

License Number _____
 License Issued _____

License Fee \$ 800.00
 Receipt # 110554

CITY OF LA CROSSE APPLICATION FOR PUBLIC VEHICLE FOR HIRE

To the Honorable Mayor, Common Council, City Clerk, and Chief of Police of the City of La Crosse:
 The undersigned hereby makes application for a Public Vehicle for Hire License.

BUSINESS NAME	BEE CAB INC	DUPLICATE RECEIPT Confirmed by: <u>Dept. Thielen</u> 11/13 <small>CITY CLERK/LICENSES 0554</small> <small>66304431933 001 131107</small> 11/06/13 1:31PM PAID 800.00
BUSINESS ADDRESS	1224 ISLAND ST LA CROSSE WI 54603 Zoning: <u>Heavy Industrial</u>	
BUSINESS TELEPHONE	608-784-4233	
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	<u>456 000115 7354 03</u>	

OWNER(S) NAME (First, Full Middle, Last)	CRAIG ALLEN REDENBAUGH	SUE ANN REDENBAUGH
OWNER(S) DATE OF BIRTH	<u> </u>	<u> </u>
OWNER(S) ADDRESS	1526 WOOD ST LA CROSSE WI 54603	
OWNER(S) TELEPHONE	608- 784-1845 or 608-304-1493 <small>608 784-4233</small>	

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? [] YES [] NO
 HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? [] YES [] NO
 IF EITHER ANSWER IS YES, INCLUDE DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION.

INSURANCE CARRIER	<u>Murphy Insurance</u>
POLICY NUMBER	<u>CAD0032640</u>
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	<u>\$1 million \$1 million Umbrella</u>

METHOD OF CHARGING	Metered Rates <u>X</u> Zone Rates <u> </u> Vehicle Rental Rate <u> </u>
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	<u>1.50 Start 2.00 per mile (same as '13)</u> <u>Extra .50/person Wait: \$20/hr</u>
METHOD OF CHARGING	Metered Rates <u> </u> Zone Rates <u> </u> Vehicle Rental Rate <u>X</u>
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	<u>120.00 per hour - Limo</u>
NUMBER OF VEHICLES TO BE LICENSED	<u>16</u>

VEHICLE ID NUMBER	YEAR, MAKE & MODEL (Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)	CAPACITY (incl. driver)	STATE & LICENSE PLATE NO
SEE ATTACHED			

ATTACH ORIGINAL CERTIFICATE OF INSPECTION FOR EACH VEHICLE CERTIFYING THAT THE VEHICLE TO BE USED FOR HIRE IS IN GOOD MECHANICAL CONDITION. *THE INSPECTION AND CERTIFICATE MUST BE COMPLETED BY AN A.S.E. CERTIFIED TECHNICIAN.*

____ ATTACH A CERTIFICATE OF INSURANCE. ALL INSURED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE BY MAKE, MODEL AND VIN. SAID POLICY MUST NAME THE CITY OF LA CROSSE AS ADDITIONAL INSURED.

ATTACH A PHOTOCOPY OF THE TITLE AND REGISTRATION FOR EACH VEHICLE. NO VEHICLE WITH A SALVAGE TITLE MAY BE USED AS A PUBLIC VEHICLE. VEHICLE CANNOT BE GREATER THAN 10 MODEL YEARS AT TIME OF ORIGINAL APPLICATION (renewals are exempt).

I hereby attest that the information contained in this application is true and correct. I am aware that withholding information or making false statements on this application will be basis for denial/revocation of license. I further certify that the above automobile(s) was inspected by an A.S.E. certified technician and will be kept in good mechanical condition at all times and will comply with the provisions of law pertaining to public vehicles for hire (Sec. 20.16 of the La Crosse Municipal Code).

SIGNATURE OF APPLICANT  DATE 11-6-13

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

<u>Year, Make, Model</u>	<u>VIN</u>	<u>License Plate</u>	
1998 Oldsmobile Silhouette	1GHDX03E9WD184192	477-HXU	WI
1998 Chrysler Town & Country	1C4GP64L4WB668494	957-JCV	WI
2003 Chrysler Town & Country	2C4GP44323R352657	370-SLV	WI
2002 Dodge Caravan	1B4GP25392B595475	820-TME	WI
2003 Toyota Prius	JT2BK18U430076530	485-UCM	WI
2002 Toyota Prius	JT2BK18U420048757	818-UCM	WI
2005 Toyota Prius	JTDKB20U457037309	687-UKF	WI
2001 Toyota Prius	JT2BK12U310034288	436-VDP	WI
2001 Toyota Prius	JT2BK12U510010106	158-RPN	WI
2001 Toyota Prius	JT2BK12U410005981	435-VDP	WI
1999 Dodge Ram Van	2B6LB31Z1XK551623	737-TGG	WI
2005 Dodge Sprinter	2B6LB31ZX1K555452	263-USB	WI
1999 Chrysler Town & Country	1C4GP64LXXB505964	293 UAL	WI
2004 Honda Civic	JHMES96624S018251	262 USB	WI
2010 Ford Transit	NM0LS6BN0AT015226	832 HZC	WI
1999 Lincoln Towncar	1L1FM81WSXY663914	730-TPR	WI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/13/2013

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER WISOTA INS & FINANCIAL SE INC LA CROSSE WI C/O: SCOBIE GROUP-MIDWEST GENERAL	CONTACT NAME: MARY KEENEN
	PHONE (A/C, No, Ext): 608-784-3272 FAX (A/C, No): 608-784-3278 E-MAIL ADDRESS: collasagency@murphyinsurance.com PRODUCER CUSTOMER ID #:


INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	NATIONAL CASUALTY INSURANCE	11991
INSURER B:	SCOTTSDALE INS COMPANY	41297
INSURER C:	GENERAL STAR INDEMNITY	37362
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CPS1445011@2	08/10/2013	08/10/2014	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPROP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAO0254766	05/07/2013	05/07/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$			IXG417896	11/12/2013	11/12/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PHYSICAL DAMAGE IN TOW LIMIT			CAO0254766	05/07/2013	05/07/2014	PER POLICY SCHEDULE 20,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
certificate holder is listed as designated insured per form CA2048

CERTIFICATE HOLDER CITY OF LA CROSSE 400 LA CROSSE STREET LACROSSE WI 54601	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

Vehicle #	Year	Vehicle Desc	Vehicle Desc	Vet
V/I-0013	1999	CHRYSLER TOWN & COUNTRY		
V/I-0014	2005	TOYOTA PRIUS		
V/I-0015	2001	TOYOTA PRIUS	JT2BK12U410005981	
V/I-0016	2004	HONDA CIVIC		
V/I-0017	2005	TOYOTA PRIUS		
V/I-0020	2001	TOYOTA PRIUS		
V/I-0021	2006	TOYOTA PRIUS		
V/I-0022	2007	TOYOTA PRIUS		
V/I-0023	2001	TOYOTA PRIUS		
V/I-0028	2005	TOYOTA PRIUS		

Vehicle #	Year	Vehicle Desc	Vehicle Desc	Vet
V/I-0001	2003	CHRYSLER TOWN & COUNTRY		
V/I-0002	1998	OLDSMOBILE SILHOUETTE		
V/I-0005	1999	DODGE RAMVAN		
V/I-0006	1998	CHRYSLER TOWN & COUNTRY		
V/I-0007	2002	DODGE CARAVAN		
V/I-0008	1999	LINCOLN TOWN CAR LIMO		
V/I-0010	2010	FORD TRANSIT CONNECT		
V/I-0011	2003	TOYOTA PRIUS		
V/I-0012	2002	TOYOTA		

Vehicle #	Year	Vehicle Desc	Vehicle Desc	Vet
V/I-0025	2005	DODGE SPRINTER		
V/I-0026	2007	TOYOTA PRIUS		
V/I-0027	2001	TOYOTA PRIUS	JT2BK12U410022664	
V/I-0028	2007	TOYOTA PRIUS		

JT2BK12U410005981

IC4GP64LXXB505964
 JTDKB20U457037309
 JT2BK12U410020514
 J4WE5966249018251

~~JT2BK12U410005981~~
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~~JT2BK12U410005981~~
~~JT2BK12U410005981~~

2C4GP4432R352657
 1GHDX03E9WD184192
 2B6LB31Z LK551623
 1C4GP64L4WB668494
 1B4GP253928595475
 1LJFM81V5XT663914
~~2C2UDH01566416064~~
 NMDL568N0A1015226
 JT2BK18U430076530
 JT2BK18U4200497551
 41P
 41P
 41P

W/DOPD784155848624
 JTDKB20U457037309
 JT2BK12U410022664
 JTDKB20U457037309

National Casualty Company

CHANGE ENDORSEMENT NO. 019

Policy No. CA00254766

Effective Date: 11-13-13
12:01 A.M., Standard Time

Named Insured BEE CAB INC

Agent No. 48003

COVERAGE PART INFORMATION - Coverage parts affected by this change as indicated by below.

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
- COMMERCIAL AUTO
-

NO CHARGE

CHANGE DESCRIPTION

THIS POLICY IS AMENDED AS FOLLOWS:

THE FOLLOWING ADDITIONAL INTEREST (ADDL INSURED) HAS BEEN ADDED TO THE POLICY:

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

THE FOLLOWING FORM(S) HAS BEEN AMENDED:
CA 20 48 02-99 DESIGNATED INSURED

PREMIUM CHANGE

Additional \$ NO CHARGE

Return \$ NO CHARGE



AUTHORIZED AGENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS 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" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter 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.

Endorsement Effective:	Countersigned By: (Authorized Representative)
Named Insured:	

SCHEDULE

Name of Person(s) or Organization(s):

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

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

KEEP IN SAFE PLACE DO NOT KEEP IN VEHICLE

MAIL ADDRESS:
 Wisconsin Department of Transportation
 PO Box 7949, Madison, WI 53707-7949

7-6-7793136
 1055 6/2004

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1000, 808-266-1466, 800-924-3570
 www.dot.wisconsin.gov



SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.

EXEMPT FROM ODOMETER - 10 YEARS OLD

Additional Vehicle Detail
 PREVIOUSLY TITLED IN: MN

Lien Holder(s)
 NONE

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

Titled Owner(s)
 BEE CAB INC
 1224 ISLAND ST
 LA CROSSE, WI 54603

Vehicle Identification Number 1GHDX03E9WD184192		Year 1998	Make OLDSMOBILE
Title Number 09153L0005-2	Issue Date 06/02/2009	Chassis Type TRUK	Odometer Reading 118999
Product Number 13669091533	Body Style VAN	Color YELLOW	Fleet No.
Odometer Status ACTUAL		Odometer Date 06/27/2005	

Any alteration, correction, fluid, or erasure voids this title

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477 HXU

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee cab Inc.
 ADDRESS 1224 Island
 VEHICLE MAKE Dildsmobile MODEL Silhouette YEAR 1998

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ ✓
Parking Lamps	_____	<u>11-2-13</u>	_____
Directional Lamps	_____	_____	_____ ✓
Flashing Warning Lamps	_____	_____	_____ ✓
Sidemarkers 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 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)	_____	_____	_____ ✓
Heater	_____	_____	_____ ✓
Air Conditioning	_____	_____	_____ ✓
Door Handles (interior & exterior)	_____	_____	_____ ✓

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: [Signature] Printed Name: Mark Murphy
 Business Murphy Frame & Axle Address 513 Wood St Date 11-4-13

Sec. 20.16(F)(1) 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 a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

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WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 1C4GP64LAMB668494	Year 1998	Make CHRYSLER	Odometer Reading 89434	Odometer Status ACTUAL	Odometer Date 12/26/2006
Title Number 11235L9008-0	Issue Date 08/23/2011	Chassis Type TRUK	Fleet No.		
Product Number 75494112359	Body Style VAN	Color RED			

Titled Owner(s)
 BEE CAB INC
 1224 ISLAND ST
 LA CROSSE, WI 54603

Lien Holder(s)
 NONE.

Additional Vehicle Detail
 EXEMPT FROM ODOMETER - 10 YEARS OLD

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (lien) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.

10-1-0898807

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1000, 800-266-1466
 www.dmv.wisconsin.gov

Any alteration, correction fluid, or erasure voids this title

952 JCV

1C4 GPWLYWB648494 952 JCV

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab Inc

ADDRESS 1724 Island

VEHICLE MAKE Chrysler MODEL Town & Country YEAR 1998

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Sidemarkers Lamps/Reflectors	_____	_____	✓
Tail Lamps (incl. cover)	_____	_____	✓
Back Up Lamps	_____	<u>11-4-13</u>	_____
Brake Lamps	_____	_____	✓
Steering System	_____	_____	✓
Hood & Trunk Latches	_____	_____	✓
Emission/Exhaust System	_____	_____	✓
Tires (incl. spare & jack) (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)	_____	_____	✓
Heater	_____	_____	✓
Air Conditioning	_____	_____	✓
Door Handles (interior & exterior)	_____	_____	✓

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: [Signature] Printed Name: Mark Murphy

Business Murphy Framed Axe Address 513 Wood St Date 11-4-13

Sec. 20.16(F)(1) 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 a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

Any alteration, correction fluid, or erasure voids this title

WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number: 2C4GP44323R352657		Year 2003	Make CHRYSLER	Odometer Reading 186679	Odometer Status NOT ACTUAL	Odometer Date 04/11/2012
Title Number 12102L8010-8	Issue Date 04/11/2012	Chassis Type TRUK	Color SILVER/ALUMINUM	Fleet No.		
Product Number 80612121027	Body Style VAN					

Titled Owner(s)
BEE CAB INC
1224 ISLAND ST
LA CROSSE, WI 54603

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

Lien Holder(s) NONE.
Additional Vehicle Detail
TITLED IN WI AS: PRIOR TAXI
PREVIOUSLY TITLED IN: MN

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



MAIL ADDRESS:
 Wisconsin Department of Transportation
 PO Box 7849, Madison, WI 53707-7849
 570891

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-286-1000, 808-266-1466
 www.dot.wisconsin.gov

T055S 8/2010
10-1-1954735

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KEEP IN SAFE PLACE **DO NOT KEEP IN VEHICLE**

370 SLV

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab Inc

ADDRESS 1004 Island

VEHICLE MAKE Chrysler MODEL Town & Country YEAR 2003

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			✓
Parking Lamps			✓
Directional Lamps			✓
Flashing Warning Lamps			✓
Sidemarkers 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 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)			✓
Heater			✓
Air Conditioning			✓
Door Handles (interior & exterior)			✓

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: [Signature] Printed Name: Mark Murphy

Business Murphy Frame & A/C Address 573 woods Date 11-4-13

Sec. 20.16(F)(1) 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 a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

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WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 1B4GP25392B595475	Year 2002	Make DODGE	Odometer Reading 111212		Odometer Status NOT ACTUAL	Odometer Date 12/27/2011
Title Number 11361L7031-2	Issue Date 12/27/2011	Chassis Type TRUK	Odometer Reading 111212		Odometer Status NOT ACTUAL	Odometer Date 12/27/2011
Product Number 29879113614	Body Style VAN	Color BLUE	Odometer Reading 111212		Odometer Status NOT ACTUAL	Odometer Date 12/27/2011

Titled Owner(s)
BEE CAB INC
1224 ISLAND ST
LA CROSSE, WI 54603

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (lien) shown. The order in which the Lien holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

Lien Holder(s) NONE.

Additional Vehicle Detail
TITLED IN WI AS: PRIOR TAXI
PREVIOUSLY TITLED IN: IL

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.

MAIL ADDRESS:
Wisconsin Department of Transportation
PO Box 7949, Madison, WI 53707-7949
22811

10555 8/2010
10-1-1533553

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-286-1000, 800-286-1456
www.dmv.wisconsin.gov

Any alteration, correction fluid, or erasure voids this title

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

820 TME

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bell Cab Inc

ADDRESS 1224 Island

VEHICLE MAKE Dodge MODEL Caravan YEAR 2002

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Sidemarkers 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 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)	_____	_____	✓
Heater	_____	_____	✓
Air Conditioning	_____	_____	✓
Door Handles (interior & exterior)	_____	_____	✓

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: [Signature] Printed Name: Mark Murphy

Business Murphy Framed A&A Address 513 Wood St Date 11-4-13

Sec. 20.16(F)(1) 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 a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

WISCONSIN CERTIFICATE OF TITLE

Any alteration, correction fluid, or erasure voids this title

Vehicle Identification Number JT2BK18U430076530	Year 2003	Make TOYOTA	Odometer Status ACTUAL	Odometer Date 07/17/2012
Title Number 12199L3022-4	Issue Date 07/17/2012	Chassis Type AUTO	Odometer Reading 216230	
Product Number 53260121992	Body Style 4DR SEDAN	Color GREEN	Fleet No.	

Titled Owner(s)
 BEE CAB INC
 1224 ISLAND ST
 LA CROSSE, WI 54603

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

Lien Holder(s) NONE,
Additional Vehicle Detail PREVIOUSLY TITLED IN: MN
 JT2BK18U430076530

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



MAIL ADDRESS:
 Wisconsin Department of Transportation
 PO Box 7949, Madison, WI 53707-7949
 03612

10-1-2024 618

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1000, 608-266-1466
 www.dct.wisconsin.gov

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KEEP IN SAFE PLACE DO NOT KEEP IN VEHICLE

485 UCM

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab Inc

ADDRESS 1224 Island

VEHICLE MAKE Toyota MODEL Prius YEAR 2003

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Sidemarkers 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 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)	_____	_____	✓
Heater	_____	_____	✓
Air Conditioning	_____	_____	✓
Door Handles (interior & exterior)	_____	_____	✓

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: [Signature] Printed Name: Mark Murphy

Business Murphy Frame Axle Address 513 Wood Date 11-4-13

Sec. 20.16(F)(1) 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 a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

WISCONSIN CERTIFICATE OF TITLE

Any alteration, correction fluid, or erasure voids this title

Vehicle Identification Number JT2BK18U420048757	Year 2002	Make TOYOTA	Odometer Reading	Odometer Status EXEMPT	Odometer Date
Title Number 12214L0029-6	Issue Date 08/01/2012	Chassis Type AUTO			
Product Number 16210122144	Body Style 4DR SEDAN	Color GRAY			

Titled Owner(s)
BEE CAB INC
1224 ISLAND ST
LA CROSSE, WI 54603

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

Lien Holder(s) NONE,
Additional Vehicle Detail
PREVIOUSLY TITLED IN: MN
JT2BK18U420048757

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.
PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.

MAIL ADDRESS:
Wisconsin Department of Transportation
PO Box 7849, Madison, WI 53707-7849

11-1-0649752

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-256-1000, 608-266-1466
www.dot.wisconsin.gov

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

Hold to light to view

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818 ucm

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab Inc
 ADDRESS 1224 Island
 VEHICLE MAKE Toyota MODEL Prus YEAR 2002

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ ✓
Parking Lamps	_____	_____	_____ ✓
Directional Lamps	_____	_____	_____ ✓
Flashing Warning Lamps	_____	_____	_____ ✓
Sidemarkers 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 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)	_____	_____	_____ ✓
Heater	_____	_____	_____ ✓
Air Conditioning	_____	_____	_____ ✓
Door Handles (interior & exterior)	_____	_____	_____ ✓

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: [Signature] Printed Name: Mark Murphy

Business Murphy Frame & Air Address _____ Date 11-4-13

Sec. 20.16(F)(1) 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 a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

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WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number

JTDKB20U457037309

Title Number

12300L3010-1

Product Number

12964123005

Year

2005 TOYOTA

Issue Date

10/26/2012

Body Style

4DR HATCH

Odometer Reading

168500

Odometer Status

ACTUAL

Fleet No.

Odometer Date

10/19/2012

Titled Owner(s)

BEE CAB INC
1224 ISLAND ST
LA CROSSE, WI 54603

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (lien) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

Lien Holder(s)

NONE

Additional Vehicle Detail
PREVIOUSLY TITLED IN: FL

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.

MAIL ADDRESS:
Wisconsin Department of Transportation
PO Box 7949, Madison, WI 53707-7949
003861



11-1-09 19443

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-256-1000, 808-268-1485
www.dot.wisconsin.gov

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

Watermark: Wisconsin Department of Transportation fluid or erasure voids this title

687 UKF

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab Inc

ADDRESS 1224 Island

VEHICLE MAKE Toyota MODEL Prius YEAR 2005

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ ✓
Parking Lamps	_____	_____	_____ ✓
Directional Lamps	_____	_____	_____ ✓
Flashing Warning Lamps	_____	_____	_____ ✓
Sidemarkers Lamps/Reflectors	_____	_____	_____ ✓
Tail Lamps (incl. cover)	_____	_____	_____ ✓
Back Up Lamps	_____	<u>11-8-13</u>	_____
Brake Lamps	_____	_____	_____ ✓
Steering System	_____	_____	_____ ✓
Hood & Trunk Latches	_____	_____	_____ ✓
Emission/Exhaust System	_____	_____	_____ ✓
Tires (incl. spare & jack) (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)	_____	_____	_____ ✓
Heater	_____	_____	_____ ✓
Air Conditioning	_____	_____	_____ ✓
Door Handles (interior & exterior)	_____	_____	_____ ✓

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: [Signature] Printed Name: Mark Murphy

Business Murphy Framex Axle Address 513 Wood St Date 11-4-13

Sec. 20.16(F)(1) 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 a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).



WISCONSIN CERTIFICATE OF TITLE



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Vehicle Identification Number JT2BK12U310034288	Year 2001	Make TOYOTA	Odometer Reading	Odometer Status EXEMPT	Odometer Date
Title Number 13192L4011-1	Issue Date 07/11/2013	Chassis Type AUTO			
Product Number 89788131925	Body Style 4DR SEDAN	Color WHITE		Fleet No.	

Titled Owner(s)
 BEE CAB INC
 1224 ISLAND ST
 LA CROSSE, WI 54603

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (lien) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

Lien Holder(s)
 NONE.

Additional Vehicle Detail
 TITLED IN WI AS: PRIOR TAXI
 PREVIOUSLY TITLED IN: MN

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.

MAIL ADDRESS:
 Wisconsin Department of Transportation
 PO Box 7949, Madison, WI 53707-7949



11-1-1944964

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1000, 608-266-1466
 www.dot.wisconsin.gov

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

Any alteration, correction fluid, or erasure voids this title

436 VDP

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee cab Inc

ADDRESS 1224 Island L.

VEHICLE MAKE toyota MODEL Prius YEAR 2001

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Sidemarkers 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 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)	_____	_____	✓
Heater	_____	_____	✓
Air Conditioning	_____	_____	✓
Door Handles (interior & exterior)	_____	_____	✓

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: [Signature] Printed Name: Mark Murphy

Business Murphy Frame & Axle Address 533 Wood St Date 11-4-13

Sec. 20.16(F)(1) 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 a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).



WISCONSIN

Certificate of Vehicle Registration

0000000

Plate Number 158RPN	Registration AUT AUT	Chassis AUTO	Gross Weight	Period A	Color YELLOW	Product Number 95772132485	Registration Number 13248L40137
Vehicle Identification Number JT2BK12U510010106		Year 2001	Make TOYT	Expiration Date 02/21/2014	Fleet No.	Amount Received \$ 74.50	

INTRASTATE FOR HIRE CARRIER

0000000
 BEE CAB INC
 1224 ISLAND ST
 LA CROSSE, WI 54603

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

Contact the 414-266-1000
 Division of Motor 608-266-1466
 Vehicles at:
www.dot.wisconsin.gov



WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number JT2BK12U510010106	Year 2001	Make TOYOTA				
Title Number 13248L4013-7	Issue Date 09/05/2013	Chassis Type AUTO	Odometer Reading	Odometer Status EXEMPT	Odometer Date	
Product Number 58592132482	Body Style 4DR SEDAN	Color YELLOW	Fleet No.			

Titled Owner(s)
 BEE CAB INC
 1224 ISLAND ST
 LA CROSSE, WI 54603

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

JT2BK12U510010106

Lien Holder(s)
 NONE,

Additional Vehicle Detail
 TITLED IN WI AS: PRIOR TAXI
 PREVIOUSLY TITLED IN: IL

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



MAIL ADDRESS:
 Wisconsin Department of Transportation
 PO Box 7949, Madison, WI 53707-7949

13-1-4143513

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1000, 608-266-1466
www.dot.wisconsin.gov

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

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Any alteration, correction fluid, or erasure voids this title

158 RPN JT 2 BK 1245100 10104

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee cab Inc

ADDRESS 1224 Island

VEHICLE MAKE Toyota MODEL Prius YEAR 2001

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ ✓
Parking Lamps	_____	_____	_____ ✓
Directional Lamps	_____	_____	_____ ✓
Flashing Warning Lamps	_____	_____	_____ ✓
Sidemarkers 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 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)	_____	_____	_____ ✓
Heater	_____	_____	_____ ✓
Air Conditioning	_____	_____	_____ ✓
Door Handles (interior & exterior)	_____	_____	_____ ✓

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: [Signature] Printed Name: Mark Murphy

Business Murphy Franchise Address 513 Wood St Date 11-4-13

Sec. 20.16(F)(1) 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 a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

WISCONSIN CERTIFICATE OF TITLE

Any alteration, correction fluid, or erasure voids this title

Vehicle Identification Number JT2BK12U410005981	Year 2001	Make TOYOTA	Odometer Date 10/11/2006
Title Number 13192L4010-4	Issue Date 07/11/2013	Chassis Type AUTO	Odometer Reading 68550
Product Number 61967131927	Body Style 4DR SEDAN	Color GREEN	Odometer Status ACTUAL
Titled Owner(s) BEE CAB INC 1224 ISLAND ST LA CROSSE, WI 54603		Fleet No.	

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

Lien Holder(s) NONE,
JT2BK12U410005981

Additional Vehicle Detail
 TITLED IN WI AS: PRIOR TAXI
 PREVIOUSLY TITLED IN: IL
 EXEMPT FROM ODOMETER - 10 YEARS OLD

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



MAIL ADDRESS:
 Wisconsin Department of Transportation
 PO Box 7949, Madison, WI 53707-7949
 00006

11-1-1944965
 T054S 82010

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1000, 808-266-1468
 www.dot.wisconsin.gov

KEEP IN SAFE PLACE **DO NOT KEEP IN VEHICLE**

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435 UDP

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cabs Inc

ADDRESS 1224 Island

VEHICLE MAKE Toyota MODEL Prius YEAR 2001

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parking Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Directional Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Flashing Warning Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sidemarkers Lamps/Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tail Lamps (incl. cover)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Back Up Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Brake Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Steering System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hood & Trunk Latches	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emission/Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windshield (incl. wipers & washers)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windows (side, rear)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windshield Defroster	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speed Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Restraining Devices & Seats	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Brakes (incl. parking brake)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Door Handles (interior & exterior)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: [Signature] Printed Name: Mark Murphy

Business Murphy Frame & Axle Address 513 Wood St Date 11-4-13

Sec. 20.16(F)(1) 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 a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

Any alteration, correction fluid, or erasure voids this title

WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 2B6LB31Z1XK551623	Year 1999	Make DODGE	Odometer Reading	Odometer Status EXEMPT	Odometer Date
Title Number 11290L8008-4	Issue Date 10/17/2011	Chassis Type TRUK	Fleet No.		
Product Number 32269112909	Body Style VAN	Color WHITE			

Titled Owner(s)
 BEE CAB INC
 1224 ISLAND ST
 LA CROSSE, WI 54603

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

Lien Holder(s) NONE,

Additional Vehicle Detail
 TITLED IN WI AS: PRIOR TAXI
 PREVIOUSLY TITLED IN: NH

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SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1000, 608-266-1466
 www.dmv.wisconsin.gov

MAIL ADDRESS:
 Wisconsin Department of Transportation
 PO Box 7949, Madison, WI 53707-7949

T055S 8/2010
 10-1-0906809

KEEP IN SAFE PLACE DO NOT KEEP IN VEHICLE

737T66
20000000 20000000 JB6LB3121XK 551623

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab Inc
ADDRESS 1224 Island Street
VEHICLE MAKE Dodge MODEL Ram van YEAR 1999

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Sidemarkers 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 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)	_____	_____	✓
Heater	_____	_____	✓
Air Conditioning	_____	_____	✓
Door Handles (interior & exterior)	_____	_____	✓

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: [Signature] Printed Name: Mark Murphy

Business Murphy Frames & Axle Address 513 Wood Date 11-4-13

Sec. 20.16(F)(1) 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 a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

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WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number WD0PD744155848642	Year 2005	Make DODGE
Title Number 13304LE011-0	Issue Date 10/31/2013	Chassis Type TRUK
Product Number 85367133047	Body Style VAN	Odometer Reading 310120
		Odometer Status ACTUAL
		Odometer Date 10/17/2013
		Fleet No.
		Color BLACK

Titled Owner(s)
 BEE CAB INC
 1224 ISLAND ST
 LA CROSSE, WI 54603

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (lien) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

Lien Holder(s)
 NONE

Additional Vehicle Detail
 PREVIOUSLY TITLED IN: TX

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.

MAIL ADDRESS:
 Wisconsin Department of Transportation
 P.O. Box 7949, Madison, WI 53707-7949
 278013

13-1-4142764

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1000, 808-266-1466
 www.dot.wisconsin.gov

Any alteration, correction, fluid, or erasure voids this title

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

26345B

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab Inc

ADDRESS 1224 F51978

VEHICLE MAKE Podge MODEL Sprinter YEAR 2005

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Sidemarkers 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 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)	_____	_____	✓
Heater	_____	_____	✓
Air Conditioning	_____	_____	✓
Door Handles (interior & exterior)	_____	_____	✓

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: [Signature] Printed Name: Mark Murphy

Business 513 Wood St Address Murphy Engine & Axle Date 11-4-13

Sec. 20.16(F)(1) 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 a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

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WISCONSIN CERTIFICATE OF TITLE



Vehicle Identification Number 1C4GP64LXXB505964		Year 1999	Make CHRYSLER
Title Number 12152L7012-4	Issue Date 05/31/2012	Chassis Type TRUK	Odometer Reading 88000
Product Number 87468121526	Body Style VAN	Color WHITE	Odometer Status NOT ACTUAL
Fleet No.			Odometer Date 10/02/2003

Titled Owner(s)
BEE CAB INC
1224 ISLAND ST
LA CROSSE, WI 54603

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

Lien Holder(s)
NONE.

Additional Vehicle Detail
TITLED IN WI AS: PRIOR TAXI
PREVIOUSLY TITLED IN: FL
EXEMPT FROM ODOMETER - 10 YEARS OLD

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.

MAIL ADDRESS:
 Wisconsin Department of Transportation
 PO Box 7949, Madison, WI 53707-7949



10-1-1955989

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-256-1000, 808-256-1465
 www.dot.wisconsin.gov

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

Any alteration, correction fluid or erasure voids this title

2934AL

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee CABINC

ADDRESS 1224 Island

VEHICLE MAKE Chrysler MODEL town & country YEAR 1999

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Sidemarkers 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 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)	_____	_____	✓
Heater	_____	_____	✓
Air Conditioning	_____	_____	✓
Door Handles (interior & exterior)	_____	_____	✓

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: [Signature] Printed Name: Mark Murphy

Business Murphy Frame And Address 513 Wood St Date 11-4-13

Sec. 20.16(F)(1) 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 a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

WISCONSIN CERTIFICATE OF TITLE

Any alteration, correction fluid, or erasure voids this title

Vehicle Identification Number 1L1FM81W5XY663914	Year 1999	Make LINCOLN	Odometer Status EXEMPT	Odometer Date
Title Number 12083L8012-4	Issue Date 03/23/2012	Chassis Type AUTO	Odometer Reading	Fleet No.
Product Number 54887120830	Body Style LIMOUSINE	Color BLACK		

Titled Owner(s)
BEE CAB INC
1224 ISLAND ST
LA CROSSE, WI 54603

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

Lien Holder(s) NONE.

Additional Vehicle Detail
PREVIOUSLY TITLED IN: NV

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1000, 808-266-1466
www.dot.wisconsin.gov

T055S 9/2010
10-1-1751967

MAIL ADDRESS:
 Wisconsin Department of Transportation
 PO Box 7848, Madison, WI 53707-7949

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KEEP IN SAFE PLACE DO NOT KEEP IN VEHICLE

730TPR

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee cab Inc
ADDRESS 1224 Island
VEHICLE MAKE Lincoln MODEL town car YEAR 1998

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ ✓
Parking Lamps	_____	_____	_____ ✓
Directional Lamps	_____	_____	_____ ✓
Flashing Warning Lamps	_____	_____	_____ ✓
Sidemarkers 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 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)	_____	_____	_____ ✓
Heater	_____	_____	_____ ✓
Air Conditioning	_____	_____	_____ ✓
Door Handles (interior & exterior)	_____	_____	_____ ✓

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: [Signature] Printed Name: Mark Murphy

Business Murphy Frame & Axle Address 513 woods st Date 11-4-13

Sec. 20.16(F)(1) 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 a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

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Vehicle Identification Number
JHMES96624S018251

Title Number	13053L9002-0	Year	2004	Make	HONDA
Product Number	17341130538	Issue Date	02/22/2013	Chassis Type	AUTO
		Body Style	4DR SEDAN	Odometer Reading	120000
		Color	SILVER/ALUMINUM	Odometer Status	NOT ACTUAL
				Facet No.	
				Odometer Date	02/22/2013

Titled Owner(s)
 BEE CAB INC
 1224 ISLAND ST
 LA CROSSE, WI 54603

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

Lien Holder(s)
 NONE

Additional Vehicle Detail
 TITLED IN WI AS: PRIOR TAXI

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.

MAIL ADDRESS:
 Wisconsin Department of Transportation
 PO Box 7949, Madison, WI 53707-7949
 000021

11-11 10556 822107 412

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-286-1000 800-285-1488
 www.dmv.wisconsin.gov

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

Any alteration, correction fluid, or erasure voids this title

26245B

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab Inc
 ADDRESS 1274 Island
 VEHICLE MAKE Honda MODEL CIVIC YEAR 2004

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ ✓ _____
Parking Lamps	_____	_____	_____ ✓ _____
Directional Lamps	_____	_____	_____ ✓ _____
Flashing Warning Lamps	_____	_____	_____ ✓ _____
Sidemarkers 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 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)	_____	_____	_____ ✓ _____
Heater	_____	_____	_____ ✓ _____
Air Conditioning	_____	_____	_____ ✓ _____
Door Handles (interior & exterior)	_____	_____	_____ ✓ _____

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: [Signature] Printed Name: Mark Murphy
 Business Murphy Frame And Address 813 Wood St Date 11-4-13

Sec. 20.16(F)(1) 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 a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

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WISCONSIN CERTIFICATE OF TITLE



Vehicle Identification Number NM0LS6BN0AT015226		Year 2010	Make FORD
Title Number 12165C511001-1	Issue Date 06/13/2012	Chassis Type TRUK	Odometer Reading 101710
Product Number 83009121657	Body Style CARGO VAN	Color WHITE	Odometer Status ACTUAL
Fleet No.			Odometer Date 06/13/2012

Titled Owner(s)
 BEE CAB INC
 1224 ISLAND ST
 LA CROSSE, WI 54603

Lien Holder(s)
 STATE BANK FINANCIAL, LA CROSSE
 00005228

Additional Vehicle Detail

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

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PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



MAIL ADDRESS:
 Wisconsin Department of Transportation
 PO Box 7949, Madison, WI 53707-7949
 01/7/10

11-1109399059

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-256-1000, 608-256-1485
 www.dot.wisconsin.gov
 822500

Any alteration, correction fluid, or erasure voids this title

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

832 HZC

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Bee Cab Inc
ADDRESS 1224 Island
VEHICLE MAKE Ford MODEL transit YEAR 2010

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Sidemarkers 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 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)	_____	_____	✓
Heater	_____	_____	✓
Air Conditioning	_____	_____	✓
Door Handles (interior & exterior)	_____	_____	✓

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: [Signature] Printed Name: Mark Murphy

Business Murphy Frame & A/c Address 513 Wood St Date 11-4-13

Sec. 20.16(F)(1) 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 a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).