



HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



Receipt - 155922 APP.

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: _____ Amount: \$ 550-

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): Lucas Joon Kim Date: 8-5-05
Signature: [Handwritten Signature] Title: President

Date Filed: <u>8-5-05</u>	Application #: <u>P-793916</u>	Motor: <u>43916</u>	Permit Issued: HG- <u>61965</u>
Staff Assigned: <u>0000216</u>	Insurance: <u>[Handwritten]</u>	Inspection:	DOL/SOS: <u>tw</u>
Reception #: <u>111-0268-207-02 550.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>	

TV-051219

BUSINESS INFORMATION

Name of Applicant 24 Express, Inc.
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable 24 Express, Inc.

Physical Address 12310 Hwy 99 Unit-118, Everett, WA 98204

Mailing Address SAME AS ABOVE

Telephone Number (425) 290-8282 Fax Number (425) 408-9095

UBI # 602 519 006 Email: lucaskim76@yahoo.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:

Name	Title	Stock Distribution or Percentage of Shares
<u>Lucas Kim</u>	<u>President</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Connection Made
By Lucidford*

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 household goods moving for public.
From packaging to organizing

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

I've work for the moving co. for 2 year.

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TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other _____
(LP, LLP, LLC)

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

Name	Title	Stock Distribution or Percentage of Shares
Lucas Kim	President	58%
Jonah H. Chin	Sec.	14%
Jin Yun Kim	Board	7%
Byung Jin Kim	Sec.	14%
Su Hwan Kim	Board	7%

REVISED PAGE

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Complete household goods moving for public.
From packaging to organizing

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

I've work for the moving co. for 2 year.

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	\$ 28,571	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 3,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 31,571	TOTAL LIABILITIES & NET WORTH	\$

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
90	GMC	A20300L	2GTHG31N4L4519974	12000

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: Lucas Kim 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: Lucas Kim 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: _____ Position: _____

CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Title 49, Code of Federal Regulations Part 382 & Part 40) Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Name: Lucas Kim 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: Lucas Kim 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: Lucas Kim 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: Lucas Kim Position: President

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: Lucas Kim

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: Lucas Kim

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.

Lucas Kim
Print name of applicant

Lucas Kim
Signature of Applicant

8-5-05 Everett, WA
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: 24 Express, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Jung Eun KIM

Address (include street address, mailing address, city, state, zip, and county):
15122 18th Ave SE Snohomish WA 98296

Phone Number: 425-772-5341

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:
I need good, reliable, complete moving service.

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 need good package company.

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

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

[Signature] 8-05-05
Signature of Person Completing Form 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: 24 Express, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Kyung H. Kim

Address (include street address, mailing address, city, state, zip, and county):
4920 226th ST. SW.
Mountlake Terrace, WA 98043

Phone Number: 425) 673-9655

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Local Moving to Bothell. Need packaging Service w/ Movers Serv.

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:
If they are as what they say, I want them for their quick and reliable services.

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

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

Kyung H. Kim
Signature of Person Completing Form

8-3-05 Mountlake Terrace.
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: 24 Express Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: HANA LEE, STUDENT

Address (Include street address, mailing address, city, state, zip, and county):
704 SW 353rd Pl
Federal Way WA 98003

Phone Number: 206-653-6230

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
STUDENT MOVING UP CLOSE TO UNIVERSITY BEGINNING FALL QUARTER.

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:
AS A STUDENT THAT LIVES CLOSE TO CAMPUS ONLY DURING THE SCHOOL YEAR, I FIND MYSELF MOVING BACK HOME YEARLY.

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:
THERE IS A NEED FOR A GOOD, TRUSTWORTHY MOVING SERVICE NOT ONLY FOR MYSELF BUT FOR MANY OF MY PEERS THAT MOVE BACK AND FORTH FROM THE SCHOOL TO THEIR HOME EACH SCHOOL YEAR.

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

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: [Signature] Date and Location: 08/05/05 (Federal Way, WA)

Teri Wallace/WUTC
08/16/2005 01:01 PM

To Tina Leipski/WUTC@WUTC
cc
bcc
Subject Fw: 24 express inc

FYI

----- Forwarded by Teri Wallace/WUTC on 08/16/2005 01:02 PM -----



Bonnie
Allen/WUTC
08/16/2005
12:51 PM

To Teri Wallace/WUTC@WUTC
cc
Subject Re: 24 express inc

I have no additional information or conditions to offer on this application.

Bonnie L. Allen, Regulatory Analyst
PHONE 360-664-1226 FAX 360-586-1130
ballen@wutc.wa.gov

Washington Utilities & Transportation Commission
PO Box 47250
Olympia, WA 98504-7250
Teri Wallace/WUTC

Teri
Wallace/WUTC

08/15/2005
11:48 AM

To Licensing Services@WUTC, Business Practices@WUTC
Carolyn Caruso/WUTC@WUTC, Alan
Dickson/WUTC@WUTC, John Foster/WUTC@WUTC, B
Grimm/WUTC@WUTC, Mark Halliday/WUTC@WUTC, L
Macomber/WUTC@WUTC, Tom McVaugh/WUTC@WU
Sharon Paulsen/WUTC@WUTC, Bonnie
Allen/WUTC@WUTC

cc

Subject

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

24 Express, Inc.
12310 Hwy 99 Unit 118
Everett, WA 98204

If corporation, managing members: Lucas Kim - 100%

COMPLIANCE: No information found in the Compliance Database. No information found in the Safer System.

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

Thank you!