# TV-082048 Replacement Page

BUSINESS INFORMATION
Name of Applicant Coleman American Moving Services, Inc.  (must be individual, partners of a partnership or corporation)
Trade Name, if applicable
Physical Address 1 Covan Drive, Midland City, AL 36350
Mailing Address P.Q. Box 960, Midland City, AL 36350-0960
Telephone Number (334) 983-6500 Fax Number (334) 983-6725
UBI#: 601548448 Email: kathy.grigsby@covan.com
TYPE OF BUSINESS STRUCTURE
☐ Individual
(LP, LLP, LLC) List the name, title and percentage of partner's share or stock distribution for major stockholders:
Name Stock Distribution or Percentage of Shares
William L. Brakefield, President 50%
Jeffrey F. Coleman, Secretary 50%
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:
The following fittined countries only.
Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmed need for service:  (see attached)
Briefly describe your experience in the transportation/household goods moving industry:  (see attached history)
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EQUIPMENT LIST

Equipment list
PAGE: 1

DATE: 12/01/08

LOC	UNIT#	AVL #	YEAR	MAKE	MODEL	OWNER	FLEET	TYPE	TYPE2	VIN#	LIIT
<b>5</b> 5	33634	33634		FREIGHT 17809RP		WALTER BURKI JR	42	TR	TRACTOR	1FUPCXZBXVP711795	
55	51007A	63709	2005	KENTUÇK 7401SK		AAA MOVING & STORAGE, I	43	SV	TRAILER	1KKVF51215L21 <b>7461</b>	51
55	62632	62632	1993	KENTUCK 1125SM	48 FT	AAA MOVING & STORAGE	43	21	TRAILER	1KKVE4825PL094122	48
55	64319	64319	1992	KENTUCK 1121SM	<b>4</b> 8 FT	AAA MOVING & STORAGE	43	SV	TRAILER	1KKVE4828NL091714	48
55	64321	64321	1992	KENTUCK 9808SL	48 FT	AAA MOVING & STORAGE	43	SV	TRAILER	1KKVE482XNL091715	
55	72373	72373	1994	KENTUCK	48 FT	AAA MOVING & STORAGE	43	SV	TRAILER	1KKVE482XRL097973	48
55	72374	723 <b>7</b> 4	1994	1123SM KENTUCK 9810SL	48 FT	AAA MOVING & STORAGE	43	SV	TRAILER	1KKVE4821RL097974	48
55	T101	33726	1998	KENWORT 10279RP		AAA MOVING & STORAGE	42	TR	TRACTOR	1XKADB9X7WR788336	
55	T102	33815	1999	KENWORT		AAA MOVING & STORAGE	42	TR .	TRACTOR	1XKWDB9X5XJ830315	•
55	T104	33/21	TAG#:	FREIGHT		AAA MOVING & STORAGE	42	TR	TRACTOR	1FUYSSEB4YLG64357	
55	T106	33720	2001	18367RP PETERBI 13997RP	379	AAA MOVING & STORAGE	42	·TR	TRACTOR	1XP5D89X41N569698 .	
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<sup>\*\*</sup> TOTAL FOR ALL 11

### 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: Coleman American Moving Services
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name:  Adam Burke Donestic Traffic Manager Pioneer Van Lines  Address (include street address, mailing address, city, state, zip, and county):
Address (include street address, mailing address, city, state, zip, and county):
1930 67h Ave. South Suite 303, Seattle, WA 98134 (King County)
Phone Number: 206 - 521 - 8865
Do you currently need the services of a residential household goods moving company?
□ No XYcs If yes, please describe your current moving needs:
Local and long distance havling of military and Commercial Shipments
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:
Same as above
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 provide a viable service for Pioneer Van Lia
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
Signature of Person Completing Form    1 / 3 / 0 8
Signature of Person Completing Form Date and Location

Applicant Name:

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Coleman American Mining Services
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name:
Address (include street address, mailing address, city, state, zip, and county):
Address (include street address, mailing address, city, state, zip, and county):
COBSO HE TSOTHELL WAY, STE C275
KENWORE, WA
28-28
Phone Number
[425] 486-5126 (02) (425) 301-6277
Do you currently need the services of a residential household goods moving company?
No UYes 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:
WAY NEED THE SERVICES IF FAMILY WORES.
·
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:
TOLEMAN AMERICAN WOLLING SERVICE IF THERE IS A NEED FOR CHANGE GOODS TO BE HAVED TO THERE IS A
NEED FOR CHANGE COMPANY TO BE US CONTROL IS A
THIS COULD PATE MILLLY HELP STRENGTHEN THE LOCAL ECONOMY
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.
13/4/00 - KENMUZE WA
Signature of Person Completing Form  Date and Location
Signature of Person Completing Form  Date and Location  Date and Location

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Applicant Name:

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Colourn Areacon wowing Services
The fallers
The following must be completed by the Supporter of the applicant  Name, Title, and Disingss Name  O
Hichard A DoRK Operations Manager CAMA-55
Address (include street address, mailing address; city, state, zip, and county):  1920 142Nd Ave E. Suite * 105  Sum New WA 98390 (Piece County)
Phone Number: 877 - 826 - 0220
Do you currently need the services of a residential household goods moving company?
No NYcs If yes, please describe your current moving needs: An operations - we
Device Ft. Lewin & McChard Military installations and all conjumer
moven as booked.
Do you anticipate a future need for the services of a residential household goods moving company?
No DYes If yes, please describe your future moving needs: Our weeds have only
grown, with the change of a major agent in our area our
ONO D'Yes If yes, please describe your future moving needs: Our needs have only grown, with the change of a major agent in our area our cuntomers are dependant on us as the Allied agent for their 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: We Need thin parmit to legally operate. It will benefit all parties involved, especially our military & civilian families who want the Allied Colors,
are military of civilian from line who want the Allied Polaries
Is there anything else the Commission should consider when making a determination about this company's
application for a household goods permit?
Lower for the deal of the first the first transfer of the first of the first transfer of
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Signapure of Person Completing Form  Date and Location
Signarule by Ferson Completing Form Date and Location
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