

Replacement

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**BUSINESS INFORMATION**

Name of Applicant BELLINGHAM TRANSFER & STORAGE, INC.  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable BEKINS NORTHWEST

Physical Address 7010 150<sup>th</sup> ST SW, SUITE 101, LAKEWOOD WA

Mailing Address SAME

Telephone Number (360) 582-2494 Fax Number (360) 582-0151

UBI #: 6000-062-942 Email: info@moveinwa.com

USDOT #: 2308242 (If you currently don't have one, you can go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 223,223-00

Employment Security Department registration number? ESD # 353112-00.4

Is your business registered with the Department of Revenue?  No  Yes

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation (CP, LLP, LLC)     Other \_\_\_\_\_

List the name, title and percentage of partner's share or stock distribution for major stockholders:

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>LAURI O'BANNON</u>	<u>PRESIDENT</u>	<u>60%</u>
<u>JILLIAN IHLY</u>	<u>VICE PRESIDENT</u>	<u>20%</u>
<u>MANDI BEALE</u>	<u>SECRETARY, TREASURER</u>	<u>20%</u>

\*Must provide a copy of a valid Washington state driver's license for each person listed above.