031	Insurance Company Charter Indemnity Company PO BOX 223687 Dallas, TX 75222-3687 For Claims, contact us at 800-234-3606
Agent STANFORD INS INC 1010 S 336TH ST STE 110 FEDERAL WAY, WA 98003 (253) 874-9200	Insured Vehicle(s) Year/Make/Model/VIN 1992 GMC topkick 1GDJ6H1PINJ504759
Binder Number 460384317	
Policy Effective Date 07/16/2013	
Policy Expiration Date 07/16/2014	

EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.

THIS IS A TEMPORARY CARD AND IS ONLY VALID FOR 30 DAYS FROM THE DATE ISSUED IN CASE OF AN ACCIDENT:

1. Get the name, address and telephone number of other drivers and occupants.
2. Get the license number of the other car(s) involved and the owners(s) name, address and telephone number.
3. Get the names, addresses and telephone number of witnesses.
4. Please do not make any statement about the accident to anyone except the police or our identified representative.
5. Report the accident immediately to the claims office listed above.

WA-800 (04/12)

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