TV-072276-CT



HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



 Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment B Temporary authority (to meet a short-term need) - Complete pages 2 - 6 and Attachment A S 250 Permanent authority (at least six months must be served on a temporary provisional basis)		Type of Household Goods Authority Requested – Check one	Fee Required
 Permanent authority (at least six months must be served on a temporary provisional basis)	۵	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	\$ 50
 Complete pages 2 - 6 and Attachment A \$ 550 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 2 - 6 and Attachment B Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 2 - 6 and Attachments B & C 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 2 - 3 and include a statement justifying the reinstatement Name Change – Complete pages 2 - 3 and Attachment D S 350 Extension of authority – Complete pages 2 - 6 and Attachment A S 550 	۵	Temporary authority (to meet a short-term need) - Complete pages 2 - 6 and Attachment A	\$ 250
 controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 and Attachment B Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 2 - 6 and Attachments B & C 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 2 - 3 and include a statement justifying the reinstatement Name Change – Complete pages 2 - 3 and Attachment D S 350 Extension of authority – Complete pages 2 - 6 and Attachment A S 550 	×	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 and Attachment A	\$ 550
WAC 480-15-260 Complete pages 2 - 6 and Attachments B & C \$ 250 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 2 - 3 and include a statement \$ 250 Name Change Complete pages 2 - 3 and Attachment D \$ 35 Extension of authority Complete pages 2 - 6 and Attachment A \$ 550 TYPE OF PAYMENT Check Money Order Amex Mastercard Star S 50	.	controlling interest (at least six months must be served on a temporary provisional basis) -	\$ 550
criteria set forth in WAC 480-15-460) – Complete pages 2 - 3 and include a statement justifying the reinstatement \$ 250 Name Change – Complete pages 2 - 3 and Attachment D Extension of authority – Complete pages 2 - 6 and Attachment A S 550 TYPE OF PAYMENT Check I Money Order Amex Mastercard Visa MCC398C 5 5 0 200	٩		\$ 250
Extension of authority - Complete pages 2 - 6 and Attachment A \$ 550 TYPE OF PAYMENT Check Money Order Amex Mastercard 550		criteria set forth in WAC 480-15-460) - Complete pages 2 - 3 and include a statement	\$ 250
$\begin{array}{c} \hline TYPE \ OF \ PAYMENT \\ \hline \hline \\ \hline $		Name Change - Complete pages 2 - 3 and Attachment D	\$ 35
Check \Box Money Order \Box Amex \Box Mastercard \swarrow Visa \swarrow $G(c398C)$		Extension of authority - Complete pages 2 - 6 and Attachment A	\$ 550
Check \Box Money Order \Box Amex \Box Mastercard \swarrow Visa \swarrow $G(c398C)$		TYPE OF PAYMENT	
550^{90}	×		e398C
		550°°	
Expiration Date:))- 6 8	mount	Expiration Date:))- 0 8	-

CERTIFICATION: I, the undersigned, under penalty for faise 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);	Bradley	Bolane Date	10-20-2007	
Signature:	MAN	Title	President	_
Date Filed:	7 DOL/SOS:	PI-36615	Permit Issued: HG-	
Staff Assened:	Insurance:	Inspection:	Docket #	
Reception #: 111-0268-207-02	550.00 111-0)268-202-01	111-0268-013-20	
	O'Nell Trans	fer and Stores	ge Co. Inc.	
	·			
Revised 02/07 ८ 'd	9186 ON		MAJO:01 T(Page 2 of 11) (7 ' 7 ' ۸ 0 N

BUSINESS INFORMATION
Name of Applicant O'Weill Transfer and storinge Co Inc
(must be individual, partners of a partnership or corporation)
Trade Name, if applicable
Physical Address 4927 NW Front Me -Batland - 972,0
Mailing Address
$\frac{503}{\text{Telephone Number () } 226 - 3058} Fax Number () 226 - 3058}$
UBI# Email: alliedoronge & Yahoo.com
TYPE OF BUSINESS STRUCTURE
□ Individual □ Partnership Corporation □ Other
List the name, title and percentage of partner's share or stock distribution for major stockholders:
Name <u>Title Stock Distribution or Percentage of Shares</u> Bridler Boland President SIR Downedg Boland Sec/Treastre 49%
Downalg Boland Sec/ Treasure 49%
3
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, promo competition, or fill an unmet need for service: <u>Locci moung</u> and storage primarily in Vancouver city limity, some intra state
Moving as well.
Briefly describe your experience in the transportation/household goods moving industry:
General manage- of a Alled Van agant for 20 years Currently with O'Neill Nine years as Pressont
Revised 02/07 9 d GI86.0N WA30:01 7002.15.10

∢No □Yes If yes, please explain	Allical
Oo you currently operate interstate? □ No MC#	X Yes If yes, please indicate your: DOT#_/5735
Do you operate interstate as an agent of an company?	other company? \Box No \Box Yes If yes, what is the name of the $\sqrt{5735}$
	ess related legal proceeding against you in Washington, or in an explain:
lave you ever been convicted of a Class A	or B Felony? XNo 🗆 Yes If yes, please explain:
lave you been cited for violation of state l xplain:	aws or Commission rules? X No □ Yes If yes, please
	ANCIAL STATEMENT
	il statement or attach a balance sheet, profit and loss statement, or
ATTACKO 2000	
ASSETS	LIABILITIES

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 you will use (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2000	International	T 551983	¥ ¥	26.000
2000	Hine	T 564886	21771	26,000
200 S	Intomations)	ND 65850	21211	26,000
		·		
	•			
• • •		SAFETY ANI	OPERATIONS	
ist the	person and position resp	oonsible for understanding	ng and complying with the Fe	ederal Motor Carrier Safety
Regulat	ions (FMCSR) and Was	hington State Laws and	commission rules (WAC) as	described below. Please refe
o the W	AC rules, Fact Sheets a	nd publication "Your Gi	ide to Achieving a Satisfacto	ory Safety Rating" for
18518tan	ce with requirements the	t may apply to your spec	cific operations.	
		SAFETV DES	DANGIDILTTICS	
CO	MMERCIAL DRIVER		PONSIBILITIES TANDARDS REQUIREME	NTS AND DENAL TIES
(Tit	le 49. Code of Federal R	coulations Part 383). If	you operate commercial moto	r vehicles your drivers mus
have	e a valid CDL.	······································		
DR	WER QUALIFICATION	ON REQUIREMENTS	(Title 49, Code of Federal R	egulations Part 391). Each o
you	r drivers must meet mini	mum qualification requi	rements. You must maintain	driver qualification files for
	ı driver.			
DRI	IVERS HOURS OF SE	RVICE (Title 49, Code	of Federal Regulations Part	395). Each of your drivers
mus driv	t maintain hours of servi	ice logs. You must main	tain true and accurate hours of	of service records for each
			LIST AND TROUBLY (THAT	- 40. Co.do of E. A
Reg	ulations Part 382 and Pa	tt 40) If you operate go	USE AND TESTING (Title mmercial motor vehicles, you	e 49, Code of Federal
Con	trolled Substance and A	lcohol Use and Testing r	program. You must have an a	cobol and controlled
subs	tances testing program.			
INS	PECTION, REPAIR A	ND MAINTENANCE	(Title 49, Code of Federal Re	egulations Part 396). You
mus	t systematically inspect,	repair and maintain all r	notor vehicles.	
SAF	ETY REGULATIONS	5, GENERAL (Title 49,	Code of Federal Regulations	Part 390). You must follow
	ty regulations.			
DRI	VING COMMERCIA	L MOTOR VEHICLE	S (Title 49, Code of Federal 1	Regulations Part 392). You
		driving commercial moto	or venicies. R SAFE OPERATION (Tit)	la 40. Cada afterdaral
Rem	ulations Part 393) You	must maintain parts and	accessories in safe condition.	le 49, Code of Federal
LIA	BILITY INSURANCE	REOITREMENTS (W	AC 480-15-530). You must	file and maintain proof of
publ	ic liability and property	damage insurance (\$300	,000 minimum coverage for	vehicles under 10 000 nound
GV	WR and \$750,000 minim	um coverage for vehicle	s 10,000 pounds GVWR or a	nore).
CAI	RGO INSURANCE RE	QUIREMENTS (WAC	2 480-15-550). You must main	ntain cargo insurance
cove	rage (\$10,000 for house	hold goods transported i	n motor vehicles under 10,00	0 pounds GVWR and
	000 for vehicles 10,000	pounds GVWR or more).	
Name:	in a		Position:	
	A PC	·	Toshon Presiden	l

MA00:01 7002 .12. VoN

OPERATIONAL RESPONSIBILITIES

ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name:	Badly	Boland	sa	Position: Preschart
-------	-------	--------	----	------------------------

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 the 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: Position: Prosphere Bolon Sa

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 receive 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.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

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,

 Signature of Applicant
 10.20-2007

 Partland, Oligar
 Brudlog Balance

Print name of applicant

Revised 02/07 'd

GISC ON

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

ONell Transfor and storage co. Inc. Applicant Name: The following must be completed by the Supporter of the applicant Name, Title, and Business Name: <u>Merle Jentins</u> Gon Conyon City Relacention Address (include street address, mailing address, city, state, zip, and county): 815 N/ Righto Are San Bernen dins cA 92410 Phone Number: G19-383-4000 Do you currently need the services of a residential household goods moving company? I No Yes If yes, please describe your current moving needs: Doing on site work for North's Klepufacturing. Do you anticipate a future need for the services of a residential household goods moving company? □ No XYes If yes, please describe your future moving needs: Norden tieland office 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: Frey, do ensite moving, we have used o'Neill in Oregon and would like to be them in weshington. Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? we've had agood relationship with them I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. Fron Completing Form Date and Location

Signature of Person Completing]

Revised 02/07 L ' d 9186.0N ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: ONell Transfer and storage Co. Inc. The following must be completed by the Supporter of the applicant Name, Title, and Business Name: Address (include street address, mailing address, city, state, zip, and county): PO 2380 Cluckomes OTC STOPS Phone Number: 503 - 742 - 1332 Do you currently need the services of a residential household goods moving company? □ No I Yes If yes, please describe your current moving needs: Home delivery of mutterssos for Coster Whale sale Do you anticipate a future need for the services of a residential household goods moving company? □ No XYes If yes, please describe your future moving needs: Peliveries in the Vencouver, Ws. Gree. ONE, Il currently handles Portland & Selon Barket 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: Provide relie 6/c deliveries for our customers with & computing We use now in orcgon Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Relichte and Trustero, the I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. Reggie Dashow Date and Location Cluckames, OR

Revised 02/07

No.9315 P. 8

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving services. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be

Applicant Name:	
ONell In	ne fer and storage co. Inc.
Name Till The following must h	se completed by the Supporter of the applicant
Address (include at a state of the state of	Allien
Address (include street address, mailing add	ress, city, state, zip, and county):
616 winnoote u	Y
616 Winnookt W MORESTU, CA- 953	
Stansland)	
hone Number	
209-537-60	183
No You currently need the services of a ruside	ential household gooils moving company?
Preside develope Addit (current moving needs:
CURP-ROLD.	
o you anticipate a future need for the surviv	
No GALes If yes, please describe your	es of a residential household goods moving company?
CORP. RELD.	Torne moving nocits:
infly demonths have a	
ate will benefit you, your business, and/or your fusion of the second se	permit to provide household goods moving services in Washington
unionation Phices, and/or you	our community:
lication for a human to	consider when making a determination about this company's
dication for a household goods permit?	a a set and a set and a set
•	
current (or declare) under penalty of perjury u	under the laws of the state of Washington that the foregoing is true
I VIBLET NO I IBBL	
	2007 ULUDESTO IN
alure of Person Completing Form	Date and Location
ied 02/07	
A 3159.0V	MAZ0:01 7002 .12.

O'Neill Transfer & Storage, Inc. Portland, Oregon 97210

> ANNUAL REPORT As of October 31, 2006

> > A. Jack Boland 413 Madison Grosse Pointe Farms, MI 48236-3208 Public Accountant & Enrolled Agent

February 20, 2007

O'Neill transfer & Agent, Inc. Portland, Oregon

Attention: Bradley Boland, President

The accompanying Balance Sheet and Income Statement of O'Neill Transfer & Storage, Inc. an Oregon corporation, as of October 31, 2006 has been compiled by us in accordance with the standards established by the Independent Accountants Association of Michigan.

A compilation is limited to a presentation in the form of financial statements, and it is financial information that is the presentation of management. We have not audited or reviewed the accompanying financial statements and accordingly, do not express an opinion or any other form of assurance.

A Jack Boland

No.9315 P. 10

MA30:01 7002 .12.voN

Re: O'Neill Transfer & Storage, Inc.

Notes to the Compilation Report

1. This corporation was incorporated in the state of Oregon on November 4, 1998 Under the name of Bradley Boland Enterprises, Inc.. The name was changed to O'Neill Transfer & Storage, Inc. on December 4, 1998.

It elected the fiscal year ending: October 31, and the corporation reports their net income to the IRS as a "C' corporation.

Bradley Boland and his wife, Dorinda, own 100% of the issued and outstanding common stock of the O'Neill Transfer & Storage, Inc.

- Leasing: On May 1, 2006, O'Neill entered into a lease agreement with BD Pro-Perties, LLC, Boland family partners, relating to their present location at 4927 NW Front St, Portland, Oregon 97210. The term of the lease is 20 years, and it remits a monthly payment of \$20,000, plus, plus. The building footage is 49,000.
- 3. Depreciation expense is taken per books is the same as the depreciation claimed per tax return. The method taken was straight line.

Page 2 of 5

MA30:01 7002 .12.voN

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O'Neill Transfer & Storage, Inc. As of October 31, 2006

BALANCE SHEET

Current Assets;	
Cash/Checking a/c US Ban	6,131
Cash/Checking a/c Keybank	
Cash/Checking a/c Charter One	83,818
Accounts Receivable	376
Advance Canyon City	239,387
Advances Drivers	53,500
Total Current Assets	744.796
	\$1,280,008
Fixed Assets:	
Warehouse Equipment	75,000
Vohicles & Trailers	<u>2,839,932</u>
Sub Total	
Less: Depreciation	2,914,932
Total Fixed Assets	<u>1.567.191</u>
	\$1,347,741
Other Assets;	
Security Deposits	11,750
Goodwill	79,500
Non Compete Contract	50.000
Sub Total	129,500
Less: Amortization	
	58,500 71,000
Total Assets	63 650 400
	\$2,558,499

See Accountant's Notes.

Page 3 of 4

Re: O'Neill Transfer & Storage, Inc.

	Liabilities & Equity (As of October 31, 2006)		
Current Liabilities: Accounts Payable Federal Taxes Payable Comp Check Short Term Debt(less: 1 Total Current liabil	Yr) lities	\$33,620 45,350 31,350 <u>217.967</u>	\$328,287
Long Term Liabilities: Secured Equipment Loar BDC Partnership Officer Loans Total Current Liabi		\$443,084 45,300 <u>263.695</u>	752,079
Uncarned Income/Allied V	an Lines		\$736,699
Equity: Preferred Stock Common Stock Earnings as of 10/31/06 Current Earnings	5	S613,469 <u>7.965</u>	\$100,000 20,000
Total Liabilities & Equity		<u>7.995</u>	<u>621,434</u> \$2,558,499

Page 4 of 5

Interstate

Intrastate

Storage

Leasing

Wages

Overseas

Re: O'Neill Transfer & Agent, Inc.

Income Statement as of 10/31/06 Grosse Revenue: \$6,271,726 1,317,050 276,712 17,315 113,460 Gross Revenue \$7,996,263 Less: Cost of Operations: 919,622 Taxes: FICA 92.603 Workmen's Compensation 83,758 Densions

Pensions	54,312
Tires & Tubes	52,190
Fuel	131,625
Other Vehicle Expenses	63,780
Miscellaneous Operation	93,154
Bodily Injury & Property	
Health Insurance	105,540
Insurance	117,455
Claims	99,260
Repairs	13,412
Delivery	26,032
	2,409
Outside Services	33,106
Utilities	17,560
Janitorial	2,175
Travel/Drivers	94,473
Data Processing	1,352
Advertising	20,267
Packing Material	136,436
Purchase Transport	4,489,852
Rent	268,284
Depreciation	<u>389.050</u>
-	105(050
Total Operating Expenses	
-	

Gross Profit

Page 4 of 5

7,307,707

\$688,556

Re: O'Neill Transfer & Storage, Inc.

(Income Statement as of 10/31/06 Continued)

Grosse Profit: (Continued)

\$688,656

		\$688,656
Less: Administration & Selling Expenses-		
Bank Service Fees	,	
Credit Card Fees	1,618	
Communications	40,058	
Dues & Subscriptions	11,279	
Office Indurance	4,784	
Office Repairs	34,896	
legal Fegg	29,811	
Liqenses	9,882	
Lunch & Breakroom	8,877	
Miscellaneous office	75,712	
Office Salaries	9,799	
Officer Balaries	237,056	
Payroll Taxes	76,670	
Postage/UPS/Fedax	21,336	
Uniforma	5,674	
Property Taxes Travel	2,050	
Utilities	698	
Total Administration	6,360	
Total Administrative & Selling Expenses	33,677	
Operating Profit		\$520,234
		78,322
Less: Interest Expense		
Net Profit		70,357
		\$7 ,96 5
See Accountant's Notes.		

Page 5 of 5

MAT0:01 T002 .12.voN

O'Neill Transfer & Storage, Inc. Grosse Pointe Farms, MI 48236-3208

> Annual Report As of October 31, 2005

> > A. Jack Boland 413 Madison Grosse Pointe Farms, MI 48236-3208 Public Accountant & Enrolled Agent

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O'Neill Transfer & Storage, Inc.

Balance Sheet as of October 31, 2005

Assets

Current Assets:				
Cash: US Bank Com'l	Checking		\$61,406	
Cash: Key Bank Com"	Checking		61,559	
Accounts Receivable			154,085	
Employees Advances			<u> 29</u> 7	
Driver Advances			<u>970.235</u>	
Total Current				\$1,247,582
Fixed Assets:	1			
Furniture & Fixtures		S	5,500	
Warchouse Equipment			93,450	
Vehicles/Trailers		ىل_	791.105	
Sub Total		1,	,890,055	
Less: Depreciation		 1	147.457	
Total Fixed Asset	t s			\$ 742,598
Other Assets:				
Security Deposits				11,750
Goodwill		• '	79,500	
Non Contract			<u>50,000</u>	
Sub Total			129,500	
Less: Amortiza	tion .		<u>50,700</u>	<u>75.800</u>
Total Assets				\$2,080,730

See Accountant's Report.

Page 4 of 6

MAT0:01 T002 .12.voN

O'Neill Transfer & Storage, Inc.

	Income Statement As of 10/31/05		:	
Grosse Sales:			AA 447 697	
Interstate			\$4,447,687	
Intrastate			889,465	
Storage			175,100	
Special Products			3,463	
Overseas			287	
Leasing Equipment			64,918	AC 500.000
Total Sales				\$5.580,920
Less: Cost of Goods Sol	d-		601 160	
Wages			721,180	
Taxes			12,534	
Licenses			24,757	
Supplies			751	
Purchased Transport			2,623,433	
Insurance-	· · ·			
Fire & Theft		54,938		•
Bodily Injury & Prop	erty damage	149,319		
Cargo		5,545		
Claims		<u>19.605</u>	229,407	
Vehicle Parts			36,427	
Purchased Labor			54,318	
Travel Drivers			78,235	
Pensions			25,567	
Union Welfare			29,087	
Fuel			105,646	
Tires & Tubes	1		6,854	
Lease Equipment			1,826	
Workmen's Compens	ation		45,104	
Depreciation	-		342,497	
Repairs	•		40,970	
Data Processing			1,360	
Packing Material			66,064	
Repairs			118,670	
Rent			<u> 267.803</u>	
Total Cost of G	oods Sold			\$ <u>4.832.790</u>
Grosse Profit				\$748,130

Page 5 of 6

No.9315 P. 21

Re: O'Neill Transfer & Storage, Inc. (continued)

Income Statement

Gross Profit:

\$748,130

Less: General Administrative Expenses:

TER: CIGHOLD' LIGHT		
	\$50,050	
Officer Salaries	54,145	
Office Salaries	3,247	
Sales Sálsry	18,659	
Group Insurance	19,282	
Printing	7,266	
Advertising	21,083	
Communications	2,232	
Bank Service Charges	30 297	
Bank Credit Card Fees	786	
Returned Checks	350	
Data Processing	14,505	
Dues & Subscriptions	375	
Janitorial	22,880	
Legal & Accounting	37,932	
Breakroom	6,942	
Luncheons	106,663	
Office Supplice	4,809	
Payroll Taxes	8,737	
Postage, Ups, FedEx	7,589	
Uniforms	10.549	
Travel	42,032	
Utilities	1,512	
Promotion		\$ <u>471.862</u>
Total General Adminis	tration	W <u>TIAIWTR</u>
		\$276,268
Operating Profit		42 / 0 , 200
	62,357	
Add: Capital Gain		
	48.297	
Less: Interest Expen	SO COART	14,060
		290,328
Net Profit		

See Accountant's Report.

Page 6 of 6

February 27, 2004

O'Neill Transfer & Storage, Inc. Portland, Oregon

Attention: Bradley Boland, President

The accompanying Balance Sheet and Income Statement of O'Neill Transfer & Storage, Inc., an Oregon corporation, as of October 31, 2005 has been compiled by us in accordance with standards established by the Independent Accountants Association of Michigan.

A compilation is limited to a presentation in the form of financial statements, and it is financial information that is the representation of management. We have not audited or reviewed the accompanying financial statements, and accordingly, do not express an opinion or any other form of assurance.

Balance ck Boland

Page 1 of 6

MAT0:01 T002 .12.voN

Re: O'Neill Transfer & Storage, Inc.

Notes to the Compilation Report

1. This corporation was incorporated in the State of Oregon on November 4, 1998 under the name of Boland Entorprises, Inc. The name was changed to O'Neill Transfer & Storage Inc. on January 18, 1999. The corporation acquired the name and assets from the stockholders of O'Neill Transfer & Storage, Inc. on December 4, 1998.

It elected the fiscal year: October 31, and the corporation reports their net income the IRS as a 'C' corporation.

Bradley Boland and his wife own 100% of the issued and outstanding common stock of the O'Neill Transfer & Storage, Inc.

- Leasing: On April 1, 1999, O'Neill entered into a lease agreement with Cal Bags, as an Oregon corporation, relating to their present location at 4927 NW Front Street, Portland, Oregon 97210. The term of the lease is 6 years, and it remits a monthly rent payment of \$14,400, plus, plus. Since the lease terminated, it was extended on a month to month basis. The building square footage is 49,000.
- 3. Depreciation taken per books is the same as the depreciation per the tax return. The method was straight line.

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Liabilities

Current Liabilities:		
Accounts Payable	\$41,329	
Federal Taxes Payable	9,385	
Comp Check	21,351	
Income Taxes Payable	9,250	
Short Term Secured De		
Total Current Lia		\$308,891
	Dittey	
Long Term Liabilities:	•	
Secured Equipment Lo	ana 284,585	
Officer Loans:		
	40,000	
Bradley Boland	138,449	
Jack Boland		#162 021
Total Long Term	Depi	\$463,034
		\$294,108
Uncarned Income		9 294, 100
The same of the sa		
Equity: Preferred Stock	\$100,000	
		,
Capital Stock	20,000	
Earnings as 10/31\04	\$613,469	
Current Year Earning	s <u>281,228 894.717</u>	
Total Benefita		\$1 <u>.014.717</u>
Total Equity		
Total I isbilition & Tauli		\$2,080,730
Total Liabilities & Equit	y .	
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