

BUSINESS INFORMATION

Per UBI#

Name of Applicant Jason Green All Seasons Moving Hauling & More
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable All Seasons Moving

Physical Address 7624 N. Freya

Mailing Address PO Box 6876 Spokane, WA 99217

Telephone Number (509) 489-6911 Fax Number (509) 483-5275

UBI #: 602 997 158 000 Email: Season Moves @ aol.com

USDOT #: 2016379 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. 152,985-01

Have you registered with the Employment Security Department? No Yes
ESD No. 055354005

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

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation (P, LLP, LLC) Other S corp
Per UBI#

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>Jason Green</u>	<u>owner / pas.</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:

We plan to provide an exceptional moving experience that offers quality service and the utmost respect for our customers and their belongings.

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

Over the years, I have had many great experiences in packing and moving people, friends and family. I like to do a job the way I would expect to have it done for myself, and I like the physical challenge.

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# 2016379

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	\$ 1,000 - 2,500
Notes Receivable	\$	Accounts Payable	\$ 1,500
Investments	\$ 4,000	Notes Payable	\$
Other Current Assets	\$ 40,000	Mortgages Payable	\$ 1,301
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$ 20,000	NET WORTH	
Trucks and Trailers	\$ 30,000 +	Preferred Stock	\$
Office Furniture	\$ 1,000	Common Stock	\$
Other Equipment	\$ 15,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 115,000	TOTAL LIABILITIES & NET WORTH	\$

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
93	GMC	B24884N	1G0J7H1J3P550B064	14K

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: *Jason Green*

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>Jayon Green</u>	Position: <u>Owner</u>
--------------------------	------------------------

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, Internal Revenue Service (taxes); and Employment Security.

Name: <u>Jayon Green</u>	Position: <u>Owner</u>
--------------------------	------------------------

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.

<u>Jayon Green</u> Print name of applicant	<u>Jayon Green</u> Signature of Applicant	<u>6-6-11</u> <u>HM</u> 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: Jason Green (All Seasons Moving)

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Cameron C. Bachman

Address (include street address, mailing address, city, state, zip, and county):
1303 W. Bellwood Dr. Spokane, WA. 99218

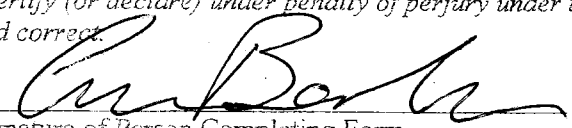
Phone Number: 509-703-2835

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Yes I do. I need to have my very large freezer and riding lawn mower moved from my house in Oregon to my house in Spokane, along with various odds and ends from inside the home.

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:
Yes Indeed. I will have more furniture that will need moved at a later date from my house in Oregon to my house 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:
This would benefit me by keeping all moving parties honest and competitive with pricing and quality. With small businesses comes the owner pride and customer relationships that are near existent with large corporations. It would be silly to think when you look in the phone book to find a moving company there would only be a select few you would be stuck with.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Unlike most companies I have dealt with though my years there is only a few that stand out as being truly customer orientated, and customer first mentality. A company that understands the stress of moving and dealing with this on a very personnel level. All Seasons Moving is one of these companies.

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
7/18/11 Spokane, WA.
Date and Location
JUL 18 2011

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: Jason Green (All Seasons Moving)

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

William Eckhart

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

20607 N. Market Rd
Colbert, WA 99005 / USA

Phone Number:

509-863-2077

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:

Moving items

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:

It will benefit me by allowing me to call All Seasons and have them help me move.

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

All Seasons, and Jason Green, are both credible, honest, and hold themselves out with the highest standards of ethics.

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

7-11-11 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: Jason Green (All Seasons Moving)

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: James Rowe

Address (include street address, mailing address, city, state, zip, and county): 24415 N. Spotted Rd Deer Park WA 99006

Phone Number: 509 - 951 - 8926

Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: I will be moving into a new home in the next month and plan on using all seasons moving for the move.

Do you anticipate a future need for the services of a residential household goods moving company? [X] 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: I'm currently too busy to move my self. allowing all season to move my house hold goods will free up time to concentrate on work.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Jason Green is a Trustworthy Business person who will be an asset to the moving industry in general giving the community someone to count on.

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 [Handwritten Signature]

Date and Location: 06-25-2011