



RECEIVED

HOUSEHOLD GOODS CARRIER PERMIT APPLICATION

NOV 16 2006 WASH. UT. & TR. COMM.

TV-070189

Table with 2 columns: Type of Household Goods Authority Requested - Check one, Fee Required. Includes rows for Emergency temporary authority (\$50), Temporary authority (\$250), Permanent authority (\$550), Permanent authority to transfer (\$550), Permanent authority to transfer under exceptions (\$250), Reinstatement of permit (\$250), Name Change (\$35), and Extension of authority (\$550).

TYPE OF PAYMENT

Check Money Order Amex Mastercard Visa

Expiration Date: N/A Amount: \$550

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): Zhi Gang Siang Date: 11/13/06

Signature: [Signature] Title: Owner

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY grid containing: Date Filed (11-16-06), Application # (P79484), Motocar (44762), Permit Issued (HG-62650), Staff Assigned, Insurance (0003123), Inspection, DOL/SOS, Reception #, and various identification numbers.

BUSINESS INFORMATION

Name of Applicant Lucky Moving & Remodeling LLC.
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable _____

Physical Address 13359 NE 134th Pl, Kirkland WA 98034

Mailing Address 13359 NE 134th Pl. Kirkland WA 98034

Telephone Number (425) 820-7928 Fax Number (425) 821-6976

UBI # 602 504 631 Email: _____

TYPE OF BUSINESS STRUCTURE

- Individual
- Partnership
- Corporation
- Other LLC
(LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or Percentage of Shares
<u>Yun Li</u>		<u>50%</u>
<u>zhigong jiang</u>		<u>50%</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: moving only

Briefly describe your experience in the transportation/household goods moving industry: worked in moving industry for one years already.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?
 No Yes If yes, please indicate your permit number: _____

Have you ever applied for and been denied a permit to operate as a motor carrier of property?
 No Yes If yes, please explain: _____

Do you currently operate interstate? No Yes If yes, please indicate your:
 DOT# 1402695 MC# 532234 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?
** per Linda Powell - not providing interstate 1/31*

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	\$ 2800	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Accounts Receivable	\$ 0	Notes Payable	\$ 0
Investments	\$ 0	Mortgages Payable	\$ 0
Other Current Assets	\$ 0	Other	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 40000	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ 0
Other Equipment	\$ 1000	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 43800
TOTAL ASSETS	\$ 43800	TOTAL LIABILITIES & NET WORTH	\$ 43800

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	ISU	A50016R	4GTJ7C135YS701W3	000006

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: <i>Zhi Gang Siang</i>	Position: <i>Owner</i>
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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: <i>Zhi Gang Siang</i>	Position: <i>Owner</i>
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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: <i>Zhi Gang Siang</i>	Position: <i>Owner</i>
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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: <i>Zhi Gang Siang</i>	Position: <i>Owner</i>
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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: <i>Zhi Gang Siang</i>	Position: <i>Owner</i>
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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: <i>Zhi Gang Siang</i>	Position: <i>Owner</i>
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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: <i>Zhi Gang Siang</i>	Position: <i>Owner</i>
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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: Zhi Gang Siang

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: Zhi Gang Siang

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.

Zhi Gang Siang
Print name of applicant

Zhi (G) S
Signature of Applicant

11/13/06 Home
Date & Place

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name: Lucky Moving & Remodeling LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Fei Liu

Address (include street address, mailing address, city, state, zip, and county): 8018 NE 151st Ct Kenmore, WA 98028

Phone Number: 425-485-5062

Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: moving from my old House to my New House.

Do you anticipate a future need for the services of a residential household goods moving company? [X] No [] Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: easy to communicate, because the worker are chinese.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? NO

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Person Completing Form: Fei Liu

Date and Location: 11/13/06

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: FELLER Lucky Moving & Remodeling LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

FEI LIU

Address (include street address, mailing address, city, state, zip, and county):

8018 NE 151st CT
Kenmore WA 98028

Phone Number:

425 485 5062 / 206 898 3290

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

I plan to move all furnitures in my house to my apartment

Do you anticipate a future need for the services of a residential household goods moving company?

No Yes If yes, please describe your future moving needs:

I am planning to buy some new furnitures

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

They take care household like furnitures very good. There is no any damage. and they charged moving fee reasonable.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

No.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Person Completing Form

Date and Location Jan. 19. 2007

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Yuehua Wu Lucky Moving & Remodeling LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Yuehua Wu

Address (include street address, mailing address, city, state, zip, and county):

12804 NE 120th St #R08

Kirkland, WA, 98034

Phone Number:

206-601-2122

Do you currently need the services of a residential household goods moving company?

Yes If yes, please describe your current moving needs:

I just rent on new apartment, that's closer to my work. I need to move all my stuff out from the place. I'm living right now to my new place.

Do you anticipate a future need for the services of a residential household goods moving company?

Yes If yes, please describe your future moving needs:

I'm planning to buy a house in the future. So I will need the service again.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

Their moving fees is inexpensive, sometime they have a really good reputation according to my friends who was moved by them.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

No.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Person Completing Form

Date and Location

01/20/07