



## HOUSEHOLD GOODS MOVING COMPANY - NEW COMPANY APPLICATION

You are required to have a permit from the •ommission before operating as a household goods moving (HHG) company in Washington state. You must attend •ommission-sponsored training prior to receiving your provisional permit. Household Goods Training information can be found [HERE](#). If you cannot wait until the next training, you may come to a •ommission-sponsored orientation, however, you will also be required to attend a later training. All other application requirements must be met to schedule an orientation. This application contains the following information:

- Application Form and Attachments
- Checklist
- [WAC 480-15](#) – Rules Relating to Household Goods Carriers
- [Your Guide to a Satisfactory Safety Rating](#)

### Insurance Requirements

File and maintain [Public Liability and Property Damage Insurance \(Form E\)](#) with the commission covering all vehicles operating under your household goods permit. Additionally, file and maintain [Cargo Insurance \(Form H\)](#). Retain proof of insurance coverage at your office and have it available for inspection by commission staff.

Insurance minimum limits are:

<b>Vehicles under 10,000 GVWR</b>	<ul style="list-style-type: none"> <li>• \$300,000 combined single limit of public liability and property damage insurance (Form E) <b>and</b></li> <li>• \$10,000 cargo insurance (Form H).</li> </ul>
<b>Vehicles 10,000 GVWR and more</b>	<ul style="list-style-type: none"> <li>• \$750,000 combined single limit of public liability and property damage insurance (Form E) <b>and</b></li> <li>• \$20,000 cargo insurance (Form H).</li> </ul>

## FILING YOUR APPLICATION

The Commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1243 or The Washington Relay Service at 7-1-1 or 1-800-833-8384.

Select **one** of the following:

- Scan/PDF your application to [efileapp.utc.wa.gov](http://efileapp.utc.wa.gov) and pay online at [payments.utc.wa.gov](http://payments.utc.wa.gov)
- Mail your application **with** your check or money order to the following address: UTC, PO Box 47250, Olympia, WA 98504-7250
  - PROCESSING MAILED APPLICATIONS WILL BE SIGNIFICANTLY DELAYED

ACH on-line (no service fee) or credit card on-line 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).

DO NOT EMAIL YOUR CREDIT CARD INFORMATION



**CHECKLIST**

Ensure the following items are included with your Household Goods Moving application:

**New Provisional Application**

- Completed application and fee
- Register with **Department of Labor & Industries**
- Register with **Employment Security Department**
- Register with **Department of Revenue/Business Licensing Service** (UBI #)
- Register with **Secretary of State's Office** (if corporation or LLC)
- Completed required **Household Goods Industry Training**
- Copy of valid driver's license or government issued photo ID card for each person named in the application (upload as a separate document)
- Evidence of enrollment in a drug and alcohol testing program, or evidence that you have in place your own drug and alcohol testing program, **if your company operates commercial vehicles and has CDL drivers. See 49 CFR 382(e) and 383.5.**
- Evidence of insurance - combined single limit of public liability and property damage (Form E) and cargo insurance (Form H)
- Attachment A - Three or more completed statements of support from people in the community supporting the proposed service

**HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION**

<b>FOR OFFICAL USE ONLY</b>			
Date Filed: 2/15/2023	Company:	Docket #:	
Receipt ID:	Payment ID: 20522	Amount Paid: \$550	
111-0268-207-02	111-0268-032-20		

**Type of Household Goods Authority Requested – Check One**

- |   | <b><u>Fee</u></b> |
|---|-------------------|
| <input type="checkbox"/> <b>Provisional and permanent authority.</b> The fee for provisional and then permanent authority is a one-time fee. Complete pages 3-7 and Attachment A. Note: Per <b>RCW 81.80.075(2)</b> , applications must be on file with the commission for at least 30 days before issuance.  | <b>\$550</b>      |
| <input type="checkbox"/> <b>Reinstatement of permit</b> Must be filed within 30 days of cancellation, depending on criteria set forth in <b>WAC 480-15-450</b> . Complete pages 3 and 7, and include a statement justifying the reinstatement. Business Letter format is preferred. <b>if longer than 30 days after cancellation, you may not reapply for 12 months</b> per <b>WAC-480-15-302(11)</b> . | <b>\$250</b>      |

Household Goods Permit #: (T)HG -



**Section 1 - BUSINESS INFORMATION**

Legal Name: Seventh Generation Eldercare LLC

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

Physical Address: 1101 Broadway St Suite 210 Vancouver WA 98660

Mailing Address: 1101 Broadway St Suite 210 Vancouver WA 98660

Telephone Number: 360-843-5116 Email: Moving@Seventh-gen.org

Contact Name: Garrett Mongillo

USDOT#: 382691 If you do not have a USDOT number, go on-line at <https://cms8.fmcsa.dot.gov/registration> to apply or call 360-596-3812 for assistance.

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

Business License/UBI#: 604448390

Department of **Labor & Industries** (L&I) Worker's Comp Account #: 66866001

**Employment Security Department** (ESD) registration #: 000819025009

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**

Individual  Partnership  Corporation  Other (LP, LLP, LLC)

State of Incorporation  
LLC

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

Name	Title	Stock Distribution/% of Shares
<u>Theresa Monteverdi</u>	<u>Owner</u>	<u>100%</u>

Provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application. Upload or email as a separate attachment. Application processing will not begin until the commission/Licensing has received this.



**Section 2 - APPLICATION QUESTIONNAIRE**

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:

Full Service long and local moves, small item moves, official commercial moves. Our services will enhance customer choice, by giving the community option, reduce wait times for a mover. We are also planning to get a moving contract with DSHS in Vancouver there is only one mover who can work with DSHS.

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

We do not have experience in the household goods moving industry, but we have completed the training, read over the rules and regulations and are eager to start serving the community.

3. Do you currently hold, or have you ever held, a Household Goods permit in Washington?

No  Yes If yes, please indicate your permit number:

4. Have you ever applied for and been denied a Household Goods permit in Washington?

No  Yes If yes, please explain:

5. Do you currently operate interstate?  No  Yes

If yes, please indicate your MC#:

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. Have you completed commission-sponsored training?  No  Yes If "yes" date:

~~Sept 2021~~  
7/24/2022

9. Will you be employing CDL drivers?  No  Yes

If "yes", you must attach evidence of enrollment in a drug and alcohol testing program.

**Please answer the following questions completely. If there are multiple persons listed in this application with legal proceedings or criminal convictions to declare, provide documentation on a separate attachment.**

10. Does any person named in this application have, or has ever had a business-related legal proceeding against you in Washington state, or in any other state?  No  Yes If "yes" please list below\*:

Type of Legal Proceeding	Date	State

\*attach additional pages if necessary



11. 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	State

\*attach additional pages if necessary

12. Has any person named in this application been: 1) convicted of a criminal offense in Washington state, 2) found to have committed a civil offense in Washington state, or 3) found to have violated Commission rules?

No  Yes If yes, please list below\*:

Violation	Date of conviction	RCW/WAC

\*attach additional pages if necessary

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

Section 3 - FINANCIAL STATEMENT			
Complete the following or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank		Salaries/Wages Payable	
Notes Received		Accounts Payable	
Investments		Notes Payable	
Other Current Assets		Mortgages Payable	
Prepaid Expenses		<b>Total Liabilities</b>	
Land and Buildings		Net Worth	
Trucks and Trailers		Preferred Stock	
Office Furniture		Common Stock	
Other Equipment		Retained Earnings	
Other Assets		Capital	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES AND NET WORTH</b>	

Section 4 - EQUIPMENT LIST				
List the equipment you own or lease to provide moving services (attach additional sheets if necessary). You <b>must</b> own or have a long-term lease for any vehicle you operate, you may not rent vehicles on a job-by-job basis.				
Year	Make	License Number	Vehicle ID (VIN)	GVW
2019	ISUZU		JALCDW16XL7K02698	16000

\*attach additional pages if necessary



### Section 5 – SAFETY

Identify the person and position responsible for understanding and complying with the **Federal Motor Carrier Safety Regulations** (FMCSR), Washington state laws (RCW) 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.

**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 if your company has commercial vehicles and employs CDL drivers.**

**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: *Garrett Mongillo*

Position: *Supervisor*

### Section 6 - OPERATIONAL RESPONSIBILITIES

Identify the person and position responsible for understanding and complying with the requirements of each category shown below.

**Annual Reports and Regulatory Fees** (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name: *Garrett Mongillo*

Position: *Supervisor*

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 & 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: *Theresa Monteverdi*

Position: *Owner*



**Section 7 - DECLARATION OF APPLICANT**

- INITIAL
- GM** I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.
  - GM** 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.
  - GM** 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.
  - GM** 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.
  - GM** I understand the commission will complete a criminal background check on each person named in the application.
  - GM** 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.

Applicant Name: Garrett Mongillo

Date: 2/2/23

**Section 8 - ADDITIONAL REQUIRED ATTACHMENTS**

- For New Applications:** provide three "attachment A - HOUSEHOLD GOODS STATEMENT OF SUPPORT" forms. Forms may be typed or hand-written.
- For Reinstatement of Permit:** provide a personal statement justifying the reinstatement. Business letter format preferred.



# 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:** Seventh Generation Eldercare LLC

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

Name, Title, and Business Name:

Alexis Carnell, owner, PNW Premium Services LLC

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

2011 N. 9th way Ridgefield WA 98642

Phone Number: 360-608-2771

Email: Lexii.Carnell2000@gmail.com

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

No  Yes If yes, please describe your current moving needs: The community is in need of another option as the moving boom compared to moving companys is lacking.

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: My cleaning company cleans move out & move in's. I always hear about the wait times that come along with requesting movers. I will also need one. I would love to have another option.

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:

The wait time in Washington for movers is extreme right now. By adding another company it will lessen the stress that comes with moving.

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

Another moving company in Clark County is extremely needed in order to ~~keep~~ meet the needs of the community.

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

ALEXIS CARNELL

07/28/2022

Printed Name of Person Completing Form

Signature

Date



# 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:

Erin Honan, Program Manager, Pathways to Home

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

1202 NE Hwy 99 #106-118  
VANCOUVER, WA 98684

Phone Number:

360-762-9488

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

No  Yes If yes, please describe your current moving needs: The clients I work with do not have the luxury of time, so having another moving company would lower wait times for our moves. Allowing our newly homed community to live among their items when they move in.

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: As we house more individuals ~~per~~ clients the need for moving furniture will increase. We predict a great need when the season changes to Fall.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

It allows for shorter wait times, choice, greater availability, community support increases, reference for cost point.

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

The company is ready to begin moving items as soon as the permit is granted. The more companies that can help move clients faster, the less money the state will pay to support the clients in their homes until they can move.

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

8/1/2022 / Vancouver, WA  
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:** Seventh Generation ElderCare

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

**Name, Title, and Business Name:** Kodi Findlay - in-home care supervisor

**Address (include street address, mailing address, city, state, zip, and county):**  
6702 NE 1st Court  
Vancouver, WA 98665

**Phone Number:** 360-567-9508      **Email:** kodi.findlay1114@gmail.com

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs: Lack of affordable and good moving companies in the Clark county/Vancouver area.

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 have many clients looking for moving needs. These needs are not currently being met by what is available.

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:  
There would be another option that could be used so my clients can safely + affordably move when they need to move.

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.

Kodi Findlay  
Printed Name of Person Completing Form

*Kodi Findlay*  
Signature

8.2.22  
Date

# Seventh Generation Eldercare LLC

## Profit and Loss

January 1 - December 30, 2022

	TOTAL
Income	
Patient Adjustment & Refunds	-115,882.58
Private Care Fee Income	251,239.63
Sales	4,515.61
State Fee Income	1,576,323.52
<b>Total Income</b>	<b>\$1,716,196.18</b>
Cost of Goods Sold	
Patient Essentials Assistance	48,619.28
Patient Rental Assistance	59,132.74
<b>Total Cost of Goods Sold</b>	<b>\$107,752.02</b>
<b>GROSS PROFIT</b>	<b>\$1,608,444.16</b>
Expenses	
Advertising & Marketing	26,778.25
Client Gifts	69.43
<b>Total Advertising &amp; Marketing</b>	<b>26,847.68</b>
Bank Charges & Fees	1,300.55
Merchant Fees	5,124.63
<b>Total Bank Charges &amp; Fees</b>	<b>6,425.18</b>
Car & Truck	138.94
Charitable Contributions	1,000.00
Client Rent Expense	1,601.08
Contractors	9,127.00
Employee - Mileage Reimbursement	30,393.11
Employee Appreciation/Gifts	133.45
Employee Recruiting Expense	7,250.15
Equipment Rental	13,396.43
Insurance	13,471.51
Job Supplies	
Caregiver Supplies & Materials	921.38
<b>Total Job Supplies</b>	<b>921.38</b>
Legal & Professional Services	9,458.34
Meals & Entertainment	
Internal Meals - 100%	3,447.29
<b>Total Meals &amp; Entertainment</b>	<b>3,447.29</b>
Office Supplies & Software	22,728.53
Payroll Expenses	2,076.60
Company Contributions	
Health Insurance	38,845.75
<b>Total Company Contributions</b>	<b>38,845.75</b>
Taxes	101,801.52

# Seventh Generation Eldercare LLC

## Profit and Loss

January 1 - December 30, 2022

	TOTAL
Wages	903,884.42
<b>Total Payroll Expenses</b>	<b>1,046,608.29</b>
Postage and Shipping	440.62
QuickBooks Payments Fees	68.64
Reimbursements	5,499.11
Rent & Lease	70,000.00
Repairs & Maintenance	1,307.52
Client Expense	960.00
Janitorial	3,835.00
<b>Total Repairs &amp; Maintenance</b>	<b>6,102.52</b>
Taxes & Licenses	12,008.40
Training and Continuing Education	21,720.98
Transportation Fees	2,727.20
Travel	2,663.56
Uncategorized Expense	13,758.33
Uniforms	1,595.24
Utilities	10,370.15
<b>Total Expenses</b>	<b>\$1,339,903.11</b>
<b>NET OPERATING INCOME</b>	<b>\$268,541.05</b>
Other Income	
Credit Card Reward	523.25
<b>Total Other Income</b>	<b>\$523.25</b>
<b>NET OTHER INCOME</b>	<b>\$523.25</b>
<b>NET INCOME</b>	<b>\$269,064.30</b>

# Seventh Generation Eldercare LLC

## Balance Sheet

As of November 30, 2022

	TOTAL
<b>Total Credit Cards</b>	<b>\$5,442.96</b>
Other Current Liabilities	
Direct Deposit Payable	0.00
Payroll Liabilities	124.60
Federal Taxes (941/944)	72,305.42
Federal Unemployment (940)	1,126.68
Income Withholding Support Order	2,630.09
Kaiser Permanente	-92,790.55
OR Income Tax	538.20
OR Statewide Transit Taxes	21.73
Quick Collect, Inc	1,477.00
WA Paid Family and Medical Leave Tax	-1,752.16
WA SUI Employer	-4,775.78
WA Workers Compensation	-61,277.95
<b>Total Payroll Liabilities</b>	<b>-82,372.72</b>
Payroll Payable	-109,111.79
<b>Total Other Current Liabilities</b>	<b>\$ -191,484.51</b>
<b>Total Current Liabilities</b>	<b>\$ -186,192.75</b>
Long-Term Liabilities	
EIDL Loan	13,500.00
PPP Loan	0.00
<b>Total Long-Term Liabilities</b>	<b>\$13,500.00</b>
<b>Total Liabilities</b>	<b>\$ -172,692.75</b>
Equity	
Opening Balance Equity	0.00
Owner's Equity	-13,569.29
Owner's Investment	52,323.07
Owner's Pay & Personal Expenses	-77,288.53
<b>Total Owner's Equity</b>	<b>-38,534.75</b>
Retained Earnings	109,598.77
Net Income	180,287.70
<b>Total Equity</b>	<b>\$251,351.72</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$78,658.97</b>

# Seventh Generation Eldercare LLC

## Balance Sheet

As of November 30, 2022

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
BofA - Checking (0746)	38,069.87
<b>Total Bank Accounts</b>	<b>\$38,069.87</b>
Accounts Receivable	
Accounts Receivable (A/R)	325,790.61
<b>Total Accounts Receivable</b>	<b>\$325,790.61</b>
Other Current Assets	
Employee Cash Advances	100.00
Payroll Refunds	0.00
Repayment	
Repay	-300.00
Repay advance	-320.00
<b>Total Repayment</b>	<b>-620.00</b>
Undeposited Funds	-301,611.69
<b>Total Other Current Assets</b>	<b>\$ -302,131.69</b>
<b>Total Current Assets</b>	<b>\$61,728.79</b>
Fixed Assets	
Furniture & Equipment	8,605.18
<b>Total Fixed Assets</b>	<b>\$8,605.18</b>
Other Assets	
Rent Deposit	8,325.00
<b>Total Other Assets</b>	<b>\$8,325.00</b>
<b>TOTAL ASSETS</b>	<b>\$78,658.97</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	-151.20
<b>Total Accounts Payable</b>	<b>\$ -151.20</b>
Credit Cards	
BofA - Credit Card (2948)	5,442.96