

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

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	DOL/SOS:	ID:	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 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: AMS Moving & Storage of Portland, LLC

Trade Name, if applicable All My Sons Moving & Storage

Physical Address 12470 SE Highway 212, Clackamas, OR 97015

Mailing Address 2400 Old Mill Rd., Carrollton, TX 75007

Telephone Number (503) 387-5140                      Fax Number (888) 486-5298

Email: safety@allmysons.com

**BUSINESS INFORMATION - continued**

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

UBI #: 602-840-329 USDOT #: 902467

If you currently do not have a USDOT number, 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 (L&I) Worker's Comp account # 861517

Employment Security Department (ESD) registration # 429950-00-4

If you will not be setting up an account with L&I or ESD because you do not have employees, please explain how you plan to obtain workers. Per WAC 480-15-555, a criminal background check must be completed on each person you intend to hire. If you intend to hire day labor from a temp agency, they must perform the criminal background check. Refer also to WAC 480-15-302 and 305.

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**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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
Residential Logistics Solutions, LLC	Sole Member	100%
Officers: Chris Generale	President	
Nick Bouras	CFO	

**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: Applicant will provide exceptional service with an experienced workforce in providing a competitive service to our customers. Under new ownership we will continue the high level of service to our customers.

2. Briefly describe your experience in the transportation/household goods moving industry: Applicant possesses extensive experience in the household goods moving industry including interstate operations and intrastate operations.

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 \_\_\_\_\_

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# 391522

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

**SEE ATTACHED BALANCE SHEET**

<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	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

<b>EQUIPMENT LIST</b>				
Describe the equipment you will own or lease to provide moving services (attach additional sheets if necessary).				
<b>Year</b>	<b>Make</b>	<b>License Number</b>	<b>Vehicle ID Number</b>	<b>Gross Vehicle Weight</b>
SEE ATTACHED EQUIPMENT LIST				

### 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: Shane Harris  
All My Sons Fleet and Safety Department

Position:  
Fleet and Safety Department Manager

**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: *All My Sons Accounting Department, Michael Hill*

Position: *VP of Finance*

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: *All My Sons Fleet and Safety Department - Angelica Mijares*

Position: *Compliance and Fleet Administrator*

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.

*Nick Bouras - CFO*



*08/22/2017 / Texas*

Print name of applicant

Signature of Applicant

Date and Location

**ATTACHMENT B**

**Transfer of Household Goods Authority  
Per WAC 480-15-187**

Current Name on Permit (Seller): AMS Moving & Storage of Portland, Inc.

Current Trade Name on Permit (Seller): All My Sons Moving & Storage

Address (Seller): 12470 SE Highway 212, Clackamas, OR 97015

HG Permit Number: 063665 Phone Number (Seller): (503) 387-5140

Does the transfer of this permit fall under the provisions of WAC-480-15-187(2) or (3)?  
1. No  Yes  If yes, please complete Attachment C.

Have all fines or penalties owed to the commission been paid?  No  Yes

**A closing annual report must be filed with the commission by the current company.**

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer? \_\_\_\_\_

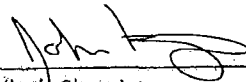
**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG-063665 to the following:

Name of Buyer: AMS Moving & Storage of Portland, LLC

Trade Name of Buyer: All My Sons Moving & Storage

**We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.**

  
\_\_\_\_\_  
Seller's Signature

08/29/17 Clackamas OR  
\_\_\_\_\_  
Date and Location

  
\_\_\_\_\_  
Buyer's Signature

08/29/2017 Carrollton TX  
\_\_\_\_\_  
Date and Location

**ATTACHMENT C**

**TRANSFER OF PERMANENT HOUSEHOLD GOODS AUTHORITY  
UNDER EXCEPTIONS IN WAC 480-15-187(2) or (3)**

1. The commission will grant an application to transfer existing permanent authority, without requiring a provisional permit, public notice or comment, if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for any one of the following reasons (check one, if applicable):

- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to a spouse or to one or more remaining partners;
- A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
- A sole proprietor has died, the sole proprietor devised or bequeathed the company by will, and the applicant is seeking transfer of the permit in accordance with the bequest or devise set forth in the will.
- An individual has incorporated and the same individual remains the majority shareholder;
- An individual has added a partner but the same individual remains the majority partner;
- A corporation has dissolved and the interest is being transferred to the majority shareholder;
- A partnership has dissolved and the interest is being transferred to the majority partner;
- A partnership has incorporated and the partners are the majority shareholders; or
- Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

**Documentation supporting the checked box above must be included with your application.** You may submit a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without requiring a provisional permit after the application has been published on the application docket subject to comment for thirty days if the applicant is fit, willing, and able to provide service, the applicant has filed to transfer control of permanent authority, and all the following conditions exist:

- Ownership of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
  - a. Has the permit been actively used by the current owner to provide household goods moving services during the twelve-month period prior to the application?     No     Yes
  - b. Provide a certified statement from the applicant and the current owner explaining why the transfer is necessary to ensure the company's economic viability;
  - c. Provide a certified statement from the applicant and the current owner describing the steps taken by the parties to ensure that safe operations and continuity of service to customers is maintained.



page 7  
Balance Sheet.

**All My Sons of Portland**  
**Balance Sheet**  
For the months ended July 31, 2017

ASSETS	
	<i>As of</i> <i>June 30, 2017</i>
<b>Current Assets</b>	
Cash in bank	\$ 53,716
Accounts receivable	
Other current assets	
Due to/from affiliates	4,272,375
<b>Total Current Assets</b>	4,326,091
<b>Property, Plant and Equipment</b>	
Transportation, moving and office equipment	632,075
Furniture & Fixtures	4,250
Buildings and leasehold improvements	
Land	
<b>Total Property, Plant and Equipment, at cost</b>	636,325
Less accumulated depreciation	(467,366)
<b>Net Property, Plant and Equipment</b>	168,960
Other Assets	
<b>Total Assets</b>	\$ 4,495,051

**All My Sons of Portland**  
**Balance Sheet**  
Balance Sheet (Continued)

LIABILITIES AND SHAREHOLDER'S EQUITY	
	<i>As of</i> <i>June 30, 2017</i>
<b>Current Liabilities</b>	
Accounts payable	\$ 78,202
Accrued expenses	127,077
Accrued interest expense	-
Other current liabilities	3,532
Due to Affiliates	407,974
Line of credit	-
Current portion of long-term debt	-
<b>Total Current Liabilities</b>	616,785
<b>Long-Term Liabilities</b>	
Notes Payable	
Other Notes Payable	
<b>Total Notes Payable</b>	-
Capital lease obligations	
Less: Current portion of long-term debt	-
<b>Total Long-Term Liabilities</b>	-
<b>Total Liabilities</b>	616,785
<b>Shareholders' Equity</b>	
Common Stock	1
Additional Paid in Capital	58,760
Distributions	(150,000)
Stockholder notes receivable	(15,000)
Retained Earnings	3,984,505
<b>Total Shareholders' Equity</b>	3,878,265
<b>Total Liabilities and Shareholders' Equity</b>	\$ 4,495,051

AMS Moving & Storage of Portland, LLC d/b/a All My Sons Moving & Storage  
Equipment List

YEAR	MAKE	LICENSE NUMBER	VEHICLE ID NUMBER	GVW
2016	FREIGHTLINER	2442723	3ALACWDT6GDGW3066	26000 lbs.
2016	FREIGHTLINER	2442724	3ALACWDT1GDGW3069	26000 lbs.
2015	HINO TRUCK	2359107	5PVNJ8JV8F4S59025	26000 lbs.
2015	HINO TRUCK	2359108	5PVNJ8JV0F4S59021	26000 lbs.
2017	FREIGHTLINER	2429760	3ALACWDT3HDHV4796	26000 lbs.
2017	FREIGHTLINER	2431084	3ALACWDT5HDHV4797	26000 lbs.
2017	FREIGHTLINER	2431085	3ALACWDT7HDHV4798	26000 lbs.
2017	FREIGHTLINER	2431086	3ALACWDT9HDHV4799	26000 lbs.
2017	FREIGHTLINER	2442725	3ALACWDT8HDJA3639	26000 lbs.

# Texas

## DRIVER LICENSE

USA  
TX

Commissioner of Transportation



*Christopher Gregor*

4d DL

[REDACTED]

9

Class

C

4a Iss

05/18/2017

4b Exp

05/29/2023

3 DOB

[REDACTED]

1 GENERALE

2 CHRISTOPHER GREGOR

8

12 Restrictions

NONE

9a End

NONE

16 Hgt

6'-00"

15 Sex

M

18 Eyes

BRO

5 DD

[REDACTED]

13755031 2017051901

TEXAS ROADSIDE ASSISTANCE: 1-800-525-5555

Directive to physician  
has been filed at tel #

Emergency  
contact number

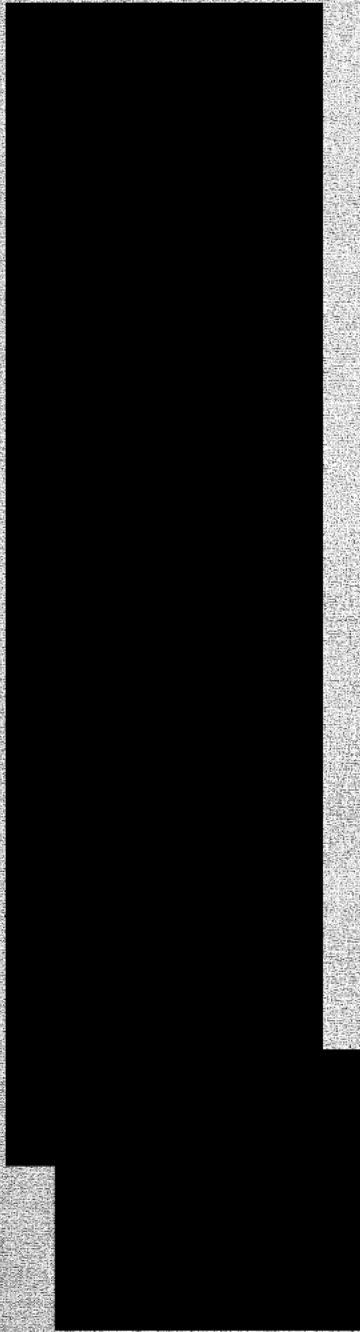
Allergic reaction  
to drugs

CLASS: C-Single or comb veh w/ GVWR ≤ 26,000 lbs which transports placarded HAZMAT or


RESTRICTIONS - NONE

ENDORSEMENTS:  
NONE

REV. 10/10/2016



*Texas* DRIVER LICENSE USA TX




4d DL [REDACTED] 9 Class **C**  
4a Iss **01/31/2012** 4b Exp **02/05/2018**  
3 DOB [REDACTED]  
1 **BOURAS**  
2 **NICK GEORGE**

12 Restrictions **A** 9a End **NONE**  
16 Hgt **5-09** 15 Sex **M** 18 Eyes **BRO**  
5 DD [REDACTED]

*Nick George*

[REDACTED]

Directive to physician has been filed at tel #       Emergency contact number       Allergic reaction to drugs

 RESTRICTIONS - A - With corrective lenses      TEXAS ROADSIDE ASSISTANCE  
1-800-525-5555

ENDORSEMENTS:  
NONE

[REDACTED]

REV. 05/01/2007


**Certified Statement of AMS Moving & Storage of Portland, LLC**

I, the undersigned, as the duly authorized officer and representative of AMS Moving & Storage of Portland, LLC, as Applicant (the "Company"), hereby certify that the below statements, in conjunction with the completed Household Goods Moving Company Permit Application of AMS Moving & Storage of Portland, LLC, are true and correct:

The current owner of the membership interest of the Company (the "Current Membership Owner") has determined that now is an appropriate time to sell the Company, which will enable the Current Membership Owner (and its principals) to pursue other endeavors. In order for the Current Membership Owner to sell the Company and for the Company to continue as a viable business, it was necessary to find a buyer that was interested in acquiring the Company and continuing the operations of the Company. Based on the information and representations provided to the Company and the Current Owner, Residential Logistics Solutions, LLC, as the Acquiring Membership Owner, intends to acquire the Company and oversee its operations with the intent that it continue as an economically viable enterprise and in compliance with all applicable safety regulations.

Executed the 30 day of August, 2017.

AMS Moving & Storage of  
Portland, LLC

By:   
Printed: Nick Bouras  
Its: CFO

**Certified Statement of Residential Logistics Solutions, LLC**

I, the undersigned, as the duly authorized officer and representative of Residential Logistics Solutions, LLC, as the Acquiring Membership Owner (the "Acquiring Membership Owner") of AMS Moving & Storage of Portland, LLC (the "Company"), hereby certify that the below statements, in conjunction with the completed Household Goods Moving Company Permit Application of AMS Moving & Storage of Portland, LLC, are true and correct:

It is my understanding that the Company currently operates in compliance with all applicable safety regulations. It is the current intent of the Acquiring Membership Owner that operations of the Company after completion of the transaction by which the Acquiring Membership Owner attains control of the Company will continue in compliance with all applicable safety regulations.

Executed the 30 day of August, 2017.

Residential Logistics Solutions, LLC

By: 

Printed: Chris Generale

Its: President





"Your Neighborhood Movers"

[www.allmysons.com](http://www.allmysons.com)

#### DRUG & ALCOHOL POLICY

##### 4 Drugs & Alcohol

- Any post-accident refusal or failure to submit on entire record
- Any convictions or guilty plea within the past three (3) years for DWI/DUI/OWI or under the influence of controlled substance while operating a personal automobile or motorcycle.
- Any open container conviction within the past three (3) years
- Any driver on court supervised probation, parole, under felony indictment or similar pending legal proceedings
- Refusal to submit to alcohol testing with a previous motor carrier's alcohol testing program will have the same consequences as a DWI/DUI/OWI
- Refusal to submit to alcohol testing in a state with "implied consent" licensing will be considered a DWI/DUI/OWI
- No positive drug or alcohol test or refusal to test under a DOT or company testing program

2400 Old Mill Road  
Carrollton TX 75007



Office of the Secretary of State  
Corporations & Charities Division

- Filing Fee, non-profit corp: \$20  
 Filing Fee, all others: \$30  
 With Expedited Service: add an additional \$50

08/17/17 3529689-001  
 \$80.00 K  
 tid: 3568446

**FILED**  
**AUGUST 17, 2017**  
**SECRETARY OF STATE**  
**STATE OF WASHINGTON**

*For office use only*

## FOREIGN REGISTRATION AMENDMENT

SEE INSTRUCTIONS BEFORE COMPLETING FORM - TYPE OR PRINT ALL INFORMATION IN DARK INK

### 1. Entity Information

Entity Name (as recorded with WA Sec. of State): AMS Moving & Storage of Portland, Inc.		UBI# (if applicable): 602840329
New Entity Name (if different than above): AMS Moving & Storage of Portland, LLC		
If above name not available, name to be used in WA:		
Current Jurisdiction of Formation (State or Country): Delaware	New Jurisdiction of Formation: Delaware	
Current Entity Type (if LP, indicate whether entity is an LLLP): Corporation	New Entity Type (if LP, indicate whether entity is an LLLP): Limited Liability Company	

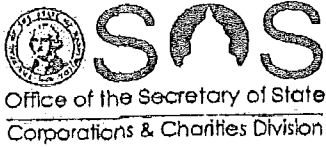
### 2. Effective Date

Effective Date: <input checked="" type="checkbox"/> Upon Filing, or <input type="checkbox"/> Specific Date:	Enter Specific Date:	(Effective date must be within 90 days AFTER the Amendment has been filed by Secretary of State)
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### 3. Principal Office Information (must be completed if changed from current)

Street Address of Principal Office: 2400 Old Mill Road		
City: Carrollton	State: TX	Zip: 75007
Mailing Address of Principal Office (if different than above):		
City:	State:	Zip:
Street Address of Required Office in Home Jurisdiction (if applicable): 251 Little Falls Drive		
City: Wilmington	State: DE	Zip: 19808
Mailing Address of Required Office in Home Jurisdiction (if different than above):		
City:	State:	Zip:

**REQUIRED:** If a change is made to the Entity Name, Entity Type or Jurisdiction, a Certificate of Existence or document of similar import issued no more than 60 days before the date of submission must be attached to this Statement. Failure to do so will result in the Statement being returned for correction. Contact your Secretary of State or corporate regulating authority for instructions.




**4. Registered Agent Information** (must be completed if amending Registered Agent information);

Registered Agent is a: <input checked="" type="checkbox"/> Commercial Registered Agent <input type="checkbox"/> Non-Commercial Registered Agent (must select one)			
Current or New Registered Agent Name: Corporation Service Company			
Physical Address in WA (required if non-commercial registered agent): 300 Deschutes Wat SW, Suite 304			
City: Tumwater	State: WA	Zip: 98501	
Mailing Address in WA (optional):			
City:	State: WA	Zip:	
<b>CONSENT TO SERVE AS REGISTERED AGENT:</b>			
I consent to serve as Registered Agent in the State of Washington for the above named entity. I understand it will be my responsibility to accept Service of Process on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change my address.			
	Tracy Manganelli	Assistant VP	8/16/2017
Signature (required if agent has changed)	Print Name	Title	Date

**5. Executor Information**

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

	Nick Bouras	CFO	08/16/17
Signature (required)	Print Name	Title	Date

RETURN COMPLETED FORM AND PAYMENT TO:

801 Capitol Way S  
PO Box 40234  
Olympia, WA 98504

All fees are non-refundable.  
All payments must be in US currency or  
drawn on a US bank.  
Make checks and Money Orders payable to:  
Secretary of State

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMS MOVING & STORAGE OF PORTLAND, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



2978625 8300

SR# 20175755365

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203069954

Date: 08-16-17

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 05:12 PM 07/17/2017  
FILED 05:12 PM 07/17/2017  
SR 20175276901 - File Number 2978625

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A CORPORATION TO A  
LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY COMPANY ACT

- 1.) The jurisdiction where the Corporation first formed is Delaware.
- 2.) The jurisdiction immediately prior to filing this Certificate is Delaware.
- 3.) The date the corporation first formed is December 9, 1998.
- 4.) The name of the Corporation immediately prior to filing this Certificate is AMS Moving & Storage of Portland, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is AMS Moving & Storage of Portland, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
17<sup>th</sup> day of July, A.D. 2017

By: *Nick Bouras*  
Authorized Person

Name: Nick Bouras  
Print or Type

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 05:12 PM 07/17/2017  
FILED 05:13 PM 07/17/2017  
SR 20175276901 - File Number 2978625


**CERTIFICATE OF FORMATION  
OF  
AMS MOVING & STORAGE OF PORTLAND, LLC**

**THIS CERTIFICATE OF FORMATION of AMS MOVING & STORAGE OF PORTLAND, LLC** (the "LLC"), dated July 17, 2017 is being duly executed and filed by Mary Elizabeth M. Browder, Esquire, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del. C. §18-101, et seq.) (the "Act").

**FIRST:** The name of the limited liability company formed hereby is **AMS Moving & Storage of Portland, LLC.**

**SECOND:** The address of the registered office of the LLC in the State of Delaware is 251 Little Falls Drive, New Castle County, Wilmington, Delaware 19808 and the name of the Registered agent at such address is Corporation Service Company.

**IN WITNESS WHEREOF,** the undersigned has executed this Certificate of Formation as of the date first above written.

  
**Mary Elizabeth M. Browder, Esquire**  
Authorized Person

Final/Closing Report

**HOUSEHOLD GOODS CARRIERS  
2016  
ANNUAL REPORT**

FOR

AMS Moving & Storage of Portland, Inc. dba: All My Sons Moving & Storage  
(REGISTERED NAME OF BUSINESS)

12470 SE Highway  
(OFFICIAL MAILING ADDRESS)

Clackamas OR 97015  
(CITY) (STATE) (ZIP)

Please check if address listed above is an updated address

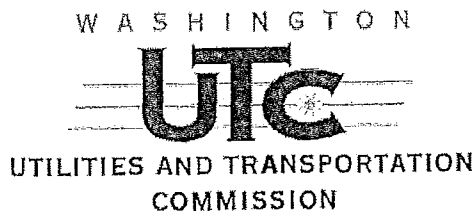
**Report Year Ended: December 31, 2016**

Inquiries concerning this Annual Report should be addressed to:

Name/Title: Chris Egenerale  
Address: 2400 Old Mill Road  
City: Carrollton  
State/Zip: Texas 75007  
Telephone: 469-461-5000 ext 6695  
Email: safety@allmysons.com

SUBMIT TO:  
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION  
PO Box 47250  
Olympia, WA 98504-7250

File online: [www.utc.wa.gov](http://www.utc.wa.gov)



**REPORT MUST BE RECEIVED NO LATER THAN MAY 1, 2017**

\*\*\*Please refer to the Instructions for Completing the Annual Report on Page 2\*\*\*

## **INSTRUCTIONS FOR ANNUAL REPORT COMPLETION**

### ***Commission Authority***

The purpose of this form is to collect financial and operational information from household goods companies regulated by the Washington Utilities and Transportation Commission (UTC). The commission's authority for requiring this report is found in RCW 81.04.080. This report is a non-confidential public use form.

### ***Certification***

The Annual Report Certification must be signed by an authorized officer, partner or owner.

### ***Regulatory Fees***

Regulatory fees are set by commission order A-140166.

### ***Deadlines and Penalties***

All household goods companies regulated by the UTC are required to complete this form, including all schedules. Failure to complete all schedules will result in the report being considered incomplete and subject to penalties. Completed forms and regulatory fee payments must be received by the UTC no later than **May 1, 2017**. Failure to file the annual report by the above deadline will result in a financial penalty of \$100 for each business day after May 1. Failure to pay the regulatory fees by the above deadline will result in a 2 percent penalty on the amount due and a 1 percent monthly interest charge on the unpaid balance.

### ***Extension Requests***

You may file a written request for an extension to file the completed annual report; however, the commission will not extend the deadline for paying regulatory fees. Any extension request must be filed with the commission by **April 14, 2017**, and must state a valid reason for why the extension is needed and identify a specific date which the report will be filed with the commission. The commission will notify you by April 28 whether your request is approved or denied. Even if your request is approved, you will still be liable for penalties and interest payments if you fail to pay your regulatory fees by May 1. To file your extension request online visit:  
<http://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx>

### ***No longer operating in Washington***

You may cancel your registration or permit by using the Voluntary Cancellation Form available at:  
<http://www.utc.wa.gov/regulatedIndustries/transportation/householdGoods/Pages/default.aspx>  
However, if your company was active with the commission at any time during the 2016 calendar year, you must pay regulatory fees and file a closing annual report based on the months of operation during 2016.

### ***Confidential Status***

Household goods companies are not permitted to file annual report documents as confidential. If a company regulated under RCW Title 81 submits its annual report or fee sheet as confidential, the commission will reject that submission and will not consider the report to be filed until the date the company submits the report and all required documents and information without any designation of confidentiality. If that date is after May 1, the company will be subject to the penalties described above. The commission will not disclose credit card information, if included, on the Payment Information Page or via online filing.

### ***Electronic Filing and Payment***

To obtain an electronic format of the report, submit a report online or pay your regulatory fees online visit:  
<https://www.utc.wa.gov/regulatedIndustries/transportation/Pages/TransportationAnnualReports.aspx>

### ***Staff Contact***

Sean Bennett at (360) 664-1157 or [sbennett@utc.wa.gov](mailto:sbennett@utc.wa.gov)  
TTY Toll-Free phone number 1-800-416-5289



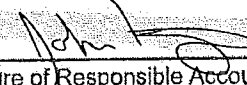
## ANNUAL REPORT CERTIFICATION

(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)

I, the undersigned John Kourgiantakis  
 Responsible Account Officer (Please Print)

of AMS Moving & Storage of Portland, LLC d/b/a All My Sons Moving & Storage  
 Name of Company

have examined this report and to the best of my knowledge and belief, all statements of fact are accurate, the financial statements, for the period from January 1, 2016 to December 31, 2016, contained in this report, correctly reflect the business affairs of the respondent.

<p><u>President</u>          Title  <small>(please print)</small></p> <p><u>360-735-8000</u>          Telephone Number</p>	<p>          (Signature of Responsible Account Officer)  <small>(Typed if submitting electronically)</small></p> <p><u>08/29/17</u>          Date</p>
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## GENERAL INFORMATION

Washington Unified Business Identifier (UBI) No.: 602-840-329  
(If you do not know your UBI No. please contact Business Licensing Service at 1-800-451-7985 or BLS@dor.wa.gov)

**Business Structure (please check the appropriate designation):**  
 Individual / Sole Proprietor   
 Partnership   
 Other (LP, LLP, LLC)   
 Corporation   
 Nonprofit Corporation

List the name, title, and percentage of partner's share or stock distribution for major stockholders. If LLC, list members and percentage of ownership.

Name	Title	Percent / Shares / Stock / Ownership
<u>AMS Group Holdco, LLC</u>		<u>100%</u>

## SCHEDULE 1

(complete all information for the year 2016)

### Staff Contact Information

Safety Director Name: All My Sons Fleet and Safety Dept / Shane Harris Phone: 425-461-5000 ext 6615  
 Claims Manager Name: All My Sons Customer Care Team / Ashley Hudnell Phone: 425-461-5000 ext 6636

### Vehicle and Mileage Information

Driver, Wage and Vehicle Information		Mileage Information	
Drivers employed	11	Total Operating Miles	
Total vehicles operated	10	Intrastate	9,200
Total vehicles owned	0	Interstate	330,000
Total vehicles leased	10	Intrastate: Trips that operate exclusive within WA	
Total vehicles under 10,000 lbs. (gvw rating)	0	Interstate: Trips that operate outside of WA	

### Recordable Intrastate and Interstate Accidents

Recordable Accidents	Intrastate	Interstate
A fatality	0	0
An injury to a person requiring immediate treatment away from the scene of the accident	0	0
Disabling damage to a vehicle, requiring it to be towed from the accident scene	0	0
<b>Total number of recordable accidents</b>	<b>0</b>	<b>0</b>

### General Operations

Terminal Facilities	Storage Facilities
Do you operate terminals at locations other than the primary address of record? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list (or attach list) the address of each terminal located in Washington State:	Do you operate your own storage facilities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list (or attach list) the address of each warehouse located in Washington State: <p style="text-align: center; font-size: large;">none in state of Washington</p>

Interstate Operations	Agent Operations
Do you have interstate operating authority? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your MC#: MC#: <u>391522</u>	Do you operate as the agent of an interstate carrier? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what is the name of the carrier: Carrier Name

## SCHEDULE 2

(complete all information for the year 2016)

### Revenue Confirmation

	Total Company <sup>1</sup>	Total WA <sup>2</sup>	WA Intrastate <sup>3</sup>
Annual Revenue for the twelve months ended December 31, 2016	3,083,486.53	158,329.77	158,329.77

<sup>1</sup> All revenues (regulated, non-regulated, interstate, intrastate). Entry matches total company income statement.

<sup>2</sup> Revenues earned in WA (regulated, non-regulated, interstate, intrastate) and matches your WA Dept. of Revenue filing.

<sup>3</sup> Regulated revenues (regulated, intrastate) only. Gross Washington intrastate operating revenue is defined as all revenue collected for the year under Washington Utilities and Transportation Commission Tariff 15C. The revenues subject to the Commission's regulatory fees are gross Washington intrastate operating revenues before deductions for uncollectibles, unbillables, or the payment of state and federal taxes.

### Household Goods Moves

	Total Washington <sup>4</sup>	Intrastate only <sup>5</sup>
Number of household goods moves completed during the year	211	170
Number of written estimates issued during the year	286	244
Number of Loss and/or Damage Claims received during the year	7	7

<sup>4</sup> All moves performed by the company registered with the commission (may include non-regulated or interstate moves where the move either originates or terminates within Washington).

<sup>5</sup> Regulated moves (under Tariff 15C) where the move both originates and terminates within Washington.

**REGULATORY FEE CALCULATION SCHEDULE**

**Due May 1, 2017**

Company Name:

AMS Moving and Storage of Portland, Inc. d/b/a All My Sons Moving and Storage

Annual Report Year

**2016**

In accordance with RCW 81.24.010 and 81.24.321 "Regulatory Fees", the Commission requires Household Goods companies to file reports of gross intrastate revenue and pay fees on that revenue. Every company subject to regulation shall file with the Commission a statement under oath showing its gross intrastate operating revenue from operations for the preceding year and pay to the Commission a fee as instructed below. There is no minimum fee.

**Regulatory Fee Calculations**

1 Total Gross Intrastate Operating Revenue\*\* (enter amount from WA Intrastate Revenue - Schedule 2) 158,329.77

2 Gross Intrastate Operating Revenue x .25% 158,329.77 x 0.0025 395.82

*Agency Use Only* 001-111-0268-207-01

**Penalty & Interest Calculations**

3 Penalties on Regulatory Fees being paid after **May 1**

3a Total Penalties on Regulatory Fees owed (enter amount from Line 2 x 2%) \_\_\_\_\_ x 0.02 \_\_\_\_\_

4 Interest on Regulatory Fees being paid after **May 31**

4a Amount from Line 2 x Number of months past May 31 x 1% \_\_\_\_\_ x \_\_\_\_\_ x 0.01 \_\_\_\_\_

5 Total Penalties and Interest owed (Line 3a plus Line 4a) \_\_\_\_\_

8 Total Regulatory, Penalties and Interest Fees Due (Line 2 plus Line 5) \_\_\_\_\_

*Agency Use Only* 001-111-0268-207-11

**\*\*Note:** Gross Washington intrastate operating revenue is defined as all revenue collected for the year from rates under Washington Utilities and Transportation Commission Tariff 15C. The revenues subject to the Commission's regulatory fees are gross Washington intrastate operating revenues **before** deductions for uncollectibles, unbillables, or the payment of state and federal taxes.

**COMMISSION USE ONLY**

Reception #: \_\_\_\_\_ 001-111-0268-207-01 \_\_\_\_\_

Reference: AR2016 001-111-0268-207-11 \_\_\_\_\_

Payment ID: \_\_\_\_\_ 001-111-0268-032-20 \_\_\_\_\_

001R-111-0268-032-20 ( \_\_\_\_\_ )

Total Paid: \_\_\_\_\_

## PAYMENT INFORMATION

The commission accepts the following methods of payment:

- Cash (in-person at commission)
- Check (must be in US Funds)
- Online payments\* (ACH, American Express, Discover/Novus, Mastercard, Visa)
- Pay-by-phone (credit card payments only) at (360) 664-1349

*\*Please note: A convenience fee of 2.5 percent (minimum of \$3.95) is charged by Official Payments for using the credit card processing service.*

To pay online visit:

<https://www.utc.wa.gov/regulatedIndustries/Pages/online-payments.aspx>

## FILING YOUR REPORT

All annual reports and regulatory fees must be received by the commission no later than May 1 each year (or the following business day if May 1 lands on a weekend). Postmark dates are not considered the date received. It is strongly recommended to use a mail delivery service, such as certified mail via USPS, with delivery confirmation or filing online to receive an email notification of receipt.

Reports may be mailed, faxed, delivered in person or submitted online:

- Mail to: *(recommend via certified mail no later than April 15 to ensure timely delivery)*  
Utilities and Transportation Commission  
PO Box 47250  
Olympia, WA 98504
- Physical Address for express delivery services (Fedex, UPS):  
1300 S. Evergreen Park Dr. S.W.  
Olympia, WA 98504
- Fax to: (360) 664-1289 *(Contact commission staff below to verify receipt)*
- File online using the commission e-file system: *(System will generate automatic email receipt)*  
<https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx>

## NEED MORE ASSISTANCE?

For more information about annual reports please reference the Annual Report FAQ document at the website below or contact Sean Bennett at (360) 664-1157 or [sbennett@utc.wa.gov](mailto:sbennett@utc.wa.gov).

<https://www.utc.wa.gov/regulatedIndustries/Pages/annualReports.aspx>

 SCOPELITIS  
GARVIN LIGHT HANSON & FEARY

*The full service transportation law firm*

www.scopelitis.com

Main (317) 637-1777  
Fax (317) 687-2414

10 West Market Street  
Suite 1500  
Indianapolis, IN 46204

ANDREW K. LIGHT  
alight@scopelitis.com

September 6, 2017

VIA E-MAIL/transportation@utc.wa.gov

Mr. Mike Dotson  
Washington Utilities & Transportation Commission  
1300 S. Evergreen Park Drive SW  
P.O. Box 47250  
Olympia, WA 98504-7250

RE: AMS Moving & Storage of Portland, LLC  
d/b/a All My Sons Moving & Storage  
HG Permit Number: 063665 – Transfer Application

Dear Mike:

Pursuant to your prior communications with Tim Cochren and Susan of this office, enclosed for filing is a household goods transfer authority application on behalf of AMS Moving & Storage of Portland, Inc. d/b/a All My Sons Moving & Storage. Per your guidance, we understand a separate name change application is not required with regard to the LLC conversion of AMS Moving & Storage of Portland, Inc. to reflect the name change to the converted name of AMS Moving & Storage of Portland, LLC. Accordingly, the attached application is filed under the new LLC name, and requests a transfer of the stock ownership to the new LLC member, Residential Logistics Solutions, LLC.

With the above in mind, the below information is attached to effectuate the change in ownership and amend the name of AMS Moving & Storage of Portland, Inc. d/b/a All My Sons Moving & Storage to the new name of AMS Moving & Storage of Portland, LLC d/b/a All My Sons Moving & Storage under HG Permit Number 063665:

Indianapolis • Chicago • Washington, D.C. • Los Angeles • Chattanooga  
Detroit • Spokane • Dallas/Fort Worth • Milwaukee • Philadelphia/Mt. Ephraim

SERVICES OUTSIDE CALIFORNIA AND MICHIGAN PROVIDED BY SCOPELITIS, GARVIN, LIGHT, HANSON & FEARY, PROFESSIONAL CORPORATION  
SERVICES IN MICHIGAN PROVIDED BY SCOPELITIS, GARVIN, LIGHT, HANSON & FEARY, PROFESSIONAL LIMITED LIABILITY COMPANY  
SERVICES IN CALIFORNIA PROVIDED BY SCOPELITIS, GARVIN, LIGHT, HANSON & FEARY, LIMITED LIABILITY PARTNERSHIP

Page 2  
September 6, 2017  
Mr. Mike Dotson

1. Household Goods Moving Company Permit Application, including completed Attachments B and C
2. Balance Sheet
3. Equipment List
4. Copies of driver licenses of Christopher Generale and Nick Bouras
5. Certified Statement of AMS Moving & Storage of Portland, LLC
6. Certified Statement of Residential Logistics Solutions, LLC
7. Drug & Alcohol Policy
8. Final/Closing Annual Report of AMS Moving & Storage of Portland, Inc. d/b/a All My Sons Moving & Storage
9. Washington Secretary of State Foreign Registration
10. Delaware Secretary of State Certificate of Conversion

With regard to the filing fee, the Firm will provide a credit card to cover the \$250.00 fee. Please advise when we may submit the credit card information.

With regard to insurance, please advise when we may have the required Form E liability and Form H cargo filings submitted to the Commission, as we will request these filings upon confirmation from you that the new insurance filings may be filed.

If you have any questions concerning the transfer application, please contact me or Susan Laetsch of this office. I thank you for your assistance in this matter.

Very truly yours,



Andrew K. Light

AKL:sl  
Enclosures  
cc: Mary Elizabeth Browder w/enclosures  
Chris General w/enclosures  
Roy Goldman w/enclosures  
John Kober w/enclosures

H:\Users\slaetsch\WPDOCS\All My Sons-2017 HHG Project\Intrastate Filing Letters-Fax Covers\WA Mike Dotson - Entity 52- File Transfer App.doc.docx