

BUSINESS INFORMATION

Name of Applicant First Due LLC *AD*
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable First Due moving & Delivery *AD*

Physical Address 710 240th Way SE Unit F-204 Sammamish WA 98074

Mailing Address 3020 ISSQ - Pine LK RD SE Sammamish WA 98075 PMB #63

Telephone Number (206) 755-6063 Fax Number () N/A

UBI #: 602-985-701 *AD* Email: Paul10@FirstDueMovers.com

USDOT #: 1990914 *AD* (If you currently don't have one, you can go online at www.finesca.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. _____ (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 |
|-------------------------------|-----------------|--------------------------------------------|
| <u>Joseph William Lindsay</u> | <u>Co-owner</u> | <u>33.3</u> |
| <u>Paul Antonio McCall</u> | <u>Co-owner</u> | <u>33.3</u> |
| <u>James Cory Smith</u> | <u>Co-owner</u> | <u>33.3</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:

Moving and delivery services within the state of Washington.
A better ~~for~~ customer service with a background of over 55 years
of fire service employment. We can provide high quality trust and
customer service for our clients

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

Side jobs with movers. Assisted professional movers with jobs
Extensive history with driving 10,000 lbs or more. Extensive history
of driving trucks ranging from 40,000 lbs → 70,000 LBS.
* All owners and employees are professional firefighters.

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 | \$ 1200 ⁰⁰ | Salaries/Wages Payable | \$ 0 |
| Notes Receivable | \$ 0 | Accounts Payable | \$ 0 |
| Investments | \$ | Notes Payable | \$ 0 |
| Other Current Assets | \$ 300 ⁰⁰ | Mortgages Payable | \$ 0 |
| Prepaid Expenses | \$ 2,800 ⁰⁰ | TOTAL LIABILITIES | \$ 5,800 ⁰⁰ |
| Land and Buildings | \$ | NET WORTH | 31,500 ⁰⁰ |
| Trucks and Trailers | \$ 30,000 ⁰⁰ | Preferred Stock | \$ 0 |
| Office Furniture | \$ 1,000 ⁰⁰ | Common Stock | \$ 0 |
| Other Equipment | \$ 2,000 ⁰⁰ | Retained Earnings | \$ 0 |
| Other Assets | \$ | Capital | \$ 0 |
| TOTAL ASSETS | \$ 37,300⁰⁰ | TOTAL LIABILITIES & NET WORTH | \$ 31,500⁰⁰ |

EQUIPMENT LIST

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

| Year | Make | License Number | Vehicle ID Number | Gross Vehicle Weight |
|------|------------|----------------|-------------------|----------------------|
| 2009 | Interstate | 6786-VM | 4RACS2029AN68853 | 7,000 |
| 1992 | Ford F150 | A39617T | 1FTEX14N8PKA31914 | 6000 |
| 2003 | Ford F350 | B26825N | 1FTWW33P23ED36792 | 12,600 |
| | | | | |
| | | | | |

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:

[Handwritten Signature]

CO-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: Paul McCall

Position: COOWNER

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: Paul McCall

Position: COOWNER

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.

Paul McCall

Print name of applicant



Signature of Applicant

3-2-2010 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:
FREDUE L.L.C.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
ISA Bellman, Area Merchandising Executive Coordinator, (The UROV)

Address (include street address, mailing address, city, state, zip, and county):
*14711 NE 24th PL
Suite 100
Bellevue, WA 98007*

Phone Number: *425 508 4078*

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 near future and will need a moving company services.

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 need assistance with a residential move

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:
This company is trust worthy. Some companies do not appear as people you would want handling your possessions

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.
[Signature]
Signature of Person Completing Form *3/2/10 Bellevue*
Date and Location

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Applicant Name: First Dye LLC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Diana Didriksen, Real Estate Agent, Skyline Properties

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

2010 SE 29th St
Sammamish, WA 98075 King Co.

Phone Number:

206-412-7473

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

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

I constantly refer professional movers to my clients.

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 continue to refer moving companies to clients.

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 are very few reputable, trustworthy moving companies in our area. We need one.

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

I have known the owner of this company for almost 10 years. He is extremely trustworthy and will operate a quality business.

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

Diana Didriksen
Signature of Person Completing Form

3-2-10 Sammamish, WA
Date and Location

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Applicant Name: First Dve LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: JEFF DROZDOWSKI, EASTSIDE FIRE TRUCK CO

Address (include street address, mailing address, city, state, zip, and county):
25803 SE 31 PL
SAMMAMISH WA 98075
KLINGCO

Phone Number: 425-372-8848

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 NEAR FUTURE

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:
SEE ABOVE

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: A HIGH QUALITY COMPANY, ~~THE~~ THAT DOES QUALITY WORK WILL BENEFIT THE COMMUNITY.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? ~~YES~~ THEY ARE SOLID MEMBERS OF THE COMMUNITY.

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 3/2/10 ISSAQUAH, WA Date and Location