

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
PENALTY ASSESSMENT TV-101004

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 these matters. I hereby make, under oath, the following statements:

- 1. Payment of penalty. I admit that the violation occurred and enclose \$_____ in payment of the penalty.
- 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:
- 3. Application for mitigation. I admit the violation, but I believe that the penalty should be reduced for the reason(s) set out below, and:
 - a) I ask for a hearing for a decision by an administrative law judge
 - OR b) I waive a hearing and ask for an administrative decision on the information I present directly above.

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 UTILITY MANAGEMENT
 2010 JUL -7 PM 1:38

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.

Date: 07/07/10 [month/day/year] at _____ [city, state]

First USA Van Lines
Name of Respondent (company) please print

[Signature]
Signature of Applicant

RCW 9A.72.020:

"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."

2
0
0
9

HOUSEHOLD GOODS CARRIERS ANNUAL REPORT Due May 1, 2010

****Not Confidential****

874 1/2 THRU 800 3799
P.O. Box 1000 Van Dine, LLC
54 North 45th Ave, Suite 1
Tacoma, WA 98402

name and address, if different from above

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION for the YEAR ENDED DECEMBER 31, 2009

Inquiries concerning this Annual Report should be addressed to:

NAME: ADL BARZILAI TITLE: OWNER
ADDRESS: 54 145 Ave # F
CITY: Philly STATE: Az ZIP: 85063
TELEPHONE: (602) 772 1710 FAX: (602) 513 7077 E-MAIL: adlbarzilai@firstenergy.com

The company must notify the Commission, in writing, of any changes to the above information.

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL		For Commission Use Only	
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		Credit Card Authorization #: _____	
Credit Card Number		Expiration Date Month/Year	
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to card issuer agreement.			
Name (Printed) _____		Title _____	
Signature _____		Date _____	
For Commission Use Only			
Reception Number	Reference	Payment ID	Receivable #
001-111-02-68-207-01	001 111-02-68-207-11		001 111-02 68-032 20

Original to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250
Web Site: www.utc.wa.gov

Jul 7, 2010 10:28AM

Washington Unified Business Identifier (UBI) No.:

(If you do not know your UBI No. please contact the Department of Licensing at 360-664-1400)

ANNUAL REPORT CERTIFICATION

I certify that I, ADRI BARZILAI, the responsible account officer for USA VENTURES 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) ADRI BARZILAI Title OWNER

Signature [Handwritten Signature] Date 3-7-10

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:

Please Type Full Name Here

Authorized Date:

Please Type Full Date Here

SCHEDULE 1

TYPE OF MOTOR CARRIER Individual Partnership Corporation Other (I.P., LLP, LLC, etc.)

List the name, title, and percentage of partner's share or stock distribution for major stockholders. If LLC, list members and percentage of ownership.

Name: <u>ADI BARRERA</u>	Title: <u>OWNER</u>	Percent/Shares/Stock/Ownership: <u>20</u>
Name: <u>JOE BUCH</u>	Title: <u>OWNER</u>	Percent/Shares/Stock/Ownership: <u>40</u>
Name: _____	Title: _____	Percent/Shares/Stock/Ownership: _____

Safety Director Name: ADI BARRERA Telephone Number: 602 272-1710

Claims Manager Name: JOSHUA LEVIN Telephone Number: _____

Drivers employed during the year: _____

Total Vehicles operated during the year:	Total Vehicles Owned:	Total Vehicles Leased:	Total Vehicles Under 10,000 lbs. (gvw rating):
<u>0</u>	<u>0</u>	<u>1</u>	<u>1</u>

Number of recordable intrastate and interstate accidents in 2009.

(Please include the total recordable accidents for both intrastate and interstate operations based in Washington.)

Recordable Accidents	Intrastate	Interstate
An occurrence involving a commercial vehicle on a public road in interstate or intrastate commerce that resulted in:		
A. A fatality.		
B. An injury to a person requiring immediate treatment away from the scene of the accident.		
C. Disabling damage to a vehicle, requiring it to be towed from the accident scene.		
Total number of recordable accidents	<u>0</u>	<u>0</u>

Total operating miles for the year 2009:

Intrastate: 0 Interstate: 300k
Intrastate: Trips that operate exclusively within the state of Washington
Interstate: Trips that operate outside the state of Washington

TERMINAL FACILITIES

Do you operate terminals at locations other than the primary address of record? Yes No
 If yes, list (or attach a list) the address of each terminal located in Washington State:

STORAGE FACILITIES

Do you operate your own storage facilities? Yes No

If yes, list (or attach a list) the address of each warehouse located in Washington State:

MILEAGE

Total intrastate operating miles in 2009:

INTERSTATE OPERATIONS

Do you have interstate operating authority? Yes No

If yes, what is your MC# 552296

Do you operate as the agent of an interstate carrier? Yes No

If yes, what is the name of the carrier?

HOUSEHOLD GOODS MOVES

Total number of household goods moves completed during the year: 520

Number of household goods moves completed in Washington (intrastate): 0

Total number of written estimates issued during the year: 1000

Number of written estimates in Washington (intrastate): 0

Total number of Loss and/or Damage Claims received during the year: 50

Number of Loss and/or Damago Claims for Washington (intrastate): 0

CARGO INSURANCE

Cargo Insurance Company Name: Venture Insurance Company

Cargo Insurance Policy Number: CGV 5252600 01

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 2

You are not required to complete **Schedule 2** if you are reporting "0" revenue or if you are a "small business" as defined on page 4.

Line No.	Item	Total Amount
OPERATING REVENUES		
1	Common Carrier (\$ Washington Intrastate Household Goods Revenue)	
2	Contract Carrier (\$ Washington Intrastate Household Goods Revenue)	
3	Other Operating Revenues (describe) <i>Interstate Operation</i>	
4	Total Operating Revenues (Total of Lines 1 - 3)	
OPERATING EXPENSES		
5	Total Salaries and Wages	
6	Total Payroll Taxes and Related Expenses	
7	Total Payroll Fringes	
8	Fuel, Including Fuel Tax	
9	Oil and Lubricants, Repairs, Vehicle Parts and Outside Maintenance, Tires and Tubes, Other Operating Supplies and Expenses	
10	Total General Supplies & Expenses	
11	Total Operating Taxes & Licenses	
12	Total Insurance and Safety	
13	Total Communications & Utilities	
14	Total Depreciation & Amortization	
15	Total Operating Rents	
16	GAIN OR LOSS ON DISPOSITION OF OPERATING ASSETS	
17	Legal Services	
18	Accounting Services	
19	Uncollectible Revenue; Other Miscellaneous Expenses & Professional Fees	
20	TOTAL OPERATING EXPENSES GRAND TOTAL (Total of Lines 5 - 19)	
21	NET CARRIER OPERATING INCOME (Line 4 minus Line 20)	
22	Other Income (Credit) (describe)	
23	Interest Expense	
24	Corporate Income Tax	
25	Other Deductions (describe)	
26	Income Deductions (Total of Lines 22, 23, & 24 minus Line 25)	
27	NET INCOME (Line 21 minus Line 26) (Show loss in brackets)	

REGULATORY FEE CALCULATION SCHEDULE
Due May 1, 2010

Company Name _____ Annual Report Year 2009

In accordance with RCW 81.24.010 and 81.80.321 "Regulatory Fees", the Commission requires Household Goods companies to file reports of gross intrastate operating revenue and pay fees on that revenue. Every company subject to regulation shall file with the Commission a statement under oath showing its gross intrastate operating revenue from operations for the preceding year and pay to the Commission a fee as instructed below. There is no minimum fee.

All Washington intrastate carriers of Household Goods must complete and file this report. If you did not have revenue from the intrastate transportation of Household Goods indicate "0" on Line 1.

1	Total Gross Intrastate Operating Revenue **			1	\$		
2	Total Regulatory Fees owed (Enter amount from Line 1)	2	\$	x 2.5% (.025) =	\$		
						Agency Use Only	001-111-02-5a-207-01
Complete Lines 3 through 6 if filing after May 1							
3	Penalties on Regulatory Fees filed after May 1						
3a	Total Penalties on Regulatory Fees owed (Enter amount from Line 2)	3a	\$	x 2% (.02) =	\$		
4	Interest on Regulatory Fees filed after May 1						
4a	Amount from Line 2 _____ x Number of months past May _____ x 1% (.01) =				\$		
5	Total Penalties and Interest owed (Line 3a plus Line 4a)				\$		
						Agency Use Only	001-111-02-6a-207-11
6	Total Regulatory, Penalty and Interest Fees Due (Line 2 plus Line 5)				\$		

** Note: Gross Washington intrastate operating revenue is defined as all revenue collected for the year from rates under Washington Utilities and Transportation Commission Tariff 15C. The revenues subject to the Commission's regulatory fees are gross Washington intrastate operating revenues before deductions for uncollectibles, unbillables or the payment of state and federal taxes. i.e. "Gross Revenues" means before any deductions from Revenue Receipts.



54 North 45 Ave. Suite #F Phoenix, AZ 85043
 PH: 800-703-1887 FAX: 602-513-7077

Fax Cover Sheet

Company: Washington Utilities & Transp. Commission Date: 07/07/10

Attention: Sherry

Fax Number: 360-664-4291

Total Pages (including cover sheet): _____

Re: _____

- Urgent
 For Review
 Please Respond
 Per Your Request

MEMO

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