




**HOUSEHOLD GOODS CARRIER
PERMIT APPLICATION**

RECEIVED
 JUL 20 2006
 WASH. UT. & TP. COMM

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): _____ Date: _____

Signature: _____ Title: _____

FOR OFFICIAL USE ONLY

Date Filed: 4/21/06	Application #: 779468	Motcar: 44552	Permit Issued: HG-
Staff Assigned:	Insurance: OK	Inspection:	DOL/SOS: OK/OK
Reception #: 0002539	111-0268-207-02 250.00	111-0268-202-01	111-0268-013-20

TV-061204

BUSINESS INFORMATION

Name of Applicant Ben E. Ives
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Industrial Transfer Company

Physical Address 3250 B Street N.W. - Suite D - Auburn WA 98001

Mailing Address P.O. Box 1716, Auburn, WA 98071-1716

Telephone Number (800) 451-4931 Fax Number (888) 451-4931

UBI # ~~178 046 676~~ ^{NA} Email: bives@idustransfer.com

602-637-372 **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>

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington As stated in existing Permit 1794
 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: I wish to hold this permit in conjunction with the sister company - Industrial Transfer and Storage Co. Inc. as it has been since the 1960's and use the permit as the opportunity arises and the need arises

Briefly describe your experience in the transportation/household goods moving industry: I have managed and operated truck fleets for previous employers and myself since 1977, including flatbed freight and machinery, petroleum products, high value products, perishables and bulk commodities. In the 1970's I worked for W.W. Kassner and participated in household goods moving and office complex moves.

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: *Industrial Transfer and Storage Co. Inc*
 DOT# 379009 MC# 183132 Single State Registration Base State WA

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 <i>Business Plan included in cover letter.</i>			
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
2000	Peterbilt	A25916 MT	1XP7DU9XOYD524262 Unit #1117	80,000

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: *Ben Ives* Position: *Proprietor*

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: *Ben Ives* Position: *Proprietor*

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: *Ben Ives* Position: *Proprietor*

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: *Ben Ives* Position: *Proprietor*

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: *Ben Ives* Position: *Proprietor*

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: *Ben Ives* Position: *Proprietor*

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: *Ben Ives* Position: *Proprietor*

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: *Ben Ives*

Position: *Proprietor*

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: *Ben Ives*

Position: *Proprietor*

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.

Ben E. Ives

Print name of applicant

Ben E. Ives

Signature of Applicant

7/19/06 Auburn, WA

Date & Place

ATTACHMENT B

Transfer or Acquisition of Control

Applicant is seeking one of the following - please check one:
 Transfer Acquisition of Control

W. W. Kassner
Current Name on Permit (Seller)
Industrial Transfer Company
Current Trade Name on Permit (Seller)
P.O. Box 1716 Auburn, WA 98071
Address (Seller)
HG- 1794 Permit Number
206-242-6206 (Helen Ives) Phone Number (Seller) Alternate
Executor of Estate of W.W. Kass

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 *There were no fines or Penalties*

Has the closing annual report been filed with the Commission? No Yes
The annual reports have been filed continuously as required by the Commission
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?
Ben Quab - Ben Ives

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG-1794 to the following:

Ben E. Ives
Name of Buyer
Industrial Transfer Company
Trade Name of Buyer

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

Helen Kassner Ives
Seller's Signature
Ben E. Quab
Buyer's Signature

7-18-06 Auburn, WA.
Date & Location
7-18-06 Auburn, 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;
 - ^{NA} 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.

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:
Explained in cover letter
- 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:
Explained in cover letter

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.

W. W. Kassner
Current Name on Permit
Industrial Transfer Company
Current Trade Name on Permit
P.O. Box 1716 Auburn, WA
Address
800-451-4931 Phone Number 888-451-4931 Fax Number
bives@idustransfer.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- 1794 be changed to: /
Ben E. Ives 178 046 676
New Name UBI Number 602 637 372
Remain the same
New Trade Name (if applicable) Remain the same
Address (if changed)

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

Individual

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.

Ben E. Ives - Transferee Signature & Title of Applicant 7/19/06 Auburn, WA Date & Location

That portion of vacated South Holgate Street in Seattle, King County, Washington, vacated by the City of Seattle under ordinance No. 94011, described as follows:

Beginning at the Southwest corner of Lot 8, Block 320 of Seattle Tide Lands as the true point of beginning; thence Southerly along the production South of the Westerly line of said Block 320, 150 feet more or less to the production West of the South line of Lot 11, Block 319, of Seattle Tide Lands; thence Easterly along said South line of said Lot 11 produced West, 150 feet more or less to the South production of the East line of said Block 320; thence Northerly along said South production of the East line of Block 320, 150 feet; thence Westerly, parallel to the North line of said Block 320, to the true point of beginning.

C. The duplex apartment located at 5418-5420 Lucile Street, Seattle, Washington, described as follows:

Lot 7, Block 11, McAllister's Addition to Seattle, according to plat recorded in Vol. 1 of Plats at page 239 in King County, Washington.

FIFTH: I give the rest, residue and remainder of my property in equal shares as follows: one share to my son, ROBERT W. KASSNER, if he survives me, if not to his lineal descendants by right of representation; and one share to my daughter, HELEN KASSNER IVES, if she survives me, if not to her lineal descendants by right of representation.

SIXTH: I appoint my son, ROBERT W. KASSNER, as Executor of my estate, my daughter, HELEN KASSNER IVES, as first alternate or successor Executrix, and my granddaughter, DIANE SOWINSKI, as second alternate or successor Executrix, each of whom shall serve without the aid or intervention of court.



Customer Copy

March 2004

UNITED STATES POSTAL SERVICE Post Office To Addressee

ED 956255346 US

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 98130	Day of Delivery Next Day <input checked="" type="checkbox"/> 2nd Del. Day <input type="checkbox"/>	Postage \$ 14.40
Date Accepted 7/15/06	Scheduled Date of Delivery Month 7 Day 17	Return Receipt Fee \$
Time Accepted 10:20 AM	Scheduled Time of Delivery Noon <input type="checkbox"/> 3 PM <input checked="" type="checkbox"/>	COD Fee \$
Flat Rate <input type="checkbox"/> or Weight <input type="checkbox"/>	Military <input type="checkbox"/>	Insurance Fee \$ 1.00
	2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/>	Total Postage & Fees \$ 16.80
	Int'l Alpha Country Code	Acceptance (Emp. Initials)

DELIVERY (POSTAL USE ONLY)

Delivery Attempt Mo. Day	Time AM <input type="checkbox"/> PM <input type="checkbox"/>	Employee Signature
Delivery Attempt Mo. Day	Time AM <input type="checkbox"/> PM <input type="checkbox"/>	Employee Signature
Delivery Date Mo. Day	Time AM <input type="checkbox"/> PM <input type="checkbox"/>	Employee Signature

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No. _____
Federal Agency Acct. No. or Postal Service Acct. No. _____

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature.
When delivery is made without obtaining signature, address of addressee is agent of delivery and addressee is deemed to have authorized delivery employee to deliver to addressee.

FROM: (PLEASE PRINT) PHONE ()

HELEN IVES
14247-56th AVE. So.
TUKWILA, WA 98148-4508

NO DELIVERY
 Weekend Holiday Mailer Signature

TO: (PLEASE PRINT) PHONE ()

SAN DIEGO RECORDER/COUNTY CLERK
P.O. Box 12750
SAN DIEGO, CA 92112-1750

ZIP + 4 (U.S. ADDRESSES ONLY, DO NOT USE FOR FOREIGN POSTAL CODES.)

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Label/Receipt Number: **ED95 6255 346U S**
Status: **Delivered**

Your item was delivered at 11:31 am on July 17, 2006 in SAN DIEGO, CA 92101. The item was signed for by M'DEAN.

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*INDUSTRIAL TRANSFER COMPANY
WUTC CC 1794
P.O. Box 1716
Auburn, WA 98071-1716*

RECEIVED
JUL 20 2006
WASH. UT. & TP. COMM

July 19, 2006

Executive Secretary
Washington Utilities and Transportation Commission
Chandler Plaza Building
1300 S. Evergreen Park Drive S.W.
P.O. Box 47250
Olympia, WA 98504-7250

Re: Transfer of Permit 1794 – Explanation, Business Plan and Mode of Operation

Dear Sir;

On January 19th of this year I sent a letter to you requesting that the Commission reinstate Permit 1794, which was in the name of W.W. Kassner dba Industrial Transfer Co. The Commission graciously reinstated the Permit, which I am grateful for.

In the letter dated January. 19, 2006, I also explained that Mr. Kassner, my Grandfather had passed away and that I would like to transfer the Permit 1794 into my name to carry on the legacy of the Industrial Companies. Permit 1794 was my Grandfather's original permit and was held in his name as a sole proprietorship. In the 1960's through acquisition, Mr. Kassner formed Industrial Transfer and Storage Co, Inc and the two companies have shared common management as family owned and controlled companies. I am the President of Industrial Transfer and Storage Co, Inc and with my mother Helen Ives (Mr. Kassner's daughter) we hold the majority of the stock in this corporation. This corporation's primary business is transporting foodstuffs and perishables through out the Western two thirds of the United States. Our corporate office is located at 3250 B St. N.W. – Suite D, Auburn, WA 98001. The Corporation, under my guidance was awarded the Fleet Safety Award for 2005 for Common Carriers under 5,000,000 miles by the Washington Trucking Association and the Washington State Patrol. For miles traveled in 2004. We take safety and compliance very seriously.

Upon the passing of W.W. Kassner, I began receiving the correspondence from the WUTC that had been sent to Mr. Kassner regarding the permit and other Commission business. I had the insurance carrier for the Corporation do the required insurance filing and Industrial Transfer Company is listed as the insured with the sister company. the.

In the January letter, I explained my wish to put the Permit in my name and the WUTC staff sent me the appropriate documents to complete this task. I have not ignored the issue but it has taken some time to get the documents executed and the proper signatures and supporting documents compiled. The business plan or mode of operation would

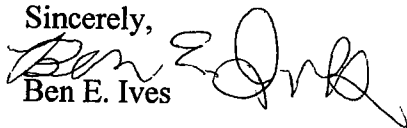
remain the same and the business pertaining to the permit would be as it has since the 60's. My office staff and I will continue to do the administration for both the Corporation and Industrial Transfer Company. These have been and still are considered sister companies.

Although there has not been recent activity, the Corporation owns a 2000 Model Peterbilt Tractor and a 2006 53' Stoughton van trailer that as can be leased to Industrial Transfer Co to perform the transportation as permitted under Permit 1794 as needed. Even though the name of the permit holder or sole proprietor would change on the permit, the business operation and administration would remain the same.

After reviewing the type of transaction necessary to accomplish the name change and with some guidance from the WUTC staff, it appears that this would fall under the exceptions in WAC 480-15-260. I have completed the pages as directed in the Permit Application pertaining to this statute. I have included the signature of Helen Kassner Ives as the Seller as she is the Alternate Executor of the Estate of W.W. Kassner. R.W. Kassner is the Executor of the Estate but he has been unavailable to execute the document in time to meet the deadline set by the Commission to submit this application. The copy of the Death Certificate of W.W. Kassner has been requested from San Diego County, CA. Mr. Kassner passed away in Escondido, CA and in closing out the estate (the Estate was closed in 2001) all copies of the Death Certificate were submitted to various insurance companies and financial institutions so we have now requested additional copies. A cashiers check in the amount of \$250.00 for the application fee is enclosed.

In closing, I would like to say that there is a strong sentimental reason for my requesting to put Permit 1794 in my name. My Grandfather started these companies as a young man and built them into very viable operations. I was the only one of 13 grandchildren that took an active interest in the trucking Companies and activities. I do not want to see what my Grandfather and Grandmother (she preceded him in death) worked so very hard to acquire and accomplish go by the wayside. It is my attempt to keep both the Corporation and the original Proprietorship (Permit 1794) together and in the family as my Grandfather had wished.

Sincerely,


Ben E. Ives

July 27, 2006

Ben E. Ives
Industrial Transfer Company
P.O. Box 1716
Auburn, WA 98071/1716

Master License Service
Department of Licensing
P.O. Box 9048
Olympia, WA 98507-9048

Dear Sir or Madam:

I am in the process of transferring the Household Goods Permit #1794 from my Grandfather's name W.W. Kassner (deceased) to my name. The Permit as issued by the Washington Utilities and Transportation Commission is currently on record as W.W. Kassner dba Industrial Transfer Company.

When I submitted the application to transfer the Permit into my name I had used the current UBI for Industrial Transfer Company of 178 046 676 not realizing that because the entity is a sole proprietorship the UBI number would be in W.W. Kassner's name also. The WUTC has since informed me that the UBI number has to be in my name to complete the transfer – see the attached memo and highlighted paragraph.

I have completed the Master Application form as per the instructions and have enclosed a Cashier's Check in the amount of \$20.00 for the application fee. I was not sure if the current UBI number would be transferred or a new number would be issued to me. The WUTC Permit 1794 when the transfer is complete will be Ben E. Ives dba Industrial Transfer Company.

Thank you for your prompt attention to this matter and if you have any questions or need to contact me you may at any of the contact numbers or email that is contained in the application.

Sincerely,



Ben E. Ives

enclosure

INDUSTRIAL TRANSFER COMPANY
WUTC CC 1794
P.O. Box 1716
Auburn, WA 98071-1716

July 31, 2006

Executive Secretary
Washington Utilities and Transportation Commission
Chandler Plaza Building
1300 S. Evergreen Park Drive S.W.
P.O. Box 47250
Olympia, WA 98504-7250

RECEIVED
AUG 07 2006
WASH. UT. & TP. COMM

Re: Transfer of Permit 1794

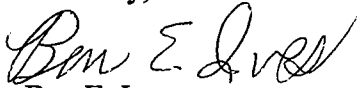
Dear Sir;

Please find enclosed the copy of my application for a UBI number in my name as requested in the WUTC document sent to me on July 21, 2006. Since the company already had an UBI number assigned to it I used the previous number not realizing that it was assigned to W.W. Kassner specifically.

I have also included the copy of the Death Certificate of Mr. W.W. Kassner. In my letter of July 19th, 2006 included with the application to transfer the Permit 1794 to my name, I explained that I had to order another copy from San Diego County, CA where Mr. Kassner passed away.

By the time you have received this letter and accompanying documentation, the Commission should have already received the insurance filing on Form E from my insurance company Great West Casualty Company. The filing will read in my name.

Sincerely,


Ben E. Ives

enclosures

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3 199937 006810

STATE FILE NUMBER 0822		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VE-11 (REV. 7/87)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Walter		2. MIDDLE Winfield		3. LAST (FAMILY) Kassner	
4. DATE OF BIRTH M/M/DD/C CYY 05/13/1904		5. AGE YRS 94		6. SEX Male	
9. STATE OF BIRTH WA		10. SOCIAL SECURITY NO. 531-32-1624		7. DATE OF DEATH M/M/DD/C CYY 04/23/1999	
14. RACE White		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Widowed	
17. OCCUPATION Owner/Founder		18. KIND OF BUSINESS Transportation & Storage		13. EDUCATION—YEARS COMPLETED 12	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 18511 Normandy Terrace S.W.		23. ZIP CODE 98166		19. YEARS IN OCCUPATION 55	
21. CITY Seattle		22. COUNTY King		24. YRS. IN COUNTY 94	
25. STATE OR FOREIGN COUNTRY WA		26. NAME, RELATIONSHIP Robert Kassner, Son		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 17818 2nd Avenue, Seattle, WA 98166	
28. NAME OF SURVIVING SPOUSE—FIRST —		29. MIDDLE —		30. LAST (MAIDEN NAME) —	
31. NAME OF FATHER—FIRST Bernard		32. MIDDLE —		33. LAST Kassner	
35. NAME OF MOTHER—FIRST Mary		36. MIDDLE —		37. LAST (MAIDEN) Kipp	
38. DATE M/M/DD/C CYY 04/30/1999		40. PLACE OF FINAL DISPOSITION Hillcrest Burial Park 1005 Reiten Road Kent, WA 98031		43. LICENSE NO. 6915	
41. TYPE OF DISPOSITION TR/BU		42. SIGNATURE OF EMBALMER <i>Stuart Comer</i>		47. DATE M/M/DD/C CYY 04/29/1999	
44. NAME OF FUNERAL DIRECTOR Alhiser-Wilson Mortuary		45. LICENSE NO. FD 297		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
101. PLACE OF DEATH Palomar Medical Center		102. IF HOSPITAL SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. HOISP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL San Diego	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 555 East Valley Parkway		106. CITY Escondido		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) Bowel infarction-mesenteric insufficiency		TIME INTERVAL BETWEEN ONSET AND DEATH 10 hrs		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) Diffuse atherosclerosis		10 yrs		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) Renal failure related hyperlipidemia		10 yrs		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 End stage renal failure					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/C CYY 04/20/1999		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> John J. Lilley, MD		116. LICENSE NO. A24559	
DECEDENT LAST SEEN ALIVE M/M/DD/C CYY 04/23/1999		117. DATE M/M/DD/C CYY 04/29/1999		118. TYPE AND ADDRESS OF CERTIFIER'S NAME, MAILING ADDRESS, ZIP John J. Lilley, MD 625 E. 1st Ave. Escondido, CA 92025	
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/C CYY	
123. PLACE OF INJURY		122. HOUR		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/C CYY	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		129. STATE REGISTRAR		130. FAX AUTH. # 9906969	
A		B		C	
D		E		F	
G		H		GENBUS TRACT	

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

G. J. Smith

July 17, 2006

Gregory J. Smith
Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk

001814870





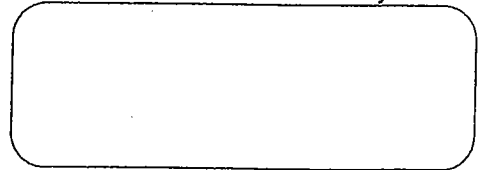
Master License Service
 Department of Licensing
 P O Box 9048
 Olympia WA 98507-9048
 Telephone: (360) 664-1400
 www.dol.wa.gov

Information provided may be subject to disclosure under the public disclosure law (RCW 42.17)

Ben E. Ives
 Owner Name

Unified Business Identifier (UBI)
551-531-46-9265
 Federal Employer Identification Number (FEIN)

For Validation - Office Use Only



01P-400-925-0003

MASTER APPLICATION

(Please type or print clearly in dark ink.)

Mail Directly to the Master License Service or file in person at any UBI service location.



1. Purpose of Application

Please check all boxes that apply

<input type="checkbox"/> Open/Reopen Business complete sections 2, 3, (4 if hiring employees) and 5	<input type="checkbox"/> Hire Employees complete all sections
<input checked="" type="checkbox"/> Change Ownership complete sections 2, 3, (4 if you have employees) and 5	<input type="checkbox"/> Hire Employees Under Age 18 complete all sections
<input type="checkbox"/> Add License/Registration to Existing Location complete sections 2, 3 and 5	<input type="checkbox"/> Hire Persons to Work in or Around Your Home complete sections 2, 3c, 4 and 5 (no application fee)
<input type="checkbox"/> Register Trade Name complete sections 2, 3 and 5	<input type="checkbox"/> Other _____ complete all sections
<input checked="" type="checkbox"/> Change Trade Name - complete sections 2, 3 and 5 indicate name to be cancelled: <u>W. W. KASNER as proprietor changed to Ben E. Ives as proprietor</u>	
<input type="checkbox"/> Change or Open Location - complete sections 2, 3a, 3b, 3c and 5 indicate old address to be closed: _____	

2. Licenses and Fees

Use the License Fee Sheet for the information needed to complete this list

Indicate Registrations Needed	Fees Due
<input checked="" type="checkbox"/> Tax Registration -- Do you want a separate tax return for each business/trade name? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No Fee
<input type="checkbox"/> Industrial Insurance (if you will have employees)	No Fee
<input type="checkbox"/> Unemployment Insurance (if you will have employees)	No Fee
<input type="checkbox"/> Minor Work Permit (if you will have employees under age 18)	No Fee
<input type="checkbox"/> New Trade Name (Doing Business As):	\$ 5.00
Indicate Other Licenses (such as Lottery Retailer) or additional Trade Names (\$5 each name): (see License Fee Sheet for more information.)	
	\$
	\$
	\$
	\$
	\$
	\$

Enclose check for **total amount due**, including the Application Fee, which **MUST** be submitted with this form

Application Fee **\$ 15.00**

➤ **Make check payable to the WASHINGTON STATE TREASURER.**

Total Amount Due **\$ 20.00**

3. Business Information

a. Check only one box in this section that applies to your ownership structure:

Sole Proprietor: If married, should spouse's name appear on license? Yes No (If you answer No, you must still enter the spouse information in Section C below.)

Partnership Limited Partnership Limited Liability Partnership Limited Liability Company
 Washington Corporation Out of State Corporation Non Profit Corporation (educational, religious, charitable)

Partnership, Corporation, LLC or LLP Name _____
 State incorporated/formed: _____ Year incorporated/formed: _____

Association Trust Municipality Other

Name of Organization _____

b. Business Open Date 01 1 1993 If unknown, please estimate. *I believe this is when my grandfather began the business*

Industrial Transfer Company
 Doing Business As (DBA)/Trade Name

King Inside city limits? Yes No

P.O. Box 1716
 Business Mailing Address (Street or PO Box, Suite No. Do not use building name)

3250 B Street NW - Suite D
 Business Street Address in Washington (if different than mailing address)

Auburn WA 98071
 City State Zip

Auburn WA 98001
 City State Zip

(800) 451-4931 (888) 451-4931 bives@industtransfer.com
 Business Telephone Number Fax Number Internet/E-Mail Address

c. List all owners & spouses: Sole proprietor, partners, officers, and LLC members. Attach additional pages if needed.

➤ Ives Ben E.
 Name (Last, First, Middle)
P.O. Box 263
 Home Address (Street or PO Box)
Black Eagle MT 59414-0263
 City State Zip
03103150 531-46-9265 100%
 Date of Birth Social Security Number % Owned

Sole Proprietor (406) 727-4279
 Title Home Telephone Number
 Are you married? Yes No If yes, enter spouse information below.
Stensaker Patsy M.
 Spouse's Name (Last, First, Middle)
03121139 501-42-2878
 Spouse Date of Birth Spouse Social Security Number

➤ _____
 Name (Last, First, Middle)

 Home Address (Street or PO Box)

 City State Zip

 Date of Birth Social Security Number % Owned

_____ () _____
 Title Home Telephone Number
 Are you married? Yes No If yes, enter spouse information below.

 Spouse's Name (Last, First, Middle)

 Spouse Date of Birth Spouse Social Security Number

➤ _____
 Name (Last, First, Middle)

 Home Address (Street or PO Box)

 City State Zip

 Date of Birth Social Security Number % Owned

_____ () _____
 Title Home Telephone Number
 Are you married? Yes No If yes, enter spouse information below.

 Spouse's Name (Last, First, Middle)

 Spouse Date of Birth Spouse Social Security Number

The Social Security Number is required for all sole proprietors (RCW 26.23, 150) and for all owners and spouses of a business that will have liquor, lottery or private investigator licenses. Not providing this information will result in application delays.

3. Business Information (continued)

d. Estimated Gross Annual Income in Washington

Please check one box that applies to your business:

- 0 - \$12,000 \$12,001 - \$28,000 \$28,001 - \$60,000 \$60,001 - \$100,000 \$100,001 and above

e. Please indicate which of these business activities you do in Washington State (check all that apply):

- Wholesale Retail Manufacturing Services

f. Describe in detail the principal products or services you provide in Washington state (failure to provide this information will cause delay in processing your application)

Intra State, Washington Household Goods Transportation on
WUTC Permit #1794 (Transferring from name of W.W. Kassner - deceased - to Ben E. Ives)

g. Did you buy, lease, or acquire all or part of an existing business? No All Part

Date bought/leased/acquired: 0 / 1 / 1 W. W. Kassner dba Industrial Transfer Company
MM DD YY Prior Business Name

W. W. Kassner
Prior Owner's Name

() Deceased
Telephone Number

h. Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax? Yes No

If yes, indicate purchase or lease price: \$ _____

i. If this business is owned by, controlled by, or affiliated with any other business entity, please indicate that business entity's name:

affiliation by common management and administration (sister company)
Industrial Transfer & Storage Co. Inc.

j. If you are changing your business structure, (such as changing from sole proprietorship to corporation) and want the old account closed, please indicate the UBI number to be closed: _____

k. If you have ever owned another business, please provide: _____

Business Name

UBI Number

l. List your bank's name: Mountain West Bank - Great Falls, MT
U.S. Bank

Do you plan to have employees or wish to register for optional coverage?

(Some LLC members are considered to be employees.)

For further information on optional coverage definitions, see License Fee Sheet)

- Yes No

If NO, skip to section 5.

If YES, complete sections 4 and 5.



4. Employment

N/A

Complete if you employ, or plan to employ, one or more persons in Washington state; or if you want optional coverage under this ownership

- a. Date of first employment or planned employment at this location / / First date wages paid: / /
MM DD YY MM DD YY
- b. Number of persons you employ or plan to employ at this location (Do not include owners): _____
- c. Estimate the number of persons under 18 (minors) you will employ in the next 12 months: _____
 - Estimate the number of minors that will be under 16:..... _____
 - Are any of the minors working in an agricultural business? Yes No
 - List the specific duties performed by minors at this location: _____

- d. If you operate at more than one location, do you wish to report the employee information at the locations:
 Together Separately
- e. Do you want unemployment insurance coverage for corporate officers?
 Yes – Prior to coverage, Form 5203 is required. This form will be sent to you by Employment Security Dept.
 No – The corporation must inform officers *in writing* that they are not covered for unemployment insurance.
- f. Do you want industrial insurance coverage for sole proprietor(s), partners, owners, corporate officers, or LLC members?
 Yes – Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Dept. of Labor & Industries.
- g. Do you want optional industrial insurance coverage for excluded employment? (See License Fee Sheet for descriptions.)
 Yes – Prior to coverage, Form F213-112-000 is required. This form will be sent to you by the Dept. of Labor & Industries.
- h. If your entity is a Limited Liability Company, is your management vested?
 Yes – If managers are also members, they are exempt from industrial insurance coverage
 No – If managers are not members, they are mandatorily covered for industrial insurance coverage.

- i. Please check the **ONE** box which best describes the major operation of your business and provide activity in detail below.

<input type="checkbox"/> (01) Construction-Wood Frame Bldg.	<input type="checkbox"/> (05) Shipbuilding	<input type="checkbox"/> (09) Mfg. - Food Products	<input type="checkbox"/> (13) Retail/Wholesale Trade
<input type="checkbox"/> (02) Construction-All other	<input type="checkbox"/> (06) Mining/Quarrying/Sand & Gravel	<input type="checkbox"/> (10) Miscellaneous Mfg.	<input type="checkbox"/> (14) Services/Maint./Restaurants
<input type="checkbox"/> (03) Logging/Forestry/Trucking	<input type="checkbox"/> (07) Mfg.-Wood/Metal/Stone Products	<input type="checkbox"/> (11) Machine Shops/Auto Repair	<input type="checkbox"/> (15) Communications
<input type="checkbox"/> (04) Temp. Help/Employee Leasing	<input type="checkbox"/> (08) Mfg.-Chemicals	<input type="checkbox"/> (12) Agricultural/Farming	<input type="checkbox"/> (16) Clerical/Professional Occup.

j. Describe in detail the activities of your employees and/or indicate the category of optional coverage for excluded employment requested.

	3-Month Estimate	
	Number of Employees	Workers' Hours (Include Minors)

5. Signature

Signature of sole proprietor or spouse, partner, corporate officer, or limited liability member/manager

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I am the applicant or authorized representative of the firm making this application and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.

X Ben E. Ives 07 127 106
 Signature Required Date

Ben E. Ives Proprietor (800) 451-4931 07 127 106
 Application Prepared By (Please Print) Title Telephone No. Date

 UBI Agency Representative Telephone No. () Date / /

INDUSTRIAL TRANSFER COMPANY
WUTC CC 1794
P.O. Box 1716
Auburn, WA 98071-1716

August 14, 2006

Executive Secretary
Washington Utilities and Transportation Commission
Chandler Plaza Building
1300 S. Evergreen Park Drive S.W.
P.O. Box 47250
Olympia, WA 98504-7250

RECEIVED

AUG 17 2006

WASH. UT. & TR. COMM.

Re: Transfer of Permit 1794

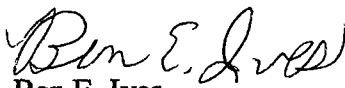
Dear Sir;

In my letter dated July 31, 2006 I had included with the Death Certificate of W.W. Kassner, my application for a UBI number in my name. Please find enclosed the letter from the Washington State Department of Revenue dated August 3, 2006, with my assigned UBI number - 602 637 372.

With the submission of this document to the Commission, I believe, to the best of my knowledge, that I have provided all the information and documentation to complete the transfer of Permit 1794 to my name.

Thank you for your cooperation in this matter.

Sincerely,


Ben E. Ives

enclosures



STATE OF WASHINGTON
DEPARTMENT OF REVENUE
PO Box 47476 • Olympia, WA 98504-7476 • FAX (360) 753-3319

AUGUST 03, 2006

IVES BEN E
INDUSTRIAL TRANSFER CO
PO BOX 1716
AUBURN WA 98071-1716

UBI Number: 602 637 372

Dear Businessperson:

Based on your request, you are now registered to operate a business in Washington. The Unified Business Identifier (UBI) number shown above is also your Department of Revenue tax reporting number. Please refer to this tax reporting number when contacting us for assistance.

Your tax return is due annually. The due date of your return is January 31. If a tax return is enclosed, please check the address label. If a due date is noted on the label, this is the due date for this particular return. In the future, if you do not receive your return by the 10th of January, please call us for assistance.

You must file a return even if you have no business to report. Write "NO BUSINESS ACTIVITY" across the return or place "zeros" in the TOTALS column. Sign and mail the return to the Department by the due date printed on the return.

Please inform us if: (1) the above name or address needs correction, (2) you change your business name or ownership, (3) you change your business location or address, (4) you change the type of business activity you are in, or (5) you close your business. You may note the changes in the upper portion of the tax return.

If you need further assistance, please call your local office or the Telephone Information Center at 1-800-647-7706. You may also call Tax Express at 1-800-334-8969. Thank you for doing business in Washington State.

Business Registration

INDUSTRIAL TRANSFER COMPANY
WUTC CC 1794
P.O. Box 1716
Auburn, WA 98071-1716

January 19, 2006

Executive Secretary
Washington Utilities and Transportation Commission
Chandler Plaza Building
1300 S. Evergreen Park Drive S.W.
P.O. Box 47250
Olympia, WA 98504-7250

RECEIVED
RECORDS MANAGEMENT
06 JAN 23 AM 8:42
STATE OF WASH.
UTIL. AND TRASH
COMMISSION

Dear Sir;

Please accept this letter as a Petition to the Commission to reinstate the Household Carrier Permit #WUTC CC 1794 that was Canceled per Docket No. TV-051482 with a service date of January 4, 2006.. This permit was held in the name of W.W. Kassner D/B/A Industrial Transfer Company. Mr. Kassner passed away several years ago. I, Ben Ives, being Mr. Kassner's grandson and operating a sister company that is a corporation, Industrial Transfer & Storage Co, Inc. have kept his authority active since his passing, even though we have not operated on this particular permit number. I have been in charge of all the trucking issues since Mr. Kassner's passing.

It was through a miscommunication and an accounting oversight that the 2004 annual report was not filed for this authority and thus your action on Docket No. TV-051482 to cancel permit WUTC 1794 ensued. I have since filed the annual report and it is enclosed with this letter.

Even though we had no operations on this permit I would still prefer to hold the permit if I could. If it is deemed necessary I will transfer the Permit into my name.

I have kept the insurance filings up in an attempt to hold this permit number as this was my Grandfather's original company and if for no other reason other than sentimental I hated to see something Walt Kassner had worked so hard for and cherished from the 1930's to the time of his death, go away. The insurance policies cover both the operations of Industrial Transfer and Storage Co, Inc the Corporation, and Industrial Transfer Company, which was Mr. Kassner's original sole proprietorship. The premiums are paid by the Corporation and cover both companies and because it is a blanket policy for both filings I have no way to break out the individual cost per company. This is so noted on the annual report.

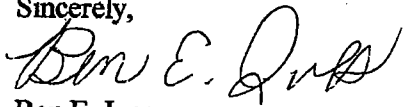
Since we did not have Household Goods operations in 2004 I put a -0- in line one of the Regulatory Fee Sheet as per the instructions. I did notice however that on neither the Annual Report itself or on the Fee Sheet is there a minimum filing charge as many states have. Also because there were no revenues to base penalty and interest charges from for

the late filing – after May 1, 2005 I could not figure these amounts. In case I missed something on either of the forms and there are fees to be paid, I have supplied the required credit card information in the appropriate place on the Annual Report for the Commission to charge fees to. I trust this credit card information will be used judiciously.

I may be contacted by the telephone number, fax number or email address as indicated on the Annual Report if the Commission requires more information.

In closing I would like to thank the Commission for considering this petition to reinstate this permit and rescind the permit cancellation of Industrial Transfer Company, WUTC 1794 as prescribed in Order N0. 01, Docket No. TV-051482 with the Service Date of January 4, 2006. .

Sincerely,

A handwritten signature in cursive script, appearing to read "Ben E. Ives".

Ben E. Ives

For the Estate of W.W. Kassner