

Replacement  
page

### BUSINESS INFORMATION

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

Trade Name, if applicable \_\_\_\_\_

Physical Address 54 North 45<sup>th</sup> Ave, Suite F Phx, Az 85043

Mailing Address 54 North 45<sup>th</sup> Ave, Suite F Phx, Az 85043

Telephone Number (602) 272-1710

Fax Number (602) 513-7077

UBI #: 602-944-236

Email: nitchil@firstusamovers.com

USDOT #: 1463484

(If you currently don't have one, you can go online at [www.fincsa.dot.gov/online-registration](http://www.fincsa.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 no employees @ this time  
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 \_\_\_\_\_  
(I.P, 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>Adi Barzilai</u>	<u>Manager</u>	<u>50%</u>
<u>Lior Oren</u>	<u>Manager</u>	<u>50%</u>

### FINANCIAL STATEMENT

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$ 50,000	Salaries/Wages Payable	\$ 40,000
Notes Receivable	\$ 10,000	Accounts Payable	\$ 5000
Investments	\$	Notes Payable	\$
Other Current Assets	\$ <del>90,000</del>	Mortgages Payable	\$
Prepaid Expenses	\$ <del>10,000</del>	<b>TOTAL LIABILITIES</b>	<b>\$ 45000</b>
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 90,000	Preferred Stock	\$
Office Furniture	\$ 5,000	Common Stock	\$
Other Equipment	\$ 10,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$ 160,000</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 115,000</b>

### EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
06	Kentucky	S04079	1KKVE51216L221916	80,000
06	APPX	S78066	1A9D53A216C516013	80,000
00	Kentucky	S91468	1KKVE5129H201903	80,000
94	Kentucky	R43772	1KKVE4827RL097946	80,000
95	Kentucky	T37820	1KKVE512X5L102286	80,000



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Fax: 602-513-7077 • Tel: 602-272-1710

866-94MOVE9

US DOT: 1463484  
ICC MC: 552894

# Fax

<b>To:</b> Tina Leipski	<b>From:</b> Jonathan Lloyd
<b>Fax:</b> 360-586-1181	<b>PAGES:</b> 12 + Cover Sheet
<b>Phone:</b> 360-664-1170	<b>Date:</b> December 16, 2009
<b>Re:</b> Application for operating authority	<b>CC:</b> -

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Mrs. Leipski,

After working through a few issues on our end I believe we are ready to complete the process for registering in Washington State. We have registered with the Department of State as an LLC company and the Department of Licensing has been adjusted to the LLC.

Because there was some confusion initially regarding our name, I would formally like to state that we are registering under the name First USA Van Lines LLC.

I have enclosed the insurance information you requested and at this time we have no employees in Washington State.

Please let me know if you have any questions or if you require additional documentation. Thank you in advance for your assistance.

Respectfully,

Jonathan Lloyd  
Customer Service Manager  
First USA Van Lines, LLC  
602-272-1710 Ext: 101  
[www.firstusamovers.com](http://www.firstusamovers.com)

# STATE OF ARIZONA



Office of the  
**CORPORATION COMMISSION**  
**CERTIFICATE OF GOOD STANDING**

To all to whom these presents shall come, greeting:

I, Ernest G. Johnson, Executive Director of the Arizona Corporation Commission, do hereby certify that

**\*\*\*FIRST USA VANLINES LLC\*\*\***

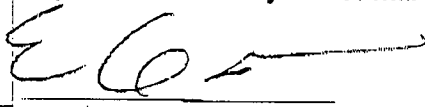
a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 2nd day of February 2006.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 16th Day of November, 2009, A. D.



  
 Executive Director

By: \_\_\_\_\_ 412844