



HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



Type of Household Goods Authority Requested – Check one	Fee Required
Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment F	\$50
Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachments A & B	\$250
X 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	\$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): _____ Date: _____

Signature: _____ Title: _____

FOR OFFICIAL USE ONLY

Date Filed: 6/10/03	Staff Assigned: [Signature]	Motcar: 41452	Permit Issued: HG- 61006
Tariff Maint: N/A	Insurance: [Signature]	Inspection: [Signature]	DOL/SOS: [Signature]

Reception #: 111-0268-207-02 550.00 111-0268-202-01 111-0268-013-20

0019794

TV-030929



UTILITIES AND TRANSPORTATION
COMMISSION

**HOUSEHOLD GOODS CARRIER
PERMIT APPLICATION**

RECEIVED

JUN 09 2003

WASH. UT. & TP. COMM.

This application packet contains the following information:

- Application Forms
- Support Statements
- Tariff Subscription Form
- WAC 480-15 – Rules Relating to Household Goods Carriers
- "Your Guide to a Satisfactory Safety Rating"
- "Household Goods Carrier's Guide to Compliance with Operational Laws and Rules"

You may not begin operations as a household goods carrier until you are granted authority and a household goods permit is issued to you.

All vehicles operated under a household goods permit must pass inspection and be issued a valid Commercial Vehicle Safety Inspection decal. You may contact our Compliance staff at 360-664-1232 to make arrangements to have your vehicle inspected.

You must file and maintain Public Liability and Property Damage Insurance (Form E) with the Washington Utilities and Transportation Commission (Commission) covering all vehicles operating under your household goods permit. All vehicles must also be covered by cargo insurance. Cargo insurance does not need to be filed with the Commission, however, proof of coverage must be kept at your main office and must be available for inspection by Commission staff. Insurance minimum limits are:

Vehicles under 10,000 GVWR	\$300,000 combined single limit of public liability and property damage insurance (Form E) AND \$10,000 cargo insurance
Vehicles 10,000 GVWR and more	\$750,000 combined single limit of public liability and property damage insurance (Form E) AND \$20,000 cargo insurance

You may contact our Licensing Services and Compliance staff for assistance at 1-888-606-9566 or 360-664-1222. The Commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-8203

Please submit the application forms, appropriate attachments and proof of insurance to the address below:

Washington Utilities and Transportation Commission
1300 S. Evergreen Park Drive S.W.
P.O. Box 47250
Olympia, Washington 98504-7250

If paying by credit card, you may fax your application to: 360-586-1181 or 360-586-1118

BUSINESS INFORMATION

Name of Applicant Kevin, Wendy, Christopher Turner
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable All About Moving & Storage LLC

Physical Address 41753 S. Loon Lake Rd. Loon Lake, WA 99148

Mailing Address Same AS Above

Telephone Number (509) 233-8072 Fax Number () _____

UBI # ~~602 260 230 001 0001~~ 602-295-515 Email: per phone call w/ Kevin 6/12/03

TYPE OF BUSINESS STRUCTURE

- Individual
 Partnership
 Corporation
 Other LLC
(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
Kevin Turner	Partner	33.33 %
Wendy Turner	Partner	33.33 %
Christopher Turner	Partner	33.33 %

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: Moving household goods, we also pack & unpack for customers. We set up furniture & don't require all drawers to be emptied for customer convenience.

Briefly describe your experience in the transportation/household goods moving industry: 9-2001 - 9-5-02 worked as a mover & packer of household goods

Sept. 2001 - All my sons Moving & Storage
8/5/02 - 9/5/02 - Action Moving SoKam - 1 moving & packing customers house - packed goods
9/5/02 - 5/30/03 - mayflower Moving - packing & moving

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?

No Yes If yes, please indicate your permit number: _____

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

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

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

ASSETS		LIABILITIES	
Cash in Bank	\$ 6,800.00	Salaries/Wages Payable	\$ 0
Notes Receivable	\$	Accounts Payable	\$ 0
Accounts Receivable	\$	Notes Payable	\$ 0
Investments	\$	Mortgages Payable	\$ 0
Other Current Assets	\$	Other	\$ 0
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ 5,000.00	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$ 2,500.00	Common Stock	\$
Other Equipment	\$ 1,200.00	Retained Earnings	\$
Other Assets <i>Supplies</i>	\$ 800.00	Capital	\$
<i>Other Assets ^{Supplies} _{Boxes, Tape, Ink, etc. Supplies}</i>	\$ 800.00	TOTAL LIABILITIES & NET WORTH	\$
TOTAL ASSETS	\$ 16,300.00		

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
1980	Ford F700	A34891S	F700HVJ06450	18,000

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: Kevin Turner, Wendy Turner Position: Owner

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: Kevin Turner, Wendy Turner Position: Owner

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: Kevin Turner, Wendy Turner Position: Owner

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: Kevin Turner, Wendy Turner Position: Owner

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: Kevin Turner, Wendy Turner Position: Owner

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: Kevin Turner, Wendy Turner Position: Owner

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: Kevin Turner, Wendy Turner Position: Owner

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: Kevin Turner, WENDY TURNER Position: Owner

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

Name: Kevin Turner, WENDY TURNER 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:

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: Kevin Turner, WENDY TURNER 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 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.

Kevin Turner

Print name of applicant

[Signature]

Signature of Applicant

5/23/03
5/23/03 SPO WA

Date & Place

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name: Kevin Turner

The following must be completed by the supporter of the applicant

Name, Title, and Business Name: FLOCK LOGGING AND EXCAVATING LLC BRUCE FLOCK
OWNER

Address (include street address, mailing address, city, state, zip, and county):
PO BOX 1214 LOON LAKE WA 99148

Phone Number: 509-9515132

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
NEED TO MOVE GOODS FROM MY OLD HOME TO MY 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:
WHEN I SELL MY NEW PLACE I WILL HAVE TO MOVE TO ANOTHER

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 IS NEEDED.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
KEVIN TURNER IS A GOOD MAN, HONEST, AND HARD WORKING. IF ANYBODY DESERVES IT, HE DOES

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

Signature of Person Completing Form: Bruce W Flock Date and Location: 6-5-03 LOON LAKE, WA

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Kevin Turner

The following must be completed by the supporter of the applicant

Name, Title, and Business Name:

Bruce T. Sonderygaard C.D.P. Spokane addictions recovery service

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

5812 ~~Walnut~~ Walnut
Spokane Wash 99205
SPO.

Phone Number:

509-327-5319

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:

Moving transitional housing participants from one location to another state funded housing facility.

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:

By supplying quality moving at an affordable price. This helps us and the low income people we serve.

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

The young gentlemen are determined and also polite and courteous. Our interactions with all about moving has been positive.

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

Bruce T. Sonderygaard

Signature of Person Completing Form

Bruce T. Sonderygaard

5/22/03 home.

Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Sheila Richardson

Address (include street address, mailing address, city, state, zip, and county): 41793 S. doon lake Rd. doon lake, Wa 99148

Phone Number: 509-233-2338

Do you currently need the services of a residential household goods moving company? [X] 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? [X] 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: Because of the type of area we live in people move in or out on a continual basis.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I've known them for 11-12 years on a personal basis & their ethics are quite high - therefore they would serve customers honestly.

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: Shula Richardson

Date and Location: June 1-2003 doon lake, Wa

INQR UTL024P1 MASTER LICENSE SERVICE 06/13/03
 BUSINESS ENTITY INQUIRY 11:07:53

UBI: 602 295 515 001 State of Inc: WA Loc Status: A
Type: LIMITED LIABILITY COMPANY Date of Inc: 05 13 2003 Corp Status: A

Owner Name: ALL ABOUT MOVING & STORAGE, LLC

Reg. Agent: LISA J DICKINSON
Reg. Address: 421 W RIVERSIDE AVE #1400 Exp. Date: 05 31 2004
 SPOKANE WA 99201 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

MASTER LICENSE SERVICE
 BUSINESS ENTITY INQUIRY

06/13/03
 11:08:04

INQR UTL024P1

UBI: 602 295 515 001 Loc Status: A
 Type: LIMITED LIABILITY COMPANY

Owner Name: ALL ABOUT MOVING & STORAGE, LLC
 Firm Name :
 Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
LIMITED LIABILITY COMPANY		30143838	A	05 14 2003	05 31 2004

TRANSFER: _____ End of Endorsement 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

ALL ABOUT MOVING & STORAGE, LLC

UBI Number 602 295 515
Category Limited Liability Regular
Profit/Nonprofit Profit
Active/Inactive Active
State of Incorporation WA
Date of Incorporation 05/13/2003
License Expiration Date 05/31/2004

Registered Agent Information

Agent Name LISA J DICKINSON
Address 421 W RIVERSIDE AVE #1400
City SPOKANE
State WA
ZIP 99201

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.

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

Date: 06-13-2003 Staff: Tina Leipski

TO: P079182
ALL ABOUT MOVING & STORAGE, LLC
41753 S LOON LAKE ROAD
LOON LAKE, WA 99148

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

- X Obtain a CVSA safety inspection of your vehicle (s) and remit a copy of the completed inspection form. You may contact Carolyn Caruso at (360) 664-1244 for an appointment.



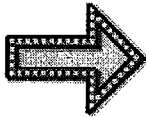
Bonnie Allen
06/16/2003 09:11 AM

To: Tina Leipski/WUTC@WUTC
cc:
Subject: Re: NEW HHG APPLICATION -
ALL ABOUT MOVING &
STORAGE LLC P-79182

I have no information about this company. Suggest approval with standard conditions.

Bonnie L. Allen, Regulatory Analyst
PHONE 360-664-1226 FAX 360-586-1130
ballen@wutc.wa.gov

Washington Utilities & Transportation Commission
PO Box 47250
Olympia, WA 98504-7250
Tina Leipski



Tina Leipski
06/13/2003 11:20 AM

To: Licensing Services, Business
Practices, Transportation Special
Investigators, Bonnie
Allen/WUTC@WUTC
cc: Carolyn Caruso/WUTC@WUTC
Subject: NEW HHG APPLICATION - ALL
ABOUT MOVING & STORAGE
LLC P-79182

We have an application for permit to transport household goods in the State of Washington from:

ALL ABOUT MOVING & STORAGE, LLC
41753 S. Loon Lake Road
Loon Lake, WA 99148

If corporation, managing members

33.33%

Kevin Turner - Partner

33.33%

Wendy Turner - Partner

33.33%

Kristopher Turner - Partner

COMPLIANCE: There is info in the compliance database as a previous illegal. All complaints have been closed.

We already have a Form E insurance on file.

If you have any concerns or need more information regarding this carrier, just let me know.

Thanks!!! Tina

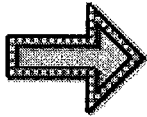


Leon Macomber
06/17/2003 02:50 PM

To: Tina Leipski/WUTC@WUTC
cc:
Subject: Re: NEW HHG APPLICATION -
ALL ABOUT MOVING &
STORAGE LLC P-79182

Looks Good!!!!!!!!!!!!

Leon Macomber
MCLE Special Investigator
Tina Leipski



Tina Leipski
06/13/2003 11:20 AM

To: Licensing Services, Business
Practices, Transportation Special
Investigators, Bonnie
Allen/WUTC@WUTC
cc: Carolyn Caruso/WUTC@WUTC
Subject: NEW HHG APPLICATION - ALL
ABOUT MOVING & STORAGE
LLC P-79182

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41753 S. Loon Lake Road
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Kevin Turner - Partner

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Wendy Turner - Partner

33.33%

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We already have a Form E insurance on file.

If you have any concerns or need more information regarding this carrier,
just let me know.

Thanks!!! Tina

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1147662

PERSONNEL NO. JS26 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS

DATE 070703 TIME (MILITARY) BEGUN 1730 FINISHED 1800 HAZARD CLASS / DIVISION NO. LOCATION: SR/MP TERMINAL SCALEHOUSE NO. CNTY CODE 32 REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER

CARRIER NAME (Include DBA when applicable) TURNER, KEVIN J. 416 ALL ABOUT MOVING & STORAGE

ADDRESS 41753 S. COON LAKE RD.

CITY COON LAKE STATE WA ZIP CODE 99148 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER

DRIVER NAME LICENSE NO. STATE EXP. YEAR

DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE

REGISTERED OWNER NAME/ADDRESS SAME G.V.W. 18,000 PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, 2TRK 80/FORD, A34891S, WA

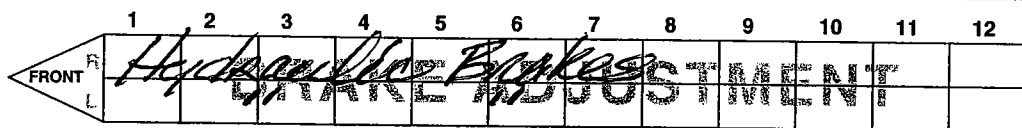


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. The table is mostly empty.

CVSA DECALS UNIT 1 927501 UNIT 2 UNIT 3 UNIT 4 NOIC NO.

Vehicle may not be operated until O/S defects noted above are repaired. Driver may not drive until in compliance. DRIVER SIGNATURE [Signature] OFFICER SIGNATURE [Signature]