06/07/2010 14:03 FAX 3605861181 590 1150

LICENSING SERVICES

Ø 001/003

TV-101114-AN



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



	Type of Household Goods Authority Requested – Check one	Fee Required
	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	\$ 50
D:	Temporary authority (to meet a short-term need) - Complete pages 2 - 6 and Attachment A	\$ 250
•	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 and Attachment A	\$ 550
۵	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
a	Fermanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 - Complete pages 2 - 6 and Attachments B & C	\$ 250
D.	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
(31	Name Change - Complete pages 2 - 3 and Attachment D	\$ 35
Q	Extension of authority - Complete pages 2 - 6 and Attachment A	\$ 550
	TVDE OF DAVACENT	
	TYPE OF PAYMENT	

		1 4	PE OF PAXME	NT	
□ Check	[] Money Order	O Amex	∏ Mastercard	∐ Visa	
Amount: 35		_		Y	Expiration Date: 01/14
CERTIFICATION that I am authoriz	N: I, the undersigned, un ed to execute and file th	ider penalty for is document or	false statement, cor behalf of the applic	tify that the follo	owing information is true and correct, information on file is current and valid.
Name (printed):	JOE Lindsou		Company N	laroc: First	Due LLC
Cardholder's Sign	natu;			Date: 6	- 14-10
		FOR	FFICIALUSE	HILY.	THE RESERVE TO A STATE OF THE PARTY OF THE P
Date Filed:	310 POWSOS: 0	D:	5891	Permit Issue	ed: THG-+11/1-1/20/07
Staff Assigned:	Insurance:	Ins	ection:	_ <u>O6386</u> ; Docket #	(110) 0000
Reception #: 111-0268-207-02	B5.00 1	11 - 0268- 20 2-0	1	111-0268-013	3-20
	Auth	131312	00248	26	Page 2 of 12

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	BUSINESS IN	FORMATION				
Name of Applicant Toe Livels		We We Duelle for partnership or corporation)				
Trade Name, if applicable Firs						
Physical Address 710 240th	WAY SE UN	JIT F-ZOU Sammamish WA 98074				
		Pcl. PMB #63 Sammanish WA 98074				
•	•	Fax Number (206) 722 - 1690				
UBI#:602-985-701	M /	Email: First Dow Firstdue movers, com				
USDOT #: 1990914 www.finesea.dof.gov/online-registration to	(Tf seas asses					
Have you established a Worker's Compensation Account with the Department of Labor & Industries? M No Yes L & I Account No. (required if you have employees.)						
Have you registered with the Employment Security Department? A No Yes ESD No (required if you have employees)						
Have you registered your business with the Department of Revenue? □ No △ Yes						
TYPE OF BUSINESS STRUCTURE						
☐ Individual ☐ Partnership	© Corporation (LP, LLP, LLC)	Other				
List the name, title and percentage of	partner's share or	stock distribution for major stockholders:				
Name Jac Lindson	<u>Title</u>	Stock Distribution or Percentage of Shares				
Ja: Lindsay Paul McCall		33.3				
Jim Smith		33.4 33.3				

Revised 07-09

ATTACHMENT D

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

This application is for name change only and <u>must not</u> 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 <u>may not</u> advertise to operate under the changed name until a permit is issued in the new name.					
Current Name on Permit: First Die LLC					
Current Trade Name on Permit: First Due Moving & Delivery					
Address: 710 240th WAY SE UNIX F-204 Sammanish WA 98074					
Phone Number: 206 - 755 - 6053 Fax Number: 206 - 772 - 1690					
Email Address: First-club provers . Com					
If a corporation, list names, titles, stock distribution or major stockholders under the current name: See Lindsey 33.3 Gwner The Smith 33.3 Gwner					
ravi priccell 33.4 owner					
I request the name on household goods permit HG- 063862 be changed to:					
New Name: First Due Movers UBI Number: 602-985-701					
New Trade Name (if applicable):					
Address (if changed)					
If a corporation, list names, titles, stock distribution or major stockholders under the current name:					
Jim Smith 33,3 Burner					
Paul McCall 33.4 owner					
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. 6-14-10 home					
Signature and Title of Applicant Date and Location					
Page 11 of 12					