

BUSINESS INFORMATION

Name of Applicant S. PAVEL FILON
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable TWO MEN AND A MOVING VAN

Physical Address 33016 22ND PL S FEDERAL WAY WA 98003

Mailing Address SAME AS PHYSICAL ADDRESS

Telephone Number (253) 335-2537 Fax Number () _____

UBI #: 603085972 Email: f_pash@mail.ru

USDOT #: 2153459 (If you currently don't have one, you can go online at www.fmcsa.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. _____

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

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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Pavel Filon</u>	<u>Business Owner</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: King, Snohomish, and Pierce Counties

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 am going to provide professional moving and delivery services of furniture and household goods by doing my best in order to meet customer moving needs. Because the size of my truck (14 foot and under 10,000GRW), I will specialize on small size moves (studio, one bedroom, or small two bedroom apartments) and furniture deliveries from stores or craigslist. The size of my truck will allow me to enter to limited height/width customer residences, public storages, loading areas of downtown apartments, or easier to find a space to park a truck in densely populated areas. I want to make my service safe, fast, and affordable for everyone. I believe that it will not only promote competition, but, mainly, it will enhance customers' choice and can help them to save time and money.

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

Before I came to the US (2 years ago), I owned small moving company in Belarus, the country where I am from originally, for almost three years. I have been driving moving truck 17ft. as well as loaded and unloaded household goods and furniture. Therefore, I can describe my experience as professional, who is ready to work for his own taking all risks and responsibilities.

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	\$	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	\$ 6500	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 1000	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 7500	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
2004	GMC	B42704E	1GDHG31U941906094	Under 10.000

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.

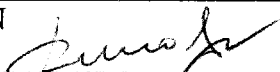
INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

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: PAVEL FILON



Position:
BUSINESS 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:

Pavel Filon

Position:

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

Name:

PAVEL FILON

Pavel Filon

Position BUSINESS 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.

PAVEL FILON

Print name of applicant

Pavel Filon
Signature of Applicant

FEDERAL WAY

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.

Pavel S. Filon

Applicant Name: Maxim Shliashko

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: ✓

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

33006 42nd Ave S
Federal Way, WA 98001

Phone Number:

206-306-5117

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 into a new house soon

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:

More competition means better prices for customers. I would like to see a new local company grow.

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.

Max Shliashko
Signature of Person Completing Form

12/07/2011, Federal Way, 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: Uladzimir Filon Pavel S. Filon

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: ✓

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

33513 39th Ave S Federal Way WA 98001

Phone Number:

206 - 778 - 1601

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:

I bought a house recently, and now want to buy some furniture, so probably will use this service

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 support new business because usually they work harder and price cheaper

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.

Bunov ✓
Signature of Person Completing Form

06.12.2011 (Federal Way)
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: MIKHAIL MURASHKIN *Pavel S. Filon*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: TWO MEN AND A MOVING VAN — *company I support in this application*

Address (include street address, mailing address, city, state, zip, and county):
29225 MILITARY RD S APT L6
FEDERAL WAY, WA 98003
USA

Phone Number: (253)2698120

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:
There's a lot of people who rent the place to live, and such services are very helpful when someone wants to move from one place to another.

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 will benefit from this company as a consumer, since I want to move to another place in a next couple months. Whereas our community will have a good and reliable provider of moving services, and another tax payer, which is also important during these hard economic times.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
No.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
[Signature] 12/7/2011 Federal Way, WA
Signature of Person Completing Form 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: Leahid Ratsko Pawel S. Filon

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: ✓ QL Logistics LLC

Address (include street address, mailing address, city, state, zip, and county):
33018 22nd Pl S
Federal Way WA 98003

Phone Number: 206-307-2451

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I am going to buy a desk.

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:
Pawel Filon, owner of "two men and a moving van", is my neighbor and if we need service I will use him.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
No

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
R Kf - 12/10/11 (Federal Way)
Signature of Person Completing Form Date and Location

Gross Vehicle Weight Rating (GVRW) of my truck—the maximum a vehicle can safely weigh when loaded, including the vehicle itself, occupants, cargo and optional equipment— is shown on the picture of the label below which provides information about gross weight of my vehicle, which states that maximum GVRW of my truck is 4536kg or 10.000lb.



DATE OF MFR: MO 03 YEAR 04

INC. VEH. MFD. BY: GIC
DATE OF INC. VEH. MFR:

MO 03 YR 04

GVWR: 4536 KG (10000 LB.)

GAWR-FRONT: 1200 KG (2645 LB.)

GAWR INTERMEDIATE (1):
_____ KG (_____ LB.)

GAWR INTERMEDIATE (2):
_____ KG (_____ LB.)

GAWR-REAR: 3002 KG (6620 LB.)

THIS VEHICLE COMFORMS TO ALL APPLI-
CABLE U.S.A. FEDERAL MOTOR VEHICLE
SAFETY STANDARDS IN EFFECT IN
MO 03 YR 04

VEHICLE IDENTIFICATION NUMBER:
1200001004100000
VEHICLE TYPE:

SUITABLE TIRE-RIM CHOICE
FRONT: 12.00R17.5 TIRES
15.00 RIMS 250 KPA

(_____ PSI) COLD _____
INTERMEDIATE (1):

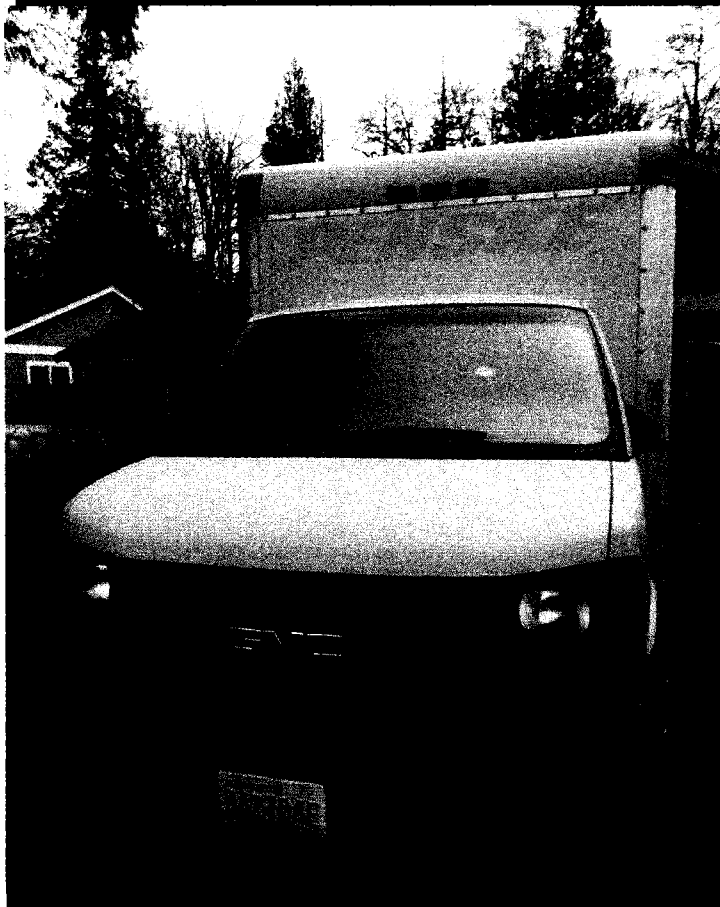
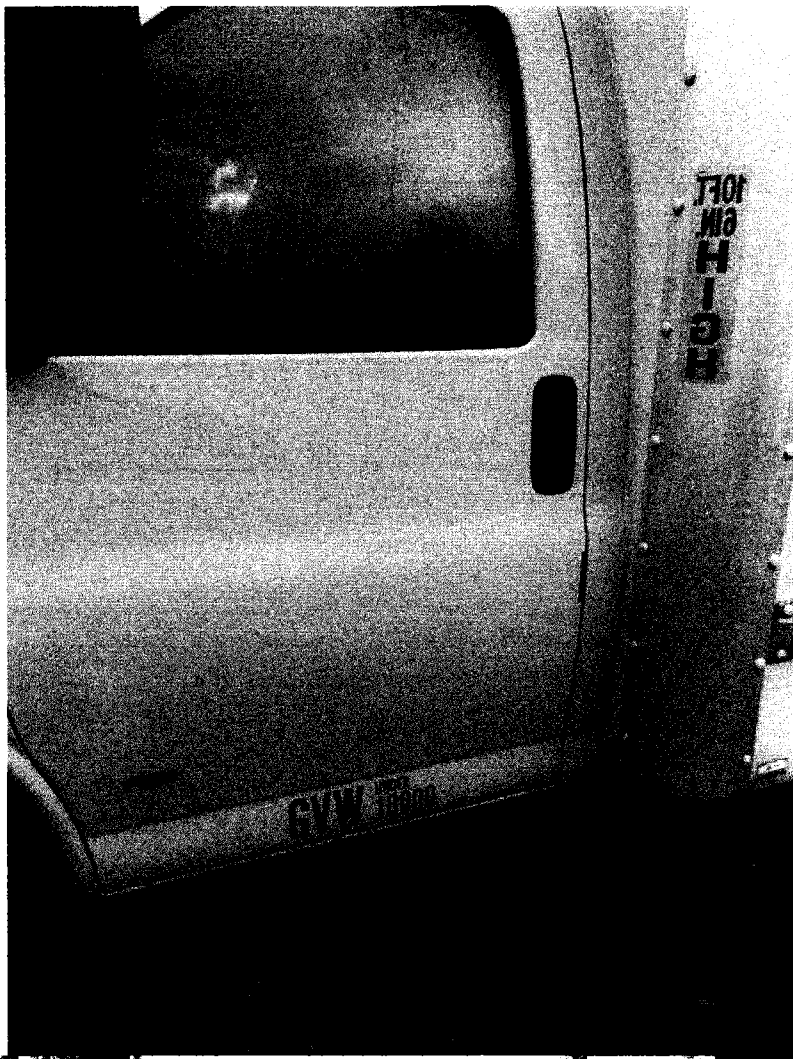
FRONT: _____ TIRES
_____ RIMS _____ KPA

(_____ PSI) COLD _____
INTERMEDIATE (2):

FRONT: _____ TIRES
_____ RIMS _____ KPA

(_____ PSI) COLD _____
REAR: 12.00R17.5 TIRES
15.00 RIMS 250 KPA
(_____ PSI) COLD _____

GVWR 4536 KG (10.000LB.)



Application for Insurance
Please review, sign where
indicated, and return

Policy number: 08347170-0
Named Insured: TWO MEN & A MOVING VAN LL

December 7, 2011
Page 1 of 5

Policy and premium information for policy number 08347170-0

Insurance company: United Financial Casualty Company
P.O. BOX 94739
Cleveland, OH 44101

Agent: EVA BOWLES
TRUCKING INSURANCE
866-419-3812
CUMMING, GA 30028
09727
1-866-419-3812

Named Insured: TWO MEN & A MOVING VAN LL
33016 22ND PLACE
FEDERAL WAY, WA 98003
e-mail address: F_PASH@MAIL.RU
Phone Number: 1-253-335-2537

Financial responsibility vendor: EXPERIAN
1-888-397-3742

Policy period: Dec 7, 2011 - Dec 7, 2012

Effective date and time: Dec 7, 2011 at 01:30PM ET

Total policy premium: \$2,987.00

Initial payment required: \$625.40

Initial payment received: \$625.40

Payment plan: 10 payments

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Date of birth	Age	Marital status	Driver's license number	State	Points	Additional information	CDL	Original year CDL issued
PAVEL FILOM	07/11/1986	25	Married	*****44MJ	WA	0		No	

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$2,348
Bodily Injury and Property Damage Liability	\$300,000 combined single limit		
Underinsured Motorist Bodily Injury	\$25,000 each person/\$50,000 each accident		58
Underinsured Motorist Property Damage	\$10,000 each accident	\$100	15
		\$300 hit & run	

Subtotal policy premium

\$2,421

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$10,000	\$1000	\$531
Subtotal policy premium			\$531
PUC Filing Fee			35
Total 12 month policy premium and fees			\$2,987

Rated commodities

1. Furniture (New)
2. Paper & Paper Products
3. Plastic Products
4. Bottles (Plastic)

Auto coverage schedule

1. **2004 GMC SAVANA G3500** Stated Amount:
 VIN: **1GDHG31U941906094** Garaging Zip Code: 98003 Territory: 12 Radius: 100 miles
 Personal use: Y Body type: Van Use class: C

Liability Premium	Liability	UIM BI	UIM PD	Auto Total
	\$2348	\$58	\$15	\$2,421

Vehicle questions

1. Is this vehicle used for business, personal or both? Business/Personal

Financial responsibility information

Name	Home address	Age	Date of birth
PAVEL FILOM	33016 22ND PLACE FEDERAL WAY, WA 98003-0000	25	07/11/1986

Is PAVEL FILOM involved in the daily operation of the business? Yes

Business information

Business type	Sub business type	Other
Trucking For-Hire	Household Movers	
Applicant Corporation or LLC	Employer ID number	
	603085972	

1. Does the insured own the property / goods being hauled? No

Additional policy questions

1. Year the current business was established: 2006
 Failure to provide proof of the year the current business was established may result in change in premium.
2. Does the insured currently have General Liability Insurance or a Business Owners Policy? Neither
3. Premise type your tow business operates from: Unknown

Premium discount

Policy	Business Experience
08347170-0	

Your ID Cards

PROGRESSIVE

CLAIMS SERVICE JUST FOR YOU

Rest easy. We're here 24/7 when you need us.
To report a claim call 1-800-274-4499.

IF YOU'RE IN AN ACCIDENT

1. Remain at the scene. Don't admit fault.
2. Call the police to report the accident.
3. Exchange information with the other driver(s).
4. Report your claim to Progressive immediately.

TO REPORT A CLAIM

1-800-274-4499

Ask about our concierge-level claims service and network of repair shops, both backed by Progressive's Limited Lifetime Guarantee.

INSURANCE IDENTIFICATION CARD - Washington

PROGRESSIVE

Policy Number: 08347170-0 Effective Date: 12/07/2011 to 12/07/2012

Insurer: United Financial Casualty Company
866-419-3812 CUMMING, GA 30028

Your Agent:
TRUCKING INSURANCE
1-866-419-3812

Named Insured:
TWO MEN & A MOVING VAN LL

Vehicle:	Year	Make	Model	VIN
	2004	GMC	SAVANA G3500	1GDHG31U941906094

KEEP THIS CARD IN YOUR MOTOR VEHICLE WHILE IN OPERATION.

Thank you for choosing Progressive.

Prior insurance questions

.....
Prior insurance: Yes
.....
Policy number:
.....
Effective dates of coverage: Dec 28, 2010 to Dec 28, 2011
.....
Has applicant had continuous coverage for at least one year? Yes
.....
Bodily injury limits: 1 Million CSL
.....

Underwriting questions

Does the applicant require any Waivers of Subrogation? No If yes, how many? 0
How many Additional Insureds are required? 0
Do we insure all commercial vehicles the insured owns? Yes
Do we insure all vehicles that the insured uses in their business? Yes
Does applicant require a State Filing? Yes How many? 1

EVA BOWLES
TRUCKING INSURANCE
866-419-3812
CUMMING, GA 30028

PROGRESSIVE

TWO MEN & A MOVING VAN LL
33016 22ND PLACE
FEDERAL WAY, WA 98003

Policy number: 08347170-0

Underwritten by:
United Financial Casualty Company
December 7, 2011
Policy Period: Dec 7, 2011 - Dec 7, 2012
Online Service
progressiveagent.com
Customer Service
1-800-444-4487

Payment Receipt for commercial auto insurance initial payment

Payment information

Receipt for your initial payment

Amount: \$625.40
Payment Method: Credit Card
Card Type: Credit
Account number: ***** 3400
Merchant ID: United Financial Casualty Company

Form Payrec (08/09)

EVA BOWLES
TRUCKING INSURANCE
866-419-3812
CUMMING, GA 30028

PROGRESSIVE

TWO MEN & A MOVING VAN LL
33016 22ND PLACE
FEDERAL WAY, WA 98003

Underwritten by:
United Financial Casualty Company
December 7, 2011
Policy Period: Dec 7, 2011 - Dec 7, 2012
Page 1 of 1

Dear TWO MEN & A MOVING VAN LL,

Thank you for giving me the opportunity to quote your Commercial Auto insurance coverage. I appreciate your business and am confident that you will be pleased with your decision to purchase coverage through Progressive. We'll get your hard-working vehicles back on the road fast following an accident. Instead of outsourcing, our commercial claims professionals manage all repairs to help save you time and money when it really matters - when you need to get back in business. Our commercial auto claims representatives are ready to assist you 24 hours a day, 7 days a week, every day of the year by calling 1-800-274-4499. You also have the ability to make payments, check billing activity, print policy documents, or check the status of a claim at progressiveagent.com.

Enclosed you will find:

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.
- Request for additional information.

Within 2 weeks you will receive:

- Your policy contract and Commercial Auto Insurance Coverage Summary (Declarations Page).
 - Please take a few minutes to review these important documents and call Progressive if you have any questions about your coverage.
- Permanent ID cards for your wallet.

Receipt of initial payment for the policy

This is receipt of \$625.40 for the initial payment on this policy. Payment was made by Credit Card.

If you have any questions, please call me at 1-866-419-3812.

Form WELLTR (05/06)

Name :

Tel :

Date	Time	Type	ID	Duration	Pages	Result
Dec.08	12:29PM	Send	3605861181	00:54	0	Error 0503

A communication error has occurred during the fax transmission.

If you are sending, please try again and/or call to make sure the recipient's fax machine is ready to receive faxes.

I tried to fax my application, but a error has occurred. You might already have this application, I'm not sure, so sending it again by mail.

Pavel Filon