

**HOUSEHOLD GOODS CARRIER
 PERMIT APPLICATION**



TV-060554

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 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): Fredrick J Jenkins Date: 4/5/06

Signature: [Signature] Title: Owner

FOR OFFICIAL USE ONLY

Date Filed: 4-11-06 Application #: P-19442 Motcar: 4353 Permit Issued: HG- 61678

Staff Assigned: [Signature] Insurance: 0001495 00 Inspection: _____ DOL/SOS: ok/ok

Reception #: _____
 111-0268-207-02 250.00 111-0268-202-01 111-0268-013-20

BUSINESS INFORMATION

Name of Applicant Mini Mighty Movers LLC
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable _____

Physical Address 1737 Foxtail Cir. Woodland, WA. 98074

Mailing Address 1737 Foxtail Cir. Woodland, WA. 98074

Telephone Number (360) 225-9966 Fax Number () _____

UBI # 602 577 100 Email: mini-mighty-movers@adelphia.net

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>Frederick Jenkins</u>	<u>Owner</u>	<u>100%</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 wish to provide a quality moving business for both the business and residential community at reasonable rates. This will enhance the customer choice and promote competition.

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

I've been doing the delivery business for mattress and furniture companies for over 5 years. I also have been doing this moving business for over a 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: HG-61678

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	\$ 1800-	Salaries/Wages Payable	\$ 900-
Notes Receivable	\$ 0	Accounts Payable	\$ 350-
Accounts Receivable	\$ 0	Notes Payable	\$ 0
Investments	\$ 0	Mortgages Payable	\$ 0
Other Current Assets	\$ 0	Other	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 1250-
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 4800	Preferred Stock	\$ 0
Office Furniture	\$ 400	Common Stock	\$ 0
Other Equipment	\$ 800	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 7800	TOTAL LIABILITIES & NET WORTH	\$ 0

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
1982	Chery	Ale6748J	26BHG31MC41 42195	10,000 (GVW)

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: N/A Position: _____

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: N/A Position: _____

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: N/A 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: N/A Position: _____

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: Frederick Jenkins Position: owner

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: Frederick Jenkins 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: Frederick Jenkins 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: Frederick Jenkins 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: Frederick Jenkins 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.

Frederick J. Jenkins III [Signature] 4/5/06 Woodland, WA
Print name of applicant Signature of Applicant Date & Place

ATTACHMENT B

Transfer or Acquisition of Control

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

Transfer Acquisition of Control

Frederick J. Jenkins III dba.
Mini Mighty Movers

Current Name on Permit (Seller)

Current Trade Name on Permit (Seller)

1737 Foxtail Circle Woodland, WA - 98674

Address (Seller)

HG-61678

Permit Number

360-225-9966

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

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-61678 to the following:

Mini Mighty Movers, LLC

Name of Buyer

Trade Name of Buyer

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

Frederick Jenkins III

Seller's Signature

1/5/06 Woodland, WA

Date & Location

Frederick Jenkins III

Buyer's Signature

1/5/06 Woodland, WA

Date & Location

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; OK
 - 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.

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:

 - 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: _____



STATE OF
WASHINGTON

MASTER LICENSE SERVICE

PO Box 9037 • Olympia, WA 98507-9784 • (360) 654-1400

REGISTRATIONS AND LICENSES

Domestic Limited Liability Company

Unified Business ID #: 602 577 100

Business ID #: 1

Location: 1

MINI MIGHTY MOVERS LLC
1737 FOXTAIL CIR
WOODLAND WA 98674

TAX REGISTRATION

REGISTERED TRADE NAMES:
MINI MIGHTY MOVERS LLC

The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Elizabeth A. Luce
Director, Department of Licensing

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 FORMATION

to

MINI MIGHTY MOVERS LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 1/23/2006

UBI Number: 602-577-100

APPID: 470841



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



Sam Reed, Secretary of State

WESTERN TRCK INS INC
11950 AVIATION BLVD
INGLEWOOD, CA 90304

Named Insured:
MINI MIGHTY MOVERS LLC
1737 FOXTAIL CIRCLE
WOODLAND, WA 98674

Policy number: 03408990-0

United Financial Casualty Company
March 2, 2006
Policy Period: Feb 25, 2006 - Feb 25, 2007
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personal.progressive.com

Make payments, check billing activity or check status of a claim.

310-215-2920

WESTERN TRCK INS INC
Contact your agent during business hours.

800-444-4487

For policy service and claims service,
24 hours a day, 7 days a week.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage began the later of February 25, 2006 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on February 25, 2007 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (03/05). The contract is modified by forms 1652WA (09/05), 2852WA (09/05), 4852WA (09/05), 4881WA (09/05), Z228 (07/05), 4792A (01/03) and MC1632 (06/04).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$2,222
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Underinsured Motorist Bodily Injury	\$25,000 each person/\$50,000 each accident		36
Underinsured Motorist Property Damage	Rejected		--
Personal Injury Protection	\$10,000 each person		113
Subtotal policy premium			\$2,371
Fees			50
Total 12 month policy premium			\$2,421

Rated driver

- FREDERICK JENKINS

Auto coverage schedule

- 1982 Chevrolet G30**
VIN: 2GBHG31M7C4142195 Garaging Zip Code: 98674 Radius: 100

Liability Premium	Liability	UM/UIM BI	PIP	Auto Total
	\$2,222	\$36	\$113	\$2,371