License Number	License Fee: \$_240
License Issued	CITY OF LA CROSSE Invoice #: 100 100 100 100 100 100 100 100 100 10
License Period: January 1, 20	22 to December 31, 2022
BUSINESS INFORMATION	
Business Name (Real/Legal)	Coulee Region Taxi LLC
Trade Name (DBA)	Coulee Region Taxi
Address	1400 Caledonia St , La Crosse WI 54603
Zoning District New addresses must be verified compliantly a building inspector.	C-1 Local Business
Telephone	608-881-2050
Wisconsin Seller Permit No. Required if vehicles are leased to drivers	N/A
OWNER INFORMATION	
Owner(s) Name	La Crosse City/Cty Tavern League Safe Ride
(First, Full Middle, Last)	Michael Joey Brown (Managing Member)
Owner(s) Date of Birth	
Home Address	1906 Caledonia St. La Crosse WI 54603
Telephone	Home Cell 60/8-386-6242
INSURANCE INFORMATION Insurance Carrier/Agent Co	overra Insurance Services, Inc
J	03 Creekside Lane, Holmen WI 54636
i_	Jephone 608-526-2127 Email
Telephone/Email Telephone	ерноне 000-020-2127
DURATION OF THE POLICY ALL INS	RANCE INDICATING THE INSURANCE CARRIER, INSURED, POLICY NUMBER, POLICY LIMITS AND URED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE OF INSURANCE. the City of La Crosse as Additional Insured and said endorsement page must accompany the certificate.
Method of Charging	Metered Rates _x_ Zone Rates Vehicle Rental Rate
Schedule of Rates (or attach Schedule to be posted the vei	Start/Pick-up: \$2.30 Mileage: \$2.40/mile Extras: \$.75/person Wait: \$30.00/hour
VEHICLE INFORMATION	
Number of Vehicles to be Licens	sed 4
VEHICLE ID NUMBER	YEAR, MAKE & MODEL (Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt) CAPACITY (incl. driver) STATE & LICENSE NO
2C4RDGBG9GR244	
	TO 2016 Chrysler Town of Country 7 WI 486-24W
	767 2017 Dodge Grand Caravan 7 WI 209-ZWG
OCYRDGBG8GR163C	

*vehicles	with capacities of 16 or grea	ter that have both a	a valid USDOT and M	C number are exempt.			
	ATTACH ORIGINAL of for hire is in good med Technician.	ERTIFICATE (hanical condition	OF INSPECTION on. The inspectio	FOR EACH VEH n and certificate n	ICLE certifyin nust be comp	g that the vehicle to be leted by an A.S.E. Cer	used tified
	Model and VIN. Sai	d policy must company the	be endorsed na Certificate of Insu	ming the City of rance at the time	La Crosse a of filing. No	on the certificate by Ma as additional insured. te: A statement of add	<u>Said</u>
	VEHICLE (the title/co	onfirmation mu e: A salvage ti	st be in the na	me of business sed as a public v	or owner); i ehicle until th	REGISTRATION FOR required for original versions of the inspect of	rehicle paire
	ATTACH PHOTOCOF or when there is a cha	Y OF LEASE on the second of	OR RENTAL AG s address only.	REEMENT, if app	licable. This	is required of new app	licant
The ab	ove hereby makes ap pter 10, Article XIII of	pplication for a the Code of O	a Public Vehicle rdinances of the	For Hire License City of La Cross	e within the (se.	City of La Crosse pu	rsuan
information information in the contract of the	oy attest that the infor ation or making false that the above auto nical condition at all), Article XIII of the La	statements or mobile(s) was times and will	n this application inspected by a comply with the	n will be basis fo n A.S.E. certifie	or denial/revo d technician	ocation of license. It and will be kept in	urthe good
SIGNA.	TURE OF APPLICANT	his	1. Br	n	DATE	10/25/202	1
LICENS	SE [] APPROVED] DENIED		A Tree Top			
SIGNA	TURE OF POLICE RE	PRESENTATIV	Œ_		DATE		12.11

Year, Make, Model	<u>VIN</u>	License Plate	<u>Capacity</u>
2016 Dodge Caravan	2C4RDGBG9GR244499	602-YLR	7
2016 Chrysler Town & Country	2C4RC16G9GR290270	486-ZHW	7
2017 Dodge Grand Caravan	2C4RDGBG7HR724767	209-ZWG	7
2016 Dodge Caravan	2C4RDGBG8GR163087	896-XUH	7

WISCONSIN INSURANCE IDENTIFICATION CARD (STATE) X COMMERCIAL PERSONAL COMPANY COMPANY NUMBER Integrity Group POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE CA 2782866 05/01/2021 05/01/2022 VEHICLE IDENTIFICATION NUMBER 2C4RDGBG9GR244499 YEAR MAKE/MODEL DODG GRAND CARA 2016 AGENCY/COMPANY ISSUING CARD Coverra Insurance Services, Inc. 3803 Creekside Lane Holmen, WI 54636 (608) 526-2127 INSURED _ Coulee Region Taxi, LLC 1400 Caledonia St La Crosse, WI 54603

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

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WISCONSIN INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER

COMPANY Integrity Group X COMMERCIAL

PERSONAL

POLICY NUMBER CA 2782866 EFFECTIVE DATE **05/01/2021**

EXPIRATION DATE 05/01/2022

YEAR 2016 MAKE MODEL
CHRY TOWN & COU

VEHICLE IDENTIFICATION NUMBER 2C4RC1BG9GR290270

AGENCY/COMPANY ISSUING CARD Coverra Insurance Services, Inc. 3803 Creekside Lane

3803 Creekside Lane Holmen, WI 54636

(608) 526-2127

INSURED,-

Coulee Region Taxi, LLC 1400 Caledonia St La Crosse, WI 54603

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WISCONSIN INSURANCE IDENTIFICATION CARD (STATE) X COMMERCIAL COMPANY COMPANY NUMBER Integrity Group EXPIRATION DATE EFFECTIVE DATE POLICY NUMBER 05/01/2022 CA 2782866 05/01/2021 VEHICLE IDENTIFICATION NUMBER YEAR MAKE/MODEL DODG GRAND CARA 2C4RDGBG7HR724767 2017 AGENCY/COMPANY ISSUING CARD Coverra Insurance Services, Inc. 3803 Creekside Lane Holmen, WI 54636 (608) 526-2127 INSURED Coulee Region Taxi, LLC 1400 Caledonia St La Crosse, WI 54603

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

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- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each

vehicle involved.

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		WISCONSIN IN	SURANCE IDENTIF	ICATION CARD
	(STATE)		X COMMERCIAL	PERSONAL
COMPANY NU	JMBER	COMPANY Integrity Group	COMMERCIAL	PERSONAL
POLICY NUMB CA 278286		EFFECTIVE DATE 05/01/2021	EXPIRATION 05/01/20	
YEAR 2016		E/MODEL AND CARA	VEHICLE IDENTIFICATION 2C4RDGBG8GR1	
Coverra In	MPANY ISSUING C ISUrance Serv Kside Lane VI 54636			
				(608) 526-2127
	Coulee Region 1400 Caledor La Crosse, W	nia St		
20				
		SEE IMPORTANT NOTICE OF	I REVERSE SIDE	

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/30/2021

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

IMPORTANT: If the certificate holder is if SUBROGATION IS WAIVED, subject	to the	e ter	ms and conditions of th	e polic	y, certain po	licies may r	equire an endorsement.	A sta	tement on
this certificate does not confer rights to	the	certi	ficate holder in lieu of su	ich end	dorsement(s)				
PRODUCER Coverra Insurance Services, Inc.				CONTACT NAME: Sandy Smith					
535 Industrial Drive			PHONE (A/C, No. Ext): 608-269-2127 FAX (A/C, No): 608-269-2130				3-2130		
P.O. Box 253				E-MAIL ADDRE	ss: ssmith@d	overrainsura	nce.com		
Sparta WI 54656			° .			and the state of t	DING COVERAGE		NAIC#
				INSURE	RA: Secura II	nsurance, A N	Mutual Company		
INSURED			COULREG-14	INSURE	RB: Integrity	Group			
Coulee Region Taxi LLC				INSURE	RC:				
1400 Caleďonia St. La Crosse WI 54603				INSURE	RD:				
La 010330 VII 01000				INSURE	RE:				
				INSURE	RF:				
COVERAGES CER	TIFIC	ATE	NUMBER: 11912626				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH	QUIR PERTA POLIC	EMEN AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	THE POLICIES REDUCED BY I	S DESCRIBED PAID CLAIMS.	HEREIN IS SUBJECT TO	ALL T	WILLOW I
INSR LTR TYPE OF INSURANCE	ADDL: INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMITS	632.55	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y		CP3304321		5/1/2021	5/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000	
OLANIO-IVIALE COOSIT							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$ 1,000	,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	,000
POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 2,000	,000
OHOSKVI.		1						\$	
A AUTOMOBILE LIABILITY	Υ	_	A3304322		5/1/2021	5/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000
A AUTOMOBILE LIABILITY B ANY AUTO			CA 2782866		5/1/2021	5/1/2022	BODILY INJURY (Per person)	\$	
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
AUTOS ONLY AUTOS ONLY								\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					1		AGGREGATE	\$	
OB MINO NO 102								\$	
DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N							E.L. EACH ACCIDENT	\$	
OFFICER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
(Mandatory in NH) If yes, describe under							E.L. DISEASE - POLICY LIMIT		
DÉSCRIPTION OF OPERATIONS below									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	E6 /*	CORT	1404 Additional Pamarke School	ule may l	ne attached if mor	e space is requir	ed)		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Vehicles on the Integrity policy: 2011 Buick Enclave VIN: 5GAKVBED1BJ3 2016 Chrysler Town & Country VIN: 2C4R0 2016 Dodge Caravan VIN: 2C4RDGBG8G 2017 Dodge Caravan vin 2CDGBG7HR72 2016 Dodge Caravan vin 2C4RDGBG9GR 2010 Ford Crown Vic vin 2FABP7BV7AX1 2019 GMC Yukon vin 1GKS2GKC2KR284 See Attached	14465 C1BG R1636 1767 24449 22319	5 9GR 087		are, may t		- 5,5-25 75 75 75 75 75 75 75 75 75 75 75 75 75	•		
CERTIFICATE HOLDER				CAN	CELLATION				
			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				LED BEFORE LIVERED IN		
City of La Crosse 400 La Crosse Street La Crosse WI 54601			Sandra & Smith						

AGENCY CUSTOMER ID:	COULREG-14
---------------------	------------

OC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

ADDITIONAL		KKAS SCHEDULE	
AGENCY Coverra Insurance Services, Inc.		NAMED INSURED Coulee Region Taxi LLC 1400 Caledonia St.	
POLICY NUMBER		La Crosse WI 54603	
CARRIER	NAIC CODE	EFFECTIVE DATE:	
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,		
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF	F LIABILITY I	NSURANCE	
2006 Ford Expedition vin 1FMPU16516LA75630			
Vehicles on the Secura Policy: 2016 Mercedes Sprinter WDZPE7CDXGP241413 2014 Toyota Sienna 5TDZK3DC5ES480662 2012 Ford E Series Wagon 1FBSS3BL0CDB00404 2008 Dodge 4x2 Sprint WDZPE7CDXGP241413			

. 4

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not after coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Coulee Region Taxi LLC

Endorsement Effective Date: 05/02/2019

SCHEDULE

Name Of Person(s) Or Organization(s):

City of La Crosse, 400 La Crosse St, La Crosse, WI 54601

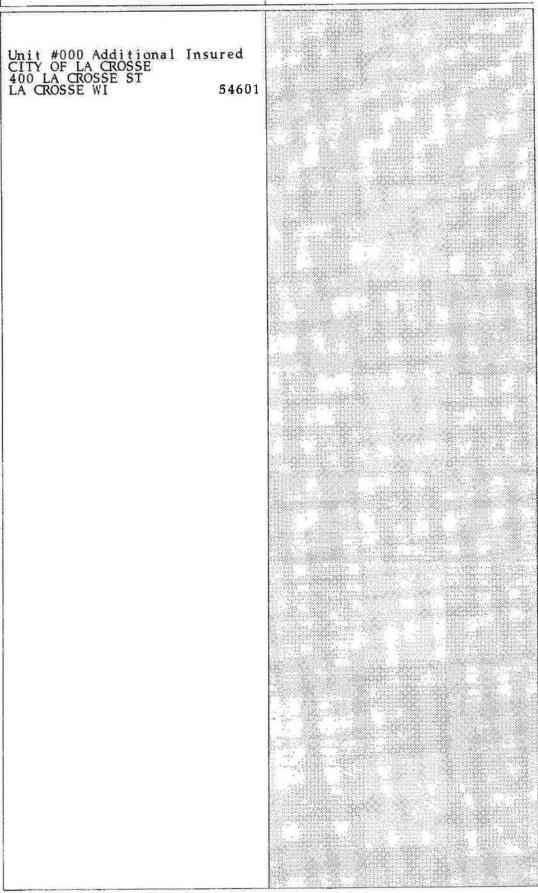
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I – Covered Autos Coverages of the Auto Dealers Coverage Form.

Integrity Insurance Company

Except for towing, all physical damage loss is payable to you and the loss payee named as interests may appear at the time of loss.

Item 6 - Other Interests



Named Insured: COULEE REGION TAXI, LLC

Policy No. CA 2782866

Integrity Insurance Company P.O. Box 539 Appleton, Wisconsin 54912-0539

Endorsement CA 39

Policy Number: CA 27

2782866

Additional Insured

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM AUTO DEALERS COVERAGE FORM MOTOR CARRIER COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement effective

5/2/2019 at 12:01 A.M. standard time

Named Insured
Countersigned by
Coulee Region Taxi, LLC

Nichols (seta)

(Authorized Signature)

SCHEDULE

Name and Address of Person or Organization (Additional Insured):

City of La Crosse 400 La Crosse St. La Crosse, WI 54601

WHO IS AN INSURED under COVERED AUTO LIABILITY COVERAGE is amended to include as an "insured" the person or organization named in the Schedule of this endorsement; but such inclusion of additional insured shall not operate to increase the limits of our liability.

Includes copyrighted material of Insurance Services Office, Inc., with its permission.

NAME OF BUSINESS:	Region Taxi L	LC				
VEHICLE MAKE: Doage	MODEL	Caravan	YEAR: 2016			
VIN: 2 CHRDGBG9GB2444 99						
	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY			
			X			
Headlamps (incl. cover and aim)						
Parking Lamps		-				
Directional Lamps		-				
Flashing Warning Lamps	<u></u> -	-	X			
Side Marker Lamps/Reflectors)	-				
Tail Lamps (incl. cover)		-	X			
Back Up Lamps			X			
Brake Lamps		il				
Steering System			X			
Hood & Trunk Latches	-	-				
Emission/Exhaust System						
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less that	nn 2/32 of an inch)		\rightarrow			
Windshield (incl. wipers & washers)		*				
Windows (side, rear)		·				
Windshield Defroster						
Horn		S 	_X			
Mirrors	·	:				
Speed Indicator	()	7				
Restraining Devices & Seats	(: 				
Brakes (incl. parking brake)			<u>X</u>			
Heater						
Air Conditioning			_X			
Door Handles (interior & exterior)			X'			
DISCLOSURE STATEMENT: I am reasonable diligence in inspecting this vibe as indicated above.	n an A.S.E. Certified To wehicle. On the basis of	such inspection, I declar	e the apparent existing condition to			
A.S.E. Certified Technician: Signatur Chad's Auto Business: S5887 Officer Rd	e: Uni Fly Address: 5 5887	Printed Na 7 Oliver Rd DeSot	me: Chad A Obert Date: 10/27/21			

NAME OF BUSINESS:	legion Taxi L	C				
VEHICLE MAKE: Chrysler	MODEL	Toon & Count	YEAR: 2016			
VIN: 2C4RC 1669 GR 290 270						
	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY			
Headlamps (incl. cover and aim) Parking Lamps Directional Lamps Flashing Warning Lamps Side Marker Lamps/Reflectors Tail Lamps (incl. cover) Back Up Lamps Brake Lamps Steering System Hood & Trunk Latches						
Emission/Exhaust System Tires (incl. spare & jack) (Note: tire-tread depth shall not be less that	un 2/32 of an inch)					
Windshield (incl. wipers & washers)						
Windows (side, rear) Windshield Defroster			X			
Horn			X			
Mirrors Speed Indicator Restraining Devices & Seats						
Brakes (incl. parking brake)			X			
Heater	-	22	<u> </u>			
Air Conditioning	-					
Door Handles (interior & exterior)						
pisclosure statement: I am reasonable diligence in inspecting this vibe as indicated above.	vehicle. On the basis of	such inspection, I declare	e the apparent existing condition to me: Chad A Obert			
A.S.E. Certified Technician: Signature	c. New 74 UV	- Finited Nat	inc. Char 14 Unes 1			
Business: Chad's Auto	Address: 5 5887	Oliver Rd Desot	6 WF Date: 10-27-21			

NAME OF BUSINESS: Course Region Taxi LLC						
VEHICLE MAKE: Dodge	MODEL	Grand Caray	an YEAR: 2017			
VIN: 2C4RDGRG7NR724767						
	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY			
Headlamps (incl. cover and aim) Parking Lamps Directional Lamps Flashing Warning Lamps			\(\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac}\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac}\frac{\frac{\frac			
Side Marker Lamps/Reflectors			$\frac{1}{\lambda}$			
Tail Lamps (incl. cover) Back Up Lamps						
Brake Lamps	3	<u></u>	- X			
Steering System Hood & Trunk Latches			X			
Emission/Exhaust System			X			
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less that	nn 2/32 of an inch)	-				
Windshield (incl. wipers & washers)		·	^			
Windows (side, rear)	 :	 	X			
Windshield Defroster	:		X			
Horn		-				
Mirrors		Ar-				
Speed Indicator		-	X			
Restraining Devices & Seats		-				
Brakes (incl. parking brake)		-	<u> </u>			
Heater			X			
Air Conditioning	-	·	<u>X</u>			
Door Handles (interior & exterior)		-				
DISCLOSURE STATEMENT: I am reasonable diligence in inspecting this vibe as indicated above.	an A.S.E. Certified Terebicle. On the basis of	such inspection, I declare	the apparent existing condition to			
A.S.E. Certified Technician: Signature	e: Wat All		me: Chod A Obert			
Business: Clad's Auto	Address: <u>55887</u>	Oliver Rd Desoto	WF Date: 10/27/2/			

NAME OF BUSINESS: Cordee	Region Taxi L	LC	
VEHICLE MAKE: Dodge	MODE		YEAR: 2016
VIN: 2CHRDERGSER	316.3087		,
ACTIVE COLORS	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
			\
Headlamps (incl. cover and aim)			\longrightarrow
Parking Lamps			
Directional Lamps			X
Flashing Warning Lamps			
Side Marker Lamps/Reflectors			
Tail Lamps (incl. cover)	-	<u> </u>	
Back Up Lamps			X
Brake Lamps		<u>:</u>	X
Steering System			<u> </u>
Hood & Trunk Latches	(
Emission/Exhaust System			
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less that	an 2/32 of an inch)		<u>X</u>
Windshield (incl. wipers & washers)			
Windows (side, rear)	-		
Windshield Defroster		-	X
Horn			
Mirrors			
Speed Indicator			
Restraining Devices & Seats			
Brakes (incl. parking brake)			
Heater	-	-	
Air Conditioning			
Door Handles (interior & exterior)		-	X
<u>DISCLOSURE STATEMENT</u> : I am reasonable diligence in inspecting this vibe as indicated above.	an A.S.E. Certified wehicle. On the basis o	f such inspection, I declare	e the apparent existing condition to
A.S.E. Certified Technician: Signatur	0.		ne: Chod A Obert
Business: Chad's Auto	Address: <u>5 5887</u>	Oliver Rd Desoto	WI Date: 10/27/21