

TV-150453-AN



1300 S. Evergreen Park D
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-416-5289
email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY
PERMIT APPLICATION**

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed: <u>3/18/15</u>	DOL/SOF: <u>de</u>	ID: <u>16936</u>	Docket #:-
Staff Assigned: <u>[Signature]</u>	Insurance	Inspection	Permit Issued THG-
Reception #	111-026-02	Receipt ID	111-0268-013-20

Type of Household Goods Authority Requested – check one

Fee Required

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 3-8 and Attachment A \$ 550
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 3-8 and Attachment B \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187 – Complete pages 3-8 and Attachments B & C \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 3-4 and include a statement justifying the reinstatement \$ 250
- Name Change – Complete pages 3-4 and Attachment D \$ 35

BUSINESS INFORMATION

Legal Name: Graebel/Quality Movers, LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: Graebel Moving Services

Physical Address: 21902 65th Avenue, South, Kent, WA 98032

Mailing Address: 15455 Dallas Parkway, Suite 600, Addison, TX 75001-6760

Telephone Number (253): 395-9700 Fax Number (253): 395-9766



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: Graebel/Quality Movers, Inc.

Current Trade Name, d/b/a: _____

Address: 21902 65th Avenue South, Kent, WA 98032

Phone Number: 253-395-9700 Fax Number: 253-395-9766

Email Address: david.allen@graebelmoving.com USDOT #: 2105002

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

Graebel Vanlines Holdings, LLC - 100% owner

Members of Owner: Vasilia Peterson - 93%

Brent S. Snyder - 4% and C. David Allen, Jr. - 3%

I request the name on household goods permit HG- ~~CC~~ HE 007407 be changed to:

New Name: Graebel/Quality Movers, LLC

New Trade Name, d/b/a (if applicable): Graebel Moving Services

The entity's physical address remains the same, but the
Address (if changed) following mailing address is to be added to the company's
record: 15455 Dallas Parkway, Suite 600, Addison, TX 75001-6760.

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

N/A - LLC with same ownership 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.

C. Slattery CF
Signature and Title of Applicant

1-31-15, Dallas TX
Date and Location



SOS

Office of the Secretary of State
Corporations & Charities Division

INITIAL REPORT FEE: \$10.00

RETURN COMPLETED FORM AND PAYMENT TO:
(Checks made payable to "Secretary of State")

801 Capitol Way South
PO Box 40234
Olympia, WA 98504-0234

Entity Name: GRAEBEL/QUALITY MOVERS, LLC
Payment Due By: 4/30/2015
Unified Business Identifier: 601-140-705
State of Incorporation: WA
Inc./Qual. Date: 12/27/1988

TYPE OR PRINT ALL INFORMATION IN DARK INK

<p>Current Registered Agent/Office</p> <p>CAPITOL CORPORATE SERVICES INC 1780 BARNES BLVD SW TUMWATER, WA 98512</p>	<p>Registered Agent/Office Changes (Changes must be approved by the Board of Directors)</p> <p>New Registered Agent Name _____</p> <p>Consent to Appointment _____ <i>Signature of New Registered Agent</i></p> <p>Required Street Address _____</p> <p>City _____ State WA Zip Code _____</p> <p>Optional Mailing Address _____</p> <p>City _____ State WA Zip Code _____</p>
--	---

REPORT SECTION MUST BE FILLED IN COMPLETELY - DO NOT LEAVE SPACES BLANK

Principal place of business in WA YES NO _____ WVA _____
Address City Zip

Nature of Business _____ Telephone (____) _____ Email _____

Foreign Entities - Principal office address.
Address City State Zip Country

CORPORATION: Print or type names and addresses of ALL corporate officers and directors (attach additional list if necessary).
 LLC: Print or type names and addresses of Members or Managers (attach additional list if necessary).

Name	Title	Address	City	State	Zip

SIGNATURE Of governing person listed above Type or Print Name and Title Date

CORPORATIONS INFORMATION AND ASSISTANCE - 360/725-0377

Rev. 01-006 4/14

FILED

DEC 31 2014

WA SECRETARY OF STATE

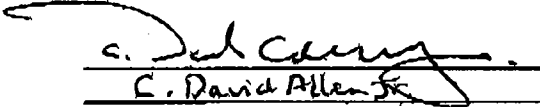
State of Washington
Articles of Conversion
Pursuant to RCW 25.15.420

601 140 705

- (1) The following entity has been converted from a corporation pursuant to RCW 25.15.417:
Graebel/Quality Movers, LLC, a Washington limited liability company
- (2) The converting organization and its jurisdiction of statute is:
Graebel/Quality Movers, Inc., a Washington corporation
- (3) The conversion was approved by a unanimous vote of all shareholders of Graebel/Quality Movers, Inc., in accordance with the requirements of RCW 25.15.417.

Executed this 31st day of December, 2014.

Graebel/Quality Movers, Inc.

By: 
 Name: C. David Allen Jr.
 Title: CEO

Page 1 of 2



Office of the Secretary of State
Corporations & Charities Division

Limited Liability Company

See attached detailed instructions

Filing Fee \$180.00

Filing Fee with Expedited Service \$230.00

This Box For Office Use Only

UBI Number:

CERTIFICATE OF FORMATION

Chapter 25.15 RCW

ARTICLE 1

NAME OF LIMITED LIABILITY COMPANY:

Graebel/Quality Movers, LLC

(Must contain one of the following designations: Limited Liability Company, Limited Liability Co or one of these abbreviations: L.L.C. or LLC. If the designation is omitted, it will default to LLC when processed)

ARTICLE 2

ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:

Street Address 21902 64th Ave. South City Kent State WA Zip 98032

PO Box _____ City _____ State _____ Zip _____

ARTICLE 3

EFFECTIVE DATE OF FORMATION: *(Please check one of the following)*

Upon filing by the Secretary of State

Specific Date: _____ *(Specified effective date must be within 90 days AFTER the Certificate of Formation has been filed by the Office of the Secretary of State)*

ARTICLE 4

TENURE: *(Please check one of the following and indicate the date if applicable)*

Perpetual existence

Specific term of existence _____ *(Number of years or date of termination)*

Page 2 of 2

ARTICLE 5

THE LIMITED LIABILITY COMPANY IS MANAGED BY: Members or Managers
(see instructions)

ARTICLE 6

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: Capitol Corporate Services, Inc.

Physical Location Address (required):
 1780 Barnes Blvd. SW

City Tumwater State WA Zip Code 98512

Mailing or Postal Address (optional):

City _____ State _____ Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named Limited Liability Company, I understand it will be my responsibility to accept Service of Process on behalf of the Limited Liability Company; to forward mail to the Limited Liability Company; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X *[Signature]* Knjta Ali, Asst. Sec. 12/03/2014
 Signature of Registered Agent Printed Name Date

ARTICLE 7

NAME, ADDRESS AND SIGNATURE OF EACH EXECUTOR:
(if necessary, attach additional names, addresses and signatures)

Name: John A. Bonnet III

Address: 500 N. Akard, Suite 1820 City Dallas State TX Zip Code 75201

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X *[Signature]* John A. Bonnet III 12/31/2014 214-740-4260
 Signature of Executor Printed Name Date Phone

Name: _____

Address: _____ City _____ State _____ Zip Code _____

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X _____
 Signature of Executor Printed Name Date Phone



Office of the Secretary of State Corporations & Charities Division

COVER SHEET FOR CONVERSION OF BUSINESS ENTITY

The undersigned, under penalties of perjury, do hereby attest to the conversion and/or domestication of the specified entity by virtue of the selections and information provided below.

Converting from: (current domicile and entity type)

<input checked="" type="checkbox"/> Choose 1 domicile (required)		<input checked="" type="checkbox"/> Choose 1 entity type (required)		Governing statute
<input checked="" type="checkbox"/> Domestic (Washington)	<input type="checkbox"/> Foreign (list domicile below)	<input checked="" type="checkbox"/> Profit Corporation	<input type="checkbox"/> Limited Liability Company (LLC)	RCW 23.8
		<input type="checkbox"/> Limited Partnership (LP or LLP)	<input type="checkbox"/> Limited Liability Partnership (LLP)	RCW 25.15
		<input type="checkbox"/> unincorporated entity	<input type="checkbox"/> Other: (list below)	RCW 25.10
				RCW 25.05

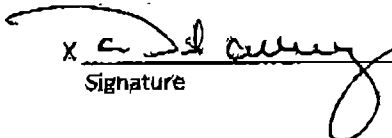
Converting to: (new domicile and entity type)

<input checked="" type="checkbox"/> Choose 1 domicile (required)		<input checked="" type="checkbox"/> Choose 1 entity type (required)		Governing statute
<input checked="" type="checkbox"/> Domestic (Washington)	<input type="checkbox"/> Foreign (list domicile below)	<input type="checkbox"/> Profit Corporation	<input checked="" type="checkbox"/> Limited Liability Company (LLC)	RCW 23.8
		<input type="checkbox"/> Limited Partnership (LP or LLP)	<input type="checkbox"/> Limited Liability Partnership (LLP)	RCW 25.15
		<input type="checkbox"/> unincorporated entity	<input type="checkbox"/> Other: (list below)	RCW 25.10
				RCW 25.05

1. Current name of entity: Graebel/Quality Movers, Inc.
2. UBI# (if available): 601140705
3. Name of new entity: Graebel/Quality Movers, LLC
4. Date conversion is to be effective: December 31st, 2014
5. Street and mailing address for service of process if converted organization is foreign: _____

 City _____ State or Country _____ Postal Code _____

*Attach required documents per RCW _____


 C. David Allen Jr CFO
 Signature Printed Name Title Date Phone Number



State of Washington
 Business Licensing Service
 PO Box 9004
 Olympia WA 98507-9004
 Telephone: 1-800-451-7885
 http://business.wa.gov/BLS

Graebel/Quality Movers, LLC

Legal Entity/Owner Name
 601 140 705

Unified Business Identifier (UBI)
 47-2813507

Federal Employer Identification Number (FEIN)

For Validation - Office Use Only

Business License Application

For faster service apply online at business.wa.gov/BLS
 Online applications are typically processed within two business days.
 It may take up to 21 days if you file by mail.

03N-400-925-0003

1. Purpose of Application

Please check all boxes that apply.

- Open/Reopen Business
complete sections 2, 3, 4, (5 if hiring employees) and 6
- Open Additional Location
complete sections 2, 3, 4, (5 if hiring employees) and 6
- Change Ownership
complete sections 2, 3, 4, (5 if you have employees) and 6
- Register Trade Name
complete sections 2, 3, 4 and 6
- Change Trade Name - complete sections 2, 3, 4 and 6
Name(s) to be cancelled: _____
- Change Location - complete sections 2, 3, 4 and 6
Old address to be closed: _____
- Add License/Registration to Existing Location
complete sections 2, 3, 4, and 6
- Business Has or Will Have Employees
complete all sections
- Business Has or Will Have Employees Under Age 18
complete all sections (if this business location has an active Workers' Compensation account with L&I, and there were no business changes since the last Business License Application was filed, complete only sections 2, 3a, 3c, 3d, and 3f for sole proprietors), 5c, and 6.)
- Hire Persons to Work In or Around Your Home
complete all sections
- Other - complete all

2. Licenses and Fees

Use the License Fee Sheet for the information needed to complete this list.

Mark Registrations Needed:	Fees Due
<input type="checkbox"/> Tax Registration (State Dept. of Revenue) - Do you want a separate tax return for each business? <input type="checkbox"/> Yes <input type="checkbox"/> No	No Fee
<input type="checkbox"/> Industrial Insurance (Workers' Compensation) - Required if you will have employees.	No Fee
<input type="checkbox"/> Unemployment Insurance - Required if you will have employees.	No Fee
<input type="checkbox"/> Minor Work Permit - Required if you will have employees under age 18.	No Fee
<input checked="" type="checkbox"/> New Trade Name (Doing Business As): Graebel Moving Services	\$ 5.00
List Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):	
✓	\$
✓	\$
✓	\$
✓	\$
✓	\$

RECEIVED
 FEB 19 2015

Enclose check for total amount due, including the non-refundable Processing Fee, which MUST be submitted with this form.

BUSINESS LICENSING SERVICE
 Processing Fee

\$ 19.00

Total Amount Due \$ 24.00

Make check payable to the Department of Revenue.

To receive this document in an alternate format, please call 1-800-647-7708. Telephone (TTY) users may use the Washington Relay Service by calling 711.
 BLS-700-020 (02/13) PAGE 1 OF 4

3. Owner Information

Ownership Structures

a. Select only ONE ownership structure:

- Sole Proprietor
If married, should spouse's name appear on license? Yes No (If you answer No, you must still enter the spouse information in section "f" below.)
 - Corporation* Non Profit Corporation* (educational, religious, charitable) Limited Liability Company*
 - Partnership (# of partners: _____) Joint Venture
 - Limited Partnership* Limited Liability Partnership* Limited Liability Limited Partnership*
- *These ownership structures must contact the Secretary of State office for additional filing requirements.

Graebel/Quality Movers, LLC

Name of Corporation, LLC, Partnership, LLP, LLLP, or Joint Venture Name (examples: ABC, Inc. OR Firsties Unlimited LLC)

State incorporated/formed: Washington Year incorporated/formed: 2014

Association Trust Municipality Tribal Government Other _____

Name of Organization (example: Anderson Family Trust)

b. Business Open Date 12 / 14 Provide the ownership structure's first date of business at this location. Out-of-state businesses should use the first date of operation in WA. (Required. If unknown, please estimate.)

c. Graebel/Quality Movers, LLC Is this location inside city limits? Yes No

15455 Dallas Parkway, Suite 600 21902 64th Ave South
Business Mailing Address (Street or PO Box, Suite No. do not use building name) Business Street Address (if different than mailing) Do not use a PO Box or P.M.B.

Addison Tx 75001 Kent WA 98030
City State Zip code City State Zip code

e. (972) 694-0400 (972) 694-0403 david.allen@graebalmoving.com
Business Telephone Number Fax Number E-Mail Address

f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional pages if needed.)

> Graebel Vanlines Holdings, LLC
Name (Last, First, Middle) 15455 Dallas Parkway, Suite 600
Home Address (Street or PO Box)
Member (972) 694-0400
Title Home Telephone Number

Date of Birth 1 / 1 Social Security Number* 47-1065260 % Owned 100
Addison Tx 75001
City State Zip code

Are you married? Yes No If yes, enter spouse information below.

Spouse Name (Last, First, Middle) _____
Spouse Date of Birth _____ Spouse Social Security Number* _____

> _____
Name (Last, First, Middle) _____
Home Address (Street or PO Box) _____
Title _____ Home Telephone Number _____

Date of Birth _____ Social Security Number* _____ % Owned _____
City _____ State _____ Zip code _____

Are you married? Yes No If yes, enter spouse information below.

Spouse Name (Last, First, Middle) _____
Spouse Date of Birth _____ Spouse Social Security Number* _____

> _____
Name (Last, First, Middle) _____
Home Address (Street or PO Box) _____
Title _____ Home Telephone Number _____

Date of Birth _____ Social Security Number* _____ % Owned _____
City _____ State _____ Zip code _____

Are you married? Yes No If yes, enter spouse information below.

Spouse Name (Last, First, Middle) _____
Spouse Date of Birth _____ Spouse Social Security Number* _____

Governing Persons

*The Social Security Number is required for all sole proprietors. It is also required for all partners, officers, and LLC members of businesses that will have employees, and all owners and spouses of businesses that will have liquor, lottery or private investigator licenses. Not fully completing section "f" will result in application delays. (RCW 23.23.150, RCW 50.12.070)

4. Location / Business Information

a. Are you an out-of-state business with no Washington location and have employees or representatives working in Washington?

Yes No

If yes, provide one of their Washington addresses (we will not use this address for mailing purposes):

Business Street Address (Do not use a PO Box or PMB Address) City State Zip code

b. Do you plan to hire independent contractors or people you will report on a 1099 form? Yes No

Check "Independent Contractors" definition at www.nl.wa.gov/PUB/101-063-000.pdf

c. Provide the estimated gross annual income in Washington (check the one box that applies to your business):

\$0 - \$12,000 \$12,001 - \$28,000 \$28,001 - \$60,000 \$60,001 - \$100,000 \$100,001 and above

d. Mark the business activities in Washington State (check all that apply):

Wholesale Retail Manufacturing Services

e. Describe in detail the principal products or services you provide in Washington State--failure to provide this information will cause delay in processing your application:

Residential household goods moving and storage; commercial moving and logistics services.

f. Did you buy, lease, or acquire all or part of an existing business? No All Part

Date bought/leased/acquired: 12 / 31 / 2014 Graebel/Quality Movers, Inc.
Prior Business Name (972) 694-0400
Prior Owner's Name Telephone Number

g. Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax? Yes No

If yes, indicate purchase or lease price: \$

h. If this business is owned by, controlled by, or affiliated with any other business entity, provide that business entity's name:

Graebel Van Lines, LLC

i. If you are changing your business structure (such as changing from sole proprietorship to corporation) and want the old account closed, provide the UBI number to be closed:

Do you wish to cancel all the trade names registered under the old UBI number? Yes No
You must re-register all trade names you use under the new business structure.

j. If you have ever owned another business, provide: Business Name UBI Number

k. Provide your bank's name: Branch:

If you plan to have employees or wish to register for elective coverage for owners or excluded employees, complete Section 5. (For information see the Industrial Insurance or Unemployment Insurance sections on the License Fee Sheet.)

5. Employment / Elective Coverage

Employment accounts cannot be established unless you plan to employ persons within the next 90 days. If accounts are established, employment tax returns will be required quarterly even if you have not hired.

a. Date of first employment or planned employment at this location: / / First date wages paid: / /
MM DD YY MM DD YY

b. Number of persons you employ or plan to employ at this location (do not include owners):

c. Estimate the number of persons under age 18 (minors) you will employ in the next 12 months and duties they will perform:

	Number	Duties to be performed by minors (Check www.teenworkers.ini.wa.gov)
Ages 16-17:	<u> </u>	<u> </u>
Ages 14-15:	<u> </u>	<u> </u>
Under age 14:	<u> </u>	<u> </u>

d. Check the ONE box which best describes the major operation of your business.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> (01) Drywall Operations | <input type="checkbox"/> (05) Maritime/Vessels/Longshore | <input type="checkbox"/> (09) Vehicle Svcs/Transportation | <input type="checkbox"/> (13) Retail/Wholesale Stores & Warehousing |
| <input type="checkbox"/> (02) Logging/Forestry | <input type="checkbox"/> (06) Electronics/Utilities/Vending Mch | <input type="checkbox"/> (10) Mfg - Chem/Textiles/Paper | <input type="checkbox"/> (14) Food Svcs/Chef/Asst Lvy/Landsc |
| <input type="checkbox"/> (03) Construction/Engng/Property Mgmt | <input type="checkbox"/> (07) Wood Prod/Stone/Glass & Mining | <input type="checkbox"/> (11) Mfg - Food/Ice/Beverages | <input type="checkbox"/> (15) Media/Entertainment/Lodging |
| <input type="checkbox"/> (04) Temp Help Co/Employer Leasing | <input type="checkbox"/> (08) Mfg - Metal/Mech Shops/Millwright | <input type="checkbox"/> (12) Agriculture/Farming | <input type="checkbox"/> (16) I.T./Prof Svcs/Med/Salons/Schools |

e. Describe in detail the activities of your workers. Then estimate the total workers' hours for a 3-month period. (One full-time worker = 480 total hours for 3 months.)

Example: Office Staff - reception, accounting, data entry

3-Month Estimate	
Number of Workers	Workers' Hours (Include Minors)
2	960
<u> </u>	<u> </u>
<u> </u>	<u> </u>

f. If you have more than one Washington location, how do you wish to receive the following quarterly reports?
 Unemployment Insurance: All locations combined Each location separately (multiple reports)
 Workers' Compensation: All locations combined Each location separately (multiple reports)

Additional Coverage is available as noted below. (See License Fee Sheet for more information.)

g. If you are a profit corporation, do you want unemployment insurance coverage for corporate officers?

- Yes - Go to esd.wa.gov to obtain a Voluntary Election form. This form is required for coverage.
- No - The corporation must inform officers in writing that they are not covered for Unemployment Insurance.

h. Do you want workers' compensation coverage for owners (sole proprietor, partners, corporate officers, LLC members/ managers)? (In an LLC with managers, you may elect to cover those persons who are both members (owners) and managers. In an LLC with members only, you may elect to cover those members.)

- Yes - Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Dept. of Labor & Industries.
- No

i. Do you want elective workers' compensation coverage for excluded employment? (See License Fee Sheet for descriptions.)

- Yes - Prior to coverage, Form F213-112-000 is required. This form will be sent to you by the Dept. of Labor & Industries.
- No

6. Signature Signature of sole proprietor or spouse, partner, corporate officer, or limited liability member/manager.

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I am the applicant or authorized representative of the firm making this application and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.

John A. Bonnet III Attorney (214) 740-4260 02 / 12 / 15
Signature Required Title Telephone No. Date

John A. Bonnet III Attorney (214) 740-4260 2 / 11 / 2014
Application Prepared By (Please Print) Title Telephone No. Date

Some agencies can provide language assistance. Would you like assistance? Yes No Specify language

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:37 PM 01/14/2015
FILED 04:37 PM 01/14/2015
SRV 150052434 - 5546883 FILE

**AMENDED AND RESTATED
CERTIFICATE OF FORMATION
OF
GRAEBEL VANLINES, LLC**

This Amended and Restated Certificate of Formation of Graebel Vanlines, LLC (the "LLC"), dated the 14th of January, 2015, approved by the Members on December 31, 2014, amends and restates the original Certificate of Formation filed on June 6, 2014, and is duly executed and filed by an authorized Officer, and is being filed pursuant to Section 18-208 of the Delaware Limited Liability Company Act.

FIRST The name of the limited liability company formed hereby is **Graebel Vanlines Holdings, LLC.**

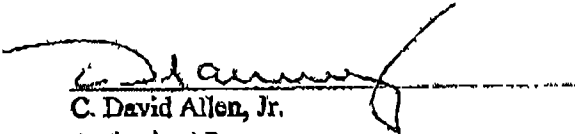
SECOND The address of the registered office of the corporation in the State of Delaware is located at 2711 Centerville Road, Suite 400, Wilmington, New Castle County, Delaware 19808.

THIRD The name of the Registered Agent at that address is Corporation Service Company.

FOURTH Pursuant to Section 18-215(a) of the Act, the limited liability company agreement of the LLC provides for the establishment of one or more designated series of members, managers or limited liability company interests having separate rights, powers or duties with respect to specified property or obligations of the limited liability company or profits and losses associated with the specified property or obligations.

FIFTH Pursuant to Section 18-215(b) of the Act, notice is hereby given that, except as otherwise provided in the LLC's limited liability company agreement, the debts, liabilities and obligations incurred, contracted for or otherwise existing with respect to a particular series, whether such series is now authorized and existing or is hereafter authorized, shall be enforceable against the assets of such series only, and not against the assets of the LLC generally or any other series thereof, and, except as otherwise provided in the limited liability company agreement of the LLC, none of the debts, liabilities, obligations and expenses incurred, contracted for or otherwise existing with respect to the LLC generally or any other series thereof shall be enforceable against the assets of such series.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of the date first above written.


C. David Allen, Jr.
Authorized Person



SCOPELITIS, GARVIN, LIGHT & HANSON & FEARY

PROFESSIONAL CORPORATION
ATTORNEYS AT LAW

INDIANAPOLIS

CHICAGO • WASHINGTON, D.C. • LOS ANGELES • KANSAS CITY

10 W. Market Street, Suite 1500 Indianapolis, Indiana 46204

phone (317) 637-1777 fax (317) 687-2414

www.scopelitis.com

FAX COVER SHEET

FROM: Susan Laetsch
PHONE #: 317-637-1777
FAX #: 317-687-2414

DATE: March 18, 2015
CLIENT FILE: 15472.0

24 **PAGES INCLUDING THIS PAGE**

HARD COPY TO FOLLOW: Yes No

TO: Tina Leipski COMPANY: WA Utilities & Transportation Commission CITY: FAX #: 360-586-1181 PHONE#: 360-664-1170	TO: COMPANY: CITY: FAX #: PHONE#:
--	--

REGARDING: Graebel/Quality Movers, Inc.
Permit CC-007407 - Name Change

COMMENTS: Tina: Please review the name change application filed on behalf of Graebel/Quality Movers, Inc. If you have further questions, please feel free to contact Andrew K. Light, Greg Ostendorf or me. Your assistance in this matter is appreciated.

For questions or problems in transmission, please contact the telecopier operator at 317-637-1777.

TELECOPIER OPERATOR: RICOH/SML

WARNING CONFIDENTIALITY NOTICE

The information contained in this facsimile message is privileged and confidential and is intended only for the use of the individual or entity named below. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from disseminating, distributing or copying the information contained in this facsimile message. If you have received this facsimile message in error, please notify the sender immediately at the telephone number shown below and return the original facsimile message to the sender at the above address via the United States postal service.

H:\Users\slaelgch\WPDOCS\Graebel Venline, LLC\Graebel Quality Movers\Fax - WA Tina Leipski - Name Change Filing - 3.18.15.doc

 SCOPELITIS

GARVIN LIGHT HANSON & FEARY

*The full service transportation law firm*10 West Market Street
Suite 1500
Indianapolis, IN 46204

www.scopelitis.com

Main (317) 637-1777
Fax (317) 687-2414ANDREW K. LIGHT
alight@scopelitis.com

March 18, 2015

VIA TELEFAX/360-586-1181Ms. Tina Leipski
Utilities & Transportation Commission
Licensing ServicesRe: Graebel/Quality Movers, Inc.
Permit CC-007407 - Name Change

Dear Ms. Leipski:

Pursuant to your telephone and e-mail communications with Greg Ostendorf of this office, enclosed for filing are the following with regard to a name change application on behalf of Graebel/Quality Movers, Inc.:

1. Permit Application Form (Name Change)
2. Charge card authorization completed with regard to filing fee of \$35
3. Attachment D
4. Certificate of Conversion from Washington Secretary of State
5. Business License Application evidencing DBA Registration
6. Amended and Restated Certificate of Formation - Graebel Vanlines Holdings, LLC

With regard to the previous stock acquisition application filed by Graebel/Quality Movers, Inc., the sole member was identified as Graebel Vanlines, LLC, a Delaware limited liability company. By an Amended and Restated Certificate of Formation filed with the Delaware Secretary of State on January 14, 2015, the name of Graebel Vanlines, LLC was changed to Graebel Vanlines Holdings, LLC. A true and correct file-marked copy of the aforementioned Amended and Restated Certificate of Formation is enclosed. Based on this information, the stockholder under Graebel/Quality Movers, Inc. is the same stockholder of the converted entity, Graebel Quality Movers, LLC dba Graebel Moving Services.

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March 18, 2015
Ms. Tina Leipski

If you have any questions concerning this matter, please contact me. Your assistance in this matter is appreciated.

Very truly yours,



Andrew K. Light

AKL/sl
Enclosures
cc; David Allen, Jr. w/enclosures
Brent Snyder w/enclosures

H:\Users\slm202\My Documents\Virtual\Vir\Vir\Vir, LLC\Lease WA Tina Leipski - File LLC Name Change.doc.doc