| License Number | | | | | | License Fee: \$ \(\frac{42000}{}{} \) |
|--|---------------|-----------------------------------|---|----------------|----------------------------------|--|
| License Issued | | APPLICATIO | CITY OF LA CR N FOR PUBLIC | OSSE VEHICL | E FOR HIRE | Invoice #: |
| License Period: January 1s | | | | | | |
| BUSINESS INFORMATION | | | | | | |
| Business Name (Real/Legal) | | Coulee Regi | on Taxi I I C | | | |
| Trade Name (DBA) | | Coulee Regi | | | | |
| Address | | | onia St., La Cros | se WI 5 | 4603 | |
| Zoning District New addresses must be verified co by a building inspector. | mpliant | C-1 Local Bu | | | | |
| Telephone | | 608-881-205 | 60 | | | |
| Wisconsin Seller Permit No. Required if vehicles are leased to di | rivers. | N/A | | | | |
| OWNER INFORMATION | | | | | | |
| Owner(s) Name | | Michael Joey | / Brown | | | |
| (First, Full Middle, Last) Owner(s) Date of Birth | | Whorlact oocy | , DIOWIT | | | |
| Home Address | | 1906 Caledo | nia St., La Cros | eo WI 54 | 1603 | |
| Telephone | | Home | illa St., La Cius | 5C, VVI J- | | 608-386-6242 |
| INSURANCE INFORMATIO | N | | | | | ON (use reverse side, if necessary). |
| Address | | - | ency, Inc. (Jame | | | |
| | | | nalaska, WI 546 | 50 P.C | | . 00 1 1 |
| Telephone/Email | relepiid | ^{one} 608-783-5 | 5206 | | Eman jadk | in@fleisinsurance.com |
| DURATION OF THE POLICY. ALL | INSURE | D VEHICLES SH City of La Cross | IALL BE IDENTIFIE se as Additional Ins | D ON THE | CERTIFICATE OF said endorsemen | t page must accompany the certificate. |
| Method of Charging | | Metered | Rates X_ | Zone Ra | ates | Vehicle Rental Rate |
| Schedule of Rates (or attach Schedule to be posted the | e vehicle: | | ck-Up: \$2.00 ne: \$22.50/hou | | : \$2.10/mile elchair Load Fe | Extras: \$.75/person ee: \$20.00 |
| VEHICLE INFORMATION | | | | | | |
| Number of Vehicles to be Lic | ensed | 7 | | | | |
| VEHICLE ID NUMBER | | (Model Y | MAKE & MODEI 'ear Cannot Exceed e - Renewals are Ex | | CAPACITY (incl. driver) | STATE & LICENSE NO |
| See Attached Page | | | | | | |
| - | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

^{*}vehicles with capacities of 16 or greater that have both a valid USDOT and MC number are exempt.

| ATTACH ORIGINAL CER for hire is in good mechan Technician. | RTIFICATE OF I | NSPECTION The inspection | FOR EACH VEH | HCLE certifying must be comp | g that the vehicle t leted by an A.S.E. | o be used Certified |
|---|---|--|---------------------------------------|--|--|----------------------------------|
| ATTACH A CERTIFICAT Model and VIN. Said pendorsement MUST accomposite insured on the certificate | policy must be company the Cer | endorsed nar tificate of Insu | ming the City of rance at the time | f La Crosse a <u>e of filing</u> . <i>Not</i> | as additional insui | red. <u>Said</u> |
| ATTACH A PHOTOCOP VEHICLE (the title/confi application only. Note: and inspected by an auto must be provided). | rmation must t A salvage title i | oe in the nai | me of business sèd as a public v | or owner); r vehicle until th | equired for origin e vehicle has bee | ial vehicle <i>n repaired</i> |
| ATTACH PHOTOCOPY or when there is a change | | | REEMENT, if app | olicable. This | is required of new | applicants |
| The above hereby makes appli to Chapter 10, Article XIII of the | | | | | City of La Crosse | pursuant |
| I hereby attest that the informal information or making false state certify that the above automomechanical condition at all time (Ch. 10, Article XIII of the La Cre | itements on thi bile(s) was ins es and will con | is application pected by a nply with the | will be basis fon A.S.E. certifie | or denial/revo ed technician | cation of license and will be kep | . I further It in good |
| SIGNATURE OF APPLICANT | ghh) | 1B | m | DATE | 11/13/19 | 8 |
| | | | | | | |
| | | | | · | | |
| | | | | | | |
| | | | | | | |
| LIGENSE APPROVED | | | | | | |
| SIGNATURE OF POLICE REPRI | SENDATIVE | | | DAIIE | | |

OP ID: CM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/14/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

| | is certificate does not confer rights | to the | | | | | | | | |
|-------------|--|-------------|-------------|-----------------------------------|------------------|----------------------------|----------------------------|--|------------|--|
| | UCER | | 608- | 783-5206 | NAME: PHONE | T Christa N | VIOTTIS | TEAV | | |
| 1824 | nsurance Agency Inc. Main Street | | | | (A/C, No, | Ext); 608-78 | | FAX (A/C, No): | 08-783-6 | 209 |
| Onala | ox 537 ₃ka, WI 54650 | | | | E-MAIL ADDRES | _{s:} cmorri@ | fleisinsuraı | nce.com | | |
| Jame | F. Adkins | | | | | | | IDING COVERAGE | | NAIC# |
| | | | | | INSUREF | RA: Transcom (| General Agency, | ln | | |
| INSU | RED Coulee Region Taxi LLC | | | | INSURER | Society | Insurance | | | 15261 |
| | 1400 Caledonia Street La Crosse, WI 54603-2411 | | | | INSUREF | RC: | | | | |
| | | | | | INSUREF | RD: | | | | |
| | | | | | INSURER | RE: | | | | |
| | | | | | INSUREF | | | | | |
| CO | ERAGES CE | RTIFIC | CATE | NUMBER: | | · | | REVISION NUMBER: | | |
| | IS IS TO CERTIFY THAT THE POLICIE | | | | VE BEEN | ISSUED TO | | | IE POL | ICY PERIOD |
| CI | DICATED. NOTWITHSTANDING ANY R IRTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH | PERT | AIN, | THE INSURANCE AFFORD | ED BY 1 | HE POLICIES | S DESCRIBED | | | |
| INSR LTR | TYPE OF INSURANCE | ADDL | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S . | |
| | COMMERCIAL GENERAL LIABILITY | | | • | | | | EACH OCCURRENCE | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | |
| | | | | | | | | MED EXP (Any one person) | \$ | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | |
| | POLICY PROTOLOG | | | | | | · | PRODUCTS - COMP/OP AGG. | \$ | |
| Α | AUTOMOBILE LIABILITY | 1 | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 2,000,000 |
| | ANY AUTO | X | | 70APS065937-03 | | 06/21/2018 | 06/21/2019 | BODILY INJURY (Per person) | \$ | |
| | OWNED AUTOS ONLY X AUTOS | ^ | | 10AF3000307-03 | | VOILIPEOTO | 00/21/2010 | BODILY INJURY (Per accident) | | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | s | |
| | AUTOS ONLY AUTOS ONLY | | | ` | | | | () of docidery | s | |
| | UMBRELLA LIAB OCCUR | + | | | | | | EACH OCCURRENCE | \$ | ······································ |
| | EXCESS LIAB CLAIMS-MADI | | | | | | | AGGREGATE | \$ | |
| | DED RETENTION\$ | | | | | | | AGGREGATE | ¢ | |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | ì | | | | | X PER OTH- | Ψ | |
| | AND EMPLOYERS' LIABILITY ANY EDODBIETOR/BASTNER/EVECUTIVE Y / N | | | WP16015680 | | 05/12/2018 | 05/12/2019 | E.L. EACH ACCIDENT | \$ - | 100,000 |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 100,000 |
| | lf ves, describe under | | - | | | | | | • | 500,000 |
| | DESCRIPTION OF OPERATIONS below | | <u> </u> | | | | | E.L. DISEASE - POLICY LIMIT | 3 | |
| | | | ĺ | | | | | • | | |
| | | 1 . | - | | | | | | | |
| D==- | DIRTON OF ODER TIANA II AAA TAMA I | <u> </u> | J | 404 Additional Democratic Control | | otto ok 135 | onen-In- | | | |
| | RIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | CORD | 101, Additional Remarks Schedul | ie, may ne | attached it more | space is require | 9a) | | |
| see er | dorsement | | | | | | | • | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | • | | | |
| CEF | TIFICATE HOLDER | | | | CANC | ELLATION | | | | 1 |
| | | | | CITYLA1 | 61101 | # D ANY OF 3 | THE ABOVE D | EGUDIBEN DOI INIEG DE A | ANCEL | ED BEEODE |
| | | | | | | | | ESCRIBED POLICIES BE CA EREOF, NOTICE WILL I | | |
| | City of La Crosse | | | | ACC | ORDANCE WI | TH THE POLIC | EREOF, NOTICE WILL I BY PROVISIONS. | | |
| | 400 La Crosse St | | | | | | | · | | |
| | La Crosse, WI 54601 | | | | AUTHOR | IZED REPRESEI | NTATIVE | <u>.</u> | | |
| | , | | | • | 16 | . eh | 1/14 | No. of Concession, Name of | | |
| | | | | | | | 1 -1 | · · · · · · · · · · · · · · · · · · · | | |

NOTEPAD:

HOLDER CODE

CITYLA1 INSURED'S NAME Coulee Region Taxi LLC

COULE33 OP ID: CM PAGE 2

Date 11/14/2018

2016 Dodge Grand Caravan- 2C4RDGBG8GR163087
2016 Dodge Grand Caravan - 2C4RDGBG5GR244499
2008 Ford Econoline - 1FD4E45558DB46057
2016 Chrysler Town and Country - 2C4RC16G9GR290270
2016 Dodge Caravan - 2C4RDGBG2GR244747
2017 Dodge Grand Caravan - 2C4RDGB67HR724767
2012 Ford E450 - 1FDXE45F62HA40295
2006 Ford Expedition - 1FMPU16516LA75630
2016 Mercedes Sprinter - WDZPE7CDXGP241413
2011 Buick Enclave - 5GAKVBED1BJ314465

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

In consideration of payment of the additional premium listed below, LIABILITY COVERAGE is extended to include the additional insured named herein, provided that:

- 1) such insurance applies only to the ownership, maintenance or use of a covered auto; and
- 2) such insurance applies only to acts or omissions by you, your agents or your "employees" while such covered auto is being used in your business; and
- 3) such insurance does not apply to the acts or omissions of the additional insured or any of the additional insured's agents or "employees" other than you; and
- 4) such inclusion of additional insured shall not increase our limit of liability under this policy.

ADDITIONAL INSURED:

CITY OF LA GROSSE 400 LA CROSSE ST LA CROSSE, WI 54601

All other terms, conditions and agreements remain unchanged.

| Additional Premium: | 651 | - | |
|---------------------|----------|---|--|
| Auguenal Plemium: | P | | |

| Company Name | Policy Number 70 APS 065937 - 03 |
|----------------------------|--|
| National Indemnity Company | Endorsement Effective 06/21/2018 12:01 AM |
| Named Insured | Countersigned by |
| COULEE REGION TAXI LLC | |

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy)

Coulee Region Taxi LLC Vehicle Listing:

| <u>Year</u> Make Model | III III III III III III III III III II | License Place | <u> Canagii</u> |
|-----------------------------|--|---------------|-----------------|
| 2017 Dodge Caravan | 2C4RDGBG7HR724767 | WI 209-ZWG | 7 |
| 2016 Mercedes-Benz-Sprinter | -WDZPEZGDXGP241Z1B | — W= NCS155 | |
| 2016 Dodge Grand Caravan | 2C4RDGBG8GR163087 | WI 896-XUH | 7 |
| 12046 Deidge Grand Caravan | 2G4RDGBG5GR244499 - | WI 602=YI5R | 3-7/ |
| 2016 Dodge Caravan | 2C4RDGBG2GR244747 | WI ABP-1059 | 7 |
| 2016 Dodge Town & Country | 2C4RC1669GR290270 | | 7.55 |
| 2008 Ford Econoline | 1FD4E45S58DB46057 | WI 581-ZRE | 12 |

Rev. 9/27/2018

| NAME OF BUSINESS Coulee Regio | n Taxi LLC d/b/a Coule | ee Region Taxi | | |
|---|---|---|--------------------------|--|
| VEHICLE MAKE Dodge | MODEL Grand Caravan | | YEAR 2016 | |
| VIN 2C4RDGBG8GR163087 | | | | |
| | NEEDS REPAIR | DATE OF REPAIR | NO REPAIR NECESSARY | |
| Headlamps (incl. cover and aim) | | | <u> </u> | |
| Parking Lamps | | | _X | |
| Directional Lamps | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Flashing Warning Lamps | | | <u>X</u> | |
| Side Marker Lamps/Reflectors | | | | |
| Tail Lamps (incl. cover) | - | | <u>X</u> | |
| Back Up Lamps | | | <u>X</u> | |
| Brake Lamps | See brook - I set be a should read to take the second or second or second | | | |
| Steering System | | | <u>X</u> | |
| Hood & Trunk Latches | | | <u>X</u> | |
| Emission/Exhaust System | | | <u>X</u> | |
| Tires (incl. spare & jack) (Note: tire-tread depth shall not be less the | Mo Spare an 2/32 of an inch) | | | |
| Windshield (incl. wipers & washers) | | | X | |
| Windows (side, rear) | <u> </u> | | X | |
| Windshield Defroster | | | <u>X</u> | |
| Horn | | | <u>X</u> | |
| Mirrors | | | <u>X</u> | |
| Speed Indicator | 4 | | | |
| Restraining Devices & Seats | ************************************** | | <u>X</u> | |
| Brakes (incl. parking brake) | | | | |
| Heater | | | | |
| Air Conditioning | | | | |
| Door Handles (interior & exterior) | | · | | |
| DISCLOSURE STATEMENT: I am reasonable diligence in inspecting this was as indicated above. | | | | |
| A.S.E. Certified Technician: Signatur | e: [Sol | Printed Na | ne: <u>Aaron Behrens</u> | |
| Business: Midwest OffRoad | _ | Copeland Aue. | Date: 11-13-18 | |

Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk an <u>original</u> certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

Rev. 11/2017

CERTIFICATE OF INSPECTION Coulee Region Taxi LLC d/b/a Coulee Region Taxi NAME OF BUSINESS YEAR 2016 VEHICLE MAKE Dodge Grand Caravan MODEL VIN 2C4RDGBG5GR244499 NEEDS REPAIR DATE OF REPAIR NO REPAIR NECESSARY Headlamps (incl. cover and aim) Parking Lamps **Directional Lamps** Flashing Warning Lamps Side Marker Lamps/Reflectors Front Oist Tail Lamps (incl. cover) Back Up Lamps **Brake Lamps** Steering System Hood & Trunk Latches Emission/Exhaust System Tires (incl. spare & jack) NO Spare (Note: tire-tread depth shall not be less than 2/32 of an inch) Windshield (incl. wipers & washers) Windows (side, rear) Windshield Defroster Horn Mirrors Speed Indicator Restraining Devices & Seats Brakes (incl. parking brake)

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician: Signature:

Printed Name: Paron Behrens

Business: Midwest Off Road Address: 65 Copeland Ave

Door Handles (interior & exterior)

Date: 11-13-18

Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk an original certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

Heater

Air Conditioning

| NAME OF BUSINESS Coulee Region Taxi LLC d/b/a Coulee Region Taxi | | | | | |
|--|--|--|------------------------------------|--|--|
| VEHICLE MAKE Dodge | MODEL Town & Country | | YEAR 2016 | | |
| VIN 2C4RC16G9GR290270 | | | | | |
| | NEEDS REPAIR | DATE OF REPAIR | NO REPAIR NECESSARY | | |
| Headlamps (incl. cover and aim) | | · | | | |
| Parking Lamps | | Printer and and Art | | | |
| Directional Lamps | *************************************** | | | | |
| Flashing Warning Lamps | A State of S | | | | |
| Side Marker Lamps/Reflectors | W-20 | | | | |
| Tail Lamps (incl. cover) | | | | | |
| Back Up Lamps | | | | | |
| Brake Lamps | No the sales had a large | | | | |
| Steering System | | | | | |
| Hood & Trunk Latches | Mark and a second secon | | | | |
| Emission/Exhaust System | | | | | |
| Tires (incl. spare & jack) (Note: tire-tread depth shall not be less that | n 2/32 of an inch) | | | | |
| Windshield (incl. wipers & washers) | Chip | | | | |
| Windows (side, rear) | , | | | | |
| Windshield Defroster | | | | | |
| Horn | | | | | |
| Mirrors | | | | | |
| Speed Indicator | | | | | |
| Restraining Devices & Seats | | and the second s | | | |
| Brakes (incl. parking brake) | *** · · · · · · · · · · · · · · · · · · | | | | |
| Heater | | | | | |
| Air Conditioning | | | | | |
| Door Handles (interior & exterior) | | | | | |
| <u>DISCLOSURE STATEMENT</u> : I am reasonable diligence in inspecting this v be as indicated above. | ehicle. On the basis of | such inspection, I declare | | | |
| A.S.E. Certified Technician: Signature Business: Midwestoff Road | : A Mula | Printed Nar | ne: Ova (Gen bre) Date: 11/12/18 | | |
| Business: Midwestoff Road | Address: | Popelare | Date: 1/12/18 | | |

| NAME OF BUSINESS Coulee Region Taxi LLC d/b/a Coulee Region Taxi | | | | | |
|--|--|----------------|--------------------------|----|--|
| VEHICLE MAKE Dodge | MODEL Ca | ravan | YEAR 2016 | | |
| VIN 2C4RDGBG2GR244747 | | | | | |
| | NEEDS REPAIR | DATE OF REPAIR | NO REPAIR NECESSARY | ? | |
| Headlamps (incl. cover and aim) | - Andrews - Angres - | | <u> </u> | | |
| Parking Lamps | | | X | | |
| Directional Lamps | | | X | | |
| Flashing Warning Lamps | | | X | | |
| Side Marker Lamps/Reflectors | | | _X | | |
| Tail Lamps (incl. cover) | | | | | |
| Back Up Lamps | # 10 To 10 T | | | | |
| Brake Lamps | | | X | | |
| Steering System | | | <u> </u> | | |
| Hood & Trunk Latches | - | | | | |
| Emission/Exhaust System | | | X | | |
| Tires (incl. spare & jack) (Note: tire-tread depth shall not be less that | un 2/32 of an inch) | | <u>X</u> | | |
| Windshield (incl. wipers & washers) | | | X | | |
| Windows (side, rear) | | | X | , | |
| Windshield Defroster | | | <u>X</u> | | |
| Horn | | | X | | |
| Mirrors | | | X | | |
| Speed Indicator | <u> </u> | | <u>X</u> | | |
| Restraining Devices & Seats | | | <u>X</u> | | |
| Brakes (incl. parking brake) | | | <u>X</u> | | |
| Heater | | | X | | |
| Air Conditioning | | * | X | | |
| Door Handles (interior & exterior) | | | <u>X</u> | | |
| <u>DISCLOSURE STATEMENT</u> : I am reasonable diligence in inspecting this v be as indicated above. | | | | | |
| A.S.E. Certified Technician: Signature | e: (ho /Sh | Printed Na | me: <u>Aaron Behrens</u> | | |
| Business: Midwest Off Road | Address: <u>65 C</u> | opeland Ave | Date: 11-13-11 | 3_ | |

| Dodgo | | | | |
|--|--|------------------------------|--------------------------------------|-----------|
| VEHICLE MAKE Dodge | dge MODEL Caravan | | YEAR 2017 | |
| VIN 2C4RDGBG7HR724767 | | | |] |
| | NEEDS REPAIR | DATE OF REPAIR | NO REPAIR NECESSARY | |
| Headlamps (incl. cover and aim) | | | | |
| Parking Lamps | \$1000 | , | | |
| Directional Lamps | | | · | |
| Flashing Warning Lamps | <u> </u> | | | |
| Side Marker Lamps/Reflectors | | | | |
| Tail Lamps (incl. cover) | | | | |
| Back Up Lamps | | | V | |
| Brake Lamps | | | | |
| Steering System | | 400.000 | | |
| Hood & Trunk Latches | | | | |
| Emission/Exhaust System | | · | | |
| Tires (incl. spare & jack) (Note: tire-tread depth shall not be less the | <u>NOSPONE</u> an 2/32 of an inch) | | | |
| Windshield (incl. wipers & washers) | | . | | • |
| Windows (side, rear) | | | | |
| Windshield Defroster | | | | |
| Horn | | | V | |
| Mirrors | | | | |
| Speed Indicator | | | V | |
| Restraining Devices & Seats | | | | |
| Brakes (incl. parking brake) | | | | |
| Heater | pin personal and the second se | | | |
| Air Conditioning | · | 4 | / | |
| Door Handles (interior & exterior) | | | | |
| DISCLOSURE STATEMENT: I an reasonable diligence in inspecting this be as indicated above. | vehicle. On the basis of | f such inspection, I declare | e the apparent existing condition to | .O .z. |
| A.S.E. Certified Technician: Signatur Business: (2000) | re: <u>////////////////////////////////////</u> | • | me: 1000/ + Peq. Date: 11-13-16 | |

l

CERTIFICATE OF INSPECTION

| NAME OF BUSINESS Coulee Region Taxi LLC d/b/a Coulee Region Taxi | | | | | | |
|---|--|---|---------------------|--|--|--|
| VEHICLE MAKE Ford | MODEL Econoline | | YEAR 2008 | | | |
| VIN 1FD4E45S58DB46057 | | | | | | |
| | NEEDS REPAIR | DATE OF REPAIR | NO REPAIR NECESSARY | | | |
| Headlamps (incl. cover and aim) | | | X | | | |
| Parking Lamps | November 1 | | <u> </u> | | | |
| Directional Lamps | , | | <u> </u> | | | |
| Flashing Warning Lamps | | | | | | |
| Side Marker Lamps/Reflectors | × LRc/earg | nce Light | | | | |
| Tail Lamps (incl. cover) | and the second s | | <u>X</u> | | | |
| Back Up Lamps | | pp | | | | |
| Brake Lamps | - | | <u>×</u> | | | |
| Steering System | <u> </u> | | <u>X</u> | | | |
| Hood & Trunk Latches | | | | | | |
| Emission/Exhaust System | | · <u>19-11-11-11-11-11-11-11-11-11-11-11-11-1</u> | | | | |
| Tires (incl. spare & jack) (Note: tire-tread depth shall not be less tha | n 2/32 of an inch) | | \ | | | |
| Windshield (incl. wipers & washers) | | , | * | | | |
| Windows (side, rear) | | | X | | | |
| Windshield Defroster | | | | | | |
| Horn | | | | | | |
| Mirrors | | | | | | |
| Speed Indicator | | · · · · · · · · · · · · · · · · · · · | <u> </u> | | | |
| Restraining Devices & Seats | | b | <u> </u> | | | |
| Brakes (incl. parking brake) | | | <u> </u> | | | |
| Heater | | | <u> </u> | | | |
| Air Conditioning | | | * | | | |
| Door Handles (interior & exterior) | | | <u> </u> | | | |
| DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above. | | | | | | |
| A.S.E. Certified Technician: Signature | : AM | Printed Nar | ne: Gry Gerbal | | | |
| Business: Midwittff Rasal | Address: | 5 Capeland | Date: 1//13/18 | | | |

Z

CERTIFICATE OF INSPECTION

| NAME OF BUSINESS COOLE | 1 Rebie | 1 1911 | - |
|--|--------------------------|---------------------------|---------------------------------------|
| ADDRESS 1400 CA | iledonla | ST LAC | 1055/ W; 5 |
| VEHICLE MAKE Mercedes | MODEL & | rinter | YEAR 2016 |
| THE STATE OF THE S | NEEDS REPAIR | DATE OF REPAIR | NO REPAIR NECESSARY |
| Headlamps (incl. cover and aim) | | | |
| Parking Lamps | | | X |
| Directional Lamps | | | |
| Flashing Warning Lamps | | <u> </u> | |
| Sidemarker Lamps/Reflectors | | | <u> </u> |
| Tail Lamps (incl. cover) | · | | <u>*</u> |
| Back Up Lamps | | - | |
| Brake Lamps | | | |
| Steering System | | | |
| Hood & Trunk Latches | | | |
| Emission/Exhaust System | | | <u>X</u> |
| Tires (incl. spare & jack) (Note: tire-tread depth shall not be less tha | n 2/32 of an inch) | ` <u> </u> | |
| Windshield (incl. wipers & washers) | | | <u> </u> |
| Windows (side, rear) | | | <u>X</u> |
| Windshield Defroster | | | <u>X</u> |
| Horn | | | |
| Mirrors | | | |
| Speed Indicator | | | X |
| Restraining Devices & Seats | | | X. |
| Brakes (incl. parking brake) | | | <u> </u> |
| Heater | | | <u>X</u> |
| Air Conditioning | | | <u> </u> |
| Door Handles (interior & exterior) | | | |
| <u>DISCLOSURE STATEMENT</u> : I am reasonable diligence in inspecting this be as indicated above. | vehicle. On the basis of | such inspection, I decial | re the apparent existing condition to |
| A.S.E. Certified Technician Signatur | e: Allan AB | Printe | d Name: BRU RICKEL |
| A.S.E. Certified Technician Signatur Business Petersen Chrysler | Address 1407 | Royalton31. Was | 12 Date 9/14/18 |
| | | t the same | and valights condition. To invive the |