

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 2018

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?

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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?

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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 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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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
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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 Sami Mahama Maurou
(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)

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)

N/A
(None)

LOCATION	DATE	CHARGE	PENALTY

(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 _____

N/A REASON FOR LEAVING _____
 Subject to Federal Motor Carrier Safety Regulations YES _____ NO _____
 N/A Performed safety sensitive function subject to DOT Controlled Substance/Alcohol testing YES _____ NO _____

SECOND LAST EMPLOYER NAME US NAVY
 ADDRESS Everett, Washington
 POSITION HELD Culor 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)

[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.

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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 Sarah Mawson
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 MD DO 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

Sarah Mawson
SIGNATURE OF DRIVER

1800 S Jackson St #211
DRIVER LICENSE NUMBER ISSUING STATE

2/2/18
ADDRESS OF DRIVER

MEDICAL CERTIFICATE EXPIRATION DATE

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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.

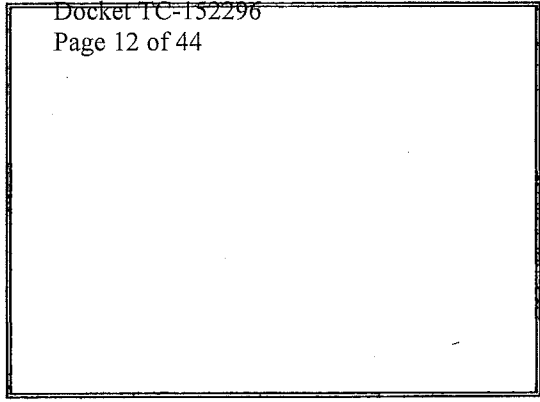
Positive identification or non-identification in the Washington State Patrol's database can only
be determined by fingerprint comparison.

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 NSOW
(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 253 301 7042 SOCIAL SECURITY NO. [REDACTED]

PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1	2305 1st Ave	Seattle	WA 98121	4 yrs
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 15 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)

(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)

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Section 3

MADRID

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

[Handwritten signature]

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CERTIFIED

Driving Record - NDOW*Y*2840T

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 <u>NDOW, YANKUBA</u> 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:			
<input type="checkbox"/> wearing corrective lenses	<input type="checkbox"/> driving within an exempt Intensity zone (49 CFR 391.82)		
<input type="checkbox"/> wearing hearing aid	<input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)		
<input type="checkbox"/> accompanied by a _____	<input type="checkbox"/> Qualified by operation of 49 CFR 391.54		
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 12/10/2015 11:29:57 AM	TELEPHONE (206) 243-9675	DATE 12/10/2015	
MEDICAL EXAMINER'S NAME (PRINT) Robert Yup, ARNP	<input type="checkbox"/> MD <input type="checkbox"/> DO	<input type="checkbox"/> Chiropractor <input type="checkbox"/> ANP	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO/ISSUING STATE AP60126973 WA	NATIONAL REGISTRY NO. 4322165230		
SIGNATURE OF DRIVER 12/10/2015 10:53:36 AM	INTRASTATE ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE NO. STATE 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 [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.

TC-152296
 DATE (MM/DD/YYYY)
 11/3/2015



CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER Key Insurance LLC 4800 S 188TH ST STE #220 SEATAC WA 98188	CONTACT NAME: Nantes Howe PHONE (A/C, No, Ext): (206) 420-4270 FAX (A/C, No): (206) 420-3284 E-MAIL ADDRESS: nantes@keyinsure.net														
INSURED Sani Maurou, DBA: SEATAC AIRPORT 24 165 17th Ave #102 Seattle WA 98122	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Knightbrook Insurance Company</td> <td style="text-align: center;">13722</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Knightbrook Insurance Company	13722	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Knightbrook Insurance Company	13722														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

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
	COMMERCIAL GENERAL LIABILITY <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 - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			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
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<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

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



CERTIFICATE OF LIABILITY INSURANCE

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).

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

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL 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/POP AGG \$ \$
A	AUTOMOBILE LIABILITY <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
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE 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

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

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

INSURANCE IDENTIFICATION CARD

WA
(STATE)

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

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



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
 TD-420-802 (R/1/12, Page 1 of 2)

TC-152296



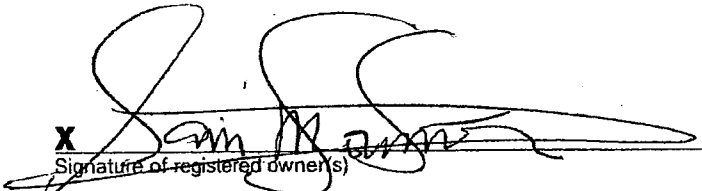
Vehicle Registration Certificate

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.

TC-152296

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 Van Kusa	0	0	0	0
2	2/25/16	Seattle, WA	Sami Marwan	0	0	0	0

NO Accident in file for all drivers

Seattle Airport 24

Road Test Form

Name: Ndow Yanikuba Address: 2325 - 1st Ave #321
 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 To: Seattle
 If Passenger Carrier, Type of Bus N/A

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

1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT		3 - COUPLING AND UNCOUPLING	
Checks general condition approaching unit	<input checked="" type="checkbox"/>	Lines up units	<u>N/A</u>
Looks for leakage of coolants, fuel, lubricants	<input checked="" type="checkbox"/>	Hooks brake and light lines properly	<u> </u>
Checks under hood - oil, water, general condition of engine compartment, steering	<input checked="" type="checkbox"/>	Secures trails against movement	<u> </u>
Checks around unit - tires, lights, trailer hookup, brake and light lines, body, doors, long windsheet wipers	<input checked="" type="checkbox"/>	Backs under slowly	<u> </u>
Tests brake action, tractor protection valve, and parking (hand) brake	<input checked="" type="checkbox"/>	Tests hookup with power	<u> </u>
Knows use of jacks, tools, emergency warning devices, fire chains, fire extinguisher, spare fuses, and four-way flashers	<input checked="" type="checkbox"/>	Checks hookup is rally	<u> </u>
Checks instruments	<input checked="" type="checkbox"/>	Handles landing gear properly	<u> </u>
Checks windshield, windows, mirrors, lights, reflectors	<u> </u>	Proper hook-up of full trailer	<u> </u>
2 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS		Secures power unit against movement	<u> </u>
A. MOTOR		4 - BACKING AND PARKING	
Starts motor without difficulty	<input checked="" type="checkbox"/>	A. Backing:	
Allows proper warm-up	<input checked="" type="checkbox"/>	Gets on road clocks before backing	<u> </u>
Understands gauges or instrument panel	<input checked="" type="checkbox"/>	Looks back as well as uses mirrors	<u> </u>
Maintains proper engine speed while driving	<input checked="" type="checkbox"/>	Gets on road checks conditions on big back	<u> </u>
Basic knowledge of motor - gas, diesel	<input checked="" type="checkbox"/>	Avoids backing from blindside	<u> </u>
Does not abuse motor	<input checked="" type="checkbox"/>	Signals when backing	<u> </u>
B. CLUTCH AND TRANSMISSION		Controls speed and direction properly when backing	<u> </u>
Starts backed in smoothly	<input checked="" type="checkbox"/>	B. PARKING (city)	
Uses clutch properly	<input checked="" type="checkbox"/>	Does not hit nearby vehicles or stationary objects	<u> </u>
Times gears fits properly	<input checked="" type="checkbox"/>	Parks proper distance from curb	<u> </u>
Shifts gears smoothly	<input checked="" type="checkbox"/>	Sets parking brake, puts in gear, chocks wheels, shuts off motor	<u> </u>
Uses proper gear sequence	<input checked="" type="checkbox"/>	Checks traffic conditions and signals when pulling out from parked position	<u> </u>
C. BRAKES		Parks in safe and legal location	<u> </u>
Understands operating principles of air brakes	<input checked="" type="checkbox"/>	C. PARKING (road)	
Knows proper use of tractor protection valve	<input checked="" type="checkbox"/>	Parks off pavement	<u> </u>
Understands low air warning	<input checked="" type="checkbox"/>	Avoids parking on soft shoulder	<u> </u>
Tests brakes before starting trip	<input checked="" type="checkbox"/>	Uses emergency warning signals when required	<u> </u>
		Secures unit properly	<u> </u>

TC-152296

Road Test Form

Name: Sami M. Dawson 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		3 - COUPLING AND UNCOUPLING	<u>N/A</u>
Checks general condition approaching unit	<input checked="" type="checkbox"/>	Lines up units	<input type="checkbox"/>
Looks for leakage of coolants, fuel, lubricants	<input checked="" type="checkbox"/>	Hooks brake and light lines properly	<input type="checkbox"/>
Checks under hood - oil, water, general condition of engine compartment, steering	<input checked="" type="checkbox"/>	Secures trailer against movement	<input type="checkbox"/>
Checks around unit - tires, lights, trailer hookup, brake and light lines, body, doors, horn, windshield wipers	<input checked="" type="checkbox"/>	Backs under slowly	<input type="checkbox"/>
Test brake action, tractor protection valve, and parking (hand) brake	<input checked="" type="checkbox"/>	Tests hookup with power	<input type="checkbox"/>
Knows use of jacks, tool, emergency warning devices, fire chains, fire extinguisher, spare fuses, and airway flasks	<input checked="" type="checkbox"/>	Checks hookup visually	<input type="checkbox"/>
Checks instruments	<input checked="" type="checkbox"/>	Handles landing gear properly	<input type="checkbox"/>
Cleans windshield, windows, mirrors, lights, reflectors	<input type="checkbox"/>	Proper lock-up of full trailer	<input type="checkbox"/>
2 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS		Secures power unit against movement	<input type="checkbox"/>
A. MOTOR		4 - BACKING AND PARKING	
Starts motor without difficulty	<input checked="" type="checkbox"/>	A. Backing	
Allows proper warm-up	<input checked="" type="checkbox"/>	Gets out hand checks before backing	<input checked="" type="checkbox"/>
Understands gauges on instrument panel	<input checked="" type="checkbox"/>	Looks back as well as uses mirrors	<input checked="" type="checkbox"/>
Maintains proper engine speed while driving	<input checked="" type="checkbox"/>	Gets out hand checks conditions on big back	<input checked="" type="checkbox"/>
Basic knowledge of motors - gas, diesel	<input checked="" type="checkbox"/>	Avoids backing from blindside	<input checked="" type="checkbox"/>
Does not abuse motor	<input checked="" type="checkbox"/>	Signals while backing	<input checked="" type="checkbox"/>
B. CLUTCH AND TRANSMISSION		Controls speed and direction properly while backing	<input checked="" type="checkbox"/>
Starts backed in smoothly	<input checked="" type="checkbox"/>	B. PARKING (city)	
Uses clutch properly	<input checked="" type="checkbox"/>	Does not hit nearby vehicles or stationary objects	<input checked="" type="checkbox"/>
Times gears in properly	<input checked="" type="checkbox"/>	Parks proper distance from curb	<input checked="" type="checkbox"/>
Shifts gears smoothly	<input checked="" type="checkbox"/>	Sets parking brake, puts in gear, chocks wheels, starts off motor	<input checked="" type="checkbox"/>
Uses proper gear sequence	<input checked="" type="checkbox"/>	Checks traffic conditions and signals when pulling out from parked position	<input checked="" type="checkbox"/>
C. BRAKES		Parks in safe and legal location	<input checked="" type="checkbox"/>
Understands operating principles of air brakes	<input checked="" type="checkbox"/>	C. PARKING (road)	
Knows proper use of tractor protection valve	<input checked="" type="checkbox"/>	Parks off pavement	<input checked="" type="checkbox"/>
Understands low air warning	<input checked="" type="checkbox"/>	Avoids parking on soft shoulder	<input checked="" type="checkbox"/>
Tests brakes before starting trip	<input checked="" type="checkbox"/>	Uses emergency warning signals when equipped	<input checked="" type="checkbox"/>
		Secures in it properly	<input checked="" type="checkbox"/>

Inspection, Repair & Maintenance Record

VEHICLE IDENTIFICATION

Make: <u>FORD</u>	Serial Number: <u>1FB5S3BL9DDA19180</u>
Year: <u>2013</u>	Tire Size: <u>LT 245/75R16</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 & Pads replaced</u>
<u>2/23/16</u>	<u>Oil change & filter</u>

TC-152296

Inspection, Repair & Maintenance Record

VEHICLE IDENTIFICATION

Make: FORD	Serial Number: 1F B35 3B L8 DDA 63E 72
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. Dan Yankebe

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 COL 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				

Your Guide to Achieving a Satisfactory Safety Record

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)

Locally these entries are required:

(MONTH) (DAY) (YEAR) (TOTAL MILES DRIVING TODAY)

Feb 22 2016 50

(NAME OF CARRIER OR CARRIERS) (DRIVER'S SIGNATURE IN FULL)

Selec Import 24 *[Signature]*

(MAIN OFFICE ADDRESS) (NAME OF CO-DRIVER)

1800 Jackson St #211, Seattle, WA 98144

	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

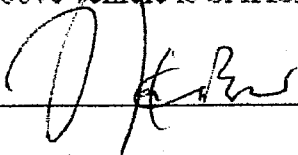
Driver instruction: Check any defective item that was observed by or reported to you and give details under "Remarks."

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

- | | |
|--------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> SERVICE BRAKES, PARKING BRAKE | <input type="checkbox"/> WINDSHIELD WIPERS |
| <input type="checkbox"/> STEERING | <input type="checkbox"/> MIRRORS |
| <input type="checkbox"/> LIGHTS | <input type="checkbox"/> COUPLING DEVICES |
| <input type="checkbox"/> TIRES | <input type="checkbox"/> WHEELS & RIMS |
| <input type="checkbox"/> HORN | <input type="checkbox"/> EMERGENCY EQUIPMENT |
| <input type="checkbox"/> OTHER | |

REMARKS:

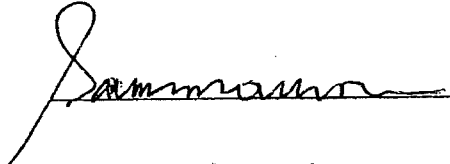
Condition of the above vehicle is SATISFACTORY.

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 _____

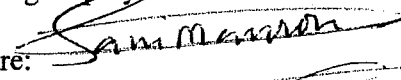
(Note: The motor carrier will maintain the original driver vehicle inspection report, the certification of repairs and the certification of the driver's review for three months from the date the written report was prepared.)

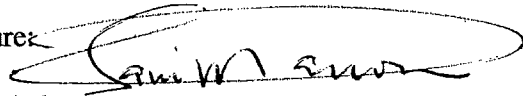
TC-152296

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 23rd, 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 Ryba*
Company Representative Signature: *Sam M. ...*

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

T
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CASH
 WA 98168

PAGE 1 OF 1

SHIP VIA		SLSM.	B/L NO.	TERMS	F.O.B. POINT		
WC		9316		CASH	SEATTLE, WA		
QTY	SHIP	PT	PART NO.	DESCRIPTION	LIST	NET	AMOUNT
1	1	0	XT*5*QM	200 FLUID	9.05	9.05	9.05
				PARTS		9.05	
				SUBLET			
				FREIGHT		0.00	
				SALES TAX		0.86	
CUSTOMER'S SIGNATURE				TOTAL		\$9.91	
X							

PAID
 NO. 27-05
 HORIZON FORD

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	Approved
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
TOTAL	\$9.91

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:

PAGE 1

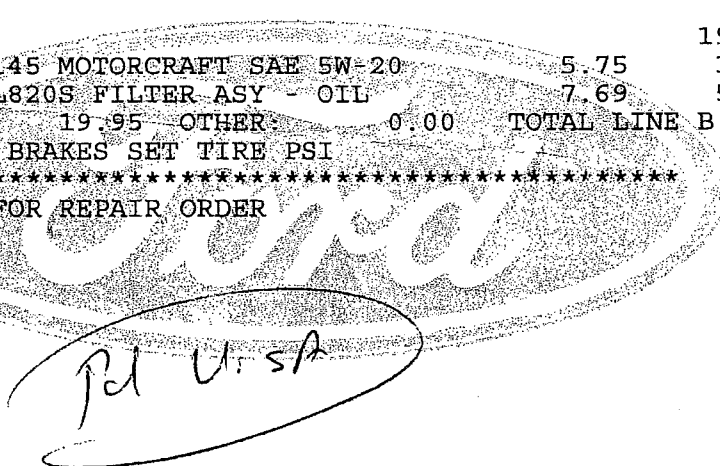
101 S.W. GRADY WAY
 RENTON, WA 98057
 (425) 235-1000
 DIRECT SERVICE LINE (425) 277-1345
 www.soundford.com

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



EXCLUSION OF WARRANTIES	A minimal charge has been added where applicable to your repair order for the disposal of or use of materials, chemicals or wastes.	Completely Satisfied is our Goal!	DESCRIPTION	TOTALS
<p>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.</p>	<p>Service Hours: 7:00 - 6:30 Mon - Sat Quicklane Hours: 8:00 - 6:00 Everyday Body Shop: 7:30 - 6:00 Mon - Fri</p>	<p>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</p>	LABOR AMOUNT	19.95
			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
			<i>Thank You!</i>	

TC-152296-540348



BEST TIRE VALUE PROMISE®

(Limited Warranty)

Doing The Right Thing Since 1952®

This Best Tire Value Promise® (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® (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® (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® (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

Tires LES SCHWAB 6111 4th Ave S Store: 373
 Seattle, WA 98108 Invoice: 37300244100
 206-768-9422 Salesperson: Jason O M

Work Order 37300244077

Customer Information		Vehicle Information	
Name:	SANI MAUROU	Vehicle:	2013 FORD E350 VAN
Address:	1800 S JACKSON ST	Color:	WHITE
City, State:	SEATTLE, WA 98144	Mileage:	37,612
Phone:	(206) 319-7076	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			

Parts Subtotal: \$127.74
 Labor Subtotal: \$15.50
 Sales Tax: \$13.61
 Tire Tax: \$1.00

Invoice **\$157.85**

Payment Method: AMEX Approval# 545276 Card# XXXXXXXXXXXX1003 **\$157.85**

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.
All parts new unless specified.

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

TC-152296

Tires LES SCHWAB 6111 4th Ave S Store: 373
 Seattle, WA 98108 Quote: 37300203075
 206-768-9422 Salesperson: AmyM

Customer Information

Vehicle Information

Name:
 Address:
 City, State,
 Phone:

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:					\$1.99
Quotation Total:					\$162.78

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	257892	LT245/75R-16/10 120/116R MASTERCRAFT COURSER LTR AS BW	\$169.33	\$0.00	\$169.33
Sales Tax:					\$18.26
Tire Tax:					\$1.00
Quotation Total:					\$211.34

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
Quotation Total:					\$248.58

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.
All parts new unless specified.

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

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

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.
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
Invoice					\$0.00
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