

TE-111194
Replacement
Page

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: ANTHONY C. DEVINO

Trade Name(s) (if applicable): A CRYSTAL COACH LIMOUSINE SERVICE INC.

Mailing Address:

Physical Address:

Street 18809 S.E 109 ST. Street _____

City ISSAQUAH City _____

State/Zip WA. 98027 State/Zip _____

Phone Number: 425-276-5230 Fax Number: _____

UBI #: 601 922 475 E-Mail: TONY@CRYSTALCOACH.COM

Type of business structure:

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

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

Name	Title	Stock Distributions or Percentage of Shares
<u>ANTHONY C. DEVINO</u>	<u>PRESIDENT</u>	<u>100%</u>

List other certificates or permits held with the commission: _____

2161409

List your USDOT # _____ (If you don't have one you can go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3816 or 360-596-3803 for assistance.)

SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u>B72566P</u>	<u>2010 FORD</u>	<u>3FRWF7FEDA271155</u>	<u>(26)</u>
<u>B74605R</u>	<u>2011 FORD</u>	<u>1FOX4F57BDA24013</u>	<u>(18)</u>