

**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 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 checked="" 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 checked="" 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 Mastercard Visa

Expiration Date: _____ Amount: _____

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): _____ Date: _____

Signature: _____ Title: _____

FOR OFFICIAL USE ONLY

Date Filed: 10/5/05	Application #: P-79404	Motcar: 42434	Permit Issued: HG-00526
Staff Assigned: [Signature]	Insurance: [Signature]	Inspection:	DOL/SOS: [Signature]
Reception #: 111-0268-207-02	250.00	111-0268-202-01	111-0268-013-20

0000422

BUSINESS INFORMATION

per attachment B

Name of Applicant

Purell Transfer, LLC
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable

STODDARD TRANSFER

Physical Address

4974 E. INDUSTRIAL AVE, COEUR D'ALENE, ID. 83815

Mailing Address

Telephone Number (208) 765-1100

Fax Number ()

602-222-289 ok

Email: STODDARDTRANSFER@INTERMAXNETWORKS.COM

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:

Name

Title

Stock Distribution or Percentage of Shares

Bert Purcell
Bert Purcell

Part
Vic Pres

100%
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: Same as existing. Present service will go unchanged.

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

Stoddard Transfer has been in the industry since 1919.

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# 027504 MC# 16639 Single State Registration Base State Id.

Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? BEKINS 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 *see attachment*

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	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	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

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: Low Purcell Position: OWNER

DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: Tim Dawson Position: Operations Manager

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: Tim Dawson Position: Operations Manager

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: Cory Mannon Position: Manager

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: Tim Dawson Position: Operations Manager

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: Low Purcell Position: OWNER

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550) All companies must maintain cargo insurance coverage. (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more)

Name: Low Purcell Position: OWNER

OPERATIONAL RESPONSIBILITIES

ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480) Companies must annually file a report of their financial operations and pay regulatory fees.

Name: Lew Purcell

Position: OWNER

STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the state of Washington, such as, but not limited to: Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: Lew Purcell

Position: OWNER

DECLARATION OF APPLICANT:

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

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

I understand that if the Commission grants my application as a new entrant I will be granted temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the Commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Lew Purcell

Print name of applicant



Signature of Applicant

9-19-05

Date & Place

1:22 PM
12/02/05
Accrual Basis

STODDARD TRANSFER
Balance Sheet
As of December 2, 2005

	<u>Dec 2, 05</u>
ASSETS	
Current Assets	
Checking/Savings	23,820.92
110 - U.S. BANK	250.00
203 - GARINISHED WAGES	
Total Checking/Savings	<u>24,170.92</u>
Accounts Receivable	3,824.06
120 - Accounts Receivable	
Total Accounts Receivable	<u>3,824.06</u>
Other Current Assets	
115 - PETTY CASH	1,000.00
125 - NOTE RECEIVABLE - ROBINSON	-895.67
126 - NOTE RECEIVABLE - RILEY	74.85
133 - TRIP ADVANCE	400.00
207 - ACCOUNTS PAYABLE-HAMILTON	3,553.75
211 - ACCOUNTS PAYABLE-ASBORN	-4,330.39
Total Other Current Assets	<u>-197.46</u>
Total Current Assets	<u>27,787.52</u>
Fixed Assets	
147 - EQUIPMENT/STOCK	263,909.00
Total Fixed Assets	<u>263,909.00</u>
Other Assets	
135 - PREPAID EXPENSES	7,673.80
153 - EFS, INC.	36,250.00
171 - GODDWILL, INTANGIBLES	100,000.00
190 - HOLDING - TRAVIS	-1,399.01
191 - HOLDING - RILEY	6,345.67
193 - HOLDING - ROBINSON	12,986.50
194 - HOLDING - HAMILTON	-1,576.45
195 - HOLDING - ASBORN	10,956.94
Total Other Assets	<u>171,237.45</u>
TOTAL ASSETS	<u><u>462,943.97</u></u>

1:22 PM
12/02/05
Accrual Basis

STODDARD TRANSFER
Balance Sheet
As of December 2, 2005

Dec 2, 05

LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
208 - ACCOUNTS PAYABLE - TRAVIS	-1,428.87
208 - ACCOUNTS PAYABLE - RILEY	5,151.38
208 - ACCOUNTS PAYABLE - ROBINSON	5,489.39
2100 - Payroll Liabilities	250.00
2200 - Sales Tax Payable	1.16
222 - STATE WITHHOLDING PAYABLE	678.00
224 - FICA/MEDICARE PAYABLE	202.30
228 - FEDERAL UNEMPLOYMENT PAYABLE	432.56
228 - STATE UNEMPLOYMENT PAYABLE	613.89
Total Other Current Liabilities	<u>11,398.81</u>
Total Current Liabilities	11,398.81
Long Term Liabilities	
255 - US BANK LOAN	358,828.78
Total Long Term Liabilities	<u>358,828.78</u>
Total Liabilities	380,218.59
Equity	
275 - CAPITOL STOCK	9,960.00
3000 - Operating Bal Equity	73,464.59
Net Income	-698.21
Total Equity	<u>82,725.38</u>
TOTAL LIABILITIES & EQUITY	<u><u>462,943.97</u></u>

Equipment List

<u>YEAR</u>	<u>MAKE</u>		<u>UNIT #</u>	<u>VIN #</u>
1999	FRTLNER	TRACTOR	412	1FUYSSEB6XL964994
1997	VOLVO	TRACTOR	403	4VGWDBDF1VN737797
1995	WHT/GMC	TRACTOR	406	4V1WDBGH4SN694706
1995	PETRBLT	TRACTOR	407	1XPCDB8X7SD380561
1990	PETRBLT	TRACTOR	405	1XPCDE9XOLD297541
1975	INTERNL	TRACTOR	402	D2327DYBI53326
1995	INTERNL	VAN/TRK	208	1HTSCAAM6SH637750
1993	GMC	VAN/TRK	209	1GDJ6H1P5PJ507425
1991	VOLVO	VAN/TRK	206	YB3U2CNA2MB460472
1990	FORD	VAN/TRK	205	1FDKE37G2LHB63488
1989	FORD	VAN/TRK	210	1FDNK74P7KVA40349
1987	FORD	VAN/TRK	207	9BFPH60P8HDM1765
1984	FORD	F-150 4x4		2FTEF14Y8ECA04971
1976	CHEV	VAN/TRK	203	CCE676V131956
2002	KENT	TRAILER	7807	1KKVE53272L207185
1999	KENT	TRAILER	7806	1KKVE5324XL114938
1990	KENT	TRAILER	7804	1KKVE522LL088108
1990	KENT	TRAILER	7802	1KKVB4820LL088027
1987	KENT	TRAILER	7805	1KKVE4823HL080205
1982	KENT	TRAILER	8252	1KKVE4420CL000793
1972	KENT	TRAILER	7701	43771
1968	TRMBL	TRAILER	7700	D23847
	TOWMOTOR	FORKLIFT		5025670552
	CLARK	FORKLIFT		G138MC-26-6211

EXHIBIT

A-1

ATTACHMENT B

Transfer or Acquisition of Control

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

Transfer Acquisition of Control

Mancos, Inc. dba Stoddard Transfer

Current Name on Permit (Seller)

Stoddard Transfer

Current Trade Name on Permit (Seller)

4474 Industrial Ave. E., Papundalewe, Id. 83815

Address (Seller)

HG- 60566

Permit Number

208-765-1100

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 N/A

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-60566 to the following:

PURELAC TRANSFER, LLC.

Name of Buyer

dba STODDARD TRANSFER

Trade Name of Buyer

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

[Signature]

Seller's Signature

9/19/05

Date & Location

[Signature]

Buyer's Signature

9/19/05

Date & Location

ATTACHMENT B

Transfer or Acquisition of Control

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

Transfer Acquisition of Control

Mansel, Inc. dba Stoddard Transfer

Current Name on Permit (Seller)

Stoddard Transfer

Current Trade Name on Permit (Seller)

4974 Industrial Ave. E., Coeur d'Alene, Id. 83815

Address (Seller)

HG- 60566

Permit Number

208-765-1100

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 N/A

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-60566 to the following:

PURCELL TRANSFER, LLC.

Name of Buyer

dba STODDARD TRANSFER

Trade Name of Buyer

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

[Signature]

Seller's Signature

9/19/05

Date & Location

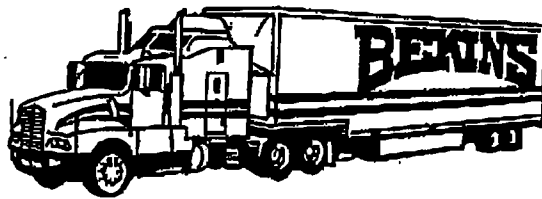
9/19/05

Date & Location

Buyer's Signature

STODDARD TRANSFER

"Serving you since 1919"



To: WUTC Fax #: 360-586-481

Attention: TINA LETPSKI From: CAROL MARTIN

Date: 12-2-05

of Pages to Follow: 5

Comments: TINA,

I THINK THIS IS ALL YOU NEEDED
IF NOT, PLEASE LET ME KNOW. THANK YOU FOR
YOUR PATIENCE & ASSISTANCE.

Carol

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.

^{N/A}
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:
Present owner retiring & Selling Stoddard Transfer as a 'turnkey' operation sale. Business will continue as usual.
 - 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 operations personnel & other staff will remain same, as will 'policy & procedures'.



APPLICATION FOR REGISTRATION OF FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2009 SEP 12 AM 11:56

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Purcell Transfer LLC

2. If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:

Purcell Transfer LLC

3. The jurisdiction under whose laws the limited liability company is organized is: WA
and the date of its formation was: July 24, 2002

4. The name and address of the registered agent in Idaho is:

LEWIS PURCELL 4974 INDUSTRIAL AVE EAST COEUR D'ALENE ID 83816

5. The address of the limited liability company's office in the jurisdiction under whose laws it is organized is:

9116 E. Sprague AV, Spokane Valley, WA 99206

6. The address of the limited liability company's principal office, if other than the address in #5 above, is:

7. The address to which correspondence should be addressed is:

PO Box 476

Coeur d' Alene, ID 83815

8. Signature of a manager, if any, or a member if there are no managers.

Signature *Barb Purcell*

Typed Name Barb Purcell

Manager Member

Secretary of State use only

g:\corp\forma\LLC form\app\formreg\formreg
Revised 08/2002
Web Form

IDAHO SECRETARY OF STATE
09/08/2005 05:00
CK: 2572 CT: 192097 BH: 910540
1 @ 100.00 = 100.00 REGFORGLLC # 2

W 42652

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

PURCELL TRANSFER LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 7/24/2002.

I FURTHER CERTIFY that as of the date of this certificate, PURCELL TRANSFER LLC remains active and has complied with the filing requirements of this office.

Date: September 9, 2005

UBI: 602-222-289



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

Ben Ysursa
Secretary of State

700 West Jefferson
PO Box 83720
Boise, ID 83720-0080

Telephone: (208) 334-2300
Fax: (208) 334-2282

sosinfo@idsos.state.id.us
www.idsos.state.id.us



STATE OF IDAHO
SECRETARY OF STATE

Business Entity
(208) 334-2301
Fax: (208) 334-2080
Uniform Commercial Code
(208) 334-3191
Fax: (208) 334-2847
Trademarks/Notaries
(208) 334-2300
Elections
(208) 334-2852
Fiscal
(208) 334-5355
Computer Services
(208) 334-5354

Dear Customer:

The enclosed document has been filed. The purpose of this letter is to inform you of the following annual requirements.

Each corporation, limited liability company and each limited liability partnership authorized to transact business in this state must deliver to the secretary of state for filing an annual report on a form provided by this office.

If an annual report is not received on or before the due date, the following will occur:

- 1) Domestic corporations and limited liability companies will be subject to administrative dissolution;
- 2) Foreign corporations will be subject to revocation of its authority to do business in Idaho;
- 3) Foreign limited liability companies will be subject to administrative cancellation;
- 4) Limited liability partnerships will lose their limited liability status and revert to general partnerships;

The form must be executed by a person authorized by the company, indicating such capacity, setting forth the name of the company, the state or country under whose law it is incorporated/organized, along with the names and addresses of its current registered agent and officers.

The first, and all subsequent annual reports shall be delivered to the secretary of state each year before the end of the month during which a corporation or limited liability company was initially authorized to transact business. (Please note: the first annual report is not due until 1 year after the initial filing date.)

A pre-printed report form will be mailed to the corporation prior to its due date. There is no filing fee if the corporation's annual report is received in this office by the date it is due. (A post mark date will not be accepted.)

A sample of the annual report you will receive is included on the back of this letter.

Effective May 5, 2005, those entities required to file annual reports may do so electronically via our website: www.idsos.state.id.us. Please follow the instructions carefully when entering the data. The electronic form will only be available for filing 60 days from the first day of the month of the anniversary month of filing.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

COMMERCIAL DIVISION
IDAHO SECRETARY OF STATE'S OFFICE

Enclosures: cited



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

STODDARD TRANSFER

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
PURCELL TRANSFER, LLC	4974 INDUSTRIAL AVE. E.
_____	COEUR D'ALENE, ID 83816
_____	_____

3. The general type of business transacted under the assumed business name is:

- | | |
|--|---|
| <input type="checkbox"/> Retail Trade | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

PURCELL TRANSFER, LLC

 4974 INDUSTRIAL AVE. E.

 COEUR D'ALENE, ID 83816

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):
208-765-1100

Signature: _____

(signature required)

Printed Name: _____ LEWIS PURCELL _____

Capacity/Title: _____ LLC MANAGER _____

(see instruction # 8 on back of form)

Secretary of State use only

INSTRUCTIONS

Attorney, 509-838-4458

Optional: If the document is incorrect where can you be reached for questions? _____

Note: Filing a Certificate of Assumed Business Name does not give a business any specific right to the use of the name on the Certificate. Before filing, it might prove useful to have the Secretary of State's Office search the records for names which are identical or deceptively similar. Another business might already be using the name you wish to file; in many cases this would be a reason to select another name. **Please be aware that all filings with this office are public record and are available upon request and via the internet.**

1. When required.
 - a. Any person who proposes to or intends to transact business in Idaho under an assumed business name shall, before beginning to transact business, file with the Secretary of State a certificate of assumed business name.
 - b. An entity which is organized, registered or admitted to the state by filing its organizational document or qualification papers with the Secretary of State is not required to file a Certificate of Assumed Business Name, except when it conducts business under a name other than its true name which appears on its organizational document or qualification papers. Formally organized or registered entities include corporations, limited liability companies, limited partnerships and limited liability partnerships.
 - c. If an individual is using both his/her legal first and last name within the business name, filing of this certificate is not required
2. One certificate per assumed business name. If an individual or business conducts business under more than one assumed name, it must file a separate certificate for each assumed business name it uses.
3. Assumed name. Enter in item #1 the assumed business name exactly as is used in conducting the business with the public. Please note that the business name shall not include words or abbreviations which falsely imply the existence of a formally organized or registered entity.
4. True names. For a sole proprietorship or partnership, enter in item #2 the name and address of each individual who has a financial interest. (Since this information is public record we advise you use a business address and NOT a home address.) For a formally organized entity, enter in item #2 the true name exactly as it appears on the organizational or registration document, and its principal business address.
5. Type of business. Check one or more boxes in item # 3. You MUST select one of the options that best describe your business. Do not make up your own category.
6. Correspondence address. Enter in item #4 the address to which the Secretary of State should send future correspondence concerning this certificate.
7. Acknowledgment address. If you want this certificate returned to a different address from # 4, enter that address in item # 5.
8. Signature. The certificate must be signed by an individual who has actual authority to bind the business to legal obligations. The signer must be identified by printing or typing his/her name below the signature and indicate in what capacity they sign (i.e. president, partner, manager, owner, etc.)

Pursuant to Idaho Code § 67-910(6), the Secretary of State's Office may delete a business entity filing from our database if payment for the filing is not completed.

MURPHY, BANTZ & BURY, P.S.
ATTORNEYS AT LAW
PHONE (509) 838-4458
818 W. RIVERSIDE SUITE 631
SPOKANE, WA 99201

FARMERS AND MERCHANTS BANK
SPOKANE, WA 99201
86-574/1251-500

25594

9/15/2005

PAY TO THE ORDER OF IDAHO SECRETARY OF STATE

\$ 25.00

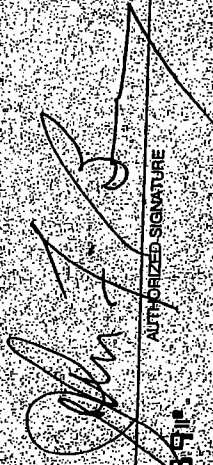
Twenty-Five and 00/100

IDAHO SECRETARY OF STATE

DOLLARS

MEMO

Purcell (6710.01) Assumed Business Name



⑈025594⑈ ⑈12510574⑈ 1002200959⑈

AUTHORIZED SIGNATURE

Security Features Included Details on Back

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

09/19/2005

PRODUCER (509)325-3024 FAX (509)325-1803
Moloney, O'Neill, Corkery & Jones, Inc.
 1206 N Lincoln, Suite #200
 Spokane, WA 99201
 Kathy Howland

INSURED Purcell Transfer LLC
 DBA: Stoddard Transfer
 PO Box 476
 Coeur D'Alene, ID 83816

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: American Automobile Ins Co	
INSURER B: Idaho State Insurance Fund	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	8HIMZG80836512	01/04/2005	01/04/2006	EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
					MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	8HIMZG80836512	01/04/2005	01/04/2006	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
	EXCESS/UMBRELLA LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below.	9072565	08/31/2005	08/31/2006	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$ 100,000
					E.L. DISEASE - EA EMPLOYEE \$ 500,000
					E.L. DISEASE - POLICY LIMIT \$ 100,000
A	OTHER Warehouseman's Legal Liability	8HIMZG80836512	01/04/2005	01/04/2006	See Below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Evidence of Coverage

CERTIFICATE HOLDER

To Whom it May Concern

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 J Michael Dunford/KEH *J Michael Dunford*

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.