

Appendix A

ALL STAR TRANSFER, LARON WILLIAMS, INC.

24111 HIGHWAY 99 SUITE 303

EDMONDS, WA 98026

WUTC

ATT: Sean Benett

1300 S. Evergreen Park Dr. S.W.

Olympia, WA 98504

9-1-16

RECEIVED

SEP 14 2016

WASH. UT. & TP. COMM

Sean,

I have enclosed the completed annual report as you requested. The way I understand the rules is that if a company operates in WA during the calendar year of the report then one is due. Since All Star did not perform regulated jobs in the state of WA then we would not be obligated to file. I have enclosed and highlighted the that rule. I have filled the report out regardless but I refuse to pay a \$1,000.00 late fee when no money was due. As I stated previously, I would like to retain my permit status but I will not pay a ridiculous late fee when my company not only didn't do any business but wasn't even an operating corporation for the majority of the year. I hope the commission finds the sense in this and we can move forward. Thank you


Laron Williams

ALL STAR TRANSFER, LARON WILLIAMS, INC.

24111 HWY 99, STE 303
EDMONDS, WA 98026
(425) 774-8128



98-555/1251

07/22/2016

PAY TO THE ORDER OF

WA Utilities and Transportation Commission

One thousand and 00/100*****

***1,000.00

\$

DOLLARS

State of Washington
WA Utilities and Transportation Commission
PO Box 47250
Olympia WA 98504-7250

MEMO

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. INFORMATION HEREIN WILL DISAPPEAR WITH HEAT.



Security Features Included.



Details on back.

ALL STAR TRANSFER, LARON WILLIAMS, INC.
07/22/2016 WA Utilities and Transportation Commission

Penalty for failure to provide annual report

1,000.00

Appendix B



Bob Ferguson

ATTORNEY GENERAL OF WASHINGTON

Utilities and Transportation Division

1400 S Evergreen Park Drive SW • PO Box 40128 • Olympia WA 98504-0128 • (360) 664-1183

February 3, 2017

All Star Transfer, Laron Williams, Inc.
24111 Hwy. 99, Suite 303
Edmonds, WA 98026

RE: Notice of Intent to Send to Collections, Penalty Assessment No. TV-160612

Dear Sir or Madam:

As you are aware, on June 28, 2016, the Washington Utilities and Transportation Commission issued a Penalty Assessment against All Star Transfer, Laron Williams, Inc. in the amount of \$1,000 for violation of WAC 480-15-480, which requires household goods carrier companies to file an annual report and pay regulatory fees with the Commission by May 1 each year, or by May 2 since May 1 was a Sunday. As of May 16, 2016, All Star Transfer, Laron Williams, Inc. has not filed its 2015 annual report or paid its 2016 regulatory fee, and has incurred a penalty of \$1,000. The Commission sent you a Final Notice dated September 26, 2016, indicating that the balance of \$1,000 was due.

The Commission has not received the \$1,000 payment due and owing.

This is to notify you that the Commission intends to forward your outstanding debt to a collection agency for collection. You likely will incur additional expenses and fees, including costs of collection, attorney's fees, and interest. These expenses and fees will be added to your outstanding \$1,000 balance.

If you have any questions about this letter or about the company's obligations under Commission rules, you may contact Sondra Walsh at (360) 664-1286.

Very truly yours,



SALLY BROWN
Senior Assistant Attorney General

cc: Sondra Walsh, Director, Administrative Svcs.

Mail payment to:
1300 S. Evergreen Park Drive S.W.
P.O. Box 47250
Olympia, WA 98504
Make online payment at:
payments.utc.wa.gov

Appendix C

Washington State Complaint: CAS-04185-Q4J0N9

Company: All Star Transfer, Laron Williams Inc.

Industry: Household Goods Carriers

Customer: [REDACTED]

Alt Contact:

Account Number:

Service Phone:

E-mail Address: [REDACTED]

Service Address: [REDACTED] NW Richmond Beach Road Shoreline King WA 98177

Complaint: CAS-04185-Q4J0N9

Type: Complaint

Serviced By: Sheri Hoyt

Grouped By: Customer Service

Opened On: 11/19/2012, 9:00:00 PM

Closed On: 1/2/2013, 9:00:00 PM

Disposition: Company upheld with violations

Violations Total: 42

TA Total: 0

Amount Customer Saved: \$168.13

Description:

Appendix C (continued)

M [REDACTED] hired All Star Transfer to conduct a local move. In the process, his king size mattress was damaged when the company shrink wrapped it. When he contacted the company a couple of weeks later, the company sent an email acknowledging the claim and telling him it will take up to 120 days to evaluate his claim. He only had basic value protection because he was talked into choosing that option. 11/20/12 11:45am. Passed to All Star Transfer via email. Response due 11/29/12 5pm.

Result:

The company denies damaging the mattress during shrink wrapping or talking the customer into selecting the at-no-cost basic value protection. The bill of lading reflects the customer was directed to select the basic valuation protection because the company placed "x" marks next to the option and also directed the customer to initial that selection with a "SIGN HERE" stamp next to it, along with the same directions next to the non-binding estimate option and where the customer should sign for receipt of goods. The company states it did not direct the customer's choices, instead marking those areas so their customers can see them. The company offered to settle the damage claim at the \$0.60 per pound valuation option the customer initialed, a total of \$294.00. The customer was overcharged \$168.13 and received a refund check on December 19. Numerous violations were recorded and technical assistance provided to the company for paperwork deficiencies. VIOLATIONS RECORDED - 42

Violations

WAC or RCW: Tariff 15-C, Item 95, 1.a.

Count: 4

TA:

Description: FOUR VIOLATIONS: The Bill of Lading does not include the company's permit number (HG-11846), website (www.allstartransfer.com), fax number (425-774-0984) or email address (customerservice@allstartransfer.com). The company was notified of the violations.

WAC or RCW: Tariff 15-C, Item 95, 1. g.

Count: 1

Appendix C (continued)

TA:

Description: VIOLATION: The Bill of Lading lacks language required in subparagraphs i., ii. and iii. regarding storage. The form indicates that storage in transit is a period of less than 180 days and that permanent storage is storage for more than 180 days. In addition, the form states, "This shipment is to be placed in storage (in transit for an unknown period of time). I understand that on the 180th day of storage the shipment becomes permanent storage." Storage in transit is storage for 90 days or less and permanent storage is storage for more than 90 days. The company was notified of the violation.

WAC or RCW: 480-15-620(1)

Count: 1

TA:

Description: VIOLATION: The company failed to provide the customer with a copy of the publication, "Your Guide to Moving in Washington State" at the time the company provided the customer a written estimate. The company emailed a link to the publication to the customer on November 26; after the move was performed and the complaint was filed with the commission. The company was notified of the violation.

WAC or RCW: Tariff 15-C, Item 85, 2. a.

Count: 1

TA:

Description: VIOLATION: The estimate form does not include the company's email address (customerservice@allstartransfer.com). The company was notified of the violation.

WAC or RCW: Tariff 15-C, Item 85 2. b.

Count: 1

Appendix C (continued)

TA:

Description: VIOLATION: The estimate form does not include whether the estimate is binding or non-binding. The company was notified of the violation.

WAC or RCW: Tariff 15-C, Item 85, 2. c.

Count: 1

TA:

Description: VIOLATION: The estimate form does not include a space for the customer to initial or sign to acknowledge receipt of the brochure, "Your Guide to Moving in Washington State." The company was notified of the violation.

WAC or RCW: Tariff 15-C, Item 85, 2. m.

Count: 1

TA:

Description: VIOLATION: The estimate form does not include the customer's options for loss or damage protection coverage (valuation) and the associated costs for each option. The company was notified of the violation.

WAC or RCW: Tariff 15-C, Item 85, 2. q.

Count: 4

TA:

Description: FOUR VIOLATIONS: The estimate form does not include the required language for nonbinding estimates found in i., ii., iii. and iv. The company was notified of the violations.

Appendix C (continued)

WAC or RCW: Tariff 15-C, Item 85, 2. r.

Count: 1

TA:

Description: **VIOLATION:** The estimate form does not include the forms of payment the carrier will accept. The company was notified of the violations.

WAC or RCW: 480-15-630(8)

Count: 1

TA:

Description: **VIOLATION:** The estimate form was not signed and dated by both the carrier and the customer. This is also a violation of Tariff 15-C, Item 85, 2. s. The company was notified of the violation.

WAC or RCW: Tariff 15-C, Item 230, 7. a.

Count: 1

TA:

Description: **VIOLATION:** The estimate form states the company has a two hour minimum on all jobs. The two hour minimum statement is repeated on a form titled, "Confirmation Notice!!!!!" The tariff requires a one hour minimum Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. and a four hour minimum on Saturdays, Sundays, State holidays and before 8:00 a.m. and after 5:00 p.m. The company was notified of the violation.

WAC or RCW: 480-15-390(1)

Count: 4

TA:

Appendix C (continued)

Description: VIOLATIONS: A carrier must conduct operations under the exact name shown on its household goods permit. The carrier's permit name is All Star Transfer, Laron Williams Inc. and its registered trade names are All Star Moving & Storage, Careful Movers and Allstar Movers. The estimate form indicates the company's name to be All Star Movers and Allstar Transfer & Storage, Inc. The bill of lading form indicates the company's name to be All Star Transfer. In addition, a sales receipt issued by the company to the customer for the cost of the move indicates the company's name is Northwest Cartage, Inc. dba All Star Transfer. Four violations are recorded, one for each name that is not registered with the commission.

WAC or RCW: 480-15-630(6)(b)

Count: 1

TA:

Description: VIOLATION: WAC 480-15-630(6)(b) The customer-completed hard-copy calculation sheet does not include the customer's signature or the date it was completed. The company was notified of the violation.

WAC or RCW: Tariff 15-C, Item 225

Count: 5

TA:

Description: FIVE VIOLATIONS: 1) The form titled, "Confirmation Notice!!!!!" offers services and containers at rates that are not in compliance with Tariff 15-C. 2) Under "Tips for Making Your Move Easier," item eight "(8)" indicates the company provides picture cartons for "pictures/glass" at the rate of \$21 per carton. The tariff allows a minimum of \$8.04 and a maximum of \$16.75 for a mirror carton. If the company is referring to a crate or container, which can be used for mirrors or glass, the rate is a minimum of \$1.85 and a maximum of \$3.88 per cubic foot, with a minimum charge of \$6.35 and a maximum of \$13.24. 3) Under "Additional Services" wardrobe rentals are offered at a rate of \$5 each. The tariff allows a minimum charge of \$7.91 and a maximum charge of \$16.46. 4) Under "Additional Services" shrink wrap service

Appendix C (continued)

is offered at a per piece rate starting at \$10 for "small dressers/wooden pieces" up to \$35 for a "large sofa or armoire." The tariff does not allow a household goods moving company to charge for packing supplies such as tape, shrink wrap or bubble wrap. 5) On the estimate form, under "Materials Needed," dish pack containers are priced at \$10 each. The tariff allows a minimum charge of \$10.05 and a maximum charge of \$20.93. The company was notified of the violations.

WAC or RCW: Tariff 15-C, Item 95, 1. m

Count: 2

TA:

Description: TWO VIOLATIONS: The tariff requires household goods carriers to include the time the vehicle leaves the carrier's terminal and the time it returns to the terminal, or when the carrier was released to go to another customer, and the start, stop, and any interruption time for each employee involved in the move. The Bill of Lading has only a start time, stop time and total hours for each worker to record their time. In addition, the bill of lading indicates three laborers were used for the move yet only one employee's hours were recorded. The company was notified of the violations.

WAC or RCW: Tariff 15-C, Item 95,1. k.

Count: 1

TA:

Description: VIOLATION: The Bill of Lading is lacking required language for valuation options. The company was notified of the violation.

WAC or RCW: Tariff 15-C, Item 95, 1. h.

Count: 1

TA:

Appendix C (continued)

Description: VIOLATION: The tariff requires the bill of lading include a separate section that indicates whether the associated estimate is binding or non-binding. The company's form offers a third option which states, "I did not request a written estimate on this shipment and understand I will be requires to pay charges shown on this contract." The company was notified of the violation.

WAC or RCW: Tariff 15-C, Item 95, 2

Count: 1

TA:

Description: VIOLATION: The bill of lading does not include all information that must be included on the back of the form. The information must be exactly as stated in the tariff. The company's form is missing required language and includes language not in the tariff. The company was notified of the violation.

WAC or RCW: Tariff 15-C, Item 90, 9.

Count: 1

TA:

Description: VIOLATION: The tariff indicates the customer may choose from three valuation options to determine the liability the carrier must assume for loss or damage. The bill of lading provided to the customer by the company does not include all required language for each of the three valuation options. In addition, there is a hand-written "x" placed next to the basic value protection option, indicating to the customer where he was to initial. The company was notified of the violation.

WAC or RCW: Tariff 15-C, Item 95, 1. j.

Count: 1

TA:

Appendix C (continued)

Description: VIOLATION: The customer was charged more than 125 percent of the estimated cost of the move. The estimate indicated the total price was \$793.50. The most the customer should have been asked to pay was \$991.87. The customer paid \$1,160; \$168.13 more than allowed by the tariff. The company was notified of the violation.

WAC or RCW: 480-15-890(2)

Count: 1

TA:

Description: VIOLATION: The deadline to provide all document for this move was December 3 by 5:00 p.m. The company provided the Table of Measurement form on December 4. The company was notified of the violation.

WAC or RCW: 480-15-810(1)

Count: 1

TA:

Description: VIOLATION: When the company notified the customer in writing that it received his damage claim, it failed to inform the customer of the availability of the commission for further review by providing the commission's toll-free number and mailing address. The company was notified of the violation.

WAC or RCW: 480-15-890(2)

Count: 1

TA:

Description: VIOLATION: The company's response to my December 4 request for additional information was due December 11 by 5:00 p.m. I did not receive the response until December 13. One violation is recorded. The company was notified daily violations will be recorded violations until I receive a response.

Appendix C (continued)

WAC or RCW: 480-15-890(2)

Count: 5

TA:

Description: FIVE VIOLATIONS: All Star Transfer failed to respond timely to a December 13 request for additional information. The response was due December 20. I received the response on December 28. The company was notified daily violations will be recorded until such time as I have received the response. Violations are recorded for December 20, December 21, December 24, December 26 and December 27.

Activities

Activity Type: Fax

Activity Date:

Direction: Outgoing

Customer: Joe Smith

UTC POC: William Jacobson

Subject:

Description:

-SEE ATTACHMENT- Received three page fax including cover sheet. Page two is an undated inventory sheet filled out by the customer, provided previously Page three is Table of Measurements form dated October 8, 2012. The bottom is cut off, I cannot see wha

Activity Type: Fax

Activity Date:

Appendix D

[Service date April 2, 2015]

BEFORE THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

WASHINGTON UTILITIES AND)	DOCKET TV-143648
TRANSPORTATION COMMISSION,)	
)	
Complainant,)	ORDER 01
)	
v.)	
)	
ALL STAR TRANSFER, LARON)	INITIAL ORDER APPROVING
WILLIAMS INC., D/B/A ALLSTAR)	SETTLEMENT AGREEMENT
MOVING & STORAGE, ALLSTAR)	
MOVERS, AND CAREFUL MOVERS,)	
)	
Respondent.)	
.....)	

BACKGROUND

- 1 On February 11, 2015, the Washington Utilities and Transportation Commission (Commission) through its regulatory staff (Staff)¹ filed a complaint against All Star Transfer, Laron Williams, Inc., d/b/a Allstar Moving & Storage, Allstar Movers, and Careful Movers (All Star Transfer or Company) and issued a Notice of Brief Adjudicative Proceeding set for March 20, 2015, at 9:30 a.m. The complaint alleges that the Company committed 254 violations of Commission rules and state laws, and seeks monetary penalties in addition to customer refunds of \$2,378.32.
- 2 On March 11, 2015, Staff notified the Commission that the parties had reached a settlement in principle. On March 25, 2015, Staff filed a settlement agreement on behalf of the parties (Settlement Agreement) and requested that the Commission cancel the scheduled hearing. In the Settlement Agreement, All Star Transfer admits

¹ In formal proceedings, such as this, the Commission's regulatory staff participates like any other party, while the Commissioners make the decision. To assure fairness, the Commissioners, the presiding administrative law judge, and the Commissioners' policy and accounting advisors do not discuss the merits of the proceeding with the regulatory staff, or any other party, without giving notice and opportunity for all parties to participate. See RCW 34.05.455.

Appendix D (continued)

DOCKET TV-143648
ORDER 01

PAGE 2

that it violated WAC 480-15-390, WAC 480-15-490, WAC 480-15-630, WAC 480-15-710, and Tariff 15-C, Items 80, 85, 95, and 230, as alleged in the complaint.

3 The parties agree that the Commission should assess a penalty of \$1,700. The parties agree that the entire penalty should be suspended for a period of one year from the date the Commission approves the settlement agreement on the condition that All Star Transfer substantially complies with Commission rules and Tariff 15-C. Staff will conduct a follow-up investigation within one year from the date the Commission approves the Settlement Agreement and will provide a recommendation regarding whether the Commission should waive or impose the penalty.

4 Staff recommends, and the parties agree, that All Star Transfer will not refund customers for the violations alleged in the complaint because the Company did not overcharge customers. Rather, the Company failed to properly document the services it provided, and those violations are accounted for in the penalty.

5 Christopher Casey, Assistant Attorney General, Olympia, Washington, represents the Staff. Laron Williams, Owner, Edmonds, Washington, represents All Star Transfer.

DISCUSSION AND DECISION

6 WAC 480-07-750(1) states in part: “The commission will approve settlements when doing so is lawful, the settlement terms are supported by an appropriate record, and when the result is consistent with the public interest in light of all the information available to the commission.” Thus, the Commission considers the individual components of the Settlement Agreement under a three-part inquiry, asking:

- Whether any aspect of the proposal is contrary to law.
- Whether any aspect of the proposal offends public policy.
- Whether the evidence supports the proposed elements of the Settlement Agreement as a reasonable resolution of the issue(s) at hand.

The Commission must determine one of three possible results:

- Approve the proposed settlement without condition.
- Approve the proposed settlement subject to conditions.
- Reject the proposed settlement.

Appendix D (continued)

DOCKET TV-143648
ORDER 01

PAGE 3

7 We approve the Settlement Agreement without condition. The parties made concessions relative to their respective litigation positions to arrive at end results that are supported by the evidence in the record. All Star Transfer admits to violations of WAC 480-15-390, WAC 480-15-490, WAC 480-15-630, WAC 480-15-710, and Tariff 15-C, Items 80, 85, 95, and 230. The penalty the Company agrees to pay is reasonable, and suspending the penalty on the condition of future compliance is appropriate to deter repeat violations.

8 The terms of the Settlement Agreement are not contrary to law or public policy and reasonably resolve all issues in this proceeding. The Settlement Agreement supports the Commission's goal of compliance by permitting the Company to pay a penalty that will be suspended, then waived, provided the Company does not incur repeat violations of WAC 480-15-390, WAC 480-15-490, WAC 480-15-630, WAC 480-15-710, and Tariff 15-C, Items 80, 85, 95, and 230, and complies with the terms of the Settlement Agreement. Given these factors, we find the Settlement Agreement is consistent with the public interest and should be approved as filed.

ORDER

THE COMMISSION ORDERS:

- 9 (1) The Settlement Agreement between All Star Transfer, Laron Williams, Inc., d/b/a Allstar Moving & Storage, Allstar Movers, and Careful Movers and Commission Staff, attached as Exhibit A to, and incorporated into, this Order, is approved as the final resolution of the disputed issues in this docket subject to the conditions set out in this Order.
- 10 (2) All Star Transfer, Laron Williams, Inc., d/b/a Allstar Moving & Storage, Allstar Movers, and Careful Movers is assessed a penalty of \$1,700, which is suspended for a period of one year from the effective date of this Order conditioned on All Star Transfer, Laron Williams, Inc., d/b/a Allstar Moving & Storage, Allstar Movers, and Careful Movers complying with the terms of this Order.

Appendix D (continued)

DOCKET TV-143648
ORDER 01

PAGE 4

- 11 (3) Within one year from the date of this Order, Commission Staff shall conduct a review of the operations of All Star Transfer, Laron Williams, Inc., d/b/a Allstar Moving & Storage, Allstar Movers, and Careful Movers to determine its compliance with applicable statutes and rules. If All Star Transfer, Laron Williams, Inc., d/b/a Allstar Moving & Storage, Allstar Movers, and Careful Movers has substantially complied with applicable statutes and rules, the Commission will waive the penalty. If All Star Transfer, Laron Williams, Inc., d/b/a Allstar Moving & Storage, Allstar Movers, and Careful Movers has not substantially complied with applicable statutes and rules, the suspended \$1,700 penalty will become immediately due and payable.
- 12 (4) The Commission retains jurisdiction to effectuate the terms of this Order.

Dated at Olympia, Washington, and effective April 2, 2015.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

RAYNE PEARSON
Administrative Law Judge

Washington State Complaint: CAS-07484-G0S4G7

Company: All Star Transfer, Laron Williams Inc.**Industry: Household Goods Carriers****Customer:** [REDACTED]**Alt Contact:****Account Number:****Service Phone:****E-mail Address:** [REDACTED]**Service Address:** [REDACTED] Street Port Townsend Jefferson WA 98368**Complaint: CAS-07484-G0S4G7****Type: Complaint****Serviced By: William Jacobson****Grouped By: Miscellaneous****Opened On: 7/14/2015, 9:00:00 PM****Closed On: 10/14/2015, 5:00:00 PM****Disposition: Company upheld with violations and arrangements****Violations Total: 13****TA Total: 0****Amount Customer Saved: \$62.50****Description:**

Name of Carrier: Retained: Careful Movers, Kitsap County (Internet site below) Careful Movers - Kitsap County Moving, Local, Interstate, Long ... www.carefulmovers.net/kitsap_county_moving.html Yes Careful Movers services Kitsap County, WA. ... Ozette, Pacific Beach, Port Angeles, Port Hadlock, Port Ludlow, Port Townsend, Potlatch, Quilcene, Quinalt, Bill of Lading: Northwest All Star Movers, Edmonds Principle: Martin Williams (425) 745-7559 Date of Move: Original dates July 1, 2015 and July 2, 2015 confirmed June 23, 2015 email. Actual date July 2, 2015 Pickup Address: [REDACTED] Gisc Street, Port Townsend, WA Delivery Address: [REDACTED] "R" Street, Port Townsend, WA Billing: Uniform Household Goods Bill of Lading received, and signed, by me

at the end of the move for \$1,581.25. Personal check [redacted] written for \$1,000, and handed to the young man who declared himself the owner's son. The scheduled two-day move reduced the day before the move was condensed to one marathon eleven-hour day with two untrained workers supplemented mid-day with a third untrained worker. Moving van arrived without boxes or packing paper. I supplied boxes from a previous move. Unmarked boxes held (1.) unwrapped contents, or (2.) contents wrapped in hand woven Irish spreads, hand stitched quilts, afghans, household linens including towels, sheets, bedding, etc. Framed photos and lamps were strewn about, unwrapped, among armoires, glass cupboards, sofas, Irish cabin chairs, and so on. The move was chaotic, uncoordinated, haphazard, exhausting and enraging, which took me, an 81-year-old woman downsizing into a small house, two weeks to sort out with the addition of an assortment of helpers. If, miraculously, the moving company, under whatever name, has a license, it must be revoked to prevent others from being hoodwinked via the internet and email; if not, why is it able to operate in the state of Washington? Staff request for information: - Original estimate was condensed from two-day move to one-day move. Was a supplemental estimate prepared? - Please explain why the company failed to bring boxes or packing paper. Did the company charge the consumer for the additional time required due to this oversight on the company's part? - Please provide the detailed efforts the company made to resolve the customer's complaint. - Please provide the any documentation the company has for this move, including but not limited to the bill of lading, any estimates, the inventory, all correspondence with the customer, and all other documents the company may have. 7/16/15 (8:30 a.m.) Complaint passed to All Star Transfer via email (customerservice@allstartransfer.com). Response due July 23 by 5:00 p.m.

Result:

July 15, 2015 - assigned to Roger The company's account does not agree with customer's account of the service requested. The company did agree that the original request was to move belongings in two days; one day to move furniture and day two to move boxes. The company informed me that packing services was not requested. I providing a copy of the company's response to the consumer. I reviewed the calculation of the cost of the move. My investigation revealed that the company calculated the cost of the move in accordance with our rules and Tariff 15-C with one exception. The company failed to provide a complete estimate prior to the start of the move. My investigation revealed that the company actually completed its estimated during the day of the move. Therefore the company is not allowed to charge for the initial travel time (30 minutes) to your previous residence. The cost of the move should be reduced by \$62.50. The company billed \$1,581.25 for the move. Customer paid \$1,000. This left a \$581.75 balance owing. The company should subtract \$62.50 from the balance owing leaving the corrected balance owing of \$518.75.

Violations

WAC or RCW: 480-15-620(1)

Count: 1

TA:

Description: Estimate: Failure to obtain signature acknowledging receipt of "Guide to Moving" brochure.

WAC or RCW: 480-15-630(8)

Count: 1

TA:

Description: Estimate: Failure to obtain signatures of carrier personnel and customer.

WAC or RCW: 480-15-630(7)

Count: 2

TA:

Description: Estimate: 1. No valuation selection. 2. No binding or non-binding selection

WAC or RCW: 480-15-630(5)

Count: 1

TA:

Description: Estimate: Visual inspection of goods - company did no complete cube sheet until day of move (7/2). Estimate was completed on 6/23.

WAC or RCW: 480-15-660(3)

Count: 1

TA:

Description: Supplemental Estimate: Supplemental estimate failed to include carrier's name, address and phone number.

WAC or RCW: 230(6)(b)(ii)

Count: 1

TA:

Description: Supplemental Estimate: Undercharged for additional worker to pack. Charged \$25 per hour. Should be \$29.63 (minimum) per 85(2)(i).

WAC or RCW: 480-15-710(3)

Count: 6

TA:

Description: Bill of Lading - Violations of Tariff 15-C; Item 95 1. Item 95(a) No website listed; no email address listed; no permit number listed. 2. Item 95(b) No telephone number of customer. 3. Item 95(h) No customer initials acknowledging the estimate is nonbinding. Required customer to initial statement that she did not request a written estimate. WAC 480-15-630 requires carrier to provide a written estimate. 4. Item 95(m) did not include time vehicle left motor pool and when it returned to the motor pool. Did not list start and stop times for each employee. 5. Item 95(m) Did not list any interruption times for each employee (i.e., breaks, and lunch). Unable to calculate correct charge based on information on bill of lading. 6. Item 95(n) Did not list packing material.

Activities

Activity Type: Fax

Activity Date:

Direction: Outgoing

Customer: company

UTC POC: William Jacobson

Subject:

Description:

July 16, 2015 0 2

Activity Type: Fax

Activity Date:

Direction: Outgoing

Customer: Laron Williams

UTC POC: William Jacobson

Subject:

Description:

Confirmation receipt that the fax was received (see attachment field of this activity).

Activity Type: Fax

Appendix F



STATE OF WASHINGTON

UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

September 26, 2016

Laron Williams
All Star Transfer, Laron Williams Inc.
24111 Hwy 99, Suite 303
Edmonds, WA 98026

RE: Data Request

Dear Mr. Williams:

Under Washington State law (Revised Code of Washington 81.04.070), the Utilities and Transportation Commission has the authority to inspect the accounts, books, papers and documents of any household goods moving company doing business in this state.

On April 28, 2016, commission staff sent you a data request for information and documents related to residential moves your company performed for the month of March 2016. In your May 13, 2016, response to that request, you stated that you performed "exactly 0 residential jobs in that time frame." In order to review your household goods company's business practices, we are again requesting the following documents:

As part of a staff review of your household goods company's business practices, please send us the following information and documents:

1. For the last 25 residential moves performed within the state of Washington, please provide all **original** supporting documents related to each customer's move, including, but not limited to, the bill of lading, estimate, supplemental estimate, inventory records, weight slips, and all documents related to temporary storage of the goods. Please note that the commission requires original documents. Photocopies will not be accepted.
2. A copy of the company's customer complaint and claims register, listing all complaints and claims received from Jan. 1, 2016, to present, and including all documents related to each complaint and claim.

Appendix F (continued)

All Star Transfer, Laron Williams Inc.
September 26, 2016
Page 2

You are required to furnish the above requested documents no later than 5 p.m., Oct. 10, 2016. Please address them to Susie Paul, Compliance Investigator and attach a copy of this letter to the documents for reference.

If you have any questions about this request you may contact Ms. Paul at (360) 664-1105 or spaul@utc.wa.gov. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "S. V. King".

Steven V. King
Executive Director and Secretary

Appendix G

ALL STAR TRANSFER, LARON WILLIAMS, INC.

24111 HIGHWAY 99 SUITE 303

EDMONDS, WA 98026

Oct. 10, 2016

WUTC

ATT: Susie Paul

Ms. Paul,

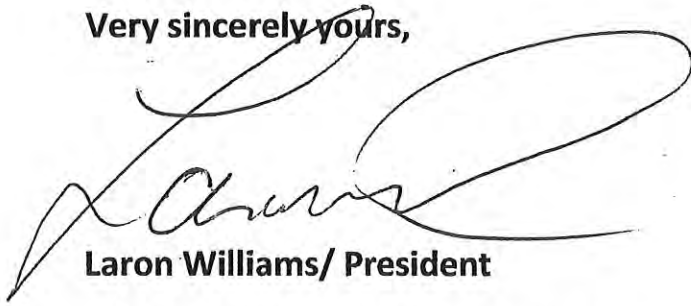
As Steven and Sean have requested I have enclosed our last 25 jobs performed and claims. I am only aware of one claim that we are dealing with so I have included all related docs that I was able to obtain on short notice. I detected a tone of disbelief in the data request letter by Steven King written Sept 26th 2016. He made a point to quote my phrase in my response to the commissions last request for data when you requested March 2016 jobs so I included the month of March as well so you can get an idea for the type of jobs that we have focused on. We have generally tried to avoid performing regulated household jobs as I have stated several times in the past since your deep administrative detail inquiry began and we realized that the commission has targeted us for scrutiny.

I also will forward a check for the \$1000 late fee filing for our 2015 no business conducted report that the commission is demanding. I will wait for the outcome of this inquiry first so we can include any creative penalties that you can conjure up. I look forward to your response and hope that we can go back to being movers instead of lawyers very soon. Thank you for your involvement

Appendix G (continued)

and your anticipated understanding for our tiny companies plight and desire to stay in this great industry that I helped build one move at a time!

Very sincerely yours,

A handwritten signature in black ink, appearing to read 'Laron Williams', written in a cursive style with a large loop at the end.

Laron Williams/ President

Allstar Transfer, Laron Williams, Inc.

OUR NAME SAYS IT ALL!



CAREFULMOVERS 800 475 8868

W.U.T.C. HG No.11846
US DOT #533989
MC#266394

ESTIMATED COSTS FOR SERVICES Non-Binding

Dear Charlie [REDACTED]

Estimated Time of Arrival 9:00 AM - 10:00 AM

Origin	[REDACTED] Leslie Ln., Sequim, WASHINGTON 98382
Destination	[REDACTED] Ne. 170Th St., Shoreline, WASHINGTON 98155

Reference #	Customer:	Move Date:
1123972	Charlie [REDACTED]	8/22/2016

Quote

Based on the information you provided, cost is as follows:

Rate: 3 Wrkr(s) @ 5 hrs x \$165.00 ea = \$825.00

Miscellaneous Items:

- * Reasonable travel Time to and from the job included, Price based on actual time. =
- * 6-700 lb/ 29"hx23"wx23"deep /safe ground level 1 step at pick and 1 step at delivery. =
- * Blocked out for 4-6 hours. Plus round trip ferry tolls ... = \$150.00

Total Price: \$975.00

BALANCE DUE: \$975.00

Materials Needed-

Payment is collected at delivery. We accept Washington State personal checks, major credit cards with 3% service charge, or cash.



Please Initial: CL I understand the above payment methods.

ESTIMATE: It is important to understand that a non-binding estimate covers only the articles listed. If it is not-binding, the cost of the move may exceed the estimate. If you request additional services to complete the move or add articles to the inventory, the household goods mover must prepare a supplemental estimate which will change the amount of the original estimate. Household goods carriers are required by law to collect transportation and other incidental charges. A household goods carrier may not charge more than twenty-five percent above its written non-binding estimate unless the household

Appendix I

From: CHARLIE [REDACTED]
To: [Ferguson, Kristi \(UTC\)](#)
Subject: Fw: PRELIMINARY ESTIMATE From Careful Movers Deniese [REDACTED]
Date: Monday, July 17, 2017 3:28:47 PM
Attachments: [1123972.pdf](#)

Kristi

Here is the invoice from Careful Movers. I didn't realize it was over \$1100. That is terrible.

Sincerely
Deniese [REDACTED]

From: Allstar & Careful Movers <movers@carefulmovers.net>
Sent: Monday, July 17, 2017 3:24 PM
To: [REDACTED]@msn.com
Subject: PRELIMINARY ESTIMATE From Careful Movers

Allstar Transfer & Storage, Inc.
24111 Hwy 99 suite #303
Edmonds WA, 98026

Dear Charlie:

Attached to this email you will find a PDF document in regards to your upcoming move.

Allstar & Careful Movers
movers@carefulmovers.net
425 745 7559

Appendix I (continued)



CAREFUL MOVERS

*** OUR NAME SAYS IT ALL! ***

1-800-475-8868
 W.U.T.C. HG No.11846
 US DOT #533989
 MC#266

FLAT

Dear Charlie [REDACTED]

Origin	[REDACTED] Leslie Ln., Sequim, WASHINGTON 98382 85Cf - 600Lbs
Destination	[REDACTED] Ne. 170Th St., Shoreline, WASHINGTON 98155

Reference #	Customer:	Move Date:
1123972	Charlie [REDACTED]	8/22/2016

Quote

Based on the information you provided, cost is as follows:

Rate: 3 Wrkr(s) @ 6 hrs x \$165.00 ea = \$990.00

Miscellaneous Items:

- * Reasonable travel Time to and from the job included, Price based on actual time. =
- * 6-700 lb/ 29"hx23"wx23"deep /safe ground level 1 step at pick and 1 step at delivery. =
- * Yo Erike TristonPlus round trip ferry tolls Yo Erike Tris = \$150.00

Total Price: **\$1,140.00**

Payment #1 (Check) **\$1,140.00**

BALANCE DUE: **\$0.00**

Feel free to contact us with any questions you have and thank you for considering Careful Movers for your relocation needs. All estimates include reasonable drive time to and from the the job.

Allstar & Careful Movers

Appendix I (continued)

Careful Movers
24111 Hwy 99 suite #303
Edmonds WA 98026
<http://carefulmovers.net/>
movers@carefulmovers.net
Phone 425 745 7559
Fax 425.774.0984

Qt	Item Name	Volume	Ori	Des	Qt	Item Name	Volume	Ori	Des
1	Gun safe	(85 Cuft)	OR	DS					
85 Total Cubic Feet, 1 Items									



There is a 3% price increase for Credit/Debit Card unless prepaid.

Appendix I (continued)

Harland Clarke

PAUL [REDACTED]
LESLIE LANE [REDACTED]
SEQUIM, WA 98382

808
98-70843251

8-22-2016 Date

Harland Clarke
Blumen Handled by Xmas

\$ 1140.00

FEDERAL RESERVE BANK OF SEATTLE

First Federal
Sequim Avenue Branch - (360) 683-3896
333 N. Sequim Ave. - P.O. Box 1025
Sequim, WA 98382 - ourfirstbank.com

John

[REDACTED]

Appendix J

OUR NAME SAYS IT ALL!



CAREFUL MOVERS 800 475

8868
W.U.T.C. HG No.11846
US DOT #533989
MC#266

FLAT ESTIMATE

Dear Paula [REDACTED]

Origin	[REDACTED] 14Th Dr. Se., Mill Creek, WASHINGTON 98012
Destination	[REDACTED] 3Rd Dr. Se., Millcreek, WASHINGTON 98012

Reference #	Customer:	Move Date:
1124014	Paula [REDACTED]	8/23/2016

Quote

Based on the information you provided, cost is as follows:

Rate: 2 Wrkr(s) @ 3 hrs x \$125.00 ea = \$375.00

Miscellaneous Items:

- * Reasonable travel to and from. =
- * Moving 1 Tread mill down 1 flight. Mill Creek to Mill Cree
k. =
- * 3 hour mini =

Total Price: **\$375.00**

BALANCE DUE: **\$375.00**

Feel free to contact me with any questions you have and thank you for considering Careful Movers for your relocation needs. All estimates include reasonable drive time to and from the the job.

Cecile
Careful Movers
24111 Hwy 99 suite #303
Edmonds WA 98026
<http://carefulmovers.net/>
cecile@allstartransfer.com

Phone 206 734 3006
Fax 425.774.0984

Appendix J (continued)



There is a 3% price increase for Credit/Debit Card unless prepaid.

[noemail_link_redirec

Appendix K

All Star Transfer, Laron Williams, Inc. - HG11846

24111 Highway 99, Suite 303, Edmonds, Washington 98026

(425) 774-8128 • (206) 232-5803 • Fax (425) 774-0984

www.allstartransfer.com • Email: Customerservice@allstartransfer.com

No 1989

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document *it is important that you first read the documents, including the back*, and that you ask for an explanation of anything that is not clear or is different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form.

Origin Address <u>14th Dr. Se Mill Creek, wa. 98012</u>	Destination Address <u>3rd Dr. Se. Mill Creek, wa. 98012</u>
Customer <u>Paula</u>	Name of Consignee (if different) _____
Phone _____ Cell _____	Phone _____
Email _____	Other _____
Address of Additional Stops _____	
Billing Address _____	

TRANSPORTATION CHARGE - HOURLY RATED MOVES: Vo d TRIS										
Date	Vans	Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs.	Rate	Charges
8/23/16	1	2	1:30				4:30	3.0	125.00 per	375.00

STORAGE - If shipment will be placed into storage, the customer must initial options selected.

Storage in Transit:
 _____ Shipment is to be placed in storage for a period of 90 days or less. I understand that on the 91st day of storage the shipment becomes permanent storage.

Permanent Storage:
 _____ The storage location will be at _____
 _____ Shipment is to be placed in storage for more than 90 days.

Storage In-Vehicle:
 _____ I certify that I have requested Storage-in-Vehicle for a period of _____ days at an agreed upon rate of \$ _____ per day.

Signature of Customer _____

	Unit	Rate	Total
Storage In Transit	_____ lbs	_____	Net _____
Whse Handling	_____ lbs	_____	Cwt _____
Add'l Valuation \$	_____ at	_____	Cwt _____
Total storage charges			\$ _____

TRANSPORTATION CHARGES - MILEAGE RATED MOVES:

Mileage _____

Gross weight (lbs) _____

Tare Weight _____

Rate _____

Other _____

Total Charges _____

PACKING Materials, Additional Services, Describe:

of Units _____

_____	at _____	per unit _____
_____	at _____	per unit _____
_____	at _____	per unit _____
_____	at _____	per unit _____
_____	at _____	per unit _____

Total Packing Charges _____

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select and initial only one coupon.

Basic Value Protection I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Replacement Cost Coverage with \$300 Deductible which includes a \$300 deductible paid by me: This option will cost \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipment.

Replacement Cost Coverage with no Deductible at a cost of \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipments.

I declare a total lump sum value for this shipment at \$ _____

Total Valuation Charges \$ _____

OTHER CHARGES:

_____	at _____	per unit _____
_____	at _____	per unit _____
_____	at _____	per unit _____
_____	at _____	per unit _____

Total Other Charges _____

ESTIMATES: Customer must initial one option.

I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on the estimate.

I understand this shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on the nonbinding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days in which I must pay the remainder due. In no case will I be required to pay more than 125% of the estimate, plus any supplement. (The 125% does not include any finance-related charges the carrier may assess for extending credit, such as interest or late payment fees.)

Customer Release: I have read and understand this contract, and release my household goods to the carrier subject to the terms and conditions of this contract.

MOVING, PACKING, MATERIALS, STORAGE CHARGES:

Transportation Charges Credi # _____

Storage _____

Valuation _____

Packing Materials _____

Total Moving Charges _____

Total Amount Paid _____

Balance Due \$ 375.00

Signature of Customer _____ Date _____

Signature of Carrier Representative _____ Date 08/22/16

Customer acknowledges carrier delivered goods _____

Signature of Customer _____ Date _____

Appendix L

OUR NAME SAYS IT ALL!



CAREFUL MOVERS 800 475

8868

W.U.T.C. HG No.11846

US DOT #533989

MC#266

FLAT ESTIMATE

Dear Cheri [REDACTED]

Origin	[REDACTED] 80Th Ave. W. #D, Edmonds, WASHINGTON 98026
Destination	[REDACTED] 143Rd St. Sw. #B, Lynnwood, WASHINGTON 98087

Reference #	Customer:	Move Date:
1123996	Cheri [REDACTED]	8/26/2016

Quote

Based on the information you provided, cost is as follows:

Rate: 2 Wrkr(s) @ 3 hrs x \$125.00 ea = \$375.00

Miscellaneous Items:

* Reasonable travel time to and from job included. =

* Price based on moving a 4'10" BBG with 2 steps on pick and 2 steps at delivery. =

* 3 hour flat rate. =

Total Price: **\$375.00**

BALANCE DUE: **\$375.00**

Feel free to contact me with any questions you have and thank you for considering Careful Movers for your relocation needs. All estimates include reasonable drive time to and from the the job.

Cecile
Careful Movers
24111 Hwy 99 suite #303
Edmonds WA 98026
<http://carefulmovers.net/>
cecile@allstartransfer.com

Appendix L (continued)

Fax 425.774.0984



There is a 3% price increase for Credit/Debit Card unless prepaid.

[noemail_link_redirec

Appendix M

All Star Transfer, Laron Williams, Inc. - HG11846

24111 Highway 99, Suite 303, Edmonds, Washington 98026

(425) 774-8128 • (206) 232-5803 • Fax (425) 774-0984

www.allstartransfer.com • Email: Customerservice@allstartransfer.com

No 1979

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document it is *important that you first read the documents, including the back*, and that you ask for an explanation of anything that is not clear or is different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form. Public Storage

Origin Address Occidental Ave. S Seattle, WA 98104
 Customer AFI
 Phone _____ Cell _____
 Email _____
 Address of Additional Stops _____
 Billing Address _____

Destination Address Fairview Ave N. Seattle, WA 98109
 Name of Consignee (if different) _____
 Phone _____
 Other _____

TRISTON, ERIC

TRANSPORTATION CHARGE - HOURLY RATED MOVES:

Date	Vans	Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs.	Rate	Charges
7/26/16	1	2	8:45	9:30	13 min	6:30	7:00	10.25	125.00 per	1281

STORAGE - If shipment will be placed into storage, the customer must initial options selected.

Storage In Transit:
 _____ Shipment is to be placed in storage for a period of 90 days or less. I understand that on the 91st day of storage the shipment becomes permanent storage.

Permanent Storage:
 _____ The storage location will be at _____
 _____ Shipment is to be placed in storage for more than 90 days.

Storage In-Vehicle:
 I certify that I have requested Storage-In-Vehicle for a period of _____ days at an agreed upon rate of \$ _____ per day.

Signature of Customer _____

	Unit	Rate	Total
Storage In Transit	lbs	Net	_____
Whse Handling	lbs	Cwt	_____
Add'l Valuation \$	at	Cwt	_____
Total storage charges		\$	_____

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select a 1 initial only one coupon.

Basic Value Protection I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Replacement Cost Coverage with \$300 Deductible which includes a \$300 deductible paid by me. This option will cost \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipment.

Replacement Cost Coverage with no Deductible at a cost of \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipments.

I declare a total lump sum value for this shipment at \$ _____

Total Valuation Charges \$ _____

ESTIMATES: Customer must initial one option.

I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on the estimate.

I understand this shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on the nonbinding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days in which I must pay the remainder due. In no case will I be required to pay more than 125% of the estimate, plus any supplement. (The 125% does not include any finance-related charges the carrier may assess for extending credit, such as interest or late payment fees.)

Customer Release: I have read and understand this contract, and release my household goods to the carrier subject to the terms and conditions of this contract.

 Signature of Carrier Representative Date 7/26/16

TRANSPORTATION CHARGES - MILEAGE RATED MOVES:

Mileage _____
 Gross weight (lbs) _____
 Tare Weight _____
 Rate _____
 Other _____
Total Charges _____

PACKING Materials, Additional Services, Describe:

# of Units	Description	Rate	per unit	Total
15	1.5's	3.50	52.50	52.50
13	3.0's	5.00	65.00	65.00
7	4.5's	6.00	42.00	42.00
	Paper Pads	4.00	32.00	32.00
	TAPE 3 roll		10.00	10.00
Total Packing Charges				155.00

OTHER CHARGES:

_____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
Total Other Charges _____

MOVING, PACKING, MATERIALS, STORAGE CHARGES:

Transportation Charges _____
 Storage _____
 Valuation _____
 Packing Materials _____
Total Moving Charges 1281.00
 Total Amount Paid _____
 Balance Due 155.00

Customer acknowledges carrier delivered goods: Date 7/26/16

Appendix N

OUR NAME SAYS IT ALL!



CAREFUL MOVERS 800 475

8868

W.U.T.C. HG No.11846

US DOT #533989

MC#266

FLAT ESTIMATE

Dear Kim [REDACTED]

Origin	[REDACTED] Ne. 161St Pl, Kenmore, WASHINGTON 98028
Destination	[REDACTED] 236Th St. Sw., Mountlake Terrace, WASHINGTON 98043

Reference #	Customer:	Move Date:
1123753	Kim [REDACTED]	7/1/2016

Quote

Based on the information you provided, cost is as follows:

Miscellaneous Items:

- * Based on a full size upright from Kenmore to Mountlake Terrace. =
- * 2 steps at pick and flat at delivery. =
- * Flat price= = \$325.00

Total Price: \$325.00

BALANCE DUE: \$325.00

Feel free to contact me with any questions you have and thank you for considering Careful Movers for your relocation needs. All estimates include reasonable drive time to and from the the job.

Cecile
 Careful Movers
 24111 Hwy 99 suite #303
 Edmonds WA 98026
<http://carefulmovers.net/>
cecile@allstartransfer.com

Phone 206 734 3006
Fax 425.774.0984

Appendix N (continued)



There is a 3% price increase for Credit/Debit Card unless prepaid.

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Appendix N (continued)

OUR NAME SAYS IT ALL!



CAREFUL MOVERS 800 475

8868

W.U.T.C. HG No.11846

US DOT #533989

MC#266

FLAT ESTIMATE

Dear Gale [REDACTED]

Origin	[REDACTED] 172Nd St. Se., Bothell, WASHINGTON 98012
Destination	[REDACTED] Ne 175Th St. D-101, Kenmore, WASHINGTON 98028

Reference #	Customer:	Move Date:
1123750	Gale [REDACTED]	7/1/2016

Quote

Based on the information you provided, cost is as follows:

Miscellaneous Items:

- * Based on moving a 4'10" BBG. Bothell to Kenmore. =
- * 2 steps at pick, and flat on delivery. =
- * Flat price= = \$325.00

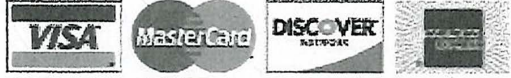
Total Price: \$325.00

BALANCE DUE: \$325.00

Feel free to contact me with any questions you have and thank you for considering Careful Movers for your relocation needs. All estimates include reasonable drive time to and from the the job.

Martin Williams
 Careful Movers
 24111 Hwy 99 suite #303
 Edmonds WA 98026
<http://carefulmovers.net/>
movers@carefulmovers.net
 Phone 425 745 7559

Appendix N (continued)



There is a 3% price increase for Credit/Debit Card unless prepaid.

[noemail_link_redirec

Appendix N (continued)

OUR NAME SAYS IT ALL!



CAREFULMOVERS 800 475 8868

W.U.T.C. HG No.11846
US DOT #533989
MC#266394

ESTIMATED COSTS FOR SERVICES

Non-Binding

Dear Kimberly [REDACTED]

Estimated Time of Arrival 9:00 AM - 10:00 AM

Origin	[REDACTED] Fairview Ave. N. C-009, Seattle, WASHINGTON 98109
Destination	[REDACTED] Country Club Dr. D-302, Millcreek, WASHINGTON 98012

Reference #	Customer:	Move Date:
1123744	Kimberly [REDACTED]	7/5/2016

Quote

Based on the information you provided, cost is as follows:

Rate: 2 Wrkr(s) @ 4 hrs x \$125.00 ea = \$500.00

Miscellaneous Items:

- * Reasonable travel Time to and from the job included, Price based on actual time. =
- * Customer to pack and prep move. =
- * Blocked out for 3-5 hours. =

Total Price: \$500.00

BALANCE DUE: \$500.00

Materials Needed-

Payment is collected at delivery. We accept Washington State personal checks, major credit cards with 3% service charge, or cash.




Please Initial: [Signature] I understand the above payment methods.

ESTIMATE It is important to understand that a non-binding estimate covers only the articles listed. If it is not-binding, the cost of the move may exceed the estimate. If you request additional services to complete the move or add articles to the inventory, the household goods mover must prepare a supplemental estimate which will change the amount of the original estimate. Household goods carriers are required by law to collect transportation and other incidental charges. A household goods carrier may not charge more than twenty-five percent above its written non-

binding estimate unless the household goods carrier preparers and you sign a supplemental estimate. All estimates include reasonable drive time to and from the the job.

This means the shipment is moving under a guaranteed price. The carrier will not charge more then the estimated charges without preparing a supplement estimate.

Please Initial:  This is a non-binding estimate for above shipment.

LOSS AND DAMAGE PROTECTION (Valuation):

OPTION 1— Basic Value Protection is the minimum level of liability a mover may assume when moving your goods. The mover's liability is 60 cents per pound per item. If a two-pound vase were broken, the company would pay you \$1.20 (2 lb x \$.60 per lb). There is no charge for this coverage.

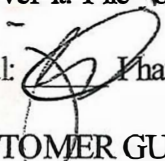
OPTION 2— Replacement Cost Coverage with Deductible provides full coverage, less a \$300 deductible. The mover's maximum liability is your declared value of the belongings, or \$5 times the weight of the shipment, whichever is greater (less the \$300 deductible). The movers will repair the damage to your satisfaction (less the \$300 deductible), reimburse the customer, or replace the damaged goods for any amount above the \$300 deductible. The \$300 deductible applies to the entire shipment rather than each individual article. The mover may charge a minimum of 55 cents and a maximum of \$1.15 per \$100 of declared value. Declared value may not be less than \$5 per pound of the total shipment weight.

OPTION 3— Replacement Cost Coverage with No Deductible provides full value replacement coverage for your belongings. The mover's maximum liability is your declared value, or \$5 times the weight of the shipment, whichever is greater. The moves will repair damage to your satisfaction, reimburse you for the replacement cost, or replace lost or damaged articles. The mover may charge a minimum of \$0.66 and a maximum of \$1.40 per \$100 of your declared value. Declared value may not be less than \$5 per pound of the total shipment weight. If you do not select an option, Option 2 will be applied and charged to you.

Loss and Damage Exceptions Coins, currency, deeds, notes, postage stamps, letters, drafts or valuable papers of any kind, Jewelry, precious stones or precious metals, mechanical condition of electronics, Items previously damaged, Items of extraordinary value, Items requiring temperature control, Household pets, Live plants, Perishable items, Furniture or other items made of press board, particle board, or similar press material.

Movers will not accept the Following Items for Shipment Explosives, Dangerous goods, Property liable to damage the mover's equipment or other property.

All claims for loss or damage must be filed in writing with the mover. Contact the claim department 425 318-1260 for a claim form. Claims must be filed within nine months from the date of delivery. If your shipment is lost, the claim must be filed within nine months of the date upon which delivery should have been made. Please report loss or damage as soon as you discover it. File your claims as soon as possible while memories are fresh.

Please Initial:  I have read and understood above Valuation options.

CUSTOMER GUIDE TO MOVING:

<http://professionalmovers.com/residential-and-household-moving/long-distance-rights-and-reponsibilities/>

<http://www.utc.wa.gov/consumers/Documents/2009-8-HouseholdGoods-ConsumerGuide-PrinterFriendly.pdf>

Please Initial: _____ I received an e-mailed link to the above brochures.

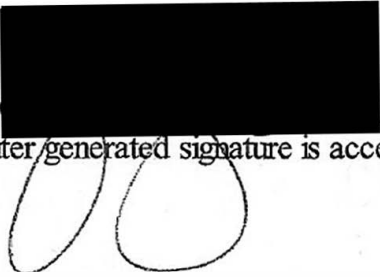
Thank you again for choosing Careful Movers for your relocation needs. Please fax, send US mail, or email back a signed copy and one of our sales associates will confirm your moving date.

Martin Williams
24111 Hwy 99 suite #303
Edmonds WA 98026
movers@carefulmovers.net
Phone 425 745 7559
Fax 425.774.0984

Carrier Representatives Signature _____ 6/28/2016

Customer Signature _____ 6/28/2016

(A computer generated signature is acceptable)



Remove from Email List



James [redacted]

Non-Binding Estimate From Careful Movers

1 message

Martin Williams <movers@carefulmovers.net>
Reply-To: Martin Williams <movers@carefulmovers.net>
To: james [redacted]

Wed, Jul 20, 2016 at 11:40 AM

OUR NAME SAYS IT ALL!



CAREFULMOVERS

800 475 8868

W.U.T.C. HG No.11846

US DOT #533989

MC#266394

ESTIMATED COSTS FOR SERVICES Non-Binding

Dear James [redacted]

Estimated Time of Arrival 9:00 AM - 10:00 AM

Origin	[redacted] East Johnson Rd., Mount Vernon, WASHINGTON 98274
Destination	[redacted] N. 125Th St., Seattle, WASHINGTON 98133

Reference #	Customer:	Move Date:
1123867	James [redacted]	7/22/2016

Quote

Based on the information you provided, cost is as follows:

Rate: 2 Wrkr(s) @ 3.5 hrs x \$125.00 ea = \$437.50

Miscellaneous Items:

- * Reasonable travel Time to and from the job included, Price based on actual time. =
- * Moving BBG from 2 stairs at pickup in Mount Vernon to 4 stairs at delivery in N. Seattle =
- * Blocked out for 3-4 hours. =

Total Price: \$437.50

BALANCE DUE: \$437.50

Materials Needed-

Payment is collected at delivery. We accept Washington State personal checks, major credit cards with 3% service charge, or cash.



Please Initial: *JM* I understand the above payment methods.

Appendix N (continued)

ESTIMATE—Binding in the cost of the move and that exceeds the estimate. If you request additional services to complete the move or add articles to the inventory, the household goods mover must prepare a supplemental estimate which will change the amount of the original estimate. Household goods carriers are required by law to collect transportation and other incidental charges. A household goods carrier may not charge more than twenty-five percent above its written non-binding estimate unless the household goods carrier prepares and you sign a supplemental estimate. All estimates include reasonable drive time to and from the job.

This means the shipment is moving under a guaranteed price. The carrier will not charge more than the estimated charges without preparing a supplemental estimate.

Please Initial: M This is a non-binding estimate for above shipment.

LOSS AND DAMAGE PROTECTION (Valuation):

OPTION 1— Basic Value Protection is the minimum level of liability a mover may assume when moving your goods. The mover's liability is 60 cents per pound per item. If a two-pound vase were broken, the company would pay you \$1.20 (2 lb x \$.60 per lb). There is no charge for this coverage.

OPTION 2— Replacement Cost Coverage with Deductible provides full coverage, less a \$300 deductible. The mover's maximum liability is your declared value of the belongings, or \$5 times the weight of the shipment, whichever is greater (less the \$300 deductible). The movers will repair the damage to your satisfaction (less the \$300 deductible), reimburse the customer, or replace the damaged goods for any amount above the \$300 deductible. The \$300 deductible applies to the entire shipment rather than each individual article. The mover may charge a minimum of 55 cents and a maximum of \$1.15 per \$100 of declared value. Declared value may not be less than \$5 per pound of the total shipment weight.

OPTION 3—Replacement Cost Coverage with No Deductible provides full value replacement coverage for your belongings. The mover's maximum liability is your declared value, or \$5 times the weight of the shipment, whichever is greater. The movers will repair damage to your satisfaction, reimburse you for the replacement cost, or replace lost or damaged articles. The mover may charge a minimum of \$0.66 and a maximum of \$1.40 per \$100 of your declared value. Declared value may not be less than \$5 per pound of the total shipment weight. If you do not select an option, Option 2 will be applied and charged to you.

Loss and Damage Exceptions Coins, currency, deeds, notes, postage stamps, letters, drafts or valuable papers of any kind, Jewelry, precious stones or precious metals, mechanical condition of electronics, Items previously damaged, Items of extraordinary value, Items requiring temperature control, Household pets, Live plants, Perishable items, Furniture or other items made of press board, particle board, or similar press material.

Movers will not accept the Following Items for Shipment Explosives, Dangerous goods, Property liable to damage the mover's equipment or other property.

All claims for loss or damage must be filed in writing with the mover. Contact the claim department 425 318-1260 for a claim form. Claims must be filed within nine months from the date of delivery. If your shipment is lost, the claim must be filed within nine months of the date upon which delivery should have been made. Please report loss or damage as soon as you discover it. File your claims as soon as possible while memories are fresh.

Please Initial: M I have read and understood above Valuation options.

CUSTOMER GUIDE TO MOVING:

<http://professionalmovers.com/residential-and-household-moving/long-distance-rights-and-responsibilities/>

<http://www.utc.wa.gov/consumers/Documents/2009-8-HouseholdGoods-ConsumerGuide-PrinterFriendly.pdf>


Please Initial: M I received an e-mailed link to the above brochures.

Thank you again for choosing Careful Movers for your relocation needs. Please fax, send US mail, or email back a signed copy and one of our sales associates will confirm your moving date.

Martin Williams
24111 Hwy 99 suite #303
Edmonds WA 98026
movers@carefulmovers.net
Phone 425 745 7559
Fax 425.774.0984

Appendix N (continued)

Carrier Representatives Signature _____ 7/20/2016

Customer Signature  7/20/2016
(A computer generated signature is acceptable)

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OUR NAME SAYS IT ALL!



CAREFULMOVERS 800 475 8868

W.U.T.C. HG No.11846
US DOT #533989
MC#266394

ESTIMATED COSTS FOR SERVICES Non-Binding

Dear [redacted] Sarah,

Estimated Time of Arrival 9:00 AM - 10:00 AM

Origin	[redacted] Occidental Ave. S. #1109, Seattle, WASHINGTON 98104
Destination	[redacted] Fairview Ave. N, Seattle, WASHINGTON 98109

Reference #	Customer:	Move Date:
1123873	[redacted] Sarah, [redacted]	7/26/2016

Quote

Based on the information you provided, cost is as follows:

Rate: 2 Wrkr(s) @ 6 hrs x \$125.00 ea = \$750.00

Miscellaneous Items:

- * Reasonable travel Time to and from the job included, Price based on actual time. =
- * Some packing and disassemble required, packing material additional. =
- * Blocked out for 5-7 hours =

Total Price: \$750.00

BALANCE DUE: \$750.00

Materials Needed-

Payment is collected at delivery. We accept Washington State personal checks, major credit cards with 3% service charge, or cash.



Please Initial: (S) I understand the above payment methods.

ESTIMATE: It is important to understand that a non-binding estimate covers only the articles listed. If it is not-binding, the cost of the move may exceed the estimate. If you request additional services to complete the move or add articles to the inventory, the household goods mover must prepare a supplemental estimate which will change the amount of the original estimate. Household goods carriers are required by law to collect transportation and other incidental charges. A

household goods carrier may not charge more than twenty-five percent above its written non-binding estimate unless the household goods carrier preparers and you sign a supplemental estimate. All estimates include reasonable drive time to and from the the job.

This means the shipment is moving under a guaranteed price. The carrier will not charge more then the estimated charges without preparing a supplement estimate.

Please Initial: (S) This is a non-binding estimate for above shipment.

LOSS AND DAMAGE PROTECTION (Valuation):

OPTION 1— Basic Value Protection is the minimum level of liability a mover may assume when moving your goods. The mover's liability is 60 cents per pound per item. If a two-pound vase were broken, the company would pay you \$1.20 (2 lb x \$.60 per lb). There is no charge for this coverage.

OPTION 2— Replacement Cost Coverage with Deductible provides full coverage, less a \$300 deductible. The mover's maximum liability is your declared value of the belongings, or \$5 times the weight of the shipment, whichever is greater (less the \$300 deductible). The movers will repair the damage to your satisfaction (less the \$300 deductible), reimburse the customer, or replace the damaged goods for any amount above the \$300 deductible. The \$300 deductible applies to the entire shipment rater than each individual article. The mover may charge a minimum of 55 cents and a maximum of \$1.15 per \$100 of declared value. Declared value may not be less than \$5 per pound of the total shipment weight.

OPTION 3— Replacement Cost Coverage with No Deductible provides full value replacement coverage for your belongings. The mover's maximum liability is your declared value, or \$5 times the weight of the shipment, whichever is greater. The moves will repair damage to your satisfaction, reimburse you for the replacement cost, or replace lost or damaged articles. The mover may charge a minimum of \$0.66 and a maximum of \$1.40 per \$100 of your declared value. Declared value may not be less than \$5 per pound of the total shipment weight. If you do not select an option, Option 2 will be applied and charged to you.

Loss and Damage Exceptions Coins, currency, deeds, notes, postage stamps, letters, drafts or valuable papers of any kind, Jewelry, precious stones or precious metals, mechanical condition of electronics, Items previously damaged, Items of extraordinary value, Items requiring temperature control, Household pets, Live plants, Perishable items, Furniture or other items made of press board, particle board, or similar press material.

Movers will not accept the Following Items for Shipment Explosives, Dangerous goods, Property liable to damage the mover's equipment or other property.

All claims for loss or damage must be filed in writing with the mover. Contact the claim department 425 318-1260 for a claim form. Claims must be filed within nine months from the date of delivery. If your shipment is lost, the claim must be filed within nine months of the date upon which delivery should have been made. Please report loss or damage as soon as you discover it. File your claims as soon as possible while memories are fresh.

Please Initial: (A) I have read and understood above Valuation options.

CUSTOMER GUIDE TO MOVING:

<http://professionalmovers.com/residential-and-household-moving/long-distance-rights-and-reponsibilities/>

<http://www.utc.wa.gov/consumers/Documents/2009-8-HouseholdGoods-ConsumerGuide->

Appendix N (continued)


PrinterFriendly.pdf

Please Initial: _____ I received an e-mailed link to the above brochures.

Thank you again for choosing Careful Movers for your relocation needs. Please fax, send US mail, or email back a signed copy and one of our sales associates will confirm your moving date.

Cecile
24111 Hwy 99 suite #303
Edmonds WA 98026
cecile@allstartransfer.com
Phone 206 734 3006
Fax 425.774.0984

Carrier Representatives Signature _____ 7/25/2016

Customer Signature  _____ 7/25/2016
(A computer generated signature is acceptable)

[Remove from Email List](#)

Appendix N (continued)

OUR NAME SAYS IT ALL!



CAREFULMOVERS 800 475 8868

W.U.T.C. HG No.11846
 US DOT #533989
 MC#266394

ESTIMATED COSTS FOR SERVICES
Non-Binding

Dear Judy [REDACTED]

Estimated Time of Arrival 9:00 AM - 10:00 AM

Origin	[REDACTED] Country Club Dr , Millcreek, WASHINGTON 98012 183Cf - 1281Lbs
Destination	[REDACTED] Fairview Ave. N. C-009, Seattle, WASHINGTON 98109

Reference #	Customer:	Move Date:
1123891	Judy [REDACTED] 30 minute call a head, [REDACTED]	7/29/2016

Quote

Based on the information you provided, cost is as follows:

Rate: 2 Wrkr(s) @ 4 hrs x \$125.00 ea = \$500.00

Miscellaneous Items:

- * Est based on inventory/access/location/customer prep =
- * Est @ 3/5hrs =
- * Reasonable drive time charged to and from the job sites/portal to portal =

Total Price: \$500.00

BALANCE DUE: \$500.00

Materials Needed-

Payment is collected at delivery. We accept Washington State personal checks, major credit cards with 3% service charge, or cash.



Please Initial: I understand the above payment methods.

ESTIMATE: It is important to understand that a non-binding estimate covers only the articles listed. If it is not-binding, the cost of the move may exceed the estimate. If you request additional services to complete the move or add articles to the inventory, the household goods mover must prepare a supplemental estimate which will change the amount of the original estimate. Household goods carriers are required by law to collect transportation and other incidental charges. A household goods carrier may not charge more than twenty-five percent above its written non-binding estimate unless the household

about:blank

7/27/2016

Appendix N (continued)

goods carrier preparers and you sign a supplemental estimate. All estimates include reasonable drive time to and from the the job.

This means the shipment is moving under a guaranteed price. The carrier will not charge more then the estimated charges without preparing a supplement estimate.

Please Initial: SS This is a non-binding estimate for above shipment.

LOSS AND DAMAGE PROTECTION (Valuation):

OPTION 1— Basic Value Protection is the minimum level of liability a mover may assume when moving your goods. The mover's liability is 60 cents per pound per item. If a two-pound vase were broken, the company would pay you \$1.20 (2 lb x \$.60 per lb). There is no charge for this coverage.

OPTION 2— Replacement Cost Coverage with Deductible provides full coverage, less a \$300 deductible. The mover's maximum liability is your declared value of the belongings, or \$5 times the weight of the shipment, whichever is greater (less the \$300 deductible). The movers will repair the damage to your satisfaction (less the \$300 deductible), reimburse the customer, or replace the damaged goods for any amount above the \$300 deductible. The \$300 deductible applies to the entire shipment rather than each individual article. The mover may charge a minimum of 55 cents and a maximum of \$1.15 per \$100 of declared value. Declared value may not be less than \$5 per pound of the total shipment weight.

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Please Initial: SS I have read and understood above Valuation options.

CUSTOMER GUIDE TO MOVING:

<http://professionalmovers.com/residential-and-household-moving/long-distance-rights-and-reponsibilities/>

<http://www.utc.wa.gov/consumers/Documents/2009-8-HouseholdGoods-ConsumerGuide-PrinterFriendly.pdf>


Please Initial: _____ I received an e-mailed link to the above brochures.

Appendix N (continued)

Thank you again for choosing Careful Movers for your relocation needs. Please fax, send US mail, or email back a signed copy and one of our sales associates will confirm your moving date.

Martin Williams
 24111 Hwy 99 suite #303
 Edmonds WA 98026
movers@carefulmovers.net
 Phone 425 745 7559
 Fax 425.774.0984

Carrier Representatives Signature _____ 7/27/2016

Customer Signature  7/27/2016
 (A computer generated signature is acceptable)

Qt	Item Name	Volume	Ori	Des	Qt	Item Name	Volume	Ori	Des
1	Sofa, Loveseat	(35 Cuft)	OR	DS	2	Tables, End	(10 Cuft)	OR	DS
1	Dining Table	(30 Cuft)	OR	DS	1	Dining Chair	(5 Cuft)	OR	DS
1	Bed, Queen	(65 Cuft)	OR	DS	2	Chairs, Metal	(6 Cuft)	OR	DS
1	Table, Small	(2 Cuft)	OR	DS	10	Box, Medium	(30 Cuft)	OR	DS
183 Total Cubic Feet, 19 Items									

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7/27/2016

OUR NAME SAYS IT ALL!



CAREFUL MOVERS

800 475

8868

W.U.T.C. HG No.11846

US DOT #533989

MC#266

FLAT ESTIMATE

Dear Diann/Julie [REDACTED]

Origin	[REDACTED] Ave. W #201, Everett, WASHINGTON 98204
Destination	[REDACTED] 58Th Pl W., Edmonds, WASHINGTON 98026

Reference #	Customer:	Move Date:
1123912	Diann/Julie [REDACTED]	8/1/2016

Quote

Based on the information you provided, cost is as follows:

Rate: 2 Wrkr(s) @ 2 hrs x \$125.00 ea = \$250.00

Miscellaneous Items:

* ESTIMATE BASED ON SPINETT/ FLAT ACCESS @ LOAD AND UNLOAD =

* THANK YOU FOR CHOOSING CAREFUL MOVERS =

Total Price: \$250.00

BALANCE DUE: \$250.00

Feel free to contact me with any questions you have and thank you for considering Careful Movers for your relocation needs. All estimates include reasonable drive time to and from the the job.

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 Careful Movers
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 Edmonds WA 98026
<http://carefulmovers.net/>
cecile@allstartransfer.com
 Phone 206 734 3006
 Fax 425.774.0984

7/29/2016

Appendix N (continued)

OUR NAME SAYS IT ALL!



CAREFULMOVERS 800 475 8868

W.U.T.C. HG No.11846
US DOT #533989
MC#266394

ESTIMATED COSTS FOR SERVICES Non-Binding

Dear Charlie [REDACTED]

Estimated Time of Arrival 9:00 AM - 10:00 AM

Origin	[REDACTED] Leslie Ln., Sequim, WASHINGTON 98382
Destination	[REDACTED] Ne. 170Th St., Shoreline, WASHINGTON 98155

Reference #	Customer:	Move Date:
1123972	Charlie [REDACTED]	8/22/2016

Quote

Based on the information you provided, cost is as follows:

Rate: 3 Wrkr(s) @ 5 hrs x \$165.00 ea = \$825.00

Miscellaneous Items:

- * Reasonable travel Time to and from the job included, Price based on actual time. =
- * 6-700 lb/ 29"hx23"wx23"deep /safe ground level 1 step at pick and 1 step at delivery. =
- * Blocked out for 4-6 hours. Plus round trip ferry tolls ... = \$150.00

Total Price: \$975.00

BALANCE DUE: \$975.00

Materials Needed-

Payment is collected at delivery. We accept Washington State personal checks, major credit cards with 3% service charge, or cash.



Please Initial: *CL* I understand the above payment methods.

ESTIMATE: It is important to understand that a non-binding estimate covers only the articles listed. If it is not-binding, the cost of the move may exceed the estimate. If you request additional services to complete the move or add articles to the inventory, the household goods mover must prepare a supplemental estimate which will change the amount of the original estimate. Household goods carriers are required by law to collect transportation and other incidental charges. A household goods carrier may not charge more than twenty-five percent above its written non-binding estimate unless the household

Appendix N (continued)

goods carrier preparers and you sign a supplemental estimate. All estimates include reasonable drive time to and from the the job.

This means the shipment is moving under a guaranteed price. The carrier will not charge more then the estimated charges without preparing a supplement estimate.

Please Initial: *W* This is a non-binding estimate for above shipment.

LOSS AND DAMAGE PROTECTION (Valuation):

OPTION 1— Basic Value Protection is the minimum level of liability a mover may assume when moving your goods. The mover's liability is 60 cents per pound per item. If a two-pound vase were broken, the company would pay you \$1.20 (2 lb x \$.60 per lb). There is no charge for this coverage.

OPTION 2— Replacement Cost Coverage with Deductible provides full coverage, less a \$300 deductible. The mover's maximum liability is your declared value of the belongings, or \$5 times the weight of the shipment, whichever is greater (less the \$300 deductible). The movers will repair the damage to your satisfaction (less the \$300 deductible), reimburse the customer, or replace the damaged goods for any amount above the \$300 deductible. The \$300 deductible applies to the entire shipment rater than each individual article. The mover may charge a minimum of 55 cents and a maximum of \$1.15 per \$100 of declared value. Declared value may not be less than \$5 per pound of the total shipment weight.

OPTION 3—Replacement Cost Coverage with No Deductible provides full value replacement coverage for your belongings. The mover's maximum liability is your declared value, or \$5 times the weight of the shipment, whichever is greater. The moves will repair damage to your satisfaction, reimburse you for the replacement cost, or replace lost or damaged articles. The mover may charge a minimum of \$0.66 and a maximum of \$1.40 per \$100 of your declared value. Declared value may not be less than \$5 per pound of the total shipment weight. If you do not select an option, Option 2 will be applied and charged to you.

Loss and Damage Exceptions Coins, currency, deeds, notes, postage stamps, letters, drafts or valuable papers of any kind, Jewelry, precious stones or precious metals, mechanical condition of electronics, Items previously damaged, Items of extraordinary value, Items requiring temperature control, Household pets, Live plants, Perishable items, Furniture or other items made of press board, particle board, or similar press material.

Movers will not accept the Following Items for Shipment Explosives, Dangerous goods, Property liable to damage the mover's equipment or other property.

All claims for loss or damage must be filed in writing with the mover. Contact the claim department 425 318-1260 for a claim form. Claims must be filed within nine months from the date of delivery. If your shipment is lost, the claim must be filed within nine months of the date upon which delivery should have been made. Please report loss or damage as soon as you discover it. File your claims as soon as possible while memories are fresh.

Please Initial: *W* I have read and understood above Valuation options.

CUSTOMER GUIDE TO MOVING:

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<http://www.utc.wa.gov/consumers/Documents/2009-8-HouseholdGoods-ConsumerGuide-PrinterFriendly.pdf>

Please Initial: I received an e-mailed link to the above brochures.

Appendix N (continued)

Thank you again for choosing Careful Movers for your relocation needs. Please fax, send US mail, or email back a signed copy and one of our sales associates will confirm your moving date.

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24111 Hwy 99 suite #303
Edmonds WA 98026
movers@carefulmovers.net
Phone 425 745 7559
Fax 425.774.0984

Carrier Representatives Signature



8/19/2016

Customer Signature _____ 8/19/2016
(A computer generated signature is acceptable)

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CAREFUL MOVERS

800 475

8868

W.U.T.C. HG No.11846

US DOT #533989

MC#266

FLAT ESTIMATE

Dear Paula [REDACTED]

Origin	[REDACTED] 14Th Dr. Se., Mill Creek, WASHINGTON 98012
Destination	[REDACTED] 3Rd Dr. Se., Millcreek, WASHINGTON 98012

Reference #	Customer:	Move Date:
1124014	Paula , [REDACTED]	8/23/2016

Quote

Based on the information you provided, cost is as follows:

Rate: 2 Wrkr(s) @ 3 hrs x \$125.00 ea = \$375.00

Miscellaneous Items:

- * Reasonable travel to and from. =
- * Moving 1 Tread mill down 1 flight. Mill Creek to Mill Cree
k. =
- * 3 hour mini =

Total Price: **\$375.00**

BALANCE DUE: **\$375.00**

Feel free to contact me with any questions you have and thank you for considering Careful Movers for your relocation needs. All estimates include reasonable drive time to and from the the job.

Cecile
 Careful Movers
 24111 Hwy 99 suite #303
 Edmonds WA 98026
<http://carefulmovers.net/>
cecile@allstartransfer.com

Phone 206 734 3006

Fax 425.774.0984



There is a 3% price increase for Credit/Debit Card unless prepaid.

[noemail_link_redirec

OUR NAME SAYS IT ALL!



CAREFUL MOVERS

800 475

8868

W.U.T.C. HG No.11846

US DOT #533989

MC#266

FLAT ESTIMATE

Dear Cheri

Origin	██████████ 80Th Ave. W. #D, Edmonds, WASHINGTON 98026
Destination	██████████ 143Rd St. Sw. #B, Lynnwood, WASHINGTON 98087

Reference #	Customer:	Move Date:
1123996	Cheri ██████████	8/26/2016

Quote

Based on the information you provided, cost is as follows:

Rate: 2 Wrkr(s) @ 3 hrs x \$125.00 ea = \$375.00

Miscellaneous Items:

* Reasonable travel time to and from job included. =

* Price based on moving a 4'10" BBG with 2 steps on pick and 2 steps at delivery. =

* 3 hour flat rate. =

Total Price: **\$375.00**

BALANCE DUE: **\$375.00**

Feel free to contact me with any questions you have and thank you for considering Careful Movers for your relocation needs. All estimates include reasonable drive time to and from the the job.

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<http://carefulmovers.net/>
cecile@allstartransfer.com

Phone 206 734 3006
Fax 425.774.0984



There is a 3% price increase for Credit/Debit Card unless prepaid.

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OUR NAME SAYS IT ALL!



CAREFULMOVERS 800 475 8868

W.U.T.C. HG No.11846
US DOT #533989
MC#266394

ESTIMATED COSTS FOR SERVICES

Non-Binding

Dear Judy [REDACTED]

Estimated Time of Arrival 9:00 AM - 10:00 AM

Origin	[REDACTED] Fairview Ave. N. C-009, Seattle, WASHINGTON 98109
Destination	[REDACTED] Kirkland Circle C-305, Kirkland, WASHINGTON 98033

Reference #	Customer:	Move Date:
1124083	Judy [REDACTED]	9/16/2016

Quote

Based on the information you provided, cost is as follows:

Rate: 2 Wrkr(s) @ 5 hrs x \$125.00 ea = \$625.00

Miscellaneous Items:

- * Reasonable travel Time to and from the job included, Price based on actual time. =
- * Customer to pack and prep move. =
- * Blocked out for 4-6 hours. =


Total Price: \$625.00

BALANCE DUE: \$625.00

Materials Needed-

Payment is collected at delivery. We accept Washington State personal checks, major credit cards with 3% service charge, or cash.




Please Initial  I understand the above payment methods.

ESTIMATE: It is important to understand that a non-binding estimate covers only the articles listed. If it is not-binding, the cost of the move may exceed the estimate. If you request additional services to complete the move or add articles to the inventory, the household goods mover must prepare a supplemental estimate which will change the amount of the original estimate. Household goods carriers are required by law to collect transportation and other incidental charges. A household goods carrier may not charge more than twenty-five percent above its written non-

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This means the shipment is moving under a guaranteed price. The carrier will not charge more then the estimated charges without preparing a supplement estimate.

Please Initial:  This is a non-binding estimate for above shipment.

LOSS AND DAMAGE PROTECTION (Valuation):

OPTION 1— Basic Value Protection is the **minimum** level of liability a mover may assume when moving your goods. The mover's liability is 60 cents per pound per item. If a two-pound vase were broken, the company would pay you \$1.20 (2 lb x \$.60 per lb). There is no charge for this coverage.

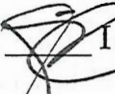
OPTION 2— Replacement Cost Coverage with Deductible provides full coverage, less a \$300 deductible. The mover's **maximum** liability is your declared value of the belongings, or \$5 times the weight of the shipment, whichever is greater (less the \$300 deductible). The movers will repair the damage to your satisfaction (less the \$300 deductible), reimburse the customer, or replace the damaged goods for any amount above the \$300 deductible. The \$300 deductible applies to the entire shipment rather than each individual article. The mover may charge a **minimum** of 55 cents and a **maximum** of \$1.15 per \$100 of declared value. Declared value may not be less than \$5 per pound of the total shipment weight.

OPTION 3— Replacement Cost Coverage with No Deductible provides full value replacement coverage for your belongings. The mover's **maximum** liability is your declared value, or \$5 times the weight of the shipment, whichever is greater. The moves will repair damage to your satisfaction, reimburse you for the replacement cost, or replace lost or damaged articles. The mover may charge a **minimum** of \$0.66 and a **maximum** of \$1.40 per \$100 of your declared value. Declared value may not be less than \$5 per pound of the total shipment weight. If you do not select an option, Option 2 will be applied and charged to you.

Loss and Damage Exceptions Coins, currency, deeds, notes, postage stamps, letters, drafts or valuable papers of any kind, Jewelry, precious stones or precious metals, mechanical condition of electronics, Items previously damaged, Items of extraordinary value, Items requiring temperature control, Household pets, Live plants, Perishable items, Furniture or other items made of press board, particle board, or similar press material.

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Please Initial:  I have read and understood above Valuation options.

CUSTOMER GUIDE TO MOVING:

<http://professionalmovers.com/residential-and-household-moving/long-distance-rights-and-reponsibilities/>


<http://www.utc.wa.gov/consumers/Documents/2009-8-HouseholdGoods-ConsumerGuide-PrinterFriendly.pdf>

Please Initial: _____ I received an e-mailed link to the above brochures.

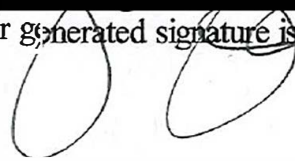
Thank you again for choosing Careful Movers for your relocation needs. Please fax, send US mail, or email back a signed copy and one of our sales associates will confirm your moving date.

Martin Williams
24111 Hwy 99 suite #303
Edmonds WA 98026
movers@carefulmovers.net
Phone 425 745 7559
Fax 425.774.0984

Carrier Representatives Signature _____ 9/12/2016

Customer Signature  9/12/2016

(A computer generated signature is acceptable)



[Remove from Email List](#)

Appendix N (continued)

OUR NAME SAYS IT ALL!



CAREFUL MOVERS 800 475

8868

**W.U.T.C. HG No.11846
US DOT #533989
MC#266**

FLAT ESTIMATE

Dear Lj [REDACTED]

Origin	[REDACTED] 44Th Ave. W, Lynnwood, WASHINGTON 98037
Destination	[REDACTED] Tahoma Pl W., University Pl, WASHINGTON 98466

Reference #	Customer:	Move Date:
1124104	Lj [REDACTED]	9/20/2016

Quote

Based on the information you provided, cost is as follows:

Rate: 2 Wrkr(s) @ 3 hrs x \$125.00 ea = \$375.00

Miscellaneous Items:

- * Flat Est @ =
- * Upright =

Total Price: \$375.00

BALANCE DUE: \$375.00

Feel free to contact me with any questions you have and thank you for considering Careful Movers for your relocation needs. All estimates include reasonable drive time to and from the the job.

Martin Williams
Careful Movers
24111 Hwy 99 suite #303
Edmonds WA98026
<http://carefulmovers.net/>
movers@carefulmovers.net
Phone 425 745 7559

Appendix N (continued)



There is a 3% price increase for Credit/Debit Card unless prepaid.

[noemail_link_redirec

Appendix N (continued)
OUR NAME SAYS IT ALL!



CAREFULMOVERS 800 475 8868

W.U.T.C. HG No.11846
US DOT #533989
MC#266394

ESTIMATED COSTS FOR SERVICES
Non-Binding

Dear Kimberly

Estimated Time of Arrival 9:00 AM - 10:00 AM

Table with Origin and Destination rows. Origin: Fairview Ave. N. C-009, Seattle, WASHINGTON 98109. Destination: Trossachs blvd. se. # 1205, Sammamish, WASHINGTON 98075.

Table with Reference #, Customer, and Move Date. Reference # 1124149, Customer Kimberly, Move Date 10/4/2016.

Quote

Based on the information you provided, cost is as follows:

Rate: 2 Wrkr(s) @ 4.5 hrs x \$125.00 ea = \$562.50

Miscellaneous Items:

- * Est based on inventory/access/location = reasonable drive time portal/portal
* Estimate @ 4-5 hrs
* 30 minute call a head

Total Price: \$562.50

BALANCE DUE: \$562.50

Materials Needed-

Payment is collected at delivery. We accept Washington State personal checks, major credit cards with 3% service charge, or cash.



Please Initial: I understand the above payment methods.

ESTIMATE: It is important to understand that a non-binding estimate covers only the articles listed. If it is not-binding, the cost of the move may exceed the estimate. If you request additional services to complete the move or add articles to the inventory, the household goods mover must prepare a supplemental estimate which will change the amount of the original estimate. Household goods carriers are required by law to collect transportation and other incidental charges. A household goods carrier may not charge more than twenty-five percent above its written non-

binding estimate unless the household goods carrier preparers and you sign a supplemental estimate. All estimates include reasonable drive time to and from the the job.

This means the shipment is moving under a guaranteed price. The carrier will not charge more then the estimated charges without preparing a supplement estimate.

Please Initial: _____ This is a non-binding estimate for above shipment.

LOSS AND DAMAGE PROTECTION (Valuation):

OPTION 1— Basic Value Protection is the minimum level of liability a mover may assume when moving your goods. The mover's liability is 60 cents per pound per item. If a two-pound vase were broken, the company would pay you \$1.20 (2 lb x \$.60 per lb). There is no charge for this coverage.

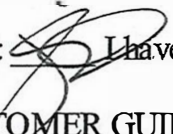
OPTION 2— Replacement Cost Coverage with Deductible provides full coverage, less a \$300 deductible. The mover's maximum liability is your declared value of the belongings, or \$5 times the weight of the shipment, whichever is greater (less the \$300 deductible). The movers will repair the damage to your satisfaction (less the \$300 deductible), reimburse the customer, or replace the damaged goods for any amount above the \$300 deductible. The \$300 deductible applies to the entire shipment rather than each individual article. The mover may charge a minimum of 55 cents and a maximum of \$1.15 per \$100 of declared value. Declared value may not be less than \$5 per pound of the total shipment weight.

OPTION 3— Replacement Cost Coverage with No Deductible provides full value replacement coverage for your belongings. The mover's maximum liability is your declared value, or \$5 times the weight of the shipment, whichever is greater. The moves will repair damage to your satisfaction, reimburse you for the replacement cost, or replace lost or damaged articles. The mover may charge a minimum of \$0.66 and a maximum of \$1.40 per \$100 of your declared value. Declared value may not be less than \$5 per pound of the total shipment weight. If you do not select an option, Option 2 will be applied and charged to you.

Loss and Damage Exceptions Coins, currency, deeds, notes, postage stamps, letters, drafts or valuable papers of any kind, Jewelry, precious stones or precious metals, mechanical condition of electronics, Items previously damaged, Items of extraordinary value, Items requiring temperature control, Household pets, Live plants, Perishable items, Furniture or other items made of press board, particle board, or similar press material.

Movers will not accept the Following Items for Shipment Explosives, Dangerous goods, Property liable to damage the mover's equipment or other property.

All claims for loss or damage must be filed in writing with the mover. Contact the claim department 425 318-1260 for a claim form. Claims must be filed within nine months from the date of delivery. If your shipment is lost, the claim must be filed within nine months of the date upon which delivery should have been made. Please report loss or damage as soon as you discover it. File your claims as soon as possible while memories are fresh.

Please Initial:  I have read and understood above Valuation options.

CUSTOMER GUIDE TO MOVING:

<http://professionalmovers.com/residential-and-household-moving/long-distance-rights-and-reponsibilities/>


<http://www.utc.wa.gov/consumers/Documents/2009-8-HouseholdGoods-ConsumerGuide-PrinterFriendly.pdf>

Please Initial: _____ I received an e-mailed link to the above brochures.

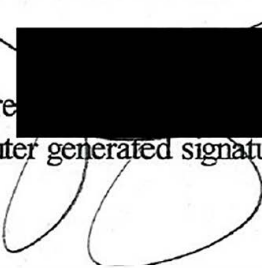
Thank you again for choosing Careful Movers for your relocation needs. Please fax, send US mail, or email back a signed copy and one of our sales associates will confirm your moving date.

Martin Williams
24111 Hwy 99 suite #303
Edmonds WA 98026
movers@carefulmovers.net
Phone 425 745 7559
Fax 425.774.0984

Carrier Representatives Signature _____ 10/3/2016

Customer Signature  10/3/2016

(A computer generated signature is acceptable)



[Remove from Email List](#)

Appendix O

7/25/2016

MoverworX® :: Moving Company Management v6.1.25

OUR NAME SAYS IT ALL!



CAREFULMOVERS 800 475 8868

W.U.T.C. HG No.11846
 US DOT #533989
 MC#266394

ESTIMATED COSTS FOR SERVICES
Non-Binding

Dear [redacted] Sarah,

Estimated Time of Arrival 9:00 AM - 10:00 AM

Origin	[redacted] Occidental Ave. S. #1109, Seattle, WASHINGTON 98104
Destination	[redacted] Fairview Ave. N, Seattle, WASHINGTON 98109

Reference #	Customer:	Move Date:
1123873	[redacted] Sarah [redacted] Sarah	7/26/2016

Quote

Based on the information you provided, cost is as follows:
 Rate: 2 Wrkr(s) @ 6 hrs x \$125.00 ea = \$750.00

Miscellaneous Items:

- * Reasonable travel Time to and from the job included, Price based on actual time. =
- * Some packing and disassemble required, packing material additional. =
- * Blocked out for 5-7 hours =

Total Price: \$750.00

BALANCE DUE: \$750.00

Materials Needed-

Payment is collected at delivery. We accept Washington State personal checks, major credit cards with 3% service charge, or cash.



Please Initial: (S) I understand the above payment methods.

ESTIMATE: It is important to understand that a non-binding estimate covers only the articles listed. If it is not-binding, the cost of the move may exceed the estimate. If you request additional services to complete the move or add articles to the inventory, the household goods mover must prepare a supplemental estimate which will change the amount of the original estimate. Household goods carriers are required by law to collect transportation and other incidental charges. A

Appendix P

CAREFUL MOVERS

D.O.M. Sept 16th

24111 HWY 99, EDMONDS WA 98026

TIME 9-10 am

425 755 7559 800 475 8868

CONTACT DATE: _____

CLIENT

Judy

TIME: _____

ADDRESS

1 Fabius Ave. N. Seattle, wa. 98109
2 N. 92nd St. Seattle, wa. 98117

PHONE HM. _____

PHONE WK. _____

APT/HOUSE/CONDO/TOWNHOUSE/STORAGE _____

SQUARE FT. _____ YEARS _____

TO Kirkland circle

COMPLEX / HOUSING DEV. _____

Kirkland, wa. 98033

PICK-UP _____ STAIRS / ELEVATOR / HIKE
DELIVERY _____ STAIRS / ELEVATOR / HIKE

APT/HOUSE/CONDO/TOWNHOUSE/STORAGE _____

LIVING ROOM; *Everything comes from 2nd pick, some stuff you delivered to this address.*

SOFA _____ ENT. CENTER _____
LOVE SEAT _____ T.V. _____
HIDE A BED _____ T.V. STAND _____
ARM CHAIR _____ END TABLE _____
RECLINER _____ COFFEE TABLE _____
LAMPS _____ PICTURES _____
BOXES _____
MISC. _____

DINING ROOM; *These are from Fabius storage.*

DINING TABLE 1 HUTCH _____
CHAIRS 4-6 CORNER CABINET _____
BUFFETT _____ BOXES _____
MISC. _____

KITCHEN;

TABLE _____ REFRIGERATOR _____
CHAIRS _____ FREEZER _____
STOVE _____ MICRO _____
WASHER _____ DRYER _____
BOXES _____

MISC. ITEMS;

PIANO _____ PLANTS _____
BOOK CASES _____ MISC. _____

OF BEDROOMS: _____

BEDROOM #1
BED K Q F _____ DRESSER _____
NIGHT STANDS _____ LAMPS _____
ARMOIRE _____ BOXES _____
MISC. _____

BEDROOM #2
BED K Q F _____ DRESSER _____
NIGHTSTAND _____ LAMPS _____
ARMOIRE _____ BOXES _____
MISC. _____

BEDROOM #3 OFFICE
BED K Q F _____ DRESSER _____
NIGHTSTAND _____ LAMPS _____
DESK _____ COMPUTER _____
COMPUTER STAND _____ CREDENZA _____
MISC. _____

GARAGE STORAGE PLAYROOM
SHOP TOOLS _____ DECK FURN. _____ EXER. EQUIP. _____
WORK BENCH _____ B-B-Q _____ BIKES _____
LAWN MOWER _____ PLANTS _____ CHILD TOYS _____
GARDEN EQUIP. _____ PICNIC TABLE _____

SPECIAL NOTES;

SECOND DROP / THIRD DROP / SECOND PICK-UP / THIRD PICK-UP / DOUBLE MOVE / DUMP

ESTIMATED TIME 4/6 # OF MEN 2 TRUCKS 1
METHOD OF PAYMENT / CASH / CHECK / VISA / MASTERCARD / OTHER _____

125.00 per.

Appendix Q

From: Ferguson, Kristi (UTC)
To: ["movers@carefulmovers.net"](mailto:movers@carefulmovers.net)
Subject: Additional documents
Date: Thursday, June 08, 2017 11:03:00 AM
Importance: High

Hello Laron,

This is Kristi Ferguson with the Utilities and Transportation Commission. I spoke to you today about additional move related documents and wanted to follow up with an email.

You submitted documents to Susie Paul and I am reviewing these.

While looking at the on-line estimate page you submitted, I see there are additional tabs across the top. If I could please see all additional documents that fall under these tabs, I would appreciate it.

The Item List on your website and any other move related documents pertaining to the moves below would be part of this review. I do have the on-line estimate, the bill of lading and the copy of the check/payment you submitted already.

The moves I would like additional documentation on are below

3/8/2016	Matt [REDACTED]
3/17/2016	Chad [REDACTED]
4/19/2016	Korrin [REDACTED]
5/16/2016	Leah [REDACTED]
7/1/2016	Kim [REDACTED]
7/1/2016	Gael [REDACTED]
7/5/2016	Kimberly [REDACTED]
7/22/2016	James [REDACTED]
7/26/2016	Afi [REDACTED]
7/29/2016	Judy [REDACTED]
8/1/2016	Diann [REDACTED]
8/22/2016	Charlie [REDACTED]
8/22/2016	Paula [REDACTED]
8/26/2016	Cheri [REDACTED]
9/16/2016	Judy [REDACTED]
9/20/2016	Lj [REDACTED]
10/4/2016	Kimberly [REDACTED]

These documents can be scanned and emailed directly to me or mailed to:

Washington Utilities and Transportation Commission

Attn: Kristi Ferguson

PO Box 47250

Olympia, WA 98504-7250

I will let you know when I receive these.

Thank you,

Appendix Q (continued)

Kristi

Kristi Ferguson

Compliance Investigator

Consumer Protection

kferguso@utc.wa.gov

360-664-1108

Utilities and Transportation Commission

Respect. Professionalism. Integrity. Accountability.

www.utc.wa.gov

Appendix R

-----Original Message-----

From: laron williams [mailto:laronw@hotmail.com]

Sent: Friday, June 9, 2017 3:13 PM

To: Ferguson, Kristi (UTC) <kferguso@utc.wa.gov>

Subject: Additional documents

Hello Kristi,

I received your request about the additional tabs at the top of our General information sheets that I supplied with the moves. I am pretty sure that I supplied the required docs with the packet including the hand written or website generated items lists. The tabs at the top do not necessarily represent any additional documents that we use. They are just there for navigating through the site. If there are specific the forms/pages that are required and are missing then please let me know specifically which ones and what customers and I would be happy to supply those for you.

Laron

Sent from my iPhone

Appendix S

Ferguson, Kristi (UTC)

From: Ferguson, Kristi (UTC)
Sent: Monday, June 12, 2017 1:17 PM
To: 'laron williams'
Subject: RE: Additional documents

Hello Laron,

Thanks for the response and the clarification. The documents I am looking for specifically that were not included in the packets of information originally submitted are the table of measurements (cube sheets). On your website, you call it an Items List.

I would like to see completed lists for the following customers please:

3/8/2016	Matt	[REDACTED]
3/17/2016	Chad	[REDACTED]
4/19/2016	Korrin	[REDACTED]
5/16/2016	Leah	[REDACTED]
7/1/2016	Kim	[REDACTED]
7/1/2016	Gael	[REDACTED]
7/5/2016	Kimberly	[REDACTED]
7/22/2016	James	[REDACTED]
7/26/2016	Afi	[REDACTED]
7/29/2016	Judy	[REDACTED]
8/1/2016	Diann	[REDACTED]
8/22/2016	Charlie	[REDACTED]
8/22/2016	Paula	[REDACTED]
8/26/2016	Cheri	[REDACTED]
9/16/2016	Judy	[REDACTED]
9/20/2016	Lj	[REDACTED]
10/4/2016	Kimberly	[REDACTED]

These documents can be scanned and emailed directly to me or mailed to:
Washington Utilities and Transportation Commission
Attn: Kristi Ferguson
PO Box 47250
Olympia, WA 98504-7250

Thank you,
Kristi

Kristi Ferguson
Compliance Investigator
Consumer Protection
kferguso@utc.wa.gov
360-664-1108

Utilities and Transportation Commission
Respect. Professionalism. Integrity. Accountability.
www.utc.wa.gov

Appendix T

All Star Transfer, Laron Williams, Inc. - HG11846

24111 Highway 99, Suite 303, Edmonds, Washington 98026
 (425) 774-8128 • (206) 232-5803 • Fax (425) 774-0984
 www.allstartransfer.com • Email: Customerservice@allstartransfer.com

No 1961

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document it is important that you first read the documents, including the back, and that you ask for an explanation of anything that is not clear or is different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form. *RH 98028*

Origin Address NE 161st Pl. Kenmore
 Customer KIM
 Phone _____ Cell _____
 Email _____
 Address of Additional Stops _____
 Billing Address _____

Destination Address 236th St SW
Mountain Terrace 98043
 Name of Consignee (if different) _____
 Phone _____
 Other _____

TRANSPORTATION CHARGE - HOURLY RATED MOVES:

40 + 5000

Date	Vans	Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs.	Rate	Charges
7/1/14		2								325 ⁰⁰

STORAGE - If shipment will be placed into storage, the customer must initial options selected.

Storage in Transit:
 _____ Shipment is to be placed in storage for a period of 90 days or less. I understand that on the 91st day of storage the shipment becomes permanent storage.

Permanent Storage:
 _____ The storage location will be at _____
 _____ Shipment is to be placed in storage for more than 90 days.

Storage in-Vehicle:
 _____ I certify that I have requested Storage-in-Vehicle for a period of _____ days at an agreed upon rate of \$ _____ per day.

Signature of Customer _____

	Unit	Rate	Total
Storage In Transit	lbs		Net
Whse Handling	lbs		Cwt
Add'l Valuation \$	at		Cwt
Total storage charges			\$

TRANSPORTATION CHARGES - MILEAGE RATED MOVES:

Mileage _____
 Gross eight (lbs) _____
 Tare Weight _____
 Rate _____
 Other _____
 Total Charges _____

PACKING Materials, Additional Services, Describe:

# of Units	at	per unit
_____	at	per unit
_____	at	per unit
_____	at	per unit
_____	at	per unit
_____	at	per unit
_____	at	per unit

Total Packing Charges _____

OTHER CHARGES:

_____	at	per unit
_____	at	per unit
_____	at	per unit
_____	at	per unit
_____	at	per unit

Total Other Charges _____

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select and initial only one coupon.

RH **Basic Value Protection** I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Replacement Cost Coverage with \$300 Deductible which includes a \$300 deductible paid by me: This option will cost \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipment.

Relacement Cost Coverage with no Deductible at a cost of \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipments.

I declare a total lump sum value for this shipment at \$ _____

Total Valuation Charges \$ _____

ESTIMATES: Customer must initial one option.

RH I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on the estimate.

I understand this shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on the nonbinding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days in which I must pay the remainder due. In no case will I be required to pay more than 125% of the estimate, plus any supplement. (The 125% does not include any finance-related charges the carrier may assess for extending credit, such as interest or late payment fees.)

Customer Release: I have read and understand this contract, and release my household goods to the carrier subject to the terms and conditions of this contract.

MOVING, PACKING, MATERIALS, STORAGE CHARGES:

Transportation Charges _____
 Storage _____
 Valuation _____
 Packing Materials _____
 Total Moving Charges _____
 Total Amount Paid _____
 Balance Due \$ 325⁰⁰

Customer acknowledges carrier delivered goods:

Signature of Customer _____ Date 7/1/14

Signature of Customer _____ Date _____
 Signature of Carrier Representative _____ Date 07/01/14

Appendix T (continued)

All Star Transfer, Laron Williams, Inc. - HG11846

24111 Highway 99, Suite 303, Edmonds, Washington 98026

(425) 774-8128 • (206) 232-5803 • Fax (425) 774-0984

www.allstartransfer.com • Email: Customerservice@allstartransfer.com

No 1962

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document it is important that you first read the documents, including the back, and that you ask for an explanation of anything that is not clear or is different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form.

Origin Address 172nd St. SE
 Customer BAKE
 Phone _____ Cell _____
 Email _____
 Address of Additional Stops _____
 Billing Address _____

Destination Address NE 175th St. D-10
 Name of Consignee (if different) KENMORE WA 98028
 Phone _____
 Other _____

TRANSPORTATION CHARGE - HOURLY RATED MOVES: Yo + Steuer

Date	Vans	Personnel	Start	Arrive	Breaks	De art	End	Total Hrs.	Rate	Charges
7/1/14										325

STORAGE - If shipment will be placed into storage, the customer must initial options selected.

Storage in Transit:
 _____ Shipment is to be placed in storage for a period of 90 days or less. I understand that on the 91st day of storage the shipment becomes permanent storage.

Permanent Storage:
 _____ The storage location will be at _____
 _____ Shipment is to be placed in storage for more than 90 days.

Storage In-Vehicle:
 _____ I certify that I have requested Storage-in-Vehicle for a period of _____ days at an agreed upon rate of \$ _____ per day.

Signature of Customer _____

	Unit	Rate	Total
Storage In Transit	_____ lbs	_____ Net	_____
Whse Handling	_____ lbs	_____ Cwt	_____
Add'l Valuation \$	_____ at	_____ Cwt	_____
Total storage charges			\$ _____

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select and initial only one coupon.

Basic Value Protection I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Replacement Cost Coverage with \$300 Deductible which includes a \$300 deductible paid by me: This option will cost \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipment.

Relacement Cost Coverage with no Deductible at a cost of \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipments.

I declare a total lump sum value for this shipment at \$ _____
Total Valuation Charges \$ _____

ESTIMATE: Customer must initial in margin.

I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on the estimate.

I understand this shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on the nonbinding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days in which I must pay the remainder due. In no case will I be required to pay more than 125% of the estimate, plus any supplement. (The 125% does not include any finance-related charges the carrier may assess for extending credit, such as interest or late payment fees.)

Customer Release: I have read and understand this contract, and release my household goods to the carrier subject to the terms and conditions of this contract.

TRANSPORTATION CHARGES - MILEAGE RATED MOVES:

Mileage _____
 Gross weight (lbs) _____
 Tare Weight _____
 Rate _____
 Other _____
Total Charges _____

PACKING Materials, Additional Services, Describe:

# of Units	at	per unit
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Packing Charges _____

OTHER CHARGES:

_____	at	_____	per unit
_____	at	_____	per unit
_____	at	_____	per unit
_____	at	_____	per unit
_____	at	_____	per unit

Total Other Charges _____

MOVING, PACKING, MATERIALS, STORAGE CHARGES:

Transportation Charges 1373
 Storage _____
 Valuation _____
 Packing Materials _____
Total Moving Charges _____
Total Amount Paid _____
Balance Due \$ 325.00

Customer acknowledges carrier delivered goods:

Signature of Customer _____ Date 07/01/14
 Signature of Carrier Representative _____ Date _____

Appendix T (continued)

All Star Transfer, Laron Williams, Inc. - HG11846
 24111 Highway 99, Suite 303, Edmonds, Washington 98026
 (425) 774-8128 • (206) 232-5803 • Fax (425) 774-0984
 www.allstartransfer.com • Email: Customerservice@allstartransfer.com

No 1963

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document it is important that you first read the documents, including the back, and that you ask for an explanation of anything that is not clear or different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form.

Origin Address Fairview Ave. N. Seattle, WA 98109 Destination Address Country Club Dr. Mill Creek, WA 98012
 Customer Kimberly
 Phone _____ Cell _____ Name of Consignee (if different) _____
 Email _____ Phone _____
 Address of Additional Stops _____ Other _____
 Billing Address _____

TRANSPORTATION CHARGE - HOURLY RATED MOVES: *Yo & ERIKE*

Date	Vans	Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs.	Rate	Charges
7/5/16	1	2	8:45	9:10	Ø	12:20	12:45	4.0	125.00 per hr	500.00

STORAGE - If shipment will be placed into storage, the customer must initial options selected.

Storage in Transit:
 _____ Shipment is to be placed in storage for a period of 90 days or less. I understand that on the 91st day of storage the shipment becomes permanent storage.

Permanent Storage:
 _____ The storage location will be at _____
 _____ Shipment is to be placed in storage for more than 90 days.

Storage In-Vehicle:
 _____ I certify that I have requested Storage-in-Vehicle for a period of _____ days at an agreed upon rate of \$ _____ per day.

Signature of Customer _____

	Unit	Rate	Total
Storage In Transit	lbs	Net	_____
Whse Handling	lbs	Cwt	_____
Add'l Valuation \$	at	Cwt	_____
Total storage charges		\$	_____

TRANSPORTATION CHARGES - MILEAGE RATED MOVES:

Mileage _____
 Gross weight (lbs) _____
 Tare Weight _____
 Rate _____
 Other _____
 Total Charges _____

PACKING Materials, Additional Services, Describe:

of Units _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 Total Packing Charges _____

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select and initial only one coupon.

Basic Value Protection I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Replacement Cost Coverage with \$300 Deductible which includes a \$300 deductible paid by me: This option will cost \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipment.

Relacement Cost Coverage with no Deductible at a cost of \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipments.

I declare a total lump sum value for this shipment at \$ _____

Total Valuation Charges \$ _____

OTHER CHARGES:

_____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 Total Other Charges _____

ESTIMATES: Customer must initial one option.

I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on the estimate.

I understand this shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on the nonbinding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days in which I must pay the remainder due. In no case will I be required to pay more than 125% of the estimate, plus any supplement. (The 125% does not include any finance-related charges the carrier may assess for extending credit, such as interest or late payment fees.)

Customer Release: I have read and understand this contract, and release my household goods to the carrier subject to the terms and conditions of this contract.

MOVING, PACKING, MATERIALS, STORAGE CHARGES:

Transportation Charges check # 1233
 Storage _____
 Valuation _____
 Packing Materials _____
 Total Moving Charges _____
 Total Amount Paid _____
 Balance Due \$500.00

Signature of Customer [Signature] Date 7/5/2016
 Signature of Carrier Representative _____ Date _____
 Customer acknowledges carrier delivered goods: _____
 Signature of Customer [Signature] Date 7/5/2016

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document *it is important that you first read the documents, including the back,* and that you ask for an explanation of anything that is not clear or is different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form. *KW*

Origin Address E. Johnson Rd. Mukilteo, WA 98274 Destination Address W. 125th St
 Customer James Seattle, WA 98133
 Phone Cell Name of Consignee (if different)
 Email Phone
 Address of Additional Stops Other
 Billing Address w/c - 547.20

TRANSPORTATION CHARGE - HOURLY RATED MOVES: *No STEVEN - Paid.*

Date	Vans	Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs.	Rate	Charges
7/22/16	1	2	8:45	9:45		10:45	1:00	4.25	125.00 per	531.25

STORAGE - If shipment will be placed into storage, the customer must initial options selected.

Storage in Transit:
 _____ Shipment is to be placed in storage for a period of 90 days or less. I understand that on the 91st day of storage the shipment becomes permanent storage.

Permanent Storage:
 _____ The storage location will be at _____
 _____ Shipment is to be placed in storage for more than 90 days.

Storage In-Vehicle:
 _____ I certify that I have requested Storage-in-Vehicle for a period of _____ days at an agreed upon rate of \$ _____ per day.

Signature of Customer _____

	Unit	Rate	Total
Storage In Transit	_____ lbs	_____	Net _____
Whse Handling	_____ lbs	_____	Cwt _____
Add'l Valuation \$	_____ at	_____	Cwt _____
Total storage charges			\$ _____

TRANSPORTATION CHARGES - MILEAGE RATED MOVES:

Mileage _____
 Gross eight (lbs) _____
 Tare Weight _____
 Rate _____
 Other _____
 Total Charges _____

PACKING Materials, Additional Services, Describe:

of Units _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____

Total Packing Charges _____

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select and initial only one coupon.

Basic Value Protection I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Replacement Cost Coverage with \$300 Deductible which includes a \$300 deductible paid by me: This option will cost \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipment.

Relacement Cost Coverage with no Deductible at a cost of \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipments.

I declare a total lump sum value for this shipment at \$ _____

Total Valuation Charges \$ _____

OTHER CHARGES:

_____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____

Total Other Charges _____

ESTIMATES: Customer must initial one option.

_____ I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on the estimate.

Non-binding estimate I understand this shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on the nonbinding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days in which I must pay the remainder due. In no case will I be required to pay more than 125% of the estimate, plus any supplement. (The 125% does not include any finance-related charges the carrier may assess for extending credit, such as interest or late payment fees.)

Customer Release: I have read and understand this contract, and release my household goods to the carrier subject to the terms and conditions of this contract.

MOVING. PACKING. MATERIALS. STORAGE CHARGES

Transportation Charges	<i>Check # 1540 - 331.25</i>
Storage	<i>200.00</i>
Valuation	<i>456.</i>
Packing Materials	
Total Moving Charges	
Total Amount Paid	
Balance Due	<i>\$ 531.25</i>

Signature of Customer 7/22/16
 Signature of Carrier Representative 07/22/16

Customer acknowledges carrier delivered goods: 7/22/16
 Signature of Customer Page 96 Date

Appendix T (continued)

All Star Transfer, Laron Williams, Inc. - HG11846

24111 Highway 99, Suite 303, Edmonds, Washington 98026

(425) 774-8128 • (206) 232-5803 • Fax (425) 774-0984

www.allstartransfer.com • Email: Customerservice@allstartransfer.com

No 1979

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document it is important that you first read the documents, including the back, and that you ask for an explanation of anything that is not clear or different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form.

Origin Address Occidental Ave. S. #2, WA 98104
 Customer AFI
 Phone _____ Cell _____
 Email _____
 Address of Additional Stops _____
 Billing Address _____

Destination Address Fairview, A.W.N. Seattle, wa. 98109
 Name of Consignee (if different) _____
 Phone _____
 Other _____

TRISTON, ERIK

TRANSPORTATION CHARGE - HOURLY RATED MOVES:

Date	Vans	Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs.	Rate	Charges
7/26/16	1	2	8:45	9:30	13 min	6:30	7:00	10.25	125.00 per	1,312
										1281

STORAGE - If shipment will be placed into storage, the customer must initial options selected.

Storage in Transit:

Shipment is to be placed in storage for a period of 90 days or less. I understand that on the 91st day of storage the shipment becomes permanent storage.

Permanent Storage:

The storage location will be at _____
 Shipment is to be placed in storage for more than 90 days.

Storage In-Vehicle:

I certify that I have requested Storage-in-Vehicle for a period of _____ days at an agreed upon rate of \$ _____ per day.

Signature of Customer _____

	Unit	Rate	Total
Storage In Transit	lbs	Net	
Whse Handling	lbs	Cwt	
Add'l Valuation \$	at	Cwt	
Total storage charges		\$	

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select a initial only one coupon.

Basic Value Protection I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Replacement Cost Coverage with \$300 Deductible which includes a \$300 deductible paid by me: This option will cost \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipment.

Relacement Cost Coverage with no Deductible at a cost of \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipments.

I declare a total lump sum value for this shipment at \$ _____

Total Valuation Charges \$ _____

ESTIMATES: Customer must initial one option.

I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on the estimate.

I understand this shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on the nonbinding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days in which I must pay the remainder due. In no case will I be required to pay more than 125% of the estimate, plus any supplement. (The 125% does not include any finance-related charges the carrier may assess for extending credit, such as interest or late payment fees.)

Customer Release: I have read and understand this contract, and release my household goods to the carrier subject to the terms and conditions of this contract.

Signature of Customer _____ Date 7/26/16

Signature of Carrier Representative _____ Date _____

TRANSPORTATION CHARGES - MILEAGE RATED MOVES:

Mileage _____
 Gross eight (lbs) _____
 Tare Weight _____
 Rate _____
 Other _____
 Total Charges _____

PACKING Materials, Additional Services, Describe:

# of Units	Description	Rate	per unit	Total
15	1.5's	3.50	52.50	
13	3.0's	5.00	65.00	
7	4.5's	6.00	42.00	
	Paper Pads	4.00	3.20	
	TAPE 3 roll		10.00	

Total Packing Charges Paper 25 lbs 15.00
 Total Packing 212.00

OTHER CHARGES:

_____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 Total Other Charges _____

MOVING, PACKING, MATERIALS, STORAGE CHARGES:

Transportation Charges _____
 Storage _____
 Valuation 212 216.50
 Packing Materials _____
 Total Moving Charges 4312.50
 Total Amount Paid _____
 Balance Due 4521.50

Customer acknowledges carrier delivered goods: _____
 Signature of Customer _____ Date 7/26/16
 Page 97 Date _____

Appendix T (continued)

All Star Transfer, Laron Williams, Inc. - HG11846

24111 Highway 99, Suite 303, Edmonds, Washington 98026

(425) 774-8128 • (206) 232-5803 • Fax (425) 774-0984

www.allstartransfer.com • Email: Customerservice@allstartransfer.com

No 1981

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document it is *important that you first read the documents, including the back*, and that you ask for an explanation of anything that is not clear or is different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form.

Origin Address Country Club Dr. # D-302 Destination Address Public Sq. 98109
 Customer JUDY Phone [REDACTED] Name of Consignee (if different) _____
 Phone _____ Cell _____ Phone _____
 Address of Additional Stops _____ Other _____
 Billing Address _____

TRANSPORTATION CHARGE - HOURLY RATED MOVES:

Vo d. TRKSTAN

Date	Vans	Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs.	Rate	Charges
7/29/16	1	2	9:00				12:30	3.5	125 ⁰⁰	437.50

STORAGE - If shipment will be placed into storage, the customer must initial options selected.

Storage in Transit:
 _____ Shipment is to be placed in storage for a period of 90 days or less. I understand that on the 91st day of storage the shipment becomes permanent storage.

Permanent Storage:
 _____ The storage location will be at _____
 _____ Shipment is to be placed in storage for more than 90 days.

Storage In-Vehicle:
 _____ I certify that I have requested Storage-in-Vehicle for a period of _____ days at an agreed upon rate of \$ _____ per day.

Signature of Customer _____

	Unit	Rate	Total
Storage In Transit	lbs		Net
Whse Handling	lbs		Cwt
Add'l Valuation \$	at		Cwt
Total storage charges			\$

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select and initial only one coupon.

Basic Value Protection I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Replacement Cost Coverage with \$300 Deductible which includes a \$300 deductible paid by me: This option will cost \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipment.

Relacement Cost Coverage with no Deductible at a cost of \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipments.

I declare a total lump sum value for this shipment at \$ _____
Total Valuation Charges \$ _____

ESTIMATES: Customer must initial one option.

I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on the estimate.

I understand this shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on the nonbinding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days in which I must pay the remainder due. In no case will I be required to pay more than 125% of the estimate, plus any supplement. (The 125% does not include any finance-related charges the carrier may assess for extending credit, such as interest or late payment fees.)

Customer Release: I have read and understand this contract, and release my household goods to the carrier subject to the terms and conditions of this contract.

Signature of Customer _____ Date 7/29/16
 Signature of Carrier Representative _____ Date 07/29/16

TRANSPORTATION CHARGES - MILEAGE RATED MOVES:

Mileage _____
 Gross eight (lbs) _____
 Tare Weight _____
 Rate _____
 Other _____
Total Charges _____

PACKING Materials, Additional Services, Describe:

# of Units	at	per unit
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Packing Charges _____

OTHER CHARGES:

_____	at	_____	per unit
_____	at	_____	per unit
_____	at	_____	per unit
_____	at	_____	per unit
_____	at	_____	per unit

Total Other Charges _____

MOVING, PACKING, MATERIALS, STORAGE CHARGES:

Transportation Charges Chg 426⁰⁰
 Storage _____
 Valuation _____
 Packing Materials _____
Total Moving Charges _____
Total Amount Paid _____
Balance Due \$ 437.50

Customer acknowledges carrier delivered goods:
 Signature of Customer _____ Date 7/29/16

Appendix T (continued)

All Star Transfer, Laron Williams, Inc. - HG11846

24111 Highway 99, Suite 303, Edmonds, Washington 98026

(425) 774-8128 • (206) 232-5803 • Fax (425) 774-0984

www.allstartransfer.com • Email: Customerservice@allstartransfer.com

No 1983

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document it is important that you first read the documents, including the back, and that you ask for an explanation of anything that is not clear or is different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form.

Origin Address 4300 W # 201 Destination Address 58th Pl. W
 Customer Diana Julie EDM WA 98026
 Phone _____ Cell _____ Name of Consignee (if different) _____
 Email _____ Phone _____
 Address of Additional Stops _____ Other _____
 Billing Address _____

TRANSPORTATION CHARGE - HOURLY RATED MOVES:

Date	Vans	Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs.	Rate	Charges
8/1/16	1	2	1:00	1:15	0	2:45	3:00	2	125.00	250.00

STORAGE - If shipment will be placed into storage, the customer must initial options selected.

Storage in Transit:
 _____ Shipment is to be placed in storage for a period of 90 days or less. I understand that on the 91st day of storage the shipment becomes permanent storage.

Permanent Storage:
 _____ The storage location will be at _____
 _____ Shipment is to be placed in storage for more than 90 days.

Storage In-Vehicle:
 _____ I certify that I have requested Storage-in-Vehicle for a period of _____ days at an agreed upon rate of \$ _____ per day.

Signature of Customer _____

	Unit	Rate	Total
Storage In Transit	lbs	Net	
Whse Handling	lbs	Cwt	
Add'l Valuation \$	at	Cwt	
Total storage charges		\$	

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select and initial only one coupon.

Basic Value Protection I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Replacement Cost Coverage with \$300 Deductible which includes a \$300 deductible paid by me: This option will cost \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipment.

Relacement Cost Coverage with no Deductible at a cost of \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipments.

I declare a total lump sum value for this shipment at \$ _____

Total Valuation Charges \$ _____

ESTIMATES: Customer must initial one option.

I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on the estimate.

I understand this shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on the nonbinding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days in which I must pay the remainder due. In no case will I be required to pay more than 125% of the estimate, plus any supplement. (The 125% does not include any finance-related charges the carrier may assess for extending credit, such as interest or late payment fees.)

Customer Release: I have read and understand this contract, and release my household goods to the carrier subject to the terms and conditions of this contract.

Signature of Customer _____ Date 8/1/16

Signature of Carrier Representative _____ Date 08/01/16

TRANSPORTATION CHARGES - MILEAGE RATED MOVES:

Mileage _____
 Gross eight (lbs) _____
 Tare Weight _____
 Rate _____
 Other _____
 Total Charges _____

PACKING Materials, Additional Services, Describe:

of Units _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 Total Packing Charges _____

OTHER CHARGES:

_____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 Total Other Charges _____

MOVING, PACKING, MATERIALS, STORAGE CHARGES:

Transportation Charges Credit # 9420
 Storage _____
 Valuation _____
 Packing Materials _____
 Total Moving Charges _____
 Total Amount Paid _____
 Balance Due \$ 250.00

Customer acknowledges carrier delivered goods:
 Signature of Customer _____ Date 8/1/16
 Page 99

Appendix T (continued)

All Star Transfer, Laron Williams, Inc. - HG11846

24111 Highway 99, Suite 303, Edmonds, Washington 98026
 (425) 774-8128 • (206) 232-5803 • Fax (425) 774-0984
 www.allstartransfer.com • Email: Customerservice@allstartransfer.com

No 1987

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document it is important that you first read the documents, including the back, and that you ask for an explanation of anything that is not clear or is different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form.

Origin Address LESIE LO. Destination Address NE 170th St.
 Customer CHARIE Parents SHO/LINE WA 98155
 Phone _____ Cell _____ Name of Consignee (if different) _____
 Email _____ Phone _____
 Address of Additional Stops _____ Other _____
 Billing Address _____

w/cc 1019.70

TRANSPORTATION CHARGE - HOURLY RATED MOVES: YO. BRIKE & TRIS

Date	Vans	Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs.	Rate	Charges
<u>8/27/16</u>	<u>1</u>	<u>2</u>	<u>7:30</u>	<u>9:45</u>			<u>1:30</u>	<u>6.0</u>	<u>165⁰⁰</u>	<u>990⁰⁰</u>

STORAGE - If shipment will be placed into storage, the customer must initial options selected.

Storage in Transit:
 _____ Shipment is to be placed in storage for a period of 90 days or less. I understand that on the 91st day of storage the shipment becomes permanent storage.

Permanent Storage:
 _____ The storage location will be at _____
 _____ Shipment is to be placed in storage for more than 90 days.

Storage In-Vehicle:
 _____ I certify that I have requested Storage-in-Vehicle for a period of _____ days at an agreed upon rate of \$ _____ per day.

Signature of Customer _____

	Unit	Rate	Total
Storage In Transit	lbs	Net	_____
Whse Handling	lbs	Cwt	_____
Add'l Valuation \$	at	Cwt	_____
Total storage charges		\$	_____

TRANSPORTATION CHARGES - MILEAGE RATED MOVES:

Mileage _____
 Gross weight (lbs) _____
 Tare Weight _____
 Rate _____
 Other _____
 Total Charges _____

PACKING Materials, Additional Services, Describe:

of Units _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 Total Packing Charges _____

OTHER CHARGES:

_____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 Total Other Charges _____

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select and initial only one coupon.

Basic Value Protection I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Replacement Cost Coverage with \$300 Deductible which includes a \$300 deductible paid by me: This option will cost \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipment.

Replacement Cost Coverage with no Deductible at a cost of \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipments.

I declare a total lump sum value for this shipment at \$ _____

Total Valuation Charges \$ _____

MOVING, PACKING, MATERIALS, STORAGE CHARGES:

Transportation Charges	<u>FERRY \$150⁰⁰</u>
Storage	<u>Check # 808</u>
Valuation	
Packing Materials	
Total Moving Charges	<u>\$990⁰⁰</u>
Total Amount Paid	
Balance Due	<u>\$1140⁰⁰</u>

ESTIMATES: Customer must initial one option.

_____ I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on the estimate.

I understand this shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on the nonbinding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days in which I must pay the remainder due. In no case will I be required to pay more than 125% of the estimate, plus any supplement. (The 125% does not include any finance-related charges the carrier may assess for extending credit, such as interest or late payment fees.)

Customer Release: I have read and understand this contract, and release my household goods to the carrier subject to the terms and conditions of this contract.

Signature of Customer _____ Date 8/22/16
 Signature of Carrier Representative _____ Date _____

Customer acknowledges carrier delivered goods: _____ Date 8-22-16
 Signature of Customer _____ Date _____

Appendix T (continued)

All Star Transfer, Laron Williams, Inc. - HG11846

24111 Highway 99, Suite 303, Edmonds, Washington 98026

(425) 774-8128 • (206) 232-5803 • Fax (425) 774-0984

www.allstartransfer.com • Email: Customerservice@allstartransfer.com

No 1989

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document it is important that you first read the documents, including the back, and that you ask for an explanation of anything that is not clear or different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form.

Origin Address 14th Dr. Se Mill Creek, WA 98012 Destination Address 3rd Dr. Se. Mill Creek, WA 98012
 Customer Paula Name of Consignee (if different) _____
 Phone _____ Cell _____ Phone _____
 Email _____ Other _____
 Address of Additional Stops _____
 Billing Address _____

TRANSPORTATION CHARGE - HOURLY RATED MOVES: *TRIS*

Date	Vans	Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs.	Rate	Charges
8/23/16	1	2	1:30				4:30	3.0	125.00 per	375.00

STORAGE - If shipment will be placed into storage, the customer must initial options selected.

Storage in Transit:
 _____ Shipment is to be placed in storage for a period of 90 days or less. I understand that on the 91st day of storage the shipment becomes permanent storage.

Permanent Storage:
 _____ The storage location will be at _____
 _____ Shipment is to be placed in storage for more than 90 days.

Storage In-Vehicle:
 _____ I certify that I have requested Storage-in-Vehicle for a period of _____ days at an agreed upon rate of \$ _____ per day.

Signature of Customer _____

	Unit	Rate	Total
Storage In Transit	lbs	Net	
Whse Handling	lbs	Cwt	
Add'l Valuation \$	at	Cwt	
Total storage charges		\$	

TRANSPORTATION CHARGES - MILEAGE RATED MOVES:

Mileage _____
 Gross weight (lbs) _____
 Tare Weight _____
 Rate _____
 Other _____
 Total Charges _____

PACKING Materials, Additional Services, Describe:

of Units _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 Total Packing Charges _____

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select a nd initial only one coupon.

Basic Value Protection I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Replacement Cost Coverage with \$300 Deductible which includes a \$300 deductible paid by me: This option will cost \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipment.

Relacement Cost Coverage with no Deductible at a cost of \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipments.

I declare a total lump sum value for this shipment at \$ _____

Total Valuation Charges \$ _____

OTHER CHARGES:

_____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 Total Other Charges _____

ESTIMATES: Customer must initial one option.

I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on the estimate.

I understand this shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on the nonbinding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days in which I must pay the remainder due. In no case will I be required to pay more than 125% of the estimate, plus any supplement. (The 125% does not include any finance-related charges the carrier may assess for extending credit such as interest or late payment fees.)

Customer Release: I have read and understand this contract, and release my household goods to the carrier under the terms and conditions of this contract.

MOVING, PACKING, MATERIALS, STORAGE CHARGES:

Transportation Charges Credi # 2930
 Storage _____
 Valuation _____
 Packing Materials _____
 Total Moving Charges _____
 Total Amount Paid _____
 Balance Due \$ 375.00

Signature of Customer _____ Date 08/22/16
 Signature of Carrier Representative _____ Date _____

Customer acknowledges carrier delivered goods
 Signature of Customer _____ Date _____

Appendix T (continued)

All Star Transfer, Laron Williams, Inc. - HG11846

24111 Highway 99, Suite 303, Edmonds, Washington 98026
 (425) 774-8128 • (206) 232-5803 • Fax (425) 774-0984
 www.allstartransfer.com • Email: Customerservice@allstartransfer.com

No 1991

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document it is important that you first read the documents, including the back, and that you ask for an explanation of anything that is not clear or is different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form.

Origin Address 80th Ave. W. #D. Destination Address 143rd St. SW #B
 Customer CHERI LYNN WA. 98087
 Phone _____ Cell _____ Name of Consignee (if different) _____
 Email _____ Phone _____
 Address of Additional Stops _____ Other _____
 Billing Address _____

TRANSPORTATION CHARGE - HOURLY RATED MOVES:

Jack & Steven

Date	Vans	Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs.	Rate	Charges
8/26/16	1	2		FLAT						375 ⁰⁰

STORAGE - If shipment will be placed into storage, the customer must initial options selected.

Storage in Transit:

_____ Shipment is to be placed in storage for a period of 90 days or less. I understand that on the 91st day of storage the shipment becomes permanent storage.

Permanent Storage:

_____ The storage location will be at _____
 _____ Shipment is to be placed in storage for more than 90 days.

Storage In-Vehicle:

_____ I certify that I have requested Storage-in-Vehicle for a period of _____ days at an agreed upon rate of \$ _____ per day.

Signature of Customer _____

	Unit	Rate	Total
Storage In Transit	lbs	Net	_____
Whse Handling	lbs	Cwt	_____
Add'l Valuation \$	at	Cwt	_____
Total storage charges		\$	_____

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select and initial only one coupon.

Basic Value Protection I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Replacement Cost Coverage with \$300 Deductible which includes a \$300 deductible paid by me: This option will cost \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipment.

Relacement Cost Coverage with no Deductible at a cost of \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipments.

I declare a total lump sum value for this shipment at \$ _____

Total Valuation Charges \$ _____

ESTIMATES: Customer must initial one option.

I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on the estimate.

I understand this shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on the nonbinding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days in which I must pay the remainder due. In no case will I be required to pay more than 125% of the estimate, plus any supplement. (The 125% does not include any finance-related charges the carrier may assess for extending credit, such as interest or late payment fees.)

Customer Release: I have read and understand this contract, and release my household goods to the carrier subject to the terms and conditions of this contract.

Signature of Customer _____ Date 8/26/16
 Signature of Carrier Representative _____ Date 8/26/16

TRANSPORTATION CHARGES - MILEAGE RATED MOVES:

Mileage _____
 Gross eight (lbs) _____
 Tare Weight _____
 Rate _____
 Other _____
 Total Charges _____

PACKING Materials, Additional Services, Describe:

# of Units	at	per unit
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Packing Charges _____

OTHER CHARGES:

_____	at	_____	per unit
_____	at	_____	per unit
_____	at	_____	per unit
_____	at	_____	per unit
_____	at	_____	per unit

Total Other Charges _____

check # 3238

MOVING, PACKING, MATERIALS, STORAGE CHARGES

Transportation Charges	\$375
Storage	0
Valuation	BASIC
Packing Materials	0
Total Moving Charges	\$375
Total Amount Paid	0
Balance Due	\$375

Customer acknowledges carrier delivered goods:

Signature of Customer _____ Date 8/26/16

Appendix T (continued)

All Star Transfer, Laron Williams, Inc. - HG11846
 24111 Highway 99, Suite 303, Edmonds, Washington 98026
 (425) 774-8128 • (206) 232-5803 • Fax (425) 774-0984
 www.allstartransfer.com • Email: Customerservice@allstartransfer.com

No 1998

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document it is important that you first read the documents, including the back, and that you ask for an explanation of anything that is not clear or different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form.

Origin Address FAIRVIEW AVE. N. C-009 Destination Address Kirkland Cir.
 Customer JUDY Kirk. WA. 98033
 Phone _____ Name of Consignee (if different) _____
 Cell _____ Phone _____
 Email _____ Other _____
 Address of Additional Stops N. 92ND St.
 Billing Address SEA - WA - 98109

TRANSPORTATION CHARGE - HOURLY RATED MOVES:											
Date	Vans	Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs.	Rate	Charges	
9/16/16	1	2	9:00				1:15	4.25	125.00	531.25	
								CL	124.75		

STORAGE - If shipment will be placed into storage, the customer must initial options selected.

Storage in Transit:
 Shipment is to be placed in storage for a period of 90 days or less. I understand that on the 91st day of storage the shipment becomes permanent storage.

Permanent Storage:
 The storage location will be at _____
 Shipment is to be placed in storage for more than 90 days.

Storage In-Vehicle:
 I certify that I have requested Storage-in-Vehicle for a period of _____ days at an agreed upon rate of \$ _____ per day.

Signature of Customer _____

	Unit	Rate	Total
Storage In Transit	lbs	Net	
Whse Handling	lbs	Cwt	
Add'l Valuation \$	at	Cwt	
Total storage charges		\$	

TRANSPORTATION CHARGES - MILEAGE RATED MOVES:

Mileage _____
 Gross weight (lbs) _____
 Tare Weight _____
 Rate _____
 Other _____
 Total Charges _____

PACKING Materials, Additional Services, Describe:

# of Units	at	per unit
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Packing Charges _____

OTHER CHARGES:

Check # 4290
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____

Total Other Charges _____

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select one option.

Basic Value Protection I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Replacement Cost Coverage with \$300 Deductible which includes a \$300 deductible paid by me: This option will cost \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipment.

Relacement Cost Coverage with no Deductible at a cost of \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipments.

I declare a total lump sum value for this shipment at \$ _____

Total Valuation Charges \$ _____

MOVING, PACKING, MATERIALS, STORAGE CHARGES:

Transportation Charges	<u>SPLIT-PAY ON 1 CHECK</u>
Storage	\$ 271.25
Valuation	\$ 260.00
Packing Materials	
Total Moving Charges	
Total Amount Paid	
Balance Due	<u>\$ 531.25</u>

ESTIMATES: Customer must initial one option.

I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on the estimate.

I understand this shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on the nonbinding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days in which I must pay the remainder due. In no case will I be required to pay more than 125% of the estimate, plus any supplement. (The 125% does not include any finance-related charges the carrier may assess for extending credit, such as interest or late payment fees.)

Customer Release: I have read and understand this contract, and release my household goods to the carrier subject to the terms and conditions of this contract.

Signature of Customer _____ Date 09/16/16

Signature of Carrier Representative _____ Date _____

Customer acknowledges carrier delivered goods: _____

Page 103 Date _____

Appendix T (continued)

All Star Transfer, Laron Williams, Inc. - HG11846

24111 Highway 99, Suite 303, Edmonds, Washington 98026

(425) 774-8128 • (206) 232-5803 • Fax (425) 774-0984

www.allstartransfer.com • Email: Customerservice@allstartransfer.com

No 1412

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document *it is important that you first read the documents, including the back,* and that you ask for an explanation of anything that is not clear or is different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form.

Origin Address ██████████ Fairview Ave. N. Seattle, wa. 98109
 Customer Kimberly ██████████
 Phone _____ Cell ██████████
 Email _____
 Address of Additional Stops _____
 Billing Address _____

Destination Address ██████████ Trassachs Blvd. Se. #1205
Sammamish, wa. 98075
 Name of Consignee (if different) _____
 Phone _____
 Other _____

TRANSPORTATION CHARGE - HOURLY RATED MOVES: <u>VO & ERIKE</u>										
Date	Vans	Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs	Rate	Charges
10/4/16	1	2	9:15	9:45		11:00	1:15	4.0	125. ⁰⁰ per	500. ⁰⁰

STORAGE - If shipment will be placed into storage, the customer must initial options selected.

Storage in Transit:
 _____ Shipment is to be placed in storage for a period of 90 days or less. I understand that on the 91st day of storage the shipment becomes permanent storage.

Permanent Storage:
 _____ The storage location will be at _____
 _____ Shipment is to be placed in storage for more than 90 days.

Storage In-Vehicle:
 _____ I certify that I have requested Storage-in-Vehicle for a period of _____ days at an agreed upon rate of \$ _____ per day.

Signature of Customer _____

	Unit	Rate	Total
Storage In Transit	_____ lbs	_____	Net _____
Whse Handling	_____ lbs	_____	Cwt _____
Add'l Valuation \$	_____ at	_____	Cwt _____
Total storage charges			\$ _____

TRANSPORTATION CHARGES - MILEAGE RATED MOVES:

Mileage _____
 Gross eight (lbs) _____
 Tare Weight _____
 Rate _____
 Other _____
 Total Charges _____

PACKING Materials, Additional Services, Describe:

of Units _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____

Total Packing Charges _____

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select and initial only one coupon.

Basic Value Protection I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Replacement Cost Coverage with \$300 Deductible which includes a \$300 deductible paid by me: This option will cost \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipment.

Relacement Cost Coverage with no Deductible at a cost of \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipments.

I declare a total lump sum value for this shipment at \$ _____

Total Valuation Charges \$ _____

OTHER CHARGES:

_____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____

Total Other Charges _____

ESTIMATES: Customer must initial one option.

I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on the estimate.

I understand this shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on the nonbinding estimate given me by the carrier, the carrier must release the shipment to me on payment of no more than 110% of the estimated charges and will extend credit for at least 30 days in which I must pay the remainder due. In no case will I be required to pay more than 125% of the estimate, plus any supplement. (The 125% does not include any finance-related charges the carrier may assess for extending credit, such as interest or late payment fees.)

Customer Release: I have read and understand this contract, and release my household goods to the carrier subject to the terms and conditions of this contract.

MOVING, PACKING, MATERIALS, STORAGE CHARGES:

Transportation Charges Check # 4300
 Storage _____
 Valuation _____
 Packing Materials _____
 Total Moving Charges _____
 Total Amount Paid _____
 Balance Due \$500.⁰⁰

Signature of Customer _____ Date 10/4/16
 Signature of Carrier Representative _____ Date 10/04/16

Customer acknowledges carrier delivered goods:
 Signature of Customer _____ Date 10/4/2016
 Page 105

Appendix U

All Star Transfer, Laron Williams, Inc. - HG11846
 24111 Highway 99, Suite 303, Edmonds, Washington 98026
 (425) 774-8128 • (206) 232-5803 • Fax (425) 774-0984
 www.allstartransfer.com • Email: Customerservice@allstartransfer.com

No 1991

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document it is important that you first read the documents, including the back, and that you ask for an explanation of anything that is not clear or is different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form.

Origin Address: 805th AVE. W. #D. Destination Address: 143rd St. SW #3
 Customer: CHERI Phone: [REDACTED] Name of Consignee (if different): LYNN WA. 98087
 Phone: _____ Cell: _____ Name of Consignee (if different): _____
 Email: _____ Phone: _____
 Address of Additional Stops: _____ Other: _____
 Billing Address: _____

TRANSPORTATION CHARGE - HOURLY RATED MOVES:										
Date	Vans	Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs.	Rate	Charges
8/26/16	1	2		FLAT						375 ⁰⁰

STORAGE: If shipment will be placed into storage, the customer must initial options selected.

Storage in Transit:
 Shipment is to be placed in storage for a period of 90 days or less. I understand that on the 91st day of storage the shipment becomes permanent storage.

Permanent Storage:
 The storage location will be at _____
 Shipment is to be placed in storage for more than 90 days.

Storage In-Vehicle:
 I certify that I have requested Storage-In-Vehicle for a period of _____ days at an agreed upon rate of \$ _____ per day.

TRANSPORTATION CHARGES - MILEAGE RATED MOVES:

Mileage _____
 Gross weight (lbs) _____
 Tare Weight _____
 Rate _____
 Other _____
 Total Charges _____

Signature of Customer _____

	Unit	Rate	Total
Storage In Transit	lbs	Net	
Whse Handling	lbs	Cwt	
Add'l Valuation \$	at	Cwt	
Total storage charges		\$	

PACKING Materials, Additional Services, Describe:

of Units _____

_____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____

Total Packing Charges _____

LOSS AND DAMAGE PROTECTION (Valuation): The customer must select and initial only one coupon.

Basic Value Protection I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Replacement Cost Coverage with \$300 Deductible which includes a \$300 deductible paid by me: This option will cost \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipment.

Replacement Cost Coverage with no Deductible at a cost of \$ _____. The value I declare must be at least \$5.00 times the net weight of the shipments.

I declare a total lump sum value for this shipment at \$ _____

Total Valuation Charges \$ _____

OTHER CHARGES:

_____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____
 _____ at _____ per unit _____

Total Other Charges check # [REDACTED]

ESTIMATES: Customer must initial one option.

I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on the estimate.

I understand this shipment is moving under a non-binding estimate. If the charges shown on the bill of lading exceed the charges on the nonbinding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for at least 30 days in which I must pay the remainder due. In no case will I be required to pay more than 125% of the estimate, plus any supplement. (The 125% does not include any finance-related charges the carrier may assess for extending credit, such as interest or late payment fees.)

Customer Release: I have read and understand this contract, and release my household goods to the carrier subject to the terms and conditions of this contract.

MOVING, PACKING, MATERIALS, STORAGE CHARGES:

Transportation Charges	\$375
Storage	0
Valuation	BASIC
Packing Materials	0
Total Moving Charges	\$375
Total Amount Paid	0
Balance Due	\$375

Signature of Customer: _____ Date: 8/26/16

Signature of Carrier Representative: _____ Date: 8/26/16

Customer acknowledges carrier delivered goods: _____ Date: 8/26/16

SEATTLE MOVERS

ALWAYS LOW RATES

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FREE QUOTE
CONTACT
SUPPLIES
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moving across
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... and ...

Seattle Long Distance
Moving Services

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We offer RESIDENTIAL MOVING and secure heated storage.

We also offer affordable rate PIANO MOVING and HOT TUB MOVING

WE SELL PACKING SUPPLIES

Through our interstate partner, ALL STAR, they offer Long Distance Moving nationwide at affordable rates or from Washington State.

WE THANK OUR LONG TIME CUSTOMERS FOR YOUR REPEAT BUSINESS OVER THE YEARS!

- Please "Like" Our Careful Movers Facebook page.

- SEATTLE MOVING
- Seattle Movers
 - Seattle Moving & Storage
 - Seattle Full Service Moving
 - Seattle Interstate Movers
 - Seattle Long Distance Moving
 - Seattle Piano Moving
 - Compare Seattle Movers
 - Moving Seattle, Neighborhoods We Serve
 - Seattle's Best Moving Companies

- MOVING SERVICES
- Careful Movers specializes in:
- Residential Moving
 - Piano Moving
 - Long Distance Moving
 - Apartment Movers
 - Hot Tub Moving
 - Pool Table Moving
 - Office Moving
 - Packing and Crating
 - Corporate Relocation
 - Third Party Moving
 - Seattle Piano Moving

LONG DISTANCE MOVING: CITIES

ON-SITE STORAGE
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SAVE WITH CAREFUL MOVERS
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BOISE**

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ALWAYS LOW RATES

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Appendix V (continued)

CAREFUL MOVERS
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Bellingham Spokane

CAREFUL MOVERS.net

Like Follow Recommend

Book Now Send Message

Call Now **800-475-8868**
Need Something Moved?
Seattle Bellevue
Everett Tacoma
Bellingham Spokane

Like Comment Share

1
2 Shares

Commit or like photo

Careful Movers updated their profile picture.
March 20, 2017 · **vs**

CAREFUL MOVERS
Call Now **425-745-7559**
Need Something Moved?
Seattle Bellevue
Everett Tacoma
Bellingham Spokane

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Home improvement in Edmonds, Washington
3.7

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Invite your friends to like this page

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51 people follow this

About See All

24111 Highway 58 Suite 207
Edmonds, Washington 98026
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Price Range \$

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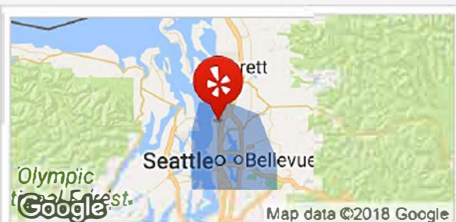
Support More Facebook 102888

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 Near
 Restaurants Nightlife Home Services Write a Review Events Talk Log In

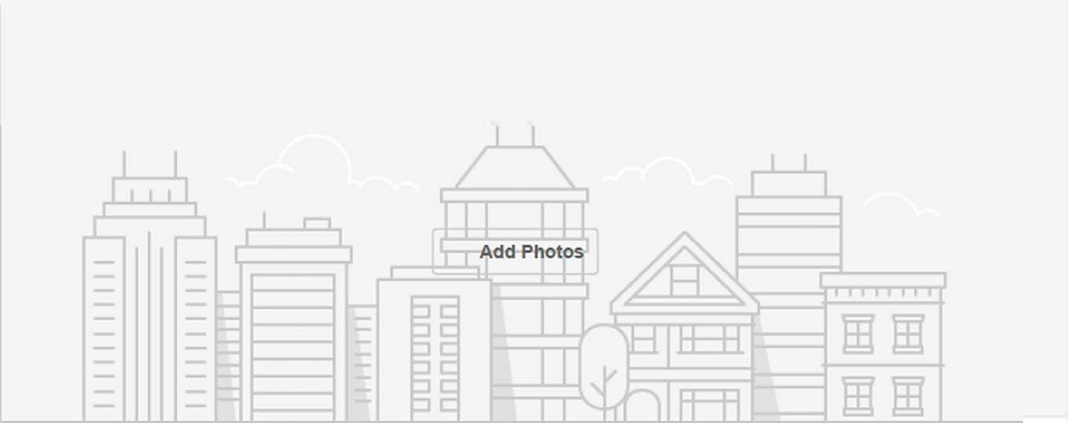
All Star Transfer / All Star Movers Claimed

★ ★ ★ ★ ★ 11 reviews

Movers



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 Edmonds, WA 98026
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allstartransfer.com
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Ad [On The Go Moving and Storage](#)

★ ★ ★ ★ ★ 45 reviews 11.4 miles away from All Star Transfer / All Star Movers

Micki S. said "I had had a previous bad experience with another moving company (took too many breaks and charged way above the quoted amount) so I was hesitant to hire a moving company again. Since I didn't want to lift..." [read more](#)

in Movers



Ad [On The Go Moving & Storage](#)

★ ★ ★ ★ ★ 140 reviews

Siamak E. said "Update: I'm not changing my original review below and would just like to update it. I was contacted by the company management and was compensated for the inconvenience. They were very professional and I am..." [read more](#)

in Movers

Ask the Community

Yelp users haven't asked any questions yet about **All Star Transfer / All Star Movers**.

Recommended Reviews for All Star Transfer / All Star Movers

Your trust is our top concern, so businesses can't pay to alter or remove their reviews. [Learn more.](#) ✕

Request Quotes

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Today 7:00 am - 6:00 pm Open now

Hours

Mon	7:00 am - 6:00 pm
Tue	7:00 am - 6:00 pm
Wed	7:00 am - 6:00 pm
Thu	7:00 am - 6:00 pm Open now
Fri	7:00 am - 6:00 pm
Sat	7:00 am - 6:00 pm
Sun	Closed

[Edit business info](#)

More business info

Accepts Credit Cards **Yes**

 **Dale P.**
First to review

From the business

Specializes in household moving locally and around the nation, we also move pianos, hot tubs, and has over 20,000 sq. ft. of heated storage. We pride ourselves

Appendix W

Large banner with background image of a road. Top left: **MOVING & STORAGE 1-800-99-MOVE-U** with a red star logo and **ALL STAR MOVERS**. Top right: **FILL OUT INVENTORY LIST AND** and **Get a Free Quote** button. Navigation menu: **Moving** (highlighted), Local Moving, Nationwide Moving, Interstate Moving, Piano Moving, Get a Free Quote!

All Star Movers Long Distance Moving

Get a Free Quote!
Get a Free Moving Quote for Residential Moving or Commercial Moving to Anywhere

[Get a Free Quote](#)

COUPONS - Save on Moving!
Save Up to 60% on Local and Nationwide Long Distance Moving

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- ✓ We have trucks.
- ✓ We have drivers.
- ✓ We have movers.

We strive for courtesy and safety in every move.

Long Distance Moving from Coast to Coast, Nationwide

We are family owned and independent nationwide movers. With All Star expect to pay 30-50% less than major moving companies.

For Long Distance Moving, Choose All Star Movers. Experienced, Reliable Movers.

Book your move today and spend 30-50% less (or more) by choosing an independent moving company like All Star, or other movers we can refer you to.

[Click Here to Get a Free Moving Quote](#)



How to Get Cheaper Moving And Better Service from a Long Distance Moving Company



We Are Long Distance Movers

Who are you going to turn to for nationwide moving, long distance moving in-state or interstate moving out of the state? All Star provides all your full service nationwide moving needs.

* Periodically we are fully booked or not active in every state. Can we schedule your move? **Get a Free Moving Quote** to see if we're available for your nationwide move. If All Star is not available, we can refer you to other independent movers.

Moving When Times are Good

When the economy is going well, that is often a time people are making investments into new homes or seeking new jobs out of state in places with a better cost of living and or way of life in general. The fact is when times are good, this is a great time to consider moving. With a healthy economy, that means moving companies have to work harder to stand out and earn your business. That's the All Star way!

Moving During Uncertain Times

During uncertain times, a lot of people talk about relocating out of state or across the country. You might be looking for a better way of life and to escape high population areas, inexpensive land for growing food and even raising animals, or sometimes just building an 'off grid' cabin with all the amenities modern construction allows for. If that's you and you need nationwide moving, check us out for great rates on affordable moving and a get a free quote online today.

Full Service Nationwide Moving and U.S. to Canada Long Distance Moving (and Referrals if Current Routes are Booked or not in Canada). Low Prices -- We Might Be the Nation's Cheapest Nationwide Movers!!