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\*\*\* TX REPORT \*\*\*  
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TRANSMISSION OK

TX/RX NO 2267  
CONNECTION TEL 13605861150  
SUBADDRESS  
CONNECTION ID  
ST. TIME 10/10 16:25  
USAGE T 01'27  
PGS. SENT 10  
RESULT OK



KENYON E. LUCE | FOUNDED 1967 | ATTORNEYS AT LAW

PERSONALIZED LEGAL SERVICES™

4505 Pacific Highway East, Suite A, Tacoma, Washington 98424-2638

Tacoma: (253) 922-8724  
Toll Free: (800) 488-8724  
LuceLaw@LuceLawFirm.com

Seattle: (253) 874-4821  
Facsimile: (253) 922-2802  
www.LuceLawFirm.com

Facsimile Cover Sheet

To:	Tina		
Company:	UTC		
Phone:			
Fax:	360-586-1150		
From:	Robert S. Allen		
Date:	10/10/07	Pages including this cover page:	11
Regarding:	Allstar Movers, L.L.C.		

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ATTORNEY WORK PRODUCT/ATTORNEY-CLIENT COMMUNICATIONS

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**Comments:**



KENYON E. LUCE | FOUNDED 1967 | ATTORNEYS AT LAW

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Robert S. Allen  
A. Scott Marlow  
Peter D. Haroldson

October 10, 2007

UTC  
P.O. Box 47250  
1300 South Evergreen Park Drive S.W.  
Olympia, WA 98504-7250

ATTENTION: Tina

Transmittal Via Facsimile: 360-586-1150

**Re: Allstar Movers, L.L.C.  
UBI No. 602-678-321**

Dear Tina:

This is to confirm that we have been retained by Allstar Movers, L.L.C. to amend its Certificate of Formation to change the name of the limited liability company to Allstar Movers and Delivery, L.L.C.

In that regard, I am enclosing a copy of the signed Articles of Amendment, the Master Business Application, Waiver of Notice of Special Meeting of Managers, Members and Unitholders of Allstar Movers, L.L.C., and the Minutes of Special Meeting, which documents were faxed to us today by our client. As soon as we have received the original signed Articles of Amendment from Allstar, we will proceed to file the same with the Secretary of State.

Sincerely,

LUCE & ASSOCIATES, P.S.

A handwritten signature in black ink, appearing to be 'Robert S. Allen', is written over the printed name.

Robert S. Allen

RSA:sr  
Cc: Client

FILED

SECRETARY OF STATE  
OCTOBER 24, 2007

STATE OF WASHINGTON

10/24/07 1159231-001  
\$30.00 K #78515  
tid:1387709

UBI No. 602-678-321

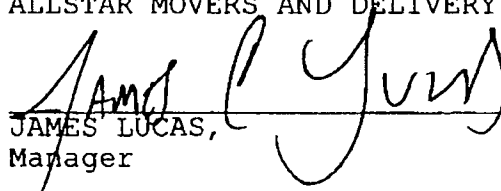
ARTICLES OF AMENDMENT  
TO THE  
CERTIFICATE OF FORMATION  
OF  
ALLSTAR MOVERS, L.L.C.

Pursuant to the provisions of RCW 25.15.075, the Manager, Members and Unitholders of the undersigned limited liability company have duly approved the following Amendment to the Certificate of Formation of ALLSTAR MOVERS, L.L.C. The date of the Amendment's adoption is September 1, 2007.

FIRST: Name. "Paragraph I" of the Certificate of Formation is hereby amended to change the name of the limited liability company from ALLSTAR MOVERS, L.L.C. to ALLSTAR MOVERS AND DELIVERY, L.L.C.

The Manager has signed these Articles of Amendment in duplicate at BONNEY LAKE, Washington, on this 20th day of AUGUST, 2007.

ALLSTAR MOVERS AND DELIVERY, L.L.C.

  
\_\_\_\_\_  
JAMES LUCAS,  
Manager

3704 160<sup>th</sup> Avenue East  
Bonney Lake, WA 98391

STATE OF WASHINGTON )  
  : ss.  
County of Pierce        )

On this 20th day of August, 2007, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn personally appeared JAMES LUCAS, to me known to be a principal of ALLSTAR MOVERS AND DELIVERY, L.L.C., the limited liability company that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said company, for the uses and purposes therein mentioned, and on oath stated that he is authorized to execute the said instrument.

WITNESS my hand and official seal hereto affixed the day and year in this certificate above written.

*Sharon Rheinchild*

Printed Name: Sharon Rheinchild  
NOTARY PUBLIC in and for the State  
of Washington, residing at Tacoma.  
My Commission Expires: 10/9/07





**Master License Service**  
 Department of Licensing  
 PO Box 9034  
 Olympia WA 98507-9034  
 Telephone: (360) 864-1400  
 www.dol.wa.gov

Information provided may be subject to disclosure under the public disclosure law (RCW 42.56)

**Allstar Movers and Delivery, L.L.C.**

Legal Entity/Owner Name

602-678-321

Unified Business Identifier (UBI)

20-8106355

Federal Employer Identification Number (FEIN)

For Validation - Office Use Only

**Master Business Application**

For faster service - Apply online @

www.dol.wa.gov

or print in dark ink and mail to Master License Service



01P-400-925-0003

**1. Purpose of Application**

Please check all boxes that apply.

- Open/Reopen Business  
complete sections 2, 3, 4, (5 if hiring employees) and 6
- Open Additional Location  
complete sections 2, 3, 4, (5 if hiring employees) and 6
- Change Ownership  
complete sections 2, 3, 4, (5 if you have employees) and 6
- Register Trade Name  
complete sections 2, 3, 4 and 6
- Change Trade Name - complete sections 2, 3, 4 and 6  
Indicate name to be cancelled: **Allstar Movers, L.L.C.**
- Change Location - complete sections 2, 3, 4 and 6  
Indicate old address to be closed: \_\_\_\_\_
- Add License/Registration to Existing Location  
complete sections 2, 3, 4, and 6
- Hire Employees  
complete all sections
- Hire Employees Under Age 18  
complete all sections
- Hire Persons to Work In or Around Your Home  
complete all sections
- Other - complete all sections \_\_\_\_\_

**2. Licenses and Fees**

Use the License Fee Sheet for the information needed to complete this list.

Indicate Registrations Needed:	Fees Due
<input checked="" type="checkbox"/> Tax Registration - Do you want a separate tax return for each business? <input type="checkbox"/> Yes <input type="checkbox"/> No	No Fee
<input checked="" type="checkbox"/> Industrial Insurance (Workers' Compensation) - Required if you will have employees.	No Fee
<input checked="" type="checkbox"/> Unemployment Insurance - Required if you will have employees.	No Fee
<input type="checkbox"/> Minor Work Permit - Required if you will have employees under age 18.	No Fee
<input type="checkbox"/> New Trade Name (Doing Business As):	\$ 5.00
Indicate Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):	
✓	\$
✓	\$
✓	\$
✓	\$
✓	\$
✓	\$

Enclose check for total amount due, including the Processing Fee, which MUST be submitted with this form.

Processing Fee \$ 15.00

Make check payable to the WASHINGTON STATE TREASURER.

Total Amount Due \$ 15.00

If you need assistance through the telecommunications device for the deaf, please call TTY (360)664-8865. To request this document in an alternate format for the visually impaired, call (360)864-1400.

### 3. Owner Information

**a. Select only one ownership structure:**

Sole Proprietor

If married, should spouse's name appear on license?  Yes  No (If you answer No, you must still enter the spouse information in section "3f" below.)

Corporation\*  Non Profit Corporation\* (educational, religious, charitable)  Limited Liability Company\*

Partnership (# of partners: \_\_\_\_\_)  Limited Partnership\*  Limited Liability Partnership\*  Joint Venture

\*These ownership structures must contact the Secretary of State office for additional filing requirements.

**Allstar Movers and Delivery, L.L.C.**

Name of Corporation, LLC, Partnership, LLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)

State incorporated/formed: WA Year incorporated/formed: 2006

Association  Trust  Municipality  Tribal Government  Other \_\_\_\_\_

Name of Organization (example: Anderson Family Trust)

**b.** Indicate this ownership structure's first date of business at this location. Out-of-state businesses should use the first date of operation in WA. 12 / 2006 (Required. If unknown, please estimate.)  
MM YY

**c. Same as above**

Doing Business As (DBA)/Trade Name \_\_\_\_\_

**d. 3410 - 160th Avenue East** Bonney Lake WA 98391  
Business Mailing Address (Street & Suite No. or PO Box, do not use building name) City State Zip

**e. (253) 255-1216** \_\_\_\_\_  
Business Telephone Number Fax Number Internet/E-Mail Address

**f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional pages if needed.)**

**> Lucas, James**

Name (Last, First, Middle) \_\_\_\_\_ Date of Birth 4/22/79 Social Security Number \_\_\_\_\_ % Owned 1/3

Home Address (Street or PO Box) 3704 - 160th Avenue East City Bonney Lake State WA Zip 98391

Title Manager Home Telephone Number (253) 255-1216

Are you married?  Yes  No If yes, enter spouse information below.

Spouse Name (Last, First, Middle) \_\_\_\_\_ Spouse Date of Birth 10/11/81 Spouse Social Security Number \_\_\_\_\_

**> Needham, Ryan**

Name (Last, First, Middle) \_\_\_\_\_ Date of Birth 06/18/1981 Social Security Number \_\_\_\_\_ % Owned 1/3

Home Address (Street or PO Box) 3410 - 160th Avenue East City Bonney Lake State WA Zip 98391

Title Manager Home Telephone Number (253) 803-0160

Are you married?  Yes  No If yes, enter spouse information below.

Spouse Name (Last, First, Middle) \_\_\_\_\_ Spouse Date of Birth \_\_\_\_\_ Spouse Social Security Number \_\_\_\_\_

**> Ellis, Bruce**

Name (Last, First, Middle) \_\_\_\_\_ Date of Birth 5/30/79 Social Security Number \_\_\_\_\_ % Owned 1/3

Home Address (Street or PO Box) 4110 57th St Ct E City Puyallup State WA Zip 98443

Title Manager Home Telephone Number (253) 678-6520

Are you married?  Yes  No If yes, enter spouse information below.

Spouse Name (Last, First, Middle) \_\_\_\_\_ Spouse Date of Birth 7/29/81 Spouse Social Security Number \_\_\_\_\_

\*The Social Security Number is required for all sole proprietors. It is also required for all partners, officers, and LLC members of businesses that will have employees, and all owners and spouses of businesses that will have liquor, lottery or private investigator licenses. Not fully completing section "f" will result in application delays. (RCW 26.23.150, RCW 50.120.070)

### 4. Location / Business Information

Check the appropriate box and provide the corresponding physical address on line "a" below.

This application is for a Washington location (provide the Washington address)  
Is this Location inside city limits?  Yes  No

This Business has No Washington location (provide the primary business address)

a. 3410 - 160th Avenue East Bonney Lake WA 98391  
Business Street Address (Do not use a PO Box or PMB Address) City State Zip

If the address above is out-of-state and you have employees or representatives working in Washington, please provide one of their Washington addresses (we will not use this address for mailing purposes):

\_\_\_\_\_  
Street Address (Do not use a PO Box or PMB Address) City State Zip

b. Provide the **estimated** gross annual income in Washington (check the one box that applies to your business):  
 \$0 - \$12,000  \$12,001 - \$28,000  \$28,001 - \$60,000  \$60,001 - \$100,000  \$100,001 and above

c. Indicate the business activities in Washington State (check all that apply):  
 Wholesale  Retail  Manufacturing  Services

d. Describe in detail the principal products or services you provide in Washington State (failure to provide this information will cause delay in processing your application):  
Household goods carrier

e. Did you buy, lease, or acquire all or part of an existing business?  No  All  Part

Date bought/leased/acquired: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Prior Business Name \_\_\_\_\_

Prior Owner's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

f. Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax?  Yes  No  
If yes, indicate purchase or lease price: \$ \_\_\_\_\_

g. If this business is owned by, controlled by, or affiliated with any other business entity, please indicate that business entity's name:  
N/A

h. If you are changing your business structure (such as changing from sole proprietorship to corporation) and want the old account closed, please indicate the UBI number to be closed: \_\_\_\_\_

Do you wish to cancel all the trade names registered under the old UBI number?  Yes  No  
(You must re-register all trade names you use under the new business structure.)

i. If you have ever owned another business, please provide: \_\_\_\_\_  
Business Name UBI Number

j. Provide your bank's name: BANK OF AMERICA Branch: SUMNER

If you plan to have employees or wish to register for elective coverage for owners or excluded employees, complete Section 5.  
(For information see the Industrial Insurance or Unemployment Insurance sections on the License Fee Sheet.)



### 5. Employment / Elective Coverage

Employment accounts cannot be established unless you plan to employ persons within the next 90 days. If accounts are established, employment tax returns will be required quarterly even if you have not hired.

a. Date of first employment or planned employment at this location: MM/DD/YY First date wages paid: MM/DD/YY

b. Number of persons you employ or plan to employ at this location (do not include owners):

c. Estimate the number of persons under age 18 (minors) you will employ in the next 12 months and duties they will perform:

Number Duties to be performed by minors (Check www.teenworkers.lni.wa.gov)

Ages 16-17: \_\_\_\_\_

Ages 14-15: \_\_\_\_\_

Under age 14: \_\_\_\_\_

d. Please check the ONE box which best describes the major operation of your business.

- (01) Construction-Wood Framing only (02) Construction - All other (03) Logging/Forestry/Trucking (04) Temp. Help/Employee Leasing (05) Shipbuilding (06) Mining/Quarrying/Sand & Gravel (07) Mfg. - Wood/Metal/Stone Products (08) Mfg. - Chemicals (09) Mfg. - Food Products (10) Miscellaneous Mfg. (11) Machine Shops/Auto Repair (12) Agricultural/Farming (13) Retail/Wholesale Trade (14) Services/Maint./Restaurants (15) Communications (16) Clerical/Professional Occup.

e. Describe in detail the activities of your workers. Then estimate the total workers' hours for a 3-month period. (One full-time worker = 480 total hours for 3 months.)

Table with 3 columns: Description, Number of Workers, Workers' Hours (Include Minors). Example: Office Staff - reception, accounting, data entry (2 workers, 960 hours).

f. If you have more than one Washington location, how do you wish to receive the following quarterly reports? Unemployment Insurance: All locations combined / Each location separately. Workers' Compensation: All locations combined / Each location separately.

Elective Coverage is available as noted below. (See License Fee Sheet for more information.)

g. Do you want unemployment insurance coverage for corporate officers? (Only available for corporations.) Yes - Prior to coverage, Form 5203 is required. No - The corporation must inform officers in writing that they are not covered.

h. Do you want workers' compensation coverage for owners (sole proprietor, partners, corporate officers, LLC members/managers)? Yes - Prior to coverage, Form F213-042-000 is required. No

i. Do you want elective workers' compensation coverage for excluded employment? Yes - Prior to coverage, Form F213-112-000 is required. No

### 6. Signature

Signature of sole proprietor or spouse, partner, corporate officer, or limited liability member/manager.

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I am the applicant or authorized representative of the firm making this application and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.

Signature Required: [Handwritten Signature] Date: 10/1/07

Application Prepared By (Please Print) Title Telephone No. Date

UBI Agency Representative Telephone No. Date

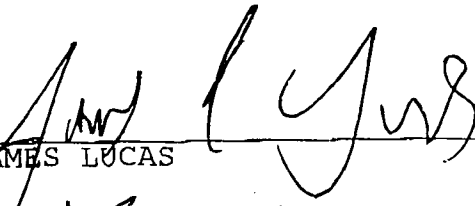

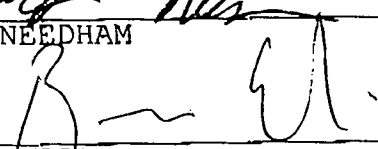
WAIVER  
OF  
NOTICE OF SPECIAL MEETING  
OF  
MANAGERS, MEMBERS AND UNITHOLDERS  
OF  
ALLSTAR MOVERS, L.L.C.

The undersigned Managers of the limited liability company hereby agree and consent that a special meeting of Unitholders, Members and Managers of the company be held on the date and time and at the place designated hereunder, and do hereby waive all notice whatsoever of such meeting and of any adjournment or adjournments thereof.

The undersigned further agree and consent that any and all lawful business may be transacted at such meeting or at any adjournment thereof as may be deemed advisable by any Manager and Unitholder present thereat. Any business transacted at such meeting or at any adjournment thereof shall be as valid and legal and of the same force and effect as if such meeting or adjourned meeting were held after notice.

Place of Meeting: 3410 - 160<sup>th</sup> Avenue East  
Bonney Lake, WA 98391  
Date of Meeting: September 1, 2007  
Time of Meeting: 2:00 p.m.

DATED: September 1, 2007

  
\_\_\_\_\_  
JAMES LUCAS  
  
\_\_\_\_\_  
RYAN NEEDHAM  
  
\_\_\_\_\_  
BRUCE ELLIS

MINUTES OF SPECIAL MEETING OF MANAGERS, MEMBERS AND UNITHOLDERS OF ALLSTAR MOVERS, L.L.C.  
(Authorizing Adoption of Amendment to Certificate of Formation)

A special meeting of the managers, members and unitholders of Allstar Movers, L.L.C., was held on September 1, 2007 at the hour of 2:00 p.m. at the offices of the limited liability company, 3410 160<sup>th</sup> Avenue East, Bonney Lake, Washington 98391.

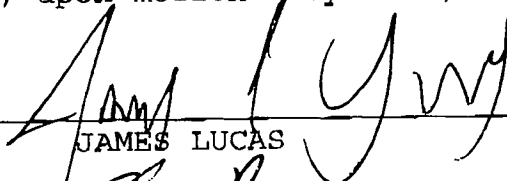
Present were JAMES LUCAS, RYAN NEEDHAM, and BRUCE ELLIS, being the sole managers, members and unitholders of the company.

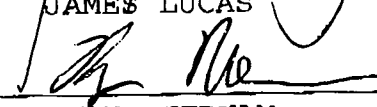
The purpose of the special meeting was to consider amending the Certificate of Formation of Allstar Movers, L.L.C. to change the company's name. Following discussion of the proposed resolution, a motion was made, seconded and voted upon and the following resolution was unanimously adopted:


BE IT RESOLVED, that paragraph I of the Certificate of Formation of Allstar Movers, L.L.C., shall be amended to read as follows:

Paragraph I: The name of the limited liability company shall be ALLSTAR MOVERS AND DELIVERY, L.L.C.

There being no further business to come before the meeting, the same was, upon motion duly made, seconded and approved.

  
 \_\_\_\_\_  
 JAMES LUCAS

  
 \_\_\_\_\_  
 RYAN NEEDHAM

  
 \_\_\_\_\_  
 BRUCE ELLIS