

**HOUSEHOLD GOODS CARRIER  
 PERMIT APPLICATION**



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) – Complete pages 1 - 2 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete page 1 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

**TYPE OF PAYMENT**

~~Check~~   
  Money Order   
  Amex   
  Discover   
  Mastercard   
  Visa

Expiration Date: 08-05      Amount: 550.00      \$1007460

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): [Signature]      Date: 06/03/04  
 Signature: MATT DETER      Title: OWNER

FOR OFFICIAL USE ONLY			
Date Filed: <u>6/8/04</u>	Application #: <u>P-79301</u>	Motcar: <u>H3079</u>	Permit Issued: HG- <u>61514</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	DOL/SOS: <u>[Signature]</u>
Reception #: <u>111-0268-207-02</u>	<u>550.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>

0007469

TV-041540

**BUSINESS INFORMATION**

Name of Applicant SPEEDY DELIVERY LLC MATT DETER  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable —

Physical Address 1620 S. GUM ST. KENNEWICK, WA 99337

Mailing Address SAME

Telephone Number (509) 531-2800 Fax Number (509) 586-6246

602-349-178  
FBI # 602159934 Email: GREENLAQUER@HOTMAIL.COM

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation     Other LLC  
(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>MATT DETER</u>	<u>OWNER</u>	<u>100% of</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: MOVING ASSISTANCE FOR LARGE OR SMALL LOADS. WE HAVE A UNIQUE ABILITY TO PROVIDE ASSISTANCE FOR EVEN THE SMALLEST OF LOADS, ONE OR TWO ITEMS BOUGHT AT A YARD SALE OR A DRESSER TRANSFERRED FROM A DAUGHTER TO HER MOTHER'S AT THE OLD FOLKS HOME, ETC.

Briefly describe your experience in the transportation/household goods moving industry: PERSONAL EXPERIENCE - NEVER LIVED IN ONE PLACE LONGER THAN FIVE YEARS MY ENTIRE LIFE. 4 1/2 YEARS RUNNING FURNITURE DELIVERIES FOR LARGE FURNITURE STORES. 4 YEARS OWNING OWN DELIVERY BUSINESS CONTRACTED WITH MULTIPLE FURNITURE STORES. WE KNOW HOW TO LOAD TRUCKS! PAGE 2

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: MC 441 393

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# 1008991 MC# 441393 Single State Registration Base State WA

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	\$ <u>4200.00</u>	Salaries/Wages Payable	\$ <u>1500.00</u>
Notes Receivable	\$	Accounts Payable	\$ <u>1956.00</u>
Accounts Receivable	\$ <u>13,945.00</u>	Notes Payable	\$ <u>11,007.18</u>
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$ <u>6656.15</u>
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	<b>\$ <u>21,119.33</u></b>
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ <u>18,000.00</u>	Preferred Stock	\$
Office Furniture	\$ <u>1,800.00</u>	Common Stock	\$
Other Equipment	\$ <u>1,000.00</u>	Retained Earnings	\$
Other Assets	\$	Capital	\$ <u>21,100.00</u>
<b>TOTAL ASSETS</b>	<b>\$ <u>38,945.00</u></b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ <u>42,219.33</u></b>

## 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
'95	MITZUBISHI	A16194R	JW6CEH1G8SL002492	18,000
'93	FRIEHTLINER	A06404T	1FV9BFEC2RL4A5060	26,000

### 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: Matt Deter Position: owner

**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: Matt Deter Position: owner

**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: Matt Deter Position: owner

**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: Matt Deter Position: owner

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: Matt Deter Position: owner

**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: Matt Deter Position: owner

**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: Matt Deter Position: owner

**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: Matt Deter

Position: owner

**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: Matt Deter

Position: owner

**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.*

Matt Deter  
Print name of applicant

[Signature]  
Signature of Applicant

06/01/04 Kennewick  
Date & Place

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name:

SPEEDY DELIVERY LLC      MATT DETER

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

Name, Title, and Business Name:

Mike Donaker      Manager      Furniture Row outlet  
~~7420 W Bonnie Ave~~

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

7420 W Bonnie Ave  
Kennewick WA 99336

Phone Number:

509-736-9969

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

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

When people move or need items moved we always are asked who is out there. Speedy has been great for Store to Home

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:

From Store to Home

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:

Job with Store to Home Del. and people will love the service and Price. They Do a Great

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

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

Mike Donaker  
Signature of Person Completing Form

6-3-04  
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

SPEEDY DELIVERY LLC MATT DETER

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

DARRYL LEWIS, SUPERVISOR, WELCOME HOME LIQUIDATION OUTLET

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

1911 FOWLER, RICHLAND, WA 99352 USA

Phone Number:

(509) 735-9826

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

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

DELIVERY OF FURNITURE SOLD BY US.

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:

DELIVERY OF FURNITURE SOLD BY US

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:

WE CAN SERVICE OUR CUSTOMERS WITH PROMPT DELIVERIES.

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

No.

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

JUNE-2-04, RICHLAND. Date and Location

**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: SPEEDY DELIVERY LLC      MATT DETER

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

Name, Title, and Business Name:  
TERRY BLACK      VICE PRESIDENT      THREERIVERS FURNITURE CO

Address (include street address, mailing address, city, state, zip, and county):  
7411 W. CANAL DR. #D  
KENNEWICK, WA 99336  
BENTON COUNTY

Phone Number: (509) 783-7177

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company?  
 No  Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: will assist us in the service of our retail customers

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

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

Terry Black  
Signature of Person Completing Form

6/1/04 Kennewick, WA  
Date and Location



# CERTIFICATE OF INSURANCE

ALLSTATE INSURANCE COMPANY

HOME OFFICE—NORTHBROOK, ILLINOIS

Name and Address of Party to Whom this Certificate is Issued

Name and Address of Insured

Matt Deter DBA Speedy Delivery  
1620 S Gum st  
Kennewick, WA 99337

## INSURANCE IN FORCE

TYPE OF INSURANCE AND HAZARDS	POLICY FORMS	LIMITS OF LIABILITY			POLICY NUMBER	EXPIRATION DATE
Workers' Compensation  Employers' Liability	STANDARD	STATUTORY * PER ACCIDENT (Employer's Liability only) *Applies only in following state(s):				
Automobile Liability		Bodily Injury	Each Person	Property Damage		
<input checked="" type="checkbox"/> OWNED ONLY	<input type="checkbox"/> BASIC	\$				
<input type="checkbox"/> NON-OWNED ONLY	<input type="checkbox"/> COMPREHENSIVE	\$	ACCIDENT	\$		
<input type="checkbox"/> HIRED ONLY	<input type="checkbox"/> GARAGE	\$	OCCURRENCE	\$		
<input type="checkbox"/> OWNED, NON-OWNED AND HIRED	<input type="checkbox"/>	Bodily Injury and Property Damage (Single Limit)				
		\$2,000,000 EACH ACCIDENT				
		\$2,000,000 EACH OCCURRENCE			048584992	01/03/04
General Liability		Bodily Injury	Each Person	Property Damage		
<input type="checkbox"/> PREMISES—O.L.&T.	<input type="checkbox"/> SCHEDULE	\$				
<input type="checkbox"/> OPERATIONS—M.&C.	<input type="checkbox"/> COMPREHENSIVE	\$	ACCIDENT	\$ 20,000		
<input type="checkbox"/> ELEVATOR	<input type="checkbox"/>	\$	OCCURRENCE	\$ 20,000	50005287	11/15/03
<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS	<input type="checkbox"/> SPECIAL MULTI-PERIL	\$	AGGREG. PROD. COMP. OPTNS.	\$		
<input type="checkbox"/> PROTECTIVE (Independent Contractors)			AGGREGATE OPERATIONS	\$		
<input type="checkbox"/> Endorsed to cover contract between insured and			AGGREGATE PROTECTIVE	\$		
			AGGREGATE CONTRACTUAL	\$		
		Bodily Injury and Property Damage (Single Limit)				
		\$ EACH ACCIDENT				
		\$ EACH OCCURRENCE				
		\$ AGGREGATE				

The policies identified above by number are in force on the date indicated below. With respect to a number entered under policy number, the type of insurance shown at its left is in force, but only with respect to such of the hazards, and under such policy forms, for which an "X" is entered, subject, however, to all the terms of the policy having reference thereto. The limits of liability for such insurance are only as shown above. This Certificate of Insurance neither affirmatively nor negatively amends, extends, nor alters the coverage afforded by the policy or policies numbered in this Certificate.

In the event of reduction of coverage or cancellation of said policies, the Allstate Insurance Company will make all reasonable effort to send notice of such reduction or cancellation to the certificate holder at the address shown above.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.

Date 4-2-03 19 03 By [Signature]  
Authorized Representative

INQR UTL024P1 MASTER LICENSE SERVICE 08/24/04  
BUSINESS ENTITY INQUIRY 14:30:39

-----  
UBI: 602 349 178 001 State of Inc: WA Loc Status: A  
Type: LIMITED LIABILITY COMPANY Date of Inc: 01 01 2004 Corp Status: A  
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Owner Name: SPEEDY DELIVERY LLC

Reg. Agent: MATT DETER  
Reg. Address: 1620 S GUM ST Exp. Date: 01 31 2005  
KENNEWICK WA 99337 Total Shares authzd:  
Total Shares issued:

Firm Name :

Loc: Mail:

Phone: Registered Tradenames for this UBI? No  
RFI: No NSF: No Location First Activity:  
RFP: No Withhold: No Last License Issue:

TRANSFER: \_\_\_\_\_ {Press <ENTER> for Endorsements List}

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
GLIST APLST UBIQ SERV TRDU INQA INQR MMENU

Master Licensing System  
Corporation Name Search

08/24/2004  
12:43

CNAM BUS214P1

Search: SPEEDY DELIVERY

Sel	Corporation Name	Sts	Ubi	City
X	1) SPEEDY DELIVERY LLC	A	602 349 178 1	KENNEWICK
_	2) SPEEDY DELIVERY, INC.	T	601 380 687 1	BELLEVUE

NAME SEARCH - DETAIL INFORMATION

1) LIMITED LIABILITY COMPANY  
UBI: 602 349 178 BUS ID: 001  
SSO ENDRS STAT: ACTIVE ENDRS EXP DATE: 01 31 2005  
SSO DATE/STATE: 01 01 2004 WA

SPEEDY DELIVERY LLC

MATT DETER  
1620 S GUM ST

KENNEWICK WA 99337

Transfer: PF3=Locnlist

AM

OLLEY

MC 441393



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**Corporations**

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**SPEEDY DELIVERY LLC**

<b>UBI Number</b>	602 349 178
<b>Category</b>	Limited Liability Regular
<b>Profit/Nonprofit</b>	Profit
<b>Active/Inactive</b>	Active
<b>State of Incorporation</b>	WA
<b>Date of Incorporation</b>	01/01/2004
<b>License Expiration Date</b>	01/31/2005

**Registered Agent Information**

<b>Agent Name</b>	MATT DETER
<b>Address</b>	1620 S GUM ST
<b>City</b>	KENNEWICK
<b>State</b>	WA
<b>ZIP</b>	99337

**Special Address Information**

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

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**Disclaimer**

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