

Replacement page

BUSINESS INFORMATION

Name of Applicant All State Van Lines, Inc.
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable —

Physical Address 21829 43rd. P.L.S; Kent, WASH. 98032

Mailing Address 21829 43rd. P.L.S; Kent, WASH. 98032

Telephone Number (253) 277-3248 Fax Number (253) 277-3248

UBI # 602-696-201 Email: —

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other —
(LP, LLP, LLC)

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

Name	Title	Stock Distribution or Percentage of Shares
<u>Thuy Kim KHA</u>	<u>Owner</u>	<u>100%</u>

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington
- The following named counties only: _____

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Transport goods from one place to another to the client desire.

Briefly describe your experience in the transportation/household goods moving industry: I've pack goods from Apartment/Office/home and load on trailer. Drive across the Country then unload the goods at the apoint destination.

Replacement Page

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: _____

Have you ever applied for and been denied a permit to operate as a motor carrier of property?
 No Yes If yes, please explain: _____

Do you currently operate interstate? No Yes If yes, please indicate your:
 DOT# 1611635 MC# 595919 Single State Registration Base State WA

Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____

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 explain: _____

Have you ever been convicted of a Class A or B Felony? No Yes If yes, please explain: _____

Have you been cited for violation of state laws or Commission rules? No Yes If yes, please explain: _____

FINANCIAL STATEMENT <i>1 year</i>			
You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available			
ASSETS		LIABILITIES	
Cash in Bank	\$ 5,000	Salaries/Wages Payable	\$ 50,000
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 50,000
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 43,000	Preferred Stock	\$
Office Furniture	\$ 3,000	Common Stock	\$
Other Equipment	\$ 2,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 53,000	TOTAL LIABILITIES & NET WORTH	\$

To : Tina Leipski

If there Anything else

you need from me you can

reach me at

~~the~~

Cell : 646-725-4986

Fax : 253-277-3249

Thanks

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: Drew Williams

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Drew Williams

Address (include street address, mailing address, city, state, zip, and county):
4633 S 254th St.
Kent, WA 98032

Phone Number: 206-853-4492

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

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:
Moving within 2 years and will need services

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 will benefit me and the community by giving us another option for moving goods.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Keeps m touch well, I won't have to worry about my goods

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

Drew Williams
Signature of Person Completing Form

May 30, Kent, WA
Date and Location

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Applicant Name: Matthew Men

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Matthew Men

Address (include street address, mailing address, city, state, zip, and county):
21906 101st PL SE
Kent
WA 98031

Phone Number: (253) 850-0177

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

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: They are an honest business which would be a good addition to the community.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? no

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

5-27-2007 Kent
Date and Location

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Applicant Name:

Sadiye Rahman

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Sadiye Rahman

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

*22503 41 Ave S
Kent, wa 98032*

Phone Number:

(253) 507-0752

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

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

House hold item to new location.

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:

House hold item to new location

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 is beneficial to the client providing an enjoyable experience to a new location.

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

They meet above expectation, reliable with honesty and respect.

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

Sadiye Rahman
Signature of Person Completing Form

5/21/08 Kent Wa
Date and Location

May 30 , 2006

Dear Tina Leipski ,

**I send you three support statement from
people in the community .Thank you for
you help .**

Sincerely ,

Thuy Kha (646.725.4986)

All State Van Lines ,Inc

Phone : 253. 277.3248

Fax : 253.277.3249

ALL STATE VAN LINES , INC

21829 43 RD PLS

KENT , WA 98032

May 22 ,2007

Dear Tina Leipski ,

My name is Thuy Kha , I'm owner of All State Van Lines ,Inc .

My insurance company sended you the Form E and right now I don't have three support statements from people in the community . Can you fax for me the form for support statements at the fax 's number : 253 . 277.3249

If you have any question s , please contact with me at the cell phone : 646.725.4986

Thank You .

Thuy Kha

All State Van Lines ,Inc

Phone : 253.277.3248

Fax : 253.277.3249

E-mail : allstatevanlines@gmail.com

*5/29 faxed
5/29 sent via email*