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UTILITIES AND TRANSPORTATION
COMMISSION

HOUSEHOLD GOODS MOVING COMPANY
PERMIT APPLICATION



Original Copy
TV-082261-CT

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 checked="" type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 6 and Attachment A	\$ 250
<input 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

Washington Utilities

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TYPE OF PAYMENT											
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa							

Amount: 250.00 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): Michael L. Taylor Date: 12-05-2008

Signature: *Michael L Taylor*
 Title: CEO

FOR OFFICIAL USE ONLY			
Date Filed: <u>12/29/08</u>	DOL/SOS:	ID: <u>M32560</u>	Permit Issued: HG-
Staff Assigned: <u><i>[Signature]</i></u>	Insurance:	Inspection:	Docket #
Reception #: 111-0268-207-02 <u>250.00</u> 111-0268-202-01 111-0268-013-20			

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BUSINESS INFORMATION

Name of Applicant OASIS Inc.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable N/A

Physical Address 15000 Woodinville Redmond Road, Woodinville, WA 90872

Mailing Address PO Box 1726, Woodinville, WA 98072 1726

Telephone Number (206) 545 7167 Fax Number (425) 425 939 1520

UBI #: 601 211 873 Email: miket@oasisinc.com

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. 543,498-01 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. 588192 00 3 (required if you have employees)

Have you registered your business with the Department of Revenue? No Yes

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
Michael L. Taylor	CEO	24.0%
John P. Balch	President	20.2%
ESOP (Employee Stock Ownership Plan)		43.9%
Other share holders		12.8%

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington (ALL)
 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:

Provide relocation services into high end condominiums
10 years of commercial relocation experience and understanding of property management companies

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

no household experience only commercial

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 CC57863

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# _____ 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.

Assets		Liabilities	
Cash in Bank	\$ see attached	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
T-11	See 2000 attached	CHEV L604	B67081E	4KBC4B1R0YJ504500	18,000
T-2	2005	GMC 6500	A63337V	16DJ6C1E55F500409	26,000
T-1	2005	GMC 6500	A63336V	16DJ6C1E55F500511	26,000
T-4	2005	GMC 6500	A10739W	16DJ6C1E25F500160	22,000
T-6	2005	GMC 6500	A10740W	16DJ6C1E25F500143	22,000
T-8	2005	GMC 6500	A63334V	16DJ6C1E75F500364	26,000

OASIS, Inc.
BALANCE SHEET
NOVEMBER 30, 2008

		Assets	
Cash			
Cash - Sterling Operating		\$7,093.08	
Cash - Rainy Day Fund (ESOP)		(5,593.10)	
Petty Cash - Woodinville		400.00	
TOTAL Cash			1,899.98
Accounts Receivable			
A/R - Trade		938,025.60	
A/R - Unapplied Cash		(21,621.00)	
A/R - Employees		479.97	
TOTAL Accounts Receivable			916,884.57
Other Assets			
Prepaid Insurance		8,685.21	
Security Deposits		32,366.43	
TOTAL Other Assets			41,051.64
Fixed Assets			
Vehicles		140,959.49	
Office Equipment		66,240.29	
Furniture & Fixtures		25,736.07	
Warehouse Equipment		159,951.20	
TOTAL Fixed Assets			392,887.05
Accumulated Depr & Amort			
Accumulated Depreciation		(377,208.00)	
TOTAL Accumulated Depr & Amort			(377,208.00)
Long Term Assets			
Life Insurance - M Taylor		191,597.15	
Life Insurance - L Gottas		120,270.79	
TOTAL Long Term Assets			311,867.94
TOTAL Assets			\$1,287,383.18

OASIS, Inc.
BALANCE SHEET
NOVEMBER 30, 2008

Liabilities AND Equity

A/P and Accrued Expenses

Accounts Payable	\$198,443.60	
Insurance Payable	(135.00)	
Salaries Payable	69,846.00	
401(k) Payable	17,617.09	
Garnishments Payable	(922.28)	
ADP Manual Checks	275.59	
Expense Report Clearing	(80.00)	
Voluntary Insurance Clearing	(434.95)	
City of Seattle Taxes Payable	285.03	
State of WA Taxes Payable	12,588.51	
L&I Taxes Payable - WA	14,227.43	
Accrued Other	32,500.00	
	<hr/>	
TOTAL A/P and Accrued Expenses		344,211.02

Notes Payable

Note Payable - Auto Loan	30.23	
Note Payable - Sterling LOC	421,772.42	
Note Payable - Sterling ESOP	129,290.88	
Note Payable - Mike Taylor	200,000.00	
	<hr/>	
TOTAL Notes Payable		751,093.53
		<hr/>
TOTAL Liabilities		1,095,304.55

Equity

Common Stock	19,253.76	
Treasury Stock	(57,011.63)	
Retained Earnings - Prior	90,462.50	
Retained Earnings-Current Year	139,373.84	
Retained Earnings - Current	.16	
	<hr/>	
TOTAL Equity		192,078.63
		<hr/>
TOTAL Liabilities AND Equity		<u><u>\$1,287,383.18</u></u>

OASIS, Inc.
 INCOME STATEMENT
 FOR COMBINED OPERATIONS
 FOR THE 11 PERIODS ENDED NOVEMBER 30, 2008

	PERIOD TO DATE				YEAR TO DATE			
	ACTUAL	PERCENT	BUDGET	PERCENT	ACTUAL	PERCENT	BUDGET	PERCENT
Revenue								
Install Trip Charge Income	\$40.00	.0 %	.00	.0	40.00	.0	.00	.0
Install Income - Quote	11,023.50	2.2	120,000.00	30.5	898,652.08	22.3	1,427,310.00	34.1
Install Income - T&M	81,824.08	16.1	.00	.0	535,504.93	13.3	.00	.0
Install Income - CAD	3,025.00	.6	.00	.0	17,678.00	.4	.00	.0
Install Income - FOI	.00	.0	.00	.0	38,257.94	1.0	.00	.0
Move Income-Relocation	76,366.12	15.0	75,400.00	19.2	394,784.95	9.8	604,600.00	14.4
Move Income - MS	1,178.50	.2	15,000.00	3.8	96,292.31	2.4	165,000.00	3.9
Move Income - EWA	6,594.00	1.3	.00	.0	46,877.00	1.2	.00	.0
Move Income Gates	3,974.63	.8	.00	.0	48,732.46	1.2	.00	.0
Facility Services Gates	21,893.63	4.3	18,720.00	4.8	217,961.27	5.4	221,832.00	5.3
Projects Gates	.00	.0	500.00	.1	532.00	.0	5,500.00	.1
Move Supervisor - Verathon	.00	.0	6,240.00	1.6	.00	.0	73,944.00	1.8
Install Income - Verathon	.00	.0	700.00	.2	47,470.41	1.2	7,700.00	.2
Facility Svcs/Projects - Adobe	15,800.00	3.1	15,800.00	4.0	173,800.00	4.3	173,800.00	4.2
Move Income - Expedia	128,848.50	25.4	8,200.00	2.1	238,523.00	5.9	90,200.00	2.2
Move Coord/Proj Mgt. - Expedia	40,560.00	8.0	9,960.00	2.5	82,470.00	2.0	109,560.00	2.6
Project Income - Expedia	.00	.0	1,280.00	.3	30,995.55	.8	14,080.00	.3
Fac. Service - Expedia Blvu	58,000.50	11.4	35,432.00	9.0	507,618.50	12.6	389,752.00	9.3
Mail Service - Expedia Blvu	9,464.00	1.9	19,448.00	4.9	102,754.75	2.6	198,928.00	4.8
Reception Service-Expedia Blvu	18,769.00	3.7	24,424.00	6.2	218,259.00	5.4	268,664.00	6.4
Move - CW	.00	.0	.00	.0	7,922.80	.2	.00	.0
Project Labor - CW	1,058.00	.2	.00	.0	5,021.00	.1	.00	.0
Service Labor - CW	.00	.0	11,696.00	3.0	9,834.50	.2	128,656.00	3.1
Services Revenue - CW	6,048.00	1.2	.00	.0	39,626.57	1.0	.00	.0
Admin Rev - CW	.00	.0	5,504.00	1.4	6,298.00	.2	60,544.00	1.4
Services Revenue - CW - OOS	.00	.0	.00	.0	38,109.18	.9	.00	.0
Warehouse Income - Storage	23,040.00	4.5	25,250.00	6.4	205,413.17	5.1	244,750.00	5.8
Warehouse Income - Labor	147.00	.0	.00	.0	12,315.22	.3	.00	.0
Warehouse Income - Furn Sales	20.00	.0	.00	.0	4,798.26	.1	.00	.0
TOTAL Revenue	507,674.46	100.0	393,554.00	100.0	4,026,542.85	100.0	4,184,820.00	100.0
Cost of Sales:								
Cost of Sales								
Payroll Expense - Regular	155,739.00	30.7	167,245.00	42.5	1,547,678.10	38.4	1,754,420.00	41.9
Payroll Expense - OT	37,643.42	7.4	9,266.00	2.4	126,034.98	3.1	95,446.00	2.3
Payroll Expense-Bonus	.00	.0	.00	.0	.00	.0	14,672.00	.4
Payroll Taxes	24,455.80	4.8	28,087.00	7.1	219,955.50	5.5	297,292.00	7.1
Payroll Benefits	10,545.71	2.1	16,129.50	4.1	119,311.14	3.0	170,872.50	4.1
401(k) Match Expense	382.43	.1	869.00	.2	3,784.29	.1	9,241.00	.2
Payroll Transfers	1,885.32	.4	(7,474.00)	(1.9)	1,858.99	.0	(54,513.00)	(1.3)
TOTAL Cost of Sales	230,651.68	45.4	214,122.50	54.4	2,018,623.00	50.1	2,287,430.50	54.7
Job Costs								
Temporary Labor-Install	95,779.36	18.9	15,431.00	3.9	217,951.71	5.4	167,285.00	4.0
Job Costs & Supplies-Install	25,469.51	5.0	12,690.00	3.2	266,836.93	6.6	120,860.00	2.9
Job Costs-CW Project	.00	.0	.00	.0	(5,513.58)	(.1)	.00	.0
Job Costs-CW Service Desk	.00	.0	.00	.0	1,980.00	.0	.00	.0
Job Costs-CW Janitorial	.00	.0	.00	.0	(636.05)	.0	.00	.0
Rental Truck Expenses-Install	.00	.0	.00	.0	808.37	.0	.00	.0
Boxes Expense-Install	2,064.56	.4	1,210.00	.3	3,291.59	.1	11,268.00	.3
Gear Rental Expenses-Install	275.73	.1	2,643.00	.7	28,751.60	.7	27,119.00	.6
Rework Expense-Install	.00	.0	188.00	.0	3,149.47	.1	2,239.00	.1
TOTAL Job Costs	123,589.16	24.3	32,162.00	8.2	516,620.04	12.8	328,771.00	7.9
TOTAL Cost of Sales	354,240.84	69.8	246,284.50	62.6	2,535,243.04	63.0	2,616,201.50	62.5
Gross Profit	153,433.62	30.2	147,269.50	37.4	1,491,299.81	37.0	1,568,618.50	37.5
Expenses:								
Operating Expenses								
Vehicle Lease Expense-Install	1,637.80	.3	2,853.00	.7	19,226.91	.5	31,383.00	.7
Vehicle Gas Expense-Install	7,953.21	1.6	3,450.00	.9	64,399.61	1.6	37,950.00	.9
Vehicle Repairs & Maint-Instal	2,398.57	.5	1,750.00	.4	9,728.76	.2	19,250.00	.5
Vehicle Tickets & Fines-Instal	.00	.0	.00	.0	90.39	.0	250.00	.0
Employee Travel Expense-Instal	700.00	.1	1,150.00	.3	3,132.49	.1	11,850.00	.3
Emp Mileage/Parking Exp-Instal	1,232.91	.2	2,235.00	.6	14,849.25	.4	24,585.00	.6
Employee Meals Expense-Install	.00	.0	505.00	.1	821.47	.0	5,555.00	.1
Cellular Phone Expense-Install	1,312.43	.3	1,225.00	.3	12,233.43	.3	13,475.00	.3
Uniform Expense-Install	.00	.0	575.00	.1	1,800.42	.0	5,825.00	.1
Training - Expedia	.00	.0	200.00	.1	1,889.00	.0	2,200.00	.1
Vehicle/Property Damage-Instal	317.70	.1	1,105.00	.3	5,027.70	.1	12,655.00	.3

OASIS, Inc.
 INCOME STATEMENT
 FOR COMBINED OPERATIONS
 FOR THE 11 PERIODS ENDED NOVEMBER 30, 2008

	PERIOD TO DATE				YEAR TO DATE			
	ACTUAL	PERCENT	BUDGET	PERCENT	ACTUAL	PERCENT	BUDGET	PERCENT
Operating Expenses	(Continued)							
Rent - WH	\$9,990.00	2.0 %	9,990.00	2.5	109,024.00	2.7	108,895.00	2.6
Utilities - WH	2,322.75	.5	2,250.00	.6	27,859.02	.7	24,750.00	.6
TOTAL Operating Expenses	27,865.37	5.5	27,288.00	6.9	270,082.45	6.7	298,623.00	7.1
Administrative Expenses								
Payroll Expense - Admin	10,751.33	2.1	17,317.00	4.4	152,292.88	3.8	187,463.00	4.5
Payroll Expense - Sales OT	.00	.0	.00	.0	1,436.25	.0	.00	.0
Payroll Tax Exp - Admin	822.45	.2	1,818.00	.5	15,055.50	.4	19,680.00	.5
Payroll Benefits Exp - Admin	947.77	.2	1,645.00	.4	9,370.97	.2	17,807.00	.4
401(k) Match Exp - Admin	290.26	.1	130.00	.0	2,731.10	.1	1,406.00	.0
Payroll Expense - Exec	8,467.00	1.7	8,721.00	2.2	93,154.86	2.3	94,407.00	2.3
Payroll Tax Exp - Exec	630.31	.1	1,090.00	.3	7,908.97	.2	11,798.00	.3
Payroll Benefits - Exec	847.31	.2	1,090.00	.3	6,520.59	.2	11,798.00	.3
401(k) Match - Exec	118.54	.0	78.00	.0	1,304.85	.0	846.00	.0
Payroll Expense - Sales	24,039.57	4.7	21,224.00	5.4	273,721.75	6.8	230,104.00	5.5
Payroll Exp.-Bonus/Sales	339.93	.1	.00	.0	339.93	.0	.00	.0
Payroll Tax Exp - Sales	1,713.90	.3	2,653.00	.7	22,347.97	.6	28,763.00	.7
Payroll Benefits - Sales	3,273.96	.6	2,016.00	.5	27,931.33	.7	21,858.00	.5
401(k) Match - Sales	256.16	.1	106.00	.0	2,484.14	.1	1,148.00	.0
Other Employee Benefits	.00	.0	25.00	.0	.00	.0	275.00	.0
Temporary Help/Contract Labor	.00	.0	50.00	.0	.00	.0	550.00	.0
Education and Training - Sales	.00	.0	325.00	.1	1,251.12	.0	3,575.00	.1
Employee Recognition & Events	.00	.0	250.00	.1	132.44	.0	2,750.00	.1
Recruiting Expenses	40.00	.0	400.00	.1	2,465.35	.1	4,400.00	.1
Meals & Entertainment - Sales	297.57	.1	625.00	.2	2,961.81	.1	6,875.00	.2
Travel Expenses	609.58	.1	375.00	.1	5,058.09	.1	4,125.00	.1
Employee Mileage/Parking Exp	(192.01)	.0	1,050.00	.3	6,293.70	.2	11,550.00	.3
Owner Vehicle Expenses	406.77	.1	600.00	.2	8,824.21	.2	6,600.00	.2
Vehicle leases - Overhead	4,788.16	.9	4,800.00	1.2	52,626.46	1.3	52,800.00	1.3
Company Events	1,000.00	.2	.00	.0	(30.55)	.0	5,000.00	.1
Owner Life Insurance	2,098.54	.4	2,100.00	.5	8,394.16	.2	8,400.00	.2
Rent - Woodinville	4,000.00	.8	4,000.00	1.0	42,609.75	1.1	43,500.00	1.0
Utilities - Woodinville	774.25	.2	800.00	.2	9,286.30	.2	8,800.00	.2
Postage - Woodinville	.00	.0	750.00	.2	1,292.45	.0	3,250.00	.1
Repairs & Maint - Woodinville	.00	.0	300.00	.1	1,178.48	.0	3,300.00	.1
Janitorial Services	.00	.0	300.00	.1	.00	.0	3,300.00	.1
Common Area Maintenance-CAM	3,190.00	.6	4,331.00	1.1	32,987.00	.8	47,641.00	1.1
Office Equipment Leases	802.57	.2	400.00	.1	5,888.96	.1	4,400.00	.1
Office Supplies	386.30	.1	600.00	.2	3,661.27	.1	6,600.00	.2
Dues and Subscriptions	.00	.0	500.00	.1	607.05	.0	5,500.00	.1
Copying and Printing	257.24	.1	400.00	.1	1,666.11	.0	4,400.00	.1
Marketing Materials	.00	.0	100.00	.0	1,933.54	.0	1,100.00	.0
Marketing Expenses	885.00	.2	1,000.00	.3	11,928.19	.3	11,000.00	.3
Computer Expenses	1,482.40	.3	1,000.00	.3	11,722.75	.3	11,000.00	.3
Website development	.00	.0	.00	.0	59.85	.0	.00	.0
Insurance - Business	4,959.92	1.0	5,200.00	1.3	62,247.98	1.5	57,200.00	1.4
Insurance - Disability	.00	.0	.00	.0	935.23	.0	1,242.00	.0
Fees & Licenses	59.00	.0	.00	.0	472.00	.0	650.00	.0
Prof Fees - Accounting	.00	.0	1,100.00	.3	6,105.50	.2	12,100.00	.3
Prof Fees - ADP	1,007.51	.2	1,000.00	.3	10,874.00	.3	11,000.00	.3
Prof Fees - Legal	.00	.0	1,000.00	.3	.00	.0	11,000.00	.3
Prof Fees - Marketing	.00	.0	.00	.0	5,600.00	.1	.00	.0
Prof Fees - ESOP	538.75	.1	1,600.00	.4	4,662.25	.1	17,600.00	.4
Prof Fees - 401k	.00	.0	.00	.0	1,500.00	.0	4,500.00	.1
Prof Fees - Other	.00	.0	.00	.0	(100.00)	.0	.00	.0
Cellular Phone Exp - Exec	269.25	.1	300.00	.1	3,347.57	.1	3,300.00	.1
Cellular Phone Exp - Sales	.00	.0	350.00	.1	3,934.47	.1	3,850.00	.1
Cellular Phone Exp - Admin	320.96	.1	750.00	.2	3,172.33	.1	8,250.00	.2
Telephone Exp - Local & LD	1,103.11	.2	1,100.00	.3	13,986.55	.3	12,100.00	.3
Telephone Exp - TI	.00	.0	265.00	.1	(797.03)	.0	2,915.00	.1
Contributions	600.00	.1	100.00	.0	1,260.00	.0	1,100.00	.0
Miscellaneous Expenses	.00	.0	25.00	.0	.00	.0	275.00	.0
Interest Exp - Sterling-Auto	.00	.0	.00	.0	11.17	.0	3,620.00	.1
Interest Exp - Sterling LOC	1,859.39	.4	3,200.00	.8	18,860.51	.5	35,200.00	.8
Interest Exp - Sterling ESOP	816.81	.2	4,940.00	1.3	10,741.69	.3	54,340.00	1.3
Late Fees & Finance Charge	1,329.11	.3	250.00	.1	7,020.53	.2	2,750.00	.1
Bank Service Charges	247.93	.0	675.00	.2	6,370.80	.2	7,425.00	.2
Credit Card Discount fees	625.07	.1	40.00	.0	899.92	.0	440.00	.0
Property Taxes	.00	.0	.00	.0	1,001.29	.0	1,000.00	.0
State of WA Taxes	4,030.34	.8	3,750.00	1.0	37,609.22	.9	41,250.00	1.0
State of NV Taxes	.00	.0	.00	.0	641.54	.0	125.00	.0
State of CA Taxes	.00	.0	.00	.0	13.31	.0	925.00	.0
City of Seattle Taxes	141.33	.0	.00	.0	1,648.26	.0	420.00	.0
L&I Taxes-WA	10,000.00	2.0	.00	.0	54,277.01	1.3	15,000.00	.4
Other Taxes	.00	.0	.00	.0	292.50	.0	.00	.0

OASIS, Inc.
 INCOME STATEMENT
 FOR COMBINED OPERATIONS
 FOR THE 11 PERIODS ENDED NOVEMBER 30, 2008

	PERIOD TO DATE				YEAR TO DATE			
	ACTUAL	PERCENT	BUDGET	PERCENT	ACTUAL	PERCENT	BUDGET	PERCENT
TOTAL Administrative Expenses	\$101,233.34	19.9 %	108,614.00	27.6	1,085,988.18	27.0	1,197,346.00	28.6
Overhead Allocation								
Overhead Allocation	.00	.0	.00	.0	.00	.0	(1.00)	.0
TOTAL Overhead Allocation	.00	.0	.00	.0	.00	.0	(1.00)	.0
TOTAL Expenses	129,098.71	25.4	135,902.00	34.5	1,356,070.63	33.7	1,495,968.00	35.7
Net Income from Operations	24,334.91	4.8	11,367.50	2.9	135,229.18	3.4	72,650.50	1.7
Other Income (Expense)								
Finance Charge Income	1,035.19	.2	.00	.0	4,145.11	.1	.00	.0
Bad Debt Expense	.00	.0	.00	.0	(.45)	.0	.00	.0
TOTAL Other Income (Expense)	1,035.19	.2	.00	.0	4,144.66	.1	.00	.0
Earnings before Income Tax	25,370.10	5.0	11,367.50	2.9	139,373.84	3.5	72,650.50	1.7
Net Income (Loss)	\$25,370.10	5.0 %	11,367.50	2.9	139,373.84	3.5	72,650.50	1.7

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: OASIS, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Steve Breda, Manager, Wilson Realty Exchange

Address (include street address, mailing address, city, state, zip, and county):
16910 - 15 NE
Shoreline, WA 98155, USA, King County

Phone Number: 206-367-0200 cell 206-295-9909

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs: We do Resid. sales and staging of new construction, Both Houses and Condo's

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: Our client move all the time (provided we can ever sell anything for them in this R.E. market).

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: By allowing to work with people & a company we know already, one that has our trust. We All stand By our referrals.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? They are a highly trusted & sincere company with many proven track records of years in the business. Highly qualified.

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

Steve Breda
Signature of Person Completing Form

12/5/08 Shoreline, WA
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: OASIS, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

TED STURLANSON, SALES Agent, Loyal REALTY

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

7725 - 24th NW
SEATTLE, WA, 98117

Phone Number:

206-783-1300

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 refer sellers/buyers to reliable, proven, moving
Co's and storage Companies

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:

Reputation and good track record very important to me,
as I have 24 year of service to RE, I do NOT WANT
BAD business referrals.

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.

Ted Sturlanson

Signature of Person Completing Form

12/5/08 - Seattle WA

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:

OASIS INC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

AARON ZEHM ZEHM INC.

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

13901 NE 175
Suite 106
WOODINVILLE, WA 98072

Phone Number:

206-999-3724

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

No Yes If yes, please describe your current moving needs: HAVE CLIENTS I WOULD LIKE TO REFER TO OASIS. I AM IN REAL ESTATE AND HAVE ON-GOING NEEDS

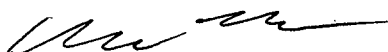
Do you anticipate a future need for the services of a residential household goods moving company?

No Yes If yes, please describe your future moving needs: YES, ALWAYS LOOKING FOR ESTABLISHED COMPANY TO REFER TO.

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 ARE LOCAL. THEY ARE PROFESSIONAL. THEY HAVE SUPPORTED LOCAL CHARITIES.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? NONE.

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

12-4-08 Winderumare office
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: Brian Zadorozny OASIS Inc

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Brian Zadorozny Seattle School Dist. BRET Program.

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

Phone Number: 206 793-7727

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

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: Need our pianos moved. Need there EXPERTISE.

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: HAVE WORKED WITH THEM IN PAST. GREAT COMPANY TO WORK WITH.

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.

Brian Zadorozny
Signature of Person Completing Form

12/4/08 Seattle
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 OASIS INC~~ OASIS INC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

RICK SPENNA RS ASSOCIATES

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

13209 45TH AVE W.
MUKILTEO WA. 98275

Phone Number:

425 745 2363

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

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

LOOKING FOR A PROFESSIONAL COMPANY WHO GIVES GREAT SERVICE, CUSTOMER SATISFACTION & A VALUE FOR MY DOLLAR. WOULD REFER OASIS TO OTHERS WHO HAVE THE NEED

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:

WILL BE LOOKING TO RELOCATE MYSELF & FAMILY AS WELL AS OTHERS WHO I WORK WITH

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:

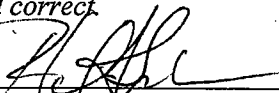
SERVICE ORIENTED CUSTOMER SERVICE & SATISFACTION VALUE FOR THE MONEY SPENT

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

COMMUNITY ORIENTED - LOCAL BUSINESS & OWNERS - PRIVACY NEEDS - HELP MANY OTHERS IN NEED

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

12/3/08 MUKILTEO WA

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:

OASIS, Inc

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Patrick Wilbrandt

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

*15214 - 60th Ave. W.
Edmonds, WA 98026*

Phone Number:

425 - 715 - 2210

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

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

Adult children are graduating from Colledge & taking jobs in the greater Seattle Area

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 a landlord for 3 - single family residences. We have tenants move in and out on an average of 4/year. I would recommend Oasis to my tenants as a moving service.

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:

Oasis is a local company with an understanding and appreciation of the local area. Coupled with their high level of service they would be my preferred moving service.

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

The commission should consider Oasis dedication to the Seattle area business community for the past 27 years.

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

Patrick Wilbrandt

Signature of Person Completing Form

4 Dec 2008, Lynnwood, WA

Date and Location

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Nationwide Mutual Insurance Company
(Name of Company)
(herein after called Company) of 1100 Locust Street, Des Moines, IA, 50391
(Home Address of Company)

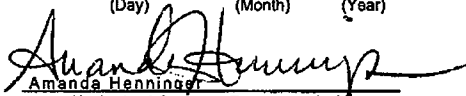
has issued to OASIS, INC. of PO Box 1726, Woodinville, WA 98072-1726
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 12/12/2008 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 1100 Locust Street IA 50391 This 17th day of Dec 20 08
Des Moines (Address) (Day) (Month) (Year)

Insurance Company File No. ACP BA 7502214915
(Policy No)


Amanda Hennings
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00