

BUSINESS INFORMATION

Name of Applicant A BETTER COMPANY L.L.C
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable ~~OKA BETTER MOVING COMPANY~~

no trade name registered ok

Physical Address 4218 1/2 SW ALASKA # B Seattle WA 98116

Mailing Address same

Telephone Number (~~425~~ (206)) 334-2056 Fax Number () n/a

UBI #: 603203091 Email: jaycates@gmail.com

USDOT #: 2298784 (If you currently don't have one, you can go online at 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. 238,077-00

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 (LP, LLP, LLC) Other _____

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 CATES</u>	<u>OWNER</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:

Being a locally owned and operated company focusing on the West Seattle area, we hope to fill a void and keep money in our community. We will be the only moving company dedicated to this area.

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

Having little professional experience in this industry, I have been researching and doing follow alongs for the past year. I am also hiring two employees who have over 10 years combined experience.

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	\$ 10,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 6500.-	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 1200. ⁰⁰	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 17,700.⁰⁰	TOTAL LIABILITIES & NET WORTH	\$ 17,700.⁰⁰

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1998	International	B66648U	1HTSCABM5WH525171	22,000

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 E. CATES

Position:

OWNER / OPERATOR

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>JASON CATES</u>	Position: <u>owner / operator</u>
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STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.

Name: <u>JASON CATES</u>	Position: <u>owner / operator</u>
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DECLARATION OF APPLICANT

I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

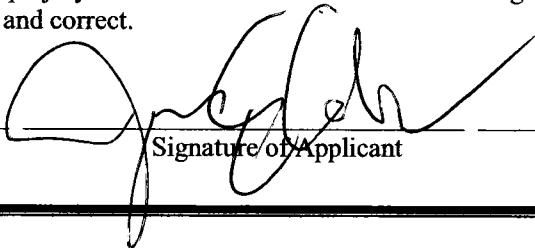
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

JASON E. CATES
Print name of applicant


Signature of Applicant

5/8/12
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: A Better Company LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Andrew J. Cantar Warehouse Manager Summit NW

Address (include street address, mailing address, city, state, zip, and county):
2460 S. 161st St.
Seattle, WA. 98158

Phone Number: (206) 214 0109

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:
Never know when I'll need something moved

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:
Jay Cafes is an outstanding person and will benefit his community in anything he does. He is considerate, kind, & truly cares about helping others.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? As I said above Jay Cafes would do nothing but better his community in his service and deserves a chance to prove it. He is extremely well liked and known and appreciated by all that know him.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
[Signature] 5-11-12 West Seattle, WA.
Signature of Person Completing Form Date and Location

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Applicant Name: A Better Company LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Jimmy Rette Jr. - Bar Manager, Matador Restaurants.

Address (include street address, mailing address, city, state, zip, and county):
4546 California Ave SW. Seattle, WA. 98116 - King

Phone Number: 206-291-7450

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: In the event of a move, it's nice to have a professional & reliable service awaiting your 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: [REDACTED]
It will 100% benefit everyone by providing a service to me, my business, & community.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? The character of the applicant proves that this will be a friendly and professional hard working 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]
Signature of Person Completing Form

5/10/12 - Seattle, WA
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: A Better Company LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

THINKING MAJUS LLC - JOE FRANCIS

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

4458 CALIFORNIA AVE SW
SEATTLE WA 98116, USA

Phone Number:

206 420 3817

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:
APARTMENT MOVE.

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

ADDS COMPETITION TO THE LOCAL MARKET. ALSO, WILL
BE A GOOD ADDITION TO THE LOCAL BUSINESS COMMUNITY

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

JASON IS AN HONEST GUY. WHEN CHOOSING THIS SERVICE
THAT WILL BE A CONSIDERATION.

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

5/8/12 WEST STATE, WA
Date and Location

Named insured

A BETTER COMPANY LLC
4218 1/2 SW ALASKA B
SEATTLE, WA 98116

Policy number: 01579678-0

Underwritten by:
United Financial Casualty Company
May 3, 2012
Policy Period: May 1, 2012 - May 1, 2013
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progressive.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-800-895-2886

For customer service and claims service,
24 hours a day, 7 days a week.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage began the later of May 1, 2012 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on May 1, 2013 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (03/05). The contract is modified by forms Z434WA (06/08), 4852WA (09/05), 4881WA (09/05), Z228 (07/05) and Z435 (12/06).

The named insured organization type is a corporation.

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$6,382
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Underinsured Motorist	Rejected		--
Underinsured Motorist Property Damage	Rejected		--
Personal Injury Protection	Rejected		--
Subtotal policy premium			\$6,382

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$25,000	\$1,000	\$1,428
Subtotal policy premium			\$1,428
Total 12 month policy premium			\$7,810

Rated drivers

1. JASON CATES
2. MATTHEW FORZA

Rated commodities

1. OTHER CONSUMER GOODS

