

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**

| FOR OFFICIAL USE ONLY |                 |                  |                       |
|-----------------------|-----------------|------------------|-----------------------|
| Date Filed:           | DOL/SOS:        | ID: <u>14203</u> | Docket # <u>71107</u> |
| 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: B M LOGISTICS LLC

Trade Name, if applicable BOGDAN MOVERS

Physical Address 1900 S PUGET DR SUITE 206, RENTON WA 98055

Mailing Address 1900 S PUGET DR SUITE 206, RENTON WA 98055

Telephone Number (425) 786-7388      Fax Number (    ) \_\_\_\_\_

Email: elvizahanify@gmail.com

## FILING YOUR APPLICATION

Select one of the following:

- File and pay electronically at [efileapp.utc.wa.gov](http://efileapp.utc.wa.gov)
- Scan/PDF to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov) and call us at 360-664-1222 to arrange payment
- Fax to 360-586-1181 and call us at 360-664-1222 to arrange payment
- Mail your application *with* your check or money order to the following address:  
UTC  
PO Box 47250  
Olympia, WA 98504-7250

## PAYING FOR YOUR APPLICATION

Select one of the following:

- ACH online (no service fee) at [payments.utc.wa.gov](http://payments.utc.wa.gov)
- Credit Card online at [payments.utc.wa.gov](http://payments.utc.wa.gov)  
(2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing)
- Check or Money Order. Mail your check or money order *with* your application to the following:  
UTC  
PO Box 47250  
Olympia, WA 98504-7250

You may also fax your application to 360-586-1181 or scan to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov) and call us with your credit card number. DO NOT EMAIL OR FAX YOUR CREDIT CARD INFORMATION.

**BUSINESS INFORMATION - continued**

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

UBI #: 603401849

USDOT #: 3055570

If you currently do not have a USDOT number, go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.

Department of Labor & Industries (L&I) Worker's Comp account # 623,885-00

Employment Security Department (ESD) registration # 634063-00-6

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> |
|------------------------|--------------|--|
| <u>BOGDAN MOMOTYUK</u> | <u>CEO</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: \_\_\_\_\_

2. Briefly describe your experience in the transportation/household goods moving industry: \_\_\_\_\_

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# \_\_\_\_\_

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

### FINANCIAL STATEMENT

Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

| Assets               |           | Liabilities                              |           |
|----------------------|-----------|--|-----------|
| 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>\$</b> | <b>TOTAL LIABILITIES &amp; NET WORTH</b> | <b>\$</b> |

### 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 |
|------|------|----------------|-------------------|----------------------|
| 2017 | FORD | C28932J        |                   | 6000 LB              |
|      |      |                |                   |                      |
|      |      |                |                   |                      |
|      |      |                |                   |                      |

### 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)

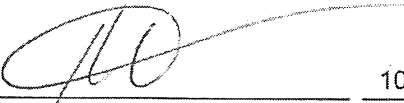
**CARGO INSURANCE REQUIREMENTS** (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name:

OREST MOMOTYUK

Position:

OPERATIONS MANAGER

| <b>OPERATIONAL RESPONSIBILITIES</b>   |  |
|---|--|
| Annual Reports and Regulatory Fees ( <u>WAC 480-15-480</u> ). You must annually file a report of your financial operations and pay regulatory fees.   |  |
| Name:<br><b>OREST MOMOTYUK</b>  | Position:<br><b>OPERATIONS MANAGER</b>   |
| 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:<br><b>OREST MOMOTYUK</b>  | Position<br><b>OPERATIONS MANAGER</b>  |
| <p>If you would like to receive information about new household goods carriers, check here <input type="checkbox"/></p> <p style="text-align: center;"><b>DECLARATION OF APPLICANT</b></p> <p>I understand that filing this application <b>does not</b> in itself constitute authority to operate as a household goods mover.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>I understand the commission will complete a criminal background check on each person named in the application.</p> <p>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.</p> |  |
| <b>BOGDAN MOMOTYUK</b>  |  |
| Print name of applicant   | Signature of Applicant   |
| 10.18.2017  |  |
| 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:

Alina mikhalchuk

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

27818 42nd Ave S Auburn WA 98001

Phone Number:

(823) 242 2641

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

Moving to a new address

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 will use this Company in future if we decide to move again

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:

my husband is a truck driver,  
I need help

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

10/27/2017

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: VALENTIN BLANARU

|  |                                      |
|--|--------------------------------------|
| <b>The following must be completed by the Supporter of the applicant</b>   |                                      |
| Name, Title, and Business Name:<br><u>VALENTIN BLANARU</u>   |                                      |
| Address (include street address, mailing address, city, state, zip, and county):<br><u>1802 36<sup>th</sup> St Ct S. Apt. X4 Tacoma WA 98444</u>   |                                      |
| Phone Number: <u>253-388-7425</u>  |                                      |
| Do you currently need the services of a residential household goods moving company?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:<br><u>Change current address</u>   |                                      |
| Do you anticipate a future need for the services of a residential household goods moving company?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:<br><u>Time by time I will need these services because I don't do it by myself</u> |                                      |
| Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:   |                                      |
| 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<br><u>[Signature]</u>  | Date and Location<br><u>10/27/17</u> |

**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:** Vladyslav Rekuto

| The following must be completed by the Supporter of the applicant  |   |
|--|---|
| Name, Title, and Business Name:  | <u>Vladyslav Rekuto</u>                             |
| Address (include street address, mailing address, city, state, zip, and county):   | <u>1717 H st. SE apt 8, Auburn</u>                  |
| Phone Number:  | <u>253 709 0095</u>                                 |
| Do you currently need the services of a residential household goods moving company?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:              | <u>I am planning to move to different apartment</u> |
| Do you anticipate a future need for the services of a residential household goods moving company?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> 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:   |   |
| 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.  |   |
| <u>Rekuto</u><br>Signature of Person Completing Form   | <u>10/27/2017</u><br>Date and Location              |



2852-1

BM LOGISTICS LLC  
C/O LIBERTAS INC  
STE 206  
1900 S PUGET DR  
RENTON WA 98055-4418

This is your Washington Legal Entity Registration.  
This is not a Washington Business License.

Detach before posting



STATE OF  
WASHINGTON

Office of the Secretary of State  
Corporations Division

## LEGAL ENTITY REGISTRATION

BM LOGISTICS LLC  
1900 S PUGET DR STE 206  
RENTON, WA 98055-4418

Unified Business ID #: 603401849

Expiration: May-31-2018

Domestic Limited Liability Company

Renewed by Authority of Secretary of State

By accepting this document the recipient certifies that information provided on the annual report 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

# ALDENLAW

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JOHN L. ALDEN  
DANIEL J. BENNETT

ONE EAST LIVINGSTON AVENUE  
COLUMBUS, OHIO 43215-5700  
[WWW.ALDENLAW.NET](http://WWW.ALDENLAW.NET)

TELEPHONE: (614) 221-1306  
FACSIMILE: (614) 221-3551

JALDEN@ALDENLAW.NET

October 5, 2017

Via email only

Mr. Elviza Hanify  
BM Logistics, LLC dba Bogdan Movers  
1900 S. Pugent Dr., Suite 206  
Renton, WA 98055

Dear Elviza:

I am very pleased to advise that we have established the DOT registration (3055570) for BM Logistics. A copy of the federal DOT "Company Snapshot" is attached. Please review all sections carefully to confirm that the information is correct. If any revisions are needed, please let me know.

We have also obtained your DOT PIN number, which is 3C72RH1H. The DOT PIN number enables us to update the DOT registration information including mileage, number of drivers, equipment, etc. With it we can also look at safety related information, roadside inspections and carrier reviews.

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Please let me know if you have any questions going forward. If we can be of assistance to Bogdan Movers with any additional registrations, authorities, contract preparation or any other transportation related matters, we would be pleased to help.

Please give my very best to Bogdan. You folks are always a pleasure to work with.

Sincerely,

  
John L. Alden

JLA/elh  
Attachment

USDOT Number MC/MX Number Name

Enter Value: 3055570

**Company Snapshot**

BM LOGISTICS LLC  
USDOT Number: 3055570

**ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating**

Carriers: If you would like to update the following ID/Operations information, please complete and submit form MCS-150 which can be obtained online or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's DataQs system.

|   |
|---|
| Other Information for this Carrier        |
| <a href="#">SMS Results</a>               |
| <a href="#">Licensing &amp; Insurance</a> |

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the CSP order page or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of 10/04/2017. Carrier VMT Outdated.

|  |   |                                 |      |
|--|---|---------------------------------|------|
| <b>Entity Type:</b>  | CARRIER   |                                 |      |
| <b>Operating Status:</b>   | ACTIVE  | <b>Out of Service Date:</b>     | None |
| <b>Legal Name:</b>   | BM LOGISTICS LLC                                      |                                 |      |
| <b>DBA Name:</b>   | BOGDAN MOVERS   |                                 |      |
| <b>Physical Address:</b>   | 1900 SOUTH PUGENT DRIVE SUITE 206<br>RENTON, WA 98055 |                                 |      |
| <b>Phone:</b>  | (253) 335-6601  |                                 |      |
| <b>Mailing Address:</b>  | 1 EAST LIVINGSTON AVENUE<br>COLUMBUS, OH 43215        |                                 |      |
| <b>USDOT Number:</b>   | 3055570   | <b>State Carrier ID Number:</b> |      |
| <b>MC/MX/FF Number(s):</b>   |   | <b>DUNS Number:</b>             | -    |
| <b>Power Units:</b>  | 1   | <b>Drivers:</b>                 | 1    |
| <b>MCS-150 Form Date:</b>  | 10/04/2017  | <b>MCS-150 Mileage (Year):</b>  |      |
| <b>Operation Classification:</b>   |   |                                 |      |
| <input checked="" type="checkbox"/> Auth. For Hire <input type="checkbox"/> Priv. Pass.(Non-business) <input type="checkbox"/> State Gov't<br><input type="checkbox"/> Exempt For Hire <input type="checkbox"/> Migrant <input type="checkbox"/> Local Gov't<br><input type="checkbox"/> Private(Property) <input type="checkbox"/> U.S.-Mail <input type="checkbox"/> Indian Nation<br><input type="checkbox"/> Priv. Pass. (Business) <input type="checkbox"/> Fed. Gov't  |   |                                 |      |
| <b>Carrier Operation:</b>  |   |                                 |      |
| <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate Only (HM) <input checked="" type="checkbox"/> Intrastate Only (Non-HM)   |   |                                 |      |
| <b>Cargo Carried:</b>  |   |                                 |      |
| <input checked="" type="checkbox"/> General Freight      Liquids/Gases      Chemicals<br>Household Goods      Intermodal Cont.      Commodities Dry Bulk<br>Metal: sheets, coils, rolls      Passengers      Refrigerated Food<br>Motor Vehicles      Oilfield Equipment      Beverages<br>Drive/Tow away      Livestock      Paper Products<br>Logs, Poles, Beams, Lumber      Grain, Feed, Hay      Utilities<br>Building Materials      Coal/Coke      Agricultural/Farm Supplies<br>Mobile Homes      Meat      Construction<br>Machinery, Large Objects      Garbage/Refuse      Water Well<br>Fresh Produce      US Mail |   |                                 |      |

**ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating**



STATE OF WASHINGTON

Department of Labor & Industries

# Certificate of Workers' Compensation Coverage

October 2, 2017

|   |  |
|---|--|
| WA UBI No.  | 603 401 849                                    |
| L&I Account ID  | 623,885-00                                     |
| Legal Business Name                                   | BM LOGISTICS LLC                               |
| Doing Business As                                     | BM LOGISTICS LLC                               |
| Workers' Comp Premium Status:                         | Account is current.                            |
| Estimated Workers Reported<br>(See Description Below) | Quarter 2 of Year 2017 "0" Workers             |
| Account Representative                                | Employer Services Help Line, (360)<br>902-4817 |
| Licensed Contractor?                                  | No   |

### What does "Estimated Workers Reported" mean?

Estimated workers reported represents the number of full time position requiring at least 480 hours of work per calendar quarter. A single 480 hour position may be filled by one person, or several part time workers.

### Industrial Insurance Information

Employers report and pay premiums each quarter based on hours of employee work already performed, and are liable for premiums found later to be due. Industrial insurance accounts have no policy periods, cancellation dates, limitations of coverage or waiver of subrogation (See [RCW 51.12.050](#) and [51.16.190](#)).

Date of this notice: 05-12-2014

Employer Identification Number:  
46-5637189

Form: SS-4

Number of this notice: CP 575 A

BM LOGISTICS LLC  
BOGDAN MOMOTYUK MBR  
27423 12TH PL S  
DES MOINES, WA 98198

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-5637189. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

|           |            |
|-----------|------------|
| Form 941  | 01/31/2015 |
| Form 940  | 01/31/2015 |
| Form 1065 | 04/15/2015 |

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

Employment Security Department  
WASHINGTON STATE

## Check Tax Rates

**PRODUCTION**

Your e-mail address:  
tbs100@taxandbookkeeping.net Logout

### Tax Rate Results

**BM LOGISTICS LLC  
634063-00-6**

**Tax year:** 2017  
**Tax class:** Taxable  
**Annual taxable wage base:** \$45,000.00

|             | Total UI tax rate | EAF rate | Total employer tax rate |
|-------------|-------------------|----------|-------------------------|
| 1st quarter | 1.13%             | 0.02%    | 1.15%                   |
| 2nd quarter | 1.13%             | 0.02%    | 1.15%                   |
| 3rd quarter | 1.13%             | 0.02%    | 1.15%                   |
| 4th quarter | 1.13%             | 0.02%    | 1.15%                   |

**Note:** The UI tax rates listed above are current as of *10/01/2017* and are subject to change.

If you have any questions regarding this information, contact your District Tax Office (DTO) at 855-829-9243 or OlympiaAMC@esd.wa.gov.

Select another tax year

Privacy Notice  
Equal Opportunity & Americans with Disabilities Act Information



JEFFREY ICE  
BRIGHTSTONE INS SRVC  
145 HUGUENOT ST #501  
NEW ROCHELLE, NY 10801

**PROGRESSIVE**  
COMMERCIAL

B.M LOGISTICS LLC  
1900 S PUGET DR. SUITE 206  
KENT, WA 98055

Underwritten by:  
United Financial Casualty Company  
October 19, 2017  
Policy Period: Oct 19, 2017 - Apr 19, 2018  
Page 1 of 1

Dear B.M LOGISTICS LLC,

Thank you for giving me the opportunity to quote your Commercial Auto insurance coverage. I appreciate your business and am confident that you will be pleased with your decision to purchase coverage through Progressive. We'll get your hard-working vehicles back on the road fast following an accident. Instead of outsourcing, our commercial claims professionals manage all repairs to help save you time and money when it really matters - when you need to get back in business. Our commercial auto claims representatives are ready to assist you 24 hours a day, 7 days a week, every day of the year by calling 1-800-274-4499. You also have the ability to make payments, check billing activity, print policy documents, or check the status of a claim at [progressiveagent.com](http://progressiveagent.com).

**Enclosed you will find:**

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.

**Within 2 weeks you will receive:**

- Your policy contract and Commercial Auto Insurance Coverage Summary (Declarations Page).
  - Please take a few minutes to review these important documents and call Progressive if you have any questions about your coverage.
- Permanent ID cards for your wallet.

---

**Receipt of initial payment for the policy**

This is receipt of \$2,627.00 for the initial payment on this policy. Payment was made by Credit Card.

If you have any questions, please call me at 1-914-636-6262.

Form WELLTR (05/06)

**Policy number: 04214871-0**

Policyholder:

B.M LOGISTICS LLC

October 19, 2017

Policy period: Oct 19, 2017 - Apr 19, 2018

Page 1 of 1

## This information will complete your purchase of insurance

Please review the items listed below and **return the requested information to my office** as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

### Sign and return

- Your application
- Rejection of Personal Injury Protection Coverage
- Underinsured Motorist Coverage - election of lower limits

**Return to:** JEFFREY ICE  
BRIGHTSTONE INS SRVC  
145 HUGUENOT ST #501  
NEW ROCHELLE, NY 10801

**Fax:** 1-914-636-0802

Form CHKLST WA (05/08)

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# Application for Insurance

Please review, sign where indicated, and return

**PROGRESSIVE**  
COMMERCIAL

**Policy number: 04214871-0**  
Named Insured: B.M LOGISTICS LLC

October 19, 2017  
Page 1 of 5

## Policy and premium information for policy number 04214871-0

|                                  |   |
|----------------------------------|---|
| Insurance company:               | United Financial Casualty Company<br>P.O. BOX 94739<br>Cleveland, OH 44101  |
| Agent:                           | JEFFREY ICE<br>BRIGHTSTONE INS SRVC<br>145 HUGUENOT ST #501<br>NEW ROCHELLE, NY 10801<br>83356<br>1-914-636-6262                                      |
| Named Insured:                   | B.M LOGISTICS LLC<br><br>1900 S PUGET DR. SUITE 206<br>KENT, WA 98055<br>e-mail address: BMOMOTYUK@BOGDANDELIVERY.COM<br>Phone Number: 1-253-335-6601 |
| Financial responsibility vendor: | EXPERIAN<br>1-888-397-3742  |
| Policy period:                   | Oct 19, 2017 - Apr 19, 2018   |
| Effective date and time:         | Oct 19, 2017 at 09:02AM ET  |
| Total policy premium:            | \$2,627.00  |
| Initial payment required:        | \$2,627.00  |
| Initial payment received:        | \$2,627.00  |
| Payment plan:                    | 1 payment   |

## Rated drivers

The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application.

| Name            | Date of birth | Age | Marital status | Driver's license number | State | Points | Additional information | CDL | Original year CDL issued |
|-----------------|---------------|-----|----------------|-------------------------|-------|--------|------------------------|-----|--------------------------|
| BOGDAN MOMOTYUK | 09/19/1978    | 39  | Married        | *****25OR               | WA    | 0      |                        | No  |                          |

## Outline of coverage

### Auto coverage part

| Description                                 | Limits                             | Deductible      | Premium |
|---|------------------------------------|-----------------|---------|
| Liability To Others                         |                                    |                 | \$1,589 |
| Bodily Injury and Property Damage Liability | \$1,000,000 combined single limit  |                 |         |
| Underinsured Motorist Bodily Injury         | \$100,000 combined single limit    |                 | 65      |
| Underinsured Motorist Property Damage       | \$100,000 each accident            | \$100           | 21      |
|   |                                    | \$300 hit & run |         |
| Comprehensive                               |                                    |                 | 100     |
| See Auto Coverage Schedule                  | Limit of liability less deductible |                 |         |

 Continued

Collision 491  
 See Auto Coverage Schedule Limit of liability less deductible

**Subtotal policy premium \$2,266**

**Motor Truck Cargo coverage part**

| Description                                  | Limits   | Deductible | Premium        |
|--|----------|------------|----------------|
| Motor Truck Cargo                            | \$10,000 | \$1,000    | \$291          |
| <b>Subtotal policy premium</b>               |          |            | <b>\$291</b>   |
| PUC Filing Fee                               |          |            | 35             |
| State Cargo (Form H) Filing Fee              |          |            | 35             |
| <b>Total 6 month policy premium and fees</b> |          |            | <b>\$2,627</b> |

**Rated commodities**

- Household Goods (Mover)

**Auto coverage schedule**

- 2017 FORD F350** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
 VIN: **1FT8W3BT2HEB91963** Garaging Zip Code: 98055 Territory: 30 Radius: 100 miles  
 Personal use: N Body type: Pickup Use class: C

| Liability Premium       | Liability       | UIM BI       | UIM PD               |                   |                |
|-------------------------|-----------------|--------------|----------------------|-------------------|----------------|
|                         | \$1589          | \$65         | \$21                 |                   |                |
| Physical Damage Premium | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | Auto Total     |
|                         | \$1,000         | \$100        | \$1,000              | \$491             | <b>\$2,266</b> |

**Vehicle questions**

- Is this vehicle used for business, personal or both? Business Only

**Financial responsibility information**

| Name            | Home address                                     | Age | Date of birth |
|-----------------|--|-----|---------------|
| BOGDAN MOMOTYUK | 1900 S PUGET DR. SUITE 20<br>KENT, WA 98055-0000 | 39  | 09/19/1978    |

Is BOGDAN MOMOTYUK involved in the daily operation of the business? Yes

**Business information**

| Business type                | Sub business type  | Other |
|------------------------------|--------------------|-------|
| Trucking For-Hire            | Household Movers   |       |
| Applicant Corporation or LLC | Employer ID number |       |
|                              | 465637189          |       |

Does the insured own the property / goods being hauled? No

Does the applicant have a USDOT Number? No

If a USDOT Number is obtained in the future, it must be provided to Progressive.

**Additional policy questions**

- Year the current business was established: 2017
- Does the insured currently have General Liability Insurance or a Business Owners Policy? Neither
- Premise type your tow business operates from: Unknown

**Premium discount**

Policy

04214871-0

Paid in Full

**Prior insurance questions**

Prior insurance: No

**Underwriting questions**

Does the applicant require any Waivers of Subrogation? No If yes, how many? 0

How many Additional Insureds are required? 0

Do we insure all commercial vehicles the insured owns? Yes

Do we insure all vehicles that the insured uses in their business? Yes

Does applicant require a State Filing? Yes How many? 1

Does applicant require a State Cargo (Form H) Filing? Yes How many? 1

## Application agreement

### Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase. The insured understands that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented, with the intent to deceive.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

### Notice of information practices

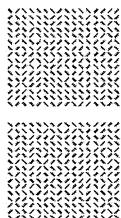
The insured understands that to calculate an accurate price for their insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate the renewal premium or service the insurance. The insured may access information about them and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, or agent in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

### The insured affirms that

If the initial payment is made by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. The insured also understands that if a credit card transaction is authorized for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

If the insured has an outstanding unpaid balance from a prior Progressive commercial lines policy, payment of that balance is required. Nonpayment of a prior unpaid balance may result in the denial, cancellation, or nonrenewal of this policy.



**Other charges**

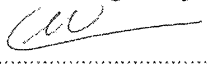
The insured agrees to pay the installment fees shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the amount of these fees may change upon policy renewal or if they change their payment plan. Any change in the amount of installment fees will be reflected on the payment schedule.

The insured understands that a returned payment fee of \$20.00 will be assessed to the balance due on the policy if any check offered in payment is not honored by the bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

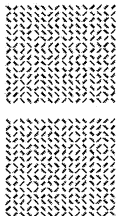
The insured agrees to pay a late fee of \$10.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 2 days after the premium due date. The amount of this fee may change upon policy renewal.

**Signature of first named insured or  
Authorized signatory of the named insured entity**

**Date**

X 

10/19/2017



**Important Notice**

Federal, state and local laws may require you to carry higher limits of liability insurance based on your business or vehicle type. It's your responsibility to comply with these laws.

Please contact the state department of transportation, your employer, or the city and municipalities where you operate, to determine if you're required to carry higher limits.

Form A107 (03/13)

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**Underinsured Motorist Coverage - election of lower limits**

I have been offered and I have rejected the option to purchase Underinsured Motorist Coverage for bodily injury in an amount equal to the limits of bodily injury liability coverage. Instead, I elect the lower limits of Underinsured Motorist Coverage for bodily injury selected below. I understand that Underinsured Motorist Coverage for bodily injury protects insureds under the policy who sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance or does not have enough insurance. Insureds for purposes of this coverage include any occupant of an insured auto, and when the named insured is a person, the named insured and named insured's resident relatives.

I understand and agree that this rejection of the higher limits and election of lower limits shall be binding on all persons insured under the policy, and that this election shall apply to any supplemental or renewal policy with this company, unless the first named insured, or authorized representative of the first named insured, revokes this election or selects a different option.

(Please check one coverage option only.)

- \$25,000 each person/\$50,000 each accident
- \$50,000 each person/\$100,000 each accident
- \$100,000 each person/\$300,000 each accident
- \$250,000 each person/\$500,000 each accident
- \$100,000 combined single limit
- \$300,000 combined single limit
- \$500,000 combined single limit
- \$750,000 combined single limit
- \$1,000,000 combined single limit

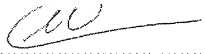
In order to provide for an informed decision of the potential consequences of rejecting underinsured motorist coverage; the undersigned acknowledges that by rejecting underinsured motorist coverage there is exposure to the risk of not being sufficiently insured for injury and/or damages when involved in an accident with a driver of an underinsured vehicle.

**Signature of first Named Insured or  
Authorized signatory of the Named Insured entity**

**Date**

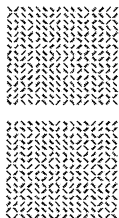
**Title**

X



10/19/2017

Owner



**Rejection of Personal Injury Protection Coverage**

Washington Insurance Laws require an insurer to offer Personal Injury Protection Coverage to its policyholders. Personal Injury Protection Coverage provides benefits for medical and hospital expenses, funeral expenses, income continuation, and loss of service.

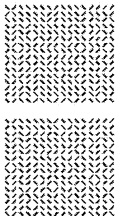
You, the insured named on the policy, have the option of rejecting this coverage, accepting this coverage at the minimum limits or requesting this coverage at the higher limits.

The undersigned insured (and each of them):  
(Applicable item marked )

agrees that Personal Injury Protection Coverage is hereby rejected.

| <b>Signature of first Named Insured or<br/>Authorized signatory of the Named Insured entity</b> | <b>Date</b> | <b>Title</b> |
|---|-------------|--------------|
| X              | 10/19/2017  | Owner        |

Form 5060 WA (07/07)



**Agent compensation disclosure**

The insurance producer that sold you this policy is a licensed independent insurance agent authorized by United Financial Casualty Company and by other insurance companies to solicit business on their behalf. We believe that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

We will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Your agent may also be eligible for additional compensation, based upon the volume and profitability of certain business he or she places with us.

Form Z181 (05/05)

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JEFFREY ICE  
BRIGHTSTONE INS SRVC  
145 HUGUENOT ST #501  
NEW ROCHELLE, NY 10801

**PROGRESSIVE**  
COMMERCIAL

B.M LOGISTICS LLC  
1900 S PUGET DR. SUITE 206  
KENT, WA 98055

**Policy number: 04214871-0**

Underwritten by:  
United Financial Casualty Company  
October 19, 2017  
Policy Period: Oct 19, 2017 - Apr 19, 2018  
Online Service  
progressiveagent.com  
Customer Service  
1-800-444-4487

## Payment Receipt for commercial auto insurance initial payment

### Payment information

#### Receipt for your payment

Amount: \$2,627.00  
Payment Method: Credit Card  
Card Type: Credit  
Account number: \*\*\*\*\* 7967  
Merchant ID: United Financial Casualty Company  
Form Payrec (08/09)

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# Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

**Thank you for choosing Progressive.**

✂

| <p style="text-align: center;"><b>B.M LOGISTICS LLC</b></p>  <p>Form A022 (03/11)</p> <p><b>IF YOU'RE IN AN ACCIDENT</b></p> <ol style="list-style-type: none"><li>1. Remain at the scene. Don't admit fault.</li><li>2. Find a safe location, call the police, and exchange driver information.</li><li>3. Call Progressive right away.</li></ol> <p><b>TO REPORT A CLAIM</b><br/>Call 1-800-274-4499 or go to <a href="http://claims.progressive.com">claims.progressive.com</a>.</p> | <p style="text-align: center;"><b>INSURANCE IDENTIFICATION CARD - Washington</b></p> <p><b>Policy Number:</b> 04214871-0<br/><b>Effective Date:</b> 10/19/2017    <b>Expiration Date:</b> 04/19/2018<br/><b>Policy Type:</b> Commercial<br/><b>Insurer:</b> United Financial Casualty Company 1-800-444-4487<br/>P.O. BOX 94739 Cleveland, OH 44101<br/><b>Named Insured(s):</b><br/>B.M LOGISTICS LLC<br/><b>Your Agent:</b><br/>BRIGHTSTONE INS SRVC 1-914-636-6262<br/>145 HUGUENOT ST #501<br/>NEW ROCHELLE, NY 10801</p> <table border="1"><thead><tr><th>Year</th><th>Make</th><th>Model</th><th>VIN</th></tr></thead><tbody><tr><td>2017</td><td>FORD</td><td>F350</td><td>1FT8W3BT2HEB91963</td></tr></tbody></table> <p style="text-align: center;">Manage your policy anytime<br/>with just a few clicks at<br/><a href="http://progressiveagent.com">progressiveagent.com</a></p> | Year  | Make              | Model | VIN | 2017 | FORD | F350 | 1FT8W3BT2HEB91963 |
|--|--|-------|-------------------|-------|-----|------|------|------|-------------------|
| Year   | Make   | Model | VIN               |       |     |      |      |      |                   |
| 2017   | FORD   | F350  | 1FT8W3BT2HEB91963 |       |     |      |      |      |                   |
| <p style="text-align: center;"><b>PROGRESSIVE</b></p> <hr/> <p style="text-align: center;">KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.</p>  |  |       |                   |       |     |      |      |      |                   |