

**HOUSEHOLD GOODS CARRIER
 PERMIT APPLICATION**



Type of Household Goods Authority Requested – Check one	Fee Required
<input checked="" 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	\$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): _____ Date: _____						Signature: _____ Title: _____					
FOR OFFICIAL USE ONLY											
Date Filed: 6/26/03	Staff Assigned: <i>[Signature]</i>	Motocar: 41524	Permit Issued: HG- P79196								
Tariff Maint: N/A	Insurance:	Inspection:	DOL/SOS: <i>[Signature]</i>								
Reception #: 111-0268-207-02 50.00 111-0268-202-01 111-0268-013-20											

0019998

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JUN 24 2003

PAGE 1

still need to pay \$500 7/23/03

Revised 04/02

AMERICAN STAR MOVING & STORAGE

19510 144 AVE. N.E., C-1
WOODINVILLE, WA 98072

1020

DATE 7-14-03

19-2/1250 WA
98504

PAY TO THE ORDER OF

Washington Utilities + Trans.

\$ 500.00

DOLLARS

Five hundred and 00/100

00000005

Bank of America

Woodinville 086504
Washington



FOR

Janger Davis

⑆001020⑆ ⑆125000024⑆ 2843 217⑆

⑆0000050000⑆

Security enhanced document. See back for details.

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

Date: 07-01-2003 Staff: Tina Leipski

TO: P079196
AMERICAN STAR MOVING & STORAGE
19510 144TH AVE NE C-1
WOODINVILLE, WA 98072

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.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X Your application was short by \$500.00 to apply for a temporary authority. The Emergency Temporary authority you applied for is good only for a 30 day period. If plan to only do business for 30 days, please complete Attachment F and return to our office. Also, I need to have a breakdown of the corporate offices of your Limited Liability Company. If you have any questions, please feel free to contact me at (360) 664-1170. Thanks.

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

Date: 07-01-2003 Staff: Tina Leipski

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111-0268-307 02

500.00

0000225

NSF check
7/23/03

**HOUSEHOLD GOODS CARRIER
 PERMIT APPLICATION**



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<input checked="" type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment F	\$50
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<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: 6/26/03 Staff Assigned: [Signature] Motocar: 41524 Permit Issued: HG- P79196

Tariff Maint: N/A Insurance: Inspection: DOL/SOS: [Signature]

Reception #: 111-0268-207-02 50.00 111-0268-202-01 111-0268-013-20

0019998

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PAGE 1

Revised 04/02

JUN 24 2003

BUSINESS INFORMATION

Name of Applicant American Star Moving & Storage
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable American Star Moving & Storage

Physical Address 19510 144 AVE NE C-1 Woodinville WA 98078

Mailing Address Same as above

Telephone Number (425) 4186-0193 Fax Number (425) 402-0763

UBI # W02294099 Email: mrsterid@yahoo.com

TYPE OF BUSINESS STRUCTURE

Individual

Partnership

Corporation

Other L.L.C
(LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>

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: By providing them with a great service based on experience & knowledge

Briefly describe your experience in the transportation/household goods moving industry: I understand the business in a customer satisfaction way, and know how the industry is operated

INQR UTL024P1 MASTER LICENSE SERVICE 07/01/03
BUSINESS ENTITY INQUIRY 12:26:24

UBI: 602 294 099 001 0001 State of Inc: WA Loc Status: A
Type: LIMITED LIABILITY COMPANY Date of Inc: 05 27 2003 Corp Status: A

Owner Name: AMERICAN STAR MOVING & STORAGE, L.L.C.

Reg. Agent: TANYA L DERI
Reg. Address: 12233 112TH WAY E306 Exp. Date: 05 31 2004
KIRKLAND WA 98034 Total Shares authzd:
Total Shares issued:

Firm Name : AMERICAN STAR MOVING & STORAGE
Loc: 19510 NE 144TH AVE STE C 1 Mail: 19510 NE 144TH AVE STE C 1
WOODINVILLE WA 98072 WOODINVILLE WA 98072

Phone: (425) 486-0159 Registered Tradenames for this UBI? Yes
RFI: No NSF: No Location First Activity: 05 01 2003
RFP: No Withhold: No Last License Issue: 07 03 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

BUSINESS INFORMATION

Name of Applicant American Star Moving + Storage
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable American Star Moving + Storage

Physical Address 19510 144 AVE NE C-1 Woodinville WA 98072

Mailing Address Same as above

Telephone Number (425) 4186-0193 Fax Number (425) 402-0763

UBI # W02 294-099 Email: msperid@yahoo.com

TYPE OF BUSINESS STRUCTURE

Individual

Partnership

Corporation

Other L.L.C
(LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>

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Briefly describe your experience in the transportation/household goods moving industry: I understand the business in a customer satisfaction way, and know how the industry is operated

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: Tanya Peri

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: Tanya Peri

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: Tanya Peri

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.

Tanya Peri

Print name of applicant

Tanya Peri

Signature of Applicant

4-13-03

Date & Place

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:

previously could not provide the proper insurance

FINANCIAL STATEMENT

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

ASSETS		LIABILITIES	
Cash in Bank	\$ 2,000	Salaries/Wages Payable	\$ 88,800
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Accounts Receivable	\$ 0	Notes Payable	\$ 0
Investments	\$ 0	Mortgages Payable	\$ 0
Other Current Assets	\$ 0	Other	\$ 0
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 88,800
Land and Buildings	\$ Rent 4479.00	NET WORTH	
Trucks and Trailers	\$ 26,000	Preferred Stock	\$ 0
Office Furniture	\$ 1,000	Common Stock	\$ 0
Other Equipment	\$	Retained Earnings	\$ 0
Other Assets	\$	Capital	\$ 0

TOTAL ASSETS	\$ 33479	TOTAL LIABILITIES & NET WORTH	\$ 88,800
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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
07	Mitubishi/Fuso		1wbdemle2xm00003	26,000

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: Tanya Deri 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: Tanya Deri 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: Tanya Deri 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: Tanya Deri 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: Tanya Deri 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: Tanya Deri 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: Tanya Deri Position: owner

PLEASE READ YOUR POLICY

POLICY NUMBER CA 0-21-91-122-0

This declarations Page/Amended Declaration page with the policy jacket identified by the form and edition date indicated completes the above numbered policy.

Previous policy no.

Form 1050 Ed. 1194

DECLARATIONS
NAMED INSURED

AMERICAN STARMOVING &
19510 144 AVE NE C-1
WOODENVILLE WA 98072

PAGE 1 OF 3

POLICY TERM: JUN 24, 2003 TO DEC 24, 2003

This policy incepts the later of: 1. the time the application for insurance is executed on the first day of the policy period; or 2. 12:01 a.m. on the first day of the policy period. This policy shall expire at 12:01 a.m. on the last day of the policy period.

WESTERN TRCK INS INC
9920 S LA CIENEGA 906
INGLEWOOD CA 90301

PROGRESSIVE
COMMERCIAL VEHICLE INSURANCE

CA-80243
PROGRESSIVE NORTHERN INS. CO.
P.O. BOX 94739, CLEVELAND, OHIO 44101 1-800-444-4487

The following coverage and limits apply to the described vehicle as shown below. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

SCHEDULE OF COVERAGES AND LIMITS OF LIABILITY

COVERAGES		FULL TERM PREMIUM CHARGES
A SINGLE LIMIT BODILY INJURY AND		
PROPERTY DAMAGE LIABILITY	\$1,000,000 CSL EACH OCC	\$3369
B COMP OR FTACAC LIM OF COV	SEE SCHEDULE OF COVERED VEH FOR DED	\$103
E COLLISION LIM OF COV	SEE SCHEDULE OF COVERED VEH FOR DED	\$708
I UNDERINSURED MOTORIST - BI	\$ 25,000 /PERS. \$ 50,000 /ACC.	\$21

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JUN 6 2003

COMM.

FILING FEES \$50.00
TOTAL POLICY PREMIUM \$4,251.00

ATTACHMENT IDENTIFIED BY FORM NUMBER

7937 (03-02) 1857 (03-96) 8470 (08-88) 4792A (01-03) 0135 (03-02) 1197 (08-93)
1349 (08-99)

DRIVERS PAGE 2 , COVERED VEH PAGE 3

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JUL 16 2003

UTC-N OTH-N

WASH. UT. & TP. COMM.

Am. loss under Part III is payable as interest may appear to named insured and above loss payee:

Prog Premium Budget: C3

For Whom:

Case No:

R.R.0603% Factor Used:

C5 A10 03178 ARMO

10.0 CAICSI1C

F/R 102002

Countersigned:

1113 (12-92)

INSURED COPY

CVWE0917011217L111301

PLEASE READ YOUR POLICY

POLICY NUMBER CA 0-21-91-122-0

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Form 1050 Ed. 1194

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AMERICAN STARMOVING &
19510 144 AVE NE C-1
WOODENVILLE WA 98072

PAGE 3 OF 3

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9920 S LA CIENEGA 906
INGLEWOOD CA 90301

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PROGRESSIVE
COMMERCIAL VEHICLE INSURANCE

CA-80243
PROGRESSIVE NORTHERN INS. CO.
P.O. BOX 94739, CLEVELAND, OHIO 44101 1-800-444-4487

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SCHEDULE OF COVERED VEHICLES

VEH NO	DR NO	TRADE YR	NAME	BODY TYPE	SERIAL NO	VEH CLS	TER NO	ZIP	RAD IUS	DSC COD	DSC PCT
1-01	2	99	MITSUBISHI	STRAIGHT TR	1W6DEM1E2XM000668	H41	21	98072	N/A	000	

LIABILITY PREMIUM BY VEHICLE

VEH NO	LIAB	MED PAY	UIM/BI	UIM-PD	PIP
1	\$3,369		\$21		

PHYSICAL DAMAGE PREMIUM BY VEHICLE

VEH NO	COMP OR TYPE	FT/CAC DED	PREM	COLLISION DED	PREM	ON-HOOK LIMIT	DED	PREM	VEH TOTAL
1	COMP	\$1,000	\$103	\$1,000	\$708				\$4,201

Any loss under Part III is payable as interest may appear to named insured and above loss payee:

Prog Premium Budget: C3

File Resp. Filed: C5 A10 03178 ARMO

For Whom:

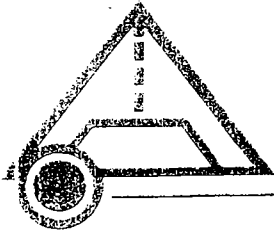
10.0 CAICS11C

Case No:

R/R 0603 % Factor Used:

F/R 102002

Countersigned:



WESTERN TRUCK INSURANCE SERVICES, Inc.

9920 La Cienega Boulevard, Ste. 906 • Inglewood, California 90301-4432

6/20/03

American Star Moving and
Storage, LLC
19510 144th Ave NE, suite C1
Woodinville, WA 98072

We are pleased to offer you the following quotation on your truck insurance coverage.

LIMITS OF COVERAGE

COMMERCIAL INSURANCE

\$1,000,000	Commercial Auto Liability Coverage *
\$25/50,000	Uninsured Motorist Bodily Injury
\$ 1,000	Physical Damage Deductible

* 0 deductible applies

Covers:

1999 Mitsubishi Straight Truck \$23,000 value

Quotation based on vehicles garaged in Woodinville, WA with Unlimited radius.

Scheduled Drivers: Tanya Deri

DRIVERS MUST BE LISTED- SUBJECT TO REVIEW OF MVR'S

6 Month Premium: \$ 4,673.00

Down Payment: \$ 1,899.20

2 Installments: \$ 1,395.90

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JUL 16 2003

WASH. UT. & TP. COMM.

Includes all taxes and fees, if any. Quote valid for 30 days. Coverages placed with WA admitted and/or 'A' rated Insurance Companies. Payment includes billing charges. Certain policies may contain minimum earned premiums. Please check with your agent.

Thank you for this opportunity to be of service. If you have any questions please feel free to give us a call or visit our web-site at www.truckinsure.com. A copy of our privacy statement is attached.

Sincerely,

Eva Gomez

Western Truck Insurance Srves

www.truckinsure.com

(310) 215-2920 • FAX (310) 215-2915 • (800) WES-TRUK

Insurance Brokers • CA License # OBO2562



INQR UTL024P1 MASTER LICENSE SERVICE 07/01/03
BUSINESS ENTITY INQUIRY 12:26:43

UBI: 602 294 099 001 0001 Loc Status: A
Type: LIMITED LIABILITY COMPANY

Owner Name: AMERICAN STAR MOVING & STORAGE, L.L.C.
Firm Name : AMERICAN STAR MOVING & STORAGE
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	05 14 2003	
UNEMPLOYMENT INSURANCE			A	05 14 2003	
INDUSTRIAL INSURANCE			A	05 14 2003	

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

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	
April, May, June	\$8.00	\$18.00	\$2.08	\$28.08	
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: American Star Moving

Mailing Address: 19510 1414 AVE C-1

City/State/Zip: Woodinville, WA 98072

Number of copies purchased: 1

Total tariff fees enclosed: \$ 8.64

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:

American Star Moving & Storage

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

LISA Wilhelmson - Designer - FREELANCE

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

12255 SE 56TH ST #316
BELLEVUE, WA 98006

Phone Number:

425-378-0183

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: I am planning to move when the right opportunity comes up.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

I would benefit from their low prices & professional staff.

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

American Star offers options that other moving companies did not and I like having a choice.

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

Lisa Wilhelmson

Date and Location

6/19/03

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: American Star Moving + Storage

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Michael Thomas AIRGOOD

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

20415 Both-EVET-HWY # E 208
Bothell, WA, 98012

Phone Number: (206) 383-7442

Do you currently need the services of a residential household goods moving company?
 No 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 LOCAL we would need them to pick it up And drive it to the new place And also unload all my stuff in to the new house.

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: They would be able to provide jobs for people, also they would be able to provide professional safe moving services

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

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

Signature of Person Completing Form: Michael Thomas

Date and Location: 06-19-03

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: - American Star Moving + Storage

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Joshua J Heid

Address (include street address, mailing address, city, state, zip, and county):
1630 228th St SE #6301
Bothell, Wa. 98021

Phone Number: (425) 402-7920

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:
our company offers competitive prices for full service moving.

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:
our company is helping provide jobs for many families.

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

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


Signature of Person Completing Form

6-20-03
Date and Location

INQR	UTL024P1	MASTER LICENSE SERVICE BUSINESS ENTITY INQUIRY	07/01/03 12:26:24
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UBI:	602 294 099 001 0001	State of Inc: WA	Loc Status: A
Type:	LIMITED LIABILITY COMPANY	Date of Inc: 05 27 2003	Corp Status: A

Owner Name: AMERICAN STAR MOVING & STORAGE, L.L.C.

Reg. Agent:	TANYA L DERI	
Reg. Address:	12233 112TH WAY E306 KIRKLAND WA 98034	Exp. Date: 05 31 2004 Total Shares authzd: Total Shares issued:

Firm Name :	AMERICAN STAR MOVING & STORAGE
Loc: 19510 NE 144TH AVE STE C 1	Mail: 19510 NE 144TH AVE STE C 1
WOODINVILLE WA 98072	WOODINVILLE WA 98072

Phone: (425) 486-0159	Registered Tradenames for this UBI? Yes
RFI: No NSF: No	Location First Activity: 05 01 2003
RFP: No Withhold: No	Last License Issue: 07 03 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 07/01/03
 BUSINESS ENTITY INQUIRY 12:26:43

UBI: 602 294 099 001 0001 Loc Status: A
Type: LIMITED LIABILITY COMPANY

Owner Name: AMERICAN STAR MOVING & STORAGE, L.L.C.
Firm Name : AMERICAN STAR MOVING & STORAGE
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	05 14 2003	
UNEMPLOYMENT INSURANCE			A	05 14 2003	
INDUSTRIAL INSURANCE			A	05 14 2003	

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