

BUSINESS INFORMATION

Name of Applicant ALEX WHITE - A-RAY'S MOVING SERVICE SOLUTIONS
(must be individual, partners of a partnership or corporation) LLC *per UBI*

Trade Name, if applicable _____

Physical Address 2717 90th ST SE EVERETT, WA 98208

Mailing Address SAME

Telephone Number (425) 231-6247 Fax Number () _____

UBI #: 602 691 560 Email: ALEX@A-RAYSMOVINGSOLUTIONS.LC

USDOT #: 6016 THROUGH APPLICATION (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. 137,409-00 (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>ALEX WHITE</u>	<u>OWNER</u>	<u>100% $\text{\textcircled{1}}$</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:

I WISH TO PROVIDE CUSTOMERS WITH MOVING + FURNITURE DELIVERY SERVICES AT A COMPETITIVE COST WHILE PROVIDING UNMATCHED CUSTOMER SERVICE. HAVING MULTIPLE CHOICES + OPTIONS WHEN CHOOSING SERVICE PROVIDERS CAN ONLY BENEFIT THE CUSTOMER

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

FROM 2005 TO 2007 I WORKED FOR ANOTHER LOCAL MOVING COMPANY. IN 2007 I ATTEMPTED TO START MY OWN MOVING COMPANY BUT HAD TO CLOSE THE BUSINESS DUE TO THE POOR ECONOMY.

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:

RECKLESS DRIVING 2002, RECKLESS DRIVING 2004, RECKLESS ENDANGERMENT 2005
ALL CHARGES ARE MOTORCYCLE RELATED (EXCESSIVE SPEED)

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	\$ 34,000 ⁰⁰ =	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	Ø
Trucks and Trailers	\$ 10,000 ⁰⁰ =	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 400 ⁰⁰ =	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 44,400⁰⁰ =	TOTAL LIABILITIES & NET WORTH	\$ Ø

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1997	FREIGHTLINER	B62941B	JFN36FAC1W4920254	16000 LBS

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:

ALEX WHITE

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: ALEX WHITE	Position: OWNER
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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: ALEX WHITE	Position: OWNER
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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.

ALEX WHITE
Print name of applicant


Signature of Applicant

2/25/11 EVERETT
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:

Debbie TURK ALEX WHITE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Debbie Turk

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

20903 72nd Ave W
Edmonds WA 98026

Phone Number:

425-418-8817

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: The need for Alex's services of moving our things is greatly needed for our area. The older our society gets, we down size our moves & dependable folks to help are so needed.

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

Very dependable & honest & Truly believe this to carry forward with the way he would conduct his business.

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

Debra Turk

Signature of Person Completing Form

2/24/011

Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

ALEX WHITE - ARAJ'S

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Kathleen Ann Carton

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

2705 90TH Street SE
Everett WA 98208

Phone Number:

425-220-5610

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

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

~~He has been helping me with my family moves. I have~~
Older people who I have been helping. & I hired him.

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 be moving my mother in law in my home
this September.

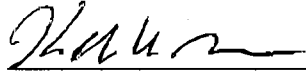
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

A. Ray's moving company has help me move 4 times. He has made it possible for all of us to stay on task, and be out and in our new/old places on time

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

Very responsible.

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

Feb. 24, 2011, 2705 90TH ST SE
Date and Location Everett WA 98208

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: Alex White

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Meggie Lavelle

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

203 E Washington St, Apt 1
Mount Vernon, WA 98274

Phone Number: 206-383-3194

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 relocating cities in the next few months.

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:

Until I buy my permanent home, I anticipate using
A-Ray's moving solutions to 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:

I know many people, including myself, in the community
that are in need of a reliable, trust-worthy moving company and
I know Alex is that person.

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

Alex is a dedicated, hard-working, respectable man
who ensures the absolute best service to customers.

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

Meggie Lavelle
Signature of Person Completing Form

2/25/2011, Mt. Vernon, WA
Date and Location

Office DEPOT FAX TRANSMISSION

Taking Care of Business

TO: UTC

FROM: ALEX WHITE (A-RAY'S)

FAX NUMBER: (360) 586-1150

SENDER'S PHONE #: (425) 231-6247

DATE: 2-25-11

OF PAGES: 9

CUSTOMER'S NOTES:

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CUSTOMER SIGNATURE (REQUIRED): 

STORE INFORMATION

<p>Office Depot Store # 982</p> <p>Copy & Print Center 10115 Evergreen Way Everett, WA 98204</p> <p>Phone: 425.513.0515 FAX: 425.513.0408</p>	<p>2011 FEB 25 PM 2:14</p>
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