

BUSINESS INFORMATION

Name of Applicant Robert Ocelot Enterprises, LLC
~~ROBERT OQUIST, CHARLES OQUIST, PARTNERS~~
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable N/A ~~ROBERT OCELOT ENTERPRISES, LLC~~

Physical Address 1927 E. HEITMAN Circle La Center wa, 98629

Mailing Address 1927 E. HEITMAN Circle La Center, wa. 98629

Telephone Number (360) 263-3865 Fax Number () N/A

UBI #: 602 911 1710 Email: CHARLESOQUIST@YAHOO.COM

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. 174529-00 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes *NO Employees
ESD No. 571648-00 (required if you have employees)

Have you registered your business with the Department of Revenue? No Yes
EIN 264521300

TYPE OF BUSINESS STRUCTURE

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

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

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>ROBERT OQUIST</u>	<u>PARTNER</u>	<u>50%</u>
<u>CHARLES OQUIST</u>	<u>PARTNER</u>	<u>50%</u>

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:

SERVICES ARE TO BE RESIDENTIAL INTRASTATE (OREGON) MOVING
WE WILL ENHANCE CUSTOMER CHOICE BY TRANSPORTING MUSICAL EQUIP
FOR A 20 PIECE JAZZ ENSEMBLE TO FILL AN UNMET NEED FOR HELP
CUSTOMER CHOICE WILL BE REALIZED BY COSTS WITHIN THE
REALM OF BUDGETS TOGETHER WITH EASE OF OPERATION
Briefly describe your experience in the transportation/household goods moving industry:

ROBERT OQUIST, FORMER CEO OF A MULTI-DISCIPLINED
ENGINEERING CORPORATION HAS YOUTHFUL CHARLES WHO
WAS EMPLOYED BY MATTRESS SUPERSTORE MOVING PRODUCT
WITH SETUP & DEMANTLING ENDING W/CHARLES AS SUPERVISOR

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# _____ 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: CHARLES NO

HOWEVER ROBERT AS CEO OF AN ENGINEERING FIRM WAS SUED
TYPICALLY WHEN DEVELOPERS RAN OUT OF FUNDING.
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	\$ 5,000.00	Salaries/Wages Payable	\$ 0.00
Notes Receivable	\$ 00.00	Accounts Payable	\$ 0.00
Investments	\$ 136,000	Notes Payable	\$ 0.00
Other Current Assets	\$ 5,000	Mortgages Payable	\$ 284,000
Prepaid Expenses	\$ —	TOTAL LIABILITIES	\$ 284,000
Land and Buildings	\$ 300,000	NET WORTH	168,000
Trucks and Trailers	\$ 5,000	Preferred Stock	\$ —
Office Furniture	\$ 1,000	Common Stock	\$ —
Other Equipment	\$ —	Retained Earnings	\$ —
Other Assets	\$ —	Capital	\$ —
TOTAL ASSETS	\$ 452,000	TOTAL LIABILITIES & NET WORTH	\$ 168,000

By Robert Cquist *RC*

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1993	GMC	B75315K	1GDE6H1P7P15094M	18,000

SAFETY AND OPERATIONS

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

SAFETY RESPONSIBILITIES

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

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

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

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

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

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

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

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name: *Robert Oquist*

Position: *Partner*

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:

Robert Oquist

Position:

Partner

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:

Robert Oquist

Position

Partner

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.

ROBERT OQUIST

Print name of applicant

RO

Signature of Applicant

10/1/09 La Center

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:

CHARLES OQUIST, ROBERT OCELOT ENTERPRISES, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

MICHAEL GILLILAND, LANDSCAPE ARCHITECT

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

**17 SW TAYLORS FERRY RD
PORTLAND OR 97219**

Phone Number:

503 - 539-7678

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

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

SET UP AND HAULING FOR 18 PIECE JAZZ BAND

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:

NEGOTIATING A LONG-TERM CONTRACT

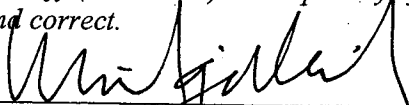
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

**FACILITATE OUR CONCERTS - MANY ARE
BENEFITS FOR NON-PROFITS.**

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

OFFERS A WIDE VARIETY OF NEEDS SERVICES

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

5-28-09 PORTLAND OR

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:

CHARLES OQUIST, ROBERT OCELOT ENTERPRISES, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Azita K Rollins, OFFICE MANAGER, ART KUZMA MOTORS INC

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

**6504 NE HWY 99
VAN COUVER, WA 98665**

Phone Number:

(360) 694-3385

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: **PERSONAL REFERENCES - HONEST AND RELIABLE PERSON FOR MOVING AND TRUSTING IN ITEMS - I WILL AND WOULD RECOMMEND HIS COMPANY FOR 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:

I would give his company my and ALL REFERENCES for the future - I know his HONEST and RELIABLE

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? **NO**

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

Azita K Rollins

Signature of Person Completing Form

05/26/09 CLACK County WA. 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:

CHARLES OQUIST, ROBERT OCELOT ENTERPRISES, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Judy Brandrup, Office Manager, CIDA, Inc.

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

**4445 SW Barbur Blvd. #200
Portland, OR 97239**

Phone Number:

503 226-1285

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:

Regarding personal contact with clients, having someone we can confidentially refer them to for their moving needs is a benefit.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? **NO**

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

Judy Brandrup
Signature of Person Completing Form

5/25/09 Portland, Oregon
Date and Location