

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Page 2 of 9

	Type of Household Goods Authority Requested - Check one	Fee Required
	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 7 and Attachment E	\$ 50
	Temporary authority (to meet a short-term need) - Complete pages 2 - 7 and Attachment A	\$ 250
Þ	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment A	\$ 550
۵	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
ā	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 - Complete pages 2 - 7 and Attachments B & C	\$ 250
	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
	Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
	Extension of authority – Complete pages 2 - 7 and Attachment A	\$ 550

		TY	PE OF PAYME	NT	. ,	
☐ Check	☐ Money Order	☐ Amex	Mastercard	□ Visa	213	3291
Amount:\$550		_		Exp	piration Date:	
that I am authorize	V: I, the undersigned, u	his document or	n behalf of the applic	ant and that all i	nformation on file	is true and correct, is current and valid
Name (printed):	Jacqueline.	Thorlast	Kson Company N	Name: _The Sudo	dath Companies	
Cardholder's Sign	atu re:	· · · · · · · · · · · · · · · · · · ·			-/7/11	· · · · · · · · · · · · · · · · · · ·
_ 1 - 1 -		A FOR O	FFICIAL USE	ONLY		
Dato Filed	De sos:		10749	Permit Issue	ed: THG-	
Staff Assigned	Insurance:) Ins	pection:	Docket #		
Reception #: 111-0268-207-02	550	111-0268-207-0)1	111-0268-013	-20	
M43/8-CV		44	01	111-0268-013	1-20	

036134

Reception #

BUSINESS INFORMATION Name of Applicant City/Suddath Relocation Systems, LLC (must be individual, partners of a partnership or corporation) Trade Name, if applicable City/Suddath Relocation Systems Physical Address 7819 South 206th Street, Kent, Washington 98032 Mailing Address 815 South Main Street, Jacksonville, FL 32207 Telephone Number (253) <u>518-8800</u> Fax Number (253) <u>518-1975</u> UBI #: 603-157-439 () Email: USDOT #: 2250051 (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 XYes L & I Account No._ 146,128-01 Have you registered with the Employment Security Department? ☐ No Yes ESD No. __444944-006 Have you registered your business with the Department of Revenue? ☐ No Yes TYPE OF BUSINESS STRUCTURE X Corporation ☐ Individual ☐ Partnership □ 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 Suddath Van Lines, Inc. Parent Company 100%

Choose one of the following for the territory in which you wish to operate: X 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:
City/Suddath Relocation Systems, LLC ("Suddath") will provide household goods moving, office, moving, warehousing, portable storage containers, logistics and corporate relocation services. Suddath has a national presence and is able to offer both unique and diversified services to its customers.
Briefly describe your experience in the transportation/household goods moving industry:
Suddath is a wholly-owned subsidiary of Suddath Van Lines, Inc., which has been in the moving and storage business since 1919.
Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property? \underline{X} No \Box 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? \underline{X} No \square Yes If yes, please explain
Do you currently operate interstate? \underline{X} No \Box Yes If yes, please indicate your MC# MC 768408 has been issued for household goods and property broker and carrier authority with the FMCSA and is pending final approval and USDOT# 2250051
Do you operate interstate as an agent of another company? \Box No \underline{X} Yes If yes, what is the name of the company? United Van Lines, LLC
Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state? \underline{X} No \Box Yes If yes, please explain:
Have you ever been convicted of a crime? $\underline{\mathbf{X}}$ No \square Yes If yes, please explain:
Have you been cited for violation of state laws or Commission rules? \underline{X} No \square Yes If yes, please explain:
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FINANCIAL STATEMENT

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Ass	ets	Liabilities	
Cash in Bank	\$10,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABLITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$270,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$195,756	Retained Earnings	\$
Other Assets	\$195,000	Capital	\$670,756
TOTAL ASSETS	\$670,756	TOTAL LIABILITIES & NET WORTH	\$670,756

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
)	SEE A	TTACH	ED SHE	ETS?

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: Jeff Osburn

Position: Manager, Safety and Fleet Services

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: Donna Hyatt

Position: General Manager

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 (oversize or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.

Name: Donna Hyatt

Position: General Manager

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.

Print name of applicant Signature of Applicant Date and Location

State Tag is Registred		WA.	WA.	WA.		WA.	WA.	WA.	WA.	WA.	WA.		WA.	WA.	WA.	WA.	WA.	WA.	WA.	WA.	WA.	WA.	WA.		WA.		WA.		WA.		WA.	WA.		WA.	WA.	WA.	WA.	MO.	WA.	WA.	WA.	WA		MO.	MO.	MO.
Gross Vehicle Weight S		18,800	18,860	13,120		28,000	24,000	20,980	32,000	32,000	32,000		4,000	12,000	12,000	12,000	12,000	12,000	12,000	4,000	4,000	3,964	12,000		3,351		26,000		32,000	32,000	32,000	32,000		60,000	54,000	54,000	54,000	80,000	000'09	000'09	60,000	60.000		19,000	23,000	22,980
SERIAL NUMBER		408741342	1130783612	S724775		1HTSCNML2NH393125	1HTSCAAMXSH649481	1KKVE482xRL097603	1HTSD7N0MH312901	1HTSDTVN5LH202375	1HTSDNUN8MH393126		1GCDM19W6XB103862	IFDKE37G2PHA56284	1FDKE37G3PHA56696	1FDKE37G2SHA62689	1FDWE37L0WHA96375	1FDWE37L5WH96467	1FDKE37M6JHB24325	2GAGG39K4M4119753	2FTGG39K1L4501177	1GCDM19X94B125116	1FDWE37L4WHA96380		1GCCS148848134985		1HTMMAAM48H561072		1HTSDZ7N2MH312902	1HTSDTVNOLH699741	1HTLDTVN8JH541925	1HTLDTVN7JH541916	-	1HSHAZ3N4LH229581	1HSHBAAN9TH252727	1HSHCATR6TH2180-32	1HSHBAHN5VH433963	2HSFHAER7SC037551	1HSHBGCN5LH271646	1HSHBGCN71H271647	1HSHBGCN7MH312067	1HSHCAZR9MH393318		1KKVE5324WL112119	1KKVE5323XL114509	1KKVE5321XL114511
License Plate Number		8879KX	8882KX	0040UI		B75538K	80016PR	C09800	46176PR	16989PR	Z6786PR		CITY	A57003Z	A57004Z	B58034F	В08207Н	B75247K	B45646N	794SHE	B26659	B59793B	B38001K	-	B12246G	!	B28936D	1	46176PR	15805PR	10297PR	10296PR		79098PR	77004PR	77005PR	04380RP	79AP5J	17925RP	04379RP	19557RP	i		10A201	10A205	10A211
MAKE/MODEL	CURTAIN VANS	Matlock FVCCD	Matlock FVCCD	Brown FVCCD	LIFT GATES	International 4700	International 4700	Kentucky FVCC-D	International 4900	International 4900	International 4900	Pack Vans	Chevy Astro Van	Ford E-350	Ford E-350	Ford E-350	Ford E-350	Ford E-350	Ford E-350	Chevy Sport Van	GMC Van	Chevy Astro Van	Ford E-350	Pick Up Truck	Chevy Colorado	Roll Back Truck	International 4300	Straight Trucks	International 4900	International 4900	International 1954	International 1954	Tractor	International 7100	International 8100	International 8100	International 8100	International 9400	International 8100	International 8100	International 8100	International 8100	Trailers	Kentucky FVCCD	Kentucky FVCCD	Kentucky FVCCD
UNIT NO. YEAR			1	CV2 1972		157 1992	159 1995	303 1994	803 1991	833 1990	843 1991		PV1 1999	PV10 1993	PV11 1993	PV12 1995	PV13 1998	PV14 1998	PV16 1988	PV2 1991	PV3 1990	PV4 2004	PV9 1998		QC2 2004		8S2 2006 Int			814 1990	845 1988	855 1988		126 1990			323 1997	32L 1995	388 1990	389 1990	427 1991	442 1991	-	10W 1998	10X 1999	10Z 1999

MO.	WA.	WA.	OW	WO.	WA.	WO.	OR.	WO.	WO.	WO W	WO.	OW	OW	O.W.	WO.	WO.	MO.
23,000	19,420	18,760	12,500	19,975	21,100	18,000	18,000	23,000	22,960	23,000	18,020	16,620	19,200	19,800	19,800	14,400	13,740
1KKVE5323XL114512	1DTV51X2XDA160642	1KKVE482XPL093385	1KKVE482KJL081955	1KKVA5327SL100567	1KKVE4824HL078916	1H2V04821NB009103	1S12E948XTD386528	1KKVE5021TL105032	1KKVE5324VL108683	1KKVE532XXL114510	1KKVA4825PL094987	1KKVA4827PL094988	1DTV41521SA229804	1KKVA532XSL102927	1KKVA5321SL102928	1UYVS2532SC699701	1UYVS2533RC417401
10A400	6096UJ	6097UJ	10A761	10A866	9872LL	10A894	H056384	10A976	10A986	11A006	11A213	11A215	11A221	11A789	11A790	11A811	11A813
Kentucky FVCCD	Dorsey FVCCD	Kentucky FVCCD	Kentucky FVCCD	Kentucky AVCC	Kentucky FVCCD	Fruehauf AVCC	Strick AVCC	Kentucky FVCCD	Kentucky FVCCD	Kentucky FVCCD	Kentucky AVCC	Kentucky AVCC	Dorsey AVCC	Kentucky AVCC	Kentucky AVCC	Utility AVCC	Utility AVCC
1999	1983	1993	1988	1995	1987	1992	1996	1996	1997	1999	1993	1993	1995	1995	1995	1995	1994
20A	304	305	30A	30H	301	30K	30L	308	30T	300	3SC	380	38G	53P	53V	5SW	5SY

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.

1 1 27
Applicant Name: City Suddath Relocation Systems LIC
The following must be completed by the Supporter of the applicant
Name. Title. and Business Name: Sylvia Pautler, Director of Business & Operations, Lakeside School
Address (include street address, mailing address, city, state, zip, and county):
14050 1st Ave NE, Seattle, WA 98125 (King)
Phone Number:
Do you currently need the services of a residential household goods moving company?
☑No ☐ Yes If yes, please describe your current moving needs:
2 1 05 H 3 05, prease desertee your entrent 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:
We have previously contracted with City to move school personnel and
we expect to use City/Suddath next time we relocate staff
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:
Our experiences have been good and we trust this company to take care
of new employees we hire and staff we relocate.
Is there anything else the Commission should consider when making a determination about this company's
application for a household goods bermity
We have worked with this company for several years and would like to
be able to continue working with them.
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
and in the second of the secon
Signature of Person Completing Form Date and Location
Date and Location

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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: City Suddath Relocation Systems LIC
The following must be completed by the Supporter of the applicant
Name, I rile, and Business Name: Sarah Henry, Owner of Gaspar's Construction
Address (include street address, mailing address, city, state, zip, and county): Fairhau residence- 932 1844 Ave E. Scattle WA 98112
Repport residence-521 21st Ave E. Seattle, WA 98112
Phone Number: (256) 324 - 8199
Do you currently need the services of a residential household goods moving company?
we are a residential remodeling company and often our clients need to move out temporarily for the remodel and then move back in. They need nowing and stamps and stamps are serviced.
1 . A - m - most - being to form to those the Services by a special postagonal description and a services of the services of t
No Eyes If yes, please describe your future moving needs:
Dec dove
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:
City moving provides professional, quality service that matches the level of service my clients require.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I certify for declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true
Helle Herry 11/29/11 - Seattle, WA Signature of Person Completing Horse Date and Location

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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: aty Suddath Relocation Systems 110
JI Julian Sprens
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name:
Wade McIntyre, Director of Pacilities & Procurement, Moss Adams LLP
Address (include street address, mailing address, city, state, zip, and county):
999 - 3rd Avenue, Suite 3300, Seattle, WA 98104
Phone Number: 206-302-6852
Do you currently need the services of a residential household goods moving company?
No DYes If yes, please describe your current moving needs: The firm has 21 offices around the western United States, 6 of which are within the State of Washington. We frequently transfer employees and their
United States, 6 of which are within the State of Washington. We frequently transfer employees and their families from one office to another. We also move newly hired employees to one of our locations.
, and of our localities.
Do you entising a few 15 d
Do you anticipate a future need for the services of a residential household goods moving company? One Yes If yes, please describe your future moving needs: The services as above.
No Yes If yes, please describe your future moving needs: The same as above - transferring employees.
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.
and pearly flowless in the point provide excellent service and nearly flowless
moves. Our employees have nothing but compliments for the way their moves are handled. Since Suddath Relocation Service is purchasing City and keeping the same staff, we will definitely continue using them.
Is there anything else the Commission should consider when making a determination about this company's
application for a nousehold goods permit? As a customer we have nothing but the bighest married 5.
highly credible United Agent we support their decision tile opportunity to sell the company to another
staff, we will continue to support them with our business, both intra and interstate. Therefore, we respectfully encourage the Commission to grant the buyers permit.
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true
and correct.
11/2 11/2
Similar Seette WH
Signature of Person Completing Form Date and Location

Revised 04-11

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Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATION OF INSURANCE

DEC 12 2011

WASH. UT.	Filed with Washington Utilities & Transportation Commission (herein after called Agency) (Name of Agency))
	This is to certify that the Vanliner Insurance Company (Name of Company) (herein after called Company) of One Premier Drive ,St. Louis ,MO ,63026 (Home Address of Company)	-
	(DBA) CITY/SUDDATH RELOCATION SYSTEMS CITY/SUDDATH RELOCATION has issued to SYSTEMS LLC (Name of Motor Carrier) Of 7819 SOUTH 206TH STREET ,KENT ,WA ,98032 (Address of Motor Carrier)	-
	A policy or policies of insurance effective from policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdictive regulations promulgated in accordance therewith.	
	Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereor This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' not commence to run from the date notice is actually received in the office of the Agency.	
	One Premier Drive Countersigned at St Louis MO 63026 This 07th day of Dec 20 11 (Address) (Day) (Month) (Year)	-
	Insurance Company File No. TRT3044603 (Policy No) Christina Cash Quishing (Authorized Company Representative)	aso
Underly	One Premier Drive Countersigned at St Louis MO 63026 This 07th day of Dec 20 11 (Address) (Day) (Month) (Year) Insurance Company File No. TRT3044603	ice to

RECEIVED

Form H Uniform Motor Carrier Cargo Certificate of Insurance

DEC 12 7011 Filed with Washington Utilities & Trans	portation Commission	on				
WASH. UT. & TP. COMM	(Name of Commission)			 -	, (hereinafter called	Commission)
This is to certify that the Vanliner I	nsurance Company					
		ame of Company)				
(herein after called Company) of One Premie	er Drive ,St. Louis ,	MO ,63026				
	(nome Addri	ess of Company)				
has issued to <u>CITY/SUDDATH_RELOCAT</u>	ION SYSTEMS LLC (Name of Motor Carrier)	(DBA)CITY	/SUDDATI	HRELOCA	ATION SYSTE	MS
of 7819 SOUTH 206TH STREET ,KEN	T.WA 98032					
(A	ddress of Motor Carrier)					
A policy or policies of insurance effective from said policy or policies and continuing until cancelled as or have been amended to provide cargo insurance cov State in which the Commission has jurisdiction or regul Whenever requested, the Company agrees This certificate and the endorsement describ cancellation may be effective by the Company or the in commence to run from the date notice is actually received.	ering the obligations impose ations promulgated in accord to furnish the Commission a bed herein, may not be cance	d upon such motor dance therewith dance toriginal d duplicate original delled without cance	Initorm Motor Concerning the post of said policy of	Carrier Cargo provisions of t r policies and	Insurance Endorsemente he motor carrier law all endorsements the	nent has of the ereon.
Countersigned at One Premier Drive (STREET ADDRESS)	St Louis (CITY)	MO (STATE)	63026 (ZIP CODE)	this	07th	day of
Dec 20 11	, ,	(OTATE)	(ZIP CODE)			
Insurance Company File No. CGT3044601 (Policy Nu	mber)	<u>Chri</u>	stina Cash	Chu	sting //	. Cass





December 8, 2011

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION Licensing Services PO Box 47250 Olympia, WA 98504-7250

Re:

City/Suddath Relocation Systems, LLC

Application for Authority

Dear Sir or Madame:

City/Suddath Relocation Systems, LLC ("City/Suddath") is a newly formed Washington limited liability company. City/Suddath is purchasing the assets of a Washington moving and storage company and will commence operations in Washington as a household goods and property mover and broker upon approval from the Commission of its applications for authority.

City/Suddath has submitted OP-1 form to the FMCSA for authority to operate as a household goods and property broker and motor carrier. It has been issued MC-768408 and final approval and certificates of authority are pending. Attached is a copy of the BMC-84/Surety and insurance filings filing that were made on City/Suddath's behalf and accepted by the FMCSA on December 2, 2011.

In addition, City/Suddath has submitted an application to the Commission to operate as a common carrier broker. The required bond in the amount of \$10,000 was attached to the application as well.

If you need any additional information to process City/Suddath's application for household goods and property motor carrier authority, please contact me directly at 904-390-7139.

Very truly yours

Jacqueline L. Thorlakson, Esq

In-House Attorney

Enclosure