

**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       |

#0

**TYPE OF PAYMENT**

Check   
  Money Order   
  Amex   
  Discover   
  Mastercard   
  Visa

Expiration Date: 08/08      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): ROBERT E KAKUSCHKE      Date: 10/21/05  
 Signature: Robert E Kakuschke      Title: Member

**FOR OFFICIAL USE ONLY**

|   |                                  |                         |                                    |
|---|----------------------------------|-------------------------|------------------------------------|
| Date Filed:<br><u>10-28-05</u>                                  | Application #:<br><u>P-79416</u> | Motcar:<br><u>43914</u> | Permit Issued: HG-<br><u>62096</u> |
| Staff Assigned:<br><u>TW/TL</u>                                 | Insurance:<br><u>tw</u>          | Inspection:             | DOL/SOS: <u>tw</u>                 |
| Reception #: <u>550.00</u> 111-0268-202-01      111-0268-013-20 |                                  |                         |                                    |

0000582

TV-051843

**BUSINESS INFORMATION**

Name of Applicant Friends and Family Moving and Storage LLC.  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Friends and Family Moving and Storage

Physical Address 11511 S.E. 226th Pl., Kent, WA 98031

Mailing Address same

Telephone Number (253) 854-6683 Fax Number (253) 854-6684

UBI # 602-52-5027 *WV XP* Email: \_\_\_\_\_

**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:

| <u>Name</u>             | <u>Title</u>  | <u>Stock Distribution or Percentage of Shares</u> |
|-------------------------|---------------|---|
| <u>Leone Kakuschke</u>  | <u>Member</u> | <u>50%</u>  |
| <u>Robert Kakuschke</u> | <u>Member</u> | <u>50%</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: We intend to provide excellent service in the moving industry. We will run a company in which the customer comes first. We intend to cater to seniors and the military.

Briefly describe your experience in the transportation/household goods moving industry: We have employed management personnel with over 20 years experience in the household goods industry, including management experience.

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: \_\_\_\_\_

| <b>FINANCIAL STATEMENT</b>   |                  |  |                  |
|--|------------------|--|------------------|
| You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available |                  |  |                  |
| <b>ASSETS</b>  |                  | <b>LIABILITIES</b>                       |                  |
| Cash in Bank   | \$ 5,000         | Salaries/Wages Payable                   | \$               |
| Notes Receivable   | \$               | Accounts Payable                         | \$               |
| Accounts Receivable  | \$               | Notes Payable                            | \$ 10,000        |
| Investments  | \$               | Mortgages Payable                        | \$               |
| Other Current Assets   | \$               | Other                                    | \$               |
| Prepaid Expenses   | \$               | <b>TOTAL LIABILITIES</b>                 | <b>\$ 10,000</b> |
| Land and Buildings   | \$               | <b>NET WORTH</b>                         |                  |
| Trucks and Trailers  | \$ 25,000        | Preferred Stock                          | \$               |
| Office Furniture   | \$ 1,000         | Common Stock                             | \$               |
| Other Equipment  | \$ 3,500         | Retained Earnings                        | \$               |
| Other Assets   | \$               | Capital                                  | \$ 24,500        |
| <b>TOTAL ASSETS</b>  | <b>\$ 34,500</b> | <b>TOTAL LIABILITIES &amp; NET WORTH</b> | <b>\$ 34,500</b> |



**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: Brian C. Hegland

Position: Operations Manager

**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: Brian C. Hegland

Position: Operations Manager

**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.*

ROBERT E KAKUSCHAK  
Print name of applicant

Robert E. Kakuschak  
Signature of Applicant

10/20/05  
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: FRIENDS AND FAMILY MOVING + STORAGE

|  |  |
|--|--|
| <b>The following must be completed by the Supporter of the applicant</b>   |  |
| Name, Title, and Business Name:<br><u>Dee Brown Customer Service Floor Supply</u>  |  |
| Address (Include street address, mailing address, city, state, zip, and county):<br><u>3107 18<sup>th</sup> Ave S.<br/>Federal Way Wa. 98003</u>   |  |
| Phone Number: <u>253-941-7891</u>  |  |
| Do you currently need the services of a residential household goods moving company?<br><input checked="" type="radio"/> No <input type="radio"/> 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?<br><input type="radio"/> No <input checked="" type="radio"/> Yes If yes, please describe your future moving needs:<br><u>We are talking about moving into a bigger home - And when we do we will be looking for a good on-site company I will be looking at this one 1<sup>st</sup>.</u> |  |
| 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:<br><u>Rates that will fit into my income + services that cater to the elderly is very helpful.</u>  |  |
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?<br><u>The way are economy + the military is going we need more companies willing to focus on them.</u>  |  |
| I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  |  |
| <u>Dee Brown</u><br>Signature of Person Completing Form  | <u>8-5-05 King County</u><br>Date and Location |

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Applicant Name: FRIENDS AND FAMILY MOVING & STORAGE

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

Name, Title, and Business Name: Brian Johnson Truck Driver Freight Systems

Address (include street address, mailing address, city, state, zip, and county):  
11512 SE 226 PL  
Kent WA 98031

Phone Number: 253-520-1646

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:  
When we move in the future, it would be our 1st choice

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:  
Personal service, friendliness and rates that accommodate our income level.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
Being empathetic of seniors needs & military personnel & helping make their moving hassle free & stress free.

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

Brian Johnson  
Signature of Person Completing Form

8/5/05 King County  
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: FRIENDS AND FAMILY MOVING & STORAGE

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

Name, Title, and Business Name: Penny Kellam

Address (include street address, mailing address, city, state, zip, and county):  
1702 104th Pl SW  
Everett, WA 98201

Phone Number: 425-347-7177

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
Mother-in-law moving to retirement community

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:  
Professional service will save my family time & anxiety.

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.  
Penny Kellam 8/1/05 Bellevue, WA  
Signature of Person Completing Form Date and Location



STATE of WASHINGTON



SECRETARY of STATE

Corporations Division • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234 • 360/753-7115 • Fax 360/664-0055

LIMITED LIABILITY COMPANY
PROFIT AMENDED REPORT/ FILING FEE \$10.00 PAR

- TO AVOID POSSIBLE DISSOLUTION/REVOCAION, an initial annual report must be filed within 120 days from the date of incorporation/qualification, as shown below. (RCW 23B.16.220)
DISSOLUTION/REVOCAION OF YOUR CORPORATE STATUS will result if an initial annual report is not filed by (RCW 23B.14.210 & RCW 23B.15.310) Fee includes a \$25.00 penalty.

Corporate Name and Registered Agent / Office Address

FRIENDS AND FAMILY MOVING AND STORAGE LLC
JOHN MUSE
11511 SE 226TH PL
KENT WA 98031

FILED
SECRETARY OF STATE

OCT 26 2005

Unified Business ID # : 602 525 027
Corporation Account # :
State of Incorporation : WA
Inc./ Qual. Date : July 27, 2005

10/26/2005 722331
\$295.00 Check #1518
Tracking ID: 995676
Doc No: 722331-002

IF REGISTERED AGENT OR ADDRESS HAS CHANGED, COMPLETE THIS SECTION - These actions have been authorized by the Board of Directors.

New Registered Agent's Name BS&G, Inc.
(Please Type or Print)

New Agent's Consent to Appointment Diane Mattis
(Signature of newly appointed Agent) Diane Mattis, Asst. Secretary

New Registered Office Address 1191 2nd Avenue, #1800, Seattle WA 98101-2939 Effective Date 10/20/05
(Street Address) (zip code)

Please Note: A Post Office Box may only be used in conjunction with a physical street address.

ANNUAL REPORT SECTION - FILL IN COMPLETELY - TYPE OR PRINT IN BLACK INK

Address of Principal place of business in WA 11511 S.E. 226th Place, Kent, WA 98031
(Include Street, City, State & zip)

Telephone Number of Corporation 206-396-8215

Briefly state nature of business in WA Moving household goods

Foreign Corporation: Principal office address in state/country of Incorporation not applicable
(Include Street Address, City, State & zip)

List NAME(S) AND ADDRESS(ES) of corporate officers and directors. (attach additional list, if needed.)

Table with 5 columns: Name, Address, City, State, Zip. Includes entries for Robert Kakuschke and Leone Kakuschke, both at 11511 S.E. 226th Place, Kent, WA 98031. Includes a signature for Robert Kakuschke and the date 10/21/05.

THIS IS A MEMBER-MANAGED LIMITED LIABILITY COMPANY

Document must be signed by either chair of the board of directors or by an officer listed above. Make checks payable to the Secretary of State and return to address shown above.

10/26/2005 722331  
\$295.00 Check #1518  
Tracking ID: 995876  
Doc No: 722331-001

**CERTIFICATE OF AMENDMENT TO  
CERTIFICATE OF FORMATION  
OF  
FRIENDS AND FAMILY MOVING AND STORAGE LLC**

FILED  
SECRETARY OF STATE  
OCT 26 2005  
STATE OF WASHINGTON

Pursuant to Title 25.15 of the Revised Code of Washington, the undersigned hereby submits the following amendments to the limited liability company's Certificate of Formation:

1. The name of the limited liability company is Friends and Family Moving and Storage LLC.
2. The text of the amendments as adopted are as follows:

***Registered Agent Information***

*The name of the registered agent is BS&G, Inc. The registered office, which address is identical to the business office of the registered agent in Washington, is 1191 Second Avenue, Suite 1800, Seattle, Washington, 98101-2939.*

***Members Information***

*The names and addresses of the members of the company are as follows:*

*Robert Kakuschke  
11511 S.E. 226<sup>th</sup> Place  
Kent, WA 98031*

*Leone Kakuschke  
11511 S.E. 226<sup>th</sup> Place  
Kent, WA 98031*

3. This certificate will be effective upon filing.

DATED October 21, 2005.

FRIENDS AND FAMILY MOVING AND STORAGE LLC

By *Robert E. Kakuschke*  
Robert Kakuschke, Member

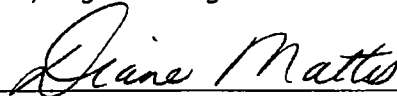
\* \* \*

**CONSENT TO APPOINTMENT AS REGISTERED AGENT**

BS&G, Inc. hereby consents to serve as registered agent in the State of Washington for the above named limited liability company. BS&G, Inc. understands that as agent for the limited liability company, it will be its responsibility to accept service of process on behalf of the limited liability company; to forward license renewals and other mail to the limited liability company; and to immediately notify the Secretary of State in the event of its resignation or of any changes in the registered office address.

BS&G, Inc., Registered Agent

By

  
\_\_\_\_\_  
Diane Mattis, Assistant Secretary

12723-100/778143



SEATTLE OFFICE  
eighteenth floor  
second & seneca building  
1191 second avenue  
seattle, washington 98101-2939  
TEL 206 464 3939 FAX 206 464 0125

OTHER OFFICES  
new york, new york  
portland, oregon  
washington, dc  
GSBLAW.COM

G A R V E Y S C H U B E R T B A R E R

A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

October 27, 2005

Washington Utilities and Transportation Commission  
Attention: Records Center  
1300 South Evergreen Park Drive SW  
P.O. Box 47250  
Olympia, WA 98504-7250

Re: Application for Household Goods Carrier Permit: Friends and Family Moving  
and Storage LLC

Dear Sir/Madam:

We are attorneys for Friends and Family Moving and Storage LLC ("F&F").

Enclosed please find an original and one copy of F&F's Household Goods Carrier Permit Application. Please return the copy to us in the enclosed return envelope, file stamped to show your receipt of the Application.

Also enclosed are copies of the following documents filed on October 26, 2005 with the Washington Secretary of State, related to a recent change in the ownership of F&F:

1. Certificate of Amendment to Certificate of Formation of Friends and Family Moving and Storage LLC;
2. State of Washington, Secretary of State, Limited Liability Company Profit Amended Report.

Both of these documents show the file stamp/filing data provided by the Secretary of State's office. You may confirm filing of these documents with the Secretary of State by telephoning the Corporations Division at 360-753-7115 (press 5 to select from the automated menu).

Evidence of F&F's Public Liability and Property Damage Insurance (Form E) will be provided to you directly by F&F's insurance broker.

Please reply to STEPHEN B. JOHNSON  
sjohnson@gsblaw.com TEL EXT 1309  
Direct: (206) 806-1309

RECEIVED  
RECORDS MANAGEMENT  
05 OCT 28 AM 9:50  
STATE OF WASH.  
UTIL. AND TRANSP.  
COMMISSION



G A R V E Y S C H U B E R T B A R E R


October 27, 2005

Page 2

Please contact me if you have questions or need further information with respect to this application.

Sincerely,

GARVEY SCHUBERT BARER

By   
Stephen B. Johnson

SBJ:r

Enclosures

cc: Robert Kakuschke

SEA\_DOCS:779102.1

United Financial Casualty Company  
PO Box 94739  
Cleveland, OH 44101  
800-444-4487



**Policy number: 08187872-0**  
November 30, 2005  
Page 1 of 1

## Certificate of Insurance

| Certificate Holder                         | Insured  | Agent   |
|--|--|---|
| WUTC<br>P O BOX 47250<br>OLYMPIA, WA 98504 | FRIENDS&FAMILY MOVING&ND STORAGE<br>L.L.C.<br>FRIENDSANDFAMILY MOVING&STORAG<br>11511 SE 226TH PLACE<br>KENT, WA 98031 | VIRGIL MCLAGAN CO<br>PO BOX 58725<br>RENTON, WA 98508 |

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Aug 1, 2005

Policy Expiration Date: Aug 1, 2006

Insurance coverage(s)

Limits

Bodily Injury/Property Damage

\$1,000,000 Combined Single Limit

### Description of Location/Vehicles/Special Items

**Scheduled autos only**

**Certificate number**

33405AWQ872

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

VIRGIL MCLAGAN COMPANY INC.  
INSURANCE AGENCY  
PO Box 58725  
Renton, WA 98058-1725

RE  
NO  
WASH. UT.

**FAX COVER SHEET**

Date: 10/31/05

To: Kathy Hunter or Teri Wallace

From: Randy McLagan

Fax #: 360-586-1150

Fax #: 253-859-9672

Phone #:

Phone #: 206-349-8655

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**ATTENTION:**

URGENT     REPLY ASAP     PLEASE REVIEW     FYI

TOTAL PAGES, INCLUDING COVER: 6

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**COMMENTS:**

Following is the requested forms for Friends + Family Moving + Storage. Please, let us know if you need further assistance.

Thank you.

Jamie Shook

Faxed 10/31/05

VIRGIL MCLAGAN CO  
PO BOX 58725  
RENTON, WA 98508

**PROGRESSIVE**<sup>®</sup>  
COMMERCIAL AUTO INSURANCE

September 19, 2005  
Policy number: CA 08187872-0

FRIENDS AND FAMILY MOVING AND STORAGE  
11511 SE 226TH PLACE  
KENT, WA 98031

Enclosed is the Form F.

Please retain this copy for your records.

A copy of this endorsement has been sent to the insured at the above address.

Thank you,  
Commercial Auto  
State Permit Issuance and Verification  
800-444-4487



**FORM F**

**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE ENDORSEMENT**

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated below.
3. This endorsement may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming part of policy No. CA 08187872-0 issued by UNITED FINANCIAL CASUALTY COMPANY, herein called Company, of PO BOX 94739, CLEVELAND, OH 44101 to FRIENDS AND FAMILY MOVING AND STORAGE of 11511 SE 226TH PLACE, KENT, WA 98031

Dated at MAYFIELD VILLAGE, OH 44143 this 19 th day of September, 2005

Countersigned by   
Authorized Representative

| X - - INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED |  |               |  |                |  |                |   |
|---|--|---------------|--|----------------|--|----------------|---|
| ALABAMA   |  | ILLINOIS      |  | MONTANA        |  | RHODE ISLAND   |   |
| ALASKA  |  | INDIANA       |  | NEBRASKA       |  | SOUTH CAROLINA |   |
| ARIZONA   |  | IOWA          |  | NEVADA         |  | SOUTH DAKOTA   |   |
| ARKANSAS  |  | KANSAS        |  | NEW HAMPSHIRE  |  | TENNESSEE      |   |
| CALIFORNIA  |  | KENTUCKY      |  | NEW JERSEY     |  | TEXAS          |   |
| COLORADO  |  | LOUISIANA     |  | NEW MEXICO     |  | UTAH           |   |
| CONNECTICUT   |  | MAINE         |  | NEW YORK       |  | VERMONT        |   |
| DELAWARE  |  | MARYLAND      |  | NORTH CAROLINA |  | VIRGINIA       |   |
| DISTRICT OF COLUMBIA  |  | MASSACHUSETTS |  | NORTH DAKOTA   |  | WASHINGTON     | X |
| FLORIDA   |  | MICHIGAN      |  | OHIO           |  | WEST VIRGINIA  |   |
| GEORGIA   |  | MINNESOTA     |  | OKLAHOMA       |  | WISCONSIN      |   |
| HAWAII  |  | MISSISSIPPI   |  | OREGON         |  | WYOMING        |   |
| IDAHO   |  | MISSOURI      |  | PENNSYLVANIA   |  |                |   |

VIRGIL MCLAGAN CO  
PO BOX 58725  
RENTON, WA 98508

**PROGRESSIVE**<sup>®</sup>  
COMMERCIAL AUTO INSURANCE

September 1, 2005  
Policy number: CA 08187872-0

FRIENDS AND FAMILY MOVING AND STORAGE  
11511 SE 226TH PLACE  
KENT, WA 98031

Enclosed is the MCS90.

Please retain this copy for your records.

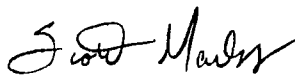
A copy of this endorsement has been sent to the insured at the above address.

Thank you,  
Commercial Auto  
State Permit Issuance and Verification  
800-444-4487

**ENDORSEMENT FOR  
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY  
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

Form Approved  
OMB No. 2125-0074

Issued to FRIENDS AND FAMILY MOVING AND STORAGE of 11511 SE 226TH PLACE, KENT, WA 98031  
Dated at MAYFIELD VILLAGE, OH 44143 this 1st day of September, 2005  
Amending Policy No. CA 08187872-0 Effective Date 08/31/2005  
Name of Insurance Company UNITED FINANCIAL CASUALTY COMPANY  
Telephone Number 800-444-4487

Countersigned by   
Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance as indicated by  for the limits shown:

- This insurance is primary and the company shall not be liable for amounts in excess of \$1,000,000 for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$\_\_\_\_\_ for each accident.  
in excess of the underlying limit of \$\_\_\_\_\_ for each accident.

Whenever required by the Federal Highway Administration (FHWA) or the Interstate Commerce Commission (ICC), the company agrees to furnish the FHWA or the ICC a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FHWA or the ICC, to verify that the policy is in force as of a particular date.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the ICC's jurisdiction, by providing thirty (30) days notice to the ICC (said 30 days notice to commence from the date the notice is received by the ICC at its office in Washington, D.C.).

**DEFINITIONS AS USED IN THIS ENDORSEMENT**

**ACCIDENT** includes continuous or repeated exposure to conditions which result in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**MOTOR VEHICLE** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**BODILY INJURY** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**ENVIRONMENTAL RESTORATION** means restitution for the loss, damage or

destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish and wildlife.

**PROPERTY DAMAGE** means damage to or loss of use of tangible property.

**PUBLIC LIABILITY** means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Highway Administration (FHWA) and the Interstate Commerce Commission (ICC).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from

liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately, to each accident, and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

The Motor Carrier Act of 1980 requires limits of financial responsibility according to the type of carriage and commodity transported by the motor carrier. It is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility.

THE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NOT PROVIDE COVERAGE.

The limits shown in the schedule are for information purposes only.

**SCHEDULE OF LIMITS  
Public Liability**

MC 1622k (cont'd)

| Type of Carriage   | Commodity Transported  | Minimum Insurance |
|--|--|-------------------|
| (1) For-hire (In interstate or foreign commerce).  | Property (nonhazardous).   | \$ 750,000        |
| (2) For-hire and Private (In interstate, foreign, or intrastate commerce).   | Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Divisions 1.1, 1.2, and 1.3 materials; any quantity of Division 2.3 Hazard Zone A or Division 6.1, Packing Group 1, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403. | 5,000,000         |
| (3) For-hire and Private (In interstate or foreign commerce: in any quantity) or (In interstate commerce: in bulk only). | Oil listed in 49 CFR 172.101; hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.  | 1,000,000         |
| (4) For-hire and Private (In interstate or foreign commerce).  | Any quantity of Division 1.1, 1.2 or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group 1, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.   | 5,000,000         |

**Note:** The type of carriage listed under numbers (1), (2), and (3) applies to vehicles with a gross vehicle weight rating of 10,000 pounds or more. The type of carriage listed under number (4) applies to all vehicles with a gross vehicle weight rating of less than 10,000 pounds.

**SCHEDULE OF LIMITS  
Public Liability**

For-hire motor carriers of passengers operating in interstate or foreign commerce

| Vehicle Seating Capacity  | Minimum Insurance |
|---|-------------------|
| (1) Any vehicle with a seating capacity of 16 passengers or more. | \$ 5,000,000      |
| (2) Any vehicle with a seating capacity of 15 passengers or less. | 1,500,000         |