

HOUSEHOLD GOODS CARRIER PERMIT APPLICATION

TV-080211-AT
RECEIVED
 FEB 05 2008
 H. UT. & TP. COMM

Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 6 and Attachment A	\$ 250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 and Attachment A	\$ 550
<input type="checkbox"/> 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 2 - 6 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 2 - 6 and Attachments B & C	\$ 250
<input type="checkbox"/> 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 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input checked="" type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 2 - 6 and Attachment A	\$ 550

TYPE OF PAYMENT											
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa							
Amount: _____						Expiration Date: _____					
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): <u>Sharon Joseph</u>						Date: <u>01/24/08</u>					
Signature: <u>[Signature]</u>						Title: <u>Member</u>					
FOR OFFICIAL USE ONLY											
Date Filed: <u>2/5/08</u>	DOL/SOS: <u>OK/OK</u>	ID: <u>4939</u>	Permit Issued: HG- <u>11884</u>								
Staff Assigned:	Insurance:	Inspection:	Docket #								
Reception #: <u>111-0268-207-02</u>			<u>35.00</u>			111-0268-202-01			111-0268-013-20		

✓ # 14826

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BUSINESS INFORMATION

Name of Applicant Jordan River Moving LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Jordan River Moving and Storage

Physical Address 11801 116th St NE Suite A, Kirkland, wa 98034

Mailing Address Same as above

Telephone Number (206) 236-0808 Fax Number (206) 814-8411

UBI # 602-545240 Email: SJoseph@jordanrivermoving.com

TYPE OF BUSINESS STRUCTURE

- Individual Partnership Corporation Other LLC
(LP, LLP, LLC)

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

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Sharon Joseph</u>	<u>member</u>	<u>33%</u>
<u>Jack Bracha</u>	<u>member</u>	<u>33%</u>
<u>Jaakov Yekshalmian</u>	<u>member</u>	<u>33%</u>

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington
 The following named counties only: _____

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: _____

Moving & Storage

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

We already have a permit for Jordan River moving and storage Inc
operating under permit # HG-11894

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 household 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

NOTE: You may not advertise to operate under the changed name until a permit is issued in the new name.

Current Name on Permit

Jordan River Moving and Storage Inc

Current Trade Name on Permit

Address

11801 116th St. NE Suite A, Kirkland, WA 98034

Phone Number

206-236-0808

Fax Number

Email Address

joseph@jordanrivermoving.com

If a corporation, list names, titles, stock distribution or major stockholders under the current name:

Jack Bracha - President - 33%

Sharon Joseph - Secretary - 33%

Jack Yerushalmian - Treasurer

I request the name on household goods permit HG- 11884 be changed to:

New Name

Jordan River Moving LLC

UBI Number

1602-545-240

New Trade Name (if applicable)

Jordan River Moving and Storage

Address (if changed)

If a corporation, list names, titles, stock distribution or major stockholders under the new name:

Jack Brach - member

Jack Yerushalmian - member

Sharon Joseph - member

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information is current and valid.

Signature and Title of Applicant

01/24/08 Kirkland, WA

Date and Location