

replacement page

BUSINESS INFORMATION *per UBL*

Name of Applicant 3rd. Generation Moving ^{ers} & Hauling ^{LLC}
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 2103 S. Kent-Des Moines Rd Seattle, WA 98198

Mailing Address Same as above

Telephone Number (206) 501-9113 Fax Number () _____

UBI #: 602984001 Email: Chris is the mover ~~at~~ @yahoo.com
Wellsfamily@3rdgenerationmoves.com

USDOT #: 2116638 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3816 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
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 _____
(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>Acey Wells</u>	<u>Owner</u>	<u>40%</u>
<u>Christopher H. Watkins/Wells</u>	<u>Owner</u>	<u>40%</u>
<u>Princess A. Brown</u>	<u>Owner/Administrator</u>	<u>20%</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	\$ 0	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ 0	NET WORTH	0
Trucks and Trailers	\$ 4,700	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ 0
Other Equipment	\$ 700	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 5400	TOTAL LIABILITIES & NET WORTH	\$ 0

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1999	Chevy Van	B22425C	1GBJG31R0X1004976	7500 lbs