

**HOUSEHOLD GOODS CARRIER
 PERMIT APPLICATION**

T/B 080523
 RECEIVED

COPY MAR 21 2008

Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 6 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 2 - 6 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) – Complete pages 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 2 - 6 and Attachment A	\$ 550

TYPE OF PAYMENT

- Check Money Order Amex Mastercard Visa

Amount: _____ Expiration Date: _____

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information on file is current and valid.

Name (printed): _____ Date: _____

Signature: _____ Title: _____

FOR OFFICIAL USE ONLY

Date Filed: 3/21/08	DOL/SOS:	ID: 5007	Permit Issued: HG-
Staff Assigned: <u>0005063</u>	Insurance:	Inspection:	Docket # V 080523
Reception #: 0005063	111-0268-207-02 550.00	111-0268-202-01	111-0268-013-20

BUSINESS INFORMATION

Name of Applicant J+S MOVING + STORAGE INC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 4020 S.W. 114 AVE, BEAVERTON, OR 97005
ZIP code

Mailing Address SAME

Telephone Number (503) 646-7129 Fax Number (503) 520-1284

UBI # 602821955 Email: TGBARRON@GMAIL.COM

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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>JOHN CHO</u>	<u>PRESIDENT -</u>	<u>0</u>
<u>OK CHO</u>	<u>SECRETARY -</u>	<u>0</u>
<u>CHANG CHO</u>	<u>ADMINISTRATOR -</u>	<u>500 SHARES / ONLY SHARES IN THIS CORP</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: MOVE HOUSEHOLD GOODS. BUSINESS RESTRICTED TO KOREAN PEOPLE. THE KOREANS ARE MORE COMFORTABLE DEALING WITH "ONE OF OUR OWN".

Briefly describe your experience in the transportation/household goods moving industry: HAVE MOVED FAMILIES UP + DOWN THE WEST COAST FOR 9 YRS - SEATTLE TO L.A. ALSO SHIP ABOUT 30 CONTAINERS BETWEEN PORTLAND + SEOUL S. KOREA PER YEAR

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# 879019
MC# 483373

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

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan

The financials had to be for Yes Moving & Storage, Inc.

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