

**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

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Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

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): Peter A Clarke Date: 9/6/04  
 Signature: [Signature] Title: 9/6/04

**FOR OFFICIAL USE ONLY**

Date Filed: <u>9/9/04</u>	Application #: <u>P 79304</u>	Motcar: <u>43144</u>	Permit Issued: HG- <u>61515</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: <u>[Signature]</u>	DOL/SOS: <u>[Signature]</u>
Reception #: <u>0008378</u>			
111-0268-207-02	550.00	111-0268-202-01	111-0268-013-20

TV-041760

**BUSINESS INFORMATION**

Name of Applicant Peter A. Clarke  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Clarke's Piano + Furniture Moving

Physical Address 3100 Falk Road #D-13  
Vancouver, WA 98661

Mailing Address \_\_\_\_\_

Telephone Number (360) 904 2441 Fax Number ( ) \_\_\_\_\_

UBI # 601-836-8320 Email: \_\_\_\_\_

**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>

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 pianos, pack & move household belongings.

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

I have been involved in this moving industry for over 6 years.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?

No  Yes If yes, please indicate your permit number: \_\_\_\_\_

Have you ever applied for and been denied a permit to operate as a motor carrier of property?

No  Yes If yes, please explain: \_\_\_\_\_

Do you currently operate interstate?  No  Yes If yes, please indicate your:

DOT# \_\_\_\_\_ MC# \_\_\_\_\_ Single State Registration Base State \_\_\_\_\_

Do you operate interstate as an agent of another company?  No  Yes If yes, what is the name of the company? \_\_\_\_\_

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

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

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

### FINANCIAL STATEMENT

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

ASSETS		LIABILITIES	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES &amp; NET WORTH</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
1992	FORD	A12524E	FDKE3766N-11,000 LB HA56840	

### 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:	Position:
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**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:	Position:
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**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:	Position:
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**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:	Position:
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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:	Position:
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✓ **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:	Position:
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✓ **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:	Position:
-------	-----------

**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
1992	Ford	A1257QE	1E2KE37067 PHA 56840	11,000

**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: Peter Clarke 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: Peter Clarke 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: Peter Clarke 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: Peter Clarke 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 40 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: Peter Clarke Position: owner

**INSURANCE REQUIREMENTS (WAC 480-15-930)** 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: Peter Clarke 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: Peter Clarke 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: See attachment | Position:

**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: Peter Clarke | Position: Owner

**DECLARATION OF APPLICANT:**

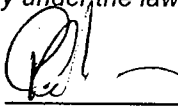
*I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.*

*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.*

Peter Clarke  
Print name of applicant

  
Signature of Applicant

9/6/04 Vancouver WA  
Date & Place

**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: Peter Clarke 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: Peter Clarke Position: Owner

**DECLARATION OF APPLICANT:**

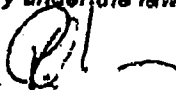
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As the applicant for a household goods permit, I understand the responsibilities of a motor carrier, and I am in compliance with all local, state, and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

Peter Clarke



10/04 Issaquah WA

Print name of applicant

Signature of Applicant

Date & Place

*Financial Statement*

**CLARKE MOVING  
3100 FALK ROAD  
VANCOUVER, WA 98661**

**STATEMENT OF OPERATIONS  
For the 4th Quarter Ended 12-31-03**

	CURRENT PERIOD	%	YEAR-TO-DATE	%
SALES	37,623		37,623	
BEGINNING INVENTORY	0		0	
PURCHASES	0	0.0	0	0.0
ENDING INVENTORY	<u>0</u>		<u>0</u>	
COST OF GOODS SOLD	<u>0</u>	0.0	<u>0</u>	0.0
GROSS PROFIT	<u>37,623</u>	100.0	<u>37,623</u>	100.0
<b>EXPENSES</b>				
	CURRENT PERIOD	%	YEAR-TO-DATE	%
ADVERTISING & PROMOTION	986	2.6	986	2.6
BANK CHARGES	976	2.6	976	2.6
CLEANING	60	0.2	60	0.2
EQUIPMENT LEASES	1,172	3.1	1,172	3.1
INSURANCE	270	0.7	270	0.7
LEGAL & ACCOUNTING	700	1.9	700	1.9
LICENSES & TAXES	37	0.1	37	0.1
MEALS AND ENTERTAINMENT	352	0.9	352	0.9
MISCELLANEOUS	40	0.1	40	0.1
OFFICE	853	2.3	853	2.3
PHONE CARD	1,609	4.3	1,609	4.3
REPAIRS & MAINTENANCE	450	1.2	450	1.2
SUPPLIES	847	2.3	847	2.3
TEMP. HELP	2,420	6.4	2,420	6.4
TRAVEL	142	0.4	142	0.4
UTILITIES	400	1.1	400	1.1
VEHICLES	<u>4,609</u>	12.3	<u>4,609</u>	12.3
TOTAL EXPENSES	<u>15,923</u>	42.3	<u>15,923</u>	42.3
INCOME FROM OPERATIONS	21,700	57.7	21,700	57.7
OTHER INCOME	<u>0</u>	0.0	<u>0</u>	0.0
INCOME BEFORE TAXES	<u>21,700</u>	57.7	<u>21,700</u>	57.7

\* This summary and any related tax or other reports have been prepared from information furnished to us by management.  
PADGETT BUSINESS SERVICES



### 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: Peter Clark

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

Name, Title, and Business Name:

Diana L.R. Allauddin

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

2505 E McLoughlin Blvd  
Vancouver, WA 98661

Phone Number:

360 993 2137

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

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

move my childrens households from my home to their 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:

In the future, to move last child's household as well as my mother's household.

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:

Peter is very reasonable in prices and gets along with anyone. His customer service is very good.

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.

Diana L.R. Allauddin  
Signature of Person Completing Form

9/27/04 Vancouver WA  
Date and Location

### 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: Peter Clark

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

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

EMIL FRIES PIANO HOSPITAL  
AND TRAINING CENTER  
2510 Evergreen Blvd.  
Vancouver, WA 98661-4222

Phone Number: 360 693 1511

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

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

Moving + delivery Setup of Pianos.

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:

Moving + delivery Set-up of Pianos.

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 need experienced piano movers to deliver + Setup Pianos for our customers + our students

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.

Dana Robertson  
Signature of Person Completing Form

9/30/04 Vancouver  
Date and Location WA

### 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: DIANA SMITH

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: PADGETT BUSINESS SERVICES

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

101 EAST 8TH St.  
SUITE # 330 D  
VANCOUVER, WA 98660

Phone Number: 360-693-0962

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:

RESIDENTIAL HOUSEHOLD MOVING

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:

AVAILABILITY OF GOOD QUALITY MOVER AT  
A REASONABLE PRICE

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.

Diana Smith  
Signature of Person Completing Form

9-30-04  
Date and Location



STATE OF WASHINGTON

# MASTER LICENSE SERVICE REGISTRATIONS AND LICENSES

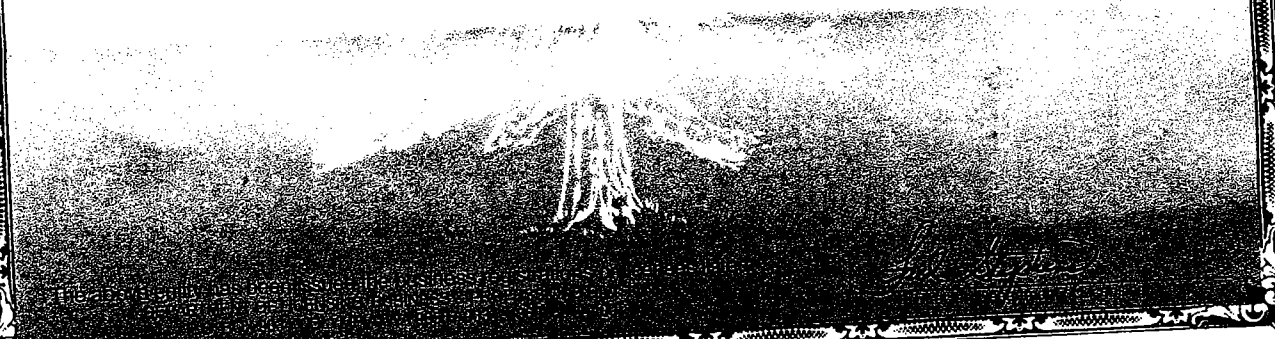
UNIFIED BUSINESS ID #: 601 836 832  
BUSINESS ID #: 001  
LOCATION: 0002

ORGANIZATION TYPE  
SOLE PROPRIETORSHIP

PETER ANTHONY CLARKE  
CLARKE PIANO AND FURNITURE MOVING  
3100 FALK RD # D-13  
VANCOUVER WA 98661

TAX REGISTRATION

REGISTERED TRADE NAMES:  
CLARKE PIANO AND FURNITURE MOVING



0008324 AT

STATE OF WASHINGTON  
EXPIRATION DATE

01 836 832 001 0002

PETER ANTHONY CLARKE  
CLARKE PIANO AND FURNITURE MOVING  
3100 FALK RD # D-13  
VANCOUVER WA 98661

TAX REGISTRATION



*Paul Stephens*  
Director, Department of Licensing

DETACH THIS SECTION FOR YOUR WALLET

**City of Vancouver Business License**

Department of Financial and Management Services  
P O Box 8995  
Vancouver, Washington 98668  
360-696-8145

Date: 10-JUN-2004  
Account: 20361  
License Expires: 30-JUN-2005

Location: 3100 FALK RD #D13

Type of Business: PIANO & FURNITURE MOVING

Licensee: CLARKE MOVING  
PO BOX 2307  
VANCOUVER

WA 98668

This is a license for revenue only and may be  
revoked for failure to pay any license fee or tax  
due under Chapter 5.04 VMC in accordance  
with Ordinance M-204, as amended.

This license shall be conspicuously posted in the place of business for which it is issued.  
This license is personal and nontransferable.

INQR UTL024P1                    MASTER LICENSE SERVICE                    09/09/04  
   BUSINESS ENTITY INQUIRY                    09:46:08

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UBI: 601 836 832 001 0001                    Loc Status: A  
Type: Sole Proprietor

---

Owner Name: PETER ANTHONY CLARKE

Firm Name : CLARKE'S ENTERPRISE

Loc: 2000 LAUREL PL #102  
VANCOUVER WA 98661

Mail: PO BOX 2307  
VANCOUVER WA 98668

Phone: (360) 992-8740                    Registered Tradenames for this UBI? Yes

RFI: No                    NSF: No                    Location First Activity: 07 01 1997  
RFP: No                    Withhold: No                    Last License Issued:                    03 19 1998

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                    09/09/04  
                                  BUSINESS ENTITY INQUIRY                    09:46:33

-----  
UBI: 601 836 832 001 0001  
Type: Sole Proprietor

Loc Status: A

-----  
Owner Name: PETER ANTHONY CLARKE  
Firm Name : CLARKE'S ENTERPRISE  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	12 23 1997	
No Unemployment Insurance					
No Industrial Insurance					

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

MASTER LICENSING SYSTEM  
TRADE NAME BY NAME SEARCH

09/09/2004  
09:47

TRDN TRD352P1

SEARCH: CLARKE PIANO \_\_\_\_\_

SEL \_\_\_\_\_ TRADE\_NAME(S) \_\_\_\_\_ UBI \_\_\_\_\_ BUS \_\_\_\_\_ REGSTRD \_\_\_\_\_ CANCELED

TRADE\_NAME\_DETAIL\_INFORMATION

\* 1) CLARKE PIANO AND FURNITURE MOVING \_\_\_\_\_

UBI: 601 836 832 BUS ID: 1  
SOLE PROPRIETORSHIP  
CLARKE PETER ANTHONY

3100 FALK RD # D-13  
VANCOUVER WA 98661

REGISTRATION DATE: 08 15 2003 CANCELLATION DATE: 00 00 0000

ORIG APPL ID: 03 234 0396 ORIG VAL ID 6195 000 400 08 22 03

TRANSFER: \_\_\_\_\_ PF3=LOCNLIST \_\_\_\_\_ EXIT N \_\_\_\_\_





**Better Business Bureau**  
 serving Oregon & Western Washington  
*Where Ethics Never Go Out Of Style*

## FAX TRANSMITTAL

**To:** Tina

**Company:** Department of Utilities & Transportation

**Fax:** 360-586-1181

**Phone:** 360-664-1170

**Date:** October 4, 2004

**# of Pages (incl. Cover):** 6

**From:** Leslie Thomas

**Fax:** 206-436-5407

**Phone:** 206-431-2216 ext 146

Tina,

Here is the paperwork sent to me by Peter Clarke for Clarke's Piano & Furniture Moving. I am sending you pages 4 and 5 completed, as well as the three required support statements. I will get the Financial Statement to you as soon as I receive it.

Thank you,

*Leslie Thomas*

Leslie Thomas  
 Business Relations  
 Better Business Bureau of Oregon & Western Washington

**Washington Office**  
 1000 Station Drive, Ste 222  
 DuPont, WA 98327  
**PHONE:** 206/431.2216  
           253/830.2926  
           888/860.2227  
**FAX:** 206/431.2211  
        253/830.2925

**Oregon Office**  
 333 SW 5<sup>th</sup> Avenue, Ste 406  
 Portland, OR 97204  
**PHONE:** 503/222.2255  
           800/488.4155  
**FAX:** 503/226.8200

[www.thebbb.org](http://www.thebbb.org)