


**HOUSEHOLD GOODS CARRIER
 PERMIT APPLICATION**

TV-041505
 **RECEIVED**
 AUG 11 2004

WASH. UT. & TP. COMM.

| 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 checked="" 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 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: \$ 250.00

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): VIVIAN MEYER Date: 8-10-04

Signature: *Vivian Meyer* Title: PRESIDENT

FOR OFFICIAL USE ONLY

| | | | |
|--|--------------------------------------|----------------------|------------------------------------|
| Date Filed: <u>8/11/04</u> | Application #: <u>P-19299</u> | Motcar: <u>43036</u> | Permit Issued: HG- <u>61459</u> |
| Staff Assigned: <u><i>[Signature]</i></u> | Insurance: <u><i>[Signature]</i></u> | Inspection: | DOL/SOS: <u><i>[Signature]</i></u> |
| Reception #: 111-0268-207-02 <u>250.00</u> 111-0268-202-01 111-0268-013-20 | | | |

0008124
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BUSINESS INFORMATION

Name of Applicant VIKING MOVING SERVICES, INC.
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable _____

Physical Address 6060 SANDS WAY, ANACORTES, WA. 98221

Mailing Address Same

Telephone Number (360) - 588 - 1378 Fax Number (360) 588 8179

UBI # 602 332 098 Email: vmeyer.skyline@verizon.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>E. VIVIAN MEYER</u> | <u>President</u> | <u>50%</u> |
| <u>ALAN P. MEYER</u> | <u>SECTY-TREAS.</u> | <u>50%</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: WHATCOM, ISLAND, SKAGIT, SAN JUAN, SNOTOMISH, KING, PIERCE, KITSAP.

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: VIKING MOVING SERVICES, INC. OWNERS HAVE OVER 37 years experience in moving & storage. Anacortes area, along with San Juan Island, Whatcom, Skagit Counties are a huge retirement areas, and we offer Senior/Elder care moving, along with storage, and local moving. Our focus is on quality and professionalism.

Briefly describe your experience in the transportation/household goods moving industry: STARTED in 1967 with Smyth "the smoother mover" in Seattle. Managed at MITCHELL M/S, CHIEMAN-MAYFLOWER, AIR VAN N/A, AIR VAN LINES, and owned Quality Moving Systems in Bellevue, now called Graebel-Quality Movers, Inc.

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: Grackel Quality Movers, of Kent
have my old permit #.

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? NOT AS YET

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 <i>PSR</i> | \$ 20,000- | Salaries/Wages Payable | \$. |
| Notes Receivable <i>Personal</i> | \$ 20,000- | Accounts Payable | \$ 7500- |
| Accounts Receivable | \$ | Notes Payable | \$ 38,000- |
| Investments | \$ 700,000- | Mortgages Payable | \$ 200,000- |
| Other Current Assets | \$ 470,000- | Other | \$ 25,000- |
| Prepaid Expenses | \$ | TOTAL LIABILITIES | \$ 270,500- |
| Land and Buildings | \$ | NET WORTH | |
| Trucks and Trailers | \$ 50,000- | Preferred Stock | \$ |
| Office Furniture | \$ 5,000- | Common Stock | \$ |
| Other Equipment | \$ 7500- | Retained Earnings | \$ |
| Other Assets | \$ 100,000- | Capital | \$ |
| TOTAL ASSETS | \$ 1,486,000- | TOTAL LIABILITIES & NET WORTH | \$ 1,215,500 |

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 |
|------|------------|----------------|-------------------|----------------------|
| 99 | FORD E350 | A00813U | IFDWE37L8XHA81799 | 10,000 |
| 99 | FORD E-350 | AH8954U | IFDWE37L5XHA83400 | 10,000 |
| 2000 | INTL FL60 | WA-A36382T | IFV3GJAC9YHF03523 | 24,000 |

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: RIZ GIRoux Position: OPERATIONS MGR

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: SA Position:

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: SA Position:

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: SA Position:

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: SA Position:

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: VIVIAN MEYER 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: SA Position:

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: VIVIAN E. MEYER 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: VIVIAN E. MEYER 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.

VIVIAN E. MEYER
Print name of applicant

Vivian E. Meyer
Signature of Applicant

8-10-04 ANACORTES, WA
Date & Place 98221

6060 SANDSWAY

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: VIKING MOVING SERVICES, INC. - Anacortes

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

RAYMOND F. SCHOENBERG U.S. DESPATCH AGNT

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

U.S. DESPATCH AGENCY
2800 South 192nd
Suite 108
Seattle WA. 98188

Phone Number:

206-764-3805

Do you currently need the services of a residential household goods moving company?

1 No 1 Yes If yes, please describe your current moving needs:

All types of moves, including local, storage and International expertise.

Do you anticipate a future need for the services of a residential household goods moving company?

1 No 1 Yes If yes, please describe your future moving needs:

On going relocations throughout th State, including moves in and out of the applicants requestd area. Most ar of International nature, and applicant familiar with our requirements and procedures.

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:

Department of State mmoves have specific paperwork, and local knowledge requirements by qualified moving and storage expert. The applicant fits those needs for our on going work.

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

As a State Department Officer and a government employee, it is mandatory to rely on theknowledge and background of certain industries and their owners. The applicant has knowledge of our business and has provided us excellent service in the past.

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



Date and Location: 6/29/04 Seattle, wa

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.

VIKING MOVING SERVICES, INC. - ANACORTES

Applicant Name:

Remax Realty

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Roy Seligman, Agent, CRS

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

3019 Commercial Ave
Anacortes, WA, 98221

Phone Number:

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

Constantly I am asked for names of a reliable & competent mover. Viking Moving Services, etc. all of my referrals & also an excellent job!

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:

OUR COMMUNITY is growing rapidly in the sale of real-estate and therefore people moving. It is our recommendation to grant the applicant moving services for the areas they are requesting.

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:

By having a industry professional, who understands moving pricing, storage, we can depend on the applicant to provide the level of professionalism that we use in our business

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

Our local area of Anacortes and surrounding counties of Island and San Juan are in need of professionals such as the applicant. Most companies do military up in this area, but our buyers & sellers need a proven professional

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Roy Seligman
Signature of Person Completing Form

May 13, 2004
Date and Location

in
Corporat-
and
Residentia
Moving

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: VIKING MOVING SERVICES, INC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Michael Vorse

Address (include street address, mailing address, city, state, zip, and county): 10900 NE 4th ST, #2220 BELLEVUE, WA 98004

Phone Number: 425-454-4880

Do you currently need the services of a residential household goods moving company? Yes. If yes, please describe your current moving needs: I AM FAMILIAR WITH APPLICANT'S BACKGROUND AND HAVE REFERRED BUSINESS CLIENTS, FAMILY AND CO-WORKERS TO APPLICANT IN PAST.

Do you anticipate a future need for the services of a residential household goods moving company? Yes. If yes, please describe your future moving needs: OUR COMPANY HAS MANY LEADS, REFERRALS AND MOVING NEEDS IN VARIOUS PARTS OF THE AREAS APPLICANT IS APPLYING FOR. WE WANT TO CONTINUE TO REFER APPLICANT 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: OUR CUSTOMERS AND MY OWN COMPANY HAVE AND WILL BENEFIT FROM APPLICANT'S ABILITY TO PROVIDE MOVING SERVICES. OUR INTEGRITY AND PROFESSIONAL REFERRALS RELY ON INDIVIDUALS LIKE THIS APPLICANT.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? SINCE A PERSON'S YEARS OF EXPERIENCE AND KNOWLEDGE IN THEIR FIELD OF BUSINESS MAKES THEM UNIQUE TO THEIR PARTICULAR INDUSTRY, THE OWNERS AND APPLICANT OF THIS SERVICE RANK VERY HIGH IN BOTH KNOWLEDGE AND EXPERIENCE.

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: Michael Vorse Date and Location: 5/20/04 Bellevue, WA

PACKAGE POLICY

INSURANCE COMPANY: AMERICAN INSURANCE CO. (FIREMAN'S FUND)
POLICY TERM: NOVEMBER 26, 2003 TO NOVEMBER 26, 2004
POLICY NUMBER: MZG80821602

Schedule of Locations: Loc 1 - 6060 SANDS WAY, ANACORTES, WA
Loc 2 - 6060 SANDS WAY C-13, ANACORTES, WA

Property

Limit/Coverage: Office Contents
Loc 1 \$ 5,000
Loc 2 \$ 2,500

Coinsurance: 90%

Deductible: \$1,000 Per Occurrence

Valuation: Replacement Cost

Insuring Conditions: Special Form (Risks of Direct Physical Loss
subject to various exclusions, such as Earthquake,
Flood, Boiler Explosion and Pollution, all as
described in the policy.)

PACKAGE POLICY (Continued)**Automobile Liability**

| | | |
|-----------------------------|---|--------------|
| Liability: | Combined Single Limit for Bodily Injury and Property Damage including Non-Owned and Hired Autos | \$ 1,000,000 |
| Uninsured Motorists: | Combined Single Limit for Bodily Injury and Property Damage | \$ 1,000,000 |
| | Deductible \$300 | |
| Medical Payments: | Each person | \$ 5,000 |
| Comprehensive (ACV): | Deductible \$250 | |
| Collision (ACV): | Deductible \$1,000 | |
| Covered Autos: | 1999 Ford E350 Cargo Van S#1FDWE37L8XHA81799 | |
| | 1999 Ford E350 Cube Van S#1FDWE37L5XHA83400 (added by endorsement effective 1/6/04) | |
| Hired Auto Physical Damage: | Comprehensive (ACV) Deductible \$250 Collision (ACV) Deductible \$1,000 | |

PACKAGE POLICY (Continued)

General Liability

Coverage: Liability arising out of premises and operations within the United States or Canada. Damages covered include Bodily Injury, Property Damage, Personal Injury (as defined) and Advertising Liability, as described in the policy.

Limits: Each Occurrence \$ 2,000,000
 General Aggregate \$ 2,000,000
 Products Aggregate Limit \$ 1,000,000
 Personal and Advertising Injury Limit \$ 1,000,000
 Fire Damage Legal Liability \$ 100,000
 Medical Expense Limit \$ 5,000

Deductible: \$250 Property Damage per occurrence

Insuring Conditions: Occurrence Form including:
 Broad Form Property Damage
 Incidental Contractual
 Employees as Additional Insureds
 Host Liquor Law
 Limited World Wide Products
 Non-Owned Watercraft (less than 51 feet)

Special Exclusions and/or Limitations: Lead Poisoning and Lead Contamination
 Complete Asbestos
 War
 Employment-Related Practices

Other exclusions apply - please read your policy.

Employers Liability (Stop Gap)

Limits: Each Employee \$ 1,000,000
 Each Accident \$ 1,000,000
 Disease Aggregate \$ 1,000,000

WA INSURANCE IDENTIFICATION CARD

(STATE)
COMPANY NUMBER **21849** COMPANY **American Automobile Ins. Co.**
POLICY NUMBER **MXG80821602** EFFECTIVE DATE **11/26/03** EXPIRATION **11/26/04**
YEAR **1999** MAKE / MODEL **Ford E350 Cube Van** VEHICLE ID NO. **1FDWE37L5XHA83400**

AGENCY / COMPANY ISSUING CARD

Acordia Northwest, Inc.
Insurance Brokers
P.O. Box 91143
Seattle, WA 98111-9243
(206) 701-5000

**INSURED: Viking Moving Services, Inc.
6060 Sands Way
Anacortes, WA 98221**

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

**IN CASE OF ACCIDENT: Report all accidents to your Agent/Company
as soon as possible. Obtain the following information:**

- 1. Name and address of each driver, passenger and witness.**
- 2. Name of Insurance Company and policy number for each vehicle involved.**



POLICY NUMBER 8 H1 MZG 8082 16 02

Named Insured
VIKING MOVING SERVICES INC

Sequential Endorsement Number 004

PORTFOLIO CHANGE ENDORSEMENT
Effective 04/02/04, 12:01 A.M.,
Standard Time at the address of the insured

This is an Endorsement only. Other than changes shown, all other pre-existing coverage remains in full force and effect. Premium adjustments are shown.

PREMIUM SUMMARY:

| | |
|--|------------|
| ADDITIONAL PREMIUM DUE NOW | \$1,206.00 |
| Terrorism Risk Insurance Act-Certified Acts Coverage - | |
| All Coverages excl WC - Not Covered | \$0.00 |

The Premium shown includes Adjustable Premium(s). Refer to Premium Adjustment Information attached.

TRUCKERS POLICY - THE FOLLOWING ITEMS ARE ADDED TO THE SCHEDULE OF COVERED AUTOS YOU OWN:

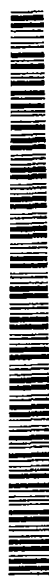
| AUTO NO. | YR | VEHICLE DESCRIPTION AND GARAGE LOCATION | VEHICLE ID NO. | OTC COV | OTC LIMIT | OTC DED | COLL DED |
|----------|----|---|-------------------------------|---------|-----------|---------|--------------|
| 0004 | 00 | FREIGHTLINER FL 60 ANACORTES | 1FV3GJAC9YHF03523 WA 98221 | COMP | ACV | \$ | 250 \$ 1,000 |

| AUTO NO. | COVERAGES AFFORDED (INDICATED BY "X" IN COVERAGE COLUMN) | | | | | | | COLL | TOW |
|----------|--|-----|----|-----|-----|-----|-----|------|-----|
| | LIAB | MED | UM | UIM | PIP | PPI | OTC | | |
| 0004 | X | X | X | | | | X | X | |

Countersignature of Authorized Agent: _____
Producer ACORDIA NORTHWEST, INC.
P.O. BOX 91143
SEATTLE WA 98111-9243

Date 05/24/04

END OF CHANGE ENDORSEMENT



INSUR

CIZ 06

EFCG.P152.B16E401

002498B



WASHINGTON MOVERS CONFERENCE

930 South 336th Street, Suite B • Federal Way, WA 98003-6384
(253) 838-1650 • 1-800-732-9019 • Fax (253) 838-1715

Jay Lawley
Managing Director

WMC MEMBERSHIP APPLICATION

The undersigned Corporate Officer/Owner desires to apply for membership in the Washington Movers Conference (WMC), an affiliate of the Washington Trucking Associations (WTA), and agrees to abide by all WTA and WMC membership requirements, bylaws, Codes of Ethics, and to pay all dues and assessments as approved by the WMC Board of Directors.

Further, the undersigned attests that they have received Permanent Operating Authority from the Washington Utilities and Transportation Commission (WUTC) to operate as a household goods mover, is maintaining the minimum legally required limits of Public Liability, Property Damage, and Cargo Insurance, has established or agrees to establish a drug/alcohol testing program for all CDL drivers, is paying worker's compensation on all employees to the Department of Labor and Industries (L & I), agrees to abide by all Tariff 15-A rules, is in current good standing with the Washington State Departments of Revenue, L & I, Attorney General, WUTC, and is otherwise operating in accordance with the regulations set forth by the WUTC.

ADMINISTRATIVE

1. Firm is a: Corporation Partnership Sole Proprietorship

Year business established: 2003 WUTC HG#: _____

doing business as VIKING MOVING SERVICES, INC. (Trade name under which company conducts business)

of 6060 SANDS WAY ANACORTES, WASHINGTON, 98221
Address City State Zip

360-588-1378 360-588-8179 vmeyer.skyline@verizon.net
Telephone Fax Email

2. Full name of owner(s), or if incorporated, list full names of stockholders
VIVIAN E. MEYER, PRESIDENT
ALAN P. MEYER, SECTY./TREAS.

FACILITIES AND EQUIPMENT

3. Branches or Warehouse(s):

A. 9889 PADILLA HEIGHTS Rd. Bldg 3 suite 8 Anacortes,
Street Address City State WA. Zip 98221

B. _____
Street Address City State Zip

C. _____
Street Address City State Zip

4. Number of Straight Trucks 3

Number of Tractors 0

Number of Trailers 0

GENERAL

5. Van Line affiliation(s). If none, so state.

NOTE AT THIS TIME - RESEARCHING

6. Does applicant and/or its principal(s) have interest or control in any other household goods moving or storage business?

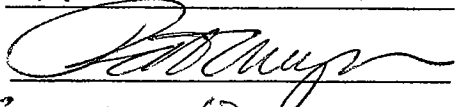
No Yes _____ Name of Company _____

AUTHORIZATION, CERTIFICATION, INDEMNIFICATION AND WARRANTIES:

Applicant recognizes and understands that the Washington Movers Conference (WMC) is obligated by law to use due diligence and reasonable care in selecting members, and that the WMC will rely on the information included in and with this application in discharging such obligation with respect to any decision the WMC may make regarding selection of applicants. Accordingly, applicant represents, promises and warrants that: (1) The information included in and with this application is true, accurate and complete to the best of the applicant's knowledge and belief; (2) Disclosure of the information included in and with this application does not violate any confidentiality or non-competition agreement(s) entered into by applicant or its principal(s)/shareholder(s), officers or directors; (3) Applicant's undersigned representative has full authority to submit this application and to make the representations, promises and warranties set forth herein; and that (4) Certifies compliance with all federal and state regulations regarding the transportation of household goods, particularly those governing CDL's and drug testing; (5) and Applicant will hold the WMC harmless from and against and indemnify the WMC for any and

all claims made against the WMC as a result of the making of this application, the untruthfulness, inaccuracy or incompleteness of any of the information included in or with this application, or the breach of applicant's warranties made herein.

The undersigned hereby authorizes the WMC to verify the statements contained in this application, as part of the WMC's procedure for processing said applications. The undersigned further agrees to hold harmless all persons and companies from whom the WMC may seek, in good faith, information about the undersigned company and management thereof, which will assist the WMC with respect to the application. The undersigned hereby makes and gives the WMC and said persons and companies full release and discharge to all damages, claims and injuries of any kind resulting from said disclosures so long as the disclosures are made in good faith and reasonably related to the application, and the purpose of the use thereof is solely related to the determination of fitness as a member of the WMC. The undersigned further understands that it has the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information obtained concerning this application.

Name of Applicant: VIKING MOVING SERVICES, INC.
Signature: 
Title: Secretary / Treasurer
Date: 7-15-04

FOR USE BY THE WASHINGTON MOVERS CONFERENCE

Date application received: _____
Date reviewed by WMC Public Affairs Committee _____
Date reviewed by the WMC Board: _____
Date of acceptance: _____

APPROVED BY:

President of the Washington Movers Conference

Date

Executive Director of the Washington Movers Conference

Date



Corporations Menu

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Corporations

Corporations Division - Registration Data Search

VIKING MOVING SERVICES, INC.

UBI Number 602 332 098
Category Regular Corporation
Profit/Nonprofit Profit
Active/Inactive Active
State of Incorporation WA
Date of Incorporation 10/13/2003
License Expiration Date 10/31/2004

Registered Agent Information

Agent Name ALLEN PATRICK
Address 7614 CYPRESS WAY
City ANACORTES
State WA
ZIP 98221

Special Address Information

Address
City
State
Zip

[Return to Search List](#)

Disclaimer

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 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 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.

MASTER LICENSE SERVICE
BUSINESS ENTITY INQUIRY

08/11/04
08:58:58

INQR UTL024P1

UBI: 602 332 098 001 0001
Type: PROFIT CORPORATION

State of Inc: WA Loc Status: A
Date of Inc: 10 13 2003 Corp Status: A

Owner Name: VIKING MOVING SERVICES, INC.

Reg. Agent: ALLEN PATRICK
Reg. Address: 7614 CYPRESS WAY
ANACORTES WA 98221

Exp. Date: 10 31 2004
Total Shares authzd:
Total Shares issued:

Firm Name : VIKING MOVING SERVICES, INC.

Loc: 6060 SANDS WAY
ANACORTES WA 98221

Mail: 6060 SANDS WAY
ANACORTES WA 98221

Phone: (360) 588-1378

Registered Tradenames for this UBI? Yes

RFI: No NSF: No

Location First Activity: 11 01 2003

RFP: No Withhold: No

Last License Issue: 10 23 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 08/11/04
BUSINESS ENTITY INQUIRY 08:59:04

UBI: 602 332 098 001 0001 Loc Status: A
Type: PROFIT CORPORATION

Owner Name: VIKING MOVING SERVICES, INC.
Firm Name : VIKING MOVING SERVICES, INC.
Page: 1

| Endorsements | Unit | Account # | Stat | Date | Expires |
|------------------------|------|-----------|------|------------|---------|
| TAX REGISTRATION | | | A | 10 15 2003 | |
| UNEMPLOYMENT INSURANCE | | | A | 10 15 2003 | |
| INDUSTRIAL INSURANCE | | | A | 10 15 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



VIKING MOVING SERVICES, INC.

6060 SANDS WAY STE. A
ANACORTES, WA 98221
PH. 360-588-1378

2808

DATE 8-13-04

19-2/1250-WA
57471

PAY TO THE ORDER OF

Utilities & Transportation Commission

\$ 300.00

Three Hundred ²⁴/₁₀₀

DOLLARS

Security features are included. Details on back.

Bank of America



Anacortes 057471
Washington

FOR

Permit Application

Steven Meyer

MP

⑈002808⑈ ⑆125000024⑆ 33553 314⑈

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 | | | | | |
|---------------------------|----------------|-------------------------------|--------|------------|-----------|---------------|------|
| | 0008217 | <i>VIKING MOVING SERVICES</i> | | | | | |
| REFERENCE | | FUND | SOURCE | IND | SUB-SCE | AMOUNT | LINE |
| <i># 8174</i> | | 111 | 02-68 | <i>207</i> | <i>02</i> | <i>300.00</i> | 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 |
| <i>8.18.04</i> | | | | | | | 7 |
| | | | | | | | 8 |
| | | 108 | 01-70 | | | | 9 |



INSURANCE IDENTIFICATION CARD

(STATE)
COMPANY NUMBER
21849
POLICY NUMBER
MXG80821602
YEAR
1999
AGENCY / COMPANY ISSUING CARD
Acordia Northwest, Inc.
Insurance Brokers
P.O. Box 91143
Seattle, WA 98111-9243
(206) 701-5000

COMPANY
American Automobile Ins. Co.
EFFECTIVE DATE
11/26/03
EXPIRATION
11/26/04
VEHICLE ID NO.
1FDWE37L8XHA81799

MAKE / MODEL
Ford E350 Cargo Van

November 26, 2003

INSURED: **Viking Moving Services, Inc.**
6060 Sands Way
Anacortes, WA 98221

Pat and Viki Meyer
Viking Moving Services, Inc.
6060 Sands Way
Anacortes, WA 98221

Re: New Insurance Policy

Dear Pat and Viki:

I have enclosed two Auto ID Cards for your Van. Dick will follow up with you next week to finalize payment arrangements and wrap up any other loose ends.

Thank you!

Best Regards,

Jenny Healy, CISR
Account Manager
(206) 701-5829
jennifer_healy@acordia.com

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
8/18/04

| | |
|---|---|
| PRODUCER Acordia Northwest, Inc. 520 Pike Street, 20th Floor Seattle, WA 98101 206-701-5000 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |
| | INSURERS AFFORDING COVERAGE |
| INSURED Viking Moving Services, Inc. 6060 Sands Way Anacortes WA 98221 | INSURER A: American Auto Insurance Co. |
| | INSURER B: |
| | INSURER C: |
| | INSURER D: |
| | INSURER E: |

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|--|---------------|----------------------------------|-----------------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | MZG80821602 | 11/26/03 | 11/26/04 | EACH OCCURRENCE \$ 1000000 |
| | | | | | FIRE DAMAGE (Any one fire) \$ 100000 |
| | | | | | MED EXP (Any one person) \$ 5000 |
| | | | | | PERSONAL & ADV INJURY \$ 1000000 |
| | | | | | GENERAL AGGREGATE \$ 2000000 |
| | | | | | PRODUCTS - COMP/OP AGG \$ 2000000 |
| | | | | | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | MZG80821602 | 11/26/03 | 11/26/04 | COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 |
| | | | | | BODILY INJURY (Per person) \$ |
| | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ |
| | | | | | OTHER THAN EA ACC \$ |
| | | | | | AGG \$ |
| | EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE \$ |
| | | | | | AGGREGATE \$ |
| | | | | | \$ |
| | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATU-TORY LIMITS OTH-ER |
| | | | | | E.L. EACH ACCIDENT \$ |
| | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| A | OTHER CARGO COVERAGE \$500 DEDUCTIBLE | MZG80821602 | 11/26/03 | 11/26/04 | \$100,000 ANY ONE VEHICLE \$200,000 ANY ONE LOSSCLE |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
EVIDENCE OF INSURANCE, PENDING RECEIPT OF FORM E FILING.

| | | |
|--|-------------------------------------|--|
| CERTIFICATE HOLDER WUTC PO BOX 47250 OLYMPIA, WA 98504-7250 | ADDITIONAL INSURED: INSURER LETTER: | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>45</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Patrick J. Flynn</i> |
|--|-------------------------------------|--|

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 08-18-2004 Staff: Tina Leipski

TO: 43036
VIKING MOVING SERVICES, INC.
6060 SANDS WAY
ANACORTES, WA 98221

You must submit a new insurance filing before 10/19/2004 or the Commission will suspend your operating authority. If your authority is suspended, you must discontinue operations until valid insurance is received and the suspension is lifted.

Please contact this office prior to the cancellation date to ensure that a new insurance filing has been received.

X The insurance binder submitted is valid for up to 60 days only. A Form E insurance certificate must be filed within these 60 days or your operating authority will be suspended. The name on the insurance form must match exactly the individual, partners, or corporate name on the application or operating authority.