



UTILITIES AND TRANSPORTATION COMMISSION

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 - 7 and Attachment E | \$ 50 |
| <input type="checkbox"/> Temporary authority (to meet a short-term need) - Complete pages 2 - 7 and Attachment A | \$ 250 |
| <input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) - Complete pages 2 - 7 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 - 7 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 - 7 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 checked="" type="checkbox"/> Name Change - Complete pages 2 - 3 and Attachment D <i>adding trade name</i> | \$ 35 |
| <input type="checkbox"/> Extension of authority - Complete pages 2 - 7 and Attachment A | \$ 550 |

| TYPE OF PAYMENT | | | |
|--|-----------------------------|---|------------------------|
| Check | Money Order | Amex | Mastercard |
| | | | <u>Visa</u> |
| | | | 01222A |
| Amount: <u>35.00</u> | | Expiration Date: <u>02/13</u> | |
| 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>John Kourgiantakis</u> | | Company Name: <u>AMS Moving & Storage of Portland</u> | |
| Cardholder's Signature: <u>[Signature]</u> | | Date: <u>4/22/11</u> | |
| FOR OFFICIAL USE ONLY | | | |
| Date Filed: <u>5/2/11</u> | DOL/SOS: <u>[Signature]</u> | ID: <u>2675</u> | Permit Issued: THG- |
| Staff Assigned: <u>[Signature]</u> | Insurance: <u>on file</u> | Inspection: | Docket # |
| Reception #: <u>111-0268-207-02</u> | <u>35.-</u> | <u>111-0268-207-01</u> | <u>111-0268-013-20</u> |

✓ISA

0032280

BUSINESS INFORMATION

Name of Applicant Ams moving-storage of Portland Inc (D)
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable All my sons

Physical Address 8270 S 192nd St Kent WA 98032

Mailing Address Same as above

Telephone Number (253) 779-9900 Fax Number (503) 722-9180

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

USDOT #: 902467 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. _____

Have you registered with the Employment Security Department? No Yes
 ESD No. _____

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

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other S corp
(LP, LLP, LLC)

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>Vanna Peterson</u> | <u>Shareholder</u> | <u>50%</u> |
| <u>John Kourgiantakis</u> | <u>President, Secretary, Treasurer</u> | <u>40%</u> |
| <u>Chris Bournias</u> | <u>Shareholder</u> | <u>10%</u> |

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: Ams Moving Storage of Portland Inc

Current Trade Name on Permit: All my saws

Address: 12470 SE HWY 212 Clackamas OR 97015 or/and 8270 S. 192nd St Kent WA

Phone Number: 503-969-5500

Fax Number: 503-722-9180

98032

Email Address: JKourgia@me.com

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

| | | |
|---------------------------|--------------------|------------|
| <u>Vanna Peterson</u> | <u>Shareholder</u> | <u>50%</u> |
| <u>John Kourgiantakis</u> | <u>President</u> | <u>40%</u> |
| <u>Chris Bourrias</u> | <u>Shareholder</u> | <u>10%</u> |

I request the name on household goods permit HG- 63665 be changed to:

New Name: Ams moving Storage of Portland Inc UBI Number: 602-840-329

New Trade Name (if applicable): All my saws moving storage, (All my saws), All my saws

Address (if changed) 8270 S 192nd St Kent WA 98032

already on permit

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

same as above

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]
Signature and Title of Applicant

4/21/11 Kent WA
Date and Location

ALL MY SONS

MOVING & STORAGE

FACSIMILE TRANSMITTAL SHEET

TO: TINA LEPSKI

FROM: JOHN KOURGIANTAKIS

COMPANY:

DATE: APRIL 27, 2011

FAX NUMBER: 360-586-1181

TOTAL PAGES INCL. COVER:

PHONE NUMBER:

RE: NAME CHANGE

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

CONFIDENTIAL

This message and material that follows is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law.

AMS MOVING & STORAGE OF PORTLAND INC.
12470 SE HWY 212 CLACKAMAS, OR 97015
T: 503-299-9000 F: 503-722-4550