Notice Section: Item A

Consideration of the Taxi Commission to remove the following applicant name(s) from the Public Convenience & Necessity waiting list in accordance with Municipal Police Code Section 1080(c)(2) for failure to respond and submit an application:

<table>
<thead>
<tr>
<th>Applicant Name(s)</th>
<th>List #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gary Martinovsky</td>
<td>6-417</td>
</tr>
</tbody>
</table>
MEMORANDUM

TO: HONORABLE COMMISSIONERS

FROM: HEIDI MACHEN
EXECUTIVE DIRECTOR

DATE: AUGUST 8, 2007

RE: PUBLIC CONVENIENCE & NECESSITY: Ineligibility for a Ramped Taxicab Medallion Permit (List# 6-554) and Hearing to Remove Applicant Name from the Taxicab Public Convenience and Necessity Waiting List (List# 6-417)

The following drivers were granted a one year time waiver on July 25, 2006. As of July 27, 2007 the drivers have not submitted applications for either the regular or ramped taxicab medallion holder permit and have failed to contact the Taxi Commission.

The driver below is being considered ineligible for a ramped taxicab medallion holder permit for Municipal Police Code Section 1080(c)(2), failure to respond and submit an application:

1. Danil Levi, List # 6-554

- March 18, 1994: applied for the medallion waiting list.
- January 19, 2001: First offer letter sent for a Ramp medallion. Taxi Detail received no response.
- June 17, 2006: Offered Ramp medallion.
- June 21, 2006: Mr. Levi wrote a letter requesting a time waiver.
- July 25, 2007: Mr. Levi did not contact the Taxi Commission to file appropriate applications for the ramped taxicab medallion holder permit.

The driver below is being considered for removal from the PC&N Waiting List for Municipal Police Code Section 1080(c)(2), failure to respond and submit an application:

1. Gary Martinovsky, List # 6-417

- May 26, 1993: applied for the medallion waiting list.
- November 27, 2000: First offer letter sent for a Ramp medallion.
- November 28, 2000: Applicant declined Ramp medallion.
- June 20, 2006: Mr. Martinovsky called and told staff at the Taxi Commission office that he has not driven since the year 2000.
- July 05, 2006: Mr. Martinovsky wrote a letter requesting a time waiver.
- July 25, 2007: Mr. Martinovsky did not contact the Taxi Commission to file appropriate applications for the regular taxicab medallion holder permit.
Notice Section: Item B

Consideration of the Taxi Commission to consider applicant(s) ineligible for a **Ramp** Medallion for Municipal Police Code Section 1080(c)(2) for failure to respond and submit an application:

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>List #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Danil Levi</td>
<td>6-554</td>
</tr>
<tr>
<td>2. Mahmood B. Rudsari*</td>
<td>6-610</td>
</tr>
<tr>
<td>3. Telesforo T. Ochoa*</td>
<td>6-596</td>
</tr>
<tr>
<td>4. Russell Williams</td>
<td>6-595</td>
</tr>
<tr>
<td>5. John D. Gould</td>
<td>6-597</td>
</tr>
<tr>
<td>6. Fortunato Brun</td>
<td>6-598</td>
</tr>
<tr>
<td>7. Felix Lantsman</td>
<td>6-604</td>
</tr>
<tr>
<td>8. Steven G. Law</td>
<td>6-605</td>
</tr>
<tr>
<td>9. Kwok M. Lee</td>
<td>6-606</td>
</tr>
<tr>
<td>10. Russell G. Snipes</td>
<td>6-608</td>
</tr>
</tbody>
</table>

*Applicant(s) declined offer for a ramped taxicab medallion permit.
MEMORANDUM

TO: HONORABLE COMMISSIONERS

FROM: HEIDI MACHEN
EXECUTIVE DIRECTOR

DATE: AUGUST 8, 2007

RE: PUBLIC CONVENIENCE & NECESSITY: Ineligibility for a Ramped Taxicab Medallion Permit (List# 6-554) and Hearing to Remove Applicant Name from the Taxicab Public Convenience and Necessity Waiting List (List# 6-417)

The following drivers were granted a one year time waiver on July 25, 2006. As of July 27, 2007 the drivers have not submitted applications for either the regular or ramped taxicab medallion holder permit and have failed to contact the Taxi Commission.

The driver below is being considered ineligible for a ramped taxicab medallion holder permit for Municipal Police Code Section 1080(c)(2), failure to respond and submit an application:

1. Danil Levi, List # 6-554
   - March 18, 1994: applied for the medallion waiting list.
   - January 19, 2001: First offer letter sent for a Ramp medallion. Taxi Detail received no response.
   - June 17, 2006: Offered Ramp medallion.
   - June 21, 2006: Mr. Levi wrote a letter requesting a time waiver.
   - July 25, 2007: Mr. Levi did not contact the Taxi Commission to file appropriate applications for the ramped taxicab medallion holder permit.

The driver below is being considered for removal from the PC&N Waiting List for Municipal Police Code Section 1080(c)(2), failure to respond and submit an application:

1. Gary Martinovsky, List # 6-417
   - May 26, 1993: applied for the medallion waiting list.
   - November 27, 2000: First offer letter sent for a Ramp medallion.
   - November 28, 2000: Applicant declined Ramp medallion.
   - June 20, 2006: Mr. Martinovsky called and told staff at the Taxi Commission office that he has not driven since the year 2000.
   - July 05, 2006: Mr. Martinovsky wrote a letter requesting a time waiver.
   - July 25, 2007: Mr. Martinovsky did not contact the Taxi Commission to file appropriate applications for the regular taxicab medallion holder permit.
Notice Section: Item C

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

<table>
<thead>
<tr>
<th>Medallion Holder Name</th>
<th>Medallion #</th>
<th>Change:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Frank Feng Chiang</td>
<td>654</td>
<td>Crown to Desoto</td>
</tr>
<tr>
<td>2. Ron Fishman</td>
<td>882</td>
<td>Metro to American Taxi</td>
</tr>
<tr>
<td>3. Bijan Afshari</td>
<td>1007</td>
<td>Yellow to Royal</td>
</tr>
</tbody>
</table>
TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

*CHANGE OF COLOR SCHEME - From: CROWN CAB CO.
(Complete front side only)

*YOU MUST SUBMIT A CERTIFICATE OF WORKER’S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

<table>
<thead>
<tr>
<th>Applicant’s Name (First, Middle, Last)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRANK FENG CHIANG</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORAGA, CA 94556</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Joint Applicant’s Name (First, Middle, Last)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is this a Corporate permit?</th>
<th>No</th>
<th>Yes</th>
<th>If yes, Name of Corporation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Business Address (Street Address, City, State, Zip)</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>CROWN CAB CO.</td>
<td>85 INDUSTRIAL ST, SAN FRANCISCO, CA</td>
<td>(415) 920-1900</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medallion Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td># 654</td>
</tr>
</tbody>
</table>

Please list the reason(s) why you are requesting this change:

HIGH COSTS AND BETTER BUSINESS OPPORTUNITY

I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 20TH day of JULY, 2007 at San Francisco, California

FRANK FENG CHIANG
Print Name of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder:

CINDY L. WARD
Title: GENERAL MGR.

Desoto Cab Company

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Desoto Cab Company 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 California that the foregoing is true and correct.

CINDY L. WARD
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

7/17/07
Date

OFFICE USE ONLY

Agenda Notice Date: AUS 14, 2007
Hearing Date: AUG 28, 2007
Worker’s Comp Submitted: Y
Insurance Submitted: Y
Decision of Taxicab Commission: 
New Declaration Signed: JUL 20, 2007

Received by: T. O
Receipt No: 044312
Amount: 245.00

RECEIVED

SAN FRANCISCO TAX COMMISSION
(3/2005)
STATE COMPENSATION INSURANCE FUND

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2007

GROUP: 

POLICY NUMBER: 3

CERTIFICATE ID: 

CERTIFICATE EXPIRES: 04-01-2008

04-01-2007/04-01-2008

SAN FRANCISCO TAXI COMMISSION
25 VAN NESS AVENUE ROOM 420
SAN FRANCISCO CA 94102

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer. We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

James Neary
AUTHORIZED REPRESENTATIVE

Chandler
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: $1,000,000 PER OCCURRENCE.

ENDORSEMENT #2085 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

SEDAN OPERATORS COOPERATIVE, INC A CORPORATION
DBA: DE SOTO CAB COMPANY
555 SELBY ST
SAN FRANCISCO CA 94124

PRINTED: 03-16-2007  MO409
THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE
VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE
VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEAC
OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM
TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE
PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST
BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE
DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED
TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY
INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES,
TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE
VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

***************  DO NOT DETACH - REGISTERED OWNER INFORMATION  ***************

REGISTRATION CARD VALID FROM: 01/08/2007 TO: 01/31/2008


BODY TYPE MODEL: MP  NO: 2  AX: 0  MC: 0  UNLADEN/G/C/SW: 04580

TX: N  NM: 2  D: 04580

VEHICLE ID NUMBER: 2FA

TYPE VEHICLE USE: COMMERCIAL  DATE ISSUED: 01/30/07  CC/ALCO: 38  DT FEE REVD: 01/29/07  PIC: 5  USE TAX: 400  STICKER ISSUED: 01/30/07

REGISTERED OWNER:

CHIANG FRANK F
DBA CROWN CAB
87 INDUSTRIAL ST
SAN FRANCISCO
CA 94124

AMOUNT DUE: $ 559.00  AMOUNT RECVD: $ 559.00

CASH:

CHECK:

CRDT: 559.00

LIENHOLDER:

C01 599 15 0055900 0017 CS C01 013007 31 8D98711 15
INSURANCE IDENTIFICATION CARD

STATE: CA

COMPANY NUMBER: MERCURY INSURANCE COMPANY

POLICY NUMBER: 10/12/06

EXPIRATION DATE: 10/12/07

YEAR: 2001

MAKE/MODEL: FORD

VEHICLE IDENTIFICATION NUMBER: 2FAPF7

AGENCY/COMPANY ISSUING CARD

ABJ BUSINESS INSURANCE SERVICES
32107 W. LINDERO CANYON RD #126
WESTLAKE VILLAGE, CA 91361

INSURED
CROWN CAR # 654
SPITA & AUTOS FOR HIRE
85 INDUSTRIAL ST
SAN FRANCISCO, CA 94124

SEE IMPORTANT NOTICE ON REVERSE SIDE

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.

ACORD 50 (1/83)
TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

□ NEW COLOR SCHEME
□ CHANGE OF COLOR SCHEME – From: Metro

Please print clearly – complete entire form

Applicant's Name (First, Middle, Last)
Ronald Lewis Fishman

Residence Address (Street Address, City, State, Zip)
Riverside, Richmond, CA 94801

Phone

Applicant's Name (First, Middle, Last)

Residence Address (Street Address, City, State, Zip)
(R )

Is this a Corporate permit? □ 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 Name
SFAmerican Taxicab, Inc

Business Address (Street Address, City, State, Zip)
120 Willow Street, San Francisco, CA 94109

Business Phone
(415) 64-2000

□ Owner / Operator
□ Gas & Gage
□ Long Term Lease

Medallion Numbers
832

To be completed by accepting color scheme

Name of person authorized to sign for Color Scheme Holder:
Philip Achilles

Title: President

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for SFAmerican Taxicab, Inc 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 California that the foregoing is true and correct.

Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

Date
7-25-07

Please list the reasons why you are requesting this change. Why are you moving from one color scheme to another?

I am requesting color scheme change because American Taxicab has a better location.

We certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 25th day of July, 2007 at San Francisco, California

Signature of Applicant
7-25-07

Office use only

Received by:
Darrin H. (A4)

Receipt No.
(415) 64-2000

Amount
205.00

Date
Aug. 3, 2007

Agenda Notice Date
6-17-07

Hearing Date
7-28-07

Decision of Taxicab Commission
X

Insurance Submitted
Y

Workers' Comp Submitted
N

©My RfpForms/Taxicab Color Scheme Application
TO BE COMPLETED FOR NEW COLOR SCHEMES ONLY

Distinguishing color scheme of vehicle to be used in business: Black

Logo shown on vehicles: Red, White, and Blue Stripes

Does the applicant understand that every person, firm or corporation operating a taxicab shall adopt and have approved by the Taxicab Commission a distinguishing color scheme and design for all such taxicabs and the operators thereof, and shall use the same on all such taxicabs operated; provided, however, that any person may, with the consent of another operator to whom a distinctive color scheme has been previously assigned, use said color scheme? Yes ☐ No ☐

Does the applicant understand that it is unlawful to make or cause to be made any changes whatever in the color or distinguishing characteristics of taxicabs unless the permission of the Taxicab Commission has first been obtained? Yes ☐ No ☐

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Agenda Notice Date</th>
<th>Hearing Date</th>
<th>Decision of Taxicab Commission</th>
<th>New Declaration Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker's Comp Submitted</td>
<td>Insurance Submitted</td>
<td>Paint Chips Submitted</td>
<td>Photos Submitted</td>
</tr>
</tbody>
</table>
1 August 2007

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that Phillip Achilles of American Taxicab has applied for Workers Compensation coverage for Medallion #882 held by Ronald Fishman. This coverage will be provided through my Agency with Lincoln General Insurance Company effective 1 September 2007; a binder will be available shortly.

Sincerely,

[Signature]

Dmitry Erenkov
Agent/Broker

DIE/ace

RECEIVED

AUG 09 2007

SAN FRANCISCO
(TAXI) COMMISSION
REGISTRATION CARD VALID FROM: 04/30/2007 TO: 04/30/2008


BODY TYPE MODEL: BODY  TX: G  NR: 2  C  UNLADEN/G/CGW  VEHICLE ID NUMBER: V5794

TYPE VEHICLE USE: COMMERCIAL  DATE ISSUED: 04/16/07  CC/ALCO: 38  DT FEE RECVD: 04/16/07  PIC: 3

PR/HIST: TAXI  PR EXP DATE: 12/31/1999

REGISTERED OWNER
SF AMERICAN TAXICAB INC
120 WILLOW ST
SAN FRANCISCO
CA  94109

AMOUNT DUE: $ 130.00  AMOUNT RECVD: 

LIENHOLDER

F00 602 25 0013000 0019 CM  F00 041607 31 8F30817 682
July 26, 2007

Heidi Machen
Taxi Commission
City and County of San Francisco
25 Van Ness Avenue
San Francisco, CA 94102

Re: Color Scheme Change

Dear Ms. Machen:

We are requesting that Taxi Commission approval be granted at the next scheduled commission meeting for color scheme change of Ronald Fishman, holder of medallion 882, from Metro to S. F. American Taxicab, Inc.

Enclosed please find check in the amount of $265.00 along with color scheme change application. Please contact me at (415) 614-2000 should you have any questions.

Sincerely,

[Signature]

Philip Achilles
American Taxicab, Inc.

Enc.
**TAXICAB COLOR SCHEME APPLICATION**
San Francisco Taxicab Commission

**NEW COLOR SCHEME**

<table>
<thead>
<tr>
<th>Change of Color Scheme - From:</th>
</tr>
</thead>
<tbody>
<tr>
<td>YELLOW</td>
</tr>
</tbody>
</table>

*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION.*

### PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

<table>
<thead>
<tr>
<th>Applicant's Name (First, Middle, Last)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIJAN APSEHARI</td>
<td>cell</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WALNUT CREEK, CA 94597</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Joint Applicant's Name (First, Middle, Last)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Is this a Corporate permit?  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.

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Business Address (Street, City, State, Zip)</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROYAL CABS</td>
<td>2821 EVANS AVE #5 S.F. CA 94124</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medallion Number(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1007</td>
<td></td>
</tr>
</tbody>
</table>

Please list the reason(s) why you are requesting this change:

**WORKING WITH VOICE OPERATED RADIO**

---

**RECEIVED**

**JUL 31 2007**

SAN FRANCISCO TAXI COMMISSION

I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 30th day of July 2007 at San Francisco, California

**TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY**

<table>
<thead>
<tr>
<th>Name of person authorized to sign for Color Scheme Holder:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NISHAN SWEIS</td>
<td>PRESIDENT</td>
</tr>
</tbody>
</table>

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for NISHAN SWEIS ROYAL TAXI, 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 California that the foregoing is true and correct.

Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder:  

Date: 07/30/07

---

<table>
<thead>
<tr>
<th>Agenda Notice Date</th>
<th>Hearing Date</th>
<th>Decision of Taxicab Commission</th>
<th>New Declaration Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/14/07</td>
<td>6/28/07</td>
<td>1-07</td>
<td>8/22/07</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Worker's Comp Submitted</th>
<th>Insurance Submitted</th>
<th>Paint Chips Submitted</th>
<th>Photos Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Received by:  

Receipt No: 044319  
Amount: 365  
Date: 7/31/07
CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 05-02-2007

CITY AND COUNTY OF SAN FRANCISCO
SAN FRANCISCO TAXICAB COMMISSION
25 VAN NESS STE 420
SAN FRANCISCO CA 94102

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

James Neary
AUTHORIZED REPRESENTATIVE

endor
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: $1,000,000 PER OCCURRENCE.

ENDORSEMENT #1800 - NISHAN SWEIS, PRES-TRE - EXCLUDED.

ENDORSEMENT #1800 - SUHAILA SWEIS, VICE-PRE - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 05-02-2005 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

C & J LEASING (A CORP.) DBA: ROYAL TAXI
2121 EVANS AVE # G
SAN FRANCISCO CA 94124

RECEIVED
JUL 31 2007
SAN FRANCISCO TAX COMMISSION

[REV.2-06] PRINTED: 06-14-2007
August 18, 2006

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-insurance permit have been met. Your self-insurance status is valid from September 1, 2006 through August 31, 2007.

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,

[Signature]
EDWIN IMURA, Manager
Financial Responsibility Area

CERTIFICATE OF SELF-INSURANCE
CVC 160533

This is to certify that: YELLOW CAB COOPERATIVE
1200 Mississippi St.
San Francisco, Ca 94107

has been approved as a Self Insurer under the Compulsory Financial Responsibility Law and assigned Self-Insurance #124 by the Director of Motor Vehicles, pursuant to Section 16053 of the California Vehicle Code (CVC)

August 6, 1985
Notice Section: Item D

Consideration of the Taxi Commission to grant a Dispatch Change to:

<table>
<thead>
<tr>
<th>Color Scheme:</th>
<th>Change:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bay Cab</td>
<td>Black &amp; White Checker to Town Taxi</td>
</tr>
</tbody>
</table>
Applicant's Name: Raul Cabnog Caradina

TO BE COMPLETED FOR NEW COLOR SCHEMES ONLY

Distinguishing color scheme of vehicle to be used in business: (Must include color rendering upon submission.)

Body _______ Hood _______ Top _______ Trunk _______ Fenders _______

Logo shown on vehicles: _____________________________________________

Lettering Color: ___________________________________________________

Other markings: ____________________________________________________

Dispatch Service: __________________________________________________

Does the applicant understand that every person, firm or corporation operating a taxicab shall adopt and have approved by the Taxicab Commission a distinguishing color scheme and design for all such taxicabs and the operators thereof, and shall use the same on all such taxicabs operated; provided, however, that any person may, with the consent of another operator to whom a distinctive color scheme has been previously assigned, use said color scheme?  □ Yes  □ No

Does the applicant understand that it is unlawful to make or cause to be made any changes whatever in the color or distinguishing characteristics of taxicabs unless the permission of the Taxicab Commission has first been obtained?  □ Yes  □ No

TO BE COMPLETED BY THE ACCEPTING DISPATCH SERVICE

Name of Dispatch Service: Town Taxi  
Address: 999 Pennsylvania, S.F., CA 94107

Print Name of Authorized Person of Dispatch Service: RAFAEL MACHKOVSKY

I, RAFAEL MACHKOVSKY, the person authorized to sign for the Dispatch Service hereby give consent to the applicant named to use the dispatch service.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Person:  [Signature]  
Title:  [Title]  
Date:  3/2/07

Revised 11/14/2005
BAY CAB
999 Pennsylvania Ave.
San Francisco, CA 94107
Phone: (415)206-1908
Fax: (415) 206-1110

July 30, 2007

To: Heidi Machen, Executive Director
TaxiCab Commission
25 Van Ness Ave., Ste. 420
San Francisco, CA 94102.

From: Roger Cardenas
Bay Cab – manager

RE: Bay Cab Radio Dispatch Transfer Service

Dear Ms. Heidi Machen,

This letter is to inform you that Bay Cab Inc. will be transferring their Radio Dispatch Service from Checker Dispatch Service to Town Taxi Dispatch Service, effective as of August 1, 2007. Location and address will remain the same. Your assistance on this matter will be greatly appreciated.

Sincerely,

Roger Cardenas
Bay Cab – manager
TOWN TAXI, INC.

San Francisco Taxicab Commission
Attn: Heidi Machen, Executive Director

RE: Bay Cab Radio Dispatch Service

Dear Heidi!

This is to inform you that Town Taxi, Inc. has accepted Bay Cab Co. to operate under our 24 Hour Radio Dispatch Service effective August 1st, 2007.

Please let me know if I can further assist you on this matter.

Sincerely,

[Signature]
Rafael Machkovsky, President

999 Pennsylvania Avenue, San Francisco, CA 94107 Tel: 415.401.8900 Fax: 415.401.8722