

Replacement
page

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: K & W INTERNATIONAL, INC per UBE

Trade Name(s) (if applicable): JAGS HOLLOWAY TRAVEL & TOURS al

Mailing Address:

Physical Address:

Street 4020 FACTORIA SQUARE Street _____

MALL, BELLEVUE

City _____

City _____

State/Zip WA, 98006

State/Zip _____

Phone Number: (425) 999-4488

Fax Number: _____

UBI #: 603-227-836 al

E-Mail: _____

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:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>KIMBERLY TSANG</u>	<u>PRESIDENT</u>	<u>70%</u>
<u>WING CHAN</u>	<u>VICE-PRESIDENT</u>	<u>30%</u>

List other certificates or permits held with the commission: _____

List your USDOT # 2343676 al (If you don't have one you can go online at www.fmesa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3812 for assistance.)

SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

<u>License Number</u>	<u>Year And Make Of Vehicle</u>	<u>Vehicle ID Number</u>	<u>Seating Capacity</u>
<u>AJU1636</u>	<u>2008/FORDE-450</u>	<u>1FDXE45SS8DB</u> <u>55550</u>	<u>24 SEATS</u>
<u>AJN4443</u>	<u>2012/MERCEDES VAN</u>	<u>WD2P8CUEC</u> <u>5629453</u>	<u>12 SEATS</u>

per phone call not using

SECTION 3 – SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

SAFETY RESPONSIBILITIES

- **COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have a alcohol and controlled substances testing program.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.

Name: **KIMBERLY TSANG**Position: **PRESIDENT****OPERATIONAL RESPONSIBILITIES**

List the person and position responsible for understanding and complying with the requirements of each category shown below.

ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by December 31 of each year.

Name: **KIMBERLY TSANG**Position: **PRESIDENT**

STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.

Name: **KIMBERLY TSANG**Position: **PRESIDENT**

SECTION 4 - DECLARATION OF APPLICANT

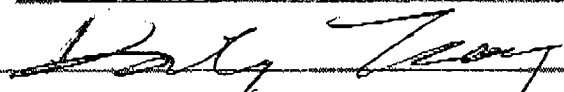
I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

As the applicant for a passenger charter and excursion certificate, I understand the responsibilities of a charter and excursion carrier, and I am in compliance with all local, state, and federal regulations governing business in the State of Washington.

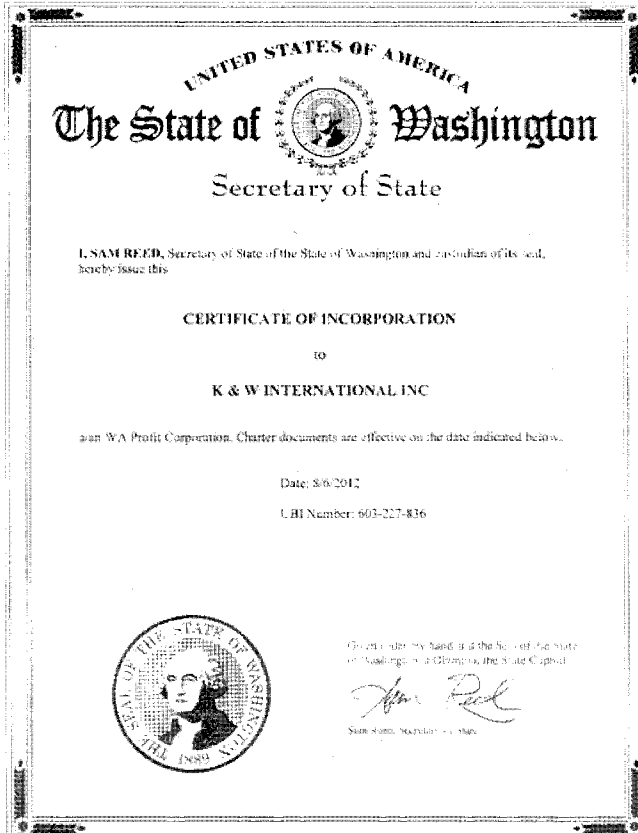
I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

I certify that I am authorized to execute and file this document.

Printed name of applicant KIMBERLY TSANG

Signature of applicant 

Date OCT. 10, 2012 County, State KING, WASHINGTON



I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

TO

K & W INTERNATIONAL INC

an WA Profit Corporation. Charter documents are effective on the date indicated below.

Date: 8/6/2012

UBI Number: 603-227-836



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed
 Sam Reed, Secretary of State

State of Washington

Secretary of State

CORPORATIONS DIVISION
 James M. Doherty Building
 301 Capital Way South
 PO Box 40234
 Olympia WA 98504-0234
 360 725-6977

W3-227-836

FILED
 SECRETARY OF STATE

AUG 06 2012

STATE OF WASHINGTON

Application for Profit Corporation

Office Information

Application ID	2442036
Tracking ID	2362149
Validation ID	2231060-991
Date Submitted for Filing:	7/30 2012

Contact Information

Contact Name	Kimberly Esang
Contact Address	3522 factories blvd ste 320 Bellevue WA 98006
Contact Email	jadehsoliday@hotmail.com
Contact Phone	206-682-6988

Articles of Incorporation

Preferred Name	<i>K & W International Inc.</i>
Special Name Processing Requested	
Alternate Name 1	
Purpose	Any lawful purpose
Duration	Perpetual
Incorporation Date	7/24 2012
Expiration Date	7/24 2015

Number of Shares 100
Authorized Shares All of One Class

Registered Agent Information

Agent is Individual
Agent Name Chuan Yu
Agent Street Address 17701 14th Dr SE
Bothell
WA
98012

Agent Mailing Address Same as Street Address

Agent Email Address jadeholiday@hotmail.com
Submitter/Agent Relationship Submitter is Registered Agent

Incorporators Information

Incorporator #1
Incorporator Name Kimberly Ting
Incorporator Address 3535 Incentia Blvd ste 520
Bellevue
WA
98006

Signature Information

Signed By Chuan Yu