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APR 29 2009

-TV-090558 CT - COPY-



WASH. UT. & TP. COMM

HOUSEHOLD GOODS MOVING COMP. PERMIT APPLICATION

PANY	
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lpa	coment fax

	Type of Household Goods Authority Requested - Check one	Fee Required
0	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	\$ 50
臺	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	a\$-550
٥	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
	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 – Complete pages 2 - 6 and Attachments B & C	\$ 250
۵	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
٥	Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
	Extension of authority - Complete pages 2 - 6 and Attachment A	\$ 550

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	Amount!	25	0 —				_							.]	Expira	tion D	ate:	N/1	Á	
	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): Jan Vestit Date: 4/16/09																			
	Name (printed): Jan Nesbutt Date: 4/16/09 Signature: Title: Sole number Journal										wee									
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Revised10/08

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Posted

Replacement

BUSINESS INFORMATION
Name of Applicant Pour Nushirk LinsPride Services, Lui (must be individual, partners of a partnership or corporation)
Trade Name, if applicable LIONS Pride Sustainable Moving 3 Deliver
Physical Address 2414 NE RODNEY AVE. PORTLAND, OR 97212
Mailing Address 1631 NE BROADWAY STE 337 PORTLAND, OR 97232
Telephone Number (513) 980-4489 Fax Number (503) 296-2029
UBI#: 602909758 Email: info@ lionsprideservices, Lov
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
TYPE OF BUSINESS STRUCTURE
☐ Individual ☐ Partnership ★ Corporation ☐ Other
Pan Nesbitt owner Stock Distribution or Percentage of Shares