

TV-081079-CT

RECEIVED

WASHINGTON JUN 18 2008

**UTC WASH. HOUSEHOLD GOODS MOVING COMPANY**  
UTILITIES AND TRANSPORTATION COMMISSION  
**PERMIT APPLICATION**



| 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 2 - 6 and Attachment E  | \$ 50        |
| <input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 6 and Attachment A   | \$ 250       |
| <input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 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 2 - 6 and Attachment B | \$ 550       |
| <input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 – Complete pages 2 - 6 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 480-15-450) – Complete pages 2 - 3 and include a statement justifying the reinstatement                 | \$ 250       |
| <input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D   | \$ 35        |
| <input type="checkbox"/> Extension of authority – Complete pages 2 - 6 and Attachment A  | \$ 550       |

**TYPE OF PAYMENT**

- Check
  Money Order
  Amex
  Mastercard
  Visa

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Amount: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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: <u>6/19/08</u>         | DOL/SQS: <u>ak/ak</u>         | ID: <u>2675</u>   | Permit Issued: HG- |
| Staff Assigned: <u>[Signature]</u> | Insurance: <u>[Signature]</u> | Inspection: _____ | Docket # _____     |

Reception #: 0001255  
 111-0268-207-02 550.00 111-0268-202-01 111-0268-013-20

**BUSINESS INFORMATION**


Name of Applicant AMS Moving & Storage of Portland, Inc.  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 12470 SE HWY 212, Clackamas, OR 97015

Mailing Address 12470 SE HWY 212, Clackamas, OR 97015

Telephone Number (503) 299-9000 Fax Number (503) 722-4550

UBI #: 602-840-329  Email: jkourgiasqwest.net

**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> |
|--------------------|--------------|---|
| Vauna Peterson     |              | 50%   |
| John Kourgiantakis |              | 40%   |
| Chris Bournias     |              | 10%   |
|                    |              |   |
|                    |              |   |

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: We provide full service moving and storage solutions for small and medium sized loads while operating almost exclusively out of straight trucks. From our Oregon base of operations we field many requests for assistance with moves in Washington

Briefly describe your experience in the transportation/household goods moving industry: AMS has operated its full service moving and storage operation in Oregon since its incorporating in 1999, and has had FMCSA interstate household goods authority since 2000

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 in Washington?  
 No  Yes If yes, please explain \_\_\_\_\_

Do you currently operate interstate?  No  Yes If yes, please indicate your USDOT# 902467  
 MC# 391522

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: General freight and employment proceedings.

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 *(initials)*

| 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 | \$ |

### EQUIPMENT LIST

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

| Year | Make              | License Number | Vehicle ID Number | Gross Vehicle Weight |
|------|-------------------|----------------|-------------------|----------------------|
|      | SEE ATTACHED LIST |                |                   |                      |
|      |                   |                |                   |                      |
|      |                   |                |                   |                      |

### 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:  
John Kourgiantakis

Position:  
President/Secretary

## 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:<br>John Kourgiantakis | Position:<br>President/Secretary |
|-----------------------------|----------------------------------|

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:<br>John Kourgiantakis | Position:<br>President/Secretary |
|-----------------------------|----------------------------------|

## DECLARATION OF APPLICANT

I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

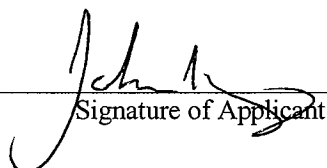
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

John Kourgiantakis  
Print name of applicant

  
Signature of Applicant

5/15, 2008  
Clackamas, OR  
Date and Location

**All My Sons of Portland  
Balance Sheet  
As of December 31, 2007**

|                                       | <u>Dec 31, 07</u>       |
|---------------------------------------|-------------------------|
| <b>ASSETS</b>                         |                         |
| <b>Current Assets</b>                 |                         |
| Checking/Savings                      |                         |
| 1010 · Operating Checking Account     | 71,120.76               |
| <b>Total Checking/Savings</b>         | <u>71,120.76</u>        |
| <b>Other Current Assets</b>           |                         |
| 1160 · Employee Advances              | 1,300.00                |
| <b>Total Other Current Assets</b>     | <u>1,300.00</u>         |
| <b>Total Current Assets</b>           | 72,420.76               |
| <b>Fixed Assets</b>                   |                         |
| 2510 · Furniture & Fixtures           | 19,159.30               |
| 2520 · Computers & Equipment          | 14,860.03               |
| 2550 · Transportation Equipment       | 227,278.79              |
| 2560 · Vaults                         | 38,310.50               |
| 2800 · Accumulated Depreciation       | <u>-290,568.36</u>      |
| <b>Total Fixed Assets</b>             | 9,040.26                |
| <b>Other Assets</b>                   |                         |
| 3500 · Deposits - Rent and Utility    | 2,250.00                |
| 3600 · Organization Costs             | 1,102.28                |
| 3650 · Accumulated Amortization       | <u>-1,102.28</u>        |
| <b>Total Other Assets</b>             | <u>2,250.00</u>         |
| <b>TOTAL ASSETS</b>                   | <u><u>83,711.02</u></u> |
| <b>LIABILITIES &amp; EQUITY</b>       |                         |
| <b>Liabilities</b>                    |                         |
| <b>Current Liabilities</b>            |                         |
| Accounts Payable                      |                         |
| 4000 · Accounts Payable               | 4,791.19                |
| <b>Total Accounts Payable</b>         | <u>4,791.19</u>         |
| <b>Total Current Liabilities</b>      | <u>4,791.19</u>         |
| <b>Total Liabilities</b>              | 4,791.19                |
| <b>Equity</b>                         |                         |
| 5000 · Common Stock                   |                         |
| 5001 · Common Stock - Peterson        | 0.50                    |
| 5002 · Common Stock - Kourgiantakis   | 0.40                    |
| 5003 · Common Stock - Bournias        | 0.10                    |
| <b>Total 5000 · Common Stock</b>      | <u>1.00</u>             |
| 5100 · APIC                           |                         |
| 5101 · APIC - Peterson                | 29,383.26               |
| 5102 · APIC - Kourgiantakis           | 23,499.10               |
| 5103 · APIC - Bournias                | 5,877.35                |
| <b>Total 5100 · APIC</b>              | <u>58,759.71</u>        |
| 5200 · Distributions                  |                         |
| 5201 · Distributions - Peterson       | -473,500.00             |
| 5202 · Distributions - Kourgiantakis  | -378,800.00             |
| 5203 · Distributions - Bournias       | <u>-94,700.00</u>       |
| <b>Total 5200 · Distributions</b>     | <u>-947,000.00</u>      |
| 5900 · Retained Earnings              | 36,811.04               |
| Net Income                            | <u>930,348.08</u>       |
| <b>Total Equity</b>                   | <u>78,919.83</u>        |
| <b>TOTAL LIABILITIES &amp; EQUITY</b> | <u><u>83,711.02</u></u> |

**All My Sons of Portland**  
**Profit & Loss**  
January through December 2007

|   | Jan - Dec 07 |
|---|--------------|
| <b>Ordinary Income/Expense</b>                  |              |
| <b>Income</b>                                   |              |
| 6010 · Moving Sales                             | 2,533,601.18 |
| 6090 · CC Deposits                              | 0.00         |
| 6100 · Refunds                                  | -731.19      |
| <b>Total Income</b>                             | 2,532,869.99 |
| <b>Cost of Goods Sold</b>                       |              |
| 7000 · Cost of Labor                            |              |
| 7001 · Drivers - payroll                        | 205,176.07   |
| 7002 · Helpers - Payroll                        | 185,930.96   |
| 7003 · Contractors                              | 144,000.00   |
| 7004 · Estimators                               | 1,547.94     |
| 7000 · Cost of Labor - Other                    | -264.28      |
| <b>Total 7000 · Cost of Labor</b>               | 536,390.69   |
| 7010 · Boxes & Supplies Expense                 | 23,776.58    |
| <b>Total COGS</b>                               | 560,167.27   |
| <b>Gross Profit</b>                             | 1,972,702.72 |
| <b>Expense</b>                                  |              |
| 8000 · Advertising & Promotion                  |              |
| 8020 · Internet                                 | 310.34       |
| 8030 · Mailers                                  | 6,127.36     |
| 8040 · Yellow Pages                             | 144,132.51   |
| 8050 · Other - Advertising                      | 466.02       |
| <b>Total 8000 · Advertising &amp; Promotion</b> | 151,036.23   |
| 8104 · AMS - Accounting                         | 3,600.00     |
| 8105 · AMS - Business Development               | 10,847.64    |
| 8106 · AMS - Call Center                        | 18,000.00    |
| 8110 · Bank Charges                             | 418.80       |
| 8115 · Worker's Comp Insurance                  | -374.35      |
| 8120 · Business Insurance                       |              |
| 8125 · Vanliner Truck Insurance                 | 56,817.85    |
| 8120 · Business Insurance - Other               | 13,280.17    |
| <b>Total 8120 · Business Insurance</b>          | 70,098.02    |
| 8140 · Claims Paid                              | 28,610.91    |
| 8150 · Commissions                              | 1,250.00     |
| 8160 · Convention Expense                       | 1,319.86     |
| 8170 · Credit Card Fees                         | 53,858.37    |
| 8180 · Depreciation                             | 5,186.00     |
| 8200 · Dues & Subscriptions                     | 4,054.60     |
| 8210 · Equipment Leasing                        |              |
| 8211 · Truck Leasing                            | 110,992.62   |
| 8213 · Equipment Rental                         | 8,910.45     |
| <b>Total 8210 · Equipment Leasing</b>           | 119,903.07   |
| 8220 · Fuel                                     | 84,775.35    |
| 8230 · Health Insurance                         | 7,269.00     |
| 8235 · HR\Recruiting Expense                    | 4,581.93     |
| 8260 · Miscellaneous                            | 183.39       |
| 8270 · Office Expense                           | 10,570.58    |
| 8290 · Payroll Taxes                            |              |
| 8305 · State Unemployment                       | 6,954.22     |
| 8290 · Payroll Taxes - Other                    | 94,310.60    |
| <b>Total 8290 · Payroll Taxes</b>               | 101,264.82   |

8:35 PM  
05/15/08  
Accrual Basis

**All My Sons of Portland**  
**Profit & Loss**  
**January through December 2007**

|                                     | <u>Jan - Dec 07</u>      |
|-------------------------------------|--------------------------|
| 8300 · Payroll Processing           | 1,966.81                 |
| 8320 · Penalties                    | 1,213.50                 |
| 8330 · Postage, Freight & Shipping  | 8,824.81                 |
| 8350 · Professional Fees            | 17,035.25                |
| 8380 · Rent - Office / Warehouse    | 84,744.34                |
| 8440 · Short Haul Expense           | 3,755.00                 |
| 8450 · Warehouse Supplies           | 0.00                     |
| 8460 · Taxes & Licenses             | 6,025.00                 |
| 8470 · Telephone                    | 29,342.80                |
| 8480 · Travel                       | 221.03                   |
| 8485 · Trucks Repairs & Maintenance | 27,889.17                |
| 8490 · True Van Lines               | 1,437.84                 |
| 8540 · Utilities & Occupancy        | 10,078.48                |
| 8560 · Wages - Office staff         | 121,870.39               |
| 8570 · Wages - Officers             | 76,500.00                |
| 8590 · Weight Ticket & Tolls        | 270.00                   |
| <b>Total Expense</b>                | <u>1,067,628.64</u>      |
| <b>Net Ordinary Income</b>          | 905,074.08               |
| <b>Other Income/Expense</b>         |                          |
| <b>Other Income</b>                 |                          |
| 9100 · Gain/Loss on Sale of Assets  | 25,274.00                |
| <b>Total Other Income</b>           | <u>25,274.00</u>         |
| <b>Net Other Income</b>             | <u>25,274.00</u>         |
| <b>Net Income</b>                   | <u><u>930,348.08</u></u> |



| <b>Truck</b> | <b>Year</b> | <b>Make</b> | <b>Vin</b>        | <b>GVW</b> | <b>License</b> |
|--------------|-------------|-------------|-------------------|------------|----------------|
| 26           | 2000        | Int'L       | 1HTSCAAM0YH294314 | 26,000     | T529663        |
| 28           | 2000        | Int'L       | 1HTSCAAM2YH294315 | 26,000     | T529664        |
| 30           | 2000        | Int'L       | 1HTSCAAMXYH275396 | 26,000     | T529662        |
| 34           | 2002        | Int'L       | 1HTMMAAM72H410945 | 26,000     | T548924        |
| 38           | 2004        | Int'L       | 1HTMMAAL45H688729 | 26,000     | T549910        |
| 40           | 2004        | Int'L       | 1HTMMAAL05H688730 | 26,000     | T549911        |
| 42           | 2007        | Int'L       | 1HTMNAALX7H52480  | 26,000     | T565731        |
| 44           | 2007        | Int'L       | 1HTMNAAL37H524579 | 26,000     | T565730        |
| 46           | 2007        | Int'L       | 1HTMNAAL17H524578 | 26,000     | T565721        |

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF AUTHORITY

to

AMS MOVING & STORAGE OF PORTLAND, INC.

a/an DE Profit Corporation. Charter documents are effective on the date indicated below.

Date: 6/12/2008

UBI Number: 602-840-329

APPID: 1183581



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed

Sam Reed, Secretary of State

**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:<br>AMS Moving & Storage of Portland, Inc. |
|---|

**The following must be completed by the Supporter of the applicant**

|  |
|--|
| Name, Title, and Business Name:<br><p style="text-align: center;">Judy Wylie</p> |
|--|

|   |
|---|
| Address (include street address, mailing address, city, state, zip, and county):<br><p style="text-align: center;">5104 NE 74<sup>th</sup> Court<br/>Vancouver, WA 98662 Clark County</p> |
|---|

|  |
|--|
| Phone Number:<br><p style="text-align: center;">971-506-5839</p> |
|--|

|   |
|---|
| Do you currently need the services of a residential household goods moving company?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:<br><p style="text-align: center;">moving from a 1900 sq ft home<br/>from Portland Oregon to Vancouver WA.</p> |
|---|

|  |
|--|
| Do you anticipate a future need for the services of a residential household goods moving company?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:<br><p style="text-align: center;">may be moving within Washington<br/>in future</p> |
|--|

|  |
|--|
| 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:<br><p style="text-align: center;">Great Service</p> |
|--|

|  |
|--|
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?<br><p style="text-align: center;">N/A</p> |
|--|

|  |  |
|--|--|
| <i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i> |  |
| Signature of Person Completing Form<br><p style="text-align: center;">Judy B. Wylie</p>  | Date and Location<br><p style="text-align: center;">5/29/08 Vanc. WA</p> |

**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:<br>AMS Moving & Storage of Portland, Inc. |
|---|

**The following must be completed by the Supporter of the applicant**

|   |
|---|
| Name, Title, and Business Name:<br><i>Judy Wylie</i>  |
| Address (include street address, mailing address, city, state, zip, and county):<br><i>5474 SE Park St - Milwaukie OR 97222 (old)</i><br><i>5104 NE 74th Ct. Vancouver, WA 98662 (new)</i>  |
| Phone Number:<br><i>971-506-5839</i>  |
| Do you currently need the services of a residential household goods moving company?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:<br><i>Scheduled to move 5/31/08</i> |
| Do you anticipate a future need for the services of a residential household goods moving company?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> 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:<br><i>I think WA. residents will benefit from their services.</i>      |
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?<br><i>Their professionalism shows, very courteous &amp; friendly</i>                             |
| I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.   |
| <i>Judy Wylie</i><br>_____<br>Signature of Person Completing Form   |
| <i>5/26/08 - Milwaukie OR</i><br>_____<br>Date and Location   |

**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:

AMS Moving & Storage of Portland, Inc.

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

Cynthia Clayton Gonzales

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

3016 NE 88<sup>th</sup> Ave  
Vancouver, WA 98662  
clark county

Phone Number:

971 570-6265 503 539 3372

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

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

Moving interstate to Washington

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:

May be moving within Washington  
in the future

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:

Bringing outstanding service  
to Washington

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

N/A

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

Cynthia Gonzales  
Signature of Person Completing Form

05-31-08 - Vancouver  
Date and Location

**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:

AMS Moving & Storage of Portland, Inc.

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

CJ Burns

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

1910 NE Schuyler  
White Salmon, wa 98672

Phone Number:

509 250 2354

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

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

Moving from Oregon to Washington

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:

May be moving within Washington in the future

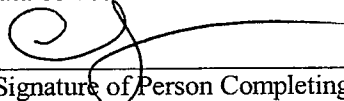
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

Bringing great service to Washington

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

N/A

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

5.31.08  
Date and Location

**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: AMS Moving & Storage of Portland, Inc.

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name: Jim Wickfield (sp?)

Address (include street address, mailing address, city, state, zip, and county):  
110 Northridge DR.  
Ridgefield, WA 98642

Phone Number: 541 306 0040 + 541 993 4955

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
Moving from Washington

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:  
May be moving back to Washington in the future

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:  
Great service

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

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  
Jim Wickfield  
Signature of Person Completing Form  
5/28/08 Ridgefield.  
Date and Location

**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:**  
AMS Moving & Storage of Portland, Inc.

**The following must be completed by the Supporter of the applicant**

**Name, Title, and Business Name:** Melissa Eiden

**Address (include street address, mailing address, city, state, zip, and county):**  
17720 NW Cornell Rd #3  
Beaverton, OR 97004

**Phone Number:** 503-523-9649

**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs:

**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:

**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:**

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

*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: [Handwritten Signature] Date and Location: 5/16/08 - Portland, OR