

BUSINESS INFORMATION

per
UBI

Name of Applicant ~~Ron Nesbitt~~ LionsPride Services, LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable LionsPride Sustainable Moving & Delivery

Physical Address 2414 NE RODNEY AVE. PORTLAND, OR 97212

Mailing Address 1631 NE BROADWAY STE 337 PORTLAND, OR 97232

Telephone Number (503) 980-4489 Fax Number (503) 296-2029

UBI #: 602909758 Email: info@lionsprideservices.com

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

Have you registered with the Employment Security Department? No Yes
ESD No. _____ (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

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:

I want to provide a sustainable option for household moves in Washington. Customers will have the choice of the Northwest's only sustainable moving company.

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

I have been in business for 6 years, performing deliveries and office to office moves.

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# 1532551 MC# 1076481

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 ATTACHED

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	\$

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2000	ISU	1559272	JALL4B148Y7009-278	14,500

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:

Pan Nesbitt

Position:

owner

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: Pan Nesbitt

Position: owner

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: Pan Nesbitt

Position: owner

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.

Pan A. Nesbitt

Print name of applicant

Pan A. Nesbitt

Signature of Applicant

4/16/09 Portland Oregon

Date and Location

12:15 PM
04/15/09
Accrual Basis

LionsPride Services LLC
Balance Sheet
As of February 28, 2009

	<u>Feb 28, 09</u>
ASSETS	
Current Assets	
Checking/Savings	
Bank of America	921.24
Bill Payment Account	1,195.00
T.ROWE PRICE FUNDS	250.19
Total Checking/Savings	<u>2,366.43</u>
Accounts Receivable	
Accounts Receivable	1,215.00
Total Accounts Receivable	<u>1,215.00</u>
Other Current Assets	
Undeposited Funds	2,400.00
Total Other Current Assets	<u>2,400.00</u>
Total Current Assets	<u>5,981.43</u>
TOTAL ASSETS	<u>5,981.43</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
ORCHARD/ HSBC	441.83
Total Credit Cards	<u>441.83</u>
Other Current Liabilities	
LOANS	1,000.00
Total Other Current Liabilities	<u>1,000.00</u>
Total Current Liabilities	<u>1,441.83</u>
Total Liabilities	1,441.83
Equity	
Members Draw	7,803.98
Members Equity	-8,269.90
Opening Bal Equity	5,595.88
Net Income	-590.36
Total Equity	<u>4,539.60</u>
TOTAL LIABILITIES & EQUITY	<u>5,981.43</u>

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: LionsPride Services LLC OIRA LionsPride Sustainable Moving + Delivery

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Christie Wagner

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

808 B NE 163rd AVE Vancouver, WA 98084

(360) 828 1857

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:

Household of 5 from 3yr residence to home (new)

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:

"Green" businesses benefit us all. If I can help the environment by choosing green companies for things I already use, then I'm doing good.

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

LionsPride has been in business for many years and chose to be a sustainable company for the sake of our environment, as soon as it was possible, and have remained a reliable choice!

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

Christie Wagner
Signature of Person Completing Form

03.29.09 Vancouver, WA
Date and Location

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Applicant Name: LionsPride Services LLC DBA LionsPride Sustainable Moving + Delivery

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

JOHN W. KROGER

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

8083 NE 163rd Ave Vancouver, Wa 98684

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:

May be a home 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: Green is good - when a company that normally has a lot of waste can do it sustainably - great.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? LionsPride has been doing a great job as a company + now it's green is a good commitment

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

[Signature]
Signature of Person Completing Form

3-29-09 Vancouver, 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: LionsPride Services LLC DBA LionsPride Sustainable Moving + Delivery

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Ian Rush

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

36502 NE 91st Ave.
Lacenter, WA 98629

Phone Number:

360.624.7622

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

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

I will be moving in the next month

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:

my next move is temporary, I will move into a permanent residence in 6 mo.

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:

Good for the environment, sustainable practices

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

highly recommended, good rep.

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

Ian Rush
Signature of Person Completing Form

3-29-09

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: Lion's Pride Services LLC DBA Lion's Pride Sustainable Moving & Delivery

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Nancy Fontyn

Address (include street address, mailing address, city, state, zip, and county):
36502 NE 91st Ave.
LaCenter, WA 98629

Phone Number: 360-263-3987

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
my daughter is moving in next month or so.

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:
other daughter is moving to CA in next 6 mo.

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 run a "Green" co. Runs on Bio Fuels

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

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

Nancy Fontyn
Signature of Person Completing Form

3-29-09
Date and Location

POLICY
NUMBER ORA001834

COMMERCIAL INLAND MARINE

**MOTOR TRUCK CARGO SUPPLEMENTAL DECLARATIONS
(NON-REPORTING)**

Named Insured: LIONS PRIDE SERVICES, LLC

Effective Date of this Form: 05/21/2008
If Different From Policy Inception

Cause of Loss Form: SPECIAL

Coverage and Type of Lawful Merchandise or Goods

Legal Liability Coverage for Cargo in Transit

Description of Goods
HAULING NEW FURNITURE AS A COMMODITY

Owners Coverage for Cargo in Transit

Description of Goods:

Radius of Operation: 100

Description of Vehicles (Year, Make, Model, I.D.#

Limit of Insurance

1. 2000 ISUZU TRUCK #004278

100,000

Deductible: 1,000
Premium: INCL.

Special Provisions, if any:

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

LIONSPRIDE SERVICES LLC

was

organized

under the Oregon

Limited Liability Company Act

on

July 14, 2006

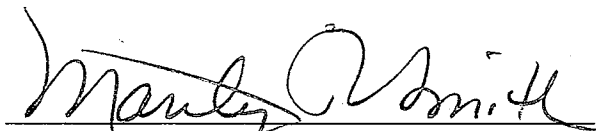
and is active on the records of the Corporation Division as of
the date of this certificate.



*In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.*

KATE BROWN, Secretary of State

By



Marilyn R. Smith

March 27, 2009