

RECEIVED

AUG 19 2010 THG 63799

WASH IIT & TP COMM

BUSINESS INFORMATION

Name of Applicant First Van Lines LLC First USA Van Lines LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 54 N. 45th Ave Suite #F Phoenix, AZ 85043

Mailing Address 54 N. 45th Ave Suite #F Phoenix, AZ 85043

Telephone Number (800) 701-1887 Fax Number () _____

UBI #: 602-944-236 Email: _____

USDOT #: 1463484 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

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.)

Have you registered with the Employment Security Department? No Yes
ESD No. _____ (required if you have employees.)

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

see original app

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	Title	Stock Distribution or Percentage of Shares
<u>Adi Barzilai</u>	<u>Manager</u>	<u>50%</u>
<u>Lior Oren</u>	<u>Manager</u>	<u>50%</u>

111 0208 207 02

#35 CK# 3999

0025809 ID: 5745

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: First Van Lines LLC First USA Van Lines, LLC

Current Trade Name on Permit: 0

Address: 54 N. 45th Ave. Suite #F Phoenix, AZ 85043

Phone Number: 800-701-1887 Fax Number: _____

Email Address: _____

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

Adi Barzilai 50%
Lior Oren 50%

I request the name on household goods permit HG- THG-63799 be changed to:

New Name: same as above Cardinal Moving Systems UBI Number: _____

New Trade Name (if applicable): Cardinal Moving Systems

Address (if changed): _____

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

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] - President
Signature and Title of Applicant

07/27/10
Date and Location

RECEIVED

AUG 19 2010

WASH. UT. & TP. COMM