

BUSINESS INFORMATION

Name of Applicant Mountain Movers
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 8747 18th Ave NW, Seattle WA 98117

Mailing Address Po Box 17789, Seattle WA 98127

Telephone Number (206) 284-9445 Fax Number (206) 284-9454

UBI #: 602 184 600 Email: info@seattlemovers.com

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:

Name	Title	Stock Distribution or Percentage of Shares
Kirk Pesce	CEO	100%

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:

Mountain Movers would like to provide a high quality household moving service where customer service is our main focus. Mountain Movers has invested in new equipment (ie: trucks, pads, hand truck) and trained our personnel to be efficient, courteous, and conscientious of our clients needs. There is a need for a good moving company that really cares about its reputation and its client.

Briefly describe your experience in the transportation/household goods moving industry:

I have over 10 years of combined office and household moving experience. I have worked for several moving companies gaining experience in office and household moves. I have owned my own business doing office and corporate moves for the past 6 years. I also gain experience from my father's transportation business in Maine.

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 CC 61987

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# 1731107
 MC# 634273

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.

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	\$

9:28 AM
 12/19/08
 Cash Flow

Mountain Movers, Inc.
Profit & Loss
 January through July 2008

Jan - Jul 08

Ordinary Income/Expense	
Income	
Fees	1,111.27
Reimbursed Expenses	1,147.24
Services	1,111.27
Sales Discounts	1,111.27
Tips	1,111.27
Total Income	5,602.52
Cost of Goods Sold	
Damages Pd to Customer	1,111.27
Total COGS	1,111.27
Gross Profit	4,491.25
Expense	
Bad Debts	1,111.27
Customer refunds	1,111.27
Advertising	1,111.27
Automobile Expense	1,111.27
Bank Service Charges	1,111.27
Building Maintenance	1,111.27
Casual Labor	1,111.27
Dues and Subscriptions	1,111.27
Employee Benefits	1,111.27
Equipment Rental	1,111.27
Insurance	1,111.27
Interest Expense	1,111.27
Lease	1,111.27
Licenses and Permits	1,111.27
Meals and Entertainment	1,111.27
Miscellaneous	1,111.27
Office Supplies	1,111.27
Payroll Processing Fee	1,111.27
Postage and Delivery	1,111.27
Professional Fees	1,111.27
Repairs	1,111.27
Small Tools	1,111.27
Subcontractor	1,111.27
Taxes	1,111.27
Travel	1,111.27
Utilities	1,111.27
Wages	1,111.27
Total Expense	1,111.27
Net Ordinary Income	3,380.00
Other Income/Expense	
Other Income	
Interest Income	1,111.27
Total Other Income	1,111.27
Net Other Income	1,111.27
Net Income	<u>25,855.41</u>

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2007	Mitsubishi	A61B35Y	JL6CCTJ1557K019725	18500
2005	Mitsubishi	B43347D	JL606P1E85K007944	26000
2004	Hino	A794125	JABFE27R041511248	26000
2001	Hino	A94176N	JHBF025P612510217	23500

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: Kirk Pesce	Position: CEO
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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: <i>Kirk Pesce</i>	Position: <i>CEO</i>
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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: <i>Kirk Pesce</i>	Position: <i>CEO</i>
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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.

Kirk Pesce

Print name of applicant

Kirk Pesce

Signature of Applicant

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:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Doreen Lane, Executive Director Youth and Outreach Services

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

10405 Penton Ave South
PO Box 192
Benton, WA 98057

Phone Number:

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

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

Delivery and Donations in-kind services for 3 non-profit agency.
Yearly delivery for toys for tots Christmas events

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:

Yearly donation and delivery to our charitable organizations.
Christmas events. Transporting household furniture from one home to another
Yearly distribution events to donated services for the homeless

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:

As a non-profit organization this company continues services allow us to give to those in need without overbearing charges. These services donated and in-kind is a asset to the community

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

They have display unbelievable character and kindness along with impeccable services. The need for this kind of compassionate services is need throughout the community. This is what enhances families and those making a difference in this world.

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

Doreen Lane
Signature of Person Completing Form

9/6/08 Benton, WA 98057
Date and Location

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Applicant Name:
Mountain Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
D. Eli Edwards, Vice President, Seattle Rubbish Removal

Address (include street address, mailing address, city, state, zip, and county):
*7738 12th Ave NW
Seattle, WA 98117*

Phone Number:

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:
I will use this company to move when I sell my house.

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: *This business benefits the community in at least two ways. 1: It provides outstanding service to customers as evidenced by extremely high and numerous positive reviews on Angie's List + my personal observations. 2. Some of the highest paying jobs for movers around*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *This company treats its customers and employees right. The good people it employs have good paying jobs and the community has a great provider*

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

D. Eli Edwards 9/18/08, Seattle WA
Signature of Person Completing Form Date and Location

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HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Mountain Movers.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Phillipa Dugan - Administrator @D medical

Address (include street address, mailing address, city, state, zip, and county):
8248 18th Ave NW
Seattle, WA 98117

Phone Number: 206.675.9374

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:
We will require their services when we start our remodel on our home.

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: We had the opportunity to work with Mountain Movers when they moved our office and they did a fantastic job. It would benefit me because I trust them

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? This is an honest, reliable company that puts the customer first. They do really good work

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

Phillipa Dugan
 Signature of Person Completing Form

9/18/08 Seattle, WA
 Date and Location