

**HOUSEHOLD GOODS CARRIER
 PERMIT APPLICATION**



RECEIVED
 MAY 01 2003

WASH. UT. & TP. 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 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											
<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): <u>MARLEE THORNE</u>						Date: <u>4/22/03</u>					
Signature: <u>Marelee Thorne</u>						Title: <u>PRESIDENT 079165</u>					
FOR OFFICIAL USE ONLY											
Date Filed: <u>5/2/03</u>			Staff Assigned: <u>[Signature]</u>			Motocar: <u>5198</u>			Permit Issued: HG- <u>8147</u>		
Tariff Maint: <u>15/10</u>			Insurance: <u>[Signature]</u>			Inspection:			DOL/SOS: <u>[Signature]</u>		
Reception #: _____											
111-0268-207-02 <u>250.00</u>				111-0268-202-01				111-0268-013-20			

0019135

PAGE 1

TV 030920

BUSINESS INFORMATION

Name of Applicant Kennewick Transfer & Storage Inc
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable SAME

Physical Address 1523 A FOWLER ST RICHLAND, WA 99352

Mailing Address SAME

Telephone Number (509) 736 6440 Fax Number (509) 783 6440

UBI # 91-0913294 600-125-077 Email: [initials]

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
MARELE THORNE	PRES	100 %
LUCAS THORNE	VP	0 %
DENNIS THORNE	SEC	0 %

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: HHG

see back copy

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

32 YEARS AS KENNEWICK TRANSFER

BUSINESS INFORMATION

Name of Applicant Kennewick TRANSFER & STORAGE INC
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable SAME

Physical Address 1523 A FOWLER ST RICHLAND, WA 99352

Mailing Address SAME

Telephone Number (509) 736 6440 Fax Number (509) 783 6440

UBI # 60012500711 / Email: _____

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
MARELE THORNE	PRES	100 %
LUCAS THORNE	VP	0 %
DENNIS THORNE	SEC	0 %

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: HAG for 33 years we have professionally served this community. We have many repeat customers and have needs for 2 major hospitals here. We hold a BICENT & USA contract here.

Briefly describe your experience in the transportation/household goods moving industry: 32 YEARS AS Kennewick TRANSFER in this location as a moving & stg company

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 8147 HG-8147

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# 15428 MC# 172125 OK Single State Registration Base State WA

Do you operate interstate as an agent of another company? No Yes If yes, what is the

name of the company? as of 5/1/03 - Stevens P.L.

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	\$	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 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
1986	Kenworth			66
1989	Suzuki			24

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: Devin Thorne Position: See

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: Devin Thorne Position: VP

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: Devin Thorne Position: See

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: Marlo Thorne Position: Pres

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: Kyle Herson Position: Manager

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: M Thorne Position: Pres

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: M Thorne Position: Pres

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: M. Thorne Position: Pres.

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

Name: M. Thorne Position: Pres.

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: Marle Thorne Position: PRES.

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.

MARLE THORNE Marle Thorne 4/21/03
Print name of applicant Signature of Applicant Date & Place

5:37 PM

05/13/03

Accrual Basis

Kennewick Transfer & Storage
Profit & Loss
January 1 through May 13, 2003

Jan 1 - May 13, 03

Ordinary Income/Expense	
Income	
4000 - Sales	150,636.28
4020 - Rental Income	31,700.00
4100 - Finance Charges	100.00
4910 - Returns and Allowances	-161.20
Total Income	182,275.08
Cost of Goods Sold	
5000 - Direct Costs	
5050 - COS Labor	
5051 - Regular Wages	46,081.76
5054 - Holiday Pay	520.00
5055 - Sick Pay	80.00
Total 5050 - COS Labor	46,681.76
Total 5000 - Direct Costs	46,681.76
5100 - COS Road Expenses	9,820.29
5110 - COS Claims and Weight Tickets	272.95
5130 - COS Packing Matl	3,687.08
5150 - COS Supplies	293.73
5180 - Moving Services	326.00
Total COGS	61,081.81
Gross Profit	121,193.27
Expense	
6000 - Payroll Expenses	
6020 - Salary	21,857.70
6021 - Payroll cost for meetings	11.00
6050 - Payroll Taxes	
6051 - FICA	5,244.11
6052 - L&I Tax	3,764.79
6053 - SUTA	458.41
6054 - FUTA	438.81
Total 6050 - Payroll Taxes	9,906.12
Total 6000 - Payroll Expenses	31,774.82
6060 - Gas and Oil	7,209.43
6070 - Tires	1,650.07
6075 - Leased vehicles	1,974.41
6090 - Medical Insurance	10,098.75
6110 - Advertising	3,133.68
6120 - Bank Charges	268.69
6130 - Legal & Acctg.	2,796.88
6135 - Maint. & Security	327.00
6140 - Contributions	300.00
6160 - Dues and Subscriptions	986.86
6170 - Equipment Rental	59.00
6180 - Insurance	10,413.56
6181 - Officer's Life	307.39
6200 - Interest Expense	2,500.46
6221 - Meals	154.12
6230 - Licenses	1,259.16
6245 - Office Supplies	1,901.61
6250 - Postage	13.92
6260 - Printing and Reproduction	17.41
6290 - Rent	13,700.00
6300 - Repairs	3,216.19
6340 - Telephone	2,604.57
6360 - Taxes	
6361 - Taxes - B&O	718.02
6362 - Taxes - Personal Property	99.39

5:37 PM

05/13/03

Accrual Basis

Kennewick Transfer & Storage
Profit & Loss
January 1 through May 13, 2003

Jan 1 - May 13, 03

Total 6360 - Taxes	817.41
6390 - Utilities	3,103.03
6591 - Trailer Rent	2,643.44
7011 - Late fees / Interest	174.92
Total Expense	103,406.78
Net Ordinary Income	17,786.49
Other Income/Expense	
Other Income	
7005 - Reimbursement of Expenses	3,975.46
7010 - Interest Income	1.05
7020 - Sale of Assets	1,500.00
Total Other Income	5,476.51
Other Expense	
8000 - Finance & Late Charges	964.85
8999 - Short (Over)	-921.85
9999 - Suspense	918.16
Total Other Expense	961.16
Net Other Income	4,515.35
Net Income	22,301.84

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:

OK - see attachment

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:
HEALTH

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: NEW OWNER HAS BEEN RUNNING OPERATION FOR YEARS ALREADY

May 12, 2003

WUTC
Attn: Terry Wallace, Supervisor
Licensing Services

Ms. Wallace,

In response to the letter that was sent to us by Tina Leipski, that letter is incorrect. We do qualify for exception (2) of WAC 480-15-260, my father Ralph Thorne is turning control of the corporation over to Marele Thorne, wife of Dennis Thorne. Marele and Dennis have operated and been in complete control of the corporation since 1996; *Ralph's retirement date*. The following statements satisfy items (A), (B), (C) of WAC 480-15-260.

(A)- Permit HG8147 has been active continuously since *May 1970*.

X Ralph Thorne
Owner
X Marele Thorne
Applicant

(B)- Ralph Thorne has retired and, Marele Thorne and Dennis Thorne are the only qualified people to operate Kennewick Transfer & Storage, Inc., and keep it economically healthy and viable.

X Ralph Thorne
Owner
X Marele Thorne
Applicant

(C)- Ralph Thorne has trained Marele and Dennis Thorne and helped them to understand the way things have run for the last 33 years, in what works best and how to keep the customers happy.

X Ralph Thorne
Owner
X Marele Thorne
Applicant

ATTACHMENT C

Transfer or Acquisition of Control

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

Transfer Acquisition of Control

Dennis THORNE

Current Name on Permit (Seller)

Kennewick TRANSFER & STORAGE INC

Current Trade Name on Permit (Seller)

1523 A FOWLER ST RICHLAND WA 99352

Address (Seller)

HG- 8147

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-8147 to the following:

MARLE THORNE

Name of Buyer

Kennewick TRANSFER & STORAGE INC

Trade Name of Buyer

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

Dennis Thorne
Seller's Signature

4/21/03

Date & Location

Marle Thorne
Buyer's Signature

4/21/03

Date & Location



airfile

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

April 7, 2003

Kennewick Transfer & Storage, Inc.
Attn: Scott Thorne
1523-A Fowler Street
Richland, WA 99352

Dear Mr. Thorne:

Once again, it has been brought to the Commission's attention that there has been a change of ownership on Household Goods Permit HG-8147 and the records in the file do not reflect this change.

I am enclosing a blank Household Goods application packet, along with a copy of WAC 480-15, that needs to be completed and returned to us as soon as possible so that we can update our records with the correct information. Since this change looks like an acquisition of control, you wouldn't have to serve the six month provisional basis as long as you fall under the exceptions of WAC 480-15-260. If this is the case, please complete the application, as well as, Attachments B, C, & D.

Also, the Form E insurance filing we received from your insurance company is not under the correct name. Currently it reads Kennewick Transfer. It needs to read: Kennewick Transfer & Storage, Inc.

If you have any questions or concerns, please do not hesitate to contact me at (360) 664-1170.

Sincerely,

A handwritten signature in cursive script that reads "Tina Leipski".

Tina Leipski
Transportation Specialist
Licensing Services



FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (888) 606-9566
Olympia, WA 98504-7250 Fax: (360) 586-1118

Date: 05-05-2003 Staff: Tina Leipski

TO: P079165
KENNEWICK TRANSFER & STORAGE, INC.
1523-A FOWLER ST.
RICHLAND, WA 99352

Return this document with the completed/corrected items listed
below for prompt processing of your application for operating authority.

X see letter in file.



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

May 5, 2003

Kennewick Transfer & Storage, Inc.
Attn: Marele Thorne, President
1523-A Fowler Street
Richland, WA 99352

Dear Ms. Thorne:

Thank you for your household goods application to acquire control of Kennewick Transfer & Storage, Inc. After reviewing your application, it was noted that this acquisition of control does not fall under the exceptions in WAC 480-15-260. If you feel this is incorrect, please provide the documentation that supports your request.

Also, the application was not complete. This application must be filled out in its entirety. I have enclosed a copy of the application you provided with the areas highlighted that still need to be completed before we can accept.

The insurance certificate that was submitted with the application also needs to read: Kennewick Transfer & Storage, Inc., before we can accept it.

If you have any questions or concerns, please do not hesitate to contact me at (360) 664-1170.

Sincerely,

Tina Leipski
Transportation Specialist
Licensing Services



Master Licensing System
Corporation Name Search

05/16/2003
14:05

CNAM BUS214P1

Search: KENNEWICK

Sel	Corporation Name	Sts	Ubi	City
_	53) KENNEWICK RADIOLOGY PLLC	A	602 047 650 1	KENNEWICK
_	54) KENNEWICK RETAIL INVESTORS, LLC	A	602 266 493 1	SEATTLE

NAME SEARCH - DETAIL INFORMATION

59) PROFIT CORPORATION

UBI: 600 125 077 BUS ID: 001

SSO ENDRS STAT: ACTIVE

ENDRS EXP DATE: 04 30 2004

SSO DATE/STATE: 04 08 1974 WA

KENNEWICK TRANSFER & STORAGE, INC.

DENNIS THORNE

1523 FOWLER #A

RICHLAND

WA 99352

Transfer:

PF3=Locnlist

K
K
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Corporations Menu

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Corporations Division - Registration Data Search

KENNEWICK TRANSFER & STORAGE, INC.

UBI Number	600 125 077
Category	Regular Corporation
Profit/Nonprofit	Profit
Active/Inactive	Active
State of Incorporation	WA
Date of Incorporation	04/08/1974
License Expiration Date	04/30/2004

Registered Agent Information

Agent Name	DENNIS THORNE
Address	1523 FOWLER #A
City	RICHLAND
State	WA
ZIP	99352

Special Address Information

Address
City
State
Zip

[Return to Search List](#)

Disclaimer

Information in the Secretary of State's Online Corporations Database is updated Monday through Friday by 5:00 a.m. Pacific Standard Time (state holidays excluded). Neither the State of Washington nor any agency, officer, or employee of the State of Washington warrants the accuracy, reliability, or timeliness of any information in the Public Access System and is not liable for any losses caused by such reliance on the accuracy, reliability, or timeliness of such information. While every effort is made to ensure the accuracy of this information, portions may be incorrect or not current. Any person or entity who relies on information obtained from the System does so at his or her own risk.