

BUSINESS INFORMATION

Name of Applicant Hi-Line Moving Services, Inc.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 4500 N STAR BLVD, Great Falls, MT 59405

Mailing Address 4500 N STAR BLVD, Great Falls, MT 59405

Telephone Number (406) 455-8610 Fax Number (406) 455-8641

UBI #: 603 206 316 *OR* Email: pmorley@hilinemoving.com

USDOT #: 877828 *OR* (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. _____ *all attached letter*

Have you registered with the Employment Security Department? No Yes
ESD No. _____

Have you registered your business with the Department of Revenue? No Yes

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
PAUL Lindstrom	President	40%
SHARON Lindstrom	Secretary	60%

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:

We are purchasing an existing Authority.

Briefly describe your experience in the transportation/household goods moving industry:

Hi-Line Moving Services has been transporting household goods since 8/28/89. Hi-Line Moving moves military and civilians for Interstate moves and Intrastate moves in Montana.

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 in Washington?
 No Yes If yes, please explain _____

Do you currently operate interstate? No Yes If yes, please indicate your MC# 297732 and USDOT# 877828

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 crime? 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.

Assets		Liabilities	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$ 1,901,761	Accounts Payable	\$ 261,282
Investments	\$ 772	Notes Payable	\$ 2,423,244
Other Current Assets	\$ 149,753	Mortgages Payable	\$
Prepaid Expenses	\$ 91,507	TOTAL LIABILITIES	\$ 2,684,526
Land and Buildings	\$ 688,687	NET WORTH	
Trucks and Trailers	\$ 2,222,709	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$ 1,200
Other Equipment	\$	Retained Earnings	\$ 2,015,093
Other Assets	\$ 204,530	Capital	\$ 558,900
TOTAL ASSETS	\$ 5,259,719	TOTAL LIABILITIES & NET WORTH	\$ 5,259,719

EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2006	Freightliner	S 11641	501	26,000

SAFETY AND OPERATIONS

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

SAFETY RESPONSIBILITIES

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

DRIVER QUALIFICATION REQUIREMENTS: (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program.

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name:

Colleen Elpel

Position:

Safety

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: PAUL MORLEY	Position: CFO
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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, Internal Revenue Service (taxes); and Employment Security.

Name: PAUL Lindstrom	Position: President
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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.

PAUL Lindstrom Print name of applicant	<i>P Lindstrom</i> Signature of Applicant	5/2/12 Great Falls, MT Date and Location
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ATTACHMENT B

Transfer or Acquisition of Control

Applicant is seeking one of the following – please check one:

- Transfer
- Acquisition of Control

M-15240

Current Name on Permit (Seller): Industrial Transfer + Storage Co. Inc.

Current Trade Name on Permit (Seller) _____

Address (Seller): PO Box 546, Black Eagle, MT 59414

HG Permit Number: HG 136 Phone Number (Seller) 406-727-9924

Does the transfer of this permit fall under the provisions of WAC-480-15-335? No Yes
If yes, please complete Attachment C.

Have all fines or penalties owed to the commission been paid? No Yes

Has the closing annual report been filed with the commission? No Yes

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer/acquisition? _____

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG- 136 to the following:

Name of Buyer: Hi-Line Moving Services, Inc.

Trade Name of Buyer: _____

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

Ben E. Dult
Seller's Signature

May 3, 2012 Great Falls, MT
Date and Location

Paul Morley
Buyer's Signature

5/3/12 Great Falls, MT
Date and Location

ATTACHMENT C

TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-335

1. The commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
 - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
 - A sole proprietor has died and the interest is being transferred as property of the estate;
 - An individual has incorporated, and the same individual remains the majority shareholder;
 - An individual has added a partner, but the same individual remains the majority partner;
 - A corporation has dissolved and the interest is being transferred to the majority shareholder;
 - A partnership has dissolved and the interest is being transferred to the majority partner;
 - A partnership has incorporated and the partners are the majority shareholders; or
 - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

Documentation supporting the checked box, above, must be included with your application. You may submit a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason:
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
 - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period? No Yes
 - b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability: _____

 - c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained: _____



STATE OF
WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 603 206 316
Business ID #: 1
Location: 1

HI-LINE MOVING SERVICES, INC
4500 N STAR BLVD
GREAT FALLS MT 59405 1047

TAX REGISTRATION

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Brad Fleherty
Director, Department of Revenue



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

May 24, 2012

HI LINE MOVING SERVICES INC
4500 N STAR BLVD
GREAT FALLS MT 59405-1047

Unified Business Identifier (UBI): 603 206 316

Dear New Business Owner:

The Master Application you filed with the Department of Licensing indicated no employees were hired. Therefore, we did not open a workers' compensation account for your business.

Please be sure to contact us if *at any time*:

- **You hire a worker – or workers.** All employers are *required* to establish a “worker’s compensation” account with L&I and pay their premiums each quarter. This insurance provides medical and other benefits when workers are hurt on-the-job. (Visit our website: www.lni.wa.gov, where you can read the industrial insurance laws that apply to employers - RCW 51.08.180 – and get other helpful information.)
- **You wish to purchase workers’ compensation insurance for yourself,** a partner or a co-owner of the business. This is an *option*, not a requirement for Washington business owners.

If you have workers in Washington who meet these criteria, you are required by law to provide worker’s compensation through the Department of Labor and Industries. Please complete a Master Application indicating employment in section 4, before you hire employees. You may also complete your application online at: <http://bls.dor.wa.gov/startbusiness.aspx> or please feel free to call if you have any questions (360) 902-4817.

Sincerely,

Karla Bowman
Account Manager
PO Box 44148
Olympia WA 98504-4148
(360) 902-5535