

BUSINESS INFORMATION

Name of Applicant ~~Deborah B. Hill~~ **DLK Moving & Storage Inc**
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable **DLK Moving & Storage, Inc.**

Physical Address **26394 NW Pioneer way Poulsbo, WA 98370**

Mailing Address **same**

Telephone Number **(360) 779-6224** Fax Number **(360) 697-3799**

UBI #: **601-576-7260** Email: **Debbieh@hillmoving.com**

TYPE OF BUSINESS STRUCTURE

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

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

Name	Title	Stock Distribution or Percentage of Shares
Deborah B. Hill	President	34%
Frances E. Emery	Secretary	33%
Katherine Hill Cook	Vice President	33%

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: **intrastate moving and storage services. This will give Poulsbo two viable movers to choose from**

Briefly describe your experience in the transportation/household goods moving industry: **The owners listed above have a total of 85 years in the industry - we have done every aspect of work involved in operating a moving company.**

Do you currently hold, or have you ever hold, 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 USDOT# _____
 MC# _____

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 crime? 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 must complete the following financial statement or attach a balance sheet, profit and loss statement,
 or business plan.

see attached

Assets		Liabilities	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
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	\$

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Accrual Basis

DLK MOVING & STORAGE, INC.

Balance Sheet

As of December 31, 2007

	<u>Dec 31, 07</u>
ASSETS	
Current Assets	
Checking/Savings	
Checking-Poulsbo	120,616.34
Total Checking/Savings	<u>120,616.34</u>
Accounts Receivable	
Accounts Receivable	91,232.90
Total Accounts Receivable	<u>91,232.90</u>
Other Current Assets	
Loans to Shareholder	287,856.08
Undeposited Funds	16,645.85
Total Other Current Assets	<u>304,501.93</u>
Total Current Assets	516,351.17
Fixed Assets	
Fixed Assets	
Accumulated Depreciation	-119,678.00
Fixed Assets - Other	140,477.48
Total Fixed Assets	<u>20,799.48</u>
Total Fixed Assets	<u>20,799.48</u>
TOTAL ASSETS	<u>537,150.65</u>
LIABILITIES & EQUITY	
Equity	
Common Stock	75.00
Retained Earnings	428,615.14
Net Income	108,460.51
Total Equity	<u>537,150.65</u>
TOTAL LIABILITIES & EQUITY	<u>537,150.65</u>

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Accrual Basis

DLK MOVING & STORAGE, INC.
Profit & Loss
January through December 2007

	<u>Jan - Dec 07</u>
Ordinary Income/Expense	
Income	
Services	309,609.06
Total Income	309,609.06
Cost of Goods Sold	
Cost of Service	3,648.90
Total COGS	3,648.90
Gross Profit	305,960.16
Expense	
Advertising	1,000.00
Automobile Expense	3,218.14
Claims Expense	704.10
Contract Labor	62,028.58
Contributions	9,523.00
Insurance	7,280.90
Interest Expense	
Finance Charge	25.00
Total Interest Expense	25.00
Licenses and Permits	43.75
Office Supplies	777.78
Packing Materials	42,819.40
Professional Fees	
Accounting	1,205.00
Total Professional Fees	1,205.00
Rent	
Poulsbo	61,350.00
Total Rent	61,350.00
Travel & Ent	
Meals	1,791.00
Total Travel & Ent	1,791.00
Depreciation Expense	5,733.00
Total Expense	197,499.65
Net Ordinary Income	108,460.51
Net Income	<u>108,460.51</u>

EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2001	CHEVROLET	13417RP	17006474	16,000

SAFETY AND OPERATIONS

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. 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 DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

DRIVER QUALIFICATION REQUIREMENTS: (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program.

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You 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:

Deborah E. Hill

Position:

President

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: Kay Hill Cook Position: Vice President

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: Kay Hill Cook Position: Vice President

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.

Deborah B. Hill Deborah B. Hill 4/17/08 Poulsbo WA
Print name of applicant Signature of Applicant Date and Location