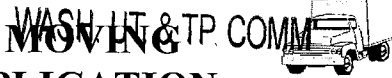


DEC 26 2012



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



TV-130029-CT

| Type of Household Goods Authority Requested – Check one | Fee Required |
|--|--------------|
| <input checked="" type="checkbox"/> Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 2 - 7 and Attachment A | \$ 550 |
| <input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment B | \$ 550 |
| <input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-186 and 480-15-187 – Complete pages 2 - 7 and Attachments B & C | \$ 250 |
| <input type="checkbox"/> Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 2 - 3 and include a statement justifying the reinstatement | \$ 250 |
| <input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D | \$ 35 |

TYPE OF PAYMENT

Check Money Order Amex Mastercard Visa

Amount: \$550.00

Expiration Date: _____

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information on file is current and valid.

Name (printed): _____ Company Name: _____

Cardholder's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

| | | | |
|------------------------------|------------------------|-----------------|---------------------------|
| Date Filed: 12/26/12 | DOL/SOS: [Signature] | ID: 1141 | Permit Issued: THG- 64886 |
| Staff Assigned: [Signature] | Insurance: [Signature] | Inspection: | Docket # TV-130029 |
| Reception #: 111-0268-207-02 | 028104 | 111-0268-207-01 | 111-0268-013-20 |

\$550 -
CK # 190021020

Posted
RMS

BUSINESS INFORMATION

Name of Applicant MOL LOGISTICS (USA) INC.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 19240 DES MOINES MEMORIAL DR. S., SUITE 600, SEATAC, WA 98148

Mailing Address SAME AS ABOVE

Telephone Number (206) 824-1996 Fax Number (206) 824-1390

UBI #: 601-053-224 602052439 Email: Hideki.Yashiro@mol-logistics.com

USDOT #: 802181 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 53589600

Employment Security Department registration number? ESD # 638376-00

Is your business registered with the Department of Revenue? No Yes TAX ID#: 95 2252414

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other CA
(LP, LLP, LLC)

List the name, title and percentage of partner's share or stock distribution for major stockholders:

| <u>*Name</u> | <u>Title</u> | <u>Stock Distribution or Percentage of Shares</u> |
|--------------|--------------|---|
| | | |
| | | |
| | | |
| | | |

***Must provide a copy of a valid Washington state driver's license for each person listed above.**

Choose one of the following for the territory in which you wish to operate:

All counties in the State of Washington

The following named counties only: _____

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

VIRTUALLY ALL OUR CLIENTS ARE JAPANESE SPEAKING AND WE CAN OFFER THE ADDITIONAL SERVICE BY PROVIDING A COURTEOUS AND SAFE HANDLING OF CARGO BY BEING A MIDDLEMAN BETWEEN CLIENT/MOVERS.

Briefly describe your experience in the transportation/household goods moving industry:

WE AS AN INTERNATIONAL FREIGHT FORWARDER, ACT AS A LIASON BETWEEN THE RECEPIENT AND THE MOVING COMPANY IN THE FACILITATION OF DELIVERY AND ACT AS A TRASLATOR AND ATTEND TO THE CARGO.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?
 No Yes If yes, please indicate your permit number _____

Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington? No Yes If yes, please explain _____

Do you currently operate interstate? No Yes If yes, please indicate your MC# _____

Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? YOKOHAMA SYSTEM MOVER (USA) INC., JAPAN EXPRESS, OSA TRANSPORT, INC.

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state? No Yes If yes, please explain: _____

Has any person named in this application, within the past five years, been convicted of any crime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please explain: _____

Has any person named in this application, been cited for violation of state laws or Commission rules? No Yes If yes, please explain: _____

FINANCIAL STATEMENT

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

**** PLEASE SEE ATTACHED BALANCE SHEET & PROFIT AND LOSS STATEMENT.**

| Assets | | Liabilities | |
|----------------------|----|--|----|
| Cash in Bank | \$ | Salaries/Wages Payable | \$ |
| Notes Receivable | \$ | Accounts Payable | \$ |
| Investments | \$ | Notes Payable | \$ |
| Other Current Assets | \$ | Mortgages Payable | \$ |
| Prepaid Expenses | \$ | TOTAL LIABILITIES | \$ |
| Land and Buildings | \$ | NET WORTH | |
| Trucks and Trailers | \$ | Preferred Stock | \$ |
| Office Furniture | \$ | Common Stock | \$ |
| Other Equipment | \$ | Retained Earnings | \$ |
| Other Assets | \$ | Capital | \$ |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES & NET WORTH | \$ |

EQUIPMENT LIST

Describe the equipment you will own or lease to provide moving services
(attach additional sheets if necessary).

| Year | Make | License Number | Vehicle ID Number | Gross Vehicle Weight |
|-------------|-------------|-----------------------|--------------------------|-----------------------------|
| 1999 | FORD | B21406A | IFTRE1422XHA09997 | 8,000LBS |
| 2012 | NISSAN | B73665T | 1N6BFOLY3CN107668 | 9,100LBS |
| | | | | |
| | | | | |
| | | | | |

**** Attach a copy of the registration form for each vehicle listed.**

SAFETY AND OPERATIONS

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program. ****Please attach evidence of your enrollment in a drug and alcohol testing program.**

not required due to size of vehicles

SAFETY RESPONSIBILITIES

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

DRIVER QUALIFICATION REQUIREMENTS: (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name: HIDEKI YASHIRO

Position: BRANCH MANAGER

OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

| | |
|----------------------|--------------------------|
| Name: HIDEKI YASHIRO | Position: BRANCH MANAGER |
|----------------------|--------------------------|

STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.

| | |
|----------------------|--------------------------|
| Name: HIDEKI YASHIRO | Position: BRANCH MANAGER |
|----------------------|--------------------------|

DECLARATION OF APPLICANT

I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

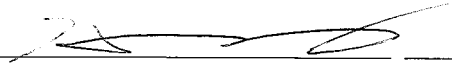
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

HIDEKI YASHIRO

Print name of applicant



Signature of Applicant

12-21-2012 SEATTLE


Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: MOL LOGISTICS (USA) INC.

| | |
|---|--|
| The following must be completed by the Supporter of the applicant | |
| Name, Title, and Business Name: TETSUYA FUJIMOTO / GENERAL MANAGER / YOKOHAMA SYSTEM MOVERS (USA) INC. | |
| Address (include street address, mailing address, city, state, zip, and county): 26291 PRODUCTION AVENUE, SUITE 11 HAYWARD, CA 94545 | |
| Phone Number: 510-293-0120 | |
| Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: WE NEED THE ASSISTANCE OF HAULING CARGO FOR RETRIEVAL FROM THE CONTAINER FREIGHT STATION TO DELIVERY TO THE ULTIMATE RESIDENCE FOR LARGER/BIGGER VOLUME CARGO. | |
| Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: SAME AS ABOVE | |
| Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: SINCE WE ARE NOT IN WASHINGTON STATE, MOL LOGISTICS WILL ACT AS A LIASON BETWEEN THE RECIPIENT AND THE MOVING COMPANY IN THE FACILITATION OF DELIVERY AND ATTEND TO THE CARGO. | |
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? FOR A SMALLER SHIPMENT, MOL LOGISTICS WILL DELIVER DIRECTLY TO THE CUSTOMER AND TO OUR JAPANESE SPEAKING CUSTOMER, THEY CAN OFFER THE ADDITIONAL SERVICE BY PROVIDING A COURTEOUS AND SAFE HANDLING OF CARGO. | |
| <i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i> | |
|  _____ Signature of Person Completing Form | 12/24/2012 SEATTLE, WA _____ Date and Location |

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: MOL LOGISTICS (USA) INC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
KAORU MORITA / PRESIDENT / JAPAN EXPRESS AMERICA, INC.

Address (include street address, mailing address, city, state, zip, and county):
2203 EAST CARSON STREET, A-2
LONG BEACH, CA 90810

Phone Number: 310-834-2491

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
WE NEED THE ASSISTANCE OF HAULING CARGO FOR RETRIEVAL FROM THE CONTAINER FREIGHT STATION TO DELIVERY TO THE ULTIMATE RESIDENCE FOR LARGER/BIGGER VOLUME CARGO.

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:
SAME AS ABOVE

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:
SINCE WE ARE NOT IN WASHINGTON STATE, MOL LOGISTICS WILL ACT AS A LIASON BETWEEN THE RECIPIENT AND THE MOVING COMPANY IN THE FACILITATION OF DELIVERY AND ATTEND TO THE CARGO.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
FOR A SMALLER SHIPMENT, MOL LOGISTICS WILL DELIVER DIRECTLY TO THE CUSTOMER AND TO OUR JAPANESE SPEAKING CUSTOMER, THEY CAN OFFER THE ADDITIONAL SERVICE BY PROVIDING A COURTEOUS AND SAFE HANDLING OF CARGO.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.


Signature of Person Completing Form

12/24/2012 SEATTLE, WA
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: MOL LOGISTICS (USA) INC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

MIO TSUJIMOTO / MOVING & COURIER GROUP / MOL LOGISTICS (JAPAN) CO., LTD.

Address (include street address, mailing address, city, state, zip, and county):

2-5-1-6F KORAKU
BUNKYO-KU, TOKYO JAPAN
112-8582

Phone Number:

81-3-3830-7893

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

WE NEED THE ASSISTANCE OF HAULING CARGO FOR RETRIEVAL FROM THE CONTAINER FREIGHT STATION TO DELIVERY TO THE ULTIMATE RESIDENCE FOR LARGER/BIGGER VOLUME CARGO.

Do you anticipate a future need for the services of a residential household goods moving company?

No Yes If yes, please describe your future moving needs:

SAME AS ABOVE

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

SINCE WE ARE NOT IN WASHINGTON STATE, MOL LOGISTICS WILL ACT AS A LIASON BETWEEN THE RECIPIENT AND THE MOVING COMPANY IN THE FACILITATION OF DELIVERY AND ATTEND TO THE CARGO.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

FOR A SMALLER SHIPMENT, MOL LOGISTICS WILL DELIVER DIRECTLY TO THE CUSTOMER AND TO OUR JAPANESE SPEAKING CUSTOMER, THEY CAN OFFER THE ADDITIONAL SERVICE BY PROVIDING A COURTEOUS AND SAFE HANDLING OF CARGO.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Person Completing Form

12/24/2012 SEATTLE, WA

Date and Location

MOL LOGISTICS (USA) INC. AND SUBSIDIARY
(A Wholly Owned Subsidiary of MOL Logistics (Japan) Co., Ltd.)

CONSOLIDATED BALANCE SHEETS
AS OF DECEMBER 31, 2011 AND 2010

ASSETS

| | <u>2011</u> | <u>2010</u> |
|---|----------------------|----------------------|
| CURRENT ASSETS: | | |
| Cash and cash equivalents | \$ 4,303,588 | \$ 2,296,239 |
| Receivables: | | |
| Trade | 8,937,008 | 9,587,862 |
| Stockholder | 1,209,681 | 774,303 |
| Affiliates | 1,108,943 | 1,077,301 |
| Allowance for doubtful accounts | (100,019) | (171,611) |
| Net receivables | <u>11,155,613</u> | <u>11,267,855</u> |
| Commissions and other receivables | 103,812 | 196,031 |
| Advances to employees | 11,400 | 9,437 |
| Deferred income taxes | 355,299 | 447,621 |
| Prepaid expenses and other current assets | <u>401,651</u> | <u>183,230</u> |
| Total current assets | 16,331,363 | 14,400,413 |
| PROPERTY AND EQUIPMENT-Net | 319,572 | 378,158 |
| SECURITY DEPOSITS | 187,048 | 193,276 |
| ADVANCES TO EMPLOYEES, less current portion | 13,600 | - |
| OTHER ASSETS | 37,572 | 39,106 |
| | | |
| TOTAL | <u>\$ 16,889,155</u> | <u>\$ 15,010,953</u> |

See notes to consolidated financial statements.

LIABILITIES AND STOCKHOLDER'S EQUITY

| | <u>2011</u> | <u>2010</u> |
|--|--------------------------|--------------------------|
| CURRENT LIABILITIES: | | |
| Payables: | | |
| Trade | \$ 4,286,981 | \$ 3,510,394 |
| Stockholder | 933,982 | 1,085,750 |
| Affiliates | 1,042,734 | 2,100,899 |
| Total payables | <u>6,263,697</u> | <u>6,697,043</u> |
| Customer deposits | 139,848 | 129,015 |
| Income taxes payable | 56,395 | 11,535 |
| Accrued expenses and other current liabilities | <u>769,736</u> | <u>620,393</u> |
| Total current liabilities | <u>7,229,676</u> | <u>7,457,986</u> |
| DEFERRED INCOME TAXES | <u>12,190</u> | <u>6,569</u> |
| Total liabilities | <u>7,241,866</u> | <u>7,464,555</u> |
| COMMITMENTS AND CONTINGENCIES (Note 5) | | |
| STOCKHOLDER'S EQUITY: | | |
| Non-cumulative preferred stock, no par value; | | |
| 6,000 shares authorized, issued and outstanding | 3,000,000 | 3,000,000 |
| Common stock, \$500 par value; 15,000 authorized shares; | | |
| 13,628 issued and outstanding shares | 6,814,000 | 6,814,000 |
| Accumulated deficit | <u>(172,980)</u> | <u>(2,272,477)</u> |
| Total stockholder's equity | <u>9,641,020</u> | <u>7,541,523</u> |
| Noncontrolling interest | <u>6,269</u> | <u>4,875</u> |
| Total stockholder's equity | <u>9,647,289</u> | <u>7,546,398</u> |
| TOTAL | <u>\$ 16,889,155</u> | <u>\$ 15,010,953</u> |

MOL LOGISTICS (USA) INC. AND SUBSIDIARY
(A Wholly Owned Subsidiary of MOL Logistics (Japan) Co., Ltd.)

CONSOLIDATED STATEMENTS OF INCOME
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

| | <u>2011</u> | <u>2010</u> |
|---|---------------------|-------------------|
| SERVICE REVENUES | \$ 52,356,985 | \$ 38,640,719 |
| SERVICE COSTS | <u>36,672,146</u> | <u>25,388,423</u> |
| GROSS PROFIT | 15,684,839 | 13,252,296 |
| COMMISSION INCOME | 339,940 | 353,131 |
| OPERATING EXPENSES | <u>12,513,155</u> | <u>12,074,078</u> |
| INCOME FROM OPERATIONS | <u>3,511,624</u> | <u>1,531,349</u> |
| OTHER INCOME (EXPENSES): | | |
| Interest income | 102 | 497 |
| Foreign exchange loss, net | (29,431) | (27,195) |
| Gain on disposition of assets | - | 2,500 |
| Miscellaneous income (expenses), net | <u>(8,638)</u> | <u>18,934</u> |
| Total other expenses | <u>(37,967)</u> | <u>(5,264)</u> |
| INCOME BEFORE INCOME TAXES | 3,473,657 | 1,526,085 |
| INCOME TAXES | <u>1,372,766</u> | <u>607,236</u> |
| NET INCOME | 2,100,891 | 918,849 |
| LESS: NET INCOME ATTRIBUTABLE TO THE NONCONTROLLING INTEREST | <u>1,394</u> | <u>1,037</u> |
| NET INCOME ATTRIBUTABLE TO MOL LOGISTICS (USA) INC. AND SUBSIDIARY | <u>\$ 2,099,497</u> | <u>\$ 917,812</u> |

See notes to consolidated financial statements.

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(Executed in Triplicate)

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the Mitsui Sumitomo Insurance Company of America
(Name of Company)

(hereinafter called Company) of 15 Independence Blvd., Warren, NJ 07059
(Home Office Address of Company)

has issued to MOL Logistics (USA) Inc. of 380 North Broadway, Jericho, NY 11753
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 12/31/2012 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

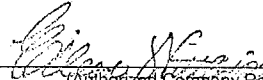
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 15 Independence Blvd., Warren, NJ 07059
(Street Address) (City) (State) (Zip Code)

this 19th day of December 2012.

Insurance Company File No. BVR8402759
(Policy Number)


(Authorized Company Representative)



B73-57

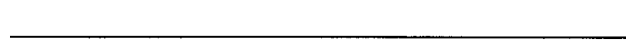
07/17/2012 VEHICLE REGISTRATION CERTIFICATE

| | | | | | | | | | | |
|--------------------|-------------------|---------------------------------------|-----------------------|---------------------------|--------------------|-----------------------|------------------|------------------------|-----------------------|--------------|
| Lic/Plt B73665T | Iss-Dt 09/2011 | Tab-No P608431 | Reg-Exp 09/15/2013 | Val-Cd/Year 29590/2011 | Dep 1 | Mo-Reg 12 | Mo-Gwt 12 | Pwr G | Use COM | Mdyr 2012 |
| Make NISS | Body NV VAN | VIN or Serial No 1N6BF0LY3CN107668 | Res-Co 17 | Sclwt 5811 | Seats | Model/BT V2H/CG | Gwt 10000 | Gwt-St 09/16/2012 | Gwt-Exp 09/15/2013 | Flt |
| Equip | Prev-Plt | Filing \$3.00 | Monorail | RTA Tax \$84.00 | Subagent \$5.00 | Gwt/Veh Wt \$60.00 | Other \$20.00 | Total Fees \$172.00 | Check \$172.00 | Gwt Cr |

MOL-LOGISTICS USA INC LSE
1550 STATE ROUTE 23
WAYNE NJ 07470

ENTERPRISE FM TRUST LSR
1500 ROUTE 23 N
WAYNE NJ 07470

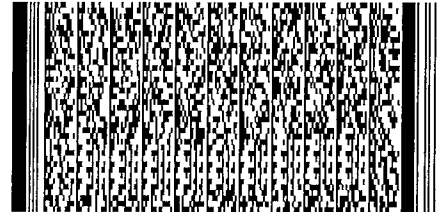

SIGNATURE OF REGISTERED OWNERS


SIGNATURE OF REGISTERED OWNERS

COMMENTS:
PL-G PL-F - 4 - COLOR-WHITE - PAID CONGESTION REDUCTION CHARGE - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

REMARKS:

BRANDS:



RPT ID: AREGPR-1 VALIDATION CODE 18062203121990717120014034521
THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP

FPD: AREG AREGPR:2008/10/12.00001(1)

STATE OF WASHINGTON
 REDACTED per RCW 42.56.230
 DEPARTMENT OF LICENSING
 PO Box 9038 • Olympia, Washington 98507-9038

959282

REGISTERED OWNER

LEGAL OWNER



MO AIR INTERNATIONAL LSE
 EMKAY INC TRUST LSR
 805 W THORNDALE AVE
 ITASCA IL 60143

EMKAY INC TRUST
 805 W THORNDALE AVE
 ITASCA IL 60143

B21406A

07/11/2012 VEHICLE REGISTRATION CERTIFICATE

MAIL

| | | | | | | | | | | |
|---|---------------------|---------------------------------------|-----------------------|---------------------------|----------|-----------------------|--------------|-----------------------|-----------------------|--------------|
| Lic/Plt B21406A | Iss-Dt 08/2006 | Tab-No S693280 | Reg-Exp 09/30/2013 | Val-Cd/Year 19410/1998 | Dep | Mo-Reg 12 | Mo-Gwt 12 | Pwr G | Use COM | Mdyr 1999 |
| Make FORD | Body ECONO | VIN or Serial No 1FTRE1422XHA09997 | Res-Co | Sclwt 4463 | Seats | Model/BT / | Gwt 8000 | Gwt-St 09/30/2012 | Gwt-Exp 09/30/2013 | Flt |
| Equip | Prev-Plt A46642E | Filing \$3.00 | TBD 0000 | RTA Tax | Subagent | Gwt/Veh Wt \$58.00 | Other \$ | Total Fees \$61.00 | CreditCard \$61.00 | Gwt Cr |
| BRANDS: | | | | | | | | | | |
| COMMENTS: COLOR-WHITE - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILLREQUIRED. | | | | | | | | | | |
| REMARKS: | | | | | | | | | | |
| FILING | \$ | 3.00 | TBD FEE 0000 | \$ | | CREDIT CARD | \$ | 61.00 | | |
| SUBAGENT | \$ | | RTA EXCISE | \$ | | TOTAL FEES | \$ | 61.00 | | |
| LOCAL FEE | \$ | | OTHER | \$ | | | | NO FEE | | |
| LICENSE SRVC | \$ | | DONOR AWARENESS | \$ | | | | | | |
| STATE PARK DOMS | \$ | | GWT/VEH WT FEE | \$ | 58.00 | | | | | |

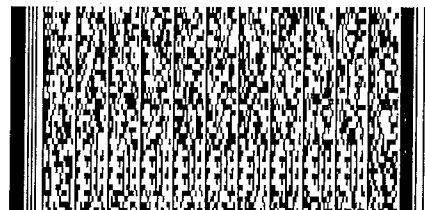
RPT ID: AFPPPR-1

VALIDATION CODE 03170121121930711120505997621

THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP

 SIGNATURE OF REGISTERED OWNERS

 SIGNATURE OF REGISTERED OWNERS



WA USA **WASHINGTON** DRIVER LICENSE

4d LIC# [REDACTED] DONOR ♥

1 YASHIRO
2 HIDEKI

3 DOB [REDACTED] 4a Iss 08-08-2012

15 Sex M 16 Hgt 5-06
17 Wgt 190 18 Eyes BLK
9 Class 9a End NONE
12 Restrictions C

4b Exp 09-13-2017

5 [REDACTED] Rev 09-16-2009

