

**HOUSEHOLD GOODS CARRIER  
PERMIT APPLICATION**



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment F	\$50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachments A & B	\$250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachments A & B	\$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 1 - 5 and Attachments B & C	\$550
<input checked="" type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B, C, & D	\$250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) – Complete pages 1 - 2 and include a statement justifying the reinstatement	\$250
<input type="checkbox"/> Name Change – Complete page 1 and Attachment E	\$35
<input type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A	\$550

**TYPE OF PAYMENT**

Check    
  Money Order    
  Amex    
  Discover    
  Mastercard    
  Visa

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

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): JONATHAN R. WALKER     Date: 05/17/03

Signature: [Handwritten Signature]     Title: PRESIDENT

**FOR OFFICIAL USE ONLY**

Date Filed: <u>6/2/03</u>	Staff Assigned: <u>[Signature]</u>	Motcar: <u>4003</u>	Permit Issued: HG- <u>179134</u> <u>HG-1872</u>
Tariff Maint: <u>N/A</u>	Insurance: <u>[Signature]</u>	Inspection: <u>on file</u>	DOL/SOS: <u>[Signature]</u>
Reception #: 111-0268-207-02 <u>215.00</u>	111-0268-202-01 <u>52.00</u>	111-0268-013-20 <u>4.16</u>	

**BUSINESS INFORMATION**

Name of Applicant BUMBLE BEE MOVING NORTH, INC.  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable SAME

Physical Address 17903 STATE ROUTE 9 SUITE # B

Mailing Address SAME

Telephone Number (425) 743-4742 Fax Number (360) 668-8453

UBI # 602 258 131 Email: BUMBLEBEE@EARTHLINK.NET

602-255-391 PER SEC OF STATE  
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	Title	Stock Distribution or Percentage of Shares
<u>JONATHAN WARREN</u>	<u>PRESIDENT</u>	<u>100%</u>
<u>CHRISTINE WARREN</u>	<u>V. PRESIDENT</u>	

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: RESIDENTIAL + COMMERCIAL MOVING. COMPETITIVE PRICING, EXPERIENCED CREWS, INTEGRITY IN COMPANY POLICIES.

Briefly describe your experience in the transportation/household goods moving industry:  
I HAVE OWNED OR BEEN PRESIDENT OF BUMBLE BEE SINCE SPRING OF 1997. BEFORE THAT, I WORKED FOR ALL STATE TRANSFER FOR 2 YEARS.

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: CC-11872 HG11872

Have you ever applied for and been denied a permit to operate as a motor carrier of property?

No  Yes If yes, please explain: \_\_\_\_\_

Do you currently operate interstate?  No  Yes If yes, please indicate your:

DOT# \_\_\_\_\_ MC# \_\_\_\_\_ Single State Registration Base State \_\_\_\_\_

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: \_\_\_\_\_

Have you ever been convicted of a Class A or B Felony?  No  Yes If yes, please explain: \_\_\_\_\_

Have you been cited for violation of state laws or Commission rules?  No  Yes If yes,

please explain: \_\_\_\_\_

**FINANCIAL STATEMENT**

*See attached*

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available

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

## EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1992	<del>PETROBRAS</del>			
		SEE ATTACHED		

### SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and rules. 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.

#### SAFETY RESPONSIBILITIES

**COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383)** Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: JONATHAN WARREN      Position: PRESIDENT

**DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391)** Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: JONATHAN WARREN      Position: PRESIDENT

**DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395)** Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: JONATHAN WARREN      Position: PRESIDENT

**CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Title 49, Code of Federal Regulations Part 382 & Part 40)** Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Name: JONATHAN WARREN      Position: PRESIDENT

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirement (49 CFR Part 382 and 49 CFR Part 40)

**VEHICLE INSPECTION, REPAIR, AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396)** Companies must ensure that each motor vehicle operated is regularly inspected, repaired, and maintained.

Name: JONATHAN WARREN      Position: PRESIDENT

**INSURANCE REQUIREMENTS (WAC 480-15-530)** All companies must file and maintain proof of public liability and property damage insurance covering vehicles operated. (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

Name: JONATHAN WARREN      Position: PRESIDENT

**CARGO INSURANCE REQUIREMENTS (WAC 480-15-550)** All companies 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: JONATHAN WARREN      Position: PRESIDENT

**OPERATIONAL RESPONSIBILITIES**

**TARIFF RATES AND CHARGES (RCW 81.28.080 and WAC 480-15-490 & WAC 480-15-500)**

Companies must purchase and maintain an active subscription to Tariff #15-A. Only those rates that are published in that tariff are to be charged.

Name: JONATHAN WOLLEN

Position: PRESIDENT

**ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480)** Companies must annually file a report of their financial operations and pay regulatory fees.

Name: JONATHAN WOLLEN

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: 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 and Internal Revenue Service (taxes); and Employment Security.

Name: JONATHAN WOLLEN

Position: PRESIDENT

**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 be granted 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.*

*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.*

JONATHAN P. WOLLEN

Print name of applicant

*J.P. Wollen*

Signature of Applicant

05/17/03 OFFICE

Date & Place

**Bumblebee Moving North  
Profit & Loss  
January through December 2002**

	Jan - Dec 02
Ordinary Income/Expense	
Income	
4010 · Fees	178.50
4070 · Services	
4040 · Subcontract Services	3,511.16
4070 · Services - Other	461,323.91
Total 4070 · Services	<u>464,835.07</u>
Total Income	<u>465,013.57</u>
Gross Profit	465,013.57
Expense	
Medical/Dental Expense	3,348.83
Storage Rental	835.84
Truck Repair/Maintenance	523.63
4000 · Subcontract Expense	1,885.01
4500 · Supplies Expense	17,815.29
5000 · Rent Expense	2,926.78
6000 · Monthly Service Charge	157.03
6110 · Truck Expense	
6300 · Maintenance & Repair Trucks	7,694.96
6110 · Truck Expense - Other	7,071.32
Total 6110 · Truck Expense	<u>14,766.28</u>
6120 · Bank Service Charges	8,033.50
6160 · Dues and Subscriptions	1,070.00
6170 · Equipment Rental	365.15
6180 · Insurance	
Health Insurance Expense	15.00
Insurance-Life Ins	214.00
6180 · Insurance - Other	600.00
Total 6180 · Insurance	<u>829.00</u>
6200 · Interest Expense	
6210 · Finance Charge	185.05
6200 · Interest Expense - Other	4,421.48
Total 6200 · Interest Expense	<u>4,606.53</u>
6230 · Licenses and Permits	1,027.15
6240 · Miscellaneous	71.92
6260 · Printing and Reproduction	871.62
6270 · Professional Fees	4,824.95
6290 · Rent	
6291 · Office Security	570.96
6290 · Rent - Other	8,892.41
Total 6290 · Rent	<u>9,463.37</u>

**Bumblebee Moving North**  
**Profit & Loss**  
 January through December 2002

1:42 PM  
 05/17/03  
 Cash Basis

	Jan - Dec 02
6295 · Maintenance & Repair Office	0.00
6310 · Maintenance & Repair Buildings	6,711.00
6330 · Insurance Expense	9,447.00
6340 · Telephone	
Pager Service Expense	538.42
Wireless Services Expense	1,167.29
6340 · Telephone - Other	2,499.88
<b>Total 6340 · Telephone</b>	<b>4,205.59</b>
6350 · Travel & Ent	
6370 · Meals	3,342.06
6350 · Travel & Ent - Other	70.00
<b>Total 6350 · Travel &amp; Ent</b>	<b>3,412.06</b>
6390 · Utilities	1,805.97
6550 · Office Supplies	9,485.67
6560 · Payroll Expenses	153,009.50
6680 · Casual Labor	15,361.05
6820 · Taxes	
6830 · Federal	7,030.44
6840 · Taxes Other	2,980.00
6860 · State	6,550.22
<b>Total 6820 · Taxes</b>	<b>16,560.66</b>
7000 · Advertising Expense	20,727.45
7500 · Employee Gift Expense	2,044.98
8000 · Damage Expense	5,572.03
8500 · Long Haul Expense	46,792.60
9000 · Equipment Expense	4,272.53
9500 · Fuel Expense	16,769.43
<b>Total Expense</b>	<b>389,599.40</b>
<b>Net Ordinary Income</b>	<b>75,414.17</b>
Other Income/Expense	
Other Income	
4060 · Other Income	
Tips/Gratuity	0.00
<b>Total 4060 · Other Income</b>	<b>0.00</b>
<b>Total Other Income</b>	<b>0.00</b>
<b>Net Other Income</b>	<b>0.00</b>
<b>Net Income</b>	<b>75,414.17</b>

# MOVE-PAK POLICY VEHICLE FLEET SCHEDULE

Name of Insured: <b>Bumble Bee Moving North, Inc.</b>	Policy Number <b>MS 041-1157</b>
Effective Date <b>02/25/03</b>	Insurance Company <b>Security Insurance Company of Hartford</b>

**COVERAGE CODE SYMBOLS** -- Coverage is provided ONLY if symbol is indicated for each unit

<b>L</b> = Bodily Injury/Property Damage <b>CL</b> = Contingent Liability <b>CU</b> = Conditional Use	<b>UM</b> = Uninsured Motorist <b>UIM</b> = Underinsured Motorist <b>MP</b> = Medical Payments <b>PIP</b> = Personal Injury Protection	<b>SP</b> = Specified Causes of Loss <b>COMP</b> = Comprehensive Coverage <b>COLL</b> = Collision Coverage <b>RR</b> = Rental Reimbursement Coverage
DEDUCTIBLES: Private Passengers Vehicles: Property Damage:                      Comprehensive:    \$ 500 \$ 500    Collision:            \$ 1,000 Commercial Vehicles: Comprehensive:                      \$ 500 Specified Causes:                      \$ - Collision:                                      \$ 1,000		

No.	Description & ID Number	Area	Stated Value	Normal Radius	Coverage Code Symbols	Annual Premium
1	1992 Plymouth Voyager 1P4GH4429NX268207	WA-B	\$ 4,500	PP	L UM MP Coll RR	\$ 1,445.00
2	1991 Hino Step Van JHBFD1752M2T10321	WA-B	\$ 9,500	Local	L UM Coll RR	\$ 1,885.00
3	1994 GMC Van 01GDG6H1J6R508690	WA-B	\$ 13,000	Local	L UM Coll RR	\$ 1,967.00
5	1988 UD Van JNAMA93J7JGH458852	WA-B	\$ 8,500	Local	L UM Coll RR	\$ 1,861.00
6	1994 Mitsubishi Van JW6DML1E9RM000053	WA-B	\$ 13,000	Local	L UM Coll RR	\$ 1,967.00
99	Non-Owned & Hired	WA-B	\$ 50,000	L UM	Coll Comp	\$ 1,576.00



**ATTACHMENT C**

**Transfer or Acquisition of Control**

Applicant is seeking one of the following - please check one:

Transfer  Acquisition of Control

JONATHAN R. WARREN D/B/A

Current Name on Permit (Seller)

BUMBLEBEE MOVING NORTH

Current Trade Name on Permit (Seller)

17903 STATE ROUTE 9 # B

Address (Seller)

HG- 11872

425 743-4742

Permit Number

Phone Number (Seller)

Will the seller's copy of Tariff 15A be transferred to the buyer?  Yes  No If no, the buyer must complete Attachment B.

Does the transfer of this permit fall under the provisions of WAC 480-15-260?  No  Yes If yes, please complete Attachment D.

Have all fines and/or penalties been paid?  No  Yes

Has the closing annual report been filed with the Commission?  No  Yes

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

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG-11872 to the following:

~~BUMBLE~~

Name of Buyer

BUMBLEBEE MOVING NORTH, INC.

Trade Name of Buyer

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

JTL Warren OWNER  
Seller's Signature

5/17/03  
Date & Location

JTL R. Warren FOR  
Buyer's Signature  
BUMBLE BEE MOVING NORTH, INC

5/17/03  
Date & Location

## ATTACHMENT D

### TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-260

1. The Commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
  - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
  - A sole proprietor has died and the interest is being transferred as property of the estate;
  - An individual has incorporated, and the same individual remains the majority shareholder;
  - An individual has added a partner, but the same individual remains the majority partner;
  - A corporation has dissolved and the interest is being transferred to the majority shareholder;
  - A partnership has dissolved and the interest is being transferred to the majority partner;
  - A partnership has incorporated and the partners are the majority shareholders; or
  - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

\*\*\*NOTE\*\*\* Documentation must be included with your application. Documentation may be in the form of a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason (check box, if applicable):
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
    - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period?     No     Yes
    - b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability:  
\_\_\_\_\_  
\_\_\_\_\_
    - c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
(360) 664-1160 • TTY (360) 586-8203

February 24, 2003

BumbleBee Moving North, Inc.  
Attn: Jonathan Warner  
17903 State Route 9 Suite #B  
Snohomish, WA 98296

Dear Mr. Warner:

We received your application for a Change of Corporate/Individual Name. As noted on the Attachment E that you completed, this form can only be used if there is **not** a change of ownership, management, or control of the household goods operating authority. In your case, you went from a Sole Proprietor to a Corporation. This is considered a transfer of authority and the proper paperwork must be completed. I have enclosed the application along with the attachments that need to be completed. You will also need to remit the difference of \$215.00.

We will also need to have insurance in the new name in order to process the application. Also noted missing is your registration with the Secretary of State. All corporations doing business in the state of Washington must register with the Secretary of State.

If you have any questions or concerns, I can be reached at (360) 664-1170.

Sincerely,

Tina Leipski  
Transportation Specialist  
Licensing Services

Enclosures



**RECEIVED HOUSEHOLD GOODS CARRIER  
PERMIT APPLICATION**



FEB 19 2003

WASH. UT & TR COMM.

Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment F	\$50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachments A & B	\$250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachments A & B	\$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 1 - 5 and Attachments B & C	\$550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B, C, & D	\$250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) – Complete pages 1 - 2 and include a statement justifying the reinstatement	\$250
<input type="checkbox"/> Name Change – Complete page 1 and Attachment E	<b>\$35</b>
<input type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A	\$550

TYPE OF PAYMENT											
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa						

Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

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): JONATHAN R. WARNER Date: 2/17/03

Signature: [Signature] Title: PRESIDENT

279134

**FOR OFFICIAL USE ONLY**

Date Filed: <u>2/24/03</u>	Staff Assigned: <u>[Signature]</u>	Motcar: <u>41043</u>	Permit Issued: HG-
Tariff Maint:	Insurance: <u>[Signature]</u>	Inspection:	DOL/SOS:

Reception #: 3502 111-0268-207-02 111-0268-202-01 111-0268-013-20

0017673

PAGE 1

*See other app file*

ATTACHMENT E

RECEIVED

CHANGE OF CORPORATE/INDIVIDUAL NAME

FEB 19 2003

(WAC 480-15-400)

An application for change of corporate/individual name must be filed to change the permit name, to add or change the trade name and must not involve a change in ownership, management, or control of the household goods operating authority.

max call 41063

NOTE: You may not advertise to operate under the changed name until a permit is issued in the new name.

JONATHAN R. WARNER D/B/A
Current Name on Permit

BUMBLEBEE MOVING NORTH
Current Trade Name on Permit

17903 STATE ROUTE 9 SUITE #B SNOHOMISH, WA 98296
Address

425 743-4742 360 668-8453
Phone Number Fax Number

BUMBLEBEE NORTH@EARTHLINK.NET
Email Address

If a corporation, list names, titles, stock distribution, or major stockholders under the current name:
N/A

I request the name on household goods permit HG- 11872 be changed to:
BUMBLEBEE MOVING NORTH, INC. 602 258 131
New Name UBI Number

BUMBLEBEE MOVING NORTH, INC.
New Trade Name (if applicable)
SAME

Address (if changed)

If a corporation, list names, titles, stock distribution, or major stockholders under the new name:
JONATHAN R. WARNER PRESIDENT 1000 SHARES OF TOTAL 1000 SHARES

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information is current and valid.

BY Jonathan R. Warner PRESIDENT
Signature & Title of Applicant

FEBRUARY 17, 2003 SNOHOMISH OFFICE
Date & Location

VENDOR NAME AND ADDRESS  <b>BUMBLE BEE MOVING NORTH, INC.</b> <b>17903 STATE ROUTE 9 SUITE #B</b> <b>SNOHOMISH, WA 98696</b>	AGENCY NUMBER <b>2150</b>	LOCATION CODE
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)		
RECEIVED BY  BUSINESS OFFICE		AGENCY P.R. OR AUTHORIZATION NUMBER <b>REFUND</b>  AGENCY NAME AND LOCATION UTILITIES AND TRANSP. COMM. 1300 S. EVERGREEN PK DRIVE S.W. P.O. BOX 47250 OLYMPIA, WA 98504-7250
DATE RECEIVED		RECEIVED BY

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

REVENUE REFUND \$56.16 due to PAYMENT OF HHG TARIFF FEES no longer applicable.

RECEPTION OR FIELD RECEIPT NO. 19710 DATED 6/02/03

**TOTAL REFUND                      \$ 56.16**

R Tina Leipski		TELEPHONE NUMBER 664-1170	DATE 6/2/03	AGENCY APPROVAL										DATE		
DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF. DOC. NO.	VENDOR NUMBER VOD1		VENDOR MESSAGE			USE TAX	UBI NUMBER						
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SUB OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/ TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
	198		111			02	68								\$	REFUND
ACCOUNTING APPROVAL FOR PAYMENT										DATE			WARRANT TOTAL	WARRANT NUMBER		
													\$			

## ATTACHMENT B

### HOUSEHOLD GOODS TARIFF Purchase Price and Maintenance Fees

Commission-published Tariff 15-A names the rates, charges, and governing rules for the transportation of household goods between points in the state of Washington (Washington intrastate traffic). Under the provisions of Title 81.80 RCW (State Law) and Chapter 480-15 WAC (Commission rules), household goods carriers must purchase and maintain copies of Tariff 15-A. Copies must be kept, subject to public inspection, in the company's main office and in each billing office.

Household goods carriers must purchase the tariff and must also pay annual maintenance fees. Maintenance fees pay for amended pages mailed to you throughout a calendar year. Maintenance fees are calculated based on the month in which they are paid.

See the chart below to determine the appropriate tariff purchase and maintenance fees to be paid with each order.

Month Paid	Single Copy Tariff Price	Single Copy Annual Maintenance	Sales Tax	Total Due (Per copy)	Number Ordered
January, February, March	\$8.00	\$24.00	\$2.56	\$34.56	<del>1</del> 2
April, May, June	\$8.00	\$18.00	\$2.08	\$28.08	<del>1</del> 2
July, August, September	\$8.00	\$12.00	\$1.60	\$21.60	
October, November, December	\$8.00	\$6.00	\$1.12	\$15.12	
Tariff only (No maintenance)	\$8.00	N/a	\$0.64	\$8.64	

\*Please Note: no sales tax due if tariff is mailed to an address outside the state of Washington.

Applicant's Name: BUMBLE BEE MOVING NORTH, INC.

Mailing Address: 17903 STATE ROUTE 9 SUITE # B

City/State/Zip: SPONDON, WA 98296

Number of copies purchased: ~~1~~ 2

Total tariff fees enclosed: \$ ~~34.56 28.08~~ 56.16

Requested Refund  
6/2/03  
no longer applicable

# STATE of WASHINGTON



## SECRETARY of STATE

*I, SAM REED, Secretary of State of the State of Washington and custodian of its seal,*

hereby issue this

### CERTIFICATE OF INCORPORATION

to

BUMBLEBEE MOVING NORTH, INC.

A Washington Profit Corporation. Articles of Incorporation were filed for record in this office on the date indicated below

UBI Number: 602 255 391

Date: December 13, 2002



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

*Sam Reed, Secretary of State*



MASTER LICENSE SERVICE  
BUSINESS ENTITY INQUIRY

07/10/03  
10:45:48

INQR UTL024P1

UBI: 602 255 391 001  
Type: PROFIT CORPORATION

State of Inc: WA                      Loc Status: A  
Date of Inc: 12 13 2002              Corp Status: A

Owner Name: BUMBLEBEE MOVING NORTH, INC.

Reg. Agent: JONATHAN R WARNER  
Reg. Address: 17903 STATE ROAD 9 #B  
                  SNOHOMISH WA 98296

Exp. Date: 12 31 2003  
Total Shares authzd:  
Total Shares issued:

Firm Name :  
Loc:

Mail:

Phone:                                      Registered Tradenames for this UBI? No  
RFI: No        NSF: No                      Location First Activity:  
RFP: No        Withhold: No                Last License Issue:  
TRANSFER: \_\_\_\_\_ {Press <ENTER> for Endorsements List}  
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
                  GLIST APLST UBIQ   SERV   TRDU   INQA                      INQR   MMENU



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**Corporations**

Corporations Division - Registration Data Search

**BUMBLEBEE MOVING NORTH, INC.**

**UBI Number** 602 255 391  
**Category** Regular Corporation  
**Profit/Nonprofit** Profit  
**Active/Inactive** Active  
**State of Incorporation** WA  
**Date of Incorporation** 12/13/2002  
**License Expiration Date** 12/31/2003

*\* This is the legal UBI for the corporat. per Wayne @ Sec of State 7/10/03*

**Registered Agent Information**

**Agent Name** JONATHAN R WARNER  
**Address** 17903 STATE ROAD 9 #B  
**City** SNOHOMISH  
**State** WA  
**ZIP** 98296

**Special Address Information**

**Address**  
**City**  
**State**  
**Zip**

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**Disclaimer**

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