

HOUSEHOLD GOODS CARRIER MIT APPLICATION



PER

	Type of Household Goods Authority Requested – Check one	Fee Required
	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
	Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
٥	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$ 550
	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
0	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B & C	\$ 250
0	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
4	Name Change – Complete page 1 and Attachment D	\$ 35
	Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

	TYPE OF PAYMENT																			
	1 Che	ck	Î	Mon	Money Order 1 Ar		Amex	mex ¹ Discover		•	Mastercard				Î Visa			·		
Expiration Date: 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): LISA D. HARDIE Date: Title: Atty for Grant Noving and Starage									ation											
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Reception #: 111-0268-207-02 111-0268-202-01									111	-0268	-013-	20								

PAGE 1

TV-041369

Directors and Officers of Grant Moving & Storage Company

Directors:

Ronald L. Havner, Jr.

Harvey Lenkin

Stephanic Tovar

Corporate Officers:

Ronald L. Havner, Jr. Chief Executive Officer

Stephanie Tovar President

John Reyes Senior Vice President, Chief Financial

Officer and Assistant Secretary

Harvey Lenkin Senior Vice President

Marvin M. Lotz Senior Vice President

Thomas Miller Senior Vice President

John S. Baumann Senior Vice President

W. David Ristig Senior Vice President

A. Timothy Scott Vice President

Alan Grossman Vice President

Obren B. Gerich Vice President and Assistant Secretary

David Goldberg Vice President and Secretary

Brent C. Peterson Vice President

Management Division Officers:

Kelly M. Barnes

Vice President

continued on next page

Directors and Officers of Grant Moving & Storage Company (continued)

Management Division Officers (continued):

Mark Goodyear Vice President

(Market Development)

Dennis O'Riley Vice President

(Regional Manager)

John M. Sambuco Vice President

Revised

ATTACHMENT D

CHANGE OF CORPORATE/INDIVIDUAL NAME (WAC 480-15-400)

This application is for name change only and must not involve a change in ownership, management, or control of the househld goods operating authority.

A company must file a name change application to:

- Change a corporation's name
- Change an individual's name
 (may be sole proprietor or individual in a partnership)
- Change or add a trade name

NOTE: You may not advertise to operate under the	changed name until a permit is issued in the new
name.	
Grant Moving & Storage Co. Inc.	
Current Name on Permit	
Current Trade Name on Permit	
701 Western Ave., Glendale, CA 9	1201-2397
Address	
818.244.8030	818.548.9288
Phone Number	Fax Number
Email Address	
If a corporation, list names, titles, stock distribution, of	or major stockholders under the current name:
DO 0	
PS Orangeco, Inc.	
	1
I request the name on household goods permit HG	
Grant Moving & Storage Company	
New Name	UBI Number
Public Storage Pickup & Delivery	
New Trade Name (if applicable)	
Address (if changed)	
If a corporation, list names, titles, stock distribution, of	or major stockholders under the new name:
A	
I certify that this information is true and correct,	that I am authorized to execute and file this
document on behalf of the applicant, and that all	information is current and valid.
/ Wednest Ville	
Signature & Title of Applicant	Date & Location
	Revised 07/03

HellerEhrman

RECORD TO THE TOTAL

June 18, 2004

Via Federal Express

94 JUN 21 AN 9:02

UIL AD MALE

Todd G. Glass TGlass@hewm.com Direct (206) 389-6142 Direct Fax (206) 515-8968 Main (206) 447-0900 Fax (206) 447-0849

22948.0004

Teri Wallace
Washington Utilities and
Transportation Commission

1300 S. Evergreen Park Drive S.W.

Olympia, WA 98504-7250

Re: Grant Moving & Storage Co., Inc.; Household Goods Carrier Permit Application Attachment D

Dear Teri:

Enclosed please find attachment D to the Household Goods Carrier Permit for Grant Moving and Storage Co., Inc. My client elected to register a trade name (d/b/a Public Storage Pickup & Delivery) rather than change Grant's corporate name. Also enclosed is a copy of the Master Business Application filed with the Washington Department of Licensing to register this trade name. Due to the fact that we have not received confirmation of the registration of the new trade name from the Department of Licensing, it may be premature to file this formally at this time.

Please call me at 206.389.6142 or Lisa Hardie at 206.389.4279 to discuss this matter at your earliest convenience.

Very truly yours,

Todd G. Glass

Heller Ehrman White & McAuliffe LLP

Attachments



Internation provided may be subject to disclosure under the public disclosure law (RCW 42.17)

Grant	Moving	& Stor	age Co.	, Inc.
Owner N.	iore			
50146				
Unified Bi	roness Identifi	er (UBI)		
91-159	96634			
Lederal E	mployer Identi	lication Nun	iber (FEIN)	

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(Please type or print clearly in dark ink.) **Mail Directly** to the Master License Service or file in person at any UBI service location.



For Validati	on - Office Use Only
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01P-400-925-0003

1. Purpose of Application Phase check all boxes that apply

Open/Reopen Business complete sections 2, 3, (4 if hiring employees) and 5	Hire Employees complete all sections	
·	Hire Employees Under Age 18 complete all sections	
Add License/Registration to Existing Location Complete sections 2, 3 and 5	Hire Persons to Work in or Around Your Home complete sections 2, 3c, 4 and 5 (no application fe	e) (e)
Register Trade Name Complete sections 2, 3 and 5	Other	<u></u>
☐ Change Trade Name - complete sections 2, 3 and 5 indicate name to be cancelled:	and 5 JUN 1 6 2004 JUN 1 6 2004	
☐ Change or Open Location - complete sections 2, 3a, 3b, 3c a indicate old address to be closed:	JUN 1 6 2004 JUN 1 6 2004 MASTER LICENSE SERVICES	5
2. Licenses and Fees Use the License Fee Sheet for the information needed to complete		
Indicate Registrations Needed	F	ees Due
☐ Tax Registration – Do you want a separate tax return for	each business/trade name? Yes No	No Fee
☐ Industrial Insurance (if you will have employees)		No Fee
☐ Unemployment Insurance (if you will have employees)		No Fee
☐ Minor Work Permit (if you will have employees under age 1	8)	No Fee
☐ New Trade Name (Doing Business As):		\$ 5.00
Indicate Other Licenses (such as Lottery Retailer) or additional issue License Fee Sheet for more information.	ional Trade Names <i>(\$5 each name):</i>	
	\$	
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	\$	· · · · · · · · · · · · · · · · · · ·
Enclose check for total amount due , including the Application Fee, which MUST be submitted with this form	Application Fee \$	15.00
Make check payable to the WASHINGTON STATET	REASURER. Total Amount Due \$	20.00

3. Business Information

	e box in this section the			No (If you inswer No. you must still enter the spouso information in Section C below.)
Grant Mo	☐ Limited Partners propration ☐ Out of poving & Storage Co	State Corporation	ited Liability Partnership ☐ Non Profit Corp	☐ Limited Liability Company poration (educational, religious, charitable)
,	rporation, LLC or LLP Name porated/formed:Washi	ngton	Year incorporated/for	med:1993
☐ Association	☐ Trust		☐ Municipality	Other
Name of Organ	nization			
b. Business Open Da	/ 1997	If unknown, please estin	nate.	
Public Storag Doing Business As (DB 701 Western Business Mailing Addre	e Pickup & Deliver A)/Trade Name Avenue ess (Street or PO Box, Suite No. D	ту	King County in Which Business i 701 SW 39th Business Street Address in	Street Washington (if different than mailing address)
Glendale, CA City	91201 State	Zip	Renton, WA	State Zip
(818) 244-80 Business Telephone Nu	<u>`</u>	818) 548–9288 ax Number		t/E-Mail Address
C. List all owners See Attach		letor, partners, offic	cers, and LLC members.	Attach additional pages if needed. ()
Name (Last, First, Midd			Title Are you married? ☐ Yes E	Home Telephone Number No If yes, enter spouse information below.
City	State	Zip	Spouse's Name (Last, First	i, Middle)
Date of Birth	Social Security Number	% Owned	Spouse Date of Birth	Spouse Social Security Number
Name (Last, First, Midd	lle)	.,	Title	() Home Telephone Number
Home Address (Street	or PO Box)		Are you married? ☐ Yes [☐ No If yes, enter spouse information below.
City / Date of Birth	State Social Security Number	Zip % Owned	Spouse's Name (Last, First, / Spouse Date of Birth	, <i>Middle)</i> Spouse Social Security Number
>				()
Name (Last, First, Midd			Title	Home Telephone Number
Fiome Address (Street	ос РО Вох)		Are you married? □ Yes D	□ No -If yra , enter spouse information below
City Date of Right	State	Zip	Spouse's Name (Last, First	, Middle) Spouse Social 'seconty Number
Date of Birth	Social Security Number	%, Owned	Spouse Date of Birth	Springer September as most community

The Social Security Number is required for all sole proprietors (RCW 75.23,15d) and for all owners and spouses of a Pasines: that will trave inquor, lottery or private investigator is enses. Not providing this reformation will result in application delays.



3. Business Information (continued)

d.	Estimated Gross Annual Income in Washington Please check one box that applies to your business:
	□ 0 - \$12,000 □ \$12,001 - \$28,000 □ \$28,001 - \$60,000 □ \$60,001 - \$100,000 ত \$100,001 and above
e.	Please indicate which of these business activities you do in Washington State (check all that apply): Wholesale
f.	Describe in detail the principal products or services you provide in Washington state (failure to provide this information will cause delay in processing your application). Transportation and storage of household goods
	Transportation and storage of nousehold goods
g.	Did you buy, lease, or acquire all or part of an existing business?
	Date bought/leased/acquired: / / / Prior Business Name
	Prior Owner's Name Telephone Number
h.	Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax?
	If yes, indicate purchase or lease price: \$
i	If this business is owned by, controlled by, or affiliated with any other business entity, please indicate that business entity's name:
1.	PS Orangeco, Inc.
	To stange of the
j.	If you are changing your business structure, (such as changing from sole proprietorship to corporation) and want the old account closed, please indicate the UBI number to be closed:
1.	
K.	If you have ever owned another business, please provide: Business Name UBI Number
I.	List your bank's name: Wells Fargo National Bank

Do you plan to have employees or wish to register for optional coverage?

(Some LLC members are considered to be employees.)
For further information on optional coverage definitions, see License Fee Sheet)

☐Yes

⊠ No

If NO, skip to section 5.

If YES, complete sections 4 and 5.

4. Employment Complete if you employ, or plan to employ, one or more persons in Washington state; or if you want optional coverage under this ownership a. Date of first employment or planned employment at this location b. Number of persons you employ or plan to employ at this location (Do not include owners): **C.** Estimate the number of persons under 18 (minors) you will employ in the next 12 months: • Estimate the number of minors that will be under 16: Are any of the minors working in an agricultural business?
 ☐ Yes
 ☐ No • List the specific duties performed by minors at this location: d. If you operate at more than one location, do you wish to report the employee information at the locations: □ Separately ☐ Together e. Do you want unemployment insurance coverage for corporate officers? ☐ Yes – Prior to coverage, Form 5203 is required. This form will be sent to you by Employment Security Dept. □ No -- The corporation must inform officers in writing that they are not covered for unemployment insurance. f. Do you want industrial insurance coverage for sole proprietor(s), partners, owners, corporate officers, or LLC members? ☐ Yes - Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Dept. of Labor & Industries. Q. Do you want optional industrial insurance coverage for excluded employment? (See License Fee Sheet for descriptions.) Yes - Prior to coverage, Form F213-112-000 is required. This form will be sent to you by the Dept. of Labor & Industries. h. If your entity is a Limited Liability Company, is your management vested? ☐ Yes – If managers are also members, they are exempt from industrial insurance coverage □ No – If managers are not members, they are mandatorily covered for industrial insurance coverage. i. Please check the ONE box which best describes the major operation of your business and provide activity in detail below. (09) Mfg. - Food Products (13) Retail/Wholesale Trade (01) Construction-Wood Frame Bldg. (05) Shipbuilding (10) Miscellaneous Mfg. (14) Services/Maint./Restaurants (06) Mining/Quarrying/Sand & Gravel (02) Construction-All other ☐ (11) Machine Shops/Auto Repair ☐ (15) Communications (07) Mfg.-Wood/Metal/Stone Products (03) Logging/Ferestry/Trucking (16) Clerical/Professional Occup. (08) Mfg.-Chemicals (12) Agricultural/Farming (04) Temp. Help/Employee Leasing i. Describe in detail the activities of your employees and/or indicate the 3-Month Estimate category of optional coverage for excluded employment requested. Workers' Hours Number of Employees (Include Minors) 5. Signature Signature of sole proprietor or spouse, partner, corporate officer, or limited liability member/manager I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I am the applicant or authorized representative of the firm making this application and that the answers contained, including any accompanying information. have been examined by the and that the matters and things set forth are true, correct and complete. Signaturg Required
 Sr. Vice President
 (818)244-8080
 / /

 1me
 Telephone No
 Date
 ∤Thomas Miller Application Prepared By (Please Print)

Telephone No.

UBI Agency Representative



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250 (360) 664-1160 • TTY (360) 586-8203

May 6, 2004

Lisa D. Hardie Heller Ehrman White & McAuliffe LLP 701 Fifth Avenue, Suite 6100 Seattle, Washington 98104-7098

Dear Ms. Hardie:

As we discussed in our telephone conversation yesterday, Grant Moving and Storage Company, Inc. (Grant), currently has an active Household Goods permit (HG-37786) with the Washington Utilities and Transportation Commission (Commission).

I have reviewed Grant's 2003 Annual Report and the insurance information provided does not match what is currently on file. The Form E currently on file is from Lumbermens Mutual Casualty Company, policy number F5D006666. To remedy the discrepancy Grant must file either a correction to its annual report or a new Form E insurance filing immediately.

On December 15, 1997, the Commission issued Order M.V. No. 149316, granting Public Storage Pickup & Delivery, Inc's (Public Storage) application to acquire control of Grant's household goods permit. Grant has been reporting individual shareholders of Public Storage on their annual reports rather than Public Storage as the legal owner. To remedy this discrepancy Grant must file a corrected Schedule 1 to its annual report showing Public Storage as the 100% legal owner.

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Upon receipt of proof of current insurance and a revised Schedule 1 to the 2003 annual report the Commission will consider Grant to be in compliance in these areas.

If you have any questions, please contact me at (360) 664-4891.

Sincerely,

Teri Wallace

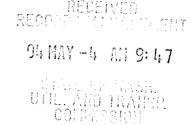
Transportation Specialist

cc: Grant Moving and Storage Co., Inc.

Ivre Wallace



May 3, 2004



Lisa D. Hardie lhardie@hewm.com (206) 389-4279 Main (206) 447-0900 Fax (206) 447-0849

VIA FEDERAL EXPRESS

Ms. Teri Wallace Washington Utilities and Transportation Commission 1300 South Evergreen Park Drive SW Olympia, WA 98504-7250

22948-0004

Re: Grant Moving and Storage, Permit No. HG-37786

Dear Ms. Wallace:

As we discussed last month, our client Grant Moving and Storage Co., Inc. ("Grant"), may change its name to "Public Storage Pick Up and Delivery -- WA." Prior to making this possible name change, however, we would like to confirm that Grant is in full compliance with Commission filing requirements and that its permit is in good standing.

Grant filed its 2003 annual report this past week, and is in the process of insuring it has updated insurance information on file. Our files suggest that with these submissions, Grant's WUTC filings should be up-to-date. It has been suggested by Commission Staff, however, that Grant is also required to file an application for transfer of ownership or control, apparently stemming from Public Storage Pick Up & Delivery's ("Public Storage") purchase of Grant in 1997. It is our understanding that this ownership change was addressed in 1997, when the Commission issued Order M.V. No. 149316, granting Public Storage's application to acquire control of Grant's WUTC permit (No. HG-37786, formerly No. CC-37786, covering both General Commodities and Household Goods). A copy of the 1997 order approving the transfer of ownership is attached.



If the Commission believes Grant must take further action to obtain full compliance, please advise us of the additional steps required of the company. We look forward to working with Commission Staff on this matter.

Very truly yours,

Lise D. Warde

Lisa D. Hardie

cc: Grant Moving and Storage Co., Inc.

BEFORE THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

In re Application P-78667 of

PUBLIC STORAGE

PICKUP & DELIVERY, INC.

for authority to acquire control

of Common Carrier Permit

No. CC-37786, standing in
the name

GRANT MOVING & STORAGE CO.

Common Carrier Permit No. CC-37786 stands in the name Grant Moving & Storage Co. and authorizes the service therein set forth.

On August 20, 1997, an application was filed under the provisions of RCW 81.80.270 and the rules relating to motor freight carriers for authority to enable Public Storage Pickup & Delivery, Inc. to acquire control of Grant Moving & Storage Co., through purchase of corporate stock.

It appearing that the acquisition of control as herein requested will not be detrimental to the interests of the public, that property rights are involved, and that applicant is fit, willing and able to acquire control of said permit,

ORDER

WHEREFORE, IT IS ORDERED That the application herein to enable Public Storage Pickup & Delivery Inc., to acquire control of Permit No. CC-37786, standing in the name Grant Moving & Storage Co., through purchase of corporate stock be, and the same is hereby granted.

DATED at Olympia, Washington, and effective this 15th day of December, 1997.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

MILL STEVE MCLELLAN, Secretary