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 August 26, 2008 hearing.
Notice Section Item: D

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. Wondwossen Mekbeb</td>
<td>277</td>
<td>DeSoto to Arrow Cab</td>
</tr>
<tr>
<td>2. Melaku Girma</td>
<td>585</td>
<td>DeSoto to Bay Cab</td>
</tr>
<tr>
<td>3. Getachew Yadeta</td>
<td>9017</td>
<td>DeSoto to Comfort Cab</td>
</tr>
<tr>
<td>4. Levon Daniltan</td>
<td>9075</td>
<td>DeSoto to SF Taxi</td>
</tr>
<tr>
<td>5. Ronald Wolter</td>
<td>1252</td>
<td>Arrow to Green Cab</td>
</tr>
<tr>
<td>6. Yen Ngoo Le</td>
<td>1209</td>
<td>Royal to Bay Cab</td>
</tr>
</tbody>
</table>
# TAXICAB COLOR SCHEME APPLICATION

**San Francisco Taxicab Commission**

**□ NEW COLOR SCHEME**

**▲ CHANGE OF COLOR SCHEME** – From: **Desoto** to **Arrow**

*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>WOODY WISSEN MEEKER</td>
<td>(415)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2575 MARIN ST, Daly City, CA 94015</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Is this a Corporate permit?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, Name of Corporation:</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, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARROW CAB</td>
<td>2575 MARIN ST</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Phone</th>
<th>Medallion Number(s)</th>
<th>Owner / Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>(415)</td>
<td>277</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gas &amp; Gate</th>
<th>Long Term Lease</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

PREVIOUS COMPANY SUDDENLY INCREASED RATE FEE BY 40%  

__________________________
Print Name of Applicant

__________________________
Signature of Applicant

---

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 **JULY 24** day of **JULY** 2008 at San Francisco, California

__________________________
Print Name of Applicant

__________________________
Signature of Applicant

---

**□ 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>Tyler Speck</td>
<td>General Manager</td>
</tr>
</tbody>
</table>

**□ I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for: Arrow TaxiCab Co.**

**□ 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: 7-24-08

---

**□ 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>8/12/08</td>
<td>9/26/08</td>
<td></td>
<td></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>Received by: 3/60009</td>
<td>Amount: 291.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Updated: May 21, 2008, Q:\Forms & Template\Applications & Driver Info sheets\ColorSchemeApplication.doc**
COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? RATE FOR COLOR SCHEME INCREASED 40%

2. How have you been operating your medallion at your current color scheme? Circle one:
   a. Gas and Gates
   b. Color Scheme Only
   c. Single Shift operated

3. How will you operate your medallion at the new color scheme? Circle one:
   a. Gas and Gates
   b. Color Scheme Only
   c. Single shift operated

4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
   ☐ Yes  ☐ No
   If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.

5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? 10 AM - 8 PM

I, [Name], acknowledge that in making this color scheme transfer to [Arrow], I will operate my medallion # 277 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift.

2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).

3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule.

4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated.

5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them.

6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code.


I have read and understood all of the above. I declare that I will operate my taxicab permit number 277 in full compliance with the above stipulations.

Signature: [Signature]
Date: 7/24/08
Department Witness: [Signature]
Date: 7/24/08

Updated: July 23, 2008, G:\Forms & Templates\Applications & Driver Info sheets\ColorSchemeApplication.doc
**RECEIVED**

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 PEACE 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 ***************

<table>
<thead>
<tr>
<th>MAKE</th>
<th>2002</th>
<th>YR 1ST SOLD</th>
<th>VLF CLASS</th>
<th>2005</th>
<th>TYPE VEH</th>
<th>TYPE LIC</th>
<th>LICENSE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>DODG</td>
<td></td>
<td></td>
<td>BE</td>
<td></td>
<td>32X</td>
<td>31</td>
<td>03920</td>
</tr>
<tr>
<td>BODY TYPE MODEL:</td>
<td>MP</td>
<td>MO</td>
<td>AX</td>
<td>WC</td>
<td>UNLADEN/G/CGW</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TX</td>
<td>G</td>
<td>PR</td>
<td>2</td>
<td>C</td>
<td>03920</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE VEHICLE USE</th>
<th>DATE ISSUED</th>
<th>CC/ALCO</th>
<th>DT FEE RECD</th>
<th>PIC</th>
<th>STICKER ISSUED</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMERCIAL</td>
<td>04/08/08</td>
<td>41</td>
<td>03/30/08</td>
<td>9</td>
<td>R3812980</td>
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</table>

<table>
<thead>
<tr>
<th>REG NUMBER: TAXI</th>
<th>PR EXP DATE: 04/30/2008</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>REGISTERED OWNER</th>
<th>AMOUNT DUE</th>
<th>AMOUNT RECVD</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBKBEB WONDWOSEN</td>
<td>$102.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAILY CITY</th>
<th>94015</th>
</tr>
</thead>
</table>

LIENHOLDER

H00 179 G9 0010200 0016 PS  H00 040808 31  7R88922 081
INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 33855

Lincoln General Insurance Co.

POLICY NUMBER

EFFECTIVE DATE 10/12/07

EXPIRATION DATE 10/12/08

YEAR 2002

MAKE/MODEL Dodge

VEHICLE IDENTIFICATION NUMBER 1B4GP25382B566081

2002 Dodge 7R88922

AGENCY/COMPANY ISSUING CARD

Y. A. Tittle Insurance

RECEIVED JUL 24 2008

Paul Batmale

S.F. COUNTY COMMISSIONER

650-856-2120

Mekbib Wondewossen

Daly City, CA 94015

Desoto Cab #277

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 WN(2/95)
CHANGE OF COLOR SCHEME - From: DeSoto Cab To: Bay Cab

*Forms to submit with this application: Certificate of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last)  MELAKU GIRMU

Residence Address (Street Address, City, State, Zip)  San Ramon, CA  94583

Is this a Corporate permit?  ☐ No  ☐ Yes  ☐ If yes, Name of Corporation:

Business Name  Bay Cab  999 Pennsylvania Ave

Business Phone  (415) 206-1908

Medallion Number(s)  585

☐ Owner / Operator
☐ Gas & Gale
☐ Long Term Lease

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

Disagreement over a new contract with

over 90% increase.

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 31 day of July, 2005 at San Francisco, California

MELAKU GIRMU  Mulu Qirmu
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  ROGER ABBEY

Title  MRG

I, the Color Scheme Holder/person authorized to sign for the Color Scheme Holder for

Bay Cab

Taxis 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 California that the foregoing is true and correct.

Signature of Color Scheme Holder/person authorized to sign for Color Scheme Holder  7-31-05

OFFICE USE ONLY

Agenda Notice Date  09/12/05  Hearing Date  02/16/08  Decision of Taxi Commission  11/1  06/08

Worker's Comp Submitted  Insurance Submitted  Paint Chips Submitted  Photos Submitted

Received by  Denu  Receipt No.  374685  Amount  $291 -
COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? Disagreement over a lease contract with over 40% increase in fees.

2. How have you been operating your medallion at your current color scheme? Circle one:
   a. Gas and Gates
   b. Color Scheme Only
   c. Single Shift operated

3. How will you operate your medallion at the new color scheme? Circle one:
   a. Gas and Gates
   b. Color Scheme Only
   c. Single shift operated

4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
   □ Yes  □ No
   If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.

5. For Post-K medallion holders only: How shifts will you be driving your taxicab vehicle in order to comply with Proposition K? I will be driving various shift.

I. MELKUS GIRMA acknowledge that in making this color scheme transfer to
   TRAY, I will operate my medallion # 585 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. Yes.

2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). Yes.

3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. Yes.

4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver’s permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver’s roster for the taxicab company with which I am associated. Yes.

5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission’s Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. Yes.

6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. Yes.


I have read and understood all of the above. I declare that I will operate my taxicab permit number 585 in full compliance with the above stipulations.

Signature: MELKUS GIRMA Date: 7/31/08
Department Witness: [Signature]
Date: 7/29/08
MEMORANDUM

Date: July 29, 2008
To: Melaku Girma
Medallion #585
227 Chestnut Court
San Ramon, CA 94583

From: Tom Griffin

RE: Workers Compensation

Dear Melaku,

Y. A. Tittle & Associates is prepared to offer Workers Compensation insurance in the amount of $1,000,000 each occurrence for your San Francisco Taxicab Medallion #585. This insurance will be placed with the same carrier, Lincoln General Insurance Company that you currently have for your Automobile Liability insurance. This insurance will afford coverage for all scheduled drivers currently operating your taxicab.

Lincoln General will assign the same expiration date as that of your current Automobile Liability expiration date of 10/12/08. The San Francisco Taxicab Commission will be named as Additional Insured’s to your Workers Compensation policy.

Simply let me know when you have your confirmed starting date with Bay Cab Company and we will proceed with the application process. Please contact me if you have any questions regarding this proposed insurance coverage.

Sincerely,

[Signature]

Tom Griffin
Y.A. Tittle & Associates

394 Elm Avenue, Auburn, CA 95603 * Phone: 530.888.7300 * Fax: 530.888.7813
www.yatittleins.com * License # 0A91339
INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
33855
LINE GENERAL INSURANCE CO.
STATE
CA
POLICY NUMBER
7
EFFECTIVE DATE
10/12/07
MAKE/MODEL
2005 DODGE CARAVAN
EXPIRATION DATE
10/12/08
VEHICLE IDENTIFICATION NUMBER

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.

ACCORD 50 WM(2/95)

REGISTRATION VALID FROM
COHL 03/31/2008 TO 03/31/2009
TAXI

VEHICLE IDENTIFICATION NUMBER
DODGE
TX 02/29/2008
00/00/2005
32X 2 2 03856
6 2 C
0700
$234
2005

GIRMA MELAKU
SAN RAMON CA 94583-3538

BOBILYIA CHRYSLER PLYMOUTH
DODGE JEEP
144 E CHICAGO RD
COLDWATER, MI

STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
VALIDATED REGISTRATION CARD
READ REVERSE SIDE - IMPORTANT INSTRUCTIONS

CALIFORNIA
DRIVER LICENSE
MELAKU GIRMA
P44

EXPIRES: DECEMBER 31, 2008
MELAKU GIRMA

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article 1, Sections 2.26.1 and 2.27.1
CHANGE OF COLOR SCHEME – From: DESOTO CAB To: COMFORT CAB

*Forms to submit with this application: Certificate Of Worker’s Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant’s Name (First, Middle, Last) Phone
GETACHEV YARETA

Residence Address (Street Address, City, State, Zip)
1400 – EL SOLITARIE, CA 94803

Joint Applicant’s Name (First, Middle, Last) Phone

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

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 Phone
COMFORT CAB 9017

Business Address (Street Address, City, State, Zip)
999 PENNSYLVANIA ST, CA 94107

Mediation Number(s)
9017

Owner / Operator ☑ Gas & Gate ☐ Long Term Lease

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

I found out that Comfort Cab Co. is a better company to work with and they are very reasonable in cost and have good reputation within the public.

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 4th day of AUGUST, 2008 at San Francisco, California

Print Name of Applicant
GETACHEV YARETA Signature of Applicant

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

Name of person authorized to sign for Color Scheme Holder:
SAMBI JIRAMA OUNA

Title: MANAGER

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

Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date
08/14/2007

OFFICE USE ONLY

Agenda Notice Date Hearing Date Decision of Taxicab Commission New Declaration Signed
08/12/08 08/21/08

Worker’s Comp Submitted Insurance Submitted Paint Chips Submitted Photos Submitted

Received by: Danelle Receipt No. 374088 Amount $211 Date

Updated: July 23, 2008, G:\Forms & Templates\Applications & Driver Info sheets\ColorSchemeApplication.doc
COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? [ ] I DECIDED TO JOIN COMFORT CAB COMPANY; FOUND OUT IT IS A BETTER CO.

2. How have you been operating your medallion at your current color scheme? Circle one:
   a. Gas and Gates
   b. Color Scheme Only
   c. Single Shift operated

3. How will you operate your medallion at the new color scheme? Circle one:
   a. Gas and Gates
   b. Color Scheme Only
   c. Single shift operated

4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
   □ Yes □ No
   If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.

5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? [ ] I WILL DRIVE MY TAXICAB SINGLE SHIFT

I, [Name], acknowledge that in making this color scheme transfer to COMFORT CAB CO., I will operate my medallion # 9017 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift.

2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).

3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule.

4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated.

5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them.

6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code.


I have read and understood all of the above. I declare that I will operate my taxicab permit number 9017 in full compliance with the above stipulations.

Signature: [Signature] Date: 8/4/08

Department Witness: [Signature] Date: 8/4/08
I GETACHU YADERTA who operate a taxi; medallion # 9017 state that I will drive by myself and I will not have a workman compensation.

GETACHU YADERTA

[Signature]

RECEIVED

[Stamp]

8/4/08
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 PEACE 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: 08/31/2008 TO: 08/31/2009

MAKE  YR MODEL  YR 1ST SOLD  VLF CLASS  TYPE VEH  TYPE LIC  LICENSE NUMBER
DODGE  2003  2003  JR  32V  31

BODY TYPE MODEL  MP  MO  AX  WC  UNLADEN/G/CGW
VN  G  PU  2  C  03860

TYPE VEHICLE USE  DATE ISSUED  CC/ALCO  DT FEE RECVD  PIC
COMMERCIAL  07/11/08  07  07/02/08  8

REGISTERED OWNER
YADETA GETACHEW  OR ASRAT GENET

AMOUNT DUE  AMOUNT RECVD
$  342.00  CASH :

EL SOBRANTE  94803

CA

LIENHOLDER
DAIMLERCHRYSLER LLC
400 HORSHAM RD

HORSHAM  19044

H05  180 02 0034200 0050 PS  H05 071108 31  7D07679 203
INSURANCE IDENTIFICATION CARD

STATE    CA
COMPANY NUMBER  33855
COMPANY    Lincoln General Insurance Co.
EFFECTIVE DATE  10/12/07
EXPIRATION DATE  10/12/08
VEHICLE IDENTIFICATION NUMBER

YEAR    2003
MAKE/MODEL    Caravan
AGENCY/COMPANY ISSUING CARD
Y. A. Tittle Insurance
Paul Batmale
650-856-2120

INSURED
Getachew Yadeta
Desoto # 9017
El Sobrante    CA  94803

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

OP ID    JK

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.

ACCORD 50 WR(2/95)

RECEIVED
AUG 9/2 2008
SAN FRANCISCO
RECEIVED
AUG 01 2008
SAN FRANCISCO
TAXI COMMISSION

ARROW CAB CO
2551 MARIN
SAN FRANCISCO CA 94124
2375 Marin

FORD MTR CRD1 CO
PO BX 105704
ATLANTA GA

STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
VALIDATED REGISTRATION CARD
READ REVERSE SIDE - IMPORTANT INSTRUCTIONS

INSURANCE IDENTIFICATION CARD
STATE CA
COMPANY LINCOLN GENERAL INSURANCE CO.
COMPANY NUMBER 33855
POLICY NUMBER
EFFECTIVE DATE 02/14/08
EXPIRATION DATE 02/14/09
VEHICLE IDENTIFICATION NUMBER
2004 FORD FRESTAR
AGENCY/COMPANY ISSUING CARD
Y. A. TITTLE INSURANCE
Paul Batmale
650-856-2120
INSURED
MARICA YUHAS
ARROW CAB #9038
Daly City CA 94015

CSR TG
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.
**TAXICAB COLOR SCHEME APPLICATION**
San Francisco Taxi Commission

**CHANGE OF COLOR SCHEME** - From: **DE SOTO CAB CO.**

*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): **LEVON DANILYAN**

Residence Address (Street Address, City, State, Zip): **241 CA 94121**

Joint Applicant's Name (First, Middle, Last): **( )**

Residence Address (Street Address, City, State, Zip): **SAN FRANCISCO**

Is this a Corporate permit? ☐ Yes ☐ No

If yes, Name of Corporation: **TAXI COMMISSION**

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

Business Name: **S.F. TAXI-CAB CO.**
Business Address (Street Address, City, State, Zip): **241 EVANS ST, S.F.RA 92424**
Business Phone: **(415) 920-0909**

Medallion Number(s): **9075**

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

**GREAT DISPATCH SERVICE FROM CITYWIDE DISPATCH.**
**AT DE SOTO CAB CO THE FEES WENT UP TO $050.00.**

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 **_** day of **JULY 27 2008**, at San Francisco, California

Print Name of Applicant: **LEVON DANILYAN**

Signature of Applicant: **_**

Name of person authorized to sign for Color Scheme Holder:

**JACK G. TRAD**

Title: **SOLE PROPRIETORSHIP**

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for **S.F. TAXI-CAB CO.** 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: **07-27-08**

Office Use Only

Agenda Notice Date: **Aug. 12, 2008**
Hearing Date: **Aug. 21, 2008**
Decision of Taxicab Commission: **( )**
New Declaration Signed: **( )**

Worker's Comp Submitted: **Y**
Insurance Submitted: **Y**
Pass Chips Submitted: **( )**
Photos Submitted: **( )**

Received by: **T.O.**
Receipt No.: **374092**
Amount: **201.00**

SAN FRANCISCO TAXI COMMISSION
COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? **BECAUSE IT IS GETTING TOO EXPENSIVE TO OPERATE AT DESERT. THE FEES ARE $050.**

2. How have you been operating your medallion at your current color scheme? Circle one:
   a. Gas and Gates  
   b. Color Scheme Only  
   c. Single shift operated

3. How will you operate your medallion at the new color scheme? Circle one:
   a. Gas and Gates  
   b. Color Scheme Only  
   c. Single shift operated

4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?  
   □ Yes  □ No  
   If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.

5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?  
   4 MORNING SHIFTS/WEEK

I, LEVON DAVILYAN, acknowledge that in making this color scheme transfer to S.F. TAXI-CAB CO., I will operate my medallion # 9075 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift.  
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule.
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated.
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them.
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code.

I have read and understood all of the above. I declare that I will operate my taxicab permit number 9075 in full compliance with the above stipulations.

Signature:  
Date: 08-04-08

Department Witness:  
Date: 08-02-08
5 August 2008

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that medallion #9075 will be added to SF Taxi Cab Company’s Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through National Interstate Insurance and Lincoln General Insurance companies.

Sincerely,

[Signature]

Dmitry Erenkov
Agent/Broker

DIE/eee
REGISTRATION CARD

MAKE: DODG

YEAR: 2003

MODEL: 0000

YR INST SOLO: 02/28/08

YR: 2008

CLASS: VLF

CLASS: 0

VEHICLE USE: COMMERCIAL

DATE ISSUED: 02/28/08

STICKER ISSUED: 02/28/08

LICENSE NUMBER: 31

VEHICLE ID NUMBER: 04060

AMOUNT PAID: $221.00

RECEIVED

AUG 05 2008

SAN FRANCISCO TAXI COMMISSION

H06 503 LS 0022100 0021 CS H06 022008 31 7V35260 583
CHANGE OF COLOR SCHEME - From: **ARROW CAB** To: **GREEN CAB**

*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.*

**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><strong>RONALD JAMES WOLTER</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
<th>Phone</th>
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<tr>
<td><strong>BERKELEY, CA 94704</strong></td>
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<table>
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<tr>
<th>Joint Applicant's Name (First, Middle, Last)</th>
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</table>

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

<table>
<thead>
<tr>
<th>Is this a Corporate permit?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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 Address, City, State, Zip)</th>
<th>Mediation Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GREEN CAB</strong></td>
<td><strong>98 PENNSYLVANIA AVE, SF, CA 94107</strong></td>
<td>1252</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>'415 552-5881'</td>
</tr>
</tbody>
</table>

**WOULD LIKE TO OPERATE HYBRID CAB**

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 **FIFTH** day of **AUGUST** 2008 at San Francisco, California

<table>
<thead>
<tr>
<th>Print Name of Applicant</th>
<th>Signature of Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RONALD J. WOLTER</strong></td>
<td><strong>Ronald J. Wolter</strong></td>
</tr>
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***************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><strong>MARK GRUBERG</strong></td>
<td>COLOR SCHEME HOLDER</td>
</tr>
</tbody>
</table>

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for **GREEN CAB**

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.

<table>
<thead>
<tr>
<th>Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MARK GRUBERG</strong></td>
<td><strong>8/5/08</strong></td>
</tr>
</tbody>
</table>

***************OFFICE USE ONLY***************

<table>
<thead>
<tr>
<th>Agenda Notice Date</th>
<th>Hearing Date</th>
<th>Decision of Taxicab Commission</th>
<th>New Declaration/</th>
<th>Workers' Comp Submitted</th>
<th>Insurance Submitted</th>
<th>Paint Chips Submitted</th>
<th>Photos Submitted</th>
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<tr>
<td><strong>8/12/08</strong></td>
<td><strong>8/20/08</strong></td>
<td><strong>Decision of Taxicab Commission</strong></td>
<td><strong>New Declaration/</strong></td>
<td><strong>Workers' Comp Submitted</strong></td>
<td><strong>Insurance Submitted</strong></td>
<td><strong>Paint Chips Submitted</strong></td>
<td><strong>Photos Submitted</strong></td>
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Received by:

<table>
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<th>Date</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

Updated: July 23, 2008, G:/Forms & Templates/Applications & Driver Info sheets/ColorSchemeApplication.doc
COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? I WOULD LIKE TO
   operate hybrid cab

2. How have you been operating your medallion at your current color scheme? Circle one:
   a. Gas and Gates
   b. Color Scheme Only
   c. Single Shift operated

3. How will you operate your medallion at the new color scheme? Circle one:
   a. Gas and Gates
   b. Color Scheme Only
   c. Single shift operated

4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
   □ Yes □ No
   If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.

5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with
   Proposition K? I WILL BE WORKING TUES THROUGH FRIDAY APPROX 7 PM TO MIDNIGHT. I WILL TAKE SOME TIME OFF FOR VACATION.
   l. RONALD WALTER acknowledge that in making this color scheme transfer to GREEN CAB, I will operate my medallion # 1252 in compliance with the following stipulations:
   1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property
      will be turned in at the company premises at the conclusion of each shift.
   2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).
   3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may
      also contain the name of a driver holding a lease which complies with the three layer rule.
   4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's
      permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates
      driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated.
   5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and
      the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so
      that I fully understand and comprehend them.
   6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving
      requirement contained in Article 16 of the Municipal Police Code.
   7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and
      County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi
      Commission Rules and Regulations.

I have read and understood all of the above. I declare that I will operate my taxicab permit number 1252 in
full compliance with the above stipulations.

Signature: RONALD WALTER Date: 5AG'08
Department Witness: Date: 8/5/08

Updated: July 23, 2008, G:\Forms & Templates\Applications & Driver Info sheets\ColorSchemeApplication.doc
P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS’ COMPENSATION INSURANCE

ISSUE DATE: 04-25-2008

GROUP:

POLICY NUMBER:

CERTIFICATE ID:

CERTIFICATE EXPIRES: 04-25-2009

THIS CERTIFICATE SUPERSEDES AND CORRECTS CERTIFICATE # 1 DATED 04-25-2008

SAN FRANCISCO TAXI COMMISSION
25 VAN NESS AVE STE 420
SAN FRANCISCO CA 94102-5055

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

James Frank
PRESIDENT

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

ENDORSEMENT #0015 ENTITLED ADDITIONAL INSURED EMPLOYER EFFECTIVE 2008-04-25 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. NAME OF ADDITIONAL INSURED:
SAN FRANCISCO TAXI COMMISSION

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-25-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

RECEIVED

AUG 05 2008

SAN FRANCISCO TAXI COMMISSION

SF GREEN CAB LLC DBA: GREEN CAB
98 PENNSYLVANIA AVE
SAN FRANCISCO CA 94107

PRINTED: 04-21-2008
Jordanna Thigpen, Executive Director  
San Francisco Taxi Commission  
25 Van Ness Avenue, Suite 420  
San Francisco, CA 94102

Dear Director Thigpen:

Please be advised that Green Cab has on order a new Toyota Camry hybrid to be operated under medallion #1252. We will furnish a copy of the vehicle registration upon its receipt.

Yours,

Mark Gruberg  
Color scheme holder

RECEIVED  
AUG 05 2008  
SAN FRANCISCO  
TAXI COMMISSION
MEMORANDUM

Date: July 31, 2008
To: SF Green Cab, L.L.C.
Joseph Minable
98 Pennsylvania Avenue
San Francisco, CA 94107

From: Tom Griffin

RE: New Medallion #1252
Commercial Auto Policy #CACC062100334
Term: 04/12/08 to 04/12/09

Dear Joe,

Y. A. Title & Associates is prepared to provide $1,000,000 Combined Single Limit Auto Liability insurance coverage to S.F. Green Cab for your proposed new medallion that you are attempting to add to your current fleet.

You currently have insurance with Lincoln General Insurance Company for existing medallions. It will be no problem at all to simply add the new medallion to your current insurance policy.

Please contact me when you receive the medallion and vehicle information and I will make sure that everything is processed.

Please call me if you have any questions.

Sincerely,

Tom Griffin
Y. A. Title & Associates

RECEIVED
AUG 05 2008
SAN FRANCISCO TAXI COMMISSION
CHANGE OF COLOR SCHEME – From: _ROYAL TAXI_ To: _BAY CAB_

*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) Phone

_YEN NGOC LE_

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

_SAN FRANCISCO, CA. 94110_

Joint Applicant's Name (First, Middle, Last) Phone

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

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 Business Address (Street Address, City, State, Zip)

_BAY CAB_ 999 PENNSYLVANIA AVE. SAN FRANCISCO, CA. 94107

Business Phone Medallion Number(s)

_415-206-1908_ 1209

☐ Owner / Operator ☐ Gas & Gate ☐ Long Term Lease

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

_I feel more comfortable with many of my friends in Bay Cab._

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 _11th_ day of _AUG_ 2008 at San Francisco, California

_YEN NGOC LE_ :

Print Name of Applicant Signature of Applicant:

_Roger Cardenas_

Title: MGR

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _BAY CAB_ 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.

_Roger Cardenas_ :

Signatures of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date:

_8-6-08_

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

***************OFFICE USE ONLY***************

Agenda Notice Date Hearing Date Decision of Taxicab Commission New Declaration Signed

3/2/08 8/20/08

Worker's Comp Submitted Insurance Submitted Paint Chips Submitted Photos Submitted

Received by: Receipt No. Date

_376098_ 4/16_
COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? I have some of my friends in Bay area and I feel more comfortable.

2. How have you been operating your medallion at your current color scheme? Circle one:
   a. Gas and Gates
   B. Color Scheme Only
   c. Single Shift operated

3. How will you operate your medallion at the new color scheme? Circle one:
   a. Gas and Gates
   B. Color Scheme Only
   c. Single shift operated

4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?  
   X Yes  No
   If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.

5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with
   Proposition K? __________________________
   Mon - Fri 6am - 4pm

I, YEN NGOC LE, acknowledge that in making this color scheme transfer to
DAY CAB, I will operate my medallion # 12099 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property
   will be turned in at the company premises at the conclusion of each shift.

2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).

3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may
   also contain the name of a driver holding a lease which complies with the three layer rule.

4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's
   permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates
   driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated.

5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and
   the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so
   that I fully understand and comprehend them.

6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving
   requirement contained in Article 16 of the Municipal Police Code.

7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and
   County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi
   Commission Rules and Regulations.

I have read and understood all of the above. I declare that I will operate my taxicab permit number 12099 in
full compliance with the above stipulations.

Signature: ___________________________ Date: AUG 04 08

Department Witness: ___________________________ Date: ___________________________
**REGISTRATION CARD VALID FROM:** 10/31/2007 TO: 10/31/2008

<table>
<thead>
<tr>
<th>MAKE</th>
<th>YR MODEL</th>
<th>YR 1ST SOLD</th>
<th>VLFL CLASS</th>
<th>*YR TYPE VEH</th>
<th>TYPE LIC</th>
<th>LICENSE NUMBER</th>
<th>VEHICLE ID NUMBER</th>
<th>STICKER ISSUED</th>
<th>PR EXP DATE: 10/31/2007</th>
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<td>EM</td>
<td>2007</td>
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**TYPE VEHICLE USE**

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<th>COMMERCIAL</th>
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<th>PIC</th>
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<td>08/29/07</td>
<td>38</td>
<td>08/29/07</td>
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**REGISTERED OWNER**

<table>
<thead>
<tr>
<th>LE YEN</th>
<th>DBA ROYAL CAB</th>
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**AMOUNT DUE**

<table>
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<tr>
<th>AMOUNT RECVD</th>
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<td>$ 270.00</td>
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**LIENHOLDER**

<table>
<thead>
<tr>
<th>CLEAN ENERGY FIN LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>3020 OLD RANCH BLVD STE 200</td>
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**SEAL BEACH**

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<thead>
<tr>
<th>CA</th>
<th>90740</th>
</tr>
</thead>
<tbody>
<tr>
<td>H01 503 03 0027000 0057 CS</td>
<td>H01 082907 31 7Z52112 847</td>
</tr>
</tbody>
</table>
7 August 2008

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that medallion #1209 will be added to Bay Cab Company’s Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through National Interstate Insurance and Lincoln General Insurance companies.

Sincerely,

[Signature]

Dmitry Erenkov
Agent/Broker

DIE/ece