

JAN 29 2010

WASH. UT. & TP. COMM

BUSINESS INFORMATION

Name of Applicant SABRINA JONES
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable MOVHER

Physical Address 3427 W. Northwest Blvd., Unit A, Spokane, WA 99205

Mailing Address - same as above -

Telephone Number (509) 954-4777 Fax Number () N/A

UBI #: 602177668 Email: movher@gmail.com

USDOT #: 1972158 (If you currently don't have one, you can go online at www.fmcsa.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 Yes L & I Account No. 185, 472-00 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. 602412003 (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
SABRINA JONES	OWNER	100%

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

- All counties in the State of Washington
- The following named counties only: Spokane, Whitman, Pend Oreille, Lincoln, Stevens + Adams counties

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

Mover will provide local (55 miles or less from downtown Spokane) moving, packing, loading, unloading + cleaning services to residential and commercial customers. Mover's primary market is women who are in need of these services for themselves or are the decision makers for their family +/or extended family. Secondary markets include the same services for 65+ year-olds and college students.

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

My experience in the transportation/household goods moving industry is from a personal level, moving my family from Spokane, Seattle, Minneapolis, Salt Lake City, Helena, Colfax, WA, St. John, WA, Rosalia, WA and Spokane.

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 MC# _____ and USDOT# _____

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	\$ 6,500.00	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 2,000.00	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ 180,000.00	NET WORTH	
Trucks and Trailers	\$ 0	Preferred Stock	\$ 0
Office Furniture	\$ 500.00	Common Stock	\$ 0
Other Equipment	\$ 1,500.00	Retained Earnings	\$ 0
Other Assets	\$	Capital	\$ 8,800.00
TOTAL ASSETS	\$ 190,500.00	TOTAL LIABILITIES & NET WORTH	\$ 8,800.00

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
<i>I will be leasing/renting trucks from Budget.</i>				

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:

SABRINA JONES

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: <u>SABRINA JONES</u>	Position: <u>OWNER</u>
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STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: <u>SABRINA JONES</u>	Position: <u>OWNER</u>
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DECLARATION OF APPLICANT

I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

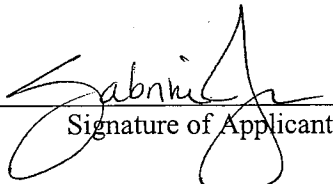
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

SABRINA JONES
Print name of applicant


Signature of Applicant

1.28.10 Spokane 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:

SABRINA JONES / MOTHER

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Wildrose Ltd dba Wildrose Graphics

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

PO Box 3945
Spokane, WA
99220

134 No. Madeline Street
Spokane, WA 99202

Phone Number:

509 535 8555

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

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

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

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

I do not have a specific need at this time however, when I do have a need I will look forward to working with this company.

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:

There is a need in our community for a reliable, cost-effective small business to assist people with relocating. Within the last year, we had to relocate my mother-in-law to a retirement home here in Spokane. After 8 months we had to relocate her again to a smaller assisted living home. Each time we were faced with moving her and all her belongings which is difficult when you do not have the resources available.

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

It is extremely important to have honest, hard-working individuals provide a necessary service. It is not easy finding a small business that is trustworthy, capable, efficient and reasonable especially when you are asking them to be responsible for your possessions.

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

Shirley C. Jackson
Signature of Person Completing Form

1-25-10 Spokane, WA
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: SABRINA JONES / OWNER / MOVER

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Teresa Hudak, Asst. Alumni Director, Gonzaga University

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

502 E Boone
Spokane, WA 99258-0077

Phone Number: 509-313-5920

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

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

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

No Yes If yes, please describe your future moving needs: I will hopefully be moving in the next five years to a condo in Spokane.

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 be able to use the service when I move & the community will benefit by having a very dependable, moving company that will hire local women to work.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Sabrina Jones is an outstanding community member who will do all she can to make this company a success!

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

Teresa Hudak
Signature of Person Completing Form

1/4/10 Spokane, 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:

SABRINA JONES / MOVER

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

GARY EVANS MGR. CLASS 8 TRUCKS

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

521 N. EASTERN Rd. SPOKANE, WA. 99212

Phone Number:

534-9088

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

X 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 X Yes If yes, please describe your future moving needs:

WE WILL BE MOVING TO A SMALLER HOUSE

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

HAVING A SMALLER LOCAL MOVING CO. WOULD BE GREAT.

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

THIS COUNTRY IS BUILT ON SMALL BUSINESS.

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

Gary Evans
Signature of Person Completing Form

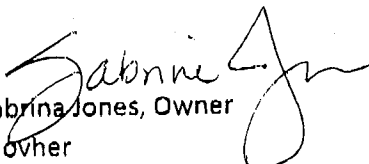
1/2/10
Date and Location

TO: Tina Lelpski
FROM: Sabrina Jones, Owner of Movher
DATE: January 29, 2010
RE: Contract to rent vehicles through Budget Truck Rental
Pages to Follow: 2

Tina:

Following are the 2 pages I sent to Budget to set up my commercial account with them for my moving business, Movher. Please let me know if this is sufficient for your Form E filing requirements or if I need to provide you with different documentation. I can be reached at movher@gmail.com or on my cell phone at 509.954.4777.

Sincerely,


Sabrina Jones, Owner
Movher



LOCAL COMMERCIAL PRICING (*) () (***) (****) (*****)**

Item	Daily Rate	Weekly Rate	Mileage
10' Truck / Cargo Van	USD 30.00	USD 150.00	USD 0.17
16' Ramp	USD 40.00	USD 200.00	USD 0.17
16' Truck Lift Gate	USD 45.00	USD 225.00	USD 0.17
24' Ramp	USD 54.00	USD 270.00	USD 0.17
24' Truck Lift Gate	USD 63.00	USD 315.00	USD 0.17

Rates do not include any protection coverage. Additional fees, taxes and/or surcharges may apply in various states.

NOTE: 16' and 24' Lift Gates may be available in select locations.

- (*) Rates do not include any protection coverage, taxes, surcharges, or other fees that may vary by state.
- (**) These rates have been established on a mileage forecast of 150 miles per day. Budget reserves the right to review these projections after 90 days to confirm the accuracy of these estimates.
- (***) Rates will be subject to review one (1) year from the signing date.
- (****) The Agreement can be terminated within 30 days receipt of written notice by either party.
- (*****) All drivers must be at least 21 years of age.

By: Jennifer Petak

By: 

Title: LMSM

Title: 

Budget Truck Rental

Movher

Date sent to customer:

12/10/2009

**SIGN AND RETURN
Fax: (918) 270-4761**



**COMMERCIAL TRUCK RENTAL
OPTIONAL INSURANCE & PROTECTION PRODUCTS SELECTION FORM**

COMPANY MOVHER		CONTACT SABRINA JONES		TITLE OWNER	
EMAIL ADDRESS movher@gmail.com		PHONE 509-954-4777		FAX N/A	
ADDRESS 3427 W. Northwest Blvd, Unit A		CITY Spokane		STATE WA	ZIP 99205
BILLING ADDRESS Same		CITY Same		STATE Same	ZIP Same
CUSTOMER SIGNATURE 			TITLE Owner		DATE 1-28-10

You **MUST** select one option from each category.

***LIABILITY PROTECTION**

SELECT	DAILY PRICES	WEEKLY PRICES	PROTECTION TYPE	DESCRIPTION
<input type="checkbox"/>	\$11.00	\$77.00	BASIC LIABILITY INSURANCE	BASIC LIABILITY INSURANCE (BLI) - When added to the Rental Agreement, BTR will extend its coverage to take the primary position up to 100/300/25. Your own liability insurance will not be called on to contribute unless, and until, the 100/300/25 has been exhausted. This coverage extension comprises \$100,000 bodily injury (one party max) or \$300,000 bodily injury (all parties max) and \$25,000 for property damage (another vehicle, light pole, guard rail, etc).
<input checked="" type="checkbox"/>	\$16.95** (or less where mandated by state law)	\$118.65 (or less where mandated by state law)	\$1 MILLION SLI	SUPPLEMENTAL LIABILITY INSURANCE (SLI) - SLI protects the customer and authorized additional driver(s) (as defined in the BTR rental agreement) up to \$1 million for any bodily injury and property damage liability claims made by third parties resulting from an auto accident with the BTR truck. Your own liability insurance will not be called on to contribute unless, and until, the \$1 million is exhausted.
<input type="checkbox"/>	\$0.00	\$0.00	CERTIFICATE ATTACHED	WILL PROVIDE OWN LIABILITY COVERAGE - Please see attached "Certificate of Insurance Guidance Form" and the certificate sample for details.

PHYSICAL DAMAGE RESPONSIBILITY

SELECT	DAILY PRICES	WEEKLY PRICES	PROTECTION TYPE	DESCRIPTION
<input type="checkbox"/>	\$22.00	\$154.00	\$0 RESPONSIBILITY	PHYSICAL DAMAGE WAIVER (PDW) - BTR will waive the commercial customer's responsibility for loss (including theft) and physical damage to the vehicle resulting from all causes, provided commercial customer and/or your authorized additional driver(s) are not in violation of any provision of the rental agreement. Overhead damage and damage from "curbing" the tires are not included.
<input checked="" type="checkbox"/>	\$16.00	\$112.00	FIRST \$500.00 RESPONSIBILITY	LIMITED DAMAGE WAIVER (LDW) - LDW limits your financial responsibility for physical damage (including theft and vandalism) of the BTR rental truck to the first \$500, provided the commercial customer and/or your authorized additional driver(s) are not in violation of any provision of the rental agreement. Overhead damage and damage from "curbing" the tires are not included.
<input type="checkbox"/>	\$0.00	\$0.00	CERTIFICATE ATTACHED	WILL PROVIDE OWN PHYSICAL DAMAGE COVERAGE - Please see attached "Certificate of Insurance Guidance Form" and the certificate sample for details.
<input type="checkbox"/>	\$0.00	\$0.00	NO PROTECTION	NO PHYSICAL DAMAGE WAIVER - Commercial customer and/or authorized driver(s) are responsible for the total amount of loss (including theft) or physical damage to the vehicle, regardless of fault.

EFFECTIVE JULY 1, 2008.

These rates are subject to change without notice. **PERSONAL CARGO & ACCIDENT PROTECTION** and **AUTO TOW PROTECTION** are not available for commercial use. Overhead damage and "curbing" the tires are not protected by any BTR Protection Products and are solely the customer's responsibility. All Optional Insurance and Protection Products are subject to the terms of the BTR Rental Agreement and any terms, conditions and exclusions contained within the Insurance policies. Please see BTR's Rental Agreement and Optional Insurance and Protection Plans brochures for additional details.

*BTR provides any minimum financial responsibility limits that may be required under applicable state laws.

** SLI PRICES FOR: CT, MO & SC are \$16.30 per day and NY is \$14.95 per day. Price is established on dispatching state.

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