

**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 E	\$50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$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 Attachment 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	\$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 D	\$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): La Donna Latham Date: 6-11-03
 Signature: La Donna Latham Title: President

FOR OFFICIAL USE ONLY

Date Filed: <u>6/13/03</u>	Application #: <u>P79191</u>	Motcar: <u>5191</u>	Permit Issued: HG- <u>8016</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: <u>[Signature]</u>	DOL/SOS: <u>[Signature]</u>
Reception #: 111-0268-207-02	<u>250.00</u>	111-0268-202-01	111-0268-013-20

RECEIVED **0019846** PAGE 1 TV-030952
 JUN 13 2003

BUSINESS INFORMATION

Name of Applicant Bremerton Transfer + Storage Co., Ltd.
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable _____

Physical Address 8900 Imperial Way S.W. Port Orchard, WA 98366

Mailing Address Same

Telephone Number (360) 674-2626 Fax Number (360) 674-2562

UBI # 600-282-830 per DOL/sec of ST Email: bts@hurricane.net

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>LaDonna Latham</u>	<u>President</u>	<u>100%</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: Moving + Storage of used household goods. We have been in business for 25 years and have established an excellent reputation for honest, effecient customer service.

Briefly describe your experience in the transportation/household goods moving industry: We have been in business in the state of Washington for 25 years.

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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-8016
HA-8016

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# 133075-C 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? Wheaton Worldwide + Interstate Van Lines

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	\$	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
		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: <i>David O'Brien</i>	Position: <i>Operations Mgr.</i>
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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: <i>David O'Brien</i>	Position: <i>Operations Mgr.</i>
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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: <i>David O'Brien</i>	Position: <i>Operations MGR</i>
----------------------------	---------------------------------

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: <i>David O'Brien</i>	Position: <i>Operations Mgr</i>
----------------------------	---------------------------------

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: <i>David O'Brien</i>	Position: <i>Operations Mgr</i>
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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: <i>La Donna Latham</i>	Position: <i>President</i>
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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: <i>La Donna Latham</i>	Position: <i>President</i>
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OPERATIONAL RESPONSIBILITIES

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

Name: *La Donna Latham*

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: *La Donna Latham*

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.

La Donna Latham

Print name of applicant

La Donna Latham

Signature of Applicant

6-11-03 WA

Date & Place

Port Orchard

ATTACHMENT D

CHANGE OF CORPORATE/INDIVIDUAL NAME
(WAC 480-15-400)

N/A

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.

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

Bremerton Transfer + Storage Co., Ltd
Current Name on Permit

Current Trade Name on Permit

8900 Imperial Way S.W. Port Orchard, WA 98367
Address

360-674-2626 Phone Number 360-674-2562 Fax Number

bts@hurricane.net
Email Address

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

LaDonna Latham 100%

I request the name on household goods permit HG-_____ be changed to:

(No Change)
New Name UBI Number

New Trade Name (if applicable)

Address (if changed)

If a corporation, list names, titles, stock distribution, or major stockholders under the new name:

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.

LaDonna Latham President 10-11-03 Port Orchard, WA
Signature & Title of Applicant Date & Location

ATTACHMENT B

Transfer or Acquisition of Control

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

Transfer Acquisition of Control

Bremerton Transfer + Storage Co., Ltd.

Current Name on Permit (Seller)

Current Trade Name on Permit (Seller)

8400 Imperial Way S.W. Port Orchard WA 98367

Address (Seller)

HG- 8016

Permit Number

360-674-2626

Phone Number (Seller)

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-_____ to the following:

Donna Latham

Name of Buyer

Trade Name of Buyer

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

see death certificate

Seller's Signature

Date & Location

Buyer's Signature

Date & Location

ATTACHMENT C

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 owner of the corporation;
- An individual has added a partner, but the same individual remains the owner of the partnership;
- A corporation has dissolved and the interest is being transferred to one or more surviving shareholders;
- A partnership has dissolved and the interest is being transferred to one or more surviving partners;
- A partnership has incorporated and the partners are the majority owners of the corporation;
- Ownership is being transferred from one corporation to another corporation with the same shareholders.

I think it falls under the 2nd

NOTE Documentation must be included with your application. resolution, partnership agreement, court order, death certificate, will statement, community property agreement or other such document:

2. 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 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:
Don Kingery died and ownership passed to me, his wife.
 - 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: _____

BREMERTON TRANSFER & STORAGE, LTD.

Balance Sheet

May 31, 2003

ASSETS

CURRENT ASSETS

Cash in Transit/Cash on Hand	\$	575.00
Checking #2 - 1st Nat'l		341.32
Checking - Washington Mutual		1,898.83
Petty Cash		124.00
Accounts Receivable		88,917.69
Prepaid Postage		45.85

TOTAL CURRENT ASSETS

91,902.69

PROPERTY AND EQUIPMENT

Revenue Equipment		208,344.45
Office Equipment		19,286.84
Warehouse Equipment		24,580.26
Leasehold Improvements		30,821.28
Accumulated Depreciation		<264,034.00>

TOTAL PROPERTY AND EQUIPMENT

18,998.83

OTHER ASSETS

Goodwill		5,382.50
Operating Authorities		40,450.00

TOTAL OTHER ASSETS

45,832.50

TOTAL ASSETS

\$ 156,734.02

BREMERTON TRANSFER & STORAGE, LTD.

Balance Sheet

May 31, 2003

LIABILITIES AND STOCKHOLDER'S EQUITY

CURRENT LIABILITIES

Line of Credit - WA Mutual	\$	47,482.35
B & O - State - BTS		825.53
B & O - State - ATS		445.10
B & O - State - ABC		389.72
Payroll Tax Payable		6,878.45
B & O Tax/City		44.06

TOTAL CURRENT LIABILITIES **56,065.21**

LONG-TERM LIABILITIES

TOTAL LONG-TERM LIABILITIES **0.00**

TOTAL LIABILITIES **56,065.21**

STOCKHOLDER'S EQUITY

Common Stock	500.00
Additional paid in capital	61,500.00
Retained Earnings	66,668.06
Net Income (Loss)	<27,999.25>

TOTAL STOCKHOLDER'S EQUITY **100,668.81**

TOTAL LIABILITIES AND EQUITY **\$ 156,734.02**

TRUCKS AND WAREHOUSE EQUIPMENT

D.A. C. O. Container ramp - Coperloy AS-16-70-36PL8 - Mobile dock, aluminum with steel grating.

16,000 lb capacity with 8 ft. level off.

1994 Ford Ranger (B3) - tab T205163

1989 GMC Vanbox (B13) - tab D153235

1983 Ford Vanbox (B15) - Plate 77328L

1983 International Vanbox (B22) - Plate 77327

1979 Ford Vanbox (B24) - Plate HS2053

1988 GMC Flatbed (G-24-F) Plate 59245W

1984 Ford Flatbed (B26) - Plate 33460P

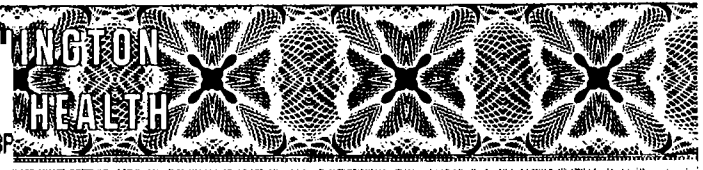
~~1987~~ GMC Vanbox (B32) - Plate 21938U

1996 GMC Cabchasi (B33) Plate A58009B (Qualified with Interstate Van Lines)

Toyota 42-4FGC25 4,150 capacity propane forklift



3096143
 Page: 2 of 3
 06/16/199802:23P
 Kitsap Co, WA



OFFICE USE ONLY

000191
 LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146
 STATE FILE NUMBER

1. NAME First: Donald Middle: Dean Last: Kingery				2. SEX (M / F) Male		3. DEATH DATE (Mo. Day, Yr) 02/20/1998	
4. AGE LAST BIRTHDAY (Yrs) 61		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo. Day, Yr) 12/05/1936	
8. BIRTHPLACE (City, State or Foreign Country) Fortville, IN				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No			
10. COUNTY OF DEATH Kitsap				11. CITY, TOWN OR LOCATION OF DEATH Port Orchard			
12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 7730 SE Southworth Dr				13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) LaDonna Haverstick		16. SOCIAL SECURITY NO. 315-34-0661		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Owner		19. KIND OF BUSINESS OR INDUSTRY Moving and Storage		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 7730 SE Southworth Dr		23. CITY/TOWN, OR LOCATION Port Orchard		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Kitsap	
25B. LENGTH OF RES. IN CO. 24 yrs		26. STATE WA		27. ZIP CODE 98366		28. FATHER'S NAME—FIRST, MIDDLE, LAST Victor Kingery	
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Dorothy Manship		30. INFORMANT—NAME LaDonna Kingery		31. MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP 7730 SE Southworth Dr, Port Orchard, WA 98366			
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo. Day, Yr) 02/23/1998		34. CEMETERY/CREMATORY—NAME PGFH Inc Crematory		35. LOCATION—CITY/TOWN, STATE Port Orchard, WA	
36. FUNERAL DIRECTOR SIGNATURE <i>David Kell</i>		37. NAME OF FACILITY Pendleton-Gilchrist Funeral Home		38. ADDRESS OF FACILITY 1151 Mitchell Avenue, Port Orchard, WA, 98366			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>Ronald R. Reimer M.D.</i> Ronald R. Reimer M.D., 2720 Clare Avenue, Bremerton, WA 98310				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X			
40. DATE SIGNED (Mo., Day, Yr) 2/20/98		41. HOUR OF DEATH (24 Hrs.) 0300		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Ronald R. Reimer M.D., 2720 Clare Avenue, Bremerton, WA 98310				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Ronald R. Reimer M.D., 2720 Clare Avenue, Bremerton, WA 98310				49. ME/CORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. Olfactory Neuroblastoma				INTERVAL BETWEEN ONSET AND DEATH 2 months	
B.		DUE TO, OR AS A CONSEQUENCE OF.				INTERVAL BETWEEN ONSET AND DEATH	
C.		DUE TO, OR AS A CONSEQUENCE OF.				INTERVAL BETWEEN ONSET AND DEATH	
D.		DUE TO, OR AS A CONSEQUENCE OF.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE.				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify)		55. INJURY DATE (Mo. Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE <i>William A. Fisher, M.D., M.P.H.</i>		63. DATE RECEIVED (Mo., Day, Yr) FEB 20 1998			

1. DISTRICT
 2. COPIES
 3. HOSPITAL
 4. OCCURRENCE
 5. RESIDENCE
 6. TRACT
 7. OCCUPATION
 8. DISTRICT
 9. DISTRICT
 10. DISTRICT
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 13. DISTRICT
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 15. DISTRICT
 16. DISTRICT
 17. DISTRICT
 18. DISTRICT
 19. DISTRICT
 20. DISTRICT
 21. ACC LOC
 22. QUERIES
 23. DISTRICT
 24. DISTRICT

BREMERTON TRANSFER & STORAGE CO., LTD.
8900 IMPERIAL WAY S.W.
PORT ORCHARD, WA 98367
(360) 674-2626

RECEIVED
JUN 13 2003
WASH. UT. & TP. COMM.

12 June 2003

Washington Utilities & Transportation Commission
1300 S. Evergreen Park Dr. S.W.
P.O. Box 47250
Olympia, WA 98504-7250

ATTN: Tina Leipski

RE: Application for authority

Dear Ms. Leipski;

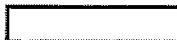
Enclosed you will find the application for authority for Bremerton Transfer & Storage Co., Ltd., along with a check for the same. Thank you for your help in filling out this application. I am sorry for the delay. I thought that, since this is a community property state, the ownership of the business would automatically pass to me and that would be all there was to it. Thank you for bringing this matter to my attention.

If you have any questions or if I have made any errors in the filling out of this application, please feel free to call me.

Sincerely,



LaDonna Latham, President
BREMERTON TRANSFER & STORAGE CO., LTD.



Corporations Menu

Corporations

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Corporations Division - Registration Data Search

BREMERTON TRANSFER & STORAGE CO. LTD.

UBI Number 600 282 830
Category Regular Corporation
Profit/Nonprofit Profit
Active/Inactive Active
State of Incorporation WA
Date of Incorporation 04/26/1978
License Expiration Date 04/30/2004

Registered Agent Information

Agent Name LADONNA LATHAM
Address 8900 IMPERIAL WAY SW
City PORT ORCHARD
State WA
ZIP 98366

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.

INQR UTL024P1 MASTER LICENSE SERVICE 06/16/03
BUSINESS ENTITY INQUIRY 14:04:41

UBI: 600 282 830 001 0001 State of Inc: WA Loc Status: A
Type: PROFIT CORPORATION Date of Inc: 04 26 1978 Corp Status: A

Owner Name: BREMERTON TRANSFER & STORAGE CO. LTD.

Reg. Agent: LADONNA LATHAM
Reg. Address: 8900 IMPERIAL WAY SW Exp. Date: 04 30 2004
PORT ORCHARD WA 98366 Total Shares authzd:
Total Shares issued:

Firm Name : BREMERTON TRANSFER & STORAGE CO. LTD.
Loc: 8900 IMPERIAL WAY SW Mail: 8900 IMPERIAL WAY SW
PORT ORCHARD WA 98366 9119 PORT ORCHARD WA 98366 9119

Phone: (360) 674-2626 Registered Tradenames for this UBI? No
RFI: No NSF: No Location First Activity: 05 01 1978
RFP: No Withhold: No Last License Issue: 05 01 2003

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

INQR UTL024P1 MASTER LICENSE SERVICE 06/16/03
 BUSINESS ENTITY INQUIRY 14:05:05

UBI: 600 282 830 001 0001 Loc Status: A
Type: PROFIT CORPORATION

Owner Name: BREMERTON TRANSFER & STORAGE CO. LTD.
Firm Name : BREMERTON TRANSFER & STORAGE CO. LTD.
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Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	05 01 1978	
UNEMPLOYMENT INSURANCE			A	05 01 1978	
INDUSTRIAL INSURANCE			A	05 01 1978	
SCALE-LARGE	1		A	09 12 2000	04 30 2004
MINOR WORK PERMIT			A	08 25 1995	04 30 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