

HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



	Type of Household Goods Authority Requested - Check one	Fee Required
	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
	Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
۵	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$ 550
a	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
X	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B & C	\$ 250
Ċ	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
Q	Name Change – Complete page 1 and Attachment D	\$ 35
<u> </u>	Extension of authority – Complete pages 1 - 5 and Attachment A	s 550

		TYPE OF	PAYMENT		6	
☐ Check	☐ Money Order	☐ Amex	☐ Discover	☐ Mastercard	Visa Visa	
Expiration Date:			Amount	\$ 250 °°	#021579	
CERTIFICATION: and correct, that I on file is current a	I, the undersigned, undersigned, under authorized to execut on valid.	er penalty for fa te and file this d	lse statement, ceri ocument on behal	lify that the following in f of the applicant, and	-fo	
Name (printed):	Name (printed): Donald A. Avroy O Date: 5/10/06.					
Signature:	5-10 A.	h	Title:	Bresidert	<u>?</u>	
		FOR OFFICE	AL USE ONLY			
Date Filled: O(O Application #45	Motcary		nit Issued: HG-		
	1002064 U	Inspection	DOL	rsos:OC/Q		
Reception #: 111-0268-207-02	250.00 11	11-0268-202-01		111-0268-013-20		

PAGE 1

TV-060772

BUSINESS INFORMATION
Name of Applicant Donald Avroy 6 Dunise May Augy (must be individual, partners of a partnership, or corporation)
Trade Name, if applicable Rainier Moving Systems INC.
Physical Address 7115 132ND PL SE New Castle WA 98059
Mailing Address
Telephone Number (425) 644-7200 Fax Number (425) 277-9909. 91-1228464 (20-565-476) DON @ Rainieros. Com.
91-1228464 60-565-7 DONE Rainieros. Com.
TYPE OF BUSINESS STRUCTURE
☐ Individual ☐ Partnership Corporation ☐ Other(LP, LLP, LLC)
List the name, title, and percentage of partner's share or stock distribution for major stockholders:
Name Donald Arroyo Pres. Stock Distribution or Percentage of Shares Danise May arrogo-Syles VP St 50% 124 Part
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: Lucrent Services Local + INTRASPARE HHOD TRANSPORTATION. WE WILL CONTINUE TO MAINTENIN A high Level of Customer Satisfaction + Good.
Briefly describe your experience in the transportation/household goods moving industry; 19 19000 INDUSTRY Experience Sales & Openations, 10. 4000 as Current General Make of Rainier Mal. 645-1600. INC.

Do you currently hold, No Yes If y	or have you ever es, please indicat	held, a permit to operate as a motor car e your permit number:	Tier of property?
Have you ever applied No D Yes If y	for and been den es, please explair	ied a permit to operate as a motor carri	er of property?
Do you currently opera	te interstate?	No ☐ Yes If yes, please indicate yes	your. se State
Do you operate interstantante of the company?	ate as an agent of	another company? No Wes	If yes, what is the
Do you have, or have yor in any other state?	No ☐ Yes	siness related legal proceeding against If yes, please explain:	you in Washington,
Have you ever been co	nvicted of a Class	A or B Felony? No □ Yes If ye	es, please explain:
Have you been cited fo please explain:		NO ENCIAL STATEMENT OF SEE A ++0	
You may attach a	Balance Sheet, Pro	and Loss Statement, or business plan if	available Shally.
ASSET	\$ 2005/a	LIABILITIES &	xhipit B
Cash in Bank	S	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$-0.00	Notes Payable ``	\$
Investments	\$ 100,000	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses		TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 800	Preferred Stock	<u> </u>
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	* 50	TOTAL LIABILITIES & NET WORTH	\$

[EQUIPME	NTLIS	T	
Describe the equipment that will be used (attach additional speets if pecessor). Vehicles and					
pass in	rspection and be is	sued a valid Commerci	al Vehicle	u Sifeets II He Safahi Allia	Jeunges must
before	your application m	av be granted	ai veinor	oalety Allai	nce inspection decal
Year	Make	License Number	Val	hicle ID	
		ricense Mailibel			Gross Vehicle Weight
	See atta			umber 1	
	See Carro	charge regular	us w	DX. DV	
		 	 		
	4				
		SAFETY AND (
in each	of the categories sho	own below, list the person	and posit	ion responsibl	e for understanding and
COMPINE	ing with the redersily	NOIOE CATHEL SAIPTY RAM:	Ilatione / El	MCCD) ~~~ (M	lashington Ctot 1
14100. 1	LOGGE LEIEL IN THE ANY	MU luies. Fact Speem ar	หา กแกแกด	ion "Your Citi	da to Ashiovina a
Sausiac	cory Safety Rating" to	or assistance with require	ments tha	t may apply to	your specific operations.
		SAFETY RESPO	I IIRIBAC	TIFS	
COMMI	2) Any driver who are	CENSE (CDL) REQUIRE	ements (Title 49, Code	of Federal Regulations
1 G1 F 20	ive a valid CDL.	erates a vehicle that mee	ts the defi	nition of a com	mercial motor vehicle
			D 100	3000	
DRIVER	DUNCE TON D	040	Position:	PRESIDE	Nt·
Driver's	must meet minimum	EQUIREMENTS (Title 4	9, Code of	Federal Reg	ulations Part 391)
qualifica	tion files for each dri	qualification requirement	s and eac	n company mu	ıst maintain driver
Name:		The state of the s	Docition	10015	
DRIVER	S HOURS OF SERV	ICE (Title 49, Code of F	Position:	PRISIA	1007
maintain	logs and each come	pany must maintain true a	ny accina	guiations Pai	rt 396) Drivers must
driver.		may made manager a do a	RIO OCCUIA	ie nouts of se	ivice records for each
Name:	Donald A	VYOUD	Position:	Presido	<i>.</i>
CONTR	OLLED SUBSTANCE	ES AND ALCOHOL TES	TING (THE	AQ Code of	Fodoral Boardatt
L GIL JOK	: 💢 Part 401 Any bers	ion who drives a commer	cial motor	vahida roquiri	ing of ODI married his till a
COLLEGIS	so constance and Ak	cohol Testing program that	at complies	with the FMC	SR in 40 CED Dot 202
GING TO C	ZIIN Fall 4V.				2017 III 49 OF 17 Falt 302
Name:	Donald	Arroyo F	osition:	Preside	u.L.
Each co	mpany will have in pla	ace a system for complying	n with EM	CSR dovernin	o alcohol and controlled
THE CLUB IC	~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	れいチャ しかえ ピカル ふるノ タカル	44 (:HR P	'2H A!!\	
VEHICLI	E INSPECTION. REF	PAIR, AND MAINTENAN	CE (Title A	Q Code of E	ederal Regulations Part
	inhamics minst etialific	that each motor vehicle	operated is	s regularly ins	pected, repaired, and
HAN ROLL	ea.	K			
Name:	Donard	Arroyo F	osition:	Presid	ort-
INSUKA	NCE REQUIREMENT	TS (WAC 480-15-530) AI	companie	s must file an	d maintain proof of public
"GOTHLY CI	IN MODELIA GOLLIGIGE I	HISUIANCA COVALIDA VANIA	AC ABARATA	ኋላ (ዊሳበስ ከሲስ	
GVWR o	anası To,ooo popiigş	GVWR and \$750,000 m	inimum ∞	verage for vel	hicles 10,000 pounds
Name:	Tilore)				
CARGO	INSTRANCE DECL	PEMENTS (MAG 400 4	osition:	PRESIO	Uut,
CARGO INSURANCE REQUIREMENTS (WAC 480-15-550) All companies must maintain cargo nsurance coverage. (\$10,000 for household goods transported in motor vehicles under 10,000 pounds					
GVWR a	nd \$20 000 for vehict	es 10,000 pounds GVWF	isported in	motor vehicle	s under 10,000 pounds
vame:			<u>cormore)</u> osition:	Prind	
		~~v v(()(()	USHIOTT.	T 1 1 1 1 1 1 1	LAK 75

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: Danise Ryvon D Position: NP English
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: Donald Hyro D Position: Pender.
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.
DONAID ArroyO DIO A
Print name of applicant Signature of Applicant Date & Place

Attachment

RAINIER MOVING SYSTEMS, INC

Balance Sheet

(See Accountants' Review Report)

ASSETS		December 2005	
Current Asets	<u>-</u>	200;)	2004
Cash	\$	22,078 \$	16,771
Accounts receivable, net of allowance for doubtful accounts of \$16,000 Accounts receivable, affiliates (Note 4)		206,560	306,758
Long-haul driver advances		30,783	116,838
Prepaid expenses		•	21,403
Work in process		42,241	35,633
Total current assets		4,636	3,789
Equipment, net (Notes 2)	-	306,298	501,192
	_	161,071	95,226
Other assets; Public utility commission authority			
Investment in Unigroup, Inc. (Note 6)			13,274
Deferred income tax asset (Note 5)		55,000	55,000
Total other assets	,	- ·	4,500
Total assets		55,000	72,774
•	\$	522.369 \$	669,192
LIABILITIES AND STOCKHOLDERS' EQUITY Current liabilities:	•	•	
Line of credit (note 3)			•
Accounts payable	\$	50,000 \$	4
Accrued expenses (note 7)		63,518	103,459
Accrued long-haul driver expenses		84,143	87,429
Federal income taxes payable		370	-
Defeared income tax liability (Note 5)		3,500 37,000	25,100
Total current liabilities			69,800
Deferred income tax liability (Note 5)		239,331	279,788
Total liabilities		8,000	7
	•	247,331	279,788
Commitments (Notes 7 and 9) Stockholden' Render Olive 9)		•	
Stockholders' Equity (Note 8):			
Common stock, \$100 per value; 500 shares authorized; 5 shares issued and outstanding Retained earnings		:500	500
Total stockholder's equity		274,:538	388,904
Total liabilities and stocholder's equity		275,038	389,404
where and another a solutive	\$	522,369\$	669,192
x_{i}			

Client#8170C

EQUIPMENT

The Company's trucks and trailers are summarized in Figures 8 and 9 respectively.

Figure 8
Summary of Trucks/Power Units

Description	Year/Make	Value
99-24' Solo non/cdl	92 Ford F700	\$20,000
106-Tractor/day cab	84 International	\$4,000
108-Tractor/day cab	90 International	\$12,000
109-26' Solo w/ vault doors	85 International	\$14,000
110-16' Pack Van	94 Isuzu	\$14,000
111-26' Solo	91 International	\$16,000
112-26' Solo	91 International	\$16,000
113-16' Solo	97 Ford	\$19,000
114-Tractor/day cab	96 Freightliner	\$21,000
115-26' Solo	00 Freightliner	\$35,000
1490-11	1995 Kenworth	\$16,000
Total		\$187,000

<u>Figure 9</u> Summary of Trailers

Description	Year/Make	Value
4276-48' Electronic Trailers	85 Monon	\$2,000
4278-48' Electronic Trailers	85 Monon	\$2,000
149010-48/102 Furniture Van	90 Dorsey -	\$4,000
149020-43' Curtain Van	80 Kentucky	\$4,000
149030-28' Pup Van	85 Matlock	\$4,000
149040-28' Pup Van	85 Matlock	\$4,000
149050-51/102 Furniture Van	98 Kentucky (Robert)	\$22,000
149070-48/102 Furniture Van	85 Kentucky	\$5,000
149080-51/102 Furniture Van	99 Kentucky	\$26,000
149090-51/102 Furniture Van	00 Kentucky	\$30,000
149002-51/102 Furniture Van	01 Kentucky	\$35,000
Total		\$138,000

ATTACHMENT B

Transfer or Acquisition of Control

Applicant is seeking one of the following - please check one: ☐ Transfer Acquisition of Control
Painter Moving Systems INC. / George Forces
KUNIEW MOVING SACIONS IN.
7115 132 ND PL SE. New Casto WA 9 8059.
Address (Selier)
HG- 029516 435-644-7200) Permit Number 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-622514 to the following:
Donald A. Arroyo
Name of Buyer Round Systems INC.
Trade Name of Buyer
We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.
Seller's Signature S/10/06 Men Astle WA Date & Location
Buyer's Signature 5/10/06 NewCactle, WA Date & Location

ATTACHMENT C

TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER **EXCEPTIONS IN WAC 480-15-260**

1.

1.	fit,	ne Commission will grant an application for permanent authority without public notice or comment if the applicant is , willing, and able to provide service and the application is filed to <u>transfer or acquire control of permanent authority</u> r 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;
	۵	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;
•	0	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;
	Q	An individual has added a partner, but the same individual remains the majority partner;
٠	a	A corporation has dissolved and the interest is being transferred to the majority shareholder;
	a	A partnership has dissolved and the interest is being transferred to the majority partner;
	ä	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.
1680	NUUC	E***Documentation must be included with your application. Documentation may be in the form of a corporate on, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's nt, community property agreement or other such documentation that may support your request.
2.	ρuε	e Commission will grant an application for permanent authority without temporary permit operations following olic notice or comment if the applicant is fit, willing, and able to provide service and the application is filed to asfer or acquire control of permanent authority for the following reason (check box, if applicable):
7	X	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?
		Explain why the transfer of ownership or control is necessary to ensure the company's economic viability: WOLD THOM FOTO OF ROLLING MOULING SUSHEMS CITED FOR THE STATE OF THE PORTURE OF
•		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: See New Owners Warrant Continued

FROM: Washington Utilities and Transportation Commission

Transportation Operations

PO Box 47250

Phone: (360) 664-1222 Fax:

Olympia, WA 98504-7250

(360) 586-1181

Date:

05-11-2006

Tina Leipski Staff:

P079455 ARROYO, DONALD

7115 132ND PL SE NEWCASTLE, WA 98059 Ting Leipski

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

Your UBI number was not included on your application (FEIN number was listed in place of the UBI). Please contact the Department of Licensing (360) 664-1400 to update the current UBI number for Rainier Moving Systems, Inc. or have them issue a new one. Once I can verify the number and owner, I can continue to process your Acquisition of Control application. Thanks!

UBI # 600565476.



Secretary of State

Department of Liceusing

Profit Corporation

Completed Annual Report 2



Print

PRINT THIS SCREEN AND RETAIN IT FOR YOUR RECORDS.

Your annual report has been completed and submitted. Your renewal is not complete until payment is received from your credit card provider. Please allow 14 days to receive your license document in the mall. If you have any questions contact us at mis@dol.wa.gov.

Completed Date and Time:

Jul 24 2006 10:37AM (Pacific Time Zone)

Transaction Number:

2006 205 5123

(Refer to this number if you have questions about this application.)

Credit Card Approval Number:

Business Entity Information:

RAINIER MOVING SYSTEMS, INC.

Profit Corporation

The license will be mailed to the

registered agent. DAVID W DACK

7115 132ND PL SE

NEWCASTLE, Washington 98059

Unified Business ID: State of Incorporation:

Date of Incorporation: **Expiration Date:**

600 565 476 Washington 08/05/1983

08/31/2007

Annual Report:

Principal place of business in

Washington:

7115 132nd pl se

newcastle, Washington 98059

Telephone Number:

(425) 644 7200

Nature of your business:

Transportation and Warehousing

President, Chairman of the

Confirmed Governing People:

Name

Address

Title(s)

Donald Allen Arroyo

5504 chinook dr se

tacoma, Washington

Board, Director

Danise May Arroyo-

Sykes

5504 Chinook Dr. SE

Tacoma, Washington

98422

98422

Vice President, Secretary, Treasurer

Fee Statement:

Domestic Profit Corporation Renewal Application Fee

\$50.00 \$9.00 Total Fees \$59.00
Previous Payment (\$0.00)
Total Amount Billed to \$59.00
Your MasterCard

Person Completing:

Completed by: Donald Allen Arroyo (President, Chairman of the Board, Director)



