



1300 S. Evergreen Park Drive SW
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Fax: 360-586-1181
 TTY: 360-586-8203
 or
 1-800-416-5289
 email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

#044013

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed: <u>4/29/16</u>	DOL/SOS: <u>ohw</u>	ID: <u>17497</u>	Docket #
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	

Type of Household Goods Authority Requested – check one **Fee Required**

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. \$ 550
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis). Complete pages 3-8, Attachment B, and a closing annual report from current company \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8, Attachments B & C, and a closing annual report from current company \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement. \$ 250
- Name Change – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Cherish Moving LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 13511 NE Kerr Rd, Suite 2, Vancouver, WA 98682

Mailing Address 13511NE Kerr Rd Suite 2, Vancouver, WA 98682

Telephone Number (503) 586-4450 Fax Number () _____
360-558-7272

BUSINESS INFORMATION - continued

UBI #: 603 335 119 000 *al* Email: emilyl@cherishmoving.com

USDOT #: 2440980 *al* (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 273,174-00

Employment Security Department registration number 493748 00 2 *al*

Is your business registered with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation WA

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or % of Shares
<u>Emily Landis</u>	<u>Owner/Manager</u>	<u>100%</u> <i>al</i>

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

- Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: We will provide full service moving for local and long distance moves in the Vancouver and Seattle metro area. We turn down at least 10 leads a day from our current provider for jobs in the Vancouver and Seattle areas. We also receive many referrals from previous customers, especially in the Vancouver area.
- Briefly describe your experience in the transportation/household goods moving industry: We have been serving both labor only and full service moves in the Portland metro area as well as interstate moves all along the West Coast and Mountain regions for the last two and a half years with excellent reviews from our customers. Our Foreman has over 5 1/2 years as a leader in the moving and storage 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 ODOT#176319 MC#843906
- 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# 243906
- Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____

7. 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 list below:

Type of Legal Proceeding	Date	State
Small Claims Court	08/18/2015	WA
Judgement was for less than we had offered to settle damage claim with homeowners association so judge		

*attach additional pages if necessary felt our settlement offer had been more than reasonable.

8. Has any person named in this application ever been convicted of any crime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please list below:

Type of Conviction	Date	City/State

*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules? No Yes If yes, please list below:

Violation	Date	RCW/WAC

*attach additional pages if necessary

FINANCIAL STATEMENT			
Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$ 9,501	Salaries/Wages Payable	\$ 3,444
Notes Receivable	\$ 1,577	Accounts Payable	\$ 118
Investments	\$ 0	Notes Payable	\$ 5445
Other Current Assets	\$ 520	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 2,400	TOTAL LIABILITIES	\$ 9,007
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 26,000	Preferred Stock	\$
Office Furniture	\$ 3,900	Common Stock	\$
Other Equipment	\$ 7,050	Retained Earnings	\$ 20,241
Other Assets	\$ 1,700	Capital	\$
TOTAL ASSETS	\$ 29,248	TOTAL LIABILITIES & NET WORTH	\$ 29,248

EQUIPMENT LIST

Describe the equipment you will own or lease to provide moving services
(attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1998	Freightliner	C23347D	1FV6HJACBWHA09290	26,000
1997	GMC	C03515E	1GDK7H1JXVJ516339	26,000
1994	GMC	C11202D	1GDJC34N6RE538431	12,000

SAFETY AND OPERATIONS

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. **Please attach evidence of your enrollment in a drug and alcohol testing program.**

SAFETY RESPONSIBILITIES

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

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.

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: Emily Landis	Position: Owner/Manager
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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: Emily Landis Position: Owner/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 (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.

Name: Emily Landis Position: Owner/Manager

If you would like to receive information about new household goods carriers, check here

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.

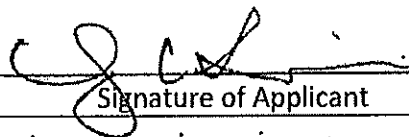
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 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 understand the commission will complete a criminal background check on each person named in the application.

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.

Emily C Landis



2-20-16 Vancouver, WA

Print name of applicant

Signature of Applicant

Date and Location



Employment Security Department
WASHINGTON STATE

UNIFIED BUSINESS IDENTIFIER
603 335 119 000

DATE: 09/26/13

CHERISH MOVING LLC
CHERISH MOVING LLC
PO BOX 823483
VANCOUVER WA 98682-0071

ES Reference Number
493748-00 2

You have been determined subject to the Washington Employment Security Act effective 10/07/13.

Please use your number as shown above on all communications and reports to the Employment Security Department.

You will be sent a tax report (EMS 5208) each quarter which must be completed and returned with your payment. If no wages are paid in a quarter and your account has not been closed, you are required to submit a report for that quarter indicating "no payroll". You may file this report by phone using the Washington Employer Help Line.

All Businesses may call 1-888-836-1900 (toll free).
Your default pin number is 9782.

It is your responsibility to advise us immediately of any change in the ownership of your business, since your status under the law may be affected.

If you have further questions, please contact this department in Olympia at (360)902-9360 or the AMC YAKIMA TAX OFFICE AT (855)829-9243.

Status Section
Tax Central Office Operations

CERTIFICATE OF COVERAGE



Insurance Services Division
Employer Services

Department of Labor & Industries
PO Box 44144
Olympia WA 98504-4144
www.LNI.wa.gov

EMPLOYER: This official certificate of industrial insurance coverage is in lieu of a policy. It remains in effect until your account is officially closed. There is no limitation of benefits. You are required by law to post both this certificate and copies of the posters listed below. You will soon be receiving 1 copy of each. If you require additional copies, call Labor and Industries at 360-902-4817.

- Job Safety and Health Protection (available in Spanish)
- Your Rights as a Worker/Family Care
- Notice to Employees

WORKER: The employer named below is an insured policyholder with the Washington State Industrial Insurance Trust Fund.

UBI* 603 335 119 Policy Effective Date
09/24/13

Location

CHERISH MOVING LLC
13804 NE 33RD CIR
VANCOUVER WA 98682-8277

Employer

CHERISH MOVING LLC
PO BOX 823483
VANCOUVER WA 98682-8277

*Your Unified Business Identifier is the only number you need to discuss your business account with the Washington state departments of Revenue, Licensing, Employment Security, Labor and Industries and the Office of the Secretary of State. Other state licenses or registrations may be required for proper licensing of your business.

1211-141-00 (8/02)



STATE OF WASHINGTON
DEPARTMENT OF REVENUE

September 25, 2013

72

UBI Number: 603-335 119
PAC Code: C883269H

CHERISH MOVING LLC
PO BOX 823483
VANCOUVER WA 98682-0071

IMPORTANT! Tax Registration Information. Please keep on file.

Congratulations! You are now registered to operate a business in Washington. Your Unified Business Identifier (UBI) number shown above is also your Department of Revenue (DOR) tax registration number. Please refer to this number any time you contact us for assistance.

When to E-file and E-pay your taxes

Your business is assigned to report taxes quarterly. Quarterly filers must file and pay taxes electronically (Engrossed House Bill 1357). Due dates for quarterly tax returns are listed below. If you do not have business activity to report you are still required to file a tax return.

<u>Tax Period</u>	<u>Tax Liability Incurred</u>	<u>Tax Return Due Date</u>
Quarter 1	January 1 – March 31	April 30
Quarter 2	April 1 – June 30	July 31
Quarter 3	July 1 – September 30	October 31
Quarter 4	October 1 – December 31	January 31

Based on your business open date, you must file the following returns:

<u>Return Period</u>	<u>Due Date</u>
Quarter 3 2013	October 31, 2013

(over)

LEGAL ENTITY REGISTRATION

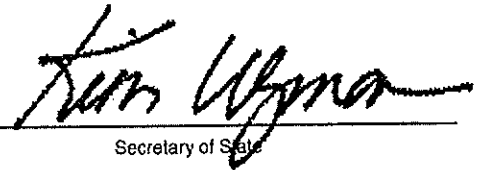
Unified Business ID #: 603 335 119
Business ID #: 1

Expires: 09-30-2016

CHERISH MOVING LLC
13804 NE 33RD CIR
VANCOUVER WA 98682

Domestic Limited Liability Company
Renewed by Authority of Secretary of State

By accepting this document the licensee certifies that information provided on the renewal was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.



Secretary of State

IN THE NORTH DISTRICT COURT OF PACIFIC COUNTY
STATE OF WASHINGTON

LYNN POINT HOMEOWNER'S ASSOC,)
Plaintiff,)
vs.)
CHERISH MOVING, LLC,)
Defendant.)

Case: SC#010-15

COURT'S MEMORANDUM
DECISION

The Court has reviewed the testimony of the parties. Although there was some contradictory testimony as to whether or not Defendant's truck could have turned around in the driveway, generally the parties agree as to the facts.

The question is one of negligence – whether the water line was negligently installed or whether the line's location was adequately marked. There is also an issue as to whether the Defendant was negligent in driving several feet off the gravel driveway.

Plaintiff has the burden in a civil matter to prove the case by a preponderance of the evidence. Plaintiff brought in no evidence to show that the water line had been buried to a depth in accordance with proper engineering standards. Defendant offered testimony that the line was not laid in accordance with code standards. Defendant, however, admits to driving off the travelled portion of the roadway by several feet.

In order for Plaintiff to prove negligence on Defendant's part, Plaintiff must prove Defendant had a duty to drive carefully (so as not to injure property) and that Defendant breached that duty. Further Plaintiff must show foreseeability of injury or damages by Defendant travelling off the marked roadway.

For Defendant to show negligence on the part of Plaintiff, Defendant must show that Plaintiff breached its duty of care by not burying the water line properly, or marking its location – and the foreseeability of damages for not doing so.

The Court finds that each party breached, to some extent, its full duty of care. Judgment for Plaintiff in the amount of \$250.

DATED: 8/27/15



JUDGE ELIZABETH PENOYAR



Emily Linares <emilyclinares@gmail.com>

Re: Fwd: Photos from Summer2014 & Water line break

1 message

Emily Linares <emilyl@cherishmoving.com>
To: slinares97@yahoo.com
Cc: MIKI LANDIS <mikilandis@marykay.com>

Fri, Dec 26, 2014 at 2:08 PM

Hello Gary,

We received your certified letter requesting additional payment regarding the water line damage at Lynn Point.

We made multiple attempts to contact you regarding coming to a mutually acceptable arrangement regarding the cost of damages and to pay a fair amount. Unfortunately, all of our attempts to contact you regarding this issue have been ignored. Because the roads are inadequate for a standard size moving truck, we're not talking an oversized semi trailer here, but rather a 26 foot box truck, and because there was no marking or warning whatsoever to be careful of a very shallow buried waterline on the edge of the roadway, we cannot accept full responsibility for these damages. Lynn Point homeowners association could have avoided 100% of the damages if you had taken a more responsible and reasonable approach to burying water lines. Because it is possible, although not definite, that it was our truck that exposed this flaw in your neighborhoods plumbing and roadway layout, we are offering to cover half of the plumbing bill for the repairs. We cannot in good conscience pay for the full cost of something that was clearly a design and planning error.

Regarding the additional charges for time spent by HOA representatives, and other additional charges outlined in your certified letter, I think it is safe to say that both of our organizations have invested significant time and effort in trying to resolve this issue. We have certainly spent more in gas and man hours, so this really seems frivolous.

We will be sending a check for \$314.27 which is our payment in full for this matter. If you would like to pursue this matter further I have no doubt that a judge or arbiter would see that we have been more than reasonable in our efforts to resolve this matter.

Emily Linares Landis
CHERISH MOVING LLC
"We cherish your treasures"
360-558-7272
503-586-4450
www.cherishmoving.com
www.facebook.com/cherishmoving
USDOT#2440980 MC#843906 ODOT#176319

Emily Linares Landis
CHERISH MOVING LLC
"We cherish your treasures"
360-558-7272
503-586-4450
www.cherishmoving.com
www.facebook.com/cherishmoving
USDOT#2440980 MC#843906 ODOT#176319

----- Forwarded message -----

From: "Gary Meyer" <gmeyer@ecentral.com>
Date: Oct 22, 2014 2:55 PM
Subject: Photos from Summer2014 & Water line break
To: <emilyl@cherishmoving.com>
Cc:



BUSINESS LICENSE

STATE OF
WASHINGTON

Domestic Limited Liability Company

Unified Business ID #: 603 335 119
Business ID #: 1
Location: 1

CHERISH MOVING LLC
13804 NE 33RD CIR
VANCOUVER WA 98682 8277

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

WA
USA

WASHINGTON DRIVER LICENSE



4 LIC# LANDIEC141MS DONOR
1 LANDIS
2 EMILY CHRISTINE
3 DOB 07-10-1986 Iss 10-15-2013
4 4334 NE 43RD CIR
VANCOUVER WA 98147-8277
6 Sex F 16 Hgt 5-09
17 Wgt 150 18 Eyes HAZ
5 Class 7a End NONE 10 Exp 07-10-2017
12 Restrictions NONE



6 DD LANDIEC141MS310201158

COMMERCIAL LINES POLICY COMMON POLICY DECLARATIONS

Hudson Insurance Company
100 William Street, 5th Floor
New York, NY 10038

Policy No. BUI-005757-00

Renewal of

Named Insured and Mailing Address
(Number, Street, Town or City, County, State, Zip Code)

Producer's Name and Mailing Address
(Number, Street, Town or City, County, State, Zip Code)

Cherish Moving LLC 13511 NE Kerr Road #2 Vancouver, WA 98682	West Coast Insurance Services, Inc. DBA: Biggs Insurance Services 916 Main Street Vancouver, WA 98660
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Policy Period: From 02/19/2016 to 02/19/2017 at 12:01 A.M. Standard Time at your mailing address shown above.

Organization Type: Limited Liability Corporation

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.


This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustments.

Commercial Property Coverage Part	\$	
Commercial General Liability Coverage Part	\$	
Commercial Crime Coverage Part	\$	
Commercial Inland Marine Coverage Part	\$	
Commercial Auto Coverage Part	\$	2,070
Commercial Garage Coverage Part	\$	
Commercial Truckers Coverage Part	\$	14,262
TOTAL	\$	16,332

Form(s) and Endorsement(s) made part of this policy at time of issue:
See SCHEDULE OF FORMS, CN-AS-2000 09/04.

Countersigned:

By _____



Authorized Representative

THESE DECLARATIONS ARE PART OF THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBER POLICY.

Includes copyrighted material of Insurance Services Office, Inc., with its permission. Copyright, Insurance Services Office, Inc., 1983, 1984

INLAND MARINE COVERAGE PART MOTOR TRUCK CARGO DECLARATIONS

Policy No. BUI-005757-00

Effective Date: 02/19/2016
12:01 A.M., Standard Time

LIMITS OF INSURANCE	
Covered property from any one loss, disaster or casualty. Covered property in or on any one "auto" or combinations of autos. Covered property in or at the scheduled locations shown below, if any.	} \$50,000
Losses resulting from loading and unloading are Covered	
Total Advance Premium	\$2,070

If a value appears under the "Limits of Liability" below in reference to a specifically scheduled location, commodity or vehicle, that limit shall apply to any loss arising from the scheduled location, commodity, or vehicle regardless of the limit declared in the "Limits of Insurance."

GENERAL COMMODITIES HAULED			
Commodity	Deductible	Limits of Liability	Refrigeration Coverage
Other - High Target Items	\$1,000		NO

TRACTOR SCHEDULE		The following vehicles have been scheduled under this coverage part.	
Year	Manufacturer	Identification No.	Limits of Liability
1998	Freightliner Corp.	1FV6HJACBWHA09290	
1997	General Motor's Corp.	1GDK7H1JXVJ516339	
1994	General Motors Corp.	1GDJC34N6RE538431	

For Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue see SCHEDULE OF FORMS, CN-AS-2000 09/04

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

COMMERCIAL AUTO COVERAGE PART MOTOR CARRIER COVERAGE FORM DECLARATIONS

Policy No. BUI-005767-00

Effective Date: 02/19/2016
12:01 A.M., Standard Time

ITEM ONE - NAMED INSURED AND MAILING ADDRESS SHOWN IN POLICY DECLARATIONS

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge or "included" is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from SECTION I - COVERED AUTOS in the MOTOR CARRIER COVERAGE FORM next to the name of the coverage.

COVERED AUTOS (Section I)	COVERAGES	LIMIT	PREMIUM
	LIABILITY (Section II)		
67,68	Liability	\$1,000,000	\$10,243
65	Personal Injury Protection	\$10,000	\$368
	Auto Medical Payments		
67	Uninsured/Underinsured Motorists	\$1,000,000	\$352
	TRAILER INTERCHANGE (Section III)		
	Collision Coverage		
	Comprehensive or Specified Perils		
	PHYSICAL DAMAGE (Section IV)		
67, 68, 72	Collision Coverage	See Individual Coverage	\$2,232
67, 68, 72	Comprehensive or Specified Perils	Sections for Details	\$1,067
		Total Advance Premium	\$14,262

For Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue see SCHEDULE OF FORMS.CA BUI 20 00 01 14.

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN - Trucks, Tractors & Trailers

VEHICLE INFORMATION	LIABILITY COVERAGE		PHYSICAL DAMAGE COVERAGE	
		Premium	Deductible	Premium
1 1998 Freightliner Corp. - Box Truck VIN: 1FV6HJACBWA09290	Liability	\$ 3,983	\$ 11,000 - Stated Value	
	PIP	\$ 92	Collision	\$ 1,000 \$ 578
	Med Pay		Comprehensive	\$ 1,000 \$ 283
	UM/UIM	\$ 88	Specified Perils	
2 1997 General Motors Corp. - Box Truck VIN: 1GDK7H1JXVJ516339	Liability	\$ 2,881	\$ 10,000 - Stated Value	
	PIP	\$ 92	Collision	\$ 1,000 \$ 442
	Med Pay		Comprehensive	\$ 1,000 \$ 220
	UM/UIM	\$ 88	Specified Perils	
3 1994 General Motors Corp. - Box Truck VIN: 1GDJC34N6RE538431	Liability	\$ 2,509	\$ 5,000 - Stated Value	
	PIP	\$ 92	Collision	\$ 1,000 \$ 217
	Med Pay		Comprehensive	\$ 1,000 \$ 108
	UM/UIM	\$ 88	Specified Perils	

*THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

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: Cherish Moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Pioneer Packaging

Address (include street address, mailing address, city, state, zip, and county):
20171 SW 95th Ave. Tualatin, OR. 97062

Phone Number:
503-885-2565

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:

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:

Purchasing Materials from US.

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

Sergio is great to work with.

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

2-4-16 - Tualatin, OR
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: Cherish Moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Connie Afton 88th St Storage

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

6212 NE 89th Street
Vancouver, WA 98665

Phone Number: 360-883-9655

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: Relocating services for out of area businesses & personal moves.

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: Provide safe secure and bonded services for local & long distance moves. I provide secure storage warehousing.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I have worked individually with the owner of this company and have recommended him in the past.

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

Connie Afton
Signature of Person Completing Form

10-7-2015

Vancouver WA - 98665
Date and Location

Budget

Abukar Muhudin
Agency Operator

Agency Operator
3021 NE 72nd Drive Suite #1
Vancouver, Washington 98661
Tel: (360) 896-3076
Fax: (360) 896-0575
Reservations: (800) 527-7000
www.budget.com

ATTACHMENT A

GOODS STATEMENT OF SUPPORT

Three shipper or public statements supporting the proposed
per statements may come from persons or organizations with a
ces, or who support your request for a permit to provide those
services. These forms may be copied by you as needed.

Applicant Name:

Cherish Moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

BASHAR, LLC / BUDGET VANCOUVER CAR & TRUCK RENTAL

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

3021 NE 72nd Dr. Ste 1
VANCOUVER WA 98661

Phone Number:

360-896-3076

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: CUSTOMER CALL US EVERY DAY ASKING MOVING COMPANIES. EVEN IF I DON'T PERSONAL USE THIS SERVICE, BUT MY CUSTOMER WOULD WANT TO USE A COMPANY THAT THEY CAN TRUST LIKE CHERISHS.

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: WE RENT COMMERCIAL TRUCKS AND HAVE BEEN RENTING MOVING COMPANIES. IT WILL BENEFIT US BECAUSE THIS COMPANY WILL RENTING FROM US.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I KNOW THIS COMPANY WILL BE SUCCESS BECAUSE THE OWNER HAS GOOD CUSTOMER SERVICE SKILLS AND VERY HONESTY PERSONAL.

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

10/7/13 3021 NE 72nd Dr.
VANCOUVER, WA
98661

Date and Location

This is a "printer friendly" page. Please use the "print" option in your browser to print this screen.



Washington, State of - Utilities & Transportation Commission

Utilities & Transportation Commission POS

Confirmation Number: 044013
 Payment Date: Monday, February 29, 2016
 Payment Time: 10:40AM PT

Payer Information

First Name: Emily Landis
 Street Address: 13511 NE Kerr Rd. Suite 2
 Town/City: Vancouver, WA 98682
 Country: United States
 Daytime Phone Number: (503) 586 - 4450
 E-mail Address: emilyl@cherishmoving.com
 Company Name-If not a Company, provide name of Payee: Cherish Moving LLC
 Payment Menu : Application Fees
 Payment Menu - Additional Payment: Application Types (If Applicable): Household Goods

Card Information

Card Type: Visa
 Card Number: *****5904
 Expiration Date: 08/2017
 Card Verification Number: ****

Payment Information

Payment Type: Utilities & Transportation Commission POS
 Payment Amount: \$550.00
 Convenience Fee: \$13.75
 Total Payment: \$563.75

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