

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1175702

PERSONNEL NO. 5531 DIST / DET LEVEL: 1 2 3 4 5

GENERAL HAZARDOUS MATERIALS

DATE 10, 18, 07 TIME (MILITARY) BEGUN 09:05 FINISHED 09:17 HAZARD CLASS / DIVISION NO. REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER 360-273-7987

CARRIER NAME (Include DBA when applicable) Seventh Generation Farms Inc

ADDRESS 350 Independence Rd PO Box 931

CITY Rochester STATE WA ZIP CODE 98579 INTERSTATE YES NO DOT NO. 1694307 ICC NO. 622509

DRIVER

DRIVER NAME LICENSE NO. STATE EXP. YEAR

DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE MC 47 Pass

REGISTERED OWNER NAME/ADDRESS G.V.W. 36,000 PBT RATE

Table with columns: UNIT, TYPE, YEAR/MAKE, CO. UNIT NO., LICENSE NO. / VIN NO., STATE. Row 1: 1, BU, 86/MCI, 101, 00702RR, WA

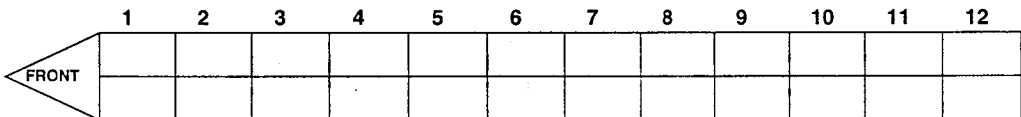


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit #s O/S, Complied. Row 1: 392.2, Permit Name and Charter Number must be displayed, W

CVSA DECALS UNIT 1 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE OFFICER SIGNATURE T McLaughlin / J Foster

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

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1175703

PERSONNEL NO. <i>J518</i>	DIST / DET	LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
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GENERAL			HAZARDOUS MATERIALS		
DATE <i>10.18.07</i>	TIME (MILITARY) BEGUN <i>09:19</i>	TIME (MILITARY) FINISHED <i>09:29</i>	HAZARD CLASS / DIVISION NO. _____		
LOCATION: SR/MP <i>Independence Rd</i>		SCALEHOUSE NO. / CNTY CODE <i>34</i>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N	PLACARD REQUIRED? Y N

CARRIER *360-273-7987*

CARRIER NAME (Include DBA when applicable)
Seventh Generation Farms Inc

ADDRESS
350 Independence Rd PO Box 931

CITY <i>Rochester</i>	STATE <i>WA</i>	ZIP CODE <i>98579</i>	INTERSTATE YES NO	DOT NO. <i>1694307</i>	ICC NO. <i>622509</i>
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DRIVER

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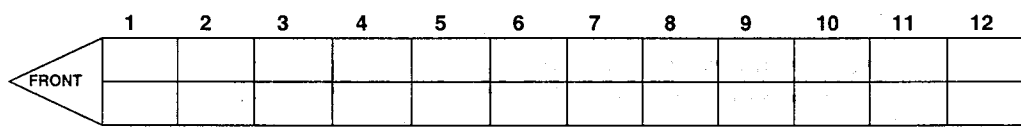
DATE OF BIRTH	MED. CERT. Y N WAIVER Y N	SHIPPER NAME	SHIPPING NO.
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VEHICLE

47 P955

REGISTERED OWNER NAME/ADDRESS	G.V.W. <i>36000</i>	PBT RATE
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UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1		<i>82 MCI</i>	<i>104</i>	<i>00703RP</i>	<i>WA</i>
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit # O/S	Complied
<i>392.2</i>	<i>Display Name + Permit # on vehicle</i>		<i>(E)</i>					
<i>393.9</i>	<i>Right Back-up Lamp Inoperative</i>		<i>W</i>					

CVSA DECALS UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOIC NO.
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Vehicle may not be operated until O/S defects noted above are repaired.
 Driver may not drive until in compliance.

DRIVER SIGNATURE: *[Signature]*
 OFFICER SIGNATURE: *[Signature]* / *McVaggly*