

BUSINESS INFORMATION

Name of Applicant JAY the mover LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable JAY the mover / JASON Smith

Physical Address 22432 99th AV WEST

Mailing Address Edmonds, WA 98020-5960

Telephone Number (425-999-7219) Fax Number ()

UBI #: 603-187157 Email: info@jaythemover.com

USDOT #: 2279500 (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. 91779002

Have you registered with the Employment Security Department? No Yes
ESD No. 603187157

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
JASON THOMAS SMITH	owner	100%

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:

actually MOVING household goods OFFICE - Pianos - Pool tables. We offer only a 2hr minimum charge versus other companies in Area only offer 3hr mins. We charge only \$50-95 per hour versus others are \$95-\$115 per hour in our service Area - We provide moving services 7 Days a week 24hrs a day 365 Days - others are closed Sun - Holiday

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

I have been professionally moving people since 1993, Over 10,000 personally that I have performed, over 500,000 miles in miles logged behind a moving truck. I have coordinated over 50,000 moves in (WY), I have owned trucks in the past, and have had lots of employees and customer relationships that were successful in the moving industry

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 in 2000-2001 my brother & I

applied and I was turned down. He was issued a permit though

Do you currently operate interstate? No Yes If yes, please indicate your MC# _____ and USDOT# 2279500

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:

1995 Assault + 40 = Bar confrontation, Reckless Driving 2008

Have you been cited for violation of state laws or Commission rules? No Yes If yes, please explain:

1997 penalty assessment of 25000 / painful now

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	\$ 3,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$ 10,500
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 10,500
Land and Buildings	\$	NET WORTH	23,000
Trucks and Trailers	\$ 15,000	Preferred Stock	\$
Office Furniture	\$ 1,000	Common Stock	\$
Other Equipment	\$ 2,000	Retained Earnings	\$
Other Assets	\$ 2,000	Capital	\$
TOTAL ASSETS	\$ 23,000	TOTAL LIABILITIES & NET WORTH	\$ 33,500

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

Year	Make	License Number VIN #	Vehicle ID Number PLATE #	Gross Vehicle Weight
1992	F502K NTC 18 FT BOX TRUCK	JALE5B144N300 1385	A37727Z	20,000

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:

Jason T. Smith

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: *Jason T. Smith*

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

Name: *Jason T. Smith*

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.

JASON T. Smith
Print name of applicant

Jason T. Smith
Signature of Applicant

2-4-12
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: GERALD R. HARRIS Jay the Move LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: GERALD R. HARRIS Vice President Operations Manager Bill Pierce Chevrolet

Address (include street address, mailing address, city, state, zip, and county):
3911 N.E. 158th Lane
Lake Forest Park WA 98155 - King County

Phone Number: 206 909 3301

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:
Residences of Friends & Family Changes?

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:
Services we will need - creation of jobs - Tax Revenue for our Communities - collect

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I know Jay personally & have used his services over the years.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
[Signature] 3/4/2012 Lake Forest Park
Signature of Person Completing Form Date and Location

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Applicant Name: Jay the Mover LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: RON HANSEN, MANAGING DIRECTOR, CONVERGE ONE TELECOM

Address (include street address, mailing address, city, state, zip, and county):
5620 153RD PL. SW
EDMONDS, WA 98026

Phone Number: 206.319.5195

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
MOVING FROM A HOME-SINGLE FAMILY RESIDENCE TO A CONDOMINIUM-LOCAL-INCLUDING AN OFFICE

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:
GIVES US LOCAL KNOWN ENTITY TO HELP SOMEONE IN COMMUNITY THAT WE CAN TRUST

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
THE OBVIOUS EXTENSIVE EXPERIENCE AND ABILITY TO COMMUNICATE WELL

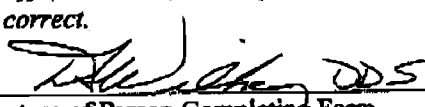
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Ronald Hansen 3/7/12 EDMONDS, WA
Signature of Person Completing Form Date and Location

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Applicant Name: JAY the MIVER LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>DR. DOUGLAS F. WILKEY</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>623 NW RICHMOND BEACH ROAD STORONVA WA 98177</u>	
Phone Number: <u>206(542-6960)</u>	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <u>HOME OFFICE</u>	
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: <u>RELIABILITY TO MOVE MY HOME AND MY OFFICE AFTER UPCOMING RETIREMENT WITH CARE. VALUABLE EQUIPMENT AND FURNITURE/ART.</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>HONESTY AND CUSTOMER CARE ARE VALUES HELD. PUNCTUALITY VERY IMPORTANT. I TRUST THIS COMPANY. 8 YEAR AFFILIATION.</u>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u></u> Signature of Person Completing Form	<u>3-4-12 Shoreline WA.</u> Date and Location

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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: Jay The Mover LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: William P. Jacobson

Address (include street address, mailing address, city, state, zip, and county):
16831 69th Pl W Lynnwood Wa, 98037 Snohomish

Phone Number: (425) - 275-3074

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Move a 1-bedroom Apt from Lynnwood to Edmonds

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:
I don't have the means to move myself I trust Jay and his company

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

I know him personally and I respect his work ethics, I know he does good work

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

[Signature]
Signature of Person Completing Form

3/5/2012 Lynnwood, Wa
Date and Location

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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: JAY THE MOVIE LCC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: BUD H. KOPP PRESIDENT, SOUND COMMERCIAL GROUP, INC

Address (include street address, mailing address, city, state, zip, and county):
19406 76TH AVE W. EDMONDS, WA 98026-6202

Phone Number: 206-579-8817

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: MOVE MY OWN HOUSEHOLD GOODS AS WELL AS MOVING NEEDS OF CLIENTS

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 COMPANY WILL BE AN ASSET DUE TO RELIABILITY, SERVICE AND PRICE COMPETITION

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
THE COMPANY OWNER IS VERY KNOWLEDGEABLE ABOUT THIS TYPE OF BUSINESS.

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: Bud H. Kopp Date and Location: 3/4/12 Edmonds, WA

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Free Legal Business Documents - Equipment Lease Form - Available from All Law

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VIN# JALESB144N3001385

EQUIPMENT LEASE

1992 ISUZU ARR 18 FT BOX

THIS EQUIPMENT LEASE (Lease) is made and effective this 7th day of MARCH, 2012, by and between JASGA SMITH (Lessor), and JAY HEMMER (Lessee).

DBA JAY THE MOVER

WHEREAS Lessor desires to lease to Lessee, and Lessee desires to lease from Lessor, certain tangible personal property.

NOW, THEREFORE, in consideration of the mutual covenants and promises hereinafter set forth, the parties hereto agree as follows:

Lease. Lessor hereby leases to Lessee, and Lessee hereby leases from Lessor, the following described equipment (Equipment):

Term. The term of this Lease shall commence on the 7th day of MARCH, 2012 and shall expire 12 months thereafter.

Rent and Deposit. The monthly rent for the Equipment shall be paid in advance in installments of 1032⁰⁰ dollars (\$) each month, to begin on the 28 day of MAR, 2012 and on the same day of each succeeding month throughout the term hereof. Payment shall be sent to Lessor at 22432 99th AV WEST EDMONDS WA or at such other place as Lessor may designate from time to time. Lessor may levy a late payment charge equal to one percent (1%) per month on any amount that is ten days overdue.

Lessee shall pay a deposit in the amount of 1 dollars (\$) prior to taking possession of the Equipment. The deposit will be refunded to Lessee promptly following Lessee's performance of all obligations in this Lease.

Use. Lessee shall use the Equipment in a safe and appropriate manner and shall comply with and conform to all national, state, municipal, and other laws, ordinances and regulations in any way relating to the possession, use or maintenance of the Equipment.

LESSOR DISCLAIMS ANY AND ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

Repairs. Lessee, at its own cost and expense, shall keep the Equipment in good repair, condition and working order and shall furnish any and all parts, mechanisms and devices required to keep the Equipment in good mechanical working order.

Loss and Damage. Lessee hereby assumes and shall bear the entire risk of loss and damage to the Equipment from any and every cause whatsoever. No loss or damage to the Equipment or any part thereof shall impair any obligation of Lessee under this Lease.

- [DUI Laws](#)
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- [SSDI Information](#)
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- [Criminal Defense Lawyers](#)

In the event of loss or damage of any kind whatever to the Equipment, Lessee shall, at Lessor's option:

Place the same in good repair, condition and working order; or

Replace the same with like equipment in good repair, condition and working order; or

Pay to Lessor the replacement cost of the Equipment.

Surrender. Upon the expiration or earlier termination of this Lease, Lessee shall return the Equipment to Lessor in good repair, condition and working order, ordinary wear and tear resulting from proper use thereof excepted, by delivering the Equipment at Lessee's cost and expense to such place as Lessor shall specify within the city or county in which the same was delivered to Lessee.

Insurance. Lessee shall procure and continuously maintain and pay for all risk insurance against loss of and damage to the Equipment for not less than the full replacement value of the Equipment, naming Lessor as loss payee, and liability and property damage insurance with limits as approved by Lessor, naming Lessor as additionally named insured and a loss payee. The insurance shall be in such form and with such company or companies as shall be reasonably acceptable to Lessor. Lessee shall provide Lessor with an original policy or certificate evidencing such insurance.

Taxes. Lessee shall keep the Equipment free and clear of all levies, liens and encumbrances. Lessee, or Lessor at Lessee's expense, shall report, pay and discharge when due all license and registration fees, assessments, sales, use and property taxes, gross receipts, taxes arising out of receipts from use or operation of the Equipment, together with any penalties or interest thereon, imposed by any state, federal or local government or any agency, or department thereof, whether or not the same shall be assessed against or in the name of Lessor or Lessee.

Indemnity. Lessee shall indemnify Lessor against, and hold Lessor harmless from, any and all claims, actions, suits, proceedings, costs, expenses, damages and liabilities, including reasonable attorney's fees and costs, arising out of, connected with, or resulting from Lessee's use of the Equipment, including without limitation the manufacture, selection, delivery, possession, use, operation, or return of the Equipment.

Default. If Lessee fails to pay any rent or other amount herein provided within ten (10) days after the same is due and payable, or if Lessee fails to observe, keep or perform any other provision of this Lease required to be observed, kept or performed by Lessee, Lessor shall have the right to exercise any one or more of the following remedies:

To declare the entire amount of rent hereunder immediately due and payable without notice or demand to Lessee.

To sue for and recover all rents, and other payments, then accrued or thereafter accruing.

To take possession of the Equipment, without demand or notice, wherever same may be located, without any court order or other process of law. Lessee hereby waives any and all damages occasioned by such taking of possession.

To terminate this Lease.

To pursue any other remedy at law or in equity.

Notwithstanding any repossession or any other action which Lessor may take, Lessee shall be and remain liable for the full performance of all obligations on the part of the Lessee to be performed under this Lease. All of Lessor's remedies are cumulative, and may be exercised concurrently or separately.

Bankruptcy. Neither this Lease nor any interest therein is assignable or transferable by operation of law. If any proceeding under the Bankruptcy Act, as amended, is commenced by or against the Lessee, or if the Lessee is adjudged insolvent, or if Lessee makes any assignment for the benefit of his creditors, or if a writ of attachment or execution is levied on the Equipment and is not released or satisfied within ten (10) days

thereafter, or if a receiver is appointed in any proceeding or action to which the Lessee is a party with authority to take possession or control of the Equipment, Lessor shall have and may exercise the option to, without notice, immediately terminate the Lease. The Lease shall not be treated as an asset of Lessee after the exercise of said option.

Ownership. The Equipment is, and shall at all times be and remain, the sole and exclusive property of Lessor; and the Lessee shall have no right, title or interest therein or thereto except as expressly set forth in this Lease.

Additional Documents. If Lessor shall so request, Lessee shall execute and deliver to Lessor such documents as Lessor shall deem necessary or desirable for purposes of recording or filing to protect the interest of Lessor in the Equipment including, but not limited to a UCC financing statement.

Entire Agreement. This instrument constitutes the entire agreement between the parties on the subject matter hereof and it shall not be amended, altered or changed except by a further writing signed by the parties hereto.

Notices. Service of all notices under this Agreement shall be sufficient if given personally or by certified mail, return receipt requested, postage prepaid, at the address hereinafter set forth, or to such address as such party may provide in writing from time to time.

If to Lessor:

22432 99th AVE WEST
EDMONDS WA 98020

If to Lessee:

22432 99th AV West
EDMONDS WA 98020

Assignment. Lessee shall not assign this Lease or its interest in the Equipment without the prior written consent of Lessor.

Governing Law. This Lease shall be construed and enforced according to laws of the State of WA

Headings. Headings used in this Lease are provided for convenience only and shall not be used to construe meaning or intent.

IN WITNESS WHEREOF, the parties hereto have executed this Lease as of the day and year first above written.

Jean T. ...
Lessor Lessee 'RO'

Jay The Mover
JAY THE MOVER
DBA JAY THE MOVER LLC

Joyce Montgomery
22432 99th Ave W Edmonds
Witness *Joyce Montgomery* 3/7/12
4254225595

Warning:
These forms are provided AS IS. They may not be any good. Even if they are good in one jurisdiction, they may not work in another. And the facts of your situation may make these forms inappropriate for you. They are for informational purposes only, and you should consult an attorney before using them.



Vehicle Certificate of Ownership (Title) Application

Fees

Plate or TPO A37727Z		Color #1 WHITE	Color #2	Vehicle Identification Number (VIN) JALEMB1U4N3001385				Filing N/A
Model year 1992	Pwr D	Use PASS	Make IZUZU	Series/body type VAN	Model ID NRR	Value code	Year	Scale weight N/A
Cycle engine or motor home number		Fleet code	Equipment #	MO reg 12/7/2012	Scale weight	Seats	RTA excise tax N/A	
Declared GWT		Month GWT	GWT expiration	Mileage 104765	Code	Previous title #	State	License 27.50
Special options <input type="checkbox"/> DAV <input type="checkbox"/> Leased <input type="checkbox"/> No title issued <input type="checkbox"/> NRM <input type="checkbox"/> Bonded <input type="checkbox"/> Non-rogworthy <input type="checkbox"/> Native American <input type="checkbox"/> Reg only <input type="checkbox"/> <input type="checkbox"/> Joint tenants with rights of survivorship			County of residence King	Purchase price \$10,000.00	Tax jurisdiction	Tax rate 8.90	Application 150.00	
Washington State primary residence or street address or Washington State principal place of business street address is required on the vehicle record. For exceptions to this rule, see form TD-420-004.								Inspection N/A
For more than two registered or legal owners, please attach additional applications. New registered owner Name (Last, First, Middle initial) SMITH, JASON T								VIN assignment N/A
Name (Last, First, Middle initial) _____								Gross weight N/A
Washington State primary residence street address (if an individual) or Washington State principal place of business street address (if a business) 22432 99TH AVE W								GWT credit (subject to proof) N/A
Address (continued) ESMONDS, WA 98020								Arbitration N/A
Mailing address (if different than residence address) or exception address _____								Sales/Use tax 890.00
First owner's Washington driver license, ID card, or UBI number				Second owner's Washington driver license, ID card, or UBI number				License service N/A
Washington State primary residence street address (if an individual) or Washington State principal place of business street address (if a business) 100 State Ave								Plate N/A
Address (continued) Marysville, WA 98270								LPG N/A
First owner's Washington driver license, ID card, or UBI number								Aquatic weed N/A
Second owner's Washington driver license, ID card, or UBI number								Trauma N/A
New legal owner or lienholder - must be filled out if different than the registered owner Name (Last, First, Middle initial) TULALIP MOTORSPORTS								Replacement tab N/A
Name (Last, First, Middle initial) _____								State perks donation <input type="checkbox"/> \$5 <input checked="" type="checkbox"/> \$0
Address 100 State Ave								Out of state N/A
Address (continued) Marysville, WA 98270								Other N/A
First owner's Washington driver license, ID card, or UBI number								Total fees and tax 1067.50
Second owner's Washington driver license, ID card, or UBI number								
Dealer's report of sale I certify that this information is correct. The vehicle is clear of encumbrances except as shown. Any required sales tax has been collected.		WA dealer number 7475	Dealer name Tulalip Motor Sports	Date of sale 2/29/2012	Subsequent fee (do not include in total) N/A			
Date of delivery 2/29/2012		Vehicle is: <input type="checkbox"/> New <input checked="" type="checkbox"/> Used <input type="checkbox"/> Previously titled		Dealer's authorized signature 				

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment or both. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

2/29/2012 **Marysville**
 Date and place
2/29/2012 **Marysville**
 Date and place

X _____
 Registered owner signature
X _____
 Registered owner signature

Position, if signing for a business

 Position, if signing for a business

Notarization/Certification for registered owner(s) signature

State of WA, County of Snohomish Signed or attested before me on 2/29/2012
 by Adam Selstrom Signature _____
 by _____
 Title _____

WA — BILL OF SALE	Dealer Number 7475	Date: <u>2/29/2012</u>
	Stock #: <u>D0007</u>	

SELLER: Name Tulalip Motor Sports Phone: (360) 925-6256

Address: 100 State Ave City, State, Zip: Marysville, WA 98270

BUYER:
 Name: JASON T SMITH
 Address: 22432 99TH AVE W
 City: ESMONDS State: WA Zip: 98020
 Home Ph: (425) 672-7295 Work Ph: (425) 999-7219
 Cell Ph: _____ Email: _____

CO-BUYER:
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Ph: _____ Work Ph: _____
 Cell Ph: _____ Email: _____

SOLD CAR DESCRIPTION
 YEAR: 1992 COLOR: WHITE
 MAKE: IZUZU BODY TYPE: VAN
 MODEL: NRR MILEAGE: 104765
 VIN#: JALEMB1U4N3001385

1. CASH PRICE OF VEHICLE	\$ 10000.00
2. TRADE ALLOWANCE	\$ N/A
3. TAXABLE AMOUNT	\$ 10000.00
4. TOTAL TAX	\$ 890.00
5. DOCUMENTATION FEE <i>(Negotiable)</i>	\$ 150.00
6. LICENSE FEE	\$ 27.50
7. REGISTRATION FEE	\$ N/A
8. TITLE FEE	\$ N/A
9. TRAUMA FEE	\$ N/A
10. EMISSIONS FEE	\$ N/A
11. TRADE PAYOFF	\$ N/A
12. SERVICE CONTRACT	\$ N/A
13. GAP	\$ N/A
14. INSURANCE	\$ N/A
15. VSI	\$ 0.00
16. SUB TOTAL <i>(3 through 15)</i>	\$ 11067.50
17. CASH DOWN	\$ 500.00
18. DEFERRED DOWN	\$ N/A
19. AMOUNT FINANCED	\$ 10567.50

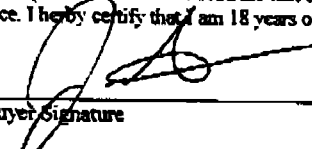
APR	Finance Charge	Total of Payments
<u>29.99 %</u>	<u>\$ 1794.18</u>	<u>\$ 12361.68</u>

The Balance to be paid in 12 Payments of \$ 1030.14 Starting on 03/30/12 And 1 final payment of \$ _____ Due on 02/28/13

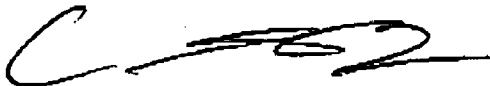
TRADE DESCRIPTION
 YEAR: _____ MAKE: _____ MODEL: _____
 VIN #: _____ MILEAGE: _____
 LIENHOLDER: _____
 ADDRESS: _____
 PAYOFF: \$ N/A GOOD THROUGH: _____

Emissions testing may be required on this vehicle. An owner of a vehicle may be required to spend up to \$150 for repairs if the vehicle does not meet the vehicle emissions standards.
 Buyer understands that License and Title transfer fees are estimates and agrees that any excess charges will be retained by the seller.

Purchaser agrees that this order includes all of the terms and conditions here of, that this order cancels and supersedes prior agreement written or oral. This order shall not become binding until accepted by the DEALER or an authorized representative. I have read the fact of this order and agree to this purchase price. I hereby certify that I am 18 years of age or older.


 Buyer Signature _____ Date 2/29/2012

Co-Buyer Signature _____ Date _____

Tulalip Motor Sports
 Seller Name _____ Seller Signature  Date 2/29/2012

NOTICE: DEALER PROVIDES NO INSURANCE.
 Buyer agrees to furnish full coverage insurance.
 I relinquish all rights to this vehicle and it can be repossessed at any time or place, with or without my knowledge, if this account becomes delinquent.
 SOLD AS-IS
 I MAKE THIS PURCHASE KNOWINGLY WITHOUT ANY GUARANTEE EXPRESSED OR IMPLIED, BY THIS DEALER OR HIS AGENT.
 I AGREE TO NOTIFY LIENHOLDER, IF:
 A. CHANGE OF ADDRESS OCCURS.
 B. CHANGE OF EMPLOYMENT OCCURS.

THE INFORMATION YOU SEE ON THE BUYERS GUIDE FOR THIS VEHICLE, IS PART OF THIS CONTRACT.

Edmonds UPS Store
23632 Highway 99 Ste F
Edmonds WA 98026
Tel (425) 775-2211
Fax (425) 775-2940
Hours Mon-Fri 9-6, Sat 9-5



Fax Cover



To: UTC Fax #: 360-5861181
Date: 3-7-12 # of Pages (including cover sheet): _____
From: JAY the MOVER Phone #: 425-999-7219
Subject: APP-