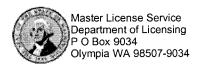
Replacement Past

BUSINESS INFORMATION				
Trade Name, if appliquole Physical Address Mailing Address Telephone Number (204) 3:	ust be Andividual, partners SAU Mo 19 AU N 10 AU N 26 4967 3-67-667: 0 (If you cur on to apply for one or call its s Compensation Accord in to apply for one or call its s Compensation Accord in to apply for one or call its compensation Accord in to apply for one or call its compensation Accord in to apply for one or call its compensation Accord in to apply for one or call its compensation Accord in to apply for one or call its compensation Accord in to apply for one or call its compensation Accord in to apply for one or call its compensation Accord in to apply for one or call its compensation Accord in to apply for one or call its compensation Accord in to apply for one or call its compensation Accord in to apply for one or call its compensation Accord in the apply for one or call its compen	Fax Number (8 Fax Nu	Mouing 6 6 M4. can go online at 803 for assistance.) at of Labor & Industries? at if you have employees.) So the purple	Con
TYPE OF BUSINESS STRUCTURE				
☐ Individual ☐ Partnership List the name, title and percentag	(IP LIP LIC)	☐ Otherstock distribution for r	major stockholders:	
Doug Can	Title sware	Stock Distribution	or Percentage of Shares	

Revised 06-10

Page 3 of 12



Master Business Application Record of Filing

Congratulations! The application has been submitted

Print Save

If you find any mistakes, please enter your corrections on the next screen.

Filing Information

Filing Date and Time:

Jan 11 2011 12:37:15:000PM Pacific Time

UBI Issued:

Not Issued. To get your number, contact us after 2 business days at 360-664-1400 or mls@dol.wa.gov, or wait 14 days to receive your license in the mail.

Application Transaction #:

20110115369

(Refer to this number if you have questions about this application.)

Credit Card Approval #:

204770205000332200

Last 5 digits of Credit Card #:

Credit Card type:

Master Card

Total fees to be billed to your credit card

\$15.00

Below are the licenses you are applying for.

Licenses with no additional requirements:

\$0.00 Industrial Insurance \$0.00 Tax Registration

Unemployment Insurance

\$0.00

Processing Fee: Total fees to be billed to your credit card: \$15.00

\$15.00

Purpose of Application Open/Reopen Business

Ownership Structure

Ownership Structure:

Corporation

Is this application for a business with a

Washington State location?

Yes

Will you have employees working in

Washington State within 90 days?

Yes

Do you plan to hire independent contractors

or people you will report on a 1099 form?

Yes

Federal Employer ID Number (FEIN):

Unified Business ID (UBI):

Business ID:

Location ID:

Business Location Address:

Business Location City:

State:

Ownership Structure Follow-up

Have you filed your paperwork with the

Washington Secretary of State?

Yes

Legal Business Name:

U SAVE MOVING INC

Date of Incorporation:

January 2011

State of Incorporation:

WA

Governing Person(s)

Person 1:

Title(s):

President, Vice President, Secretary, Treasurer,

Chairman of the Board, Director, Officer

Name: Phone: **DOUGLAS A CAVE** (206) 789-4900

Birth Date:

SSN:

Percent Owned:

100%

Address:

1704 N 17TH ST **BOISE, ID 83702**

Does this Governing Person have a spouse?

No

Business Information

Business Firm Name (doing business as):

Mailing Address:

3322 164TH ST SW LYNNWOOD, WA 98087

Business Location Information

Location Address:

3322 164TH ST SW LYNNWOOD, WA 98087

Is this business located within the city limits?

No

Do you want a separate tax return for each

location or trade name?

No

First date of business:

January 2011

Phone:

(206) 789-4900

Fax Number:

Email Address:

USAVEMOVING@GMAIL.COM

Estimated Gross Income:

\$28,001 - \$60,000

Products sold and Services provided:

MOVING FURNITURE -

Business activities in Washington State:

Services

Additional Business Information

Bank Name:

BANK OF AMERICA

Branch:

LYNNWOOD

Did you buy, lease or acquire all or part of an

existing business?

None

Date bought/leased/acquired:

Prior Business Name:

Prior Owner's Name:

Prior Owner's Phone:

Did you purchase/lease any fixtures or equipment on which you have not paid sales

or use tax?

No

Purchase or lease price:

Is this business owned by, controlled by, or affiliated with any other business entity?

No

If you are changing your ownership structure (such as changing from sole proprietor to corporation), do you want to close the old account?

N/A

Old UBI number to be closed:

Have you ever owned another business in Washington?

Ñο

Business Name:

UBI Number:

If you need assistance, specify your language:

Hire Employees

Hiring:

Adults

Do you have employees working at more

than one location in Washington State?

No

Unemployment Insurance:

All locations combined

Workers' Compensation:

All locations combined

General Employee Information

Date of first employment or planned

employment at this location:

04/01/2011

First date wages paid:

05/01/2011

Number of persons you currently employ or plan to employ at this location (do not

include owners):

2

Employee hours (3 month estimate):

240

Describe the activities of your employees:

MOVING FURNITURE

Optional Insurance

Major operation of your business:

Vehicles & Repair/Transportation

Profit corporations with employees must cover corporate officers that provide services in Washington with Unemployment Insurance. If you choose to exempt some or all officers from this coverage, you must submit the Exemption Form. Visit the Employment Security Department at: www.esd.wa.gov/uitax/corporateofficers/exempt-officers-defined.php for the form and more information.

Do you wish to apply for elective workers' compensation coverage for owners?

No

Do you wish to apply for elective workers' compensation coverage for excluded employment?

No

Prepared By:

Name:

Phone number:

By checking this box, I declare under penalty of perjury under the laws of the State of Washington that I am the applicant or authorized representative of the firm making this application and that the information provided in this application, including any additional information provided separately, is JOHN HAUGHNEY

(425) 745-6900

Yes

Your application has been completed and submitted. We will review your application within the next 24 business hours. Your license document will be mailed after all licenses are approved. Please allow 14 business days to receive your license in the mail.

Please Print this page for your records.

true, correct and complete.

Continue