

TRANSFER

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW, PO Box 47250
Olympia Washington 98504-7250
Phone: (360) 664-1222
Fax (360) 586-1181

APPLICATION FOR CHARTER BUS/EXCURSION SERVICE CERTIFICATE

Fee: \$150.00

TE-060525

Table with 4 columns: License Number, Fee, CID, CHA, DATE, SAFETY INSP, INS/BOND, and other identifiers.

THIS APPLICATION IS FOR:

(Check One Only) [X] CHARTER BUS CERTIFICATE [ ] EXCURSION SERVICE CERTIFICATE

NAME OF APPLICANT Gateway Bus Company, Inc. ✓

D/B/A Northwest SkyLines, Gateway Bus- 4-18-06 maria @ DOR confirmed that these trade names will be registered w/ DOR

MAILING ADDRESS 440 Rock Island Rd East Wenatchee, WA 98802 PHYSICAL ADDRESS Same as mailing

BUSINESS TELEPHONE NUMBER (509) 667-1010 FAX NUMBER (509) 884-2613

UBI # 602 091 527 ✓ E-MAIL Gatewaybus@hotmail.com

IF APPLICANT IS A CORPORATION, LIST NAME, TITLES, AND PERCENTAGE OF STOCK OF PRINCIPAL SHAREHOLDERS. IF APPLICANT IS A PARTNERSHIP, LIST NAMES, ADDRESSES, AND PERCENTAGE OF INTEREST OF ALL PERSONS HAVING AN EQUITY IN THE BUSINESSES

ADWAN ABou Ammo 50% ✓ 4-6-06 per carrier CYNTHIA M. ABou Ammo 50% ✓ 4-18-06 maria @ DOR confirmed that these trade names will be registered w/ DOR

IF APPLICANT HOLDS ANY OTHER CERTIFICATE OR PERMIT WITH THE COMMISSION, LIST PERMIT NUMBERS:

CH-425 ES-151

EQUIPMENT LIST:

Table with 4 columns: LICENSE NUMBER, YEAR AND MAKE OF VEHICLE, SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER), SEATING CAPACITY.

**PART 395 - HOURS OF SERVICE OF DRIVERS**

	YES	NO	N/A
Can you explain the hours of service limitations, i.e., 10, 15, 60 in 7, 70 in 8?.....	✓	—	—
Will you file records of duty status in systematic manner?.....	✓	—	—
Will drivers be required to complete recaps of their records of duty status?.....	✓	—	—
Will dispatchers be aware of drivers' hours of service prior to trip?.....	✓	—	—
Will other independent records be compared to drivers records of duty status for accuracy?.....	✓	—	—
Will you have a system for recording hours of duty status on 100 mile radius drivers?.....	✓	—	—
Will you have a disciplinary policy for noncompliance with Part 395?.....	✓	—	—

**PART 396 - INSPECTION, REPAIR AND MAINTENANCE**

	YES	NO	N/A
Will you have written procedures explaining a systematic, periodic maintenance program?.....	✓	—	—
Will you periodically review maintenance records for all equipment?.....	✓	—	—
Will you comply with the vehicle inspection procedure?.....	✓	—	—
Will you train drivers to perform pre-trip inspections?.....	✓	—	—
Will you maintain the prior three months vehicle inspection reports on a vehicle?.....	✓	—	—
Will you maintain a complete maintenance file on all vehicles?.....	✓	—	—

THE UNDERSIGNED APPLICANT REQUESTS THAT THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION MAKE ITS ORDER GRANTING A CERTIFICATE TO OPERATE AS A CHARTER PARTY OR EXCURSION SERVICE CARRIER AS PROVIDED FOR IN RCW 81.70 AND WAC 480-40

Dated at: E. Wenatchee, Washington, 3-28-06  
(City or Town) (Month/Day/Year)

Adnan Abou Amma  
(Name of applicant)

By: [Signature]  
(Signature)

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

3-28-06  
(Date and Place)

[Signature]  
(Signature)

[Signature]  
 3-28-06



Corporations Division • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234 • 360/753-7115 • Fax 360/664-0055

PROFIT INITIAL ANNUAL REPORT / FILING FEE \$10.00 PAR

- TO AVOID POSSIBLE DISSOLUTION/REVOCAION, an initial annual report must be filed within 120 days from the date of incorporation/qualification, as shown below. (RCW 23B.16.220)
DISSOLUTION/REVOCAION OF YOUR CORPORATE STATUS will result if an initial annual report is not filed by (RCW 23B.14.210 & RCW 23B.15.310) Fee includes a \$25.00 penalty.

Corporate Name and Registered Agent / Office Address

GATEWAY BUS CO., INC.

% STEPHEN A GROFCHECK

211 E ASH ST

PO BOX 608

WATERVILLE WA 98858

AOS

Unified Business ID # : 602 091 527

Corporation Account # : 2-954326-1

State of Incorporation : WA

Inc./ Qual. Date : March 23, 2001

Vertical stamp: VALUED UNIT, VAI: 06/11/2001 - 269656, \$30.00 on 06/11/2001, Check - 06/05/2001 - 2583

PAR 1, ROA 2

IF REGISTERED AGENT OR ADDRESS HAS CHANGED, COMPLETE THIS SECTION - These actions have been authorized by the Board of Directors.

New Registered Agent's Name: Adnan Abou Ammo, New Agent's Consent to Appointment: Adnan Abou Ammo

New Registered Office Address: 119 Palouse st Wenatchee WA 98801, Effective Date: 06-05-01

Please Note: A Post Office Box may only be used in conjunction with a physical street address, and must be located in the same city.

ANNUAL REPORT SECTION - FILL IN COMPLETELY - TYPE OR PRINT IN BLACK INK

Address of Principal place of business in WA: 119 Palouse st Wenatchee, WA 98801

Telephone Number of Corporation: (509) 067-1010

Briefly state nature of business in WA: Bus company, charter & Medical Transportation

Foreign Corporation: Principal office address in state/country of Incorporation

List NAME(S) AND ADDRESS(ES) of corporate officers and directors. (attach additional list, if needed.)

President: Adnan Abou Ammo, 119 Palouse Wenatchee WA 98801

Vice-Pres: Cindy Abou Ammo, Same

Secretary: [Blank]

Treasurer: [Blank]

Chair Bd. Directors: [Blank]

Directors: [Blank]

Signature: Adnan Abou Ammo, Title: President, Date: 06-05-01

FILED STATE OF WASHINGTON JUN 11 2001 SECRETARY OF STATE

Document must be signed by either chair of the board of directors or by an officer listed above. Make checks payable to the Secretary of State and return to address shown above.

STATE OF WASHINGTON



SECRETARY OF STATE

GATEWAY BUS CO., INC.

C/O ADNAN ABOU AMMO  
5 SWENATCHEE AVE #321  
WENATCHEE WA 98801

APPLICATION FOR REINSTATEMENT

I, Sam Reed, Secretary of State of the State of Washington and custodian of its seal, hereby certify that documents meeting Washington statutory requirements have been filed and processed with the Secretary of State on behalf of:

GATEWAY BUS CO., INC.

A Washington Profit Corporation  
UBI: 602 091 527  
Filing Date: July 26, 2002



Given under my hand and the seal of the State of Washington at Olympia, the State Capital.

Sam Reed, Secretary of State

GATEWAY BUS COMPANY, INC.  
113 2<sup>nd</sup> Street – Suite 10  
Wenatchee, WA 98801

February 23, 2001

UBI #601-996-701  
UBI #602-091-527  
Federal ID #91-2013108

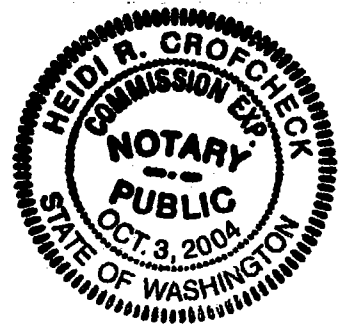
I, Stephen A. Crofcheck, do hereby resign my position as President and Registered Agent of Gateway Bus Company, Inc., effective February 23, 2001.

I will, therefore, not be responsible for any past, present, or future debts incurred by Gateway Bus Company, Inc.

Effective immediately, Adnan Abou Ammo is the new President and Registered Agent of Gateway Bus Company, Inc.

*S.A. Crofcheck 2-23-01*

Stephen A. Crofcheck



*Heidi R. Crofcheck  
Wenatchee, WA  
Feb 23, 2001*



STATE OF WASHINGTON  
DEPARTMENT OF LICENSING  
MASTER LICENSE SERVICE  
Renewal Agent for SECRETARY OF STATE

**\* \* DELINQUENCY NOTICE \* \***

**PROFIT CORPORATION  
LICENSE RENEWAL & ANNUAL REPORT**

Profit Corporation Name, Registered Agent & Registered Office Address:

0215-W 00000

OFFICE USE ONLY

01P-400-731-0003

0011663 AT \*\*AUTO H3 0 3460 98801-223219 U602091527

GATEWAY BUS CO., INC.  
C/O ADNAN ABOU AMMO  
119 PALOUSE ST  
WENATCHEE WA 98801-2232

Unified Business ID #: 602 091 527

Corporation Account #: 29543261

State of Incorporation: WA

Date of WA Inc/Auth.: 03-23-2001

Expiration Date\*: 03-31-2002\*

If the registered agent and/or office address shown above has changed, mark the box and complete the reverse side.

Submit completed renewal/annual report & fees by the expiration date to avoid \$25.00 late fee, or possible dissolution/revocation

**LICENSE RENEWAL SECTION** \* After renewal your new expiration date will be: 03-31-2003

**NEW!** Renew online, pay by credit card. Go to: <http://www.wa.gov/dol/bpd/cr.htm>  
Login with company's UBI #: 602 091 527 and this password: LA76 6472

DOMESTIC PROFIT CORPORATION  
RENEWAL APPLICATION FEE  
DELINQUENCY FEES

\$50.00  
9.00  
25.00

FAILURE TO PAY TOTAL FEES DUE AND SUBMIT COMPLETED ANNUAL REPORT BY 06-24-2002 WILL RESULT IN THE DISSOLUTION OF YOUR CORPORATION.

Make check payable to STATE TREASURER in U.S. FUNDS only

TOTAL FEES DUE: \$84.00

FEES & REPORT REQUESTED BY: 04-30-2002

**ANNUAL REPORT SECTION** You must COMPLETE THE ENTIRE SECTION BELOW each year. Type or print legibly in dark ink.

Telephone number of corporation: ( ) -

Address of principal place of business in WA: ADDRESS CITY STATE ZIP

If incorporated outside of Washington give the principal office address in the state or country of origin: ADDRESS CITY STATE ZIP

Briefly describe the nature of your business conducted in Washington:

Below list the name & address of all corporate officers, & all directors: (Attach additional sheets in the same format, if necessary. Include your UBI# on each page.)

RESIDENT'S NAME ADDRESS CITY STATE ZIP

VICE PRES.'S NAME ADDRESS CITY STATE ZIP

SECRETARY'S NAME ADDRESS CITY STATE ZIP

TREASURER'S NAME ADDRESS CITY STATE ZIP

CHAIR, BOARD OF DIRECTORS' NAME ADDRESS CITY STATE ZIP  
IF YOU SAY YOU HAVE "NO DIRECTORS" YOU MUST LIST WHO HANDLES THE DUTIES NORMALLY PERFORMED BY CORPORATE DIRECTORS 602091527

**X** ORIGINAL SIGNATURE OF AN OFFICER OR BOARD CHAIR (NAME MUST APPEAR ON ANNUAL REPORT) TITLE DATE SIGNED

Please return to: DEPARTMENT OF LICENSING  
MASTER LICENSE SERVICE  
PO BOX 9034  
OLYMPIA WA 98507-9034

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 664-1400 or TTY (360) 586-2788.

GATEWAY BUS COMPANY, INC.  
113 2<sup>nd</sup> Street – Suite 10  
Wenatchee, WA 98801

February 23, 2001

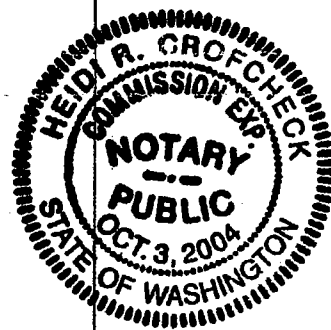
UBI #601-996-701  
UBI #602-091-527  
Federal ID #91-2013108

I, Heidi R. Crofcheck, do hereby resign my position as an Officer of Gateway Bus Company, Inc., effective February 23, 2001.

I will, therefore, not be responsible for any past, present, or future debts incurred by Gateway Bus Company, Inc.

Heidi R. Crofcheck 2/23/01

Heidi R. Crofcheck



Heidi R. Crofcheck  
Wenatchee, Wa  
Feb 23, 2001



**STATE OF WASHINGTON  
SECRETARY OF STATE**

Ralph Munro, Secretary of State

- Please PRINT or TYPE in black ink
- Sign, date and return original and one copy to:

CORPORATIONS DIVISION  
801 CAPITOL WAY S • PO BOX 40234  
OLYMPIA, WA 98504-0234

- Be sure to include filing fee. Checks should be made payable to "State Treasurer"

**APPLICATION TO FORM A  
PROFIT CORPORATION**

(Per Chapter 23B.02 RCW)

**FEE: \$175**

**EXPEDITED (24-HOUR) SERVICE FOR ARTICLES OF INCORPORATION  
AVAILABLE FROM THE SECRETARY OF STATE - \$20 PER ENTITY  
INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS  
ON OUTSIDE OF ENVELOPE**

FOR OFFICE USE ONLY

FILED: / /	UBI:
CORPORATION NUMBER:	

IMPORTANT! Person to contact about this filing <b>STEPHEN A. CROFCHICK</b>	Daytime Phone Number (with area code) <b>509-667-1010</b>
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**ARTICLES OF INCORPORATION**

NAME OF CORPORATION (Must contain the word "Corporation" "Incorporated" "Company" or "Limited" or the abbreviation "Corp." "Inc." "Co." or "Ltd.") <b>GATEWAY BUS CO., INC.</b>	
NUMBER OF SHARES (Minimum of one (1) share must be listed) THE CORPORATION IS AUTHORIZED TO ISSUE <b>1,000</b>	CLASS OF (If "preferred" class is checked, please attach description) SHARES <input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred
EFFECTIVE DATE OF INCORPORATION (Specified effective date may be up to 90 days after receipt of the document by the Secretary of State) <input checked="" type="checkbox"/> Specific Date: <b>1-01-01</b> <input type="checkbox"/> Upon filing by the Secretary of State	

>>> PLEASE ATTACH ANY OTHER PROVISIONS THE CORPORATION ELECTS TO INCLUDE <<<

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT	
Name <b>STEPHEN A. CROFCHICK</b>	
Street Address (Required) <b>211 E. Ash St.</b> City <b>WATERVILLE</b> State <b>WA</b> ZIP <b>98858</b>	
PO Box (Optional - Must be in same city as street address) <b>P.O.B. # 638</b> ZIP (If different than street ZIP) _____	
I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.	
Signature of Agent <b>S.A. Crofchick</b>	Printed Name <b>STEPHEN A. CROFCHICK</b> Date <b>1-16-01</b>

NAMES AND ADDRESSES OF EACH INCORPORATOR (If necessary, attach additional names and addresses)	
Name <b>Adnan Abou Ammo</b>	
Address <b>307 S. IOWA</b> City <b>EAST WENATCHEE</b> State <b>WA</b> ZIP <b>98802</b>	
Name <b>STEPHEN A. CROFCHICK</b>	
Address <b>P.O.B. # 638</b> City <b>WATERVILLE</b> State <b>WA</b> ZIP <b>98858</b>	
Name _____	
Address _____ City _____ State _____ ZIP _____	

SIGNATURE OF INCORPORATOR	
This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.	
Signature of Incorporator <b>S.A. Crofchick</b>	Printed Name <b>STEPHEN A. CROFCHICK</b> Date <b>1-16-01</b>

Val: 02/05/2001 - 220374  
 \$175.00 on 02/05/2001  
 Check - 02/01/2001 - 2456  
 FOR OFFICE USE ONLY  
 FOR OFFICE USE ONLY  
 005-001/mba  
 9/00



037-2048. 1  
2001

Gateway Bus Co.  
113-2nd St. Suite #10  
Wenatchee, WA 98801

SECRETARY OF STATE

Add

1. Heidi R. Crofcheck

1%

P.O. Box # 638, WATKINVILLE, WA. 98858

1. Cindy A. Ammo

1%

307 S. TOWA  
E. WENATCHEE, WA. 98802

S.A. [Signature]  
President



MASTER LICENSE SERVICE  
 DEPARTMENT OF LICENSING  
 P.O. BOX 9034  
 OLYMPIA, WA 98507-9034  
 Telephone: (360) 664-1400

UBI NUMBER  
**602 091 527**

OWNER NAME (Please print clearly)  
**GATEWAY BUS CO INC.**

FOR VALIDATION - OFFICE USE ONLY

01P-400-731-0003

# MASTER APPLICATION

Please type or print clearly in dark ink.

Take your completed application and fees to any location shown on the enclosed listing of offices, or MAIL DIRECTLY to the Master License Service.

### A PAYMENT SUMMARY (Use the enclosed Registration and License Description Sheet for the information needed to complete this list.)

LIST REGISTRATIONS AND LICENSES BELOW	FEE
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TRADE NAME</b>	\$ <b>5.00</b>
Enclose check for total amount due, including application fee which MUST be submitted with this form. Make check payable to the WASHINGTON STATE TREASURER.	APPLICATION FEE \$ <b>15.00</b>
	TOTAL AMOUNT DUE \$ <b>20.00</b>

### B PURPOSE OF APPLICATION (You may check more than one box, see the instructions on page 2.)

- Open/Reopen Business   
  Register Trade Name   
 Change Ownership   
 Merger   
 Hire Employees   
 Hire Domestic Employees  
 Add License/Registration   
 Change Trade Name   
 Open New Location   
 Obtain Minor Work Permit   
 Obtain License for Individual

### C BUSINESS OWNERSHIP or INDIVIDUAL TO BE LICENSED (Complete appropriate section for business ownership type or provide information about individual to be licensed; see instructions on page 2.)

Check all that apply (see instructions):	Owner's Name (Last, First, Middle)	Birthdate	Social Security Number
	Home Address (Street or Route, P.O. Box, City, State, Zip)		Home Telephone Number ( )
	Spouse (Last, First, Middle)	Is the name of the spouse to appear on this license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Social Security Number
PARTNERSHIP List Partners in Section D	Partnership Name (If any) <input type="checkbox"/> Limited (If limited write name exactly as registered with Secretary of State)		Number of Partners
	Partnership Mailing Address (Street or Route, P.O. Box, City, State, Zip)		
CORPORATION List Corporate Officers in Section D	Corporation Name (Exactly as registered with Secretary of State) <b>GATEWAY BUS CO. INC.</b>		Date of Incorporation <b>1-01-01</b>
	Number of Corporate Officers <b>4</b>	Are any Corporate Officers in Washington also Directors and Shareholders? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	State of Incorporation <b>WA.</b>
LIMITED LIABILITY COMPANY List Managers or Members in Section D	Company Name (Exactly as registered with Secretary of State)		Date of Formation
	Number of Managers (if no managers, number of members)		State of Formation
OTHER List Principals in Section D	Name of the Organization	Type of Organization	Business Mailing Address (Street or Route, P.O. Box, City, State, Zip)

UBI # 602 091 527

**PARTNERS, CORPORATE OFFICERS OR LIMITED LIABILITY COMPANY MANAGERS** (or members if no managers were elected.)

Name (Last, First, Middle) <b>CROFCHICK STEPHEN A.</b>	Birthdate <b>5-20-47</b>	Social Security Number <b>147-40-2443</b>	% Owned <b>49%</b>
Home Address (Street or Route, P.O. Box, City, State, Zip) <b>211 EAST Ash (P.O. Box # 638) WATERVILLE, WA. 98858</b>		Home Telephone Number <b>509 745-8232</b>	Title <b>PRES.</b>
Spouse (Last, First, Middle) <b>CROFCHICK HEIDI R.</b>	Social Security Number <b>153-34-0541</b>	COMPLETE ONLY FOR LIQUOR OR LOTTERY LICENSE Birthdate	
Name (Last, First, Middle) <b>AMMO ADNAN ABOU</b>	Birthdate <b>10-10-57</b>	Social Security Number <b>451-47-7846</b>	% Owned <b>49%</b>
Home Address (Street or Route, P.O. Box, City, State, Zip) <b>307 S. IOWA ST. EAST WENATCHEE, WA. 98802</b>		Home Telephone Number <b>509 886-8627</b>	Title <b>V. P.</b>
Spouse (Last, First, Middle) <b>AMMO CINDY M.</b>	Social Security Number <b>531-08-0930</b>	COMPLETE ONLY FOR LIQUOR OR LOTTERY LICENSE Birthdate	
Name (Last, First, Middle) <b>CROFCHICK HEIDI R.</b>	Birthdate <b>2-12-47</b>	Social Security Number <b>153-34-0541</b>	% Owned <b>1%</b>
Home Address (Street or Route, P.O. Box, City, State, Zip) <b>211 E. Ash St. P.O. Box # 638 - WATERVILLE, WA. 98858</b>		Home Telephone Number <b>509 745-8232</b>	Title <b>SEC.</b>
Spouse (Last, First, Middle)	Social Security Number	COMPLETE ONLY FOR LIQUOR OR LOTTERY LICENSE Birthdate	

(Attach additional sheets if necessary.)

**BUSINESS INFORMATION** (Complete for actual location where business will be conducted.)

Date business first will be (was) conducted, under this owner, at this WA location:  Mo Day Yr <b>01/10/11</b>	Firm/Trade Name <b>GATEWAY BUS CO. INC.</b>		
	Business Mailing Address (Street or Route, P.O. Box, Suite # - Do not use building name) <b>113 SECOND ST. SUITE # 10</b>		
City <b>WENATCHEE</b>	State <b>WA.</b>	Zip <b>98801</b>	Business Telephone Number <b>509 667-1010</b>
Business Location (Street or Route, City, State, Zip - Physical location only) <b>113 SECOND ST. WENATCHEE, WA.</b>			FAX Number <b>509-667-1010</b>
Is this location within city limits? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If yes, which city? <b>WENATCHEE</b>	County <b>CHelan</b>	Total number of business locations you have in Washington <b>1</b>
Is this business <input type="checkbox"/> Part Time <input checked="" type="checkbox"/> Full Time	Estimated Gross Annual Income in Washington (determines reporting frequency) <b>\$2K</b>		Your Federal Employer I.D. Number (FEIN) <b>91-2013108</b>
Describe in detail the principal products sold or services you provide in Washington. Indicate if sales are retail or wholesale, and if products are manufactured in Washington: <b>WE PROVIDE PRIVATE CHARTER BUS SERVICE.</b>			
Name and Address of Personal or Business Reference (Street or Route, P.O. Box, City, State, Zip) <b>KIP BAILEY - 3030 B.S. CENTER RD - SUITE A, WENATCHEE, WA.</b>			Telephone Number <b>(509) 667-1431</b>
Bank Name (where you do banking) <b>INTERWEST BANK</b>		Bank Branch Name <b>WENATCHEE, WA.</b>	
Is this business owned by, controlled by, or affiliated with any other business entity? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		# YES, list other business entity:	
Is this a Nonprofit Organization established for educational, religious, or charitable purposes?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**ANY OTHER BUSINESS** (Complete this section if you are now or have ever been a sole proprietor, business partner, or owner of a corporation.)

Owner Name or Firm Name	Last year in business
Firm Address (Street or Route, P.O. Box, City, State and Zip)	UBI/State Tax Registration Number

**PRIOR OWNER** (Complete this section if this business had a prior owner.)

Did you buy, lease or acquire all or part of an existing business? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, check one box <input type="checkbox"/> ALL <input type="checkbox"/> PART	Prior Business Name	Prior Owners Telephone No. ( )	Is prior owner still in business? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date bought / leased / acquired Mo Day Yr		Prior Owner's Name and Address		

**I FURNITURE/FIXTURES/EQUIPMENT** (Complete if you purchased or leased furniture, fixtures or equipment for this business.)

Did you purchase any fixtures or equipment on which you have not paid sales or use tax?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If Yes, purchase price \$ _____	Are you leasing furniture, fixtures or equipment for use in Washington?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If Yes, from whom?
---	--	---------------------------------	---	--	--------------------

**II OUT OF STATE BUSINESS** (Complete if your business is based outside of Washington.)

Are sales solicited on your behalf in Washington?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, by:	<input type="checkbox"/> Resident employees <input type="checkbox"/> Non-resident employees <input type="checkbox"/> Traveling representatives	<input type="checkbox"/> Local independent agents <input type="checkbox"/> Other	
Do you maintain stocks of merchandise, including consigned stock, in Washington?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you lease articles of personal property to others for use in Washington?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you perform services in Washington for customers, clients, or franchisees?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**III EMPLOYMENT** (Complete if you employ, or plan to employ, one or more persons in Washington; or if you want optional coverage.)

Date of first employment or planned employment at this location	Mo <u>07</u> Day <u>10</u> Yr <u>10</u>	Number of persons you employ or plan to employ at this location (Do not include owners)	1	Of these, how many are or will be minors (under age 18)?	0	Are any of these minors under age 16?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
---	---	---	---	--	---	---------------------------------------	--

List the specific duties performed by minors at this location

Are the minors working in an agricultural business?  
 YES  NO

12 If you operate at more than one location, do you wish to report your locations together or separately?  
 TOGETHER  SEPARATELY

Do you wish Unemployment Insurance coverage for corporate officers?  
 Yes — Completed Form 5203 is required. This form will be sent to you by Employment Security Department.  
 No — Officers must be informed in writing by the corporation.

The following categories of employment ARE NOT INCLUDED under the mandatory coverage laws of Washington for Industrial Insurance (if you would like Industrial Insurance coverage for any of these categories, you must request optional coverage below):

Sole proprietor/partner or corporate officers who are directors and shareholders; domestic servants; gardening/maintenance/remodeling in or about the employers home; services in return for aid; minors under 18 years employed on a family farm; jockey-racing; entertainers; volunteer law enforcement; volunteer workers or student volunteers (K thru (2) (medical only); Indian tribal members; community service workers; cosmetologists, barbers, and manicurists who rent booths; newspaper carriers; insurance agents, brokers, and solicitors; other employment as defined in Title 51 of the Revised Code of Washington.

Indicate if you wish coverage for:

Sole proprietor, partner or corporate officers who are directors and shareholders .....  YES  NO

Optional coverage for excluded employment .....  YES  NO (If yes, write category from above list in employee activity section below.)

Coverage is effective as of the date this form is received, unless a later date is requested (indicate requested date in section below). A letter confirming coverage and providing information and instructions will be provided when the application is processed. Coverage will remain in effect until notification to cancel has been filed by the employer and received by the Department of Labor & Industries.

You must check the ONE box which best describes the major operation of your business:

(01) <input type="checkbox"/> Construction — Wood Frame Bldg.	(05) <input type="checkbox"/> Shipbuilding	(09) <input type="checkbox"/> Mfg. — Food Products	(13) <input type="checkbox"/> Retail / Wholesale Trade
(02) <input type="checkbox"/> Construction — All Other	(06) <input type="checkbox"/> Mining / Quarrying / Sand & Gravel	(10) <input type="checkbox"/> Miscellaneous Mfg.	(14) <input checked="" type="checkbox"/> Services or Operations or Maintenance
(03) <input type="checkbox"/> Logging / Forestry	(07) <input type="checkbox"/> Mfg. — Wood / Metal / Stone Products	(11) <input type="checkbox"/> Machine Shops / Auto Repair	(15) <input type="checkbox"/> Communications
(04) <input type="checkbox"/> Temporary Help or Trucking	(08) <input type="checkbox"/> Mfg. — Chemicals	(12) <input type="checkbox"/> Agricultural / Farming	(16) <input type="checkbox"/> Clerical / Professional Occup.

DESCRIBE IN DETAIL THE ACTIVITIES OF YOUR EMPLOYEES AND/OR INDICATE THE CATEGORY OF OPTIONAL COVERAGE REQUESTED AND EFFECTIVE DATE	3 MONTH ESTIMATE	
	Number of Employees	Workers hours (include minors)

**K SIGNATURE** (of sole proprietor or spouse, partner(s), corporate officer(s), or limited liability manager(s) or member(s).)

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

Signature(s) required (If a corp., corporate officer must sign; if a limited liability co., manager must sign)	Title	Date
X <i>S.A. Profcheck</i>	President	1-16-01
X <i>[Signature]</i>	Vice-President	1-17-01
X <i>Hilda R. Profcheck</i>	Officer - SECRETARY	1-16-01
Application prepared by (please print)	Title	Telephone number
<i>STEPHEN A. PROFHECK</i>	PRES.	509-667-1010
		Date
		1-16-01

Agency representative assisting with application (Please print)	<input type="checkbox"/> Mail	Agency Office	Telephone number	Date
				1/18/01