

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



, L =	Type of Household Goods Authority Requested - Check one	Fee Required
۵	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	\$ 50
п	Temporary authority (to meet a short-term need) - Complete pages 2 - 6 and Attachment A.	\$ 250
¥	Permanent authority (at least six months must be served on a temporary provisional basis) — Complete pages 2 - 6 and Attachment A	\$ 55 0
0	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
۵	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 — Complete pages 2 - 6 and Attachments B & C	\$ 250
0	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
٥	Name Change - Complete pages 2 - 3 and Attachment D	\$ 35
	Extension of authority - Complete pages 2 - 6 and Attachment A	S 550

		TY	PE OF PAYME!	NT
□ Check	☐ Money Order	[] Amex	☐ Mastercard	XVisa
	1 7			
Amount: 55	0			Expiration Date: 04/011
that I am authorize	ed to execute and file th	is document of	n behalf of the applic	tify that the following information is true and correct, and that all information on file is current and valid.
B				Name: Five STARS NO 1 Moving Co.
Cardholder's Sign	ature: Sergio			Date: 8/19/09
the court of the contract of the first	man salata sa	A PORT	FRICIALUSE	ONL Commence of the state of th
Date Filed	1 Of DOL/SOS:	ID.	3559	Permit Issued: THG-
Staff Assigned:	Insurance:	Ins	pection:	
	/)			Docket #
Recognition #. 111-0268-207-02		.9280 111-0268-202-	01	111-0268-013-20

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V 183263

BUSINESS INFORMATION					
Name of Applicant Sergio Members of a parmership or consoration) Trade Name, if applicable Five STORS # 1 Moving 60 INC. Physical Address 19026 S.e. Harold 3T Portland on 97266 Mailing Address 19026 S.e. Harold 3T Portland on 97266 Mailing Address 19026 S.e. Harold 3T Portland on 97266 Telephone Number (503) 283-5947 Fax Number (503) 285-2465 UBI#: Pending Email: PM Sergio & a ol. Cam USDOT #: 1375983 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3816 or 360-596-3803 for assistance.) Have you established a Worker's Compensation Account with the Department of Labor & Industries? No Myes L&I Account No. 744936 (required if you have employees.)					
Have you registered with the Employment Security Department? \(\begin{align*}\) No \(\begin{align*}\) Yes ESD No. \(\begin{align*}\) Pending \(\begin{align*}\) (required if you have employees) Have you registered your business with the Department of Revenue? \(\begin{align*}\) No \(\begin{align*}\) Yes					
TYPE OF BUSINESS STRUCTURE					
☐ Individual ☐ Partnership ▼ Corporation ☐ Other					
Name Sergio RoJas Mendoza, oumer 100%					

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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: Moving household Goods.
Briefly describe your experience in the transportation/household goods moving industry: We have 4 reas of experience in franches. Loughold ifeling fram Refailersand Consignment.
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
Do you currently operate interstate? KNo XYcs, If yes, please indicate your USDOT#1375983; MC# MC# 529375 marked infrastate only Do you operate interstate as an agent of another company? MNo 11 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? M No 11 Yes If yes, please explain:
Have you ever been convicted of a crime? MNo 11 Yes If yes, please explain:
Have you been cited for violation of state laws or Commission rules? ℵNo ☐ Yes If yes, please explain:
Page 4 of 17

FINANCIAL STATEMENT

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Asse	ots		Liabilitics		
Cash in Bank	\$	3,000	Salaries/Wages Payable	\$	-6-
Notes Receivable	\$	&	Accounts Payable	\$	<u> </u>
Investments	\$	<i>↔</i>	Notes Payable	\$	
Other Current Assets	\$	6-	Mortgages Payable	S	<u> </u>
Prepaid Expenses	\$	8	TOTAL LIABLITIES	\$	
Land and Buildings	\$	8	NET WORTH		⇔
Trucks and Trailers	\$ 1.5	5,000	Preferred Stock	\$	<u> </u>
Office Furniture	\$	500,00	Common Stock	\$	-
Other Equipment	\$	-69	Retained Earnings	\$	-
Other Assets	. \$	0	Capital	\$	
TOTAL ASSETS	\$ 18	1,000	TOTAL LIABILITIES & NET WORTH	\$	0

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1999	Freightliner	T532579	1743HJAC7XH992626	24000 Lbs
2000	International	ND82042	1HTSDAAL1YH297162	2400clbs
11,	·			

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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: Position:

SERGIOS ROJAS MENDOZA DRIVER /OWNER

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OPERA	ATIONAL	RESPON	VETRIY	TTIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name

Position:

Strgio Rojas Mendoza

Deiver - 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 (oversize or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name:

SERGIO ROJAS - MENDOZA

DRIVER - 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 oriteria 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.

SERGÃO ROJAS M. Y Sergio Mendoza. 7/28/09 Porta
Print name of applicant Signature of Applicant Date and Location

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ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed lauschold goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your sequest for a permit to provide those services. Thuse forms may be copied by you as needed.

1	he following usual he campleted by the Supporter of the applicant
Varion Title and Busine	os Name:
Address (include streat	address, mailing address, city, state, she and county); 1805 SE MUL
	Pantland, On 97214
Phone Number:	503 231-8689
	ho services of a recidential household goods moving company?
IINO Y YES ITYOU FL	please describe your current moving needs:
IING XYes Ifyes	please describe your future moving mende
	unitue Gfora Delmenies
Briefly describe how p	mentally of the provide household goods moving services in Washington your business, and/or your community: A.S. A. COMMENT To pour CUS forces
Briefly describe how posterior will benefit you. De livens to there anything clear application for a house	remains this company a permit to provide household goods moving services in Washington your business, and/or goods community: A-S-A-COMMACTON Les Deut Collaboration We Commission should consider when making a determination about this company's

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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 Namo:
FERGIO ROSAS MENDER FIVE STAN NO I MO
The following must be completed by the Supporter of the applicant
Name, Title and Business Name: Ton Wright Cascade Furn: fure LLC Address (include street address, mailing address, city, state, zip, and county):
Joh Wright Chistade turn face LLC
i and
3017 NE 11244 Alle
Vanconver und 98682
Phone Number: 360-260-4521
Do you currently need the services of a residential household goods moving company?
I No : (Yes) If yes, plusse describe your current moving needs:
our clients use this service
Sour Caronis Dist. 10. 1 20, 11.
Do you anticipate a future need for the services of a residential household goods moving company?
(1 No 1 Yes) If yes, please describe your future moving acode:
our clients need this 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:
state will deficitly your positions, and/or your committeenty!
providing reliable maing service is a valuable
Is there anything else the Commission should consider when making a determination about this company's
application for a household goods permit?
They are good people
Tourtify for declare) under penalty of purjury under the laws of the state of Wishington that the foregoing is true
and earrest.
7/21/36 1/44 P. X 11.
Signature of Ferson Completing Form Date and Location u.A.
Signature of Person Completing Form Date and Proposition Will.
Page % of 12

PAGE 62/62

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07/29/2009 WED 15:40 FAX 13606045956 E&V Tax Serv and Bookk.

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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:	-	·			
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Name, Title, and Business Name:	rust be completed by the	Supporter of	d'the applican		
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Address (include street address, mailing	address othe water	wy vu	West, D	Sirtle ()	L IN
228 NE	57 Th. All.	and donnay):	/		/
Proffesh	118100				
	OR 4723	22			
- 1019 Number: 513, 238	0202				
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ATTACHMENT A

ROUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least times shipper of 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.

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ame, Tide, and Business Name:	EN STORE MAIN	119698 50	9N OGS/GN	FURNIT	NE
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541 SE 148th A	VE				
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Is there anything else the Count application for a household goo	nission should consider v	yhen making a det	ioooga namaraan	his compan	y*s
Yourify: (or ducture) under pen and vorrect.			of Washington the	tha forezzai	ng is true
	n de 170 es seburo	L Palen ai	\$4.1 T TOTAL MANAGEMENT		
Signature of Piction Completion	R. coent		page		

Revised 2009

PAGE 02/02

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92:91 6002/80/80

2037827465

22:70 6002/81/80

Aplication payment

Bank of America - Debt Card Visa

FIVE STARS NO [Moving Co

Ex. date 04/11

Total, Aprication See. \$ 55000

Please call me whith confirmation

Thank you

Sergio Mendoza. 8/19/09

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company

American Family Mutual Insurance Company if selection box is not checked. 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address Five Stars One Moving Company 12026 SE Harold St Portland, OR 97266

Agent's Name, Address and Phone Number (Agt./Dist.) Eduardo Guzman (600) 200-9001 2406 E Burnside St Portland, OR 97214 (066/503)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This certificate does not amend, extend or alter the coverage afforded by the policies fisted below.

COVERAGES					· · · ; · · ·	
This is to coulfy that policies of insurance its	ed below have boen issued to the insure	ed named above for the	colley period indicate	d, notwithstanding any requirement, term or a	ondillon of	any contract or other
document with respect to which this certificat		rance allorded by the pr	eyed bedinsaab aalallo			
TYPE OF INSURANCE	POLICY NUMBER	EFFEOTIVE (Mo, Day, Yr)	EXPIRATION (Mo. Duy, Yr)	LIMITS OF LIABILITY		
Homeowners/				Budily injury and Property Damage		
Mobilehomeowners Liability				each Occurrence	\$,000,
Boatowners Liability				Bodily Injury and Property Danlage		
				Each Occurrence	\$,000
Personal Umbrella Liability				Bodily Injury and Property Damage		
				Each Occurrence	\$.000
Farm/Ranch Liability				Farm Daskiny & Personal Dability Each Occurrence	\$.000,
-				Farm Employer's Liability	·	,000
				Each Odgurrance	\$	000,
Workers Compensation and				Statutory		*******
Employers Liability †				Each Accident	\$,000
		}		Dicasco - Each Employee	\$,000
				Disease - Policy Limit	\$,000
General Liability		1		Général Aggrépulo	\$	2,000 ,000
Commercial General				Prockicts - Completed Operations Aggregation	nte \$	2,000 ,000
Liability (occurrence)	36-X20418-07-00	10/25/2008	10/25/2009	Personal and Adventaing Injury	\$	1,000_000
	38-22410-07-00	10/23/2008	10/20/2000	Each Occurrence	\$	000, 000, 1
				Darrisge to Premises Rented to You	\$	100,000
			4	Medical Expense (Any One Person)	\$	5 ,000
Businessowners Liability				Badh Occurrenca + +	\$,000
Manitteed animal of promitty				Aggragate††	\$,000
Parama I Smt Iffice	<u> </u>			Common Cause Limit	\$,000
Liquor Liability				Aggregate Limit	. 5	,000
Automobile Liability				Endly injury . Each Pardon	\$.000
☐ Any Auto ☐ All Owned Autos				Bodly Injury - Each Accident	\$,000
☐ Ali Owned Autos ☐ Schieduled Autos					S	
☐ Hired Auto				Property Damage		,000
Nonowned Autos				2 11 1	45	
				Badily Injury HAR Property Damage Combi	пев ф	,000
Excess Liability	.e					
Commercial Blanket Excess				Each Occurrence/Aggregate	\$,000
Other (Miscellaneous Coverage	.·\					
Office (Miscenarious Coverage	21					
description of Operations / Locati	ons / vehicles / restrictions/sf	ECIAL ITEMS"		† The Individual or partners shown as li	naucer	Hove T Have not
				pipotod to be apvered as smalevers	Joder ihis od	silay.
				The Products-Completed Operations a	ggregaale li	e equalito each
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CERTIFICATE HO	LDER'S NAME AND ADDRES	55	Chould an	of the shove described policies	he ceans	lled before the
•			expiration date	y of the above described policies thereof, the company will ended to the Certificate Holder named, moose no obligation or liability agents or representatives. *10	vor to ma	davs)
		•	Written notice notice shall it	to the Centicate Holder named, moose no obligation of liability	of any	kind upon the
			company, its	agents or representatives. "10	days u	inless different
,	•		described poli	as coverage on the date of icles are subject to cancellation he laws of the sizes of issue)	in confe	ormity with their
•			terms and by t	Hansai to etste out to awai eu		
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			L	111		

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Stock No. 06668 Rev. 7/02

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CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company [1]
American Family Mutual Insurance Company if selection box is not checked.
6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address Five Stars One Moving Company 12026 SE Harold St Portland, QR 97266 Agent's Name, Address and Phone Number (Agt/Dist.) Eduardo Guzman (503) 233-9031 2406 E Burnside Si Portland, OR 97214 (066/503)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Molder.

This certificate does not amend, extend or elter the coverage afforded by the policies listed below.

This certificate does not emend,	extend or effer the coverage	anorded by the	Poucies usido (ociow.		11,
		d number characters	welling overlant indication	1. notwithstanding any requirement, term or con		
		rance allorded by the p	ollcies decarbed here	i, notwinistationing any requirement, tolim of cor in its subject to all the terms, exclusions, and co		
TYPE OF INSURANCE	Policy number	EFFECTIVE (Mg. Day, Yri	EXPIRATION (Mo. Day, Yr)	Limits of Liability		
Homeowners/				Bodily Injury and Property Damage		
Mobilehomeowners Liability				Each Occurrence	\$,000
Boatowners Liability				Bodily Injury and Property Damage		
				Each Occurrence	\$,000
Personal Umbrella Liability			1	Bedily injury and Property Damage		
				Each Occurrence	\$,000
Farm/Ranch Liability				Farm Liability & Personal Clability	\$	מחמ
				Farm Employer's Liability		.000
				Each Occurrence	\$	300,
Workers Compensation and				Statutory		********
Employers Liability †				Each Accident	\$,000
			4	Dispaso - Each Employee	\$,000,
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General Liability				Gyneral Appregate	\$,000,
Commercial General				Products - Completed Countrions Againment	\$,000
Liability (occurrence)				Personal and Advertising Injury	\$.000
				Each Occurrence	\$,000
			İ	Damaga to Promises Rented to You	\$,000
			<u> </u>	Modical Expense (Any One Person)	\$	000,
Burlhossowners Llability				Each Occurrence† †	Ş	,000,
PROMINGED PROPERTY		ł		Aggregate††	\$,000,
l Incord in biline				Camtion Church Limit	\$,000
Liquor Liability			<u> </u>	Aggregate Limit	<u>55</u>	,000
Automobile Liability K Any Auto				Bodily Mury - Each Person	\$	750 ,000
All Owned Autos				Bodlly Injury - Each Accident	\$	750 .000
Scheduled Autos	36-X20418-04-00	1/20/2009	1/20/2010	Propurty Damage	\$	750 ,000
Nonowned Autos				Bodin injury and Property Damage Deliging	d 5	,000,
Excess Liability						
Commercial Blanket Excess		}		Edati Oponitouce/V00teffere	\$.000
Other (Miscellaneous Coverage	3)					
DESCRIPTION OF OPURATIONS / LOCATE	ons/Vehicles/Regratetions/Sp	ECIAL ITEMS		† The individual or partners shown as insu	red TF	lave Have not
2000 International 490				elected to be covered as employees une	der lhis pali	icy.
1999 Freightliner F70				† Producte-Completed Operations app accurrence limit and is included to policy	. ภูลิธิเคอชเ ด เทปิก เ ก ใก	
	BEDIG HAAF AND ADDRO	<u> </u>	1			r National
CERTIFICATE HU	LDER'S NAME AND ADDRES)\$	Chaula an	CANCELLATION	concal	led hefore the
•			expiration date written notice notice shall in company, its	of the above described policies by thereof, the company will anceauch to the Certificate Holder named, be inpose no obligation or liability of agents or representatives. *10 of seconds	r to mail ut fail u re f any k days ur	i *(days) to mail such and upon the iless different
				s shown. as coverage on the date of is cles are subject to cancellation in the laws of the state of issue		
			DATE 1930ED	AUTHORIZED REPRESENTATI	TE TO	V DIII
			7/27/20	09 Luis O. Benn		MIII

U-201 Ed. 5/00

Stock No. 06668 Rev. 7/02



5190 Neil Road, Suite 202 Reno. Nevada 89502

Phone: (775) 786-6061 or (800) 249-0119 Fax: (775) 786-6041

DATE: 5/18/2009

INSURANCE BINDER

Page 1 of 3

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN BELOW,

INSURED: Five Stars One Moving Company

12026 SE Harold St

Portland, OR 97266

B&W PRODUCER: Elaine F Young-UT1 AGENT: Amorioan Family Brokerage

6000 American Parkway Madison, WI 53783

LOCATION(S) OF RISK:

1: 12026 SE Harold, Portland, OR 97266

POLICY EFFECTIVE FROM: 05/24/00 AT 12:01 AM TO 05/24/10 AT 12:01 AM STD TIME AT RISK LOCATION.

SRD366305 (Renewal of Policy# 294740)

FORM OF COVERAGE:

COMMERCIAL INLAND MARINE

OCCURRENCE

Mover

POLICY NO: INSURER(S):

Line Of Business	Supplier(s)	Participation
INLAND MARINE	Certain Underwriters at Lloyds	40.00 %
INLAND MARINE	Certain Underwriters at Lloyds	30.00%
INLAND MARINE	Certain Underwriters at Lloyds	30.00 %

LIMITS / DEDUCTIBLES:

Loc	Sub Coverage	Lir	nit(s)	Deductibl	le(s)	Co Ins
1	Limit Per Occurrence	\$1	0,000	\$1,000	Each & Every Loss	
1	Limit Per Vehlale	\$1	0,000	51,000	Each & Every Loss	

TOTAL CHARGES:

Premium: Fee: Fee: Fee: Tax: Tax:	************	25.00 65,00 200.00 2.00 5.00	Commercial Inland Marine Filling Fee (Fully Earned) Internal Market Fee (Fully Earned) Policy Fee (Fully Earned) Fire Marshall Tax Surplus Line Service Charge Surplus Lines Tax - ComminM	TERM MINIMUM PREMIUM: 25.00 % EARNED MINIMUM PREMIUM =	\$250,00
TOTAL:	\$	1,322.30			

EXCLUSIONS;

IL0935 (07/02) Computer Related Losses Exclusion, BW2000 (04/03) Mandatory Exclusions and Explanations Incorporating: Vacancy or Unoccupancy Statement, Minimum Earned Premium, Flat Deductible, Cancellation Clause, Contaminants, Fungi, and Infestation Exclusion, Seepage and/or Pollution and/or Contamination Exclusion, Land, Water, and Air Exclusion, War and Civil Exclusion Clause, Terrorism Exclusion Endorsement, Biological or Chemical Materials Exclusion, Radioactive Contamination Exclusion Clause, Occurrence Definition, Fully Earned Premium, Actual Cash Value, Several Liability Notice.

ENDORSEMENTS:

SOFAE (02/05) Schedule of Forms, LPG1 (10/95) Lloyds Jacket, LLOYDS1A (09/98) Certificate of Insurance, LLOYDS1B (10/93) Commercial Policy Cov Part, CM0001 (10/91) Commercial IM Conditions, IL0017 (11/98) Common Policy Conditions, BW26 (04/07) Minimum Earned Premium, LMAS020 (09/05) Service of Suit, LMAS021 (9/05) Applicable Law (U.S.A.), IM356 (09/04) Furniture Movers Form.

CONDITIONS:



5190 Neil Road, Sulte 202 Reno, Nevada 89502 Phone: (775) 786-6061 or (800) 249-0119 Fax: (775) 786-6041

DATE: 5/18/2009

INSURANCE BINDER

Sections/Forms/Conditions APPLICABLE WHEN MARKED BY "X":

[X] SECTION I: CARRIERS LIABILITY

LIMITS AS ABOVE, Based on 1 Owned Power Unit(s)* at \$.60 (OR UNDER) PER POUND VALUATION ACCORDING TO THE BILL OF LADING; BUT NO HIGHER THAN WHAT THE INSURED IS USING ON THEIR BILL OF LADING.

BOL HAS .60¢ PER POUND LIMITATION

SCHEDLILED VEHICLES: 1999 Freightliner # 2626

[X] EXCLUDES MOVES INTO AND OUT OF THE STATE OF CALIFORNIA

*PLEASE NOTE, THE UNITS MUST BE OWNED. WE CAN CONSIDER LEASE/RENTAL UNITS ON A LONG TERM BASIS, AN ACCEPTABLE COPY OF LEASE/RENTAL AGREEMENT(s) WILL BE REQUIRED.

RADIUS OF OPERATIONS: 200 Miles of Portland Oregon

[] SECTION II: WAREHOUSEMENS LEGAL LIABLITY

LIMITS AS ABOVE, VALUATION BASED ON \$1.25 (OR UNDER) PER POUND ACCORDING TO THE BILL OF LADING; BUT NO HIGHER THAN WHAT THE INSURED IS USING ON THEIR BILL OF LADING.

] SECTION III: CUSTOMERS GOODS - CERTIFICATES (Optional Coverage) This section is a monthly reporting form, please refer to policy form.

Limit for Storage 5_ Rate \$,10 per \$100 per month

Limit for Transit \$ Rate \$.25 per \$100 under 50 miles or Rate \$.40 per \$100 over 50 miles

ICC or PUC FILINGS. If required please forward the appropriate Authority Number so that we may process your filing. **Note, ICC Cilings require an additional \$50 fee & PUC Filings require an additional \$15 fee* [X] ICCENDT (10/07) ICC Federal Filings AND/OR [X] FORM I (11/07) PUC State Filings

[X] A charge for the PUC and ICC filings is included, as per expiring, see IM policy fee on page 1 of the quote for \$65

REQUIREMENTS AND OR SPECIAL POLICY CONDITIONS APPLICARLY WHEN MARKED BY "X":

] SUBJECT to 3 yr. satisfactory company loss runs PRIOR TO BINDING.

X SUBJECT to approved SIGNED & DATED application within 30 days - RECEIVED
[X] SUBJECT to copy of the Insured's BILL OF LADING prior to binding - must show \$.60 (OR UNDER) Per pound limitation -RECEIVED

[X] SUBJECT to list of named driver(s) & Syr, satisfactory MVR(e) for each within 16 days of binding.

['] INSPECTION' SRD Ordered, recurring additions must be complied with within 30 days of notification.
[X] AGENT TO PROVIDE OREGON TAX FORM

PLEASE REVIEW THIS BINDER CAREFULLY AS IT MAY DIFFER FROM COVERAGES AND LIMITS REQUESTED.

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED HEREIN. THE ABOVE COVERAGES ARE THE ONLY COVERAGES BOUND. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED. THE INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS, LIMITATIONS, AND FORMS OF THE POLICY(S) IN CURRENT USE BY THE COMPANY. THIS BINDER IS CANCELLED SIXTY (60) DAYS FROM THE EFFECTIVE DATE OR WHEN REPLACED BY A POLICY, WHICHEVER COMES FIRST.

THE AGENT MUST READ THIS CERTIFICATE AND IF NOT CORRECT RETURN IT IMMEDIATELY TO BURNS & WILCOX, LTD.

BY: REID WILSON, Authorized Representative

Reid Wilson

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GENERAL CHANGE ENDORSEMENT

This undergement changes the policy effective on the inception date of the policy unless another date is indicated below:

	*	0.7	-	
Name of Insurance Company(ies)		11,1		
Certain Underwriters at Lloyds	RAS357/09			CommInM
Certain Underwriters at Lloyds	RAB354/09			CommInM
Costain Undesweiters at Lloyds	330555/00	•	30.00%	CommInM
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			To anti-on Date	Tomination That
		·	Inception Date 5/24/2009	Expiration Date 5/24/2010
			3/24/2009	3/24/2010
Endorsement Effective			Policy Number	Endorsement#
8/8/2009			SRD366305	7
and acco		:	ptetspoodos	-
Named Insured	· · · · · · · · · · · · · · · · · · ·	1 .		_
Five Stars #1 Moving Company, Inc.		٠,		David Price
Title citets at paroants Comband's me.			Countersigned By	
		,	Commersia Brear by	

(Authorized Representative)

IN CONSIDERATION OF THE ADDITIONAL PREMIUM SHOWN BELOW, IT IS HEREBY UNDERSTOOD AND AGREED THAT THE POLICY IS AMENDED AS FOLLOWS:

IT IS HEREBY AGREED AS PER FORM IM 356 - LIMITS OF LIABILITY (a) , (b) AND (f) ARE \$20,000 IN LIEU OF \$10,000 AND SECTION III LIMITS OF LIABILITY (a) AND (b) ARE \$20,000 IN LIEU OF \$10,000.

All other terms and conditions remain unchanged.

PREMIUM	: 👺	395.00
FEES	: \$	0.00
TAX	: Ş	8.71
FILING FEE	; \$	0.00
STAMPING FRE	: \$	0,00
TOTAL	: \$	404.71
sejordan 8/17/	2009	