



**BUSINESS INFORMATION**

Name of Applicant Big Red Inc  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Alexander's Mobility Service + Alexander's Moving + Storage  
Rt 1 lands, OR 97230-7365

Physical Address 17948 N.E. RIVERSIDE PARKWAY

Mailing Address PO Box 2180 OCEANSIDE, CA 92051

Telephone Number (760) 722-1326 Fax Number (760) 931-4876

UBI # 601-168-771 or Email: lgccpa@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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Dolores D. Hill</u>	<u>Vice Pres</u>	<u>75%</u>
<u>RONALD J. ROTHERHAM</u>	<u>Secretary</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: \_\_\_\_\_

N/A

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

N/A

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: HG026108

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? ATLAS WORLD GROUP

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** *January 31, 2003*

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

ASSETS		LIABILITIES	
Cash in Bank	\$ 1,100	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$ 1,427,267
Accounts Receivable	\$ 907,574	Notes Payable	\$ 9,566
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$ 260,380	Other	\$ 48,734
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$ 1,485,567
Land and Buildings <i>Accumulated Depr</i>	\$ <1380,587>	NET WORTH	
Trucks and Trailers	\$ 1,062,904	Preferred Stock	\$
Office Furniture	\$ 201,941	Common Stock	\$ 1,000
Other Equipment	\$ 319,046	Retained Earnings	\$ 193,311
Other Assets	\$ 26,570	Capital	\$ <280,950>
<b>TOTAL ASSETS</b>	\$ 1,398,928	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 1,398,928

## EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
	See Attached.			

### SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and rules. Please refer to the WAC rules, Fact Sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

#### SAFETY RESPONSIBILITIES

**COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383)** Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: MIKE RYAN | Position: OPERATIONS MANAGER

**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: MIKE RYAN | Position: OPERATIONS MANAGER

**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: MIKE RYAN | Position: OPERATIONS MANAGER

**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: MIKE RYAN | Position: OPERATIONS MANAGER

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: MIKE RYAN | Position: OPERATIONS MANAGER

**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: JUDY YEE | Position: VP ADMIN

**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: JUDY YEE | Position: VP ADMIN



**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: RONALD J. ROTHERHAM | Position: SECRETARY

**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: RONALD J. ROTHERHAM | Position: SECRETARY

**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.

RONALD J. ROTHERHAM Secy  
Print name of applicant

*Ronald J. Rotherham*  
Signature of Applicant

7/12/04 San Diego, CA  
Date & Place

**ATTACHMENT B**

**Transfer or Acquisition of Control**

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

Transfer  Acquisition of Control

BIG RED, INC  
Current Name on Permit (Seller)

Current Trade Name on Permit (Seller)  
17948 NE RIVERSIDE PARKWAY PORTLAND, OR 97230-7365  
Address (Seller)

HG- 026188  
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-026108 to the following:

Transfer of interest was due to the death of  
Name of Buyer  
Milton M Hill, Dolores D. Hill, spouse,  
Trade Name of Buyer inherited Milton Hill's interest.

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

Seller's Signature see Death Certificate

\_\_\_\_\_  
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:  
\_\_\_\_\_  
\_\_\_\_\_
    - 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



STATE OF CALIFORNIA  
 CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE  
 SANTA ANA, CALIFORNIA

CERTIFICATE OF DEATH 3-95-30-000455

1. NAME OF DECEASED—FIRST (GIVEN)		2. SURNAME		3. LAST (FAMILY)	
MILTON		MAXWELL		HILL	
4. DATE OF BIRTH MM/DD/YYYY		5. AGE THIS DECEASED AT TIME OF DEATH		6. SEX	
10/18/1938		57		MALE	
7. DATE OF DEATH MM/DD/YYYY		8. HOURS		9. TIME	
01/10/1996		12		EST 2045	
10. STATE OF BIRTH		11. FEDERAL COUNTY NO.		12. MARRIAGE STATUS	
NEBRASKA		546-50-4498		MARRIED	
13. RACE		14. SEX OF DECEASED		15. OCCUPATION	
WHITE		M		SELF EMPLOYED	
16. OCCUPATION		17. TYPE OF BUSINESS		18. YEARS IN BUSINESS	
OWNER/OPERATOR		MOVING AND STORAGE		40	
19. RESIDENCE—STREET AND NUMBER OR BOX NUMBER					
26255 NORTH LAKE WOLFORD ROAD					
20. CITY		21. COUNTY		22. STATE	
VALLEY CENTER		SAN DIEGO		CALIFORNIA	
23. ZIP CODE		24. DISTRICT		25. COUNTY	
92082		6		CALIFORNIA	
26. NAME OF INFORMANT					
DOLORES HILL - WIFE					
27. ADDRESS OF INFORMANT		28. PHONE NUMBER			
26235 WILAK WOLFORD RD., VALLEY CENTER, CA 92082					
29. NAME OF DECEASED SPOUSE—FIRST		30. SURNAME		31. MARRIAGE STATUS	
DOLORES		DARLENE		CROWLEY	
32. NAME OF DECEASED SPOUSE—SURNAME		33. SURNAME		34. STATE OF BIRTH	
FRANCIS		MARVIN		NEBRASKA	
35. NAME OF DECEASED SPOUSE—FIRST		36. SURNAME		37. MARRIAGE STATUS	
ALICE		LEWA		MATCHULAT	
38. NAME OF DECEASED SPOUSE—SURNAME		39. SURNAME		40. STATE OF BIRTH	
NEBRASKA		NEBRASKA		NEBRASKA	
39. DATE MM/DD/YYYY					
01/15/1996					
40. PLACE OF DEATH					
WESTMINSTER MEMORIAL PARK, 14801 BEACH BLVD., WESTMINSTER, CA 92683					
41. TYPE OF DEATH		42. ICD-10 CODE		43. ICD-9 CODE	
SU		I05.0		8273	
44. NAME OF FUNERAL HOME		45. LOCAL FUNERAL HOME		46. DATE OF BURIAL	
WILAK'S		WILAK'S		01/15/1996	
47. PLACE OF BIRTH					
RESIDENCE					
48. STREET ADDRESS—STREET AND NUMBER OR BOX NUMBER		49. CITY		50. STATE	
500 AQUASANTA		TUSTIN		CALIFORNIA	
51. CAUSE OF DEATH					
(A) CONGESTIVE HEART FAILURE					
DUE TO (B) ACUTE COR-PULMONALE					
DUE TO (C) BILATERAL PULMONARY THROMBOEMBOLISM					
DUE TO (D)					
52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE WHEN IN USE					
FATTY LIVER; MODERATE ARTERIO-SCLEROSIS; HYPERTENSIVE CARDIOMYOPATHY WITH CARDIOMEGALY					
53. THIS DEATH OCCURRED FOR ANY OF THE FOLLOWING REASONS (SEE ICD-10 OR ICD-9 OF THE LAST TYPE OF CAUSE AND DATE)					
NO					
54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE EACH ENTRY ON THIS DEATH CERTIFICATE IS TRUE AND CORRECT		55. SIGNATURE AND TITLE OF REGISTRAR		56. LICENSE NO.	
W.S. King		DEPUTY CORNER WILLIAM C. KING FOR SHERIFF-CORNER BRAD GATES		01/11/1996	
57. I CERTIFY THAT IN MY OFFICIAL CAPACITY I AM THE REGISTRAR OF THIS DEATH CERTIFICATE		58. MARRIAGE AT HOME		59. MARRIAGE DATE MM/DD/YYYY	
YES		NO		NO	
60. SIGNATURE OF REGISTRAR		61. SIGNATURE OF DECEASED		62. SIGNATURE OF WITNESS	
W.S. King					
63. LOCATION STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE					
64. COUNTY OF BIRTH					
65. COUNTY OF DEATH					
66. COUNTY OF MARRIAGE					
67. COUNTY OF BURIAL					
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STATE OF CALIFORNIA  
 COUNTY OF ORANGE

CERTIFIED COPY OF VITAL RECORDS  
 DATE ISSUED APR 13 2000

*Gary L. Granville*

GARY L. GRANVILLE, Clerk-Recorder  
 ORANGE COUNTY, CALIFORNIA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Orange County Clerk-Recorder.

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.



INQR UTL024P1                    MASTER LICENSE SERVICE                    07/21/04  
   BUSINESS ENTITY INQUIRY                    15:12:12

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UBI: 601 168 771 001 0001                    State of Inc: OR                    Loc Status: A  
Type: PROFIT CORPORATION                    Date of Inc: 11 21 1991 Corp Status: A  
-----

Owner Name: BIG RED, INC.

Reg. Agent:     MICHEAL L VANCE  
Reg. Address: 1151 OFFICERS ROW                    Exp. Date: 11 30 2004  
   VANCOUVER WA 98661                    Total Shares authzd:  
                      Total Shares issued:

Firm Name : ALEXANDER'S MOBILITY SERVICES  
Loc: 1151 OFFICERS ROW                    Mail: 17948 NE RIVERSIDE PKWY  
   VANCOUVER WA 98661                    PORTLAND OR 97230

Phone: (503) 492-7960                    Registered Tradenames for this UBI?     Yes  
RFI: No     NSF: No                    Location First Activity: 10 01 1988  
RFP: No     Withhold: No                    Last License Issue:     02 27 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                    07/21/04  
   BUSINESS ENTITY INQUIRY                    15:12:22

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UBI: 601 168 771 001 0001                    Loc Status: A  
Type: PROFIT CORPORATION  
-----

Owner Name: BIG RED, INC.  
Firm Name : ALEXANDER'S MOBILITY SERVICES  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	03 31 1989	
UNEMPLOYMENT INSURANCE			A	02 20 2003	
INDUSTRIAL INSURANCE			A	02 20 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



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## Corporations

### Corporations Division - Registration Data Search

#### **BIG RED, INC.**

<b>UBI Number</b>	601 168 771
<b>Category</b>	Regular Corporation
<b>Profit/Nonprofit</b>	Profit
<b>Active/Inactive</b>	Active
<b>State of Incorporation</b>	OR
<b>Date of Incorporation</b>	11/21/1991
<b>License Expiration Date</b>	11/30/2004

#### **Registered Agent Information**

<b>Agent Name</b>	MICHEAL L VANCE
<b>Address</b>	1151 OFFICERS ROW
<b>City</b>	VANCOUVER
<b>State</b>	WA
<b>ZIP</b>	98661

#### **Special Address Information**

**Address**

**City**

**State**

**Zip**

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#### **Disclaimer**

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