

TU-101676-AT

RECEIVED

OCT 12 2010



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 7 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 7 and Attachment A	\$ 250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment A	\$ 550
<input type="checkbox"/> 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 - 7 and Attachment B	\$ 550
<input checked="" type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 – Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> 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
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 2 - 7 and Attachment A	\$ 550

TYPE OF PAYMENT

Check Money Order Amex Mastercard Visa

Amount: _____ Expiration Date: _____

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information on file is current and valid.

Name (printed): _____ Company Name: _____

Cardholder's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date Filed: 10-12-10	DOL/SOS: [Signature]	ID: [Signature]	Permit Issued: THG-
Staff Assigned: [Signature]	Insurance: 0026143	Inspection:	Docket #
Reception #: 111-0268-207-02 250 ^{ub}	111-0268-207-01	111-0268-013-20	

C# 1774

MOVHER LLC

BUSINESS INFORMATION

Name of Applicant MOVHER LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

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

Mailing Address Same

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

UBI #: 603 037 300 DP Email: movher@gmail.com

USDOT #: 1972158 DP (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 Yes L & I Account No. 185,472-01 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. 360301-00 (required if you have employees)

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

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:

Name	Title	Stock Distribution or Percentage of Shares
<u>SABRINA JONES</u>	<u>OWNER</u>	<u>100%</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:

Household goods moving, packing + cleaning services

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

I was initially licensed in January 2010 by the Washington

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 HG-63829

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# MC 725761 and USDOT# 1972158

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	\$ 5,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$ 2,000	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$ 1,200	Common Stock	\$
Other Equipment	\$ 2,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 10,200	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
2002	Honda Accord	MOVHER		

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:

SABRINA JONES

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:

SABRINA JONES

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.

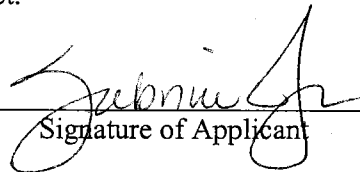
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 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.

SABRINA JONES

Print name of applicant



Signature of Applicant

10.5.10 / Spokane,
WA

Date and Location

ATTACHMENT B

Transfer or Acquisition of Control

Applicant is seeking one of the following – please check one:

Transfer Acquisition of Control

Current Name on Permit (Seller): MOVHER ^{N/A} LLC Sabrina Jones

Current Trade Name on Permit (Seller) MOVHER LLC

Address (Seller) 3427 W Northwest Blvd Unit A Spokane WA

HG Permit Number: HG-63829 Phone Number (Seller) 509-954-4777 99205

Does the transfer of this permit fall under the provisions of WAC-480-15-335? No Yes
If yes, please complete Attachment C.

Have all fines or penalties owed to the commission been paid? No Yes

Has the closing annual report been filed with the commission? No Yes

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer/acquisition? SABRINA JONES

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG-_____ to the following:

Name of Buyer: MOVHER, LLC

Trade Name of Buyer; _____

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

 Seller's Signature _____ Date and Location _____

 Buyer's Signature _____ Date and Location _____

ATTACHMENT C

TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-335

1. The commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
 - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
 - A sole proprietor has died and the interest is being transferred as property of the estate;
 - An individual has incorporated, and the same individual remains the majority shareholder;
 - An individual has added a partner, but the same individual remains the majority partner;
 - A corporation has dissolved and the interest is being transferred to the majority shareholder;
 - A partnership has dissolved and the interest is being transferred to the majority partner;
 - A partnership has incorporated and the partners are the majority shareholders; or
 - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

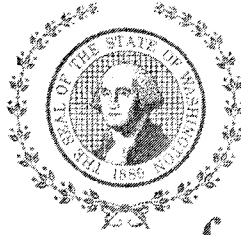
Documentation supporting the checked box, above, must be included with your application. You may submit a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason:
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
 - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period? No Yes
 - b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability: _____

 - c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained: _____

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

MOVHER, LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 7/30/2010

UBI Number: 603-037-300

APPID: 1791478



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

CERTIFICATE OF FORMATION

OF

MOVHER, LLC

THE UNDERSIGNED, for the purpose of forming a limited liability company under the Washington Limited Liability Company Act (Revised Code of Washington, Ch. 25.15), herein referred to as the “Act”, hereby certifies and adopts the following Certificate of Formation.

ARTICLE I NAME

The name of this limited liability company shall be: **MOVHER, LLC**

ARTICLE II PURPOSE

The purpose for which this limited liability company is formed is to offer all nature of moving, packing and cleaning services; to offer any products and/or services related thereto; and/or to transact and engage in any and all other lawful businesses or activities of any nature and to exercise any power for which a limited liability company may be formed under Washington law.

ARTICLE III REGISTERED OFFICE AND AGENT

The registered agent of this limited liability company and the street address of the registered office in the State of Washington shall be as follows:

REGISTERED AGENT

ADDRESS

Sabrina Jones

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

ARTICLE IV PRINCIPAL PLACE OF BUSINESS

The address of the principal place of business of this limited liability company in the State of Washington shall be:

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

**ARTICLE V
PERIOD OF DURATION**

This limited liability company shall have perpetual existence from the date of filing of this Certificate of Formation with the secretary of State, unless dissolved earlier in accordance with the Agreement governing the operation of this company or the Act.

**ARTICLE VI
MANAGEMENT VESTED IN MANAGER**

The management of this limited liability company shall be vested in one or more Managers. Any change in the number of Managers of this Company shall be determined in the manner specified in the Company's Operating Agreement. This Company shall initially have one Manager whose name is: **Sabrina Jones**

**ARTICLE VII
PERSONAL LIABILITY OF MEMBER(S) AND MANAGER(S)**

No Member or Manager of this Company shall be personally liable to this limited liability company or to any other of its Members, if any, for monetary damages for any conduct as a Member or Manager of this Company, except for liability of the Member or Manager for (i) acts or omissions that involve intentional misconduct or a knowing violation of the law by the Member or Manager, (ii) conduct which violates RCW 25.15.235 of the Washington Limited Liability Company Act, pertaining to impermissible distributions to any Member(s), or (iii) any transaction from which the Member or Manager will personally receive a benefit in money, property or services to which the Member or Manager is not legally entitled. If the Washington Limited Liability Company Act is amended to authorize company action further eliminating or limiting the personal liability of Members or of Managers, then the liability of a Member or Manager of this Company shall be eliminated or limited to the fullest extent permitted by the Washington Limited Liability Company Act, as so amended. Any repeal or modification of this Article by the Member(s) of this Company shall not adversely affect any right or protection of a Member or Manager existing at the time of such repeal or modification.

**ARTICLE VIII
INDEMNIFICATION**

The Company shall indemnify any Member or Manager against any liability, damage or expense resulting from actions taken on behalf of or at the request of this Company to the maximum extent and under all circumstances permitted by law from time to time.

**ARTICLE IX
FORMATION**

The name and address of the person executing this Certificate of Formation for the purpose of forming this limited liability company is:

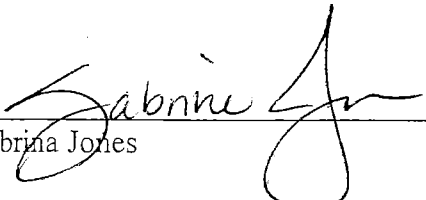
NAME

Sabrina Jones

ADDRESS

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

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation
this 28th day of July, 2010.



Sabrina Jones

The person forming this Limited
Liability Company

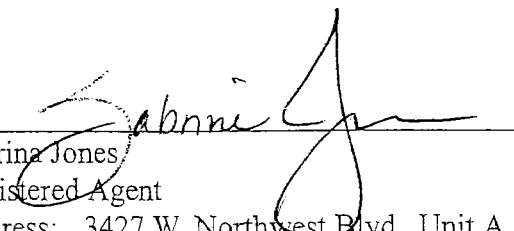
CONSENT TO APPOINTMENT AS REGISTERED AGENT

I, **SABRINA JONES**, hereby consent to serve as Registered Agent in the State of Washington for the following named Limited liability company (herein "Company"):

MOVHER, LLC

I understand that, as agent for the Company, it will be my responsibility to receive service of process in the name of the Company; to forward all mail to the Company; and to immediately notify the office of the Secretary of State in the event of my resignation, or of any change in the registered office address of the Company for which I am agent.

Dated: July 28, 2010



Sabrina Jones
Registered Agent
Address: 3427 W. Northwest Blvd., Unit A
Spokane, WA 99205