

## HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

| FOR OFFICIAL USE ONLY |                 |                 |                    |
|-----------------------|-----------------|-----------------|--------------------|
| Date Filed:           | DOL/SOS:        | ID: 10766       | Docket # 17044     |
| 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 as well as a closing annual report \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C. \$ 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: GBU Enterprises Grp DBA Golden Valley Van Lines  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 2710 104<sup>th</sup> St Ct. S. # B Lakewood, Wa 98499

Mailing Address Same as above

Telephone Number 855 246-6687 Fax Number 253 403-4281

**BUSINESS INFORMATION - continued**

UBI #: 604094140 Email: info@goldenvalleymoving.com

USDOT #: 2632419 (If you currently don't have one, go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # \_\_\_\_\_

Employment Security Department registration number 000-694897-00-9

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 \_\_\_\_\_

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

| Name                    | Title            | Stock Distribution or % of Shares |
|-------------------------|------------------|-----------------------------------|
| <u>Jessica Schmolde</u> | <u>President</u> | <u>100%</u>                       |

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

1. 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 would like to provide affordable moving services within the state of WA

2. Briefly describe your experience in the transportation/household goods moving industry: We have been working in the biz industry for over 7 years

3. 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 P.O.T # 2632419

4. 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 \_\_\_\_\_

5. Do you currently operate interstate?  No  Yes If yes, please indicate your MC# 916283

6. 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 |
|--------------------------|------|-------|
|                          |      |       |
|                          |      |       |

\*attach additional pages if necessary

8. Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, 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

| <b>FINANCIAL STATEMENT</b>   |                    |  |            |
|--|--------------------|--|------------|
| Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan. |                    |  |            |
| <b>Assets</b>  |                    | <b>Liabilities</b>                       |            |
| Cash in Bank   | \$ 20,000          | Salaries/Wages Payable                   | \$ 66,000  |
| Notes Receivable   | \$ <del>0</del> NA | Accounts Payable                         | \$ 50,000  |
| Investments  | \$ NA              | Notes Payable                            | \$ NA      |
| Other Current Assets   | \$ NA              | Mortgages Payable                        | \$ NA      |
| Prepaid Expenses   | \$ NA              | <b>TOTAL LIABILITIES</b>                 | \$ 116,000 |
| Land and Buildings   | \$ NA              | <b>NET WORTH</b>                         | 600,000    |
| Trucks and Trailers  | \$ 70,000          | Preferred Stock                          | \$ NA      |
| Office Furniture   | \$ 3,000           | Common Stock                             | \$ NA      |
| Other Equipment  | \$ 5,000           | Retained Earnings                        | \$ NA      |
| Other Assets   | \$ NA              | Capital                                  | \$ 80,000  |
| <b>TOTAL ASSETS</b>  | \$ 98,000          | <b>TOTAL LIABILITIES &amp; NET WORTH</b> | \$ 912,000 |

### 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 |
|------|--------------|----------------|---------------------|----------------------|
| 2007 | Freightliner | C81331H        | 1FVACWCS07H223428   | 26,000               |
| 2012 | Freightliner | 021943V        | 1FVACWD T6CDBF027   | 26,000               |
| 2012 | Freightliner | C25634J        | 1FVACVD TCCDBE 3047 | 26,000               |
| 2012 | Freightliner | YPA123         | 1FVACWDC86CV 72894  | 26,000               |

### 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: <u>Jessica</u> | Position: <u>owner</u> |
|----------------------|------------------------|

### 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>Jessica</u> | Position: <u>owner</u> |
|----------------------|------------------------|

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>Jessica</u> | Position: <u>owner</u> |
|----------------------|------------------------|

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.

Jessica

Print name of applicant

JS

Signature of Applicant

3/21/17 Lakewood WA

Date and Location



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/21/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |  |   |  |
|--|--|---|--|
| <b>PRODUCER</b><br>Lemore Insurance Services<br>17806 Arminta St<br>Reseda CA 91335  |  | <b>CONTACT NAME:</b> Christine Wigginton<br><b>PHONE (A/C, No, Ext):</b> (818) 348-6106 <b>FAX (A/C, No):</b> (818) 827-1763<br><b>E-MAIL ADDRESS:</b> Christine@lemoreinsurance.com                        |  |
| <b>INSURED</b><br>G.B.U. ENTERPRISES GRP, INC., DBA: GOLDEN VALLEY VAN<br>290 E El Roblar Dr<br>Suite 306<br>Ojai CA 93023 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: Colony Insurance Co.<br>INSURER B: National Continental Ins Compa<br>INSURER C: Certain Underwriters at Lloyds<br>INSURER D:<br>INSURER E:<br>INSURER F: |  |

**COVERAGES**      **CERTIFICATE NUMBER: CL1731402951**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADD'L SUBR INSD   WVD  | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|--|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |  | USA4136477    | 7/10/2016               | 7/10/2017               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/POP AGG \$ Included<br>\$ |
| B        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |  | CP47832457    | 2/28/2017               | 2/28/2018               | COMBINED SINGLE LIMIT (Ea accident) \$ 750,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>STS04 \$  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   | <input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE | EBU017208003  | 7/10/2016               | 7/10/2017               | EACH OCCURRENCE \$ 3,000,000<br>AGGREGATE \$ 3,000,000<br>\$   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> N/A                                    |               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| C        | Motor Truck Cargo   |  | OM1600318     | 7/14/2016               | 7/14/2017               | Single Conveyance: \$25,000      Deduct/1,000  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 For named insured's files only.  
 \* Ten (10) Days notice of cancellation for non-payment of premium.

|                           |  |
|---------------------------|--|
| <b>CERTIFICATE HOLDER</b> | <b>CANCELLATION</b>  |
|                           | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                           | AUTHORIZED REPRESENTATIVE<br>L Aizenman/LEMORE   |

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ACORD 25 (2014/01)  
INS025 (201401)

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**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

**Applicant Name:** *Golden Valley Van & Lines*

**The following must be completed by the Supporter of the applicant**

**Name, Title, and Business Name:** *Alona Abramson*

**Address (include street address, mailing address, city, state, zip, and county):**  
*3701 S. 291st Auburn, WA 98001 same mailing So. King County*

**Phone Number:** *(818) 429-7090*

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: *Plan to move to an apartment building*

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: *It benefits me for my moving needs and would be great for the community to have reliable moving company*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *None that I can think of at this time.*

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

*Alona Abramson* *3/21/17 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:** *Golden Valley Van Lines*

**The following must be completed by the Supporter of the applicant**

**Name, Title, and Business Name:** *Campero Mares*

**Address (include street address, mailing address, city, state, zip, and county):**  
*5424 S. Steele St. Apt. 27  
 Tacoma, WA 98409*

**Phone Number:** *253-448-9690*

**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 would need the full service of packing and relocating me.*

**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:**  
*To have a good and trustworthy local company.*

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

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

*[Signature]* \_\_\_\_\_ *03-21-17 Tacoma, 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:

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

Joan Smith, CSR, Victory Packaging

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

501 42nd St NE Ste 100, Auburn, WA  
98002

Phone Number:

253-520-2992

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:

They purchase moving supplies 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 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

3-22-17 Auburn  
Date and Location

CALIFORNIA IDENTIFICATION CARD



ID [REDACTED]

EXP 03/18/2021

LN SCHMOLDER

FN JESSICA RENE ST CROIX

[REDACTED]

DOB [REDACTED]



[REDACTED]

*Jessica*

SEX F HAIR BLN EYES BRN

HGT 5-06" WGT 125 LB

[REDACTED]

ISS 07/30/2015



**State of California**  
**Secretary of State**

**S**

**Statement of Information**

(Domestic Stock and Agricultural Cooperative Corporations)

**FEEES (Filing and Disclosure): \$25.00.**

If this is an amendment, see instructions.

**IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**F591178**

**FILED**

In the office of the Secretary of State  
of the State of California

**MAY-07 2015**

**1. CORPORATE NAME**

G.B.U. ENTERPRISES GRP, INC.

**2. CALIFORNIA CORPORATE NUMBER**

C3781936

This Space for Filing Use Only

**No Change Statement** (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 17.

**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

| 4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE | CITY | STATE | ZIP CODE |
|---|------|-------|----------|
| 290 E EL ROBLAR DR STE 306, OJAI, CA 93023      |      |       |          |

| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY | CITY | STATE | ZIP CODE |
|--|------|-------|----------|
| 290 E EL ROBLAR DR STE 306, OJAI, CA 93023                           |      |       |          |

| 6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4  | CITY | STATE | ZIP CODE |
|--|------|-------|----------|
| JESSICA SCHMOLDER 290 E EL ROBLAR DR STE 306, OJAI, CA 93023 |      |       |          |

**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

| 7. CHIEF EXECUTIVE OFFICER/ | ADDRESS                                    | CITY | STATE | ZIP CODE |
|-----------------------------|--|------|-------|----------|
| JESSICA SCHMOLDER           | 290 E EL ROBLAR DR STE 306, OJAI, CA 93023 |      |       |          |

| 8. SECRETARY      | ADDRESS                                    | CITY | STATE | ZIP CODE |
|-------------------|--|------|-------|----------|
| JESSICA SCHMOLDER | 290 E EL ROBLAR DR STE 306, OJAI, CA 93023 |      |       |          |

| 9. CHIEF FINANCIAL OFFICER/ | ADDRESS                                    | CITY | STATE | ZIP CODE |
|-----------------------------|--|------|-------|----------|
| JESSICA SCHMOLDER           | 290 E EL ROBLAR DR STE 306, OJAI, CA 93023 |      |       |          |

**Names and Complete Addresses of All Directors, Including Directors Who are Also Officers** (The corporation must have at least one director. Attach additional pages, if necessary.)

| 10. NAME          | ADDRESS                                    | CITY | STATE | ZIP CODE |
|-------------------|--|------|-------|----------|
| JESSICA SCHMOLDER | 290 E EL ROBLAR DR STE 306, OJAI, CA 93023 |      |       |          |

| 11. NAME | ADDRESS | CITY | STATE | ZIP CODE |
|----------|---------|------|-------|----------|
|          |         |      |       |          |

| 12. NAME | ADDRESS | CITY | STATE | ZIP CODE |
|----------|---------|------|-------|----------|
|          |         |      |       |          |

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS  
JESSICA SCHMOLDER

| 15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL | CITY | STATE | ZIP CODE |
|--|------|-------|----------|
| 290 E EL ROBLAR DR STE 306, OJAI, CA 93203   |      |       |          |

**Type of Business**

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION  
TRANSPORTATION SERVICES

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

05/07/2015      JESSICA SCHMOLDER      PRESIDENT  
DATE      TYPE/PRINT NAME OF PERSON COMPLETING FORM      TITLE      SIGNATURE