LICENSING SERVICES

2001/002



7V-060388

HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



	Type of Household Goods Authority Requested - Check one	Fee Required
0	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
0	Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$ 550
0	Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) Complete pages 1 - 5 and Attachment B	\$ 560
a	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 — Complete pages 1 - 5 and Attachments B & C	\$ 250
٥	Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) Complete pages 1 - 2 and include a statement justifying the reinstatement	\$ 250
×	Name Change - Complete page 1 and Attachment Dadding Had name	<i>△</i> \$ 35
0	Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

TYPE OF PAYMENT						
☐ Check	☐ Money Order	☐ Amex	☐ Discover	☐ Mastercard	Visa	
1					·	
→ • • • • • • • • • • • • • • • • • • •	•					
Expiration Date:	Apr±1 2007 1 (:	04/07)	Amount:	\$35.00		
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.						
Name (printed):	Ron Cronkhite		Date:	3-9-06		
Signature:	R Celler	re	Title:	CEO ,		
			Value (o) = (o) (ve y)			
Date Filed:	Application#3	3 Motcar: 5	113 Perm	it Issued: HG-		
Staff Assigned	Insurance:	Inspection:	DOL	sos: Mol)	
Reception #: 111-0268-207-02	35.00 1	11-0268-202-01		111-0268-013-20		

0001250

PAGE 1

2002/002

ATTACHMENT D

CHANGE OF CORPORATE/INDIVIDUAL NAME (WAC 480-15-400)

This application is for name change only and must not involve a change in ownership, management, or control of the househid goods operating authority.

A company must file a name change application to:

- Change a corporation's name
- Change an individual's name
 (may be sole proprietor or individual in a partnership)
- Change or add a trade name

Fax Number
(253)537-8481
s under the current name:
be changed to:
lumber
lumber
umber
umber
lumber 48-169
umber
lumber 48-169

METROPOLITAN MOVERS

TACOMA WA 98445 253-537-8480 OFFICE

253-537-8481 FAX

FAX

	To;	WUTC / LICENSING	SERVICES Fax:	360-586-1181	
		(рһоле: 360-664-1170)		
	Fram,	Ron Cronkhite / Metro	politan Movers Date:	3/9/2006	
	REN	thange of Corporate Name)	lame (add Page	s: 3	
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MASTER LICENSING SYSTEM

03/09/2006

TRDU TRD351P1

Trade Name by UBI Search

10:08

UBI: 278 048 169

Corporation : METROPOLITAN MOVERS, INC.

Busn Mail Addr : 10303 PORTLAND AVE E

TACOMA WA 98445

SEL		TRADE NAME(S)	REGSTRD	CANCELED
	1)	(THE) FAMILY MOVERS	03/11/2004	
_	2)	METROPOLITAN MOVERS, INC.	03/11/2004	
_	3)	METROPOLITAN/FAMILY MOVERS	03/11/2004	
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Ente:	r-Pl	71PF2PF3PF4PF5PF6PF7PF8	-PF9PF10PF1	1PF12
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Date: 3/9/2006 Time: 10:13:37 AM