



**BUSINESS INFORMATION**

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

Trade Name, if applicable \_\_\_\_\_

Physical Address 660 NORTH 18TH AVENUE, YAKIMA, WA 98902

Mailing Address 660 NORTH 18TH AVENUE, YAKIMA, WA 98902

Telephone Number (509) 453-6683 Fax Number (509) 453-5623

UBI # 602407940 Email: BERNDMOVING@CHARTERINTERNET.COM

**TYPE OF BUSINESS STRUCTURE**

- Individual     Partnership     Corporation     Other \_\_\_\_\_  
(LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
DOUGLAS A. BERND	PRESIDENT	100%

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: COMPLETE PACKING, MOVING AND STORAGE SERVICE TO THE STATE OF WASHINGTON RESIDENCES AND BUSINESSES.

Briefly describe your experience in the transportation/household goods moving industry:  
OWNED BERND, INC. FOR 40 YEARS. HEAVILY INVOLVED IN THE WASHINGTON MOVERS CONFERENCE

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: HG 18158

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# 074735 MC# 126294 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? UNITED VAN LINES

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	\$	NET WORTH	
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>	\$

Bernd, Inc.  
Statement of Assets and Liabilities  
Income Tax Basis  
December 31, 2003

Assets

Current Assets			
Cash	\$	25,998	
Accounts Receivable - Trade		12,083	
Notes Receivable-Shareholder		<u>208,702</u>	
Total Current Assets			\$ 246,783
Property & Equipment			
Office Equipment	\$	20,648	
Building		193,738	
Equipment		448,090	
Land		4,000	
Accumulated Depreciation		<u>(510,220)</u>	
Total Property and Equipment			\$ 156,256
Other Assets			
Goodwill	\$	<u>14,988</u>	
Total Other Assets			<u>\$ 14,988</u>
Total Assets			<u><u>\$ 418,027</u></u>

Liabilities and Equity

Current Liabilities			
Accounts Payable - Trade	\$	16,288	
Taxes Payable		5,208	
Notes Payable - Current		<u>55,345</u>	
Total Current Liabilities			\$ 76,841
Long Term Liabilities			
Notes Payable - Long-Term	\$	<u>266,561</u>	
Total Long-term Liabilities			\$ 266,561
Equity			
Common Stock			
50,000 Shares Authorized,			
12,500 Shares Issued and Outstanding			
\$1 par	\$	12,500	
Retained Earnings		<u>62,125</u>	
Total Equity			<u>\$ 74,625</u>
Total Liabilities and Stockholder's Equity			<u><u>\$ 418,027</u></u>

See Accountant's Compilation Report.

## 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
1977	CHEVROLET	A 05302 J	20	10,000
1998	GMC	A 87490 R	12	26,000
1989	ISUZU	44161 7	11	14,000
1984	MACK	34094 PR	10	34,000

### 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: DOUGLAS A. BERND	Position: PRESIDENT
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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: DOUGLAS A. BERND	Position: PRESIDENT
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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: DOUGLAS A. BERND	Position: PRESIDENT
------------------------	---------------------

**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: DOUGLAS A. BERND	Position: PRESIDENT
------------------------	---------------------

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: DOUGLAS A. BERND	Position: PRESIDENT
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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: DOUGLAS A. BERND	Position: PRESIDENT
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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: DOUGLAS A. BERND	Position: PRESIDENT
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Bernd Moving Systems

660 N. 18th Avenue  
Yakima, WA 98902  
509-453-6683  
800-332-6683  
509-453-5623 FAX

**BERND**  
Moving Systems

**UNITED**  
Van Lines®

**EQUIPMENT LIST (CONTINUED):**

YEAR	MAKE	LICENSE NUMBER	VEHICLE #	GROSS WEIGHT
1984	MACK	A 70898 B	9	26,000
1973	INTL	A 59395 J	8	24,000
1977	KENTU	2378 KD	303	TRAILER
1992	KENTU	6994 KN	306	TRAILER
1998	KENTU	1745 LZ	307	TRAILER
2004	KENTU	4588 RN	308	TRAILER
1961	TRAILMO	8603 JC	319	TRAILER
1988	INTL	47835 PR	325	66,000
1991	KENWORTH	46698 PR	326	66,000
1993	WHITE	66084 PR	327	72,000
1991	INTL	79489 PR	328	66,000

**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: DOUGLAS A. BERND

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: DOUGLAS A. BERND

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.*

DOUGLAS A. BERND

Print name of applicant



Signature of Applicant

10/27/04 YAKIMA, WA

Date & Place

## ATTACHMENT C

### TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-260

1. The Commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
  - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
  - A sole proprietor has died and the interest is being transferred as property of the estate;
  - An individual has incorporated, and the same individual remains the majority shareholder;
  - An individual has added a partner, but the same individual remains the majority partner;
  - A corporation has dissolved and the interest is being transferred to the majority shareholder;
  - A partnership has dissolved and the interest is being transferred to the majority partner;
  - A partnership has incorporated and the partners are the majority shareholders; or
  - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders. *MD*

\*\*\*NOTE\*\*\* Documentation must be included with your application. Documentation may be in the form of a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason (check box, if applicable):
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
    - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period?     No     Yes
    - b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability: BERND MOVING SYSTEMS, INC. IS A C-CORP FOR TAX PURPOSES OWNED BY BERND, INC WHICH IS A S-CORP. BERND MOVING SYSTEMS WILL PAY INCOME TAX AT 15% WHILE BERND, INC. PROFITS HAVE BEEN TAXED AT 31%.
    - c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained: ALL KEY EMPLOYEES WILL NOT BE AFFECTED BY THE CHANGE IN CORPORATE STRUCTURE.



## ATTACHMENT B

### Transfer or Acquisition of Control

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

Transfer  Acquisition of Control

BERND, INC

Current Name on Permit (Seller)

BERND MOVING SYSTEMS

Current Trade Name on Permit (Seller)

660 NORTH 18TH AVENUE, YAKIMA, WA 98902

Address (Seller)

HG- 18158

(509)453-6683

Permit Number

Phone Number (Seller)

Does the transfer of this permit fall under the provisions of WAC 480-15-260?  No  Yes If yes, please complete Attachment C.

Have all fines and/or penalties been paid?  No  Yes

Has the closing annual report been filed with the Commission?  No  Yes

A customer may file a loss or damage claim for up to nine months following a move, and up to two years for a lawsuit. Who will be responsible for handling claims filed by customers for loss and/or damage that occurred on moves taking place prior to the sale and transfer or acquisition?

### RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG- 18158 to the following:

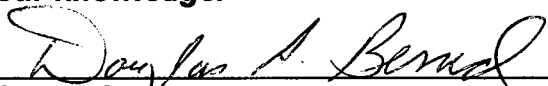
BERND MOVING SYSTEMS, INC.

Name of Buyer

BERND MOVING SYSTEMS


Trade Name of Buyer

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

  
\_\_\_\_\_  
Seller's Signature

10/27/04 YAKIMA, WA

\_\_\_\_\_  
Date & Location

  
\_\_\_\_\_  
Buyer's Signature

10/27/04 YAKIMA, WA

\_\_\_\_\_  
Date & Location

INQR UTL024P1 MASTER LICENSE SERVICE 11/03/04  
BUSINESS ENTITY INQUIRY 08:47:27

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UBI: 602 407 940 001 0001 Loc Status: A  
Type: PROFIT CORPORATION  
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Owner Name: BERND MOVING SYSTEMS, INCORPORATED  
Firm Name : BERND MOVING SYSTEMS, INCORPORATED  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	10 26 2004	
UNEMPLOYMENT INSURANCE			A	10 26 2004	
INDUSTRIAL INSURANCE			A	10 26 2004	

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



[HOME](#)[CORPORATIONS MENU](#)**CORPORATIONS DIVISION - REGISTRATION DATA SEARCH****BERND MOVING SYSTEMS, INCORPORATED**

<b>UBI Number</b>	602 407 940
<b>Category</b>	Regular Corporation
<b>Profit/Nonprofit</b>	Profit
<b>Active/Inactive</b>	Active
<b>State of Incorporation</b>	WA
<b>Date of Incorporation</b>	06/28/2004
<b>License Expiration Date</b>	06/30/2005
<b>Registered Agent Information</b>	
<b>Agent Name</b>	DOUGLAS A BERND
<b>Address</b>	660 N 18TH AVE
<b>City</b>	YAKIMA
<b>State</b>	WA
<b>ZIP</b>	98902
<b>Special Address Information</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	

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