Notice Section

This is not an agenda item for this meeting, but serves as a public notice. The following individuals have filed and completed applications for Taxicab Medallion Holder Permits, Ramped Taxicab Medallion Holder Permits or Color Scheme Changes which will be reviewed and considered on the July 8, 2008 hearing.

Notice Section Item: A

Consideration of the Taxi Commission to grant a Color Scheme Change to:

Medallion Holder	Medallion	Change:
Name:	#:	
1. Charles Kleiman	772	DeSoto to B&W
		Checker
2. Michael Wilson	1112	Metro to Luxor Cab
3. Theodore Gray	150	DeSoto to Luxor Cab
4. Antonio Vasquez	53	Yellow to Fog City
5. Edwin Santigao	1225	DeSoto to Yellow
6. Leonard Howe	183	DeSoto to Yellow

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME	De Solo
*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURA	
PLEASE PRINT CLEARLY – COMPLETE ENTIRE FOR	
Applicant's Name (First, Middle, Last)	Phone
CHARLES STEPHAN KLEIMAN Residence Address (Street Address, City, State, Zlp)	(((), -,
Residence Address (Street Address, City, State, Zip)	
Joint Applicant's Name (First, Middle, Last)	Phone
	()
Residence Address (Street Address, City, State, Zio) BRISBANE	
Is this a Corporate permit? \(\sigma\) No \(\sigma\) Yes If yes, Name of Corporation:	
If this color scheme request is granted by the Taxicab Commission, list what your business name, addre	ss and phone number will be.
Business Name Business Address (Street Address, City, State, Zip)	Business Phone (4/5) 285 37/1)
Medallian Number(s)	Owner / Operator
1 777	☐ Gas & Gate
± 772	Long Term Lease
Please list the reason(s) why you are requesting this change:	w
GENERAL MANAGER AT DE SOTO	
11000	WG OUT N
AND ME HAD A FALL	Wir mail
Tr//2 - GARLE	> /CLEIVIAN
I'M LOOKING FORWARD TO WORK	
WITH BLACK AND WHITE CHECK	ser.
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the for	egoing is true and correct.
	San Francisco, California
Executed this uay of	7
CHARLES RLEIMAN / VILLE ?	Rem
Print Name of Applicant Signa	lure of Applicant
TO BE COMPLETED BY ACCEPTING COLOR SCHEME ON	
Name of person authorized to sign for color obtains holdery	itte: MANACCK-
Gennady Epshteyn	77 E N/77 / 1/2 O / 1
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for	
hereby give consent to the applicant named to use my color scheme.	rab Cotor Scheme
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and	corre/ct.
r certify (or declare) under penalty of penalty of penalty of the state of Salitonia that the loregard is the state of Salitonia that the state of Salitonia t	199/00
puly Et XX US/	J-0/100
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	Date /
OFFICEUSEONLY	The state of the s
Agenda Notice Date (2)10/06 Hearing Date 7/9/06 Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted : 12 Insurance Submitted Paint Chips Submitted	Photos Submitted MAY 3 3 ZIIII
Received by: Receipt No. 20507 Amount 29 -	Date Supplies the second of th
C.I.M. Fline/FormarTacicah Color Schalme-Application.doc	(Rev. 11/30/05)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER (STATE) CA

POLICY NUMBER

COMPANY

2005

YEAR

NATIONAL INTERSTATE INSURANCE COMPANY EFFECTIVE DATE EXPIRATION DATE 10/12/07

10/12/08

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD MAKE/MODEL

PUBLIC LIVERY INS SERVICES, INC 1380 EL CAJON BLVD, SUITE 212 EL CAJON, CA 92020

INSURED DESOTO CAB # 772 SEITA & AUTOS FOR HIRE 555 SELBY ST

SAN FRANCISCO, CA 94124

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

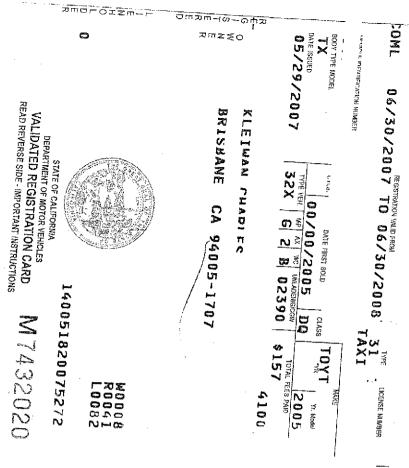
IN CASE OF ACCIDENT: Report all accidents To your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.

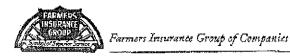
Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (1/83)

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Dmitry Erenkov Insurance Agency

3450 Geary Blvd, Ste 100 San Francisco, CA 94118 Tel (415) 752-4442 Fxx (415) 752-4054

22 May 2008

TO SAN FRANCISCO TAXICAB COMMISSION:

DeSoto Cab #772 is currently covered through our Agency for Auto Liability Insurance. This is to confirm that this same medallion will be added to Black & White Checker Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by the Taxicab Commission. Coverage is provided by our Agency through National Interstate Insurance and Lincoln General Insurance companies.

Sincerely,

Dmitry Erenkov Agent/Broker

DIE/ece

TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

☐ NEW COLOR SCHEME	★CHANG
(Complete both eides)	(C)

IGE OF COLOR SCHEME - From: _____ METRO
(Complete front side only)

*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION	ON, REGISTRATION CARD, & INSUR	ANCE CARD WITH THIS APPLICATION
	/ - COMPLETE ENTIRE FOR	И
Applicant's Name (First, Middle, Last)	'	Phone /
Residence Address (Street Address, City, State, Zip)) Aud	
	Donas	11/89523
Joint Applicant's Name (First, Middle, Last)	- Committee of	JV 89523
	1	()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? ☑ No ☐ Yes If yes, Name o	f Corporation:	
If this color scheme request is granted by the Taxicab Commissi	on. list what your business name a	ddress and phone number will be
	con City Clata 7in)	•
Business Name LUXOR CAB Business Address (Street Add 2230 JLR Business Name		ing.
	er(s)	Owner / Operator
(415) 401-1422 1112		Gas & Gate
1112		Long Term Lease
I (We) certify (or declare) under penalty of perjury under the laws of the law		regoing is true and correct. San Francisco, California
MICHAEL LOUIS WILSON Print Name of Applicant	Signature of Applicant	W, 1000
**************************************	PTING COLOR SCHEME ON	V*************
Name of person authorized to sign for Color Scheme Holder:		Title:
DAVID ADAMS		OWNER
I, the Color Scheme Holder / person authorized to sign for the Color Scheme hereby give consent to the applicant named to use my color scheme. I certify (or declare) under penalty of perjury under the laws of the State of Colors	Idxi	cab Color Scheme
Wast Adams	5.19	2008
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder		Date
********************OFFICE U	JSE ONLY************************************	New Declaration Signed
6. 10. 00 7. 8. 00 Norker's Comp Submitted (12) Insurance Submitted	Paint Chips Submitted	
Received by:	Amount	Photos Submitted
SECTION AND A SECTION AND ADDRESS OF THE PROPERTY OF THE PROPE	L ACICACIT	i Date !

Luxor Cabs, Inc.

2230 Jerrold Avenue, San Francisco CA 94124, Tel. (415) 282 1224 Fax (415) 282 1706

SF Taxicab Commission 25 Van Ness Avenue #420 San Francisco, CA 94102

May 29, 2008

This is to verify that Luxor Cab is happy to accept Mr. Michael Wilson as a medallion holder with our color scheme.

Liability and workers' compensation insurance policies are in place, as documented with the attached certificates.

Luxor will advise the commission of the vehicle particulars when Mr. Wilson's color scheme change is approved.

Sincerely,

Charles Rathbone Operations Department MAY 3 9 2006

	c	Client#: 6212		LUX	ORCAB	
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	San Francisco, CA		INSURER C:			~~
	1	•	INSURER E:			
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		ANY AUTO					OTHER THAN EA ACC	5
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ACC	IRD 2	25 (2001/08) 1 of 2 #	NI441068				DARAM @ ACORD C	ORPORATION 1988

	IAX	San Francisco Taxicab Commissio
□ NEW COLOR SCHEME (Complete both sides)	★ CHANGE OF COLOR SCHEME — (Complete front side only)	
	KER'S COMPENSATION, REGISTRATION CARD,	& INSURANCE CARD WITH THIS APPLICATION
	PRINT CLEARLY - COMPLETE ENTIR	
Applicant's Name (First, Middle, Last)	TRIVI OLLARET - OOM LETE ENTIR	Phone
THEODORE GRAY		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Residence Address (Street Address, City, State, Zip)	0	-
41 /	. Pembuna CA 9	4954
Joint Applicant's Name (First, Middle, Last)		Phone
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit?	Yes If yes, Name of Corporation:	
If this color scheme request is granted by the	ne Taxicab Commission, list what your business	name, address and phone number will be.
Luxor Car 2	ness Address (Street Address, City, State, Zip) 230 JERROLD AVF,	SF. CA 94134
Business Phone (AUS)	Medallion Number(s)	Owner / Operator
1912 JRD-4141	#1.50	Gas & Gate
202 17171		LJ Long Term Lease
No COMPOTER NO CREDIT CARD COCRUPT MEMT,		
I (We) certify (or declare) under penalty of per Executed this day of	were the second	<u>3</u> at San Francisco, California
**************************************	PLETED BY ACCEPTING COLOR SCHE	ME ONLY**************
Name of person authorized to sign for Color Scheme Holder		Title:
THORAS J. STANGHEL	NAIN!	OPERATIONS MANAGER
I, the Color Scheme Holder / person authorized to sig	1	
hereby give consent to the applicant named to use n		Taxicab Color Scheme
certify (or recipre) under penalty of perjury under fr		true and correct
Certify (or decyare) under penalty of penuty under the	11 11 °C	3-3-08
Signature of Color Scheme Helder / person authorized to si	gn for Color Scheme Holder	Date
/ 0		and the Market

/			A Company of the Comp
1 1 2	*********************OFF[CE U	ISE ONLY***************	
Agenda Notice Date	Hearing Date OF LOG 05	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted 6	Paint Chips Submitted	Photos Submitted 0 3 2008
Received by: 120000	Receipt No. 375109	Amount \$911-	Date
1 A A A A A A A A A A A A A A A A A A A			SAN FRANCISCO

TAXI COMMISSION

AUTHORIZED REPRESENTATIVE

DARAM @ ACORD CORPORATION 1988

San Francisco, CA 941/3

DARAM

Luxor Cabs, Inc.

2230 Jerrold Avenue, San Francisco CA 94124, Tel. (415) 282 1224 Fax (415) 282 1706

SF Taxi Commission 25 Van Ness Ave #420 San Francisco, Ca 94102

June 3, 2008

To Whom It May Concern:

This is verify that Luxor Cab is happy to accept Mr. Theodore Gray as a medallion holder with our color scheme.

Liability and workers' compensation policies are in place, as documented with the attached certificates.

Luxor will advise the commission of the vehicle particulars as soon as Mr. Gray obtains the vehicle.

Sincerely,

Thomas J. Stanghellini Operations Manager

RECE. //LI

JUN 032008

SAN FRANCISCO TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission *CHANGE OF COLOR SCHEME - From: __ (Camplete front side only) □ NEW COLOR SCHEME (Complete both sides) *YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION. PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip) Phone Joint Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip) Is this a Corporate permit? M No ☐ Yes If yes, Name of Corporation: If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be Business Address (Street Address, City, State, Zip) Business Phone Business Name Medailion Number(s) Owner / Operator Gas & Gate Long Term Lease Please list the reason(s) why you are requesting this change: I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. at San Francisco, California Executed this TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY Name of person authorized to sign for Color Scheme Holder. I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for hereby give consent to the applicant named to use my color scheme. under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I certify (or declare) Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder **OEFICE USE ONLY** Decision of Taxicab Commission Hearing Date Agenda Notice Date Photos Submitted 0 2 2008 Paint Chips Submitted Insurance Submitted Worker's Comp Submitted Amount Date Receipt No. . Received by: idClSCQ resses

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TY HA Van	NLL NESS AVE., SUITE 420			WRITTEN NOTICE	TO THE CERTIFICA	SUING INSURER WILL ENDEAV	OR TO MAI	L 30 DAYS
N FR	ANCISCO, CA 94102-6055			AGENTS OF REPR	USE NO CHIRRATEON	OR LIABILITY OF ANY KIND UPO	IN THE INSL	REA, IT'S
				AUTHORIZED REPA	RESENTATIVE		-	
tentic	on:						=	
OPO	25 (2001/08)	Certificate # 66	003		-	@ ACORD CORP	Maria Maria	N 4000

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY DEPOSER COMPANY

BATIONAL INTERSTATE INSURANCE COMPANY EFFECTIVE DATE

10/12/07

10/12/08

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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ECHTUR ABBUTTE

PUBLIC LIVERY INS SERVICES, INC EL CAJON, CA 92020 1380 EL CAJON BLVD, SUITE 212

CHARLIS MIT FOG CITY CAB # 53

979 BRIANT ST

SAM FRANCISCO, CA 94103

SEE IMPORTANT MOTICS ON REVERSE SIDE

INSURANCE TOBNET BICKTION CARD

CALIFORNIA

COMPANY NUMBER COMPANY

NATIONAL INTERSTATE INSURANCE COMPANY

EXPIRATION DATE

10/12/08

VEHICLE IDENTIFICATION NUMBER

2004 ACENCY/COMPANY ISSUING CARD TOYT

THAN

MARIA NO BEL 10/32/07 RESECUTEDE DATE

POLICY NUMBER

PUBLIC LIVERY INS SERVICES, INC

1380 EL CAJON BLVD, SUITE 212

EL CAJOM, CA 92020

LINSURED FOG CITY CAB # 53

SAN ERANCISCO, CR 94103

TE TREETED 676

SEE IMPORTANT MOTICS ON REVERSE SIDE

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

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

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

ACORD 50 (1/83)

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

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

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

ACORD 50 (1/83)

JUN 0 2 2008

SAN FRANCISCO

1

Fog City Cab, Inc.

Re:#53

To Taxi Commission:

Fog City Cab, Inc. will purchase a new vehicle for Cab #53 before June 24, 2008. If you have any questions, feel free to give me a call at 415.318.9951.

Sincerely;

Sonny Tam

June, 2, 2008

JUN 022008

SAN FRANCISCO TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

G NEW COLOR SCHEME

G CHANGE OF COLOR SCHEME - From: _

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1/2	Sata	Ca6
4		

(Complete both sides)

(Complete front side only)

	ENTIRE FORM
Applicant's Name (First, Middle, Last)	Phone
Edwin Sontigen	
Edwin Santiago Residence Address (Street Address, City, State, Zip) ## S.F. C.A. 9410	o 9
Joint Applicant's Name (First, Middle, Last)	Phone ()
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? (GNo) G Yes If yes, Name of Corporation:	
If this color scheme request is granted by the Taxicab Commission, list what your busin Business Name Business Address (Street Address, City, Stale, Zip)	Business Phone
Yellow Cab 1200 Mississippi	(<i>५</i>) <i>ज 333-333</i>
Medallion Number(s)	O Owner / Operator
1225	G Gas & Gate G Long Term Lease
Please list the reason(s) why you are requesting this change:	1
I would like To go To A Makes Solid Financial Decisio	Company I hat
MIGKES Solid Financial Decisio	ns Desoto is Mis-
Managed in My opidor Unequal	Treatment of Shareho
*	
(We) certify (or declare) under penalty of perjury under the laws of the State of Califo	rnia that the foregoing is true and correct.
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State of California - Business Transportation and Housing Agency
DEPARTMENT OF MOTOR VEHICLES

P. O. Box 942884 Sacramento, CA 94284-0884 (916) 657-6520



August 20, 2007

S.I. # 124

Yellow Cab Cooperative Nathan Dwiri, President 1200 Mississippi St. San Francisco, CA 94107

Your annual report/financial statements have been reviewed and the requirements for renewal of your self-insuance permit have been met. Your self-insurance status is valid from September 1, 2007 through August 31, 2008.

Vehicle Code Section 16020 requires that every driver and every owner shall at all times be able to establish financial responsibility and shall at all times carry in the vehicle evidence of the form of financial responsibility in effect for the vehicle. A copy of your Certificate of Self-Insurance or a copy of this letter constitutes written evidence of financial responsibility and should be placed in each of your affected vehicles.

Sincerely,

EDWIN IMURA, Manager

Financial Responsibility Area

DEPARTMENT OF INDUSTRIAL STATE OF CALIFORNIA MELATIONS

NUMBER

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OFFICE OF THE DIRECTOR

CENTER OF COMMENT TO

YELLOW CAB COOPERATIVE, INC.

THIS IS TO CERTIFY, That (a California corporation)

Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this has complied with the requirements of the Director of Certificate of Consent to Self-Insure, Industrial Relations under 5 provisions of

This certificate may be revoked at any time for good cause shown.*

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department of industrial relations OF THE STATE OF CALIFORNIA

SO CONTROL

MARK B. ASHCRAFT

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

G NEW COLOR SCHEME (Complete both sides)

(Complete front side only)

G CHANGE OF COLOR SCHEME - From: DES 070 CAB

SAN FRANCISC (Rev. 10/05/05) TAXI COMMISSION

	PLETE ENTIRE FORM
Applicant's Name (First, Middle, Last)	Phone (LL)
LEONARD A. HOWE Residence Address (Street Address, City, State, Zip)	1/13 -,,
E ROHNE	RT DARK, CA 94929
Joint Applicant's Name (First, Middle, Last)	Phone (
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? GNo G Yes If yes, Name of Corporation	n:
If this color scheme request is granted by the Taxicab Commission, list what you	ur business name, address and phone number will be.
Business Name Business Address (Street Address, City, State	te, Zip) Business Phone (45) 333-33
YELLOW CAB / 200 M15915 Medallion Number(s)	G) Owner / Operator
102	G Gas & Gate G Long Term Lease
102	G Long renin cease
Please list the reason(s) why you are requesting this change:	
PRACTICES. I WANT CON	TO'S BAD MANAGE
PRACTICES. I WANT COM	1 PUTER + CAEDITCA
CAPABILITY	, , , , , , , , , , , , , , , , , , , ,
Α.	
(We) certify (or declare) under penalty of perjury under the laws of the State of	of California that the foregoing is true and correct.
(We) certify (or declare) under penalty of perjury under the laws of the State of	
executed this 5 day of June	, 20 08 at San Francisco, California
executed this 5 day of June	, 20 08 at San Francisco, California
executed this 5 day of June	, 20 08 at San Francisco, California
Executed this 5 day of JUNE Louis Applicant TO BE COMPLETED BY ACCEPTING CO	, 20 08 _ at San Francisco, California FONARD A HOWE Signature of Applicant
Accepting to Signature of Applicant TO BE COMPLETED BY ACCEPTING COmme of person authorized to sign for Color Scheme Holder.	at San Francisco, California ONARD A HOWE Signature of Applicant DEOR SCHEME ONLY Title:
xecuted this 5 day of JUNE Llouis Applicant TO BE COMPLETED BY ACCEPTING CO	at San Francisco, California ONARD A HOWE Signature of Applicant DEOR SCHEME ONLY Title:
Accepting to sign for Color Scheme Holder: WATMAN DW 1/21	at San Francisco, California ONARD A HOWE Signature of Applicant DEOR SCHEME ONLY Title: A Ana CAT
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August 20, 2007

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Yellow Cab Cooperative Nathan Dwiri, President 1200 Mississippi St. San Francisco, CA 94107

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Sincerely,

EDWIN IMURA, Manager

Financial Responsibility Area

department of industrial State of California BELATION OF

office of the dieector

OFF-IZOCET

YELLOW CAB COOPERATIVE, INC.

THIS IS TO CERTIFY, That (a Callonino coporation)

Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this has complied with the requirements of the Director of Certificate of Consent to Self-Insure, Industrial Relations

This certificate may be revoked at any time for good cause shown.

SHELL TO YOU THAT JANE

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CHUCK CAKE

department of industrial relations OF THE STATE OF CALIFORNIA

SOAGD WITH

Revecusion of Certificate.—"A cortificate of consent to self-insure may be respired by the Director of Industrial Relations at any time for good cause after a feating. Coord cause includes, among other things, the impairment of the solvency of such employer, the implicitly of the employer to fulfill his obligations, or the practice by such employer to his against a classes of the compensation of obligations of any of the following: (c) Establically such as a cast of the compensation due or relating it recessary for them to resort to proceeding against the employer to secure the compensation due; (i) Discharging his compensation obligations in a disbesset manner; (c) Discharging his compensation obligations in a disbesset manner; (c) Discharging his compensation obligations in a disbesset manner; (c) Discharging his compensation obligations in a disbesset manner; (c) Discharging his compensation of the firm of the firm of the code,) The Certificate may be revoked by

MARK B. ASHCRAF

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FORM A.4.10 A