



TWO MEN AND A TRUCK[®]

"Movers Who Care[®]"

Received
Records Management
Aug 8, 2023

Sunny Side Moving LLC
DBA Two Men and a Truck
111 N Vista Rd #7EFG
Spokane Valley, WA 99212

Each franchise independently owned and operated.

DOT# 3211658
HG#068560
MC#1003071

Petition for Exemption from WAC 480-15-302(11)

Dear UTC Transportation Commission,

My name is Scott Bliss, Regional Director of Operations for Sunny Side Moving LLC DBA Two Men and a Truck. We have been proudly serving the Greater Spokane area going on 5 years. I am petitioning for an exemption to the WAC 480-15-302(11) to allow my company to reinstate its household goods permit sooner than 12 months after the date of cancellation.

We made a huge mistake and completely forgot about needing to file our 2021 and 2022 annual reports. It was a complete miscommunication between our location General Manager and our accounting department. We didn't even realize anything until we tried to order more forms and we couldn't. We have updated our processes to ensure this does not happen again moving forward. It has been over 30 days from the time that our permit was cancelled. We would really like to keep doing business and not have to wait 12 months to be reinstated.

We have a 4.7 rating out of over 445 reviews on google and we have always stayed above a 97.5% Customer satisfaction score. We take pride in providing the best service possible to the great state of Washington.

We found out that our permit was cancelled on 7/31/2023 and we worked really hard to get everything turned in and submitted as soon as we could on 8/1/2023. Again, this was a big mistake on our part but as soon as we knew about it, we did everything we could to make it right.

Please allow us this exemption so we can keep serving the great community of the Greater Spokane area.

Sincerely,

Scott Bliss



HOUSEHOLD GOODS MOVING COMPANY - NEW COMPANY APPLICATION

You are required to have a permit from the commission before operating as a household goods moving (HHG) company in Washington state. You must attend commission-sponsored training prior to receiving your provisional permit. Household Goods Training information can be found **HERE**. If you cannot wait until the next training, you may come to a commission-sponsored orientation, however, you will also be required to attend a later training. All other application requirements must be met to schedule an orientation. This application contains the following information:

- Application Form and Attachments
- Checklist
- **WAC 480-15** – Rules Relating to Household Goods Carriers
- **Your Guide to a Satisfactory Safety Rating**

Insurance Requirements

File and maintain **Public Liability and Property Damage Insurance (Form E)** with the commission covering all vehicles operating under your household goods permit. Additionally, file and maintain **Cargo Insurance (Form H)**. Retain proof of insurance coverage at your office and have it available for inspection by commission staff.

Insurance minimum limits are:

Vehicles under 10,000 GVWR	<ul style="list-style-type: none"> • \$300,000 combined single limit of public liability and property damage insurance (Form E) and • \$10,000 cargo insurance (Form H).
Vehicles 10,000 GVWR and more	<ul style="list-style-type: none"> • \$750,000 combined single limit of public liability and property damage insurance (Form E) and • \$20,000 cargo insurance (Form H).

FILING YOUR APPLICATION

The Commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1243 or The Washington Relay Service at 7-1-1 or 1-800-833-8384.

Select **one** of the following:

- Scan/PDF your application to efileapp.utc.wa.gov and pay online at payments.utc.wa.gov
- Mail your application **with** your check or money order to the following address: UTC, PO Box 47250, Olympia, WA 98504-7250
 - PROCESSING MAILED APPLICATIONS WILL BE SIGNIFICANTLY DELAYED

ACH on-line (no service fee) or credit card on-line at payments.utc.wa.gov (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

DO NOT EMAIL YOUR CREDIT CARD INFORMATION



CHECKLIST

Ensure the following items are included with your Household Goods Moving application:

New Provisional Application

- Completed application and fee
- Register with **Department of Labor & Industries**
- Register with **Employment Security Department**
- Register with **Department of Revenue/Business Licensing Service (UBI #)**
- Register with **Secretary of State's Office** (if corporation or LLC)
- Completed required **Household Goods Industry Training**
- Copy of valid driver's license or government issued photo ID card for each person named in the application (upload as a separate document)
- Evidence of enrollment in a drug and alcohol testing program, or evidence that you have in place your own drug and alcohol testing program, *if your company operates commercial vehicles and has CDL drivers. See 49 CFR 382(e) and 383.5.*
- Evidence of insurance - combined single limit of public liability and property damage (Form E) and cargo insurance (Form H)
- Attachment A - Three or more completed statements of support from people in the community supporting the proposed service

**HOUSEHOLD GOODS MOVING COMPANY
 PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed:	Company:	Docket #:	
Receipt ID:	Payment ID:	Amount Paid:	
111-0268-207-02	111-0268-032-20		

Type of Household Goods Authority Requested – Check One

Fee

- Provisional and permanent authority.** The fee for provisional and then permanent authority is a one-time fee. Complete pages 3-7 and Attachment A. Note: Per **RCW 81.80.075(2)**, applications must be on file with the commission for at least 30 days before issuance. **\$550**
- Reinstatement of permit** Must be filed within 30 days of cancellation, depending on criteria set forth in **WAC 480-15-450**. Complete pages 3 and 7, and include a statement justifying the reinstatement. Business Letter format is preferred. **If longer than 30 days after cancellation, you may not reapply for 12 months per WAC-480-15-302(11).** **\$250**

Household Goods Permit #: (T)HG - 068560



621 Woodland Square Loop SE
 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Email: transportation@utc.wa.gov

Section 1 - BUSINESS INFORMATION

Legal Name: **Sunny Side Moving LLC**

Trade Name, if applicable: **DBA TWO MEN AND A TRUCK**

Physical Address: **111 N. Vista Rd #7EFG Spokane Valley, WA 99212**

Mailing Address: **1115 Taylor Ave N Suite 112, Grand Rapids, MI 49503**

Telephone Number: **509-867-5777** Email: **scott.bliss@twomen.com**

Contact Name: **Scott Bliss**

USDOT#: **3211658** If you do not have a USDOT number, go on-line at <https://cms8.fmcsa.dot.gov/registration> to apply or call 360-596-3812 for assistance.

Is your business registered with the Department of Revenue? No Yes

Business License/UBI#: **604349796**

Department of Labor & Industries (L&I) Worker's Comp Account #: **677,381-00**

Employment Security Department (ESD) registration #: **000786968008-604349796**

If you will not be setting up an account with L&I or ESD because you do not have employees, please explain how you plan to obtain workers. Per WAC 480-15-555, a criminal background check must be completed on each person you intend to hire. If you intend to hire day labor from a temp agency, they must perform the criminal background check. Refer also to WAC 480-15-302 and 305.

Type of Business

Individual Partnership Corporation Other (LP, LLP, LLC)

State of Incorporation

Michigan ▼

List the name, title, and percentage of all partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution/% of Shares
Kyle Norcutt	Owner	100

Provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application. Upload or email as a separate attachment. Application processing will not begin until the commission/Licensing has received this.



Section 2 - APPLICATION QUESTIONNAIRE

1. 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 provide moving and packing services; as well as, boxes and packing supplies. Customers have the option for us to do as much or as little needed depending on their specific moving needs.

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

Kyle has over 25 years of experience in the transportation/ household goods moving industry.

3. Do you currently hold, or have you ever held, a Household Goods permit in Washington?

No Yes If yes, please indicate your permit number: **MC1003071**

4. Have you ever applied for and been denied a Household Goods permit in Washington?

No Yes If yes, please explain:

upon our opening of the Spokane Valley, WA location in 2019

5. Do you currently operate interstate? No Yes

If yes, please indicate your MC#: **1003071**

6. If you have interstate authority, have you registered for Unified Carrier Registration? No Yes

7. Do you operate interstate as an agent of another company? No Yes

If yes, what is the name of the company? **TWO MEN AND A TRUCK**

8. Have you completed commission-sponsored training? No Yes If "yes" date: **08/19/2020**

9. Will you be employing CDL drivers? No Yes

If "yes", you must attach evidence of enrollment in a drug and alcohol testing program.

Please answer the following questions completely. If there are multiple persons listed in this application with legal proceedings or criminal convictions to declare, provide documentation on a separate attachment.

10. Does any person named in this application have, or has ever had a business-related legal proceeding against you in Washington state, or in any other state? No Yes If "yes" please list below*:

Type of Legal Proceeding	Date	State

*attach additional pages if necessary



11. Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please list below*:

Type of Conviction	Date	State

*attach additional pages if necessary

12. Has any person named in this application been: 1) convicted of a criminal offense in Washington state, 2) found to have committed a civil offense in Washington state, or 3) found to have violated Commission rules?

No Yes If yes, please list below*:

Violation	Date of conviction	RCW/WAC
Failure to file 2021 and 2022 Annual reports	1/1/23	WAC-490-15-450

*attach additional pages if necessary

13. If you would like to receive information about new household goods carriers, check here

Section 3 - FINANCIAL STATEMENT
 Complete the following or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank		Salaries/Wages Payable	
Notes Received		Accounts Payable	
Investments		Notes Payable	
Other Current Assets		Mortgages Payable	
Prepaid Expenses		Total Liabilities	
Land and Buildings		Net Worth	
Trucks and Trailers		Preferred Stock	
Office Furniture		Common Stock	
Other Equipment		Retained Earnings	
Other Assets		Capital	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

See Attached P/L statement.

Section 4 - EQUIPMENT LIST
 List the equipment you own or lease to provide moving services (attach additional sheets if necessary). You must own or have a long-term lease for any vehicle you operate, you may not rent vehicles on a job-by-job basis.

Year	Make	License Number	Vehicle ID (VIN)	GVW
2015	Ford- F650	C40053Y	3FRNF6HP2FV716653	26000
2017	FORD- F650	C40823S	1FDNF6AY5HDB04026	26000
2016	ISUZU-NPR HD	C51693P	54DC4W1B4GS810326	16000
2015	FORD-F650	C69276X	3FRNX6HP3FV584564	26000

*attach additional pages if necessary

Section 5 – SAFETY

Identify the person and position responsible for understanding and complying with the **Federal Motor Carrier Safety Regulations** (FMCSR), Washington state laws (RCW) 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.

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. **Please attach evidence of your enrollment in a drug and alcohol testing program if your company has commercial vehicles and employs CDL drivers.**

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.

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: Scott Bliss	Position: Regional Director of Operations
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Section 6 - OPERATIONAL RESPONSIBILITIES

Identify the person and position responsible for understanding and complying with the requirements of each category shown below.

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name: Scott Bliss	Position: Regional Director of Operations
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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 & 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: Scott Bliss	Position: Regional Director of Operations
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Section 7 - DECLARATION OF APPLICANT

INITIAL

SB

I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

SB

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.

SB

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 480-15-305 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.

SB

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.

SB

I understand the commission will complete a criminal background check on each person named in the application.

SB

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.

Applicant Name: **Scott Bliss**

Date: **08/07/2023**

Section 8 - ADDITIONAL REQUIRED ATTACHMENTS

- For New Applications:** provide three "attachment A - HOUSEHOLD GOODS STATEMENT OF SUPPORT" forms. Forms may be typed or hand-written.
- For Reinstatement of Permit:** provide a personal statement justifying the reinstatement. Business letter format preferred.

SECTION 4: EQUIPMENT LIST (continued)

Year	Make	License Number	Vehicle ID (VIN)	GVW
2017	FORD- F650	D41255B	1FDNF6AY9HDB04031	26000
2014	FORD- Transit Van	BQM9537	NM0GE9F70E1140248	N/A
2013	DODGE GRAND CARAVAN	BMZ5601	2C4RDGBG5DR599682	N/A
2023	FORD F650	D89139B	1FDNX6AN7PDF07023	26000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/8/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Odell Studner Group 200 North Warner Road, Ste 450 King of Prussia PA 19406	CONTACT NAME: Linda Advena PHONE (A/C, No, Ext): 484-586-3900 E-MAIL ADDRESS: certs@odellstudner.com	FAX (A/C, No): 610-995-0105
	INSURER(S) AFFORDING COVERAGE	
INSURED Sunny Side Moving LLC dba Two Men And A Truck 111 N. Vista Rd. Suite 7EFG Spokane Valley WA 99212	INSURER A : Old Republic Insurance Company NAIC # 24147	
	INSURER B : The Hanover Insurance Company 22292	
	INSURER C : Travelers Property Casualty Company of America 25674	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 992148663** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		MWZY31151223	2/1/2023	2/1/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		MWTB31151123	2/1/2023	2/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Ded. \$ 250/\$500
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		ZUP31N4941622NF	2/1/2023	2/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	MWC31151023	2/1/2023	2/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A B	Hired Car Physical Damage Motor Truck Cargo (Ded. \$2,500)		MWTB31151123 RHE H392948 02	2/1/2023 2/1/2023	2/1/2024 2/1/2024	Limit \$120,000 Limit per veh/2ormore \$200,000/\$400,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Carrier: Travelers Casualty Insurance Co of America, Policy # 105666110, Policy Term: 2/1/23 -2/1/24
 Employee Dishonesty: \$250,000
 3rd Party Dishonesty: \$50,000

Carrier: Travelers Casualty Insurance Co of America, Policy # 105666110, Policy Term: 2/1/23 -2/1/24
 EPLI: \$500,000

BPP Policy# RHE H392948 02 2/1/23 to 2/1/24 Blanket Limit \$2,410,000

CERTIFICATE HOLDER Washington Utilities and Transportation Commission 621 Woodland Square Loop SE, Lacey WA 98503	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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9:29 AM
06/20/23
Cash Basis

#13

Sunny Side Moving LLC
Profit & Loss
May 2023

	May 23	% of Income
Ordinary Income/Expense		
Income		
4000 · MOVING REVENUE		
4010 · Moves (Use of Trucks)	144,186.43	67.5%
4020 · Packing/Unpacking	4,695.00	2.2%
4030 · Unloading	4,665.00	2.2%
4040 · Loading	4,332.50	2.0%
4050 · Internal Moves	4,425.00	2.1%
4060 · Crated Moves	41,169.28	19.3%
Total 4000 · MOVING REVENUE	203,473.21	95.3%
4100 · JUNK REMOVAL REVENUE		
4110 · Junk Removal Services	1,329.90	0.6%
Total 4100 · JUNK REMOVAL REVENUE	1,329.90	0.6%
4200 · MOVING SUPPLIES REVENUE		
4210 · Boxes, Supplies & Merchandise	3,193.75	1.5%
Total 4200 · MOVING SUPPLIES REVENUE	3,193.75	1.5%
4500 · ANCILLARY REVENUE		
4560 · Valuation Revenue	6,509.00	3.0%
Total 4500 · ANCILLARY REVENUE	6,509.00	3.0%
4900 · DISCOUNTS & ALLOWANCES		
4920 · Customer Refunds/Discounts	-972.65	-0.5%
Total 4900 · DISCOUNTS & ALLOWANCES	-972.65	-0.5%
Total Income	213,533.21	100.0%
Cost of Goods Sold		
5000 · COST OF SUPPLIES		
5030 · Moving Supplies and Equipment	2,296.70	1.1%
5040 · Boxes & Packing Supplies	553.67	0.3%
5050 · Stretch Wrap	123.90	0.1%
5070 · Crate Supplies	1,244.07	0.6%
Total 5000 · COST OF SUPPLIES	4,218.34	2.0%
5100 · DAMAGES & WARRANTY		
5150 · Damage Claims		
5150.1 · Gross Claims	638.50	0.3%
Total 5150 · Damage Claims	638.50	0.3%
Total 5100 · DAMAGES & WARRANTY	638.50	0.3%
5200 · DIRECT LABOR		
5210 · Driver Wages	15,394.05	7.2%
5220 · Driver Wages - Commission	4,381.24	2.1%
5230 · Driver Wages - OT	372.01	0.2%
5270 · Driver Modified Duty	3,501.72	1.6%
5310 · Mover Wages	12,450.57	5.8%
5320 · Mover Wages - Commission	4,268.99	2.0%
5330 · Mover Wages - OT	101.01	0.0%
5370 · Mover Modified Duty	553.35	0.3%
5601 · Healthcare Benefits		
5601.2 · Vision/Dental/Life Insurance	0.94	0.0%
Total 5601 · Healthcare Benefits	0.94	0.0%
5602 · Compensation Benefits	1,073.33	0.5%

Sunny Side Moving LLC Profit & Loss May 2023

	May 23	% of Income
5610 · Payroll Taxes		
5610.1 · FICA Expense	3,445.32	1.6%
5610.2 · FUTA Expense	123.24	0.1%
5610.3 · SUTA Expense	360.28	0.2%
	3,928.84	1.8%
Total 5610 · Payroll Taxes		
	46,026.05	21.6%
Total 5200 · DIRECT LABOR		
5700 · TRUCK EXPENSE		
5710 · Fuel	6,233.77	2.9%
5720 · Repairs	167.14	0.1%
5725 · Towing	3,571.53	1.7%
5730 · Preventative Maintenance	380.85	0.2%
5740 · Cleaning	414.91	0.2%
5790 · Insurance	1,199.81	0.6%
5880 · Operating Lease Payments	9,000.00	4.2%
5891 · Mobile Technology Hardware	76.46	0.0%
5892 · Mobile Tech Service & Software	587.75	0.3%
5895 · Truck Supplies	468.89	0.2%
	22,101.11	10.4%
Total 5700 · TRUCK EXPENSE		
5900 · OTHER MOVING & STORAGE EXPENSE		
5905 · Shipping - Crated Moves	4,649.46	2.2%
5906 · Valuation/Admin - Crated moves	2,096.08	1.0%
5910 · Travel Costs	169.62	0.1%
5911 · Tolls, Ferry and Parking Fees	32.67	0.0%
5913 · Parking Fines	45.00	0.0%
5914 · Actual Weight Tickets	13.00	0.0%
5930 · Per Diem	120.00	0.1%
5955 · Warehouse Equipment Expenses	126.03	0.1%
5960 · Cellular Phones - Mover/Driver	424.65	0.2%
5975 · Junk Disposal Costs	159.46	0.1%
5985 · Depr - Container Moving/Storage	123.33	0.1%
	7,959.30	3.7%
Total 5900 · OTHER MOVING & STORAGE EXPENSE		
	80,943.30	37.9%
Total COGS		
	132,589.91	62.1%
Gross Profit		
Expense		
6000 · MARKETING EXPENSE		
6020 · Print Collateral	43.33	0.0%
6100 · Internet		
6100.1 · Pay-per-click advertising	2,781.08	1.3%
6100.3 · Display advertising	987.07	0.5%
6100.4 · Social media advertising	302.22	0.1%
	4,070.37	1.9%
Total 6100 · Internet		
6710 · Marketing Coord Wages	434.88	0.2%
6760 · Nonbranded marketing event supp	30.44	0.0%
6770 · TMT Branded Cause Marketing	512.65	0.2%
6900 · Allocated Marketer Wages	838.00	0.4%
	5,929.67	2.8%
Total 6000 · MARKETING EXPENSE		
7000 · EMPLOYEE COSTS - RR&T		
7010 · Awards		
7010.4 · Other	100.00	0.0%
	100.00	0.0%
Total 7010 · Awards		
7015 · Certifications	59.00	0.0%
7110 · Training Wages	2,292.83	1.1%
7145 · Employee Provisions	240.13	0.1%

Unity Side Moving LLC
Profit & Loss
May 2023

	<u>May 23</u>	<u>% of Income</u>
7150 · Pre-Employment Assessment		
7150.2 · Background Checks	172.75	0.1%
Total 7150 · Pre-Employment Assessment	<u>172.75</u>	<u>0.1%</u>
Total 7000 · EMPLOYEE COSTS - RR&T	2,864.71	1.3%
7200 · FACILITY EXPENSE		
7220 · Depreciation-Leasehold Improv	23.60	0.0%
7230 · Insurance-Property & Gen Liab	394.98	0.2%
7240 · Rent	2,000.00	0.9%
7241 · Common Area Maintenance	514.87	0.2%
7250 · Repairs & Maint-Building	2,558.12	1.2%
7260 · Telephone	232.83	0.1%
7270 · Trash Removal	330.92	0.2%
7290 · Utilities	330.68	0.2%
Total 7200 · FACILITY EXPENSE	<u>6,386.00</u>	<u>3.0%</u>
7400 · PROFESSIONAL FEES		
7410 · Accounting	174.56	0.1%
7430 · Payroll Services	238.76	0.1%
7440 · Risk Management Services	50.00	0.0%
7460 · IT Services	102.00	0.0%
7480 · CRC	80.00	0.0%
Total 7400 · PROFESSIONAL FEES	<u>645.32</u>	<u>0.3%</u>
7500 · VEHICLE COSTS - NON MOVING		
7510 · Vehicle Operating Lease	800.00	0.4%
7550 · License, Registration & Insur.	313.48	0.1%
7560 · Fuel	245.29	0.1%
7572 · Mobile Tech Service & Software	150.90	0.1%
Total 7500 · VEHICLE COSTS - NON MOVING	<u>1,509.67</u>	<u>0.7%</u>
7600 · OFFICE & OTHER		
7640 · Office Supplies	706.73	0.3%
7645 · Postage & Delivery Expense	76.20	0.0%
7646 · Dues and Subscriptions	96.13	0.0%
7650 · Building Supplies	34.83	0.0%
7660 · Insurance-Other	1,208.12	0.6%
7690 · Taxes-Other	1,798.16	0.8%
7695 · Allocated Office Costs	1,022.28	0.5%
7702 · Meals	271.26	0.1%
7710 · Internet Service	313.35	0.1%
7720 · Depreciation-Equip & Software	36.29	0.0%
7730 · Depreciation-Furniture & Fixt	26.42	0.0%
7750 · Amortization of Franchise Fees	1,166.67	0.5%
7770 · Amortization of Start Up Costs	251.03	0.1%
7790 · Uniforms		
7790.1 · Gross Uniform Cost	627.99	0.3%
7790.2 · Employee Reimbursement	<u>-94.00</u>	<u>-0.0%</u>
Total 7790 · Uniforms	533.99	0.3%
Total 7600 · OFFICE & OTHER	<u>7,541.46</u>	<u>3.5%</u>
7800 · FRANCHISE OPERATING COST		
7810 · Royalty Fees	5,965.97	2.8%
7820 · Advertising Fees	1,022.28	0.5%
7830 · Technology Fees	1,200.00	0.6%
Total 7800 · FRANCHISE OPERATING COST	<u>8,188.25</u>	<u>3.8%</u>

Sunny Side Moving LLC Profit & Loss May 2023

	May 23	% of Income
7900 · FINANCE COST		
7930 · Credit Card Processing Fees	2,280.94	1.1%
7940 · Bank Fees	4.52	0.0%
7950 · Over/Underpayment Adjustment	-3.69	-0.0%
Total 7900 · FINANCE COST	2,281.77	1.1%
8000 · SUPPORT STAFF		
8110 · CSR Wages	2,733.71	1.3%
8120 · CSR Wages - Commiss/Bonus	1,836.26	0.9%
8130 · CSR Wages - OT	20.91	0.0%
8210 · Manager Wages	9,008.00	4.2%
8640 · Management Fee	4,600.24	2.2%
8801 · Healthcare Benefits		
8801.1 · Medical Insurance	719.97	0.3%
8801.2 · Vision/Dental/Life Insurance	3.76	0.0%
Total 8801 · Healthcare Benefits	723.73	0.3%
8802 · Compensation Benefits	406.56	0.2%
8810 · Payroll Taxes	1,141.98	0.5%
Total 8000 · SUPPORT STAFF	20,471.39	9.6%
8900 · OWNERS COMPENSATION		
8910 · Owner Wages	1,000.00	0.5%
Total 8900 · OWNERS COMPENSATION	1,000.00	0.5%
Total Expense	56,818.24	26.6%
Net Ordinary Income	75,771.67	35.5%
Net Income	75,771.67	35.5%

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: SUNNY SIDE MOVING LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
MARK LUCAS KENNEDY HAYWOOD

Address (Include street address, mailing address, city, state, zip, and county):
601 W MAIN Spokane WA 99201

Phone Number:
509-755-7524

Do you currently need the services of a residential household goods moving company?
 No Yes 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:

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:
Competitive Pricing

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
No

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

[Signature] 12/4/14
Signature of Person Completing Form Date and Location

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: Two Men and a Truck / SUMMERSIDE MOVING LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Leslie Schweiger - Davenport School District

Address (include street address, mailing address, city, state, zip, and county):
520 Maxwell
Davenport, WA 99122

Phone Number: (509) 721-1146

Do you currently need the services of a residential household goods moving company?
 No Yes 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:
* My son and wife are looking to move in the next 5 years. They are currently living in the Spokane Valley.

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:
* I look forward to having a reputable moving company to contact when we decide to move my son's family.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
* Two men and a Truck will provide quality moving service for our community.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Leslie Schweiger
Signature of Person Completing Form

12-5-2018
Date and Location

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: SUNNY SIDE MOVING LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Deborah Washburn

Address (include street address, mailing address, city, state, zip, and county):
2912 18th Ave SE Olympia WA 98501

Phone Number: 360-977-8118

Do you currently need the services of a residential household goods moving company?
 No Yes 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:
Possibly in the next few years, looking to relocate.

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:
Having a moving company with high standards + a reputable name would be a great benefit to Washington.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
When I move they would be the company I called because of there great reputation.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Debra Washburn
Signature of Person Completing Form

12/4/18 Olympia WA
Date and Location