



### 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

#1334849

**TYPE OF PAYMENT**

Check   
  Money Order   
  Amex   
  Discover   
  Mastercard   
  Visa

Expiration Date: 2/28/06 Amount: 550.00

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): LUIS J SERNA Date: 12/09/04  
 Signature: [Signature] Title: PRESIDENT

FOR OFFICIAL USE ONLY			
Date Filed: <u>12/31/04</u>	Application #: <u>P79340</u>	Motcar: <u>43422</u>	Permit Issued: HG- <u>61617</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>

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TV-042164

**BUSINESS INFORMATION**

Name of Applicant Serna's Relocation Systems, Inc.  
(must be individual, partners of a partnership, or corporation)

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

Physical Address 9011 Stevenson Road, Anacortes, WA 98221

Mailing Address Same As Above

Telephone Number (360) 293-3224 Fax Number (360) 293-4473

UBI # 602-451-413 Email: sernasrelo@sprintmail.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>
Luis Serna	President	50%
Felipe Serna	V. President	50%

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: Household Goods Moving, Office Moving, Storage, Packing and Crating. This give the public more of a choice when it comes to hiring a professional mover.

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

Serna's Relocation Systems, Inc. has been a California based Corporation in the transportation/household goods moving industry for 15 years. (1989-2004)

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: California CAL-T-179172

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? Mayflower Transit, LLC

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>	\$

*See attached*

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08/28/2004 13:11 12489523133

RELIANCE MOVING STD  
ZEPHYR FINANCIAL

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SERNA'S RELOCATION SYSTEMS, INC.  
FINANCIAL STATEMENTS  
DECEMBER 31, 2003

**Zephyr Financial Corporation**  
**Post Office Box 738**  
**Bloomfield Hills, Michigan 48303-0738**  
**(248) 852-3133**

July 15, 2004

Felipe D. Serna, Vice President  
Serna's Relocation Systems, Inc.  
2540 Fulton Road  
Pomona, CA 91767-2176

Dear Mr. Serna,

We have reviewed the books and records of Serna's Relocation Systems, Inc. and have prepared the accompanying balance sheet as of December 31, 2003 and the statement of income and expense for the year then ended.

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with generally accepted accounting principles.

Zephyr Financial Corporation



C. Alfred Johnson, President

CAJ/mdj:

**SERNA'S RELOCATION SYSTEMS, INC.**  
**STATEMENT OF INCOME AND EXPENSE**  
**FOR THE YEAR ENDED DECEMBER 31, 2003**

<b>INCOME:</b>		
Gross Income	\$ 1,874,415.52	
Less - Returns and Allowances	<u>5,114.93</u>	
<b>TOTAL INCOME</b>		<b>\$ 1,869,300.59 100.00%</b>
<b>EXPENSE:</b>		
Advertising	\$ 19,233.45	1.03%
Automobile	30,275.18	1.62
Business Promotion	6,683.15	.36
Claims	8,118.67	.43
Commissions	11,936.54	.64
Donations	720.00	.04
Depreciations	68,792.14	3.68
Dues and Subscriptions	2,905.00	.16
Insurance	118,578.14	6.34
Interest	14,023.14	.75
Legal and Accounting Fees	2,700.00	.14
Licenses and Permits	18,879.93	1.01
Meetings and Seminars	2,075.97	.11
Packing Material and Expense	47,687.12	2.55
Penalties and Fines	1,877.33	.10
Purchased Labor	41,363.00	2.21
Purchased Transportation	299,061.11	16.00
Rent - Building and Yard	100,125.00	5.36
- Equipment	13,884.79	.74
Repairs and Maintenance - Building and Yard	5,227.83	.28
Salaries - Officers'	89,048.86	4.76
- Office Staff	110,735.24	5.92
- Sales Staff	34,168.34	1.83
Sales Promotion and Expense	11,877.01	.64
Supplies and Expense - Office	62,242.25	3.34
- Operations	74,729.87	4.00
Taxes - General	7,703.91	.41
- Payroll	49,340.50	2.64
Telephone	42,929.10	2.30
Transportation Equipment:		
Fuel and Oil	62,333.89	3.33
Repairs and Maintenance	57,168.02	3.05
Travel - Driver Trips	23,817.15	1.27
Utilities	9,369.14	.50
Wages - Drivers/Helpers/Warehousemen	<u>353,974.80</u>	<u>18.94</u>
<b>TOTAL EXPENSE</b>		<b><u>1,803,585.57 96.48%</u></b>
<b>NET INCOME - Before Provision for Federal Corporation</b>		
Income Taxes and State Franchise Fees	\$ 65,715.02	3.52%
<b>LESS - Provision for Federal Corporation Income Taxes</b>		
and State Franchise Fees	<u>16,913.82</u>	<u>.91</u>
<b>NET INCOME FOR PERIOD</b>		<b><u>48,801.20 2.61%</u></b>

SERVA'S RELOCATION SYSTEMS, INC.  
BALANCE SHEET  
DECEMBER 31, 2003

- LIABILITIES -

CURRENT LIABILITIES:

Accounts Payable - Trade	\$ 121,226.89
Accrued Federal Corporation Income Taxes	9,600.40
Accrued General Taxes	3,651.59
Accrued Payroll Taxes	29,980.76
Accrued State Franchise Fees	6,549.58
Accrued Salaries and Wages	13,440.57
Notes Payable - Equipment	29,367.20
- Working Capital Line	<u>5,016.02</u>
Total Current Liabilities	\$ 218,833.01

LONG TERM LIABILITIES:

Notes Payable - Equipment	\$ 99,976.65
- Working Capital Line	<u>45,918.15</u>
Total Long Term Liabilities	<u>145,894.80</u>

TOTAL LIABILITIES

\$ 364,727.81

- NET WORTH -

CAPITAL STOCK AUTHORIZED AND ISSUED \$ 7,500.00

RETAINED EARNINGS:

Balance - January 1, 2003	\$ 43,302.89
Add - Net Income for the year ended December 31, 2003	<u>48,801.20</u>
Balance - December 31, 2003	<u>92,104.09</u>

TOTAL NET WORTH

92,104.09

TOTAL LIABILITIES AND NET WORTH

\$ 464,331.90  
=====

SERNA'S RELOCATION SYSTEMS, INC.  
BALANCE SHEET  
DECEMBER 31, 2003

- ASSETS -

CURRENT ASSETS:

Cash on Hand and in Bank	\$ 28,341.66	
Accounts Receivable - Contract Drivers	29,496.58	
- Trade	263,344.50	
Advances to Employees	3,127.07	
Deferred Interest Expense	2,300.17	
Inventory	5,325.92	
Prepaid Insurance Expense	9,777.18	
Prepaid Licenses and Permits	<u>2,903.98</u>	
Total Current Assets		\$ 344,617.06

FIXED ASSETS:

Office Furniture and Equipment	\$ 29,624.20	
Tools and Gear	5,250.00	
Transportation Equipment	408,135.43	
Warehouse and Van Equipment	<u>52,107.87</u>	
	\$ 495,117.50	
Less - Accumulated Depreciation	<u>391,399.17</u>	
Total Fixed Assets (Book Value)		103,718.33

OTHER ASSETS:

Deferred Interest Expense - Long Term Portion	\$ 6,900.51	
Deposits - Rent	8,596.00	
Investments - P.U.C. Rights and Permits	<u>500.00</u>	
Total Other Assets		<u>15,996.51</u>

TOTAL ASSETS

\$ 464,331.90  
=====



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RELIANCE MOVING STO  
ZEPHYR FINANCIAL

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**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
		See Attachment		

**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: Luis Serna Position: President

**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: Luis Serna Position: President

**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: Luis Serna 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: Luis Serna 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: Luis Serna Position: President

**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: Luis Serna 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: Luis Serna Position: President

**VEHICLE INFORMATION****PACK VAN (1998 FORD VAN 7450 LBS SCLWT 12000 LBS GWT)**

REG EXP: 10/02/2004  
GWT EXP: 10/02/2004  
INS: 10/08/2004  
VIN: 1FDWE37L0WHA92505  
PLATE #: A13697M

**HERTZ (1998 INTERNATIONAL VAN 4700T444E 16000 LBS SCLWT 32000 LBS GWT)**

REG EXP: 9/11/2005  
GWT EXP: 10/11/2004  
INS: 10/08/2004  
VIN: 1HTSCABM4XH660787  
PLATE #: A01312U

**NEW INTER (2001 INTERNATIONAL VAN 4300 SBA DT466 17180 LBS SCLWT 30000 GWT)**

REG EXP: 1/7/2005  
GWT EXP: 10/07/2004  
INS: 10/08/2004  
VIN: 1HTMMAAN72H515946  
PLATE #: A88478M

**OLD INTER (1984 INTERNATIONAL VAN S1900 16740 LBS SCLWT 32000 LBS GWT)**

REG EXP: 10/04/2004  
GWT EXP: 10/04/2004  
INS: 10/08/2004  
VIN: 1HTLDUXN0EHA60630  
PLATE #: A17812M

**LONG HAUL TRACTOR (1995 INTERNATIONAL 9200 13480 SCLWT 52000 LBS GWT)**

REG EXP: 2/27/2004  
GWT EXP: 2/27/2004  
INS: 10/08/2004  
VIN: 2HSFMAMR5TC055254  
PLATE #: A89467M

**LONG HUAL TRAILER (1983 MATLO VAN UNIT #10-0449 12000 LBS SCLWT ? LBS GWT)**

REG EXP: PERM  
GWT EXP: ?  
INS: 10/08/2004  
VIN: 1DTV51R20BA151765  
PLATE #: 5945PF

**CURTIAN TRACTOR (1989 WHGMC TRACTOR 13070 SCLWT 50000 LBS GWT)**

REG EXP: 4/30/2004  
GWT EXP: 4/30/2004  
INS: 10/08/2004  
VIN: 4V1ABAMD9KN616336  
PLATE #: A8841M

**CURTIAN TRAILER (1983 MATLO VAN 12000 SCLWT ? GWT)**

REG EXP: PERM  
GWT EXP: ?  
INS: 10/08/2004  
VIN: 1RMTET453C1002901  
PLATE #: 5944PF

### 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: Luis Serna 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: Luis Serna 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.*

Luis Serna  
Print name of applicant

  
Signature of Applicant

12/03/04-Pomona, CA  
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: Serna's Relocation Systems, Inc.

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

Name, Title, and Business Name: Michael Vance President Schiavello North America

Address (include street address, mailing address, city, state, zip, and county):  
Schiavello North America  
1151 Officers Row  
Vancouver, Washington 98661

Phone Number: 360-993-1279

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:  
I'm moving to Anacortes, WA, and Serna's Relocation has a history of excellent service. They will also distribute my products.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
Honest, capable and very professional.

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

Michael Vance Signature of Person Completing Form  
12/3/04 Vancouver, WA. 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:  
*Serna's Relocation Systems, Inc.*

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

Name, Title, and Business Name:  
*Lucia Merida*

Address (include street address, mailing address, city, state, zip, and county):  
*17603 NE 30th Place  
Redmond, WA 98052*

Phone Number:  
*425-861-1806*

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
*Are in the midst of planning our move and need to coordinate the services.*

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:  
*For future moves.*

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:  
*Serna's has coordinated move services for me in other states. Based on their professionalism and honesty.*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
*Local, family owned businesses are an integral part of any community. Serna's has a reputation of excellence.*

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

*Lucia Merida*  
Signature of Person Completing Form

*12/3/04 Redmond, WA*  
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: Serna's Relocation Systems, Inc.

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

Name, Title, and Business Name: ERIK BERGMAN, President Cap Sante Heated, Mini-Storage

Address (include street address, mailing address, city, state, zip, and county):  
305 T. AVENUE  
ANACORTES, WA 98021

Phone Number: 360-299-0951

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:  
I am moving family to Anacortes, WA and chose Serna's Relocation, based on their excellent reputation in the moving industry

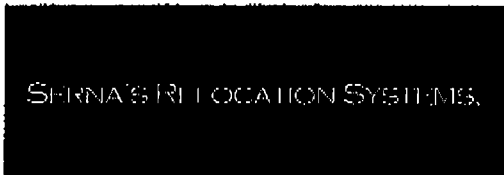
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
Very professional, <sup>pay</sup> attention to the details, and honest.

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

Erik Bergman  
Signature of Person Completing Form

12/3/04 Anacortes, WA  
Date and Location

MAYFLOWER  
SERNA'S RELOCATION SYSTEMS, INC  
9011 STEVENSON ROAD  
ANACORTES, WA 98221  
PHONE 360-293-3224  
FAX 360-293-4473



# FAX

To: TINA (WA. UTC) FROM: LUIS SERNA

FAX: (360) 586-1181 PAGES: 16

PHONE (951) 544-6789 DATE: 12/09/04

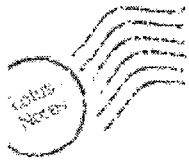
RE: HHB AUTHORITY CC:

URGENT  FOR REVIEW  PLEASE COMMENT  PLEASE REPLY  PLEASE RECYCLE

● COMMENTS:

THANK  
Luis !!





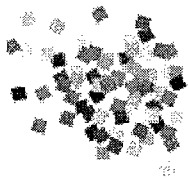
Mark Halliday/WUTC  
12/15/2004 02:59 PM

To Tina Leipski/WUTC@WUTC  
cc Alan Dickson/WUTC@WUTC, Carolyn  
Caruso/WUTC@WUTC  
bcc  
Subject Fw: NEW HHG APPLICATION

Tina,

Alan will be assigned to this company. Also he will be assigned to Budget Moving, Inc. Let me know if you have any questions. Thanks.

----- Forwarded by Mark Halliday/WUTC on 12/15/2004 02:59 PM -----



Tina  
Leipski/WUTC  
12/14/2004  
10:49 AM

Licensing Services, Business Practices, Carolyn  
Caruso/WUTC@WUTC, Alan Dickson/WUTC@WUTC  
John Foster/WUTC@WUTC, Bruce  
To Grimm/WUTC@WUTC, Mark Halliday/WUTC@WUTC  
Leon Macomber/WUTC@WUTC, Tom  
McVaugh/WUTC@WUTC, Sharon  
Paulsen/WUTC@WUTC, Bonnie Allen/WUTC@WUTC  
cc Carolyn Caruso/WUTC@WUTC  
Subject NEW HHG APPLICATION

We have an application for permit to transport household goods in the State of Washington from:

Serna's Relocation Systems, Inc.  
9011 Stevenson Road  
Anacortes, WA 98221  
360-293-3224

**If corporation, managing members: Luis Serna - President 50%**  
**Felipe Serna - Vice Pres 50%**

**COMPLIANCE:** They have nothing in our Compliance database nor in the FMSCA database. They do list a permit number from California.

If you have any concerns or need more information regarding this carrier, just let me know.

Thanks!!! Tina

[HOME](#)[CORPORATIONS MENU](#)**CORPORATIONS DIVISION - REGISTRATION DATA SEARCH**

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**SERNA'S RELACATION SYSTEMS, INC.**

<b>UBI Number</b>	602 451 413
<b>Category</b>	Regular Corporation
<b>Profit/Nonprofit</b>	Profit
<b>Active/Inactive</b>	Active
<b>State of Incorporation</b>	CA
<b>Date of Incorporation</b>	12/06/2004
<b>License Expiration Date</b>	12/31/2005
<b>Registered Agent Information</b>	
<b>Agent Name</b>	TRACEY JEANNE HERRERA
<b>Address</b>	9011 STEVENSON RD
<b>City</b>	ANACORTES
<b>State</b>	WA
<b>ZIP</b>	98221
<b>Special Address Information</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	

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Washington Secretary of State  
Legislative Building  
PO BOX 40220, OLYMPIA WA 98504-0220  
(360) 753-7115

INQR UTL024P1                    MASTER LICENSE SERVICE                    12/21/04  
   BUSINESS ENTITY INQUIRY                    10:44:16

-----  
UBI: 602 451 413 001 0001                    State of Inc: CA                    Loc Status: A  
Type: PROFIT CORPORATION                    Date of Inc: 12 06 2004 Corp Status: A  
-----

Owner Name: SERNA'S RELACATION SYSTEMS, INC.

Reg. Agent: TRACEY JEANNE HERRERA

Reg. Address: 9011 STEVENSON RD  
   ANACORTES WA 98221

Exp. Date: 12 31 2005

Total Shares authzd:  
Total Shares issued:

Firm Name : SERNA'S RELOCATION SYSTEMS INC

Loc: 9011 STEVENSON RD  
   ANACORTES WA 98221

Mail: 9011 STEVENSON RD  
   ANACORTES WA 98221

Phone: (360) 293-3224

Registered Tradenames for this UBI? No

RFI: No            NSF: No

Location First Activity: 12 01 2004

RFP: No            Withhold: No

Last License Issue:            12 14 2004

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                    12/21/04  
                                  BUSINESS ENTITY INQUIRY                    10:44:24

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UBI: 602 451 413 001 0001                    Loc Status: A  
Type: PROFIT CORPORATION  
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Owner Name: SERNA'S RELACATION SYSTEMS, INC.  
Firm Name : SERNA'S RELOCATION SYSTEMS INC  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	12 07 2004	
UNEMPLOYMENT INSURANCE			A	12 07 2004	
INDUSTRIAL INSURANCE			A	12 07 2004	

TRANSFER: \_\_\_\_\_ End of Endorsement List  
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