

Replacement
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SECTION 1 - APPLICANT INFORMATION

Name of Applicant: Rony Brown
 Trade Name(s) (if applicable): Maxemus Joyrides LLC

Mailing Address: Street 2525 NE 195th St #303 City Lake Forest Park State/Zip WA, 98155
Physical Address: Street _____ City _____ State/Zip _____
 Phone Number: 206-890-0966 Fax Number: _____
 UBI #: 603-357-945 E-Mail: connect@maxemusjoyrides.com

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 Distributions or Percentage of Shares
<u>Rony Brown</u>	<u>owner</u>	<u>50%</u>
<u>Renee Brown</u>	<u>owner</u>	<u>50%</u>

List other certificates or permits held with the commission: _____

List your USDOT # 2502765 (If you don't have one you can go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3812 for assistance.)

SECTION 2 - EQUIPMENT
 (Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u>B11738Z</u>	<u>2006 Ford E350</u>	<u>1FDWE35846HB36841</u>	<u>14</u>