



**RECEIVED**  
**FEB 21 2019**  
 WASH. UT. & TP. COMM

1300 S. Evergreen Park Drive SW  
 P.O. Box 47250  
 Olympia, WA 98504-7250  
 Phone: 360-664-1222  
 email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket #
	Insurance:		THG-
Payment #	111-0268-207-02 <i>550</i>	111-0268-013-20	<i>#191527</i>

**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 or Addition of d/b/a – Complete pages 3-5 and Attachment D.      **\$ 35**

**BUSINESS INFORMATION**

Legal Name: Kenneth Eugene Wilson

Trade Name, if applicable Stateside Movers LLC, DBA Spokane County Movers

Physical Address 909 E. 1st Ave, Post Falls, ID 83854

Mailing Address same

Telephone Number (208) 770-0845      Email: Ken@statesidemovers.com

Contact Name: Ken Wilson

**BUSINESS INFORMATION - continued**

USDOT #: 3119758 If you 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.

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

Business License/UBI #: 6043936816 Department of Labor & Industries (L&I)

Worker's Comp account # 6664631 (Idaho State Insurance Fund)

Employment Security Department (ESD) registration # 005017852 (Idaho State Tax Commission)

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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>

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

- Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: I have ran a Moving company targeting North Idaho for the last eleven months and eight of those months I was operating with interstate authority. We are a white glove, service oriented moving company.
- Briefly describe your experience in the transportation/household goods moving industry: For the past eleven months I have ran a profitable North Idaho oriented moving company. Prior to that, I was a private contractor for two Seattle moving companies who paid me to transform their web presence and generate leads.

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 mc# 87269
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# 87269
6. If you have interstate authority, have you registered for Unified Carrier Registration  No  Yes
7. Do you operate interstate as an agent of another company?  No  Yes  
 If yes, what is the name of the company? \_\_\_\_\_
8. 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

9. 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
Forgery and TMV	1995/1996	Everett, WA Seattle, WA
Attempted 3 <sup>o</sup> Assault	2002	Everett, WA

\*attach additional pages if necessary

10. 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

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

FINANCIAL STATEMENT			
Complete the following or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$ 8,500 <sup>-</sup>	Salaries/Wages Payable	\$ Approx. 2,200 wklly
Notes Receivable	\$ 0 <sup>-</sup>	Accounts Payable	\$ Approx. 1,500 <sup>-</sup>
Investments	\$ 0 <sup>-</sup>	Notes Payable	\$ 0 <sup>-</sup>
Other Current Assets	\$ cargo van 16,000 <sup>-</sup>	Mortgages Payable	\$ 0 <sup>-</sup>
Prepaid Expenses	\$ Phonebook Ads 2,000 <sup>-</sup>	<b>TOTAL LIABILITIES</b>	\$ 3,700 <sup>-</sup>
Land and Buildings	\$ 0 <sup>-</sup>	<b>NET WORTH</b>	28,800 <sup>-</sup>
Trucks and Trailers	\$ 0 <sup>-</sup>	Preferred Stock	\$ 0 <sup>-</sup>
Office Furniture	\$ 200 <sup>-</sup>	Common Stock	\$ 0 <sup>-</sup>
Other Equipment	\$ 800 <sup>-</sup>	Retained Earnings	\$ Approx 65,000 <sup>-</sup>
Other Assets	\$ websites 5,000 <sup>-</sup>	Capital	\$ Approx 8,500 <sup>-</sup>
<b>TOTAL ASSETS</b>	\$ 32,500 <sup>-</sup>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 32,500 <sup>-</sup>

EQUIPMENT LIST				
List the equipment you own or lease to provide moving services (attach additional sheets if necessary).				
Year	Make	License Number	Vehicle ID Number	GVW
2012	Chevy Express LT30	1GAZG4Y690117285	C3Q97N	9900
_____	_____	Triphase Penskes	_____	_____
_____	_____	Triphase W Hauls	_____	_____
_____	_____	_____	_____	_____

**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:

Position:

Kenneth Wilson

Owner / Dispatcher / Mover

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

Name: <i>Kenneth Wilson</i>	Position: <i>Owner/Dispatcher/Mover</i>
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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.

<i>Kenneth Wilson</i>	<i>[Signature]</i>	<i>2/14/19</i>
Print name of applicant	Signature of Applicant	Date

**IDAHO** The Gem State

**COMMERCIAL DRIVER'S LICENSE**

For Official Use - Not For Real ID Pur

9 Class A  
 9a End NT  
 12 Rest B

4d [Redacted]  
 4a Iss [Redacted]  
 4b Exp [Redacted]  
 3 DO [Redacted]

1 WILSON  
 2 KENNETH EUGENE

6 [Redacted]

15 Sex 16 Hgt 17 Wgt 18 Eyes 19 Hair  
 M 5'-09" 185 lb BLU BRO

[Signature]

[Redacted]

DONOR



**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:  
Ken Wilson

<b>The following must be completed by the Supporter of the applicant</b>	
Name, Title, and Business Name: <u>Sandra Richards, Former President Salt of the Earth Food Bank</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>2908 118th Pl. SE Everett, WA 98208</u>	
Phone Number: <u>(425) 355-1042</u>	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your current moving needs:	
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <u>When we plan on selling our home, I would trust this company.</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: <u>I have known Ken Wilson for 17 years. Working with him has been very professional and rewarding. He truly was an asset to our organization. His organizational skills were impeccable.</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>We found him to be trustworthy, displayed integrity, and his work ethics and reliability were very appreciated. I would not hesitate to hire him and his company.</u>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u>Sandra Richards</u> Signature of Person Completing Form	<u>5-3-18</u> Date and Location





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Applicant Name: Ken Wilson STATESIDE MOVERS

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

Name, Title, and Business Name:<sup>s</sup>  
CHRIS DAMIANIDIS SULTAN U-HAUL

Address (include street address, mailing address, city, state, zip, and county):  
935 Hwy #2 SULTAN, WA. 98294

Phone Number: 425-308-3019

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
U-HAUL

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:  
U-HAUL

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:  
High Demand for Help with Loading and unloading TRUCKS

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
VERY PROFESSIONAL WITH OUTSTANDING CUSTOMER SERVICE QUALITIES IS A PLEASURE TO DO BUSINESS WITH.

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

Chris Damianidis 5-4-18 SULTAN, WA.  
Signature of Person Completing Form Date and Location



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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:** Ken Wilson

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

Name, Title, and Business Name: Ryan Chance - Member TRC, LLC

Address (include street address, mailing address, city, state, zip, and county):  
PO Box 13566 Spokane Valley, WA 99213 Spokane County

Phone Number: 605-610-4191

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
Need a very heavy item moved up a difficult flight of stairs.

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've had experience with a couple of local moving companies that don't follow through and are very careless with personal property. A reputable company would be great.

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: Ken of Stateside movers is a very reliable and honest person that will bring a professional attitude and approach to his moving company.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
Reliability, Care for other's personal property and Honesty

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  
[Signature] 5/14/18 Spokane, WA  
Signature of Person Completing Form Date and Location



**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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

**Applicant Name:** *Kenneth Wilson*

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

Name, Title, and Business Name:  
Alex Petrakopoulos Manager/owner Omega Pizza & Pasta

Address (include street address, mailing address, city, state, zip, and county):  
102 South Granite Ave  
Granite Falls, Wa 98252

Phone Number: CELL: 425-595-7550 WORK: 360-691-4394

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
I am always needing trucking atleast three times a week. Anything from product to be sold or kitchen equipment.

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:  
We have always needed assistance moving to new homes. Storage units.

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:  
I know this company will provide a safe handling of any goods.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
The Owner Ken is a stand up person with honor and integrity.

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

*Alex Petrakopoulos* \_\_\_\_\_ 5/16/2018  
Signature of Person Completing Form Date and Location



**Idaho State Insurance Fund**

1215 W. State Street  
 PO Box 83720  
 Boise, Idaho 83720-0044  
 (208) 332-2100 - (800) 334-2370

**Workers Compensation and Employers  
 Liability Insurance Policy**

Policy Number	Policy Period	
	From	To
664631	12/07/2018	12/07/2019

Information Page		Renewal/Rewrite of Policy Number	
<b>1. Named Insured and Address</b>		<b>Agency Information</b>	
State Side Movers LLC 909 E 1st Ave Post Falls, ID 83854-7012		763 Pacific Crest Services Inc 450 W State St Ste 215 Eagle, ID 83616 (208) 938-4197	
Carrier No.	FEIN	Risk ID	Entity Type
19992	82-5267687		Limited Liability Company - LLC

Additional Workplaces not shown above:  
 Refer to Schedule of Locations Endorsement WC 99 06 02 (01-06)

- 2. The Policy Period is from 12/07/2018 to 12/07/2019 12:01 A.M. at the insured's mailing address.
- 3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: IDAHO
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under part Two are:

Bodily Injury by Accident	\$100,000.00	each accident
Bodily Injury by Disease	\$500,000.00	policy limit
Bodily Injury by Disease	\$100,000.00	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: NONE

D. This policy includes these endorsements and schedules: SEE ATTACHED SCHEDULE OF ENDORSEMENTS

- 4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All Information required below is subject to verification and change by audit.

SEE ATTACHED CLASSIFICATIONS OF OPERATIONS

Minimum Premium	\$300.00	Total Estimated Annual Premium	\$3,774.00
		Deposit Premium/Initial Installment	\$630.00

Installment Plan: Six-Payment Plan

Premium Adjustment Period:  Annual  Semi Annual  Quarterly  Monthly

Issue Date: 12/20/2018

Underwriter: Kevin Pugmire

Policy Declaration Number: 21077984

Authorized Representative

WC 00 00 01 A (05-88)



Account Registration Maintenance  
PO Box 36 • Boise ID 83722-0410  
800 Park Blvd., Plaza IV • Boise ID 83712-7742

December 6, 2018

Letter ID: L0540647616  
Reference: 005017852-09

NORTH IDAHO MOVERS  
909 E 1ST AVE  
POST FALLS ID 83854-7012



0101L0540647616

Dear Taxpayer,

Your application for an Idaho Income Tax Withholding Account Number has been accepted. You have been approved to file on a Quarterly basis, and the number assigned to you is shown below. Tax reporting forms (returns) are being sent to you in a separate mailing. You must file a return even if no tax is due. After a full calendar year, you may file a written request to change your filing frequency. Please refer to the Idaho Income Tax Withholding Booklet on our Web site at: [tax.idaho.gov](http://tax.idaho.gov) (click on Publications).

If you need help filing your returns or have questions about withholding Idaho income tax, call (208) 334-7660 in Boise or (800) 972-7660 toll free nationwide.

**Idaho Use Tax**

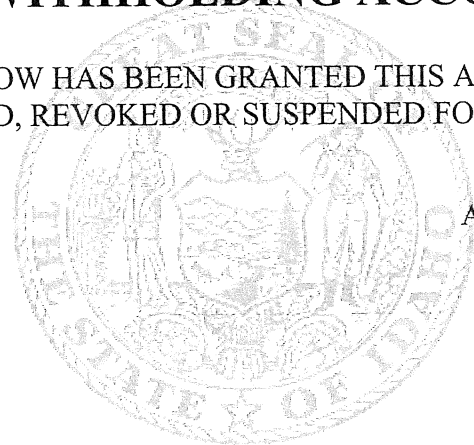
You may owe use tax when you buy items for your business. When you buy items in Idaho, the retailer should charge you sales tax. When you buy goods from outside Idaho, the retailer, Internet site, or mail-order catalog may not charge Idaho sales tax. In that case, you owe use tax - a tax on goods that you put to use or store in Idaho. If you make taxable retail sales, you can report and pay use tax with your sales tax return. Otherwise, you can report and pay use tax with your Form 41, Idaho Corporation Income Tax Return or Form 41S, Idaho S Corporation Income Tax Return. For more information read Sales Tax Brochure #2, Use Tax, on our Web site at [tax.idaho.gov](http://tax.idaho.gov) (click on Publications), or call us at the number above.

aL115A


THIS ACCOUNT NUMBER IS NOT TRANSFERABLE  
**IDAHO STATE TAX COMMISSION**  
**INCOME TAX WITHHOLDING ACCOUNT NUMBER**

THE BUSINESS NAMED BELOW HAS BEEN GRANTED THIS ACCOUNT NUMBER, WHICH IS VALID UNTIL CANCELLED, REVOKED OR SUSPENDED FOR CAUSE AS PROVIDED BY LAW.

ISSUED TO:  
STATESIDE MOVERS LLC  
NORTH IDAHO MOVERS  
909 E 1ST AVE  
POST FALLS, ID 83854-7012



Account Number: 005017852  
Issue Date: 12/06/2018  
Effective Date: 12/01/2018

 **IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 11-27-2018

Employer Identification Number:



Form: SS-4

Number of this notice: CP 575 A

STATESIDE MOVERS LLC  
KENNETH EUGENE WILSON SOLE MBR  
909 E 1ST AVE  
POST FALLS, ID 83854

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 [REDACTED]. 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	01/31/2019
Form 940	01/31/2019

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.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF REGISTRATION**

to

**STATESIDE MOVERS LLC**

A/**AN IDAHO LIMITED LIABILITY COMPANY**, effective on the date indicated below.

Effective Date: 01/29/2019  
UBI Number: 604 393 686



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 01/29/2019

**A DRUG FREE ALLIANCE**  
**CERTIFICATE OF COMPLIANCE**  
**CHAPTER 17, TITLE 72, IDAHO CODE**

12/21/2018

Company Name: **State Side Movers, LLC.**  
Attn: Ken

The purpose of this certificate is to confirm that the drug and alcohol testing services provided for **State Side Movers, LLC.** has been conducted in accordance with the State of Idaho's Insurance fund's drug testing policy requirements (chapter 17, Title 72, Idaho Code. **State Side Movers, LLC.** has been enrolled with A Drug Free Alliance since **September 12/2018.** A Drug Free Alliance will provide pre-employment drug screening, as well as, post accident, random, and reasonable cause drug testing for all employees of State Side Movers, LLC.

A Drug Free Alliance will continue to provide professional collection services through the consistent use of the established Federal DOT guidelines in each collection process.

A Drug Free Alliance will provide random pool management. Random selection notification services as well as DHHS certified laboratory confirmation testing and Medical Review Officer (MRO) services. The selection of employees for random drug and alcohol testing shall be made by a scientifically valid method, using a computer based random number generator that is matched with employees social security number or other identification number. This process shall have an equal opportunity chance of being tested each time selections are made.

I verify that **State Side Movers, LLC.** is current on their account and continues to keep their account up to date.

We greatly appreciate the opportunity to provide these services for **State Side Movers LLC.**

Thank you



Kari Patterson - amdkari@gmail.com  
Random Program Director  
PH: 208-665-0067  
1200 W. Ironwood Drive #309 CDA, ID 83814



**Certification of Enrollment in Random Selection for State Side Movers (DOT)**

**AMDT**

1200 W. Ironwood Dr. Suite 309  
Coeur d'Alene, ID 83814  
(208) 665-0067



**State Side Movers (DOT)**

Ken Wilson  
15720 E. 4th Ave Suite C208  
Spokane Valley, WA 99037  
208-770-0845

Pool Group	State Side Movers (DOT)
Year	2019
Number of Randoms	0
Report Date	02/12/2019

This document certifies that your company's employees are subject to computer-generated random selections for alcohol and/or drug testing. You should store this document with your other permanent drug testing records.

Kari Patterson  
Authorized Signature

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
ACCEPTANCE REPORT**

USER ID: **TGLA1**  
 TRANSMISSION NUMBER: **WEB88200**  
 TRANSMITTED ON: **02/05/2019 16:23:23**

COMPANY NAME: **TRANSGUARD INSURANCE COMPANY OF AMERICA INC.**  
 SUBMITTED BY: **TRANSGUARD INSURANCE COMPANY OF AMERICA INC. (13515-00)**

Docket	Form/Type	Policy Number	Effective Date	Action
<b>MC-87269</b>	<b>BMC-91X/BIPD</b>	<b>TCP0001577</b>	<b>02/05/2019</b>	<b>ACCEPTED</b>

Values in FMCSA Licensing & Insurance Database:

Legal Name: STATESIDE MOVERS LLC  
 DBA Name: LAKE COEUR D'ALENE MOVERS - LAKE PEND OREILLE  
 MOVERS - SCM  
 Address: 909 E 1ST AVE  
 POST FALLS ID US 83854-7012

91X Coverage(Type/Max/Underlying): Primary / \$1,000,000 / \$0

Docket	Form/Type	Policy Number	Effective Date	Action
<b>MC-87269</b>	<b>BMC-34/CARGO</b>	<b>TCP0001577</b>	<b>02/05/2019</b>	<b>ACCEPTED</b>

Values in FMCSA Licensing & Insurance Database:

Legal Name: STATESIDE MOVERS LLC  
 DBA Name: LAKE COEUR D'ALENE MOVERS - LAKE PEND OREILLE  
 MOVERS - SCM  
 Address: 909 E 1ST AVE  
 POST FALLS ID US 83854-7012

91X Coverage(Type/Max/Underlying):

Total: 2