

**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 B	\$ 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: 9/04 Amount: 250.00 auth # 224065

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): Maskedup Francis Date: _____
 Signature: [Signature] Title: President

FOR OFFICIAL USE ONLY

Date Filed: <u>403</u>	Application #: <u>P-79218</u>	Motcar: <u>4887</u>	Permit Issued: HG- <u>1181</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: <u>in file</u>	DOL/SOS: <u>[Signature]</u>
Reception #: <u>111-0268-207-02</u> <u>111-0268-202-01</u> <u>111-0268-013-20</u>			

0000652

PAGE 1

TV-031422

BUSINESS INFORMATION

Name of Applicant ~~MICHAEL B. SCHAR~~ ^{N/A} / Maskelyne Transfer & Storage, Inc
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable MASKELYNE TRANS. & STG. INC

Physical Address 915 N. 9TH AVE WALLA WALLA, WA 99362

Mailing Address P.O. BOX 352 WALLA WALLA, WA 99362

Telephone Number (509) 525-1960 Fax Number (509) 525-2335

UBI # 363 005 100 ^{AD} Email: MASKELYNE@VALINT.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>MICHAEL B. SCHAR</u>	<u>PRESIDENT</u>	<u>75%</u>
<u>CATHERINE A. FRANCIS</u>	<u>SEC. TREAS</u>	<u>25%</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: HOUSEHOLD GOODS RELOCATIONS

Briefly describe your experience in the territory: _____

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: HG1181 *W*

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# 27478 MC# 20080 *Registered w/ WA* 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? BEKINS 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 <i>See attachment</i>			
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
#6				
#9				
#11				

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. *Michael B. Schmal*

Name: *Michael B. Schmal* | Position: *President*

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

Name: *MBS* | Position: *Pres*

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: *MBS* | Position: *Pres*

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: *MBS* | 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: *MBS* | Position: *Pres*

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: *MBS* | 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: *MBS* | Position: *Pres*

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:

Position:

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: *MBS*

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.

Mark Lynn Thomas, Jr.
Print name of applicant

[Signature]
Signature of Applicant

Date & Place

3:17 PM
09/03/03
Cash Basis

MASKELYNE TRANSFER & STORAGE
Profit & Loss
January through December 2003

	Jan - Dec 03
Ordinary Income/Expense	
Income	
bnk interest earned checking	0.98
Fees	1,911.58
Finance Charge	368.45
Sales	23,598.80
Services	65,115.55
Uncategorized Income	0.00
Total income	93,994.92
Expense	
Advertising	1,836.04
BAD DEBT EXPENSE	2,286.34
Bank Service Charges	475.43
Bakins Clearing	318.40
claims Expense	1,267.78
Dues and Subscriptions	640.00
FORK LIFT EXPENSE	123.00
freight	755.88
Insurance	
Auto Insurance	6,291.80
Insurance-Medical	978.00
cmcar insurance	2,645.75
WTA-RETRO	1,075.43
Total Insurance	10,990.98
Interest Expense	
Finance Charge	47.32
Loan Interest	3,278.15
interest Expense - Other	1.92
Total Interest Expense	3,325.39
LATE FFF	20.48
Licenses and Permits	578.00
Miscellaneous	
OUTSIDE ESTIMATOR	3,000.00
Outsiderelator	373.00
Miscellaneous - Other	37.41
Total Miscellaneous	3,410.41
OFFICE EXPENSE	
Office Supplies	147.23
PC SUPPORT	78.58
Postage and Delivery	259.00
TARRIF EXPENSE	240.00
OFFICE EXPENSE - Other	1,010.47
Total OFFICE EXPENSE	1,742.28
Packing Material	2,529.83
Payroll Expenses	
Officer Salary	19,200.00
Payroll Expenses - Other	39,202.47
Total Payroll Expenses	58,402.47
Professional Fees	
Accounting	10,527.00
Legal Fees	187.00
registration fees	243.00
Total Professional Fees	10,957.00
Regulatory fees sSt. of Wash	291.24
Repairs	
Building Repairs	210.54
Total Repairs	210.54

3:17 PM
 09/03/03
 Cash Basis

MASKELYNE TRANSFER & STORAGE
Profit & Loss
 January through December 2003

	<u>Jan - Dec 03</u>
Taxes	
Property	
State	1,008.27
B&O Tax	484.68
Total State	<u>484.68</u>
Total Taxes	1,490.95
Third Party Service	1,392.00
Travel DELIVERY EXPENSES	
lodging	193.31
Meals	44.25
Travel DELIVERY EXPENSES - Other	112.00
Total Travel DELIVERY EXPENSES	<u>349.56</u>
Truck Expense	
Fuel	5,076.69
Truck Expense - Other	4,615.47
Total Truck Expense	<u>9,692.16</u>
Utilities	
Gas and Electric	1,195.75
Telephone	2,665.38
Water	695.67
Total Utilities	<u>4,556.80</u>
Warehouse	<u>3,743.31</u>
Total Expense	<u>121,400.00</u>
Net Ordinary Income	-27,410.38
Other Income/Expense	
Other Expense	
Payroll BACK TAXES	566.74
Total Other Expense	<u>566.74</u>
Net Other Income	<u>-586.74</u>
Net Income	<u><u>27,977.12</u></u>

ATTACHMENT B

Transfer or Acquisition of Control

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

Transfer Acquisition of Control

Current Name on Permit (Seller)

MASKELYNE TRANS & STG. INC

Current Trade Name on Permit (Seller)

P.O. BOX 352 WALLA WALLA, WA 99362

Address (Seller)

HG- 1181

Permit Number

509 5251960

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 C.

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- 1181 to the following:

Michael Schab & Catherine Francis

Name of Buyer

Maskelyne Transfer & Service, Inc

Trade Name of Buyer

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

See letter

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 majority shareholder;
 - An individual has added a partner, but the same individual remains the majority partner;
 - A corporation has dissolved and the interest is being transferred to the majority shareholder;
 - A partnership has dissolved and the interest is being transferred to the majority partner;
 - A partnership has incorporated and the partners are the majority shareholders, or
 - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

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

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason (check box, if applicable):
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:

a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period? No Yes

b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability

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:

see attached explanation

MASKELYNE

TRANSFER AND STORAGE, INC

915 N. 9TH - P O BOX 352

WALLA WALLA, WA 99362

WUTC CC 1181

509 525 1930

ICC MC 20080

Washington Utilities and Transportation Commission
P.O. Box 47250
Olympia, Wa 98504-7250

Attn: Tina Leipski

Dear Ms Leipski:

In 1976 my brother Jerald Schab and my self Michael B Schab became partners with Richard Burley in the Corporation. In 1991 my brother and I bought Richard Burley out of the Corporation as he was wanting to retire. He passed away in 1999. On Jan. 15, 2000 my brother Jerald Schab passed away. leaving me 50% of his share and 50% to our sister Catherine Francis. This gave me 75% of the shares and my sister 25%.

I hold the position of President, my wife Linda Schab is the vice President and Catherine is the secretary treasurer.

I was not aware that we had to fill out a new application when the officers changed as we have done the yearly report stating who the officers where in the company. We have had 2 WUTC audits since my brother passed away, both done by Forest Hernandez and he didn't indicate to us that we needed do anything different than we had done.

2-49



PERMIT
WASHINGTON UTILITIES AND
TRANSPORTATION COMMISSION

Permit No. CC-1181

Permit for the Operation of Motor Propelled Vehicles

THIS IS TO CERTIFY: That

ORDER No. M. V. 85253

Maskelyne Transfer & Storage, Inc.
P O Box 352
Walla Walla, Wash 99362
CC-1181
D-3

is authorized to operate motor vehicles as a COMMON CARRIER in the transportation of commodities and in the territory described herein. This permit is issued pursuant to the provisions of Chapter 81.80, RCW, and acts amendatory thereof and supplemental thereto.

Intrastate, irregular route, non-radial service as carriers of Household Goods in the State of Washington; Building Materials (excluding cement in bulk in tank trucks) in Walla Walla County; Unmanufactured or unprocessed Agricultural Commodities from points of production on farms in Walla Walla County for distances of not to exceed 50 miles; General Freight within a radius of five miles of Walla Walla; General Freight; and Household Goods (local cartage) in the City of Walla Walla; Interstate service as may be authorized by the Bureau of Motor Carriers, Interstate Commerce Commission, under Certificate No. MC-20080 as registered with the Washington Utilities and Transportation Commission.
M-D-E-1-2-8-11 M.V. 85253 4-1-66

This permit does not authorize any interstate operations over the highways of the State of Washington except to the extent permitted by the Constitution and laws of the United States.

Dated at Olympia, Washington, APR - 6 1966, 19.....

The Counties That You Haul and the Territory That You Cover Are Governed Exclusively by the Information Shown Hereon.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

BY *[Signature]*
MYRON JENSON

CNAM BUS214P1

Master Licensing System
Corporation Name Search

09/04/2003
14:10

Search: MASKELYNE

Sel	Corporation Name	Sts	Ubi	City
X	1) MASKELYNE TRANSFER AND STORAGE, INC.	A	363 005 199 1	WALLA WALLA
_	2) MASKILL DOYLE PRIMA, LLC	A	602 232 339 1	MERCER ISLAND

NAME SEARCH - DETAIL INFORMATION

R

1) PUBLIC SERVICE CORPORATION

GE ISLA

UBI: 363 005 199 BUS ID: 001

SSO ENDRS STAT: ACTIVE

ENDRS EXP DATE: 06 30 2003

SSO DATE/STATE: 12 15 1954 WA

MASKELYNE TRANSFER AND STORAGE, INC.

MICHEAL B SCHAB

915 N 9TH

PO BOX 352

WALLA WALLA

WA 99362

Transfer:

PF3=Locnlist

GNAM GPI215P1	MASTER LICENSING SYSTEM	09/04/03
	GOVERNING PERSON NAME SEARCH	14:09

LAST NAME: SCHAB _____ FIRST NAME: MICHAEL MIDDLE NAME: _____

SEL_GOVERNING PERSON NAME _____ UBI _____ TITLE _____ CITY _____

GOVERNING PERSON DETAIL		A WALLA
PUBLIC SERVICE CORPORATION		LL
UBI: 363 005 199 001	STATUS: ACTIVE	MISH
MASKELYNE TRANSFER AND STORAGE, INC.		GTON
	Information about the	CREEK
SCHAB MICHAEL B	listed corporate officers	LL
	was received on the most	TON
PRES	recent document filed	ALE
	with the Secretary of	LE
	State. Contact the	A
	Secretary of State at	A
	(360)753-7115 for an	IA
WALLA WALLA WA 99362	official corporate filing	Filing
TRANSFER: _____	PF3=LOCNLIST _____	EXIT N _____



Corporations Menu

- [Corporations Home](#)
- [Registration](#)
- [Renewal](#)
- [Corporations Search](#)
- [Master License Service](#)
- [Uniform Code](#)

Main Menu

- [Home Page](#)
- [Address Confidentiality](#)
- [Apostilles](#)
- [Archives](#)
- [Charities](#)
- [Contact Us](#)
- Corporations**
- [Digital Signatures](#)
- [Elections & Voting](#)
- [International Trade](#)
- [Library](#)
- [Medals of Merit & Valor](#)
- [News Releases](#)
- [Oral History](#)
- [Productivity Board](#)
- [State Flag](#)
- [State Seal](#)
- [Washington History](#)

Corporations

Corporations Division - Registration Data Search

MASKELYNE TRANSFER AND STORAGE, INC.

UBI Number	363 005 199
Category	Public Utilities
Profit/Nonprofit	Profit
Active/Inactive	Active
State of Incorporation	WA
Date of Incorporation	12/15/1954
License Expiration Date	06/30/2003

Registered Agent Information

Agent Name	MICHEAL B SCHAB
Address	915 N 9TH PO BOX 352
City	WALLA WALLA
State	WA
ZIP	99362

Special Address Information

Address
City
State
Zip

[Return to Search List](#)

Disclaimer

Information in the Secretary of State's Online Corporations Database is updated Mon through Friday by 5:00 a.m. Pacific Standard Time (state holidays excluded). Neither 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 and shall not be 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 the 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.