

TV-11374
- COPY -

BUSINESS INFORMATION

Name of Applicant American Moving Co. Inc.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 3172 W. Settice Way P.F., ID 83854

Mailing Address Same

Telephone Number (208) 777-0929 Fax Number (208) 777-0929

UBI #: 002 753 501 Email: Lashwian5@aol.com

USDOT #: 1009960 (if you currently don't have one, you can go online at to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. 210, 799-00 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. _____ (required if you have employees)

Have you registered your business with the Department of Revenue? No Yes
not required as we are Idaho based and employees are Idaho residents

contact at 208 dept (360) KUNLE 902-9300

TYPE OF BUSINESS STRUCTURE

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

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>Mike Lashoir</u>	<u>President</u>	<u>50%</u>
<u>Sarah Lashoir</u>	<u>U.P.</u>	<u>50%</u>

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: <u>Michael Lasher</u>	Position: <u>Owner / Operator</u>
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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 and Internal Revenue Service (taxes); and Employment Security.

Name: <u>Michael Lasher</u>	Position: <u>Owner / Operator</u>
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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 480-15-330 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 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.

<u>Michael Lasher</u> Print name of applicant	<u>Mike Lasher</u> Signature of Applicant	<u>8/25/11</u> Date and Location	<u>Post Falls, ID</u> Date
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UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF AUTHORITY

to

AMERICAN MOVING CO. INC.

a/an ID Profit Corporation. Charter documents are effective on the date indicated below.

Date: 9/6/2011

UBI Number: 602-753-501

APPID: 2148927



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

Sam Reed, Secretary of State