



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 checked="" 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 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): H. JACK WRIGHT Date: DEC. 6, 2003

Signature: [Signature] Title: PRESIDENT

FOR OFFICIAL USE ONLY

Date Filed: 12/9/03 Application #: P-79242 Motocar: 42043 Permit Issued: HG-

Staff Assigned: [Signature] Insurance: [Signature] Inspection: \_\_\_\_\_ DOL/SOS: [Signature]

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

0004265

TV-032022

**BUSINESS INFORMATION**

Name of Applicant WRIGHT-WAY MOVING & STORAGE, INC.  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable WRIGHT-WAY TRANSFER, INC. \* not registered

Physical Address 18270 SEGALL PARK DR. "B" SEATTLE, WA 98188

Mailing Address 2604 WILLAMETTE DR. NE SUITE "A" LACEY, WA 98516

Telephone Number (206) 575-3337 Fax Number (206) 575-7836

UBI # 602 346 102 Email: jacwright@yahoo.com

**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>K. JACK WRIGHT</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: PROFESSIONAL MOVING SERVICES - PURCHASING ASSETS OF A CURRENT BUSINESS CONCERN WITH BOTH LOCAL & NATIONAL ACCOUNTS. THIS BUSINESS CURRENTLY OFFERS THE PUBLIC A CHOICE AND WILL CONTINUE TO DO SO.

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

OVER 14 YEARS WORKING IN MOVING & STORAGE. WORKED WITH LOCAL AGENTS, NATIONAL VAN LINES, ETC. I HAVE EXPERIENCE WITH SALES, OPERATIONS, ADMINISTRATION, ACCOUNTING, AND BOTH FEDERAL AND STATE DOT COMPLIANCE.

## EQUIPMENT LIST *(Please See Attached)*

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

### 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: *K. JACK WRIGHT* | 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: *K. JACK WRIGHT* | Position: *PRESIDENT*

**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: *K. JACK WRIGHT* | Position: *PRESIDENT*

**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: *K. JACK WRIGHT* | Position: *PRESIDENT*

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: *K. JACK WRIGHT* | Position: *PRESIDENT*

**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: *K. JACK WRIGHT* | Position: *PRESIDENT*

**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: *K. JACK WRIGHT* | Position: *PRESIDENT*

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? Mayflower Transit (THE COMPANY I'm BUYING DOES)

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>(Please See Attached)</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	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

**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: K. JACK WRIGHT 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: K. JACK WRIGHT 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.*

K. JACK WRIGHT / WRIGHT WRIGHT INC  
Print name of applicant

  
Signature of Applicant

DEC. 6 2008 Seattle, 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:

WRIGHT-WAY MOVING & STORAGE, INC.

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

Rose Wicks

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

10932 SE 284th St  
Kent, WA 98030

Phone Number:

253 852-6317

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:

MAYBE MOVING TO A NEW RESIDENCE

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:

EXISTING BUSINESS WILL CONTINUE TO PROVIDE OPTIMAL CHOICES

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

EXISTING BUSINESS ENTITY, FIVE LONG WORK YRS.

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

12-5-03 Seattle, WA  
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

WRIGHT-WAY MOVING & STORAGE, INC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

WINCESON NGUYEN.

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

11006 SE 319TH ST.  
AUBURN WA 98092

Phone Number:

253-833-0452

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:

WILL BE MOVING IN THE FUTURE.

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 have work with this business they do good jobs.

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

THIS WILL ALLOW MORE 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

12-05-03

Date and Location

SEATTLE WASHINGTON.

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: ~~WRIGHT-WAY MOVING & STORAGE, INC.~~

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Shawn Ross

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

6019 So Stevens Tacoma, Wa. 98409

Phone Number: 253-473-0981

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?
[ ] No [X] Yes If yes, please describe your future moving needs:

Will be moving to new home in the area
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:

Will continue to allow choice in competition for my moving needs
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

This an existing business i've done work with.

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

12-5-03 Seattle, Wa.
Date and Location



# Wright-Way Moving & Storage, Inc.

## Equipment List

Unit #	Year	Make	Model	Fuel	Description	License Plate	State	Vehicle ID #	GVW
11	1993	International	26' Van	DSL	Non-CDL	A67506R	WA	1HTSCPLM8PH512529	26,000
108	1990	Ford	E-350	GAS	14' Pkvn w/gate	A86451H	WA	1FDKE37G5LHB86361	12,000
116	1998	Freightliner	FLD70	DSL	Hi/Lift/Air	A68561R	WA	1FV6HJAA7WH922604	32,000
27	1987	International	Tractor	DSL	Single-axle	A08960P	WA	1HFZDFGN3HH527424	54,000
25	1978	GMC	26' Van	GAS	Non-Op	(Not Licensed)	WA	TCE688V591155	26,000
37	1995	International	26' Van	DSL	Side Vault Doors	A68560R	WA	1HTSCANNOSH223355	32,000
15	1977	Kentucky	40' Trailer	N/A	Currainside	6801KV	WA	53303	N/A
14	1977	Matlock	45' Trailer	N/A	Flat-floor	1887PL	WA	1RMTET44XC1002755	N/A
66	1989	Kentucky	48' Trailer	N/A	Flat-floor	(Not Licensed)	WA	1KKVE4825KL084330	N/A
68	1979	Kentucky	45' Trailer	N/A	Drop-frame	(Not Licensed)	WA	53343	N/A
50	1985	Kentucky	48' Trailer	N/A	Flat-floor	1010MA	WA	1KKVE4826FL072483	N/A
55	1997	Hyster	S60XL	PRO	Forklift	N/A	WA	N/A	N/A
61	1987	Clark	GCS35MC	PRO	Forklift	N/A	WA	N/A	N/A
77	1996	Freightliner	FLD120 Tractor	DSL	Tandem axle	87847	MO	1FUYPDZY89TP728745	74,000
79	1996	Freightliner	FLD120 Tractor	DSL	Tandem axle	91250	MO	1FUYPDZY85TP728645	74,000
32	1993	Kentucky	48' Trailer	N/A	Flat-floor	1869PL	WA	1KKVE482XP094889	N/A
56	1995	Kentucky	48' Trailer	N/A	Flat-floor	1870PL	WA	1KKVE5021SL0101397	N/A

Forecasted Statements of Operations  
A&E, Inc. - Seattle- Wright Purchase  
Year Ending December 31, 2004

	31-Jan-04	29-Feb-04	31-Mar-04	30-Apr-04	31-May-04	30-Jun-04	31-Jul-04	31-Aug-04	30-Sep-04	31-Oct-04	30-Nov-04	31-Dec-04	Total
<b>Revenue:</b>													
Trucking revenue	\$55,100	\$45,000	\$45,000	\$45,000	\$75,100	\$102,500	\$85,000	\$111,000	\$70,000	\$70,000	\$64,000	\$64,000	\$831,700
Packing revenue	5,300	5,000	5,000	5,000	6,000	6,500	5,300	4,200	7,500	7,500	5,300	15,000	77,600
<b>Total production revenue</b>	<b>60,400</b>	<b>50,000</b>	<b>50,000</b>	<b>50,000</b>	<b>81,100</b>	<b>109,000</b>	<b>90,300</b>	<b>115,200</b>	<b>77,500</b>	<b>77,500</b>	<b>69,300</b>	<b>79,000</b>	<b>909,300</b>
Commissions	5,500	5,500	5,500	5,500	5,500	10,000	10,000	10,500	8,000	8,000	8,000	8,000	90,000
Storage and warehouse	8,000	8,000	8,000	8,000	8,000	10,000	10,000	10,500	8,000	8,000	8,000	8,000	100,500
Other revenue	1,000	1,000	1,000	1,000	1,000	1,000	2,000	1,000	2,000	1,000	1,000	1,000	14,000
<b>Total revenue-Seattle</b>	<b>74,900</b>	<b>64,500</b>	<b>64,500</b>	<b>64,500</b>	<b>95,600</b>	<b>130,000</b>	<b>112,300</b>	<b>137,200</b>	<b>95,500</b>	<b>92,500</b>	<b>86,300</b>	<b>96,000</b>	<b>1,113,800</b>
<b>Operating Expenses:</b>													
Salaries-officer/managers	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	108,000
Salaries-clerical	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	60,000
Drivers	7,490	6,450	6,450	6,450	9,560	13,000	11,230	13,720	9,550	9,250	8,630	9,600	111,380
Helpers	5,243	4,515	4,515	4,515	6,892	9,100	7,861	9,604	6,685	6,475	6,041	6,720	77,986
Packers	5,992	5,160	5,160	5,160	7,648	10,400	8,984	10,976	7,640	7,400	6,904	7,680	89,104
Commissions	7,490	6,450	6,450	6,450	9,560	13,000	11,230	13,720	9,550	9,250	8,630	9,600	111,380
Payroll taxes	4,022	3,658	3,658	3,658	4,746	5,950	5,331	6,202	4,743	4,638	4,421	4,760	55,787
Employee benefits	2,815	2,560	2,560	2,560	3,322	4,165	3,731	4,341	3,320	3,246	3,094	3,332	39,046
Fuel and fuel taxes	1,124	968	968	968	1,434	1,950	1,685	2,058	1,433	1,388	1,295	1,440	16,711
Repairs and maintenance	500	500	500	500	500	500	500	500	500	500	500	500	6,000
Office supplies	250	250	250	250	250	250	250	250	250	250	250	250	3,000
Packing materials	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	21,600
Alarm/security	50	50	50	50	50	50	50	50	50	50	50	50	600
Janitorial	0	0	0	0	0	0	0	0	0	0	0	0	0
Professional fees	500	500	500	500	500	500	500	500	500	500	500	500	6,000
Computer expense	300	300	300	300	300	300	300	300	300	300	300	300	3,600
Advertising and promotion	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	30,000
Utilities	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	12,000
Telephone	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	15,600
Travel and entertainment	300	300	300	300	300	300	300	300	300	300	300	300	3,600
Auto mileage	300	300	300	300	300	300	300	300	300	300	300	300	3,600
Postage and freight	50	50	50	50	50	50	50	50	50	50	50	50	600
Merchant fees	50	50	50	50	50	50	50	50	50	50	50	50	600
Depreciation	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	42,000
Amortization	700	700	700	700	700	700	700	700	700	700	700	700	8,400
Dues and subscriptions	50	50	50	50	50	50	50	50	50	50	50	50	600
Insurance claims	200	200	200	200	200	200	200	200	200	200	200	200	2,400
Insurance expense	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	42,000
Rent, building	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	93,600
Scales charges	50	50	50	50	50	50	50	50	50	50	50	50	600
Miscellaneous	500	500	500	500	500	500	500	500	500	500	500	500	6,000
<b>Total operating expenses</b>	<b>73,376</b>	<b>68,961</b>	<b>68,961</b>	<b>68,961</b>	<b>82,162</b>	<b>96,765</b>	<b>89,252</b>	<b>99,821</b>	<b>82,121</b>	<b>80,847</b>	<b>78,215</b>	<b>82,332</b>	<b>971,774</b>
<b>Income (loss) from operations</b>	<b>1,524</b>	<b>(4,461)</b>	<b>(4,461)</b>	<b>(4,461)</b>	<b>13,438</b>	<b>33,235</b>	<b>23,048</b>	<b>37,379</b>	<b>13,379</b>	<b>11,653</b>	<b>8,085</b>	<b>13,668</b>	<b>142,026</b>
<b>Other Income (Expense):</b>													
Interest expense	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)	(24,000)
Interest income	200	200	200	200	200	200	200	200	200	200	200	200	2,400
Business taxes	(1,200)	(1,200)	(1,200)	(1,200)	(1,200)	(1,200)	(1,200)	(1,200)	(1,200)	(1,200)	(1,200)	(1,200)	(14,400)
<b>Total other income (expense)</b>	<b>(3,000)</b>	<b>(3,000)</b>	<b>(3,000)</b>	<b>(3,000)</b>	<b>(3,000)</b>	<b>(3,000)</b>	<b>(3,000)</b>	<b>(3,000)</b>	<b>(3,000)</b>	<b>(3,000)</b>	<b>(3,000)</b>	<b>(3,000)</b>	<b>(36,000)</b>
<b>Net income (loss)</b>	<b>(\$1,476)</b>	<b>(\$7,461)</b>	<b>(\$7,461)</b>	<b>(\$7,461)</b>	<b>\$10,438</b>	<b>\$30,235</b>	<b>\$20,048</b>	<b>\$34,379</b>	<b>\$10,379</b>	<b>\$8,653</b>	<b>\$5,085</b>	<b>\$10,668</b>	<b>\$106,026</b>

MASTER LICENSE SERVICE  
BUSINESS ENTITY INQUIRY

12/09/03  
10:12:01

INQR UTL024P1

-----  
UBI: 602 346 102 001 State of Inc: WA Loc Status: A  
Type: PROFIT CORPORATION Date of Inc: 12 03 2003 Corp Status: A  
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Owner Name: WRIGHT-WAY MOVING & STORAGE, INC

Reg. Agent: K JACK WRIGHT  
Reg. Address: 18270 SEGALE PARK DR "B" Exp. Date: 12 31 2004  
SEATTLE WA 98188 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





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**Corporations**

Corporations Division - Registration Data Search

**WRIGHT-WAY MOVING & STORAGE, INC**

<b>UBI Number</b>	602 346 102
<b>Category</b>	Regular Corporation
<b>Profit/Nonprofit</b>	Profit
<b>Active/Inactive</b>	Active
<b>State of Incorporation</b>	WA
<b>Date of Incorporation</b>	12/03/2003
<b>License Expiration Date</b>	12/31/2004

**Registered Agent Information**

<b>Agent Name</b>	K JACK WRIGHT
<b>Address</b>	18270 SEGALE PARK DR "B"
<b>City</b>	SEATTLE
<b>State</b>	WA
<b>ZIP</b>	98188

**Special Address Information**

<b>Address</b>
<b>City</b>
<b>State</b>
<b>Zip</b>

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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.

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Washington Secretary of State  
520 Union Avenue SE, PO BOX 40220, OLYMPIA WA 98504-0220  
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Bonnie Allen/WUTC  
12/09/2003 10:35 AM

To: Tina Leipski/WUTC@WUTC

cc

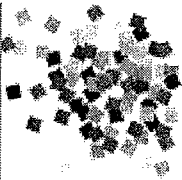
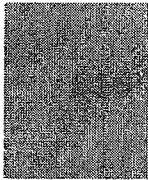
bcc

Subject: Re: NEW HHG APPLICATION

I have no additional information about this applicant that would suggest anything other than "grant with usual 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/WUTC



Tina Leipski/WUTC  
12/09/2003 10:24 AM

To: Licensing Services, Business  
Practices, Transportation Special  
Investigators, Bonnie  
Allen/WUTC@WUTC  
cc: Carolyn Caruso/WUTC@WUTC  
Subject: NEW HHG APPLICATION

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

Wright-Way Moving & Storage, Inc.  
18270 Segale Park Dr. "B"  
Seattle, WA 98188  
206-575-3337

**This is a corporation, with K. Jack Wright- President 100%**

**COMPLIANCE:** There is nothing in the compliance database nor Volpe regarding this carrier. He is purchasing some of the company from Mike Michaels at A&E, Inc.

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

Thanks!!! Tina