

**HOUSEHOLD GOODS CARRIER  
 PERMIT APPLICATION**

**RECEIVED**  
 9 2006

WASH. UT. & TP COMM.

TV-060510

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 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     Mastercard     Visa

Expiration Date: 04/07    Amount: 35.00

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): HERMI ESCOBAR    Date: 1/17/06 # V019578

Signature: [Signature]    Title: President

**FOR OFFICIAL USE ONLY**

Date Filed: <u>1/19/06</u>	Application #: <u>P-79439</u>	Motorcar: <u>39583</u>	Permit Issued: HG- <u>58846</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	DOL/SOS: <u>[Signature]</u>
Reception #: <u>111-0268-207-02</u>	<u>35.00</u>	111-0268-202-01	111-0268-013-20

0000987

**BUSINESS INFORMATION**

Name of Applicant \_\_\_\_\_  
(must be individual, partners of a partnership, or corporation)

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

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

UBI # \_\_\_\_\_ Email: \_\_\_\_\_

**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>
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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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

ATTACHMENT D

CHANGE OF CORPORATE/INDIVIDUAL NAME  
(WAC 480-15-400)

This application is for name change only and must not involve a change in ownership, management, or control of the household goods operating authority.

A company must file a name change application to:

- Change a corporation's name
- Change an individual's name  
(may be sole proprietor or individual in a partnership)
- Change or add a trade name

NOTE: You may not advertise to operate under the changed name until a permit is issued in the new name

Current Name on Permit All My Sons Moving & Storage of Seattle, INC

Current Trade Name on Permit All My Sons Moving & Storage of Seattle, INC

Address 21506 86th Ave S Kent, WA 98031

Phone Number 253-437-1275 Fax Number 253-437-1280

Email Address KERMET @ All My Sons . com / KESCRIBANO @ QWEST.NET

If a corporation, list names, titles, stock distribution, or major stockholders under the current name:

KERMET ESCRIBANO  
ROBERT ROBERTSON

I request the name on household goods permit HG- 58846 be changed to:

New Name All My Sons Moving & Storage UBI Number 601-887-180

New Trade Name (if applicable) All My Sons Moving

Address (if changed)

If a corporation, list names, titles, stock distribution, or major stockholders under the new name:

NO CHANGES

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information is current and valid.

Signature & Title of Applicant [Signature] President Date & Location 1/17/05 Seattle, WA

FROM: Washington Utilities and Transportation Commission  
Permits & Insurance  
PO Box 47250 Phone: (360) 664-1222  
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 10-05-2005 Staff: Tina Leipski

HG058846  
ALL MY SONS MOVING & STORAGE OF SEATTLE INC  
8637 S 212TH ST  
KENT, WA 98031

Return this document with the completed/corrected items listed below for prompt processing of your application.

- X Forms submitted are incomplete. Please complete items marked and return.
- X I received the Attachment D (copy enclosed) from your company and I'm not sure what it's for. If you are wanting to add a trade name, there is a \$35.00 charge. If it's for something other, please let me know. I am enclosing a blank copy of the application so the proper paperwork can be completed. Any questions, give me a call at 360-664-1170. Thanks! Tina

*1/12 - emailed Colene - is she working w/ them*

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all My Sons Moving & Storage of Seattle ~~the~~

Current Name on Permit

all My Sons Moving & Storage of Seattle

Current Trade Name on Permit

8637 S. 210th St., Kent WA 98031

Address

206-444-9000

253-437-1228

Phone Number

Fax Number

Seattle @ allmysons.com

Email Address

If a corporation, list names, titles, stock distribution, or major stockholders under the current name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request the name on household goods permit HG-058846 be changed to:

all My Sons Moving & Storage

New Name

UBI Number

New Trade Name (if applicable)

Address (if changed)

If a corporation, list names, titles, stock distribution, or major stockholders under the new name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information is current and valid.**

[Signature] President

Signature & Title of Applicant

9/6/05 @ Kent, WA

Date & Location