

TV-090860-CT
RECEIVED

JUN 03 2009

WASH. UT. & TP. COMM



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



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 checked="" 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 480-15-335 – 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 480-15-450) – Complete pages 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input 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

Check Money Order Amex Mastercard 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): _____ Company Name: _____

Cardholder's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date Filed: 6/4/09	DOL/SOS: [initials]	ID: 2675	Permit Issued: HG-
Staff Assigned: [signature]	Insurance:	Inspection:	Docket #
Reception #: 0018929	111-0268-207-02	111-0268-202-01	111-0268-013-20

\$550.00

CK# 17480 AMS Moving? Storage of Portland Inc.

BUSINESS INFORMATION

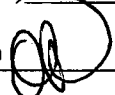
Name of Applicant AMS Moving & Storage of Portland, Inc.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 12470 SE Hwy 212, Clackamas, OR 97015

Mailing Address 12470 SE Hwy 212, Clackamas, OR 97015

Telephone Number (503) 299-9000 Fax Number (503) 722-9180

UBI #: 602-840-329  Email: jkourgia@me.com

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. _____ (required if you have employees.)

No facilities in Washington and no employees based in Washington.

Have you registered with the Employment Security Department? No Yes

ESD No. _____ (required if you have employees)

No facilities in Washington and no employees based in Washington.

Have you registered your business with the Department of Revenue? No Yes

(Previous account closed)

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation ^{DE} Other _____
(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>
Vauna Peterson		50%
John Kourgiantakis		40%
Chris Bournias		10%

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: Clark County

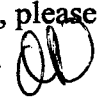
Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

We provide full service moving and storage solutions for small and medium sized loads while operating straight trucks almost exclusively. From our Portland area base of operations, we field many requests for assistance with moves in the Vancouver/Clark County area, and our intrastate operation in Washington will be limited to Clark County. Briefly describe your experience in the transportation/household goods moving industry: AMS has operated its full service moving and storage operation in Oregon since its incorporating in 1999, and AMS has had FMCSA interstate household goods authority since 2000.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?

No Yes If yes, please indicate your permit number THG-63303

Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington? No Yes If yes, please explain (Application No. TV-081079 was withdrawn.)

Do you currently operate interstate? No Yes If yes, please indicate your USDOT# 902467 MC# 391522 


Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state? No Yes If yes, please explain: Normal legal proceedings for a small moving and storage business.

Have you ever been convicted of a crime? No Yes If yes, please explain: _____

Have you been cited for violation of state laws or Commission rules? No Yes If yes, please explain: _____

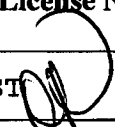
FINANCIAL STATEMENT

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan. SEE ATTACHED 

Assets		Liabilities	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
	SEE ATTACHED LIST 			

SAFETY AND OPERATIONS

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

SAFETY RESPONSIBILITIES

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

DRIVER QUALIFICATION REQUIREMENTS: (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program.

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name:

John Kourgiantakis

Position:

President/Secretary

OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name: John Kourgiantakis	Position: President/Secretary
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STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: John Kourgiantakis	Position: President/Secretary
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DECLARATION OF APPLICANT

I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

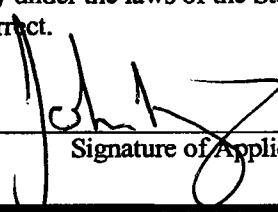
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

John Kourgiantakis
Print name of applicant


Signature of Applicant

May 27, 2009
Clackamas, OR
Date and Location

All My Sons of Portland Balance Sheet As of May 27, 2009

	May 27, 09
ASSETS	
Current Assets	
Checking/Savings	
1010 · Operating Checking Account	16,257.17
Total Checking/Savings	16,257.17
Other Current Assets	
1160 · Employee Advances	-241.99
Total Other Current Assets	-241.99
Total Current Assets	16,015.18
Fixed Assets	
2510 · Furniture & Fixtures	19,159.30
2520 · Computers & Equipment	22,159.00
2550 · Transportation Equipment	228,278.48
2560 · Vaults	38,310.50
2800 · Accumulated Depreciation	-296,968.00
Total Fixed Assets	10,939.28
Other Assets	
3500 · Deposits - Rent and Utility	2,250.00
3600 · Organization Costs	1,102.28
3650 · Accumulated Amortization	-1,102.28
Total Other Assets	2,250.00
TOTAL ASSETS	29,204.46
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
4000 · Accounts Payable	16,685.18
Total Accounts Payable	16,685.18
Total Current Liabilities	16,685.18
Total Liabilities	16,685.18
Equity	
5000 · Common Stock	
5001 · Common Stock - Peterson	0.50
5002 · Common Stock - Operating	0.40
5003 · Common Stock - Intro 1	0.10
Total 5000 · Common Stock	1.00
5100 · APIC	
5101 · APIC - Peterson	29,383.26
5102 · APIC - Operating	23,499.10
5103 · APIC - Intro 1	5,877.35
Total 5100 · APIC	58,759.71
5200 · Distributions	
5201 · Distributions - Peterson	-82,500.00
5202 · Distributions - Operating	-66,000.00
5203 · Distributions - Intro 1	-16,500.00
Total 5200 · Distributions	-165,000.00
5900 · Retained Earnings	65,965.49
Net Income	52,793.08
Total Equity	12,519.28
TOTAL LIABILITIES & EQUITY	29,204.46

All My Sons of Portland
Profit & Loss
January through December 2008

	Jan - Dec 08
Ordinary Income/Expense	
Income	
6010 · Moving Sales	2,149,701.05
6090 · CC Deposits	0.49
6100 · Refunds	-1,835.92
Total Income	2,147,865.62
Cost of Goods Sold	
7000 · Cost of Labor	
7001 · Drivers - payroll	235,162.97
7002 · Helpers - Payroll	204,871.03
7003 · Contractors	445.13
7004 · Estimators	500.00
7005 · Leased Employees	3,385.80
Total 7000 · Cost of Labor	444,364.93
7010 · Boxes & Supplies Expense	18,088.07
Total COGS	462,453.00
Gross Profit	1,685,412.62
Expense	
8000 · Advertising & Promotion	
8020 · Internet	44,424.56
8030 · Mailers	6,322.11
8040 · Yellow Pages	135,786.45
8050 · Other - Advertising	1,233.93
Total 8000 · Advertising & Promotion	187,767.05
8104 · AMS - Accounting	4,200.00
8105 · AMS - Business Development	9,996.00
8106 · AMS - Call Center	18,000.00
8110 · Bank Charges	733.68
8120 · Business Insurance	
8125 · Vanliner Truck Insurance	49,412.07
8130 · Vanliners Workman's Comp	1,500.00
8135 · Other Insurance	2,800.00
Total 8120 · Business Insurance	53,712.07
8140 · Claims Paid	12,489.10
8160 · Convention Expense	3,608.07
8170 · Credit Card Fees	39,843.32
8180 · Depreciation	4,405.96
8200 · Dues & Subscriptions	3,100.28
8210 · Equipment Leasing	
8211 · Truck Leasing	97,355.45
8212 · Truck Rental	3,009.00
8213 · Equipment Rental	6,258.64
8210 · Equipment Leasing - Other	4,193.77
Total 8210 · Equipment Leasing	110,816.86
8220 · Fuel	90,897.91
8230 · Health Insurance	8,327.00
8250 · Meals & Entertainment	1,092.70
8260 · Miscellaneous	-100.00
8270 · Office Expense	8,066.16
8290 · Payroll Taxes	111,496.70
8300 · Payroll Processing	680.00
8320 · Penalties	4,238.90
8330 · Postage, Freight & Shipping	8,598.08
8350 · Professional Fees	33,849.85
8380 · Rent - Office / Warehouse	89,836.53
8440 · Short Haul Expense	1,220.00
8445 · Software & Technology	689.00
8450 · Warehouse Supplies	549.72
8460 · Taxes & Licenses	10,799.00

4:39 PM
05/27/09
Accrual Basis

All My Sons of Portland
Profit & Loss
January through December 2008

	<u>Jan - Dec 08</u>
8470 · Telephone	24,843.46
8480 · Travel	2,747.24
8485 · Truck Repairs & Maintenance	27,102.37
8490 · True Van Lines	2,157.10
8540 · Utilities & Occupancy	9,440.02
8560 · Wages - Office staff	120,274.60
8570 · Wages - Officers	79,127.52
Total Expense	<u>1,084,606.25</u>
Net Ordinary Income	<u>600,806.37</u>
Net Income	<u><u>600,806.37</u></u>

Equipment
list

50 International Model: 4300 sbA
VIN#: 1HTMMAAMX7H363000

48 International Model: 4300 sbA
VIN#: 1HTMMAAM97H362999

46 International Model: 4300 dt466
VIN#: 1htmnaal17h524578

44 International Model: 4300 dt466
VIN#: 1htmnaal37h524579

42 International Model: 4300 dt466
VIN#: 1htmnaalx7h524580

40 International Model: DT 4300 2005
VIN#: 1htmmaal05h688730

38 International Model: DT4300 2005
VIN#: 1htmmaal45h688729

34 International Model: DT 4700 2002
VIN#: 1htmmaam72h410945

30 International Model: DT 4700 2000
VIN#: 1htscaamxyh275396

28 International Model: DT 4700 2000
VIN#: 1htscaam2yh24315

26 International Model: DT 4700 2000
VIN#: 1htscaamoyh294314

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name:
AMS Moving & Storage of Portland, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Judy Wylie

Address (include street address, mailing address, city, state, zip, and county):

5474 SE Park St - Milwaukie OR 97222 (old)

5104 NE 74th Ct. Vancouver, WA 98662 (new)

Phone Number:

971-506-5839

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

Scheduled to move 5/31/08

Do you anticipate a future need for the services of a residential household goods moving company?

No Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

I think WA. residents will benefit from their services.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

Their professionalism shows, very courteous & friendly

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

Judy Wylie

Signature of Person Completing Form

5/26/08 - Milwaukie OR

Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name:
AMS Moving & Storage of Portland, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Cynthia Clayton Gonzales

Address (include street address, mailing address, city, state, zip, and county):
3016 NE 88th Ave
Vancouver, WA 98662
Clark county

Phone Number:
971 570-6265 503 539 3372

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
moving interstate to Washington

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:
May be moving within Washington
in the future

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:
Bringing outstanding service
to Washington

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
N/A

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


Signature of Person Completing Form

05-31-08 - Vancouver
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name:
AMS Moving & Storage of Portland, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
CJ Burns

Address (include street address, mailing address, city, state, zip, and county):
1910 NE Schuyler
White Salmon, Wa 98672

Phone Number:
509 250 2354

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Moving from Oregon to Washington

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:
May be moving within Washington in the future

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:
Bringing great service to Washington

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
N/A

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

Signature of Person Completing Form _____ Date and Location _____
5.31.08

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: AMS Moving & Storage of Portland, Inc.

The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: <u>Jim Wickfield (sr?)</u>
Address (include street address, mailing address, city, state, zip, and county): <u>110 Northridge DR. Ridgefield, wa 98642</u>
Phone Number: <u>541 806 0040 + 541 993 4933</u>
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <u>Moving from Washington</u>
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <u>May be Moving back to Washington in the future</u>
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: <u>Great Service</u>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>N/A</u>
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. <u>Jim Wickfield</u> Signature of Person Completing Form
<u>5/28/08 Ridgefield.</u> Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: AMS Moving & Storage of Portland, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Melissa Eiden

Address (include street address, mailing address, city, state, zip, and county):
17720 NW Cornell Rd #3
Beaverton, OR 97004

Phone Number: 503-523-9649

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
[Signature] 5.16.08 - Portland, OR
Signature of Person Completing Form Date and Location

**Anderson
and
Yamada, P.C.**
ATTORNEYS AT LAW

Suite 1020, The 1515 Building 1515 SW 5th Avenue Portland, Oregon 97201 Telephone (503) 227-4586 FAX (503) 227-7044

June 1, 2009
File No. 5113-024

John A. Anderson*
Terence J. Yamada**
Tammy R. Schilling
Kevin M. Anderson

RECEIVED

*OREGON, WASHINGTON AND IDAHO BARS
**OREGON AND WASHINGTON BARS

JUN 03 2009

WASH. UT. & TR. COMM

Washington Utilities
& Transportation Commission
1300 S. Evergreen Park Drive S.W.
P.O. Box 47250
Olympia, WA 98504-7250


**RE: AMS Moving & Storage of Portland, Inc.
Household Goods Moving Company Permit Application**

Dear WUTC:

Enclosed is the Household Goods Moving Company Permit Application of AMS Moving & Storage of Portland, Inc. Also enclosed is a check for the filing fee of \$550.00. Please acknowledge receipt of the application and the docket number assigned on the copy of this letter enclosed and return it to me in the self addressed stamped return envelope provided. Please let me know if you have any questions or concerns and if additional information is required.

Very truly yours,

ANDERSON AND YAMADA, P.C.



John A. Anderson

Enclosures

cc: John Kourgiantakis, AMS Moving & Storage of Portland, Inc.

JAA:tp (F:\CLIENTS\5113\5113-24\Letters\LTR5.doc 6/1/2009)



Enter Keywords



Corporations Division

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Corporations Division - Registration Data Search

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AMS MOVING & STORAGE OF PORTLAND, INC.

UBI Number 602840329

Category REG

Profit/Nonprofit Profit

Active/Inactive Active

State Of Incorporation DE

Date of Incorporation 06/12/2008

Expiration Date 06/30/2009

Dissolution Date

Registered Agent Information

Agent Name UNISEARCH INC

Address 1780 Barnes Blvd Sw

City Tumwater

State WA

ZIP 985120410

Special Address Information

Address

City

State

Zip

Governing Persons

Title	Name	Address
President	KOURGIANTAKIS, JOHN	17766 S NICKS PL OREGON CITY, OR
Officer	PETERSON, VAUNA	13821 DIPLOMAT DR FARMERS BRANCH, TX
Officer	BOURNIAS, CHRIS	6901 NORTHPARK BLVD CHARLOTTE, NC

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