

TC-152296

Seatac Airport 24 Inc. 1800 S. Jackson St, Seattle, WA 98144 Ph.206-319-7076  
USDOT #2408309 State # C-65615

RECEIVED

FEB 29 2016

WASH. UT. & TP. COMM

**Object:** Request to upgrade to my Intrastate Safety Rating

Seatac Airport 24 is small and young transportation service provider in the State of Washington.

Seatac Airport 24 has just only two (2) vehicles and just only two (2) drivers. Seatac Airport 24 both vehicles are brand new, avoiding breaking down and also, Seatac Airport 24 has maintained its both vehicles in good condition all the time. The proof, Seatac Airport 24 has never had any accident, any vehicle stall or breakdown on any freeway in the State Of Washington since The Washington State Utilities Commission awarded its Authority.

Both agents( Mathew and John) who have seen both vehicles physically, have recognized primarily that both vehicles are in good condition and safe, clean inside out but; the only problem is we have not received enough training in this matter and as a small, young and new company, we are not aware that anything has to be formally maintained as record. That was one of our big problem. We did not know it was mandatory.

**1. Violation CFR Equivalent: 391.45(b) (1)**

a) Why the violation occurred?

We thought it applies only to trucking carriers and vehicles carrying 16 passengers or more so; we are not aware of that. We also have not received enough training in this matter.

b) What actions have been taken to correct the violations?

To correct it, I (Sani Maurou) and my driver (Ndow Yankuba) got Medical Certificate each one (See attached).

c) How the company will ensure that similar violations do not reoccur in the future?

We have created a spreadsheet to track the expiration date of each driver medical certificate and have the driver renew 3 months before the expiration. We also have set up computer calendar, google calendar that will remind us by email, text message and cellphone ring.

**2. Violation CFR Equivalent: 391.51(a)**

a) Why the violation occurred?

**Seatac Airport 24 Inc. 1800 S. Jackson St, Seattle, WA 98144 Ph.206-319-7076**  
**USDOT #2408309 State # C-65615**

We thought it applies only to trucking carriers and vehicles carrying 16 passengers or more so; we are not aware of that. We also have not received enough training in this matter.

b) What actions have been taken to correct the violations?

To correct it, I (Sani Maurou) and my driver (Ndow Yankuba) got our files organized in separate folder each one.

c) How the company will ensure that similar violations do not reoccur in the future?

We have set up computer calendar, google calendar that will remind us by email, text message and cellphone ring for any file three(3) months before expiration.

**3. Violation CFR Equivalent: 396.3(b)**

a) Why the violation occurred?

We thought it applies only to trucking carriers and vehicles carrying 16 passengers or more so; we are not aware of that. We also have not received enough training in this matter.

b) What actions have been taken to correct the violations?

To correct it, I (Sani Maurou) and my driver (Ndow Yankuba) have decided to request any receipt or proof of repair or maintenance of each vehicle from our mechanic that will help us keep the minimum record. We have already some receipts of repair recorded. Each vehicle will have its own folder.

c) How the company will ensure that similar violations do not reoccur in the future?

We have a form of UTC (Utilities and Transport Commission) that we printed to keep each vehicle record of inspection and maintenance. We also have set up computer calendar, google calendar that will remind us by email, text message and cellphone ring for some routine of inspection and maintenance dates.

**4. Violation CFR Equivalent: 396.11(a)**

a) Why the violation occurred?

We do inspect our vehicles everyday but we were not aware that we need to put it in report and keep it also as we have only two vehicles and they are brand new and this although we have not received enough training in this matter.

b) What actions have been taken to correct the violations?

**Seatac Airport 24 Inc. 1800 S. Jackson St, Seattle, WA 98144 Ph.206-319-7076**  
**USDOT #2408309 State # C-65615**

To correct it, I (Sani Maurou) and my driver (Ndow Yankuba) will inspect and prepare a report everyday. We have already started it. We got the form from UTC (Utilities and Transport Commission) printed.

c) How the company will ensure that similar violations do not reoccur in the future?

We printed the form from UTC (Utilities and Transport Commission) that we are using right now.

**5. Violation CFR Equivalent: 387.31(d)**

a) Why the violation occurred?

We keep our insurance in our 2 vehicles all the time as required by The State and Insurance Companies so; we are not aware that we also need to keep an insurance copy at our business office. We also have not received enough training in this matter.

b) What actions have been taken to correct the violations?

To correct it, we have an insurance copy of each vehicle at our business office right now.

c) How the company will ensure that similar violations do not reoccur in the future?

We will check periodically to make sure we have an insurance copy of each vehicle at our business office in each vehicle folder by setting up monthly reminders electronically.

**6. Violation CFR Equivalent: 396.17(a)**

a) Why the violation occurred?

We inspect periodically our vehicles but we are not aware that we need to keep records as we have only 2 vehicles but only one is being mostly used. We also have not received enough training in this matter.

b) What actions have been taken to correct the violations?

To correct it, we have printed the form from UTC (Utilities and Transport Commission) that we are using now. We call and in contact with UTC to get an appointment for annual inspection. Both vehicles are brand new and we are confident that we will pass.

c) How the company will ensure that similar violations do not reoccur in the future?

We have created a spreadsheet to track the dates of each vehicle inspection. We also have set up computer calendar, google calendar that will remind us by email, text message and cellphone ring.

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**Seatac Airport 24 Inc. 1800 S. Jackson St, Seattle, WA 98144 Ph.206-319-7076**  
**USDOT #2408309 State # C-65615**

Seatac Airport 24 as small, young transportation company intends, strives to follow strictly all Rules and Regulations of The Washington State Utilities Commission but also its recommendations as well.

Seatac Airport 24 will operate within federal and state regulations and Seatac Airport 24 operation currently meets the safety standard and factors specified in 49 CFR 385.5 and 385.7.

Seatac Airport 24 highly regrets this incident and apologizes to all Personnel of The Washington State Utilities Commission.

Seatac Airport 24 looks forward to working very closely with The Washington State Utilities Commission, its Members, Personnel and Agents.

Sincerely,

Sani Mahama Maurou,  
President & CEO, Owner & Operator.

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**Seatac Airport 24 Inc. 1800 S. Jackson St, Seattle, WA 98144 Ph.206-319-7076**  
**USDOT #2408309 State # C-65615**

**Rules for driver not respecting UTC Regulations and Rules**

1. First time: 7 days leave without pay.
2. Second time: 15 days leave without pay.
3. Third time: 30 days leave without pay.
4. Fourth time: Firing employee.

Employee Signature:

Company Representative Signature:

This Day Of , , 20..

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**Seatac Airport 24 Inc. 1800 S. Jackson St, Seattle, WA 98144 Ph.206-319-7076**  
**USDOT #2408309 State # C-65615**

**Documents included:**

- 2 application for employment
- 2 driving record
- 2 medical certificate
- 2 background check
- 2 certificate of liability insurance
- 2 insurance identification card
- 2 vehicle registration
- 1 accident register
- 2 road test form
- 2 inspection, repair & maintenance record
- 1 driver time record
- 1 driver's daily log
- 1 driver's daily inspection
- 2 Rules for driver not respecting UTC Regulations and Rules
- 7 proof of some repairs' receipts

# APPLICATION FOR EMPLOYMENT

COMPANY Seatac Airport STREET ADDRESS 1800 S. Jackson St #211  
 CITY, STATE AND ZIP CODE Seattle, WA 98144  
 APPLICANT'S NAME Sani Mahama Maurice  
(First) (Middle) (Maiden Name, if any) (Last)  
 ADDRESS 1800 S. Jackson St #211, Seattle, WA 98144 HOW LONG? 5  
(Street) (City) (State and Zip Code)  
 DATE OF BIRTH [REDACTED] PHONE 206 319 7076 SOCIAL SECURITY NO. [REDACTED]

PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1	1800 S Jackson	Seattle	WA 98144	5
2				
3				
4				

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
	WA	[REDACTED]	Regular	2022

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK	VAN	2000	2005	N/A
TRACTOR/SEMI-TRAILER				
TRACTOR/2 TRAILERS				
OTHER:				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

None

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

(Form 2 Rev. 10-2001)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY
N/A (None)			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A
- B. Has any license, permit, or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING FULL DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

Note: DOT requires that employment for at least 3 years and/or Commercial Driving experience (CDL) for the past 10 years be shown.

LAST EMPLOYER NAME Seattle Airport 24

ADDRESS 1800 S Jackson St #211, Seattle, WA 98144

POSITION HELD Manager FROM 1999 TO 2016 SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Subject to Federal Motor Carrier Safety Regulations YES \_\_\_\_\_ NO \_\_\_\_\_

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES \_\_\_\_\_ NO \_\_\_\_\_

SECOND LAST EMPLOYER NAME US NAVY

ADDRESS Everett, Washington

POSITION HELD Sailor FROM 2002 TO 2008 SALARY \_\_\_\_\_ N/A

REASON FOR LEAVING Retired

Subject to Federal Motor Carrier Safety Regulations: YES \_\_\_\_\_ NO \_\_\_\_\_

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES \_\_\_\_\_ NO \_\_\_\_\_ N/A

THIRD LAST EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

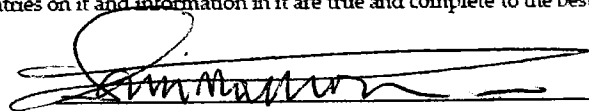
Subject to Federal Motor Carrier Safety Regulations: YES \_\_\_\_\_ NO \_\_\_\_\_

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES \_\_\_\_\_ NO \_\_\_\_\_

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

02/07/2016  
(Date)

  
(Applicant's Signature)

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

(Form 2 - Rev. 1-2004)



TC-152296



CERTIFIED

**Driving Record - MAUROS352CG**  
Abstract of 3 Year Driving Record - Non-commercial  
This information is current as of 2/24/2016 3:52:19 PM

Driver information	
PIC	[REDACTED]
Name	Maurou, Sani Mahama
Gender	Male
DOB	[REDACTED]

Driver license status	
Status	Clear
Issued	2/7/2016
Expires	2/7/2022
Original issue date	6/5/1997
ID status	
Issued	1/23/1997
Expired	2/7/2001
Original issue date	1/23/1997

No violations, convictions, or accidents currently on file for this record.

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▼ Complete ONLY if driver is qualified ▼

### MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Sami Marou  
in accordance with Federal Motor Carrier Safety Regulations (49 CFR 391.41 - 391.49) and with knowledge of the driving duties, I find this individual is qualified; and, if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a \_\_\_\_\_ waiver/exemption
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

JEFF WARNER <sup>DOB</sup>  MD  CO  DC  PA  
 Advanced Practice Nurse

PRINT NAME OF MEDICAL EXAMINER  
WA of # 00001287  
LICENSE CERT NO. & STATE (AREA CODE) TELEPHONE NUMBER

J. Warner Do 206-299-1900  
SIGNATURE OF MEDICAL EXAMINER DATE

Sami Marou  
SIGNATURE OF DRIVER

[REDACTED]  
DRIVER LICENSE NUMBER ISSUING STATE

1800 S. Jackson St #211  
ADDRESS OF DRIVER

2/2/18  
MEDICAL CERTIFICATE EXPIRATION DATE



# Web Search Transcript

Washington State Patrol  
Identification and Criminal History Section  
P. O. Box 42633  
Olympia, Washington 98504-2633  
Telephone (360) 534-2000 Option 2

**THE FOLLOWING TRANSCRIPT OF RECORD  
IS FURNISHED FOR OFFICIAL USE ONLY**

This report was generated from a transaction run on 2/25/2016 at 8:36 PM  
Conviction Criminal History RCW 10.97.050(1)

Pursuant to the purpose of inquiry, NO EXACT MATCH was found in the Washington State  
Criminal History Repository based on descriptors provided:

**MAUROU,SANI M DOB [REDACTED] SEX M RAC U**

This may mean that the person you searched for has no criminal conviction record OR  
that your search criteria did not match the spelling of the person's name or date of birth.

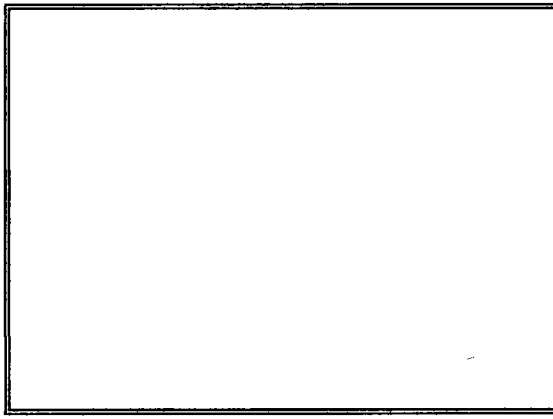
Positive identification or non-identification in the Washington State Patrol's database can only  
be determined by fingerprint comparison.

WATCH did return the following candidate list based on the provided search descriptors:

SID	NAME	SEX	RACE	HT	WT	EYES	DOB
1. [REDACTED]	*MORE,SEAN R	M	B	509	190	BRO	[REDACTED]

**Right Thumb Print (Optional)**

TC-152296



# APPLICATION FOR EMPLOYMENT

COMPANY Seatac Airport 24 STREET ADDRESS 1800 S Jackson Street  
 CITY, STATE AND ZIP CODE Seattle, WA 98144  
 APPLICANT'S NAME YANKUBA NDOW →  
(First) (Middle) (Maiden Name, if any) (Last)  
 ADDRESS 2305 1st Ave #321 Seattle WA 98121 HOW LONG? 4  
(Street) (City) (State and Zip Code)  
 DATE OF BIRTH [REDACTED] PHONE 253 361 7042 SOCIAL SECURITY NO. [REDACTED]

PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1	2305 1st Ave	Seattle	WA 98121	4yrs
2				
3				
4				

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
	WA	Chauffeur [REDACTED]	Chauffeur	09-30-2021

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
TRACTOR/2 TRAILERS				
OTHER:	Van and Smaller cars	2000	2006	

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
			None

(Form 2 Rev. 10-2001)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY
See driving record attached			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO
- B. Has any license, permit, or privilege ever been suspended or revoked? YES  NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING FULL DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

Note: DOT requires that employment for at least 3 years and/or Commercial Driving experience (CDL) for the past 10 years be shown.

LAST EMPLOYER NAME Uber

ADDRESS \_\_\_\_\_

POSITION HELD Driver FROM 21 JUNE 13 TO 9/2/15 SALARY APRX \$2500/mth

REASON FOR LEAVING Car transmission broke down

Subject to Federal Motor Carrier Safety Regulations: YES  NO \_\_\_\_\_  
Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES  NO \_\_\_\_\_

SECOND LAST EMPLOYER NAME Unemployed

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Subject to Federal Motor Carrier Safety Regulations: YES \_\_\_\_\_ NO \_\_\_\_\_  
Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES \_\_\_\_\_ NO \_\_\_\_\_

THIRD LAST EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Subject to Federal Motor Carrier Safety Regulations: YES \_\_\_\_\_ NO \_\_\_\_\_  
Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES \_\_\_\_\_ NO \_\_\_\_\_

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

2/23/16  
(Date)

[Signature]  
(Applicant's Signature)

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

(Form 2 - Rev. 1-2004)

Section 3

MADON

TC-152296

Late payment on a ticket. The warning  
from DOT was sent to a wrong address and the  
time I got the message, it was too late. It has  
been taken care of and there are no pending  
tickets/violations under my name as of today 2/23/16

MADON

**Driving Record - NDOW\*Y\*284OT**  
**Abstract of 3 Year Driving Record - Commercial**  
**This information is current as of 10/21/2015 6:36:39 PM**

Driver information	
PIC	[REDACTED]
Name	Ndow, Yankuba
Gender	Male
DOB	[REDACTED]

Driver license status	
Status	Clear
Issued	7/13/2015
Expires	9/30/2021
Original issue date	8/18/1997

ID status	
Issued	7/5/1996
Expired	9/30/2000
Original issue date	7/5/1996

No violations, convictions, or accidents currently on file for this record.



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**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined NDOW YANKUBA  
in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving  
duties. I find this person is qualified, and if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a \_\_\_\_\_
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- Qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with  
any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <i>[Signature]</i> 12/10/2015 11:29:57 AM		TELEPHONE (206) 243-9675	DATE 12/10/2015
MEDICAL EXAMINER'S NAME (PRINT) Robert Yip, ARNP		<input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> DO	<input type="checkbox"/> Chiropractor <input checked="" type="checkbox"/> ANP
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE AP60126973 WA		NATIONAL REGISTRY NO. 4322165230	
SIGNATURE OF DRIVER <i>[Signature]</i> 12/10/2015 10:53:36 AM	INTRASTATE ONLY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CDL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DRIVER'S LICENSE NO. STATE [REDACTED] WA
ADDRESS OF DRIVER 2305 1ST AVE #321		Seattle, WA 98121	
MEDICAL CERTIFICATE EXPIRATION DATE 12/10/2017			



## Web Search No Record Found Report

Washington State Patrol  
Identification and Criminal History Section  
P. O. Box 42633  
Olympia, Washington 98504-2633  
Telephone (360) 534-2000 Option 2

**THE FOLLOWING TRANSCRIPT OF RECORD  
IS FURNISHED FOR OFFICIAL USE ONLY**

This report was generated from a transaction run on 2/25/2016 at 8:36 PM  
Conviction Criminal History RCW 10.97.050(1)

Pursuant to the purpose of inquiry, NO RECORD was found in the Washington State Criminal History Repository based on descriptors provided:

YANKUBA,NDOW DOB ██████████ SEX M RAC U

This may mean that the person you searched for has no criminal conviction record  
OR that your search criteria did not match the spelling of the person's name or date of birth.

Positive identification or non-identification in the Washington State Patrol's database can only  
be determined by fingerprint comparison.



# CERTIFICATE OF LIABILITY INSURANCE

TC-152290

DATE (MM/DD/YYYY)  
11/3/2015

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).

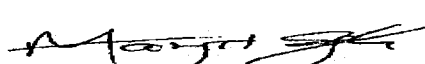
<b>PRODUCER</b> Key Insurance LLC 4800 S 188TH ST STE #220  <b>SEATAC WA 98188</b>		<b>CONTACT NAME:</b> Nantes Howe <b>PHONE (A/C, No, Ext):</b> (206) 420-4270 <b>FAX (A/C, No):</b> (206) 420-3284 <b>E-MAIL ADDRESS:</b> nantes@keyinsure.net	
<b>INSURED</b> Sani Maurou, DBA: SEATAC AIRPORT 24 165 17th Ave #102  <b>Seattle WA 98122</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Knightbrook Insurance Company	<b>NAIC #</b> 13722
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** CL1562514833                      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PIOP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <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			AMS00002440	6/24/2015	6/24/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UIM \$ 100/300/50
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE    OTH-ER
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
2013 FORD ECONOLINE 1FBSS3BL9DDA49180  
2013 Ford WSD 1FBSS3BL8DDA63572

<b>CERTIFICATE HOLDER</b>  faxbls@dor.wa.gov  State of Washington Business Licensing Services P.O Box 9034 Olympia, WA 98034	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  Manjit Singh/APK 
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# CERTIFICATE OF LIABILITY INSURANCE

TC-152296

DATE (MM/DD/YYYY)  
11/3/2015

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).

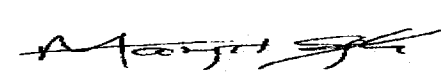
<b>PRODUCER</b> Key Insurance LLC 4800 S 188TH ST STE #220  SEATAC WA 98188	<b>CONTACT NAME:</b> Nantes Howe <b>PHONE (A/C, No, Ext):</b> (206) 420-4270 <b>FAX (A/C, No):</b> (206) 420-3284 <b>E-MAIL ADDRESS:</b> nantes@keyinsure.net	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Sani Maurou, DBA: SEATAC AIRPORT 24 165 17th Ave #102  Seattle WA 98122	<b>INSURER A:</b> Knightbrook Insurance Company <b>NAIC #</b> 13722	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL1562514833      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PO/ AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			AMS00002440	6/24/2015	6/24/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UIM \$ 100/300/50
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
2013 FORD ECONOLINE 1FBSS3BL9DDA49180  
2013 Ford WSD 1FBSS3BL8DDA63572

<b>CERTIFICATE HOLDER</b> faxbls@dor.wa.gov  State of Washington Business Licensing Services P.O Box 9034 Olympia, WA 98034	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> Manjit Singh/APK 
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TC-152296

**INSURANCE IDENTIFICATION CARD**

**WA**  
(STATE)

COMPANY NUMBER      COMPANY       COMMERCIAL       PERSONAL  
**13722**      **Knightbrook Insurance Company**

POLICY NUMBER      EFFECTIVE DATE      EXPIRATION DATE  
**AMS00002440**      **6/24/2015**      **6/24/2016**

YEAR      MAKE/MODEL      VEHICLE IDENTIFICATION NUMBER  
**2013**      **FORD ECONOLINE**      **1FBSS3BL9DDA49180**

AGENCY/COMPANY ISSUING CARD  
**Knightbrook Insurance Company**  
**6320 Canoga Ave. Floor 12**  
**Woodland Hills CA 91367**

INSURED  
[ **Sani Maurou**  
**DBA:Seatac Airport 24**  
**165 17th Ave #102**  
**Seattle WA 98122**

SEE IMPORTANT NOTICE ON REVERSE SIDE

**Web Address:**      **http://**

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

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

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

TC-152296

WA  
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 13722      COMPANY Knightbrook Insurance Company       COMMERCIAL       PERSONAL

POLICY NUMBER AMS00002440      EFFECTIVE DATE 6/24/2015      EXPIRATION DATE 6/24/2016

YEAR 2013      MAKE/MODEL Ford      WSD      VEHICLE IDENTIFICATION NUMBER 1FBSS3BL8DDA63572

AGENCY/COMPANY ISSUING CARD

Knightbrook Insurance Company  
6320 Canoga Ave. Floor 12  
Woodland Hills CA 91367

INSURED

Sani Maurou  
DBA:Seatac Airport 24  
165 17th Ave #102  
Seattle WA 98122

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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

TC-152296

**Vehicle Registration Certificate**

B24445Y

MAIL

04/24/2015

License plate B24445Y	Plate issue date 06/2013	Tab no X163681	Reg expiration 05/11/2016	Value code 36545	Year 2013	Mo reg 12	Mo gwt 12	Pwr G	Use F/H	Mod yr 2013	Make FORD	Body ECONO	
Vehicle ident (VIN)/Serial no 1FBSS3BL9DDA49180		Res co 17	Scale wt 6229	Seats 15	Model WSD	BT ES	Gwt 10000	Gwt st 05/11/2015		Gwt exp 05/11/2016		Fleet	Equip
Prev plate	Filing \$3.00	TBD	RTA Tax		Service fee \$5.00	Gwt/Veh wt \$60.00		Other		Total fees \$68.00		Gwt cr	

MAUROU,SANI  
1800 S JACKSON ST  
211  
SEATTLE WA 98144

HAPO COMMUNITY CU  
601 WILLIAMS BLVD  
RICHLAND WA 99352

**X**

**X** \_\_\_\_\_  
Signature of registered owner(s)

Comments:

COLOR-WHITE - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

Validation code 17173802151140424150018943602

RPT ID: AREGPR-1

**This certificate is not proof of ownership.**



VehicleRegistration (R/8/14)E

**Vehicle Registration Certificate**

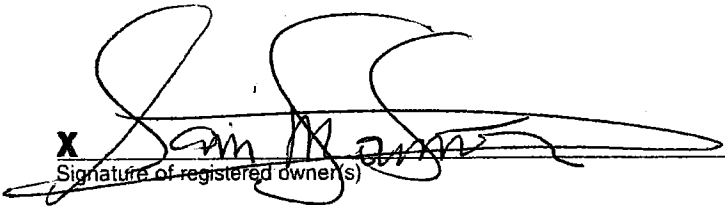
B66765Y

MAIL

04/24/2015

License plate B66765Y	Plate issue date 07/2013	Tab no X163682	Reg expiration 06/10/2016	Value code 34745	Year 2013	Mo reg 12	Mo gwt 12	Pwr G	Use F/H	Mod yr 2013	Make FORD	Body ECONO	
Vehicle ident (VIN)/Serial no 1FBSS3BL8DDA63572		Res co 17	Scale wt 6229	Seats 15	Model WSD	BT ES	Gwt 10000	Gwt st 06/10/2015		Gwt exp 06/10/2016		Fleet	Equip
Prev plate	Filing \$3.00	TBD	RTA Tax		Service fee \$5.00	Gwt/Veh wt \$60.00		Other		Total fees \$68.00		Gwt cr	

MAUROU, SANI M  
1800 S JACKSON ST  
211  
SEATTLE WA 98144

**X**   
Signature of registered owner(s)

**X** \_\_\_\_\_  
Signature of registered owner(s)

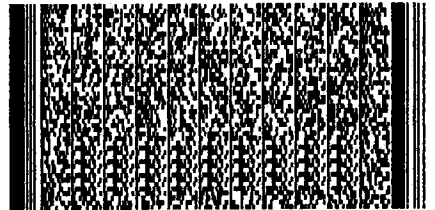
Comments:

COLOR-WHITE - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

Validation code 17173802151140424150019943603

RPT ID: AREGPR-1

**This certificate is not proof of ownership.**



VehicleRegistration (R/8/14)E



ACCIDENT REGISTER

Index Number	Date	Location City/State	Driver's Name	Number of Injuries	Number of Fatalities	Vehicles Towed	Haz Mat Incident?
1	2/25/16	Seattle, WA	Melvin Yan Kuska	0	0	0	0
2	2/25/16	Seattle, WA	Sami Morrison	0	0	0	0

N/D Accident in file for all drivers

Seatac Oniport 24

# Road Test Form

Name: Ndlovu Yanikuba Address: 2305 - 1st Ave #301  
 City: Seattle License No. [REDACTED]  
 State: WA Date: 2/23/16  
 Zip: 98121 Equipment Driven: \_\_\_\_\_  
 SSN#: [REDACTED] Tractor: N/A Trailer: N/A  
 From: Downtown Seattle If Passenger Carrier, Type of Bus N/A  
 To: Seattle

For those items that apply, checkmark if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory. Explain unsatisfactory items under Remarks:

### 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

- Checks general condition approaching unit
- Looks for leakage of coolants, fuel, lubricants
- Checks under hood - oil, water, general condition of engine compartment, steering
- Checks around unit - tires, lights, trailer hookup, brake and light lines, body, doors, ton windshields wipers
- Test brake action, tractor protection valve, and parking (air) brake
- Knows use of jacks, tools, emergency warning devices, tie chains, fire extinguisher, spare fuses, and airway flasks
- Checks instruments
- Clears windshield, windows, mirrors, lights, reflectors

### 2 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

- A. MOTOR**
- Starts motor without difficulty
  - Allows proper warm-up
  - Understands gauges on instrument panel
  - Maintains proper engine speed while driving
  - Basic knowledge of motor - gas, diesel
  - Does not abuse motor

- B. CLUTCH AND TRANSMISSION**
- Starts backed in smoothly
  - Uses clutch properly
  - Times gears fits properly
  - Shifts gears smoothly
  - Uses proper gear sequence

- C. BRAKES**
- Understands operating principles of air brakes
  - Knows proper use of tractor protection valve
  - Understands low air warning
  - Tests brakes before starting trip

### 3 - COUPLING AND UNCOUPLING

- Lines up units  N/A
- Hooks brake and light lines properly
- Secures trailer against movement
- Backs under slowly
- Tests hookup with power
- Checks hookup visually
- Handles landing gear properly
- Proper hookup of full trailer
- Secures power unit against movement

### 4 - BACKING AND PARKING

- A. Backing**
- Gets out and checks before backing
  - Looks back as well as uses mirrors
  - Gets out and checks conditions on big back
  - Avoids backing from blind side
  - Signals when backing
  - Controls speed and direction properly when backing

- B. PARKING (city)**
- Does not hit nearby vehicles or stationary objects
  - Parks proper distance from curb
  - Sets parking brake, puts in gear, chocks wheels, shuts off motor
  - Checks traffic conditions and signals when pulling out from parked position
  - Parks in safe and legal location

- C. PARKING (road)**
- Parks off pavement
  - Avoids parking on soft shoulder
  - Uses emergency warning signals when equipped
  - Secures unit properly

TC-152296

# Road Test Form

Name: Sami Mawson Address: 1800 S Jackson St #211  
 City: Seattle License No. [REDACTED]  
 State: WA Date: 02/07/2016  
 Zip: 98144 Equipment Driven:  
 SSN#: [REDACTED] Tractor: N/A Trailer: N/A  
 If Passenger Carrier, Type of Bus VAN  
 From: Mountain Seattle To: Seatac

For those items that apply, checkmark if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory. Explain unsatisfactory items under Remarks:

### 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

Checks general condition approaching unit

Looks for leakage of coolants, fuel, lubricants

Checks under hood - oil, water, general condition of engine compartment, steering

Checks around unit - tires, lights, trailer hookup, brake and light lines, body, doors, horn windshield wipers

Test brake action, tractor protection valve, and parking & air brake

Knows use of jacks, tools, emergency warning devices, fire chains, fire extinguisher, spare tires, and tow-way flasks

Checks instruments

Clears windshield, windows, mirrors, lights, reflections

### 2 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

#### A. MOTOR

Starts motor without difficulty

Allows proper warm-up

Understands gauges on instrument panel

Maintains proper engine speed while driving

Basic knowledge of motor - gas, diesel

Does not abuse motor

#### B. CLUTCH AND TRANSMISSION

Starts backed in smoothly

Uses clutch properly

Times gears into properly

Shifts gears smoothly

Uses proper gear sequence

#### C. BRAKES

Understands operating principles of air brakes

Knows proper use of tractor protection valve

Understands low air warning

Tests brakes before starting trip

### 3 - COUPLING AND UNCOUPLING

Lines up units

Hooks brake and light lines properly

Secures trailer against movement

Backs under slowly

Tests hookup with power

Checks hookup visually

Handles landing gear properly

Proper hook-up of full trailer

Secures power unit against movement

### 4 - BACKING AND PARKING

#### A. Backing

Gets out and checks before backing

Looks back as well as uses mirror

Gets out and checks conditions on big back

Avoids backing from blindside

Signals when backing

Controls speed and direction properly when backing

#### B. PARKING (city)

Does not hit nearby vehicles or stationary objects

Parks proper distance from curb

Sets parking brake, puts in gear, chocks wheels, shifts off motor

Checks traffic conditions and signals when pulling out from parked position

Parks in safe and legal location

#### C. PARKING (road)

Parks off pavement

Avoids parking on soft shoulder

Uses emergency warning signals when required

Secures unit properly

N/A

**Inspection, Repair & Maintenance Record**

VEHICLE IDENTIFICATION	
Make: <u>FORD</u>	Serial Number: <u>1FB5S3BL9DDA19180</u>
Year: <u>2013</u>	Tire Size: <u>LT245/75R16</u>
Company number/other ID: <u>01</u>	Owner, if leased:

DATE	OPERATION PERFORMED, INSPECTION AND/OR REPAIR
<u>2/20/16</u>	<u>Rotors, Brakes &amp; Pads replaced</u>
<u>2/23/16</u>	<u>Oil change &amp; filter</u>

### Inspection, Repair & Maintenance Record

#### VEHICLE IDENTIFICATION

Make: FORD	Serial Number: 1FB5S3BL8DDA63E72
Year: 2013	Tire Size: LT 245 / 75 R 16
Company number/other ID: 2	Owner, if leased: ✓

DATE	OPERATION PERFORMED, INSPECTION AND/OR REPAIR
2/25/16	Oil change & filter.

**Driver Time Record**

Driver's Name (Print): N. Paul Yankuba

Month: February Year: 2016

Employee No. 2

COMPANIES MAY PREPARE THIS REPORT INSTEAD OF THE DRIVERS DAILY LOG IF THE FOLLOWING APPLY:  
 The driver operates wholly within 100 air mile radius of the work reporting location (150 air mile radius for NON CDL property carrier drivers), the driver is released from work at the work reporting location within 12 consecutive hours and the driver has at least 10 consecutive hours off duty (8 consecutive hours off duty for Passenger carriers). The drivers are still subject to the maximum driving and on duty times per CFR 49 Part 395.

Date	Start Time	Stop Time	Total On Duty Time	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
x 22	0630	0230	7.5 hr	Breaks, and slow day/downtime
23				
24				
25				
26				
27				
28				
29				
30				
31				

U.S. DEPARTMENT OF TRANSPORTATION **DRIVER'S DAILY LOG**  
(ONE CALENDAR DAY - 24 HOURS)

ORIGINAL - Submit to carrier within 13 days  
DUPLICATE - Driver retains possession for eight days

VEHICLE NUMBERS - (SHOW EACH UNIT) 1

I certify these entries are true and correct:

(NAME OF CARRIER OR CARRIERS) Seals Transport 24  
(DRIVER'S SIGNATURE IN FULL) [Signature]

(MONTH) (DAY) (YEAR) Feb 22 2016 (TOTAL MILES DRIVING TODAY) 50  
(NAME OF CARRIER OR CARRIERS) Seals Transport 24  
(MAIN OFFICE ADDRESS) 1800 Jackson St #211, Seattle, WA 98144  
(NAME OF CO-DRIVER)

	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
1: OFF DUTY																									
2: SLEEPER BERTH																									
3: DRIVING																									
4: ON DUTY (NOT DRIVING)																									
REMARKS																									

Pro or Shipping No. \_\_\_\_\_

See 49 CRF 396.11 requirement

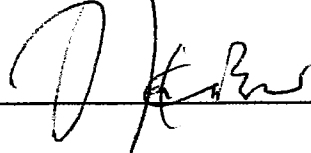
Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

DATE: 2/23/16 VEHICLE NUMBER: 1 (One)

- SERVICE BRAKES, PARKING BRAKE
- STEERING
- LIGHTS
- TIRES
- HORN
- OTHER
- WINDSHIELD WIPERS
- MIRRORS
- COUPLING DEVICES
- WHEELS & RIMS
- EMERGENCY EQUIPMENT

REMARKS:

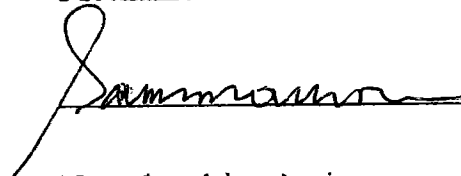
Condition of the above vehicle is SATISFACTORY.

Driver's Signature: 

Above defects corrected.

Above defects need not be corrected for safe operation of vehicle.

Mechanic's or carrier official's signature certifying repairs:

 Date 2/23/16

Next day driver's signature: None

\_\_\_\_\_ Date \_\_\_\_\_

(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

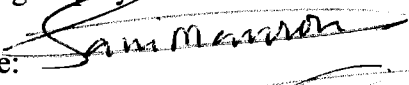


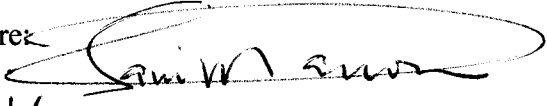
TC-152296

Seatac Airport 24 Inc. 1800 S. Jackson St, Seattle, WA 98144 Ph.206-319-7076  
USDOT #2408309 State # C-65615

**Rules for driver not respecting UTC Regulations and Rules**

1. First time: 7 days leave without pay.
2. Second time: 15 days leave without pay.
3. Third time: 30 days leave without pay.
4. Fourth time: Firing employee.

Employee Signature: 

Company Representative Signature: 

This Day Of 23<sup>rd</sup>, 02, 20 16

TC-152296

Seatac Airport 24 Inc. 1800 S. Jackson St, Seattle, WA 98144 Ph.206-319-7076  
USDOT #2408309 State # C-65615

**Rules for driver not respecting UTC Regulations and Rules**

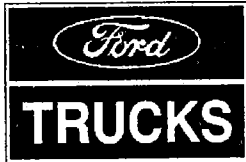
1. First time: 7 days leave without pay.
2. Second time: 15 days leave without pay.
3. Third time: 30 days leave without pay.
4. Fourth time: Firing employee.

Employee Signature: *Ndow Nyba*  
Company Representative Signature: *Samuel*

This Day Of *23rd*, 02, 20 *16*

TC-152296

# HORIZON FORD



11000 Tukwila International Blvd.  
Seattle, WA 98168  
Phone: (206) 763-9100  
Fax: (206) 767-0501  
www.horizonpartsguy.com



**PARTS DEPARTMENT HOURS**  
7:00 a.m. to 7:00 p.m. Mon - Fri · 8:00 a.m. to 4:30 p.m. Sat

**COMPLETE LINE OF  
AUTO & TRUCK PARTS  
FOR ALL MAKES & MODELS**

**RETURN POLICY**

No returns on electrical or special order items. A restocking charge of 20% will be applied on all merchandise returned for credit. No returns after 15 days.

**DISCLAIMER OF WARRANTIES**

All warranties on the products sold hereby are those made by the manufacturer. The seller, HORIZON FORD, hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and HORIZON FORD, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

DATE ENTERED 27 NOV 15	YOUR ORDER NO.	DATE SHIPPED 27 NOV 15	INVOICE DATE	INVOICE NUMBER 124997	15:40
---------------------------	----------------	---------------------------	--------------	--------------------------	-------

S  
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ACCOUNT NO. P99

CASH  
WILLCALL  
WA 98168

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P  
  
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O

CASH  
WA 98168

PAGE 1 OF 1

SHIP VIA WC	SLSM. 9316	B/L NO.	TERMS CASH	F.O.B. POINT SEATTLE, WA			
QTY	QTY	QTY	QTY	QTY			
ORD	SHIP	NO	PART NO.	DESCRIPTION	LIST	NET	AMOUNT
1	1	0	XT*5*QM	200 FLUID -	9.05	9.05	9.05
							<p><b>PAID</b> NOV 27 2015 HORIZON FORD</p>
						PARTS	9.05
						SUBLET	
						FREIGHT	0.00
						SALES TAX	0.86
CUSTOMER'S SIGNATURE X						<b>TOTAL</b>	<b>\$9.91</b>

# Horizon Ford

Seatac Ford Trucks Inc

11/27/2015 03:09 PM PST

11000 TUKLA INTL BLVD  
TUKWILA, WA, 98168  
206-957-1101 (Office)  
georgia@horizonford.com

## BILLED TO

Rachidatou Maurou Dikeni

## DETAILS

DETAILS	<b>Approved</b>
TYPE	Charge - Capture
APPROVAL	504404
TRANS ID	73051
MID	*****1667
TID	70325772
TERMINAL	114835
INVOICE	124997
PO	124997

signature

Cardmember acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

ACCOUNT	AMERICAN EXPRESS... 1011
Entry Mode	Swiped
AMOUNT	USD\$9.91
<b>TOTAL</b>	<b>\$9.91</b>

TC-152296

CUSTOMER #: 60033

25761



\*INVOICE\*

SANI M MAUROU  
165 17TH AVE #102  
SEATTLE, WA 98122  
HOME:206-356-7664 CONT:206-356-7664  
BUS: CELL:

101 S.W. GRADY WAY  
RENTON, WA 98057  
(425) 235-1000  
DIRECT SERVICE LINE (425) 277-1345  
www.soundford.com

PAGE 1

SERVICE ADVISOR: 8267 Furtado Chuck

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	13	FORD E350	1FBSS3BL9DDA49180		22589/22589	T4334	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
10MAY13 DD			17:00 04JUN14		0.00	CASH	04JUN14
R.O. OPENED	READY	OPTIONS: STK:139205 ENG:5.4 LITER					
12:07 04JUN14	15:13 04JUN14						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A MULTI POINT INSPECTION MULTI POINT INSPECTION  
 15FOZ99P MULTI POINT INSPECTION MULTI POINT  
 INSPECTION  
 8333 IMPI (N/C)  
 PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00  
 MPI

\*\*\*\*\*  
 B THE WORKS PACKAGE  
 24 BASIC MAINT  
 8333 CP 19.95 19.95  
 7 XO-5W20-BSP 521145 MOTORCRAFT SAE 5W-20 5.75 3.00 21.00  
 1 F1AZ\*6731\*BD CFL820S FILTER ASY - OIL 7.69 5.00 5.00  
 PARTS: 26.00 LABOR: 19.95 OTHER: 0.00 TOTAL LINE B: 45.95  
 LOF ROTATE TIRES INSPECT BRAKES SET TIRE PSI  
 \*\*\*\*\*  
 CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER 6.50

*Pl USA*

<b>EXCLUSION OF WARRANTIES</b> Any warranties on the parts and accessories sold hereby are made by the manufacturer. The undersigned purchaser understands and agrees that dealer makes no warranties of any kind, express or implied, and disclaims all warranties, including warranties of merchantability or fitness for a particular purpose, with regard to the parts and/or accessories purchased; and that in no event shall dealer be liable for incidental or consequential damages or commercial losses arising out of such purchase. The undersigned purchaser further agrees that the warranties excluded by dealer, include, but are not limited to any warranties that such parts and/or accessories are of merchantable quality or that they will enable any vehicle or any of its systems to perform with reasonable safety, efficiency, or comfort.	A minimal charge has been added where applicable to your repair order for the disposal of or use of materials, chemicals or wastes.	<b>Completely Satisfied is our Goal!</b> Thank you for this opportunity to serve you. It is our goal for you, the Customer to be Completely Satisfied with the repairs on your Vehicle. If for any reason you are not Completely Satisfied with your service visit, please contact your Team Service Manager or our Service Director at (425) 277-1345	DESCRIPTION	TOTALS
	Service Hours: 7:00 - 6:30 Mon - Sat Quicklane Hours: 8:00 - 6:00 Everyday Body Shop: 7:30 - 6:00 Mon - Fri		LABOR AMOUNT	19.95
<i>Thank You!</i>			PARTS AMOUNT	26.00
			GAS, OIL, LUBE	0.00
			SUBLET AMOUNT	0.00
			MISC. CHARGES	6.50
			TOTAL CHARGES	52.45
			LESS INSURANCE	0.00
			SALES TAX	4.99
			PLEASE PAY THIS AMOUNT	57.44

TC-152216540348



# BEST TIRE VALUE PROMISE<sup>®</sup>

(Limited Warranty)

Doing The Right Thing Since 1952<sup>®</sup>

This Best Tire Value Promise<sup>®</sup> (Limited Warranty) is provided for free as part of Les Schwab's World Class Customer Service and is valid for the original purchaser of the new passenger and tubeless light truck tires listed on the attached original invoice ("Covered Tires"). This Best Tire Value Promise<sup>®</sup> (Limited Warranty) includes peace of mind tire protection, lifetime tire & mileage care, and a limited warranty for the tread life of your Covered Tires.

### Free Peace of Mind Tire Protection\*

Whatever the road throws at you, from potholes to nails or other road hazards, you have peace of mind protection that we will repair or replace your Covered Tire for its remaining value under the terms of this Best Tire Value Promise<sup>®</sup> (Limited Warranty). Our workmanship is guaranteed for the life of your Covered Tires. We also offer free pre-trip safety checks for peace of mind before you hit the road.

### Free Lifetime Tire & Mileage Care\*

So you get more miles out of your tires and more miles per gallon of gas, for the life of your Covered Tires we provide:

- Free Flat Repairs
- Free Rebalancing
- Free Tire Checks
- Free Snow Tire Installation and Removal (for pre-mounted Les Schwab tires)
- Free Tire Rotations
- Free Air Checks
- Free Brake and Alignment Checks

These "Care Services" are available at hundreds of Les Schwab locations around the West.

### Limited Warranty for Tread Life\*

Les Schwab warrants the tread life of the Covered Tires for the mileage indicated below:

- 30,000
- 40,000
- 50,000
- 60,000
- 70,000
- 35,000
- 45,000
- 55,000
- 65,000
- 80,000

\*See reverse side for descriptions of the free Care Services and the terms, conditions, limitations, and exclusions of our Best Tire Value Promise<sup>®</sup> (Limited Warranty).

The limited warranties for tread life and tire protection are not valid unless accompanied by the Covered Tires and original invoice No. 37300244100

TC-152296



6111 4th Ave S  
Seattle, WA 98108  
206-768-9422

Store: 373  
Invoice: 37300244100  
Salesperson: Jason O M

Work Order 37300244077

Customer Information

Name: SANI MAUROU  
Address: 1800 S JACKSON ST  
City, State: SEATTLE, WA 98144  
Phone: (206) 319-7076

Vehicle Information

Vehicle: 2013 FORD E350 VAN  
Color: WHITE  
Mileage: 37,612  
License: B245Y

Comments: SPARE IS ON ONE OF THE REARS. THINKS RR. DAMAGED TIRE IS UNDERNEATH. ROUTINE BRAKE CHECK. PLEASE ROTATE TIRES.

Les Schwab Invoice

Qty	Product Code	Product Description	Price/ea	FET	Amount
			\$0.00	\$0.00	\$0.00
1	15712	LT Tire - w/Metal Stem	\$7.75	\$0.00	\$7.75
1	13728	TUBELESS METAL STEM	\$15.50	\$0.00	\$15.50
1	13731	WHEEL SPIN BALANCE	\$119.99	\$0.00	\$119.99
1	352677	LT245 75R-16/10 TERRAMAX HT ALL POSITION OWL	\$20.00	\$0.00	\$20.00
1	12860	BRAKE INSPECTION	(\$20.00)	\$0.00	(\$20.00)
1	12818	COMPLIMENTARY BRAKE INSPECTION	\$8.00	\$0.00	\$32.00
4	12855	COMMERCIAL ROTATION (EA)	(\$8.00)	\$0.00	(\$32.00)
4	12812	COMPLIMENTARY COMMERCIAL ROTATION			
<b>Parts Subtotal:</b>					\$127.74
<b>Labor Subtotal:</b>					\$15.50
<b>Sales Tax:</b>					\$13.61
<b>Tire Tax:</b>					\$1.00

Invoice **\$157.85**

AMEX Approval# 545276 Card# XXXXXXXXXXXX1003 **\$157.85**

Payment Method:

DOT: CXLTFW52414 Qty: 1

Wheel Position: LF, RF, LR, RR

Service Checklist:

- Visual Tire Inspection | Comments: 1 NEW ROTATED ALL
- Tire Pressure Check | Comments: FT 65-PSI REAR-80-PSI
- Visual Wheel Alignment | Comments: FRONT END TIGHT
- Visual Shock/Strut Inspection | Comments: OK
- Visual Brake Inspection | Comments: FT 8MM REAR 6MM

TC-152296



6111 4th Ave S  
Seattle, WA 98108  
206-768-9422

Store: 373  
Invoice: 37300244100  
Salesperson: Jason O M

Work Order 37300244077

**Customer Information**

**Name:** SANI MAUROU  
**Address:** 1800 S JACKSON ST  
**City, State:** SEATTLE, WA 98144  
**Phone:** (206) 319-7076

**Vehicle Information**

**Vehicle:** 2013 FORD E350 VAN  
**Color:** WHITE  
**Mileage:** 37,612  
**License:** B245Y

**WARNING: THE FOLLOWING APPLIES TO VEHICLES WITH MODIFIED SUSPENSION/RIDE HEIGHT**  
The suspension/ride height of this vehicle has been modified. As a result, this vehicle may handle differently than that of factory equipped vehicles. As with any vehicle, extreme care must be used to prevent loss of control or roll-over during sharp turns or abrupt maneuvers. Always wear seat belts and drive safely, recognizing that reduced speeds and specialized driving techniques may be required. Failure to drive this vehicle safely may result in serious injury or death. Do not drive this vehicle unless you are familiar with its unique handling characteristics and are confident of your ability to maintain control under all driving conditions. Some modifications (and combinations of modifications) are not recommended and may not be permitted in your state. Consult your owner's manual, the instructions accompanying this product and state laws before undertaking these modifications. You are responsible for the legality and safety of the vehicle you modify using these components.

Les Schwab electronically registers your tire purchase with the tire manufacturer at no charge to you, in accordance with NHTSA's tire registration requirements.

Free air checks for the life of the tires.

Remember to rotate your tires every 5,000 miles for maximum mileage - and it's free!

Your car may have a tire pressure monitoring system that uses a warning light to alert the driver of low tire pressure or system failure. Pursuant to NHTSA, Les Schwab must install all tire and wheel combinations with functioning TPMS sensors, including tires and custom wheels or winter tires and wheels. The TPMS light may illuminate after routine service and require additional action. We offer and recommend monthly air checks.

**THANK YOU FOR YOUR BUSINESS**

**Authorized By:**

SANI MAUROU (206) 319-7076 01-06-15 11:33 AM \$157.85

ASSIGNMENT OF WARRANTIES - LIMITATION OF REMEDIES. SELLER ASSIGNS TO PURCHASER ALL RIGHTS AND REMEDIES UNDER MANUFACTURER EXPRESS AND IMPLIED WARRANTIES BUT OTHERWISE EXCLUDES ALL LIABILITY FOR WARRANTY DAMAGES, INCIDENTAL AND CONSEQUENTIAL DAMAGES OF ANY TYPE WHATSOEVER EXCLUDED TO EXTENT LAW ALLOWS. ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE.

Customer Signature X



\* indicates promotional price  
For more information on our products and services, visit [www.LesSchwab.com](http://www.LesSchwab.com).  
All parts new unless specified.

Invoice Date/Time: 01-06-2015 12:19 PM



TC-152296



6111 4th Ave S  
Seattle, WA 98108  
206-768-9422

Store: 373  
Quote: 37300203075  
Salesperson: AmyM

Customer Information

Name:  
Address:  
City, State,  
Phone:

Vehicle Information

Vehicle:  
Color:  
Mileage:  
License:

Les Schwab Quote

Qty	Product Code	Product Description	Price/ea	FET	Amount
1	15712	LT Tire - w/Metal Stem	\$0.00	\$0.00	\$0.00
1	13728	TUBELESS METAL STEM	\$7.75	\$0.00	\$7.75
1	13731	WHEEL SPIN BALANCE	\$15.00	\$0.00	\$15.00
1	352677	LT245/75R-16/10 TERRAMAX HT ALL POSITION OWL	\$124.99	\$0.00	\$124.99
Sales Tax:					\$14.04
Tire Tax:					<del>\$1.99</del>
<b>Quotation Total:</b>					<b>\$162.78</b>

1	15712	LT Tire - w/Metal Stem	\$0.00	\$0.00	\$0.00
1	13728	TUBELESS METAL STEM	\$7.75	\$0.00	\$7.75
1	13731	WHEEL SPIN BALANCE	\$15.00	\$0.00	\$15.00
1	257392	LT245/75R-16/10 120/116R MASTERCRAFT COURSER LTR AS BW	\$169.33	\$0.00	\$169.33
Sales Tax:					\$18.26
Tire Tax:					<del>\$1.99</del>
<b>Quotation Total:</b>					<b>\$211.34</b>

1	15712	LT Tire - w/Metal Stem	\$0.00	\$0.00	\$0.00
1	13728	TUBELESS METAL STEM	\$7.75	\$0.00	\$7.75
1	13731	WHEEL SPIN BALANCE	\$15.00	\$0.00	\$15.00
1	125619	LT245/75R-16/10 WILDCAT HT RIB BW	\$203.34	\$0.00	\$203.34
Sales Tax:					\$21.49
Tire Tax:					\$1.00
<b>Quotation Total:</b>					<b>\$248.58</b>

TC-152296



6111 4th Ave S  
Seattle, WA 98108  
206-768-9422

Store: 373  
Invoice: 37300264231  
Salesperson: Josh A B

Work Order 37300264226

**Customer Information**

**Name:** SANI MAUROU  
**Address:** 1800 S JACKSON ST  
**City, State,** SEATTLE, WA 98144  
**Phone:** (206) 319-7076

**Vehicle Information**

**Vehicle:** 2013 FORD E350 VAN  
**Color:** WHITE  
**Mileage:** 23,963  
**License:** B245Y

ASSIGNMENT OF WARRANTIES - LIMITATION OF REMEDIES. SELLER ASSIGNS TO PURCHASER ALL RIGHTS AND REMEDIES UNDER MANUFACTURER EXPRESS AND IMPLIED WARRANTIES BUT OTHERWISE EXCLUDES ALL LIABILITY FOR WARRANTY DAMAGES. INCIDENTAL AND CONSEQUENTIAL DAMAGES OF ANY TYPE WHATSOEVER EXCLUDED TO EXTENT LAW ALLOWS. ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE.

Customer Signature X



\* indicates promotional price  
For more information on our products and services, visit [www.LesSchwab.com](http://www.LesSchwab.com).  
All parts new unless specified.

Invoice Date/Time: 04-20-2015 05:22 PM

TC-1522916



6111 4th Ave S  
Seattle, WA 98108  
206-768-9422

Store: 373  
Invoice: 37300278403  
Salesperson: Isabelle L S

Work Order 37300278379

**Customer Information**

**Name:** SANI MAUROU  
**Address:** 1800 S JACKSON ST  
**City, State,** SEATTLE, WA 98144  
**Phone:** (206) 319-7076

**Vehicle Information**

**Vehicle:** 2013 FORD E350 VAN  
**Color:** WHITE  
**Mileage:** 38,730  
**License:** B24445Y

ASSIGNMENT OF WARRANTIES - LIMITATION OF REMEDIES. SELLER ASSIGNS TO PURCHASER ALL RIGHTS AND REMEDIES UNDER MANUFACTURER EXPRESS AND IMPLIED WARRANTIES BUT OTHERWISE EXCLUDES ALL LIABILITY FOR WARRANTY DAMAGES. INCIDENTAL AND CONSEQUENTIAL DAMAGES OF ANY TYPE WHATSOEVER EXCLUDED TO EXTENT LAW ALLOWS. ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE.

Customer Signature X



\* indicates promotional price  
For more information on our products and services, visit [www.LesSchwab.com](http://www.LesSchwab.com).  
All parts new unless specified.

Invoice Date/Time: 07-09-2015 10:56 AM

TC-152296



6111 4th Ave S  
Seattle, WA 98108  
206-768-9422

Store: 373  
Invoice: 37300278403  
Salesperson: Isabelle L S

Work Order 37300278379

**Customer Information**

Name: SANI MAUROU  
Address: 1800 S JACKSON ST  
City, State, SEATTLE, WA 98144  
Phone: (206) 319-7076

**Vehicle Information**

Vehicle: 2013 FORD E350 VAN  
Color: WHITE  
Mileage: 38,730  
License: B24445Y

Comments: SCREW

**Les Schwab Invoice**

Qty	Product Code	Product Description	Price/ea	FET	Amount
1	13712	FLAT REPAIR	\$14.00	\$0.00	\$14.00
1	12807	COMPLIMENTARY PASSENGER FLAT REPAIR	(\$14.00)	\$0.00	(\$14.00)

Parts Subtotal: \$0.00  
Labor Subtotal: \$0.00  
Sales Tax: \$0.00  
Tire Tax: \$0.00

<b>Invoice</b>	<b>\$0.00</b>
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**Payment Method:** ZERO BALANCE **\$0.00**

**Wheel Position:** RF

**Notes To Review With Customer:** FIXED FLAT RF DUE TO SCREW, FILLED FRONTS TO 55PSI AND REARS TO 80PSI.

**Service Checklist:**

- Visual Tire Inspection | Comments: ALL TIRES IN GOOD CONDITION
- Tire Pressure Check | Comments: FRONTS 55PSI REARS 80PSI
- Visual Wheel Alignment | Comments: NO ABNORMAL TIRE WEAR
- Visual Shock/Strut Inspection | Comments: GOOD, NOT LEAKING
- Visual Brake Inspection | Comments: RF GOOD AT THIS TIME

**THANK YOU FOR YOUR BUSINESS**