## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

PENALTY ASSESSMENT TV-101002

PLEASE NOTE: You must complete and sign this document, and send it to the Commission within 15 days after you receive the penalty assessment. Use additional paper if needed.

	I have read and understand RCW 9A.72.020 (printed below), which states that making false statements under oath is a class B felony. I am over the age of 18, am competent to testify to the matters set forth below and I have personal knowledge of those matters. I hereby make,							
	under o	oath, the following statements.		<b>=</b>				
	[ ] 1.	Payment of penalty. I admit that the violation of \$ in payment of the penalty.	occurred and enclose	TO PH PER PROPERTY OF THE				
	[ ] 2.	2. Request for a hearing. I believe that the alleged violation did not occur, based on the following information, and request a hearing for a decision by an administrative law judge:						
		·	. 4.					
0:1	[X 3.	Application for mitigation. I admit the violatic should be reduced for the reason(s) set out below	on, but I believe that the penaw, and	alty				
Æ	POR	[ ] a) I ask for a hearing for a decision by an [ ] b) I waive a hearing and ask for an admin I present directly above.	administrative law judge istrative decision on the info	rmation				
I declare under penalty of perjury under the laws of the State of Washington that the foregoing, including information I have presented on any attachments, is true and correct.								
	Dated: _	07/10/10 [month/day/year], at 11/1	NUXXXX I Cit	y, <u>st</u> ate]				
	PD.	07/10/10 [month/day/year], at Lyn Pan & Americas Houng Mach	Inos Sala					
	Name of	of Respondent (company) – please print	Signature of Applicant					

## RCW 9A.72.020:

<sup>&</sup>quot;Perjury in the first degree. (1) A person is guilty of perjury in the first degree if in any official proceeding he makes a materially false statement which he knows to be false under an oath required or authorized by law. (2) Knowledge of the materiality of the statement is not an element of this crime, and the actor's mistaken belief that his statement was not material is not a defense to a prosecution under this section. (3) Perjury in the first degree is a class B felony."

Washington Utilities and Transportation Commission 1300 South Evergreen Park Drive SW PO Box 47250 Olympia Wa 98504-7250

Dear Sirs:

I am writing to explain why I did not file my 2009 Annual Report forms.

As the owner of my company I want to follow all rules and regulations required by the WUTC. I feel satisfied that my company is fully licensed and bonded and insured. I am proud to have a permit to operate legally in Washington State.

I had a misunderstanding about when I was required to file an Annual Report. I spoke to a gentleman twice from the safety field at the end of March 2010. I don't remember his name. We discussed my safety inspection. At the time I had a temporary permit and I questioned if I needed to file a 2009 report. It wasn't until I attended my first meeting with the WUTC in January of 2010, and again in February, that I learned what type of appropriate paperwork and rules were required (bill of lading and estimate of services).

I am asking for reconsideration of the fines. I have now been educated how to file my Annual Report and how to follow the paperwork. Also at a recent safety inspection of my truck and paperwork I received more useful information.

Thank you for your consideration.

Eduardo Ponce Americas Moving Machines 19925 68<sup>th</sup> ave w Lynnwood Wa 98036 206-218-8641 425-438-2526

001-111-02-68-207-01:\_\_\_\_\_

<b>2</b> ANNUAL	DODS CARRIERS REPORT y 1, 2010									
0 **Not Con	nfidential**									
9 Americus Mauroy Machines in 19925 68th AVE W LYNNWOOD WA 98036. Full name and address of Company	Correct name and address, if different than shown.									
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION for the YEAR ENDED DECEMBER 31, 2009										
	Report should be addressed to:									
	ATE: WA ZIP: 98036  EMAIL: americas moding machinese 3001. Com									
TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL	writing, of any changes to the above information.									
CheckMoney OrderAMEX Visa MasterCard Di	Credit Card Authorization #:									
Credit Card Number:	Expiration Date Month/Year									
CERTIFICATION: I, the undersigned, under penalty for false statement, certify to behalf of the applicant, and that I agree to pay the above total amount according to Name (Printed)  Signature	hat the information is true, valid and correct, that I am authorized to execute on									
For Commiss	ion Use Only									
Reception Number: Reference:	Payment ID: Receivable #									

\_\_\_\_001-111-02-68-207-11:

001-111-02-68-032-20:\_\_\_

Authorized Date:

Washington Unified Business Identifier (UBI) No. 60 65888 (If you do not know your UBI No. please contact the Department of Licensing at 350-664-1400)								
ANNUAL REPORT CERTIFICATION								
certify that I,   Facuse   Conce   , the responsible account officer for   America   Mountaines   have examined the foregoing report; that, to the best of my knowledge, information and belief, all statements of fact contained in said report are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2009, to December 31, 2009, inclusive.  Name (Printed)   Title   Date   Date								
Online Annual Report Certification								
I acknowledge that the foregoing Annual Report has been submitted electronically; that, to the best of my knowledge, information and belief, all statements of fact contained in all attached schedules are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2009, to December 31, 2009, inclusive. I agree that my name typed in lieu of my handwritten signature shall be sufficient to deem the report complete.								
Authorized By: Ed Normo Here								

Firease Type Full Date Here

STORAGE FACILITIES
Do you operate your own storage facilities?   Yes   No   Wadent have Storage facilities?   If yes, list (or attach a list) the address of each warehouse located in Washington State:
MILEAGE From John 27-2009 - Dec 31 2009
Total <u>intrastate</u> operating miles in 2009: 943
INTERSTATE OPERATIONS
Do you have interstate operating authority? Tyes No If yes, what is your MC#:
Do you operate as the agent of an interstate carrier?   Yes No If yes, what is the name of the carrier?
HOUSEHOLD GOODS MOVES From July 22-10 a 31
Total number of household goods moves completed during the year. 22 moves
Number of household goods moves completed in Washington (intrastate): 27
Total number of written estimates issued during the year:
Number of written estimates in Washington (intrastate):
Total number of Loss and/or Damage Claims received during the year.
Number of Loss and/or Damage Claims for Washington (intrastate):
CARGO INSURANCE
Cargo Insurance Company Name: COLONY HMC OO07
Cargo Insurance Policy Number: CCPG 19569 17/11/69 12/11/10
SMALL BUSINESS No Yes Small Business means any business entity, including a sole proprietorship, corporation, partnership, or other legal entity, owned and operated independently from all other businesses, that has the purpose of making a profit, and has fifty or fewer employees.

## **SCHEDULE 1**

TYPE OF MOTOR CARRIER Individual Partnership Corporation, Other (LP, LLP, LLC, etc.) List the name, title, and percentage of partner's share or stock distribution for major stockholders. If LLC, list									
List the name, title, and perce members and percentage of	entage of partner's share or s compership	stock dis	tribution for major si	tockholders. If LLC, lis	st .				
	À				_				
Name: 60 HOUE	Title: TYZSUENT	Percent/Shares/Stock/Ownership: 166%							
Name:	Title:								
Name:	Title:	Percent/Shares/Stock/Ownership:							
Safety Director Name:		<del>-</del>							
<b>Ca</b>	. Anee	Telephone Number: 26-20-66							
Claims Manager Name:	Ponce	Telephone Number: 2062 (861)							
Drivers employed during the	reat: 1				-				
	Edione				·				
Total Vehicles operated	Total Vehicles Owned:	Total Vehicles Leased: Total Vehicles Under							
during the year:		1000	vernoies Leaseu.	10,000 lbs. (gvw ratio					
01	DI			50	<u> </u>				
Number of recordable intra	state and interstate accid	ents in	2009.						
(Please include the total mon	mahla accidheila far bath inte	-	mal tuda — tuda — — a						
(Please include the total reco	——————————————————————————————————————	asiare a	na interstate operati	<b>ons based in Washing</b>	ton.)				
	rdable Accidents		Intrastate	Interstate	ļ				
An occurrence involving in interstate or intra	a commercial vehicle on a publissiate commerce that resulted in	lic road							
	SOLUTION WALLESDING II								
A. A fatality.	7 10 10 10 10 10 10 10 10 10 10 10 10 10								
	son requiring immediate om the scene of the accid	لمما			1				
	e to a vehicle, requiring it								
towed from the a		to be							
Total number of reco	ordable accidents		-						
Total operating miles for th	e vest 2000: \.	04	2006						
2 hours	**				i				
Intrastate 99 20	Interstate		<del></del>						
Interstate: Trips that opera	nte exclusively within the state of Wash	e of Was	shington.						
	ite outside the state of yyasii	aigton,							
TERMINAL FACILITIES									
Do you operate terminals at le	antique ether than the extreme			$\sim$					
Do you operate terminals at locations other than the primary address of record?  Yes No lf yes, list (or attach a list) the address of each terminal located in Washington State:									
, and the state of									
			-						
		-			_				