



**HOUSEHOLD GOODS CARRIER
PERMIT APPLICATION**



604155

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 F	\$ 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 checked="" 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

Requested Refund of \$200 - 6/9/04

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: _____	
<p>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.</p>			
Name (printed): <u>Charles Elder</u>		Date: <u>3/24/04</u>	
Signature: <u>Charles Elder</u>		Title: <u>Acctg Mgr.</u>	
Date Filed: <u>4/5/04</u>	Application #: <u>79272</u>	Motcar: <u>42546</u>	Permit Issued: HG-
Staff Assigned: <u>[Signature]</u>	Insurance: <u>OK</u>	Inspection: <u>OK</u>	DOL/SOS: <u>OK</u>
Reception #: <u>000 6378</u>		111-0268-202-01	111-0268-013-20

PAGE 1

TV-040636

BUSINESS INFORMATION

Name of Applicant Workspace Development LLC / TIM JONES
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Bank & Office Interiors

Physical Address 5601 6th Ave. South Seattle, WA 98108

Mailing Address STATE

Telephone Number (206) 768-8000 Fax Number (206) 768-0236

UBI # 602-011-715 Email: celder@bankandoffice.com

TYPE OF BUSINESS STRUCTURE

- Individual
- Partnership
- Corporation
- Other LLC
(I.P, 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
TIM JONES	PRES	60%
DAN HOOVER	VP	20%
JEFF ROSPOND	VP	20%

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: Delivery of office furniture.

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

Been in business 70 years.

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: HG-50883

Have you ever applied for and been denied a permit to operate as a motor carrier of property?
 No Yes If yes, please explain: _____

Do you currently operate interstate? No Yes If yes, please indicate your:
 DOT# _____ MC# _____ Single State Registration Base State _____

Do you operate Interstate as an agent of another company? No Yes If yes, what is the
 name of the company? _____

Do you have, or have you ever had a business related legal proceeding against you in Washington,
 or in any other state? No Yes If yes, please explain: _____

Have you ever been convicted of a Class A or B Felony? No Yes If yes, please explain: _____

Have you been cited for violation of state laws or Commission rules? No Yes If yes,
 please explain: _____

FINANCIAL STATEMENT			
You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available			
ASSETS		LIABILITIES	
Cash in Bank	\$ 356,826	Salaries/Wages Payable	\$ 589,240
Notes Receivable	\$	Accounts Payable	\$ 4,538,903
Accounts Receivable	\$ 7,628,978	Notes Payable	\$ 1,987,221
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$ 740,889	Other	\$ 2,955,032
Prepaid Expenses	\$ 68,798	TOTAL LIABILITIES	\$ 10,070,396
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$ 477,253	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$ 1,029,182
Other Assets	\$ 2,346,834	Capital	\$ 520,000
TOTAL ASSETS	\$ 11,619,578	TOTAL LIABILITIES & NET WORTH	\$ 11,619,578

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
<i>See Attached</i>				

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: JIM SKIDMORE Position: DIRECTOR - OPERATIONS

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: JIM SKIDMORE Position: DIRECTOR OPERATIONS

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: JIM SKIDMORE Position: DIRECTOR - OPERATIONS

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: JIM SKIDMORE Position: DIRECTOR - OPERATIONS

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: JOHN WITE Position: DIAGNOSTIC MGR.

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: PAM CHESTER Position: ACCTG.

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: PAM CHESTER Position: ACCTG.

Equipment list

BANK & OFFICE INTERIORS

Vehicle Schedule, 2003-2004

#	Year	Make	VIN No.	Model	L	U	M	Comp	Coll	Garage Location
1	1997	GMC	1GDHGG31FEV1059118	Savannah	X	X	X	\$500	\$1,000	Spokane
2	1998	Ford	1FTRE142XWHA36038	E150	X	X	X	\$500	\$1,000	Spokane
3	1998	Ford	1FTRE1428WHA36037	E150	X	X	X	\$500	\$1,000	Tacoma
6	1998	Ford	1FTRE1424WHA36035	E150	X	X	X	\$500	\$1,000	Seattle
7	1989	Ford	4FDKE37H9KHA92142	E350	X	X	X	\$500	\$1,000	Seattle
8	1988	Ford	9FXH70PNJDM04274	CF7000	X	X	X	\$500	\$1,000	Seattle
9	1997	GMC	1GDHGG31F3V1058328	Savannah	X	X	X	\$500	\$1,000	Seattle
11	1999	Freightliner	1NPNHD6X9XS485077	PB	X	X	X	\$500	\$1,000	Seattle
12	1999	Freightliner	1NPNHD6X0XS485076	PB	X	X	X	\$500	\$1,000	Everett
13	1999	Freightliner	1NPNHD6X0XS485063	PB	X	X	X	\$500	\$1,000	Seattle
14	1999	Freightliner	1NPNHD6XXXS485068	PB	X	X	X	\$500	\$1,000	Seattle
15	1999	GMC	1GDHGG31F2X1114634		X	X	X	\$500	\$1,000	Seattle
16	1999	GMC	1GDHGG31F1X1114690		X	X	X	\$500	\$1,000	Seattle
17	2001	Peterbilt	2NPNHD6X11M556244		X	X	X	\$500	\$1,000	Spokane
19	2000	Jeep Grand	4J4GW58N3YC338104	Cherokee	X	X	X	\$500	\$1,000	Issaquah
20	2000	Audi	WAUED64B11N051226	AC	X	X	X	\$500	\$1,000	Issaquah
21	2001	Ford	1FDWF36F71ED82615	F350	X	X	X	\$500	\$1,000	Seattle
22	2001	Ford	1FDWF36F22EA31855	F350	X	X	X	\$500	\$1,000	Seattle
23	2002	Peterbilt	2NPNHD6X32M571507		X	X	X	\$500	\$1,000	Seattle
24	2001	Paccar	2NPNHD631M568749		X	X	X	\$500	\$1,000	Seattle
25	2002	Chevrolet	1GNEK16Z62J259791	Suburban	X	X	X	\$500	\$1,000	Seattle
22	2003	Ford	1FTRE14213HA38241	E150	X	X	X	\$500	\$1,000	Seattle
23	2004	Jeep	1J8GW68J14C248879	Cherokee	X	X	X	\$500	\$1,000	Seattle

L = Liability Coverage
 U = Uninsured Motorist
 M = Medical Payments

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: <u>CHARLES ELDER</u>	Position: <u>ACCTG.</u>
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, <u>but not limited to:</u> 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: <u>DALE DEWHITT</u>	Position: <u>HR DIRECTOR</u>

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.

Charles Elder
Print name of applicant

Charles Elder
Signature of Applicant

3/30/04 Seattle WA
Date & Place

MAR-25-2004 09:14
03/25/2004 09:13 FAX

BANK AND OFFICE INTERIORS
LICENSING SERVICES
3605861181

286 768 0236 P.09/12
009/012

ATTACHMENT B

Transfer or Acquisition of Control

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

Transfer Acquisition of Control

DON GRIESDORN

Current Name on Permit (Seller)

Bank & Office Interiors (B&O Enterprises)

Current Trade Name on Permit (Seller)

5601 6th Ave S.

Address (Seller)

HG- 50883

Permit Number

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-50883 to the following:

TIM JONES

Name of Buyer

Bank & Office Interiors / Workspace Development LLC

Trade Name of Buyer

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

Seller's Signature

Buyer's Signature

3-30-04 Everett WA
Date & Location

3-31-04 Seattle WA
Date & Location

Revised 07/03

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:
See attached
- 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:
See attached

Attachment to Attachment C of Household Goods Carrier Permit Application
Submitted by Workspace Development LLC, dba Bank & Office Interiors
Answers to Paragraph 2b and 2c

2b. Bank & Office Interiors is in the furniture business with a product and services mix of 75% /25%. Our service offering includes office and household moves. We are currently bidding on a large contract with an organization that will require office and household moves within the state of Washington. To be awarded this contract, we are required to be able to do both office and household moves. If the Household Goods Carrier permit is not transferred our revenues and our employment levels will be negatively impacted.

2c. The applicant was an independently run division of the owner which is out of Hartford, Connecticut. The managers who bought the division (applicant) have been running the business for the owner for over 10 years. There will be no change in the continuity of service or the safe operations of the applicant as it will be the very same people who have been providing the service and safe operations for over 10 years.

WORKSPACE DEVELOPMENT LLC
 d b a BANK & OFFICE INTERIORS
 5601 6th Ave. S.
 Seattle, WA 98108



199315

199315 52-60
712



DATE

04/02/04

AMOUNT

\$550.00

PAY

*****550 DOLLARS AND 00 CENTS

PAY
TO THE
ORDER
OF

WASH. UTILITIES & TRANS. COMM.
 1300 SO EVERGREEN PARK DR. SW
 PO BOX 47250
 OLYMPIA, WA 98504-7250

AUTHORIZED SIGNATURE

Permit # HG-50883

⑈ 199315⑈ ⑆ 011200608⑆ 190994700648⑈

CRJS Coding (if applicable):

Trans Code	Fund	Appn #	P/I	Sub Obj	Sub-Sub Obj	Project	Amount	Vendor #
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						

PERMIT #	RECEPTION #	PAYOR NAME					
	0006378	BANK & OFFICE INTERIORS					
REFERENCE	FUND	SOURCE	IND	SUB-SCE	AMOUNT	LINE	
HG-50883	111	02-68	207	02	550.00	1	
	111	02-68				2	
	111	02-68				3	
PRIOR BIENNIUM RECOVERY	111	04-86	035	07		4	
CURRENT BIENNIUM RECOVERY	111	09-02	035	07		5	
DATE	NSF	111	09-40			6	
						7	
						8	
		108	01-70			9	



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Corporations

Corporations Division - Registration Data Search

WORKSPACE DEVELOPMENT LLC

UBI Number 602 011 715
Category Limited Liability Regular
Profit/Nonprofit Profit
Active/Inactive Active
State of Incorporation WA
Date of Incorporation 02/08/2000
License Expiration Date 02/28/2005

Registered Agent Information

Agent Name JGB SERVICE CORPORATION
Address 600 UNIVESRITY ST STE 3600
City SEATTLE
State WA
ZIP 981013197

Special Address Information

Address
City
State
Zip

[Return to Search List](#)

Disclaimer

Information in the Secretary of State's Online Corporations Database is updated Mond through Friday by 5:00 a.m. Pacific Standard Time (state holidays excluded). Neither t of Washington nor any agency, officer, or employee of the State of Washington warra accuracy, reliability, or timeliness of any information in the Public Access System and be liable for any losses caused by such reliance on the accuracy, reliability, or timeline such information. While every effort is made to ensure the accuracy of this informatio portions may be incorrect or not current. Any person or entity who relies on informati obtained from the System does so at his or her own risk.

INQR UTL024P1 MASTER LICENSE SERVICE 04/06/04
BUSINESS ENTITY INQUIRY 07:34:03

UBI: 602 011 715 001 0001 State of Inc: WA Loc Status: A
Type: LIMITED LIABILITY COMPANY Date of Inc: 02 08 2000 Corp Status: A

Owner Name: WORKSPACE DEVELOPMENT LLC

Reg. Agent: JGB SERVICE CORPORATION
Reg. Address: 600 UNIVESRITY ST STE 3600 Exp. Date: 02 28 2005
SEATTLE WA 98101 3197 Total Shares authzd:
Total Shares issued:

Firm Name : BANK AND OFFICE INTERIORS
Loc: 5601 6TH AVE S Mail: 5601 6TH AVE S
SEATTLE WA 98108 SEATTLE WA 98108

Phone: (206) 768-8000 Registered Tradenames for this UBI? Yes
RFI: No NSF: No Location First Activity: 04 01 2000
RFP: No Withhold: No Last License Issue: 02 19 2004

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 04/06/04
 BUSINESS ENTITY INQUIRY 07:34:20

UBI: 602 011 715 001 0001 Loc Status: A
Type: LIMITED LIABILITY COMPANY

Owner Name: WORKSPACE DEVELOPMENT LLC
Firm Name : BANK AND OFFICE INTERIORS
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	04 11 2000	
UNEMPLOYMENT INSURANCE			A	04 11 2000	
INDUSTRIAL INSURANCE			A	04 11 2000	
BELLEVUE GENERAL BUSINESS		65385	A	04 09 2002	

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

VENDOR NAME AND ADDRESS WORKSPACE DEVELOPMENT LLC D/B/A BANK & OFFICE INTERIORS 5601 6TH AVE SOUTH SEATTLE, WA 98108	AGENCY NUMBER 2150	LOCATION CODE
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)		
RECEIVED BY BUSINESS OFFICE		DATE RECEIVED

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

REVENUE REFUND \$300.00 due to OVERPAYMENT OF HHG APPLICATION.

RECEPTION OR FIELD RECEIPT NO 3056 DATED 04-05-04

TOTAL REFUND

\$300.00

TINA LEIPSKI <i>[Signature]</i>				TELEPHONE NUMBER 664-1170				DATE 6/9/04				AGENCY APPROVAL <i>[Signature]</i>				DATE 6/10/04			
DOC. DATE		PAY DUE DATE		CURRENT DOC. NO.				REF. DOC. NO.				VENDOR NUMBER VOD1		VENDOR MESSAGE		USE TAX		UBI NUMBER	
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SUB OBJ	SUB SUBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER			
	198		111			02	68								\$	REFUND			
ACCOUNTING APPROVAL FOR PAYMENT										DATE				WARRANT TOTAL \$		WARRANT NUMBER			