

ROUTING SLIP

ASSIGNMENT NO.: 106035 MOTCAR NO.: 43916 PERMIT: HG-61965

CARRIER NAME: 24 Express, INC ✓

INVESTIGATOR(S): A. DICKSON DATE: 2-17-06

RECOMMENDATION: Compliance review noted one violation of the safety regulations, - inoperable marker and clearance lights. CVSA sticker was issued. Carrier received a satisfactory safety rating. No violations were found of the economic rules/regulations concerning household goods carriers.

I would recommend this company be considered for issuance of a permanent HG permit.

Should carrier be rechecked? No

REVIEWED BY: Phil [Signature] DATE: 2-22-06

Concur with recommendation to grant permanent HHC authority close and forward to Licensing

FINAL RECOMMENDATION BY: Vicki Elliott DATE: 2/23/06

Agree

OTHER INFORMATION: 2/23/06. Closed case

CC: Alan [Signature]
Licensing Service

RMS [Signature]

MEMORANDUM

February 17, 2006

Assignment No.: 106035

Industry Code: 207

To: Vicki Elliott, Assistant Director, Transportation Safety

From: Alan Dickson, Special Investigator

Subject: 24 Express, Inc.
12310 Hwy 99 Unit 118
Everett, WA 98204
425 290-8282

Permit Number: HG-61965

Mr. Lucas Kim, president/owner was contacted at the above address on February 7, 2006 and he submitted records and equipment for inspection.

Records showed only nine bills of lading issued for the period 8-31-05 through 1-28-2006. Each move was charged within the banded rate structure on properly completed bills of lading. A check of cargo insurance found the company in compliance with the regulation. One economic violation was noted, the truck was not identified with permit name and number.

The safety compliance review found the moving truck with defective clearance and marker lights. Mr. Kim stated he would repair the defects right away and have the vehicle properly identified within 30 days. A satisfactory safety rating was received and a CVSA sticker was issued.

Summary:

Company in compliance with economic rules and regulations; a satisfactory safety rating was received.

I would recommend this carrier to be considered for issuance of the permanent household goods permit.

Attached are compliance review, vehicle inspection report, and MCSAP data sheet.


Alan Dickson

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION



US DOT #
0000000

Legal: 24 EXPRESS INC
Operating (DBA):

MC/MX #: _____ **State #:** A-106035 **Federal Tax ID:** 20-3120619 (EIN)

Review Type: Compliance Review (CR) - Receipt

Scope: Principal Office **Location of Review/Audit:** Company facility in the U. S. **Territory:** _____

Operation Types Interstate Intrastate

Carrier: N/A Non-HM
Shipper: N/A N/A
Cargo Tank: N/A

Business: Corporation
Gross Revenue: \$4,000.00 **for year ending:** 12/31/2005

Company Physical Address:

12310 Hwy 99 Unit 118
Everett, WA 98204

Contact Name: Lucas Kim
Phone numbers: (1) 425 290-8282 (2) _____ **Fax** _____
E-Mail Address: _____

Company Mailing Address:

12310 Hwy 99 Unit 118
Everett, WA 98204

Report Summary

Report	# of Pages
Part A - General	1
Part B - Violations	1
Part B - Recommendations	1
Total Pages	3

Disclaimer: By signing below, I acknowledge that I have received a copy of this review/audit and agree with the total number of pages indicated (above) for each document. My signature does not imply agreement with the findings of the review/audit.

QUESTIONS regarding this report or the Federal Motor Carrier Safety Regulations may be addressed to the WUTC at:

1720 Ellis Street, Suite #200
Bellingham, WA 98225

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Lucas Kim **Title:** President
Name: _____ **Title:** _____

Reported By: *Alan Dickson* **Title:** *MTR Carrier Staff* **Code:** WA0553 **Date:** 2/7/2006

Received By: *Dwight Jones* **Title:** *President*

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION



US DOT #
0000000

Legal: 24 EXPRESS INC
Operating (DBA):

MC/MX #: State #: A-106035 Federal Tax ID: 20-3120619 (EIN)

Review Type: Compliance Review (CR)

Scope: Principal Office Location of Review/Audit: Company facility in the U. S. Territory:

Operation Types Interstate Intrastate

Carrier: N/A Non-HM
Shipper: N/A N/A
Cargo Tank: N/A

Business: Corporation
Gross Revenue: \$4,000.00 for year ending: 12/31/2005

Company Physical Address:

12310 Hwy 99 Unit 118
Everett, WA 98204

Contact Name: Lucas Kim
Phone numbers: (1) 425 290-8282 (2) Fax
E-Mail Address:

Company Mailing Address:

12310 Hwy 99 Unit 118
Everett, WA 98204

Carrier Classification

Other: HG-61965

Cargo Classification

General Freight Other: HG-61965

Does carrier transport placardable quantities of HM? No
Is an HM Permit required? N/A

Driver Information

	Inter	Intra	Average trip leased drivers/month: 0
< 100 Miles:		1	
>= 100 Miles:			
			Total Drivers: 1
			CDL Drivers: 0

Equipment

	Owned	Term Leased	Trip Leased	Owned	Term Leased	Trip Leased
Truck	1	0	0			

QUESTIONS regarding this report or the Federal Motor Carrier Safety Regulations may be addressed to the WUTC at:

1720 Ellis Street, Suite #200
Bellingham, WA 98225

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Lucas Kim **Title:** President
Name: **Title:**

Reported By: *Alan Johnson* **Title:** Motor Carrier Sfty **Code:** WA0553 **Date:** 2/7/2006

Received By: *Lucas Kim* **Title:** president



24 EXPRESS INC

U.S. DOT #: 0000000

State #: A-106035

Review Date:

02/07/2006

Part B Violations

1 STATE	Primary: 393.9 CFR Equivalent: 393.9	Discovered 1	Checked 1	Drivers/Vehicles In Violation	Checked 1
Description Operating a motor vehicle not having the required operable lamps.					
Example U # 1, 1999 Intl, lic no. A 04486 Y - Wa inoperable clearance and side marker lamps 2-7-2006					

Safety Fitness Rating Information:		OOS Vehicle (CR): 0
Total Miles Operated 2,000		Number of Vehicle Inspected (CR): 1
Recordable Accidents 0		OOS Vehicle (MCMIS): 0
Recordable Accidents/Million Miles 0.000		Number of Vehicles Inspected (MCMIS): 0

Your proposed safety rating is : SATISFACTORY	Rating Factors	Acute	Critical
	Factor 1: S	0	0
	Factor 2: S	0	0
	Factor 3: S	0	0
	Factor 4: S	0	0
	Factor 5: N	0	0
	Factor 6: S	-	-

Received by *[Signature]*

Title President

Date 2/7/06



24 EXPRESS INC

U.S. DOT #: 0000000

State #: A-106035

Review Date:

02/07/2006

Part B Recommendations

1. This review will result in a Safety Rating.
2. Ensure that all vehicles are systematically repaired and maintained. Establish a complete file for each vehicle, recording all repair, maintenance and inspection operations performed.

Received by

[Handwritten signature]

Title

president

Date

2/9/06



24 EXPRESS INC

U.S. DOT #: 0000000

State #: A-106035

Review Date:

02/07/2006

Part C

Reason for Review: Other

Planned Action: Compliance Monitoring

Safestat Category:

Parts Reviewed Certification:

325	382	383	387	390	391	392	393	395	396	397	398	399	171	172	173	177	178	180
			✓	✓	✓	✓	✓	✓	✓									

Prior Reviews

Prior Prosecutions

Special Study Information:

Unsat/Unfit Information

Does passenger vehicle transport more than 15 passengers, including driver?

Does carrier transport placardable quantities of hazardous materials?

Unsat/Unfit rule: Not Applicable

Corporate Contact: Lucas Kim

Corporate Contact Title: President

Remarks:

Compliance review conducted as part of the provisional household goods carrier. One safety violation noted, defective clearance and marker lamps.

A satisfactory safety rating was received.

Recommend consideration of issuance of a permanent HG permit.

Principal Reviewer Signature <i>Alan Dickson</i>	WA0553	Upload Authorized:	Yes	No
Assistant Reviewers Signature(s)		Authorized by:		Date:
		Uploaded:	Yes	No
		Verified by:		Failure Code:
				Date:

Washington Utilities and Transportation Commission
**Household Goods Technical Assistance and
 Records Review Checklist**

Rev. 4/01

Carrier: d/b/a: <u>24 Express INC</u>	HG- <u>61965</u>
Location: <u>12310 Hwy 99 Unit 118 Everett</u>	Assignment #: <u>106035</u>
Investigator: <u>A DICKSON</u>	UBI #: <u>602519006</u>
Period of Records Checked: From: <u>8-31-05</u> To: <u>1-28-06</u> Total Number of Bills: <u>91</u>	

WAC Rule	WAC Rule Reference	Findings	Number Checked	Number in Violation
480-15-	Does the company have current accounts with: Labor & Industries Employment Security Secretary of State Dept. of Revenue	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
110	Address/Phone Number - Are the carrier's address and phone number those listed in Commission records?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
360	Permits - Is original kept in main office?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
480	Annual Report/Regulatory Fees - Has the carrier filed the most recent annual report? Was the annual report filed on or before May 1 st ? If not, were late fees and interest included? Does the carrier correctly calculate and submit regulatory fees?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
530	Insurance - Does the carrier have current public liability and property damage insurance? Does it match the information on file with the Commission? Liability and property damage insurance information: Company: <u>National Indemnity Co.</u> Policy: <u>70 TRN-347788</u> Liability Limits: <u>\$ 750,000</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
550	Cargo Insurance - Does the carrier have adequate cargo insurance? Cargo Insurance information: Company <u>National Indemnity Co.</u> Policy: <u>70 TRN-347788</u> Limits: <u>\$ 30,000</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

590/600	Leasing - Does the carrier lease equipment? If yes: Were the leases filed with and approved by the Commission? Were the terms of the lease complied with?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
610	Advertising - Is the carrier's HG or TCC permit number included in all advertisements? If no, note on "other information".	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Bill of Lading

720	Bills of Lading - Is the carrier using a Uniform Household Goods Bill of Lading that meets the requirement of Tariff 15-A? Has the carrier issued a Bill of Lading for each shipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
740	Does each Bill of Lading contain all required information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
620	Notice to Shippers - Is the carrier providing shippers with the "Rights and Responsibilities" guide Has the notation on the Bills of Lading been signed by the shipper?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Tariffs - Rates & Charges

490	Does the carrier have a copy of Tariff 15-A? If yes: Is it current? Is it available to the public?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If shipper selected a valuation option, were charges computed correctly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier accurately record start and stop times on the bill of lading for each job?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are the charged hourly rates within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are the extra labor charges within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier charge travel time to and from job sites?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Charging overtime is optional. If the carrier charges overtime, are the charges within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier assessed hourly rates for any moves that have exceeded 35 miles from origin to destination?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier charged for any services not authorized under time rates? (Long carry, stairs, piano charge, etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Packing Material rates - are the charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.) Has the carrier provided packing material to the shipper at no cost?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Does the carrier use the Rand McNally mileage guide to determine mileage for tariff purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Is mileage computed correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
750	Determination of weights - has the carrier weighed all shipments that have exceeded 35 miles from origin to destination? Are empty and loaded weight tickets maintained with the bill of lading?	<i>N/A</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier use correct tariff mileage/weight charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

All 9 B/Ls
hourly rated
w/i 35 miles

	Packing Material rates - are the charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.) Has the carrier provided packing material to the shipper at no cost?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Storage-in Transit - Has the carrier improperly classified or converted and storage-in-transit into long term storage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Does the carrier use correct rates for movements into and/or out of storage-in-transit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Have shipments properly classified as storage-in-transit been charged long term storage rates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier provided temporary storage-in-vehicle? If yes: Are the charges within the rate band? Did the carrier obtain the shipper's authorizing signature?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are charges for stairs, elevators, and long carry calculated within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are extra stop(s) charges calculated within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are piano/organ charges calculated within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier charged for "Expedited Service"? If yes: Did the carrier obtain the shippers' authorizing signature?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		

Estimates

640	Is the company aware that verbal estimates are not allowed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
630-690	Does the carrier issue written estimates? If yes: Are written estimates based on a written inventory (cube sheet)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Do written estimates include all required information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>No Estimates</i>	
	Does the carrier provide written estimates without visually inspecting the goods at the origin?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Binding Estimates - Does the carrier issue binding estimates? If yes: Is required documentation attached to binding estimates? Has carrier failed to honor any binding estimates? Have any binding estimates exceeded the highest legal tariff rate? Has the carrier issued any supplemental estimates on binding estimates? If yes: Is a signed supplemental estimate attached to the original estimate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have all written estimates been signed by the customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>NO Estimates</i>	
	Does the carrier retain all written estimates of moves they have conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier issued any Supplemental Estimates? If yes: Do supplemental estimates show what additional services were requested by the customer that would cause the increase? Is a signed supplemental estimate attached to the original estimate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier refused to agree to release a shipment upon payment of 110% of a written and any supplemental estimates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If the goods were released upon payment of 110% of a written estimate, has the customer been allowed 30 days to pay the balance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

	Has the carrier collected more than 25% over the written non-binding estimate (plus any supplemental estimate) for time charges on hourly moves, or collected more than 15% over the estimate for accessorial or other services?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier collected more than 15% over a written non-binding estimate (plus any supplemental estimate) for mileage rated moves?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier underestimated any shipments? If yes, How many were underestimated _____ How many total moves did company conduct _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Does carrier understand that if they choose not to issue written estimates, they can not provide service by offering to meet or beat another company's estimate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Claims

800-870	Does the carrier maintain a Complaints and Claims Register? If yes: Does the register include all required information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have all complaints been recorded in the register?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are all complaints and claims consecutively numbered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Have all claims for loss and damage filed within 9 months of delivery date been recorded and processed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are all claim record documents retained for 6 years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are complaint records maintained in office for 3 years after resolution or shipment date?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier notify the customer in writing, within 10 days, that claim or complaint was received?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier investigate the claim quickly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier advise customer of resolution? Advisement is: Written <input checked="" type="checkbox"/> Verbal <input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier pay, refuse, or offer a compromise on a claim within 120 days?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If claim is not settled within 120 days, does carrier the continue to inform claimant every 60 days?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If a customer is not satisfied with the carrier's resolution, is the customer referred to the Commission? Does the carrier provide the customer with the Commission's toll-free line to Consumer Affairs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Operations

190	Permit - Is carrier operating within the scope of the permit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
300	Temporary Permit - Is carrier in compliance with conditions attached to its temporary authority?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
390	Carrier Name - Is the carrier operating under its permitted name or an approved d/b/a?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
430-450	Suspension/Cancellation - Has the carrier's permit been suspended or canceled during the time frame of this records check? If yes:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Did the carrier operate during the suspension or cancellation period?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

900	Interstate Authority - Has the carrier operated in interstate commerce? If yes:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
930	Is the carrier properly registered? Is a copy of the SSRS/Exempt receipt in each vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
360	Permits - Does carrier keep copies in each vehicle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
560	Vehicle Identification - Is the carrier's equipment properly identified by name and permit number?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
600	Leased vehicles: are copies of leases in each vehicle?	N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

- This records review indicated that the carrier's records are in compliance with WUTC rules and regulations.
- This records review indicated that some records, as indicated in this form, need to be corrected. The items that need correction have been discussed.
- This records review found numerous record violations. All of the items that need correction were discussed.

Company Representatives contacted during this records review.	Position Held	Phone Number
Lucas Kim	President	(425) 290-8282

Other information:

Carrier will identify vehicle with permit Name and Number within 30 days and will repair inoperable lights right away per statement. (faxed)

If you have any questions, or would like further technical assistance, please contact:

Alan D. Jensen
Investigator

360 647-7348
Telephone

647-7210
FAX

I, as a representative of this company, acknowledge receipt of this records review form and understand the findings as stated herein.

[Signature]
Received By

President
Title

2/7/06
Date

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1176324

PERSONNEL NO. J553 DIST / DET

LEVEL: 1 2 3 4 5 X

GENERAL

HAZARDOUS MATERIALS

DATE 2.7.06 TIME (MILITARY) BEGUN 11:20 FINISHED 11:45 HAZARD CLASS / DIVISION NO. LOCATION: SR/MP TERMINAL SCALEHOUSE NO. CNTY CODE 31 REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER

CARRIER NAME (include DBA when applicable) 24 Express Inc ADDRESS 12310 Hwy 99 Unit #118 CITY Everett STATE WA ZIP CODE 98204 INTERSTATE YES NO DOT NO. HG-61965 ICC NO.

DRIVER

DRIVER NAME LICENSE NO. STATE EXP. YEAR DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE

REGISTERED OWNER NAME/ADDRESS Carrier G.V.W. 24000 PBT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE 1 TR 99 INTL 1 A04486Y WA

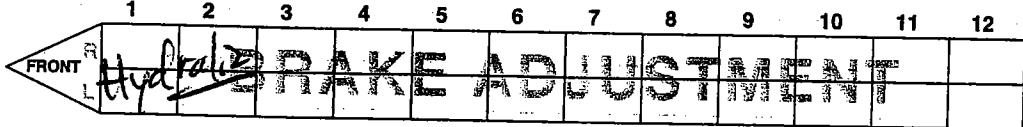


Table with columns: OFF, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Complied. Row 1: 393.9 RT FRONT Clearance Light/height X. Row 2: 393.9 RT Side Marker Lamps (2) INOPER.

VSA DECALS UNIT 1 2924580 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE OFFICER SIGNATURE A. DICKSON

Vehicle may not be operated until O/S defects noted above are repaired. Driver may not drive until in compliance.