

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

900 SOUTH FREMONT AVENUE ALHAMBRA, CALIFORNIA 91803-1331 Telephone (626) 458-5100 http://dpw.lacounty.gov

MARK PESTRELLA, Director

June 06, 2018

The Honorable Board of Supervisors County of Los Angeles 383 Kenneth Hahn Hall of Administration 500 West Temple Street Los Angeles, California 90012

Dear Supervisors:

ADDRESS ALL CORRESPONDENCE TO: P.O. BOX 1450 ALHAMBRA, CALIFORNIA 91802-1450

> IN REPLY PLEASE REFER TO FILE

BOARD OF SUPERVISORS COUNTY OF LOS ANGELES

31 June 6, 2018

CELIA ZAVALA ACTING EXECUTIVE OFFICER

SERVICES CONTRACT TRANSPORTATION CORE SERVICE AREA AWARD OF SERVICES CONTRACT FOR EAST LOS ANGELES DIAL-A-RIDE SERVICE IN THE UNINCORPORTED COUNTY COMMUNITY OF EAST LOS ANGELES (SUPERVISORIAL DISTRICT 1) (3 VOTES)

SUBJECT

Public Works is seeking Board approval to award a service contract for East Los Angeles dial-a-ride service in the unincorporated County area of East Los Angeles.

IT IS RECOMMENDED THAT THE BOARD:

1. Find that the contract work is statutorily exempt from the provisions of the California Environmental Quality Act for the reasons stated in this letter and in the record of the project.

2. Find that this service can be more economically performed by an independent contractor than by County employees.

3. Award the contract for East Los Angeles dial-a-ride service to Empire Transportation, Inc., a Community Business Enterprise, and direct the Chair to execute the contract for a maximum potential contract term of 54 months and a maximum potential contract sum of \$3,136,130.

4. Authorize the Director of Public Works or his designee to renew this contract for each additional renewal option and extension period if, in the opinion of the Director of Public Works or his designee, Empire Transportation, Inc., has successfully performed during the previous contract period and the

The Honorable Board of Supervisors 6/6/2018 Page 2

services are still required; to approve and execute amendments to incorporate necessary changes within the scope of work; and to suspend work if, in the opinion of the Director of Public Works or his designee, it is in the best interest of the County to do so.

5. Authorize the Director of Public Works or his designee to annually increase the contract amount up to an additional 10 percent of the annual contract sum for unforeseen, additional work within the scope of the contract, if required.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The purpose of the recommended action is to award a contract for a community dial-a-ride service that provides service to eligible elderly and persons with disabilities residing in the unincorporated County area of East Los Angeles.

The proposed contract will be for a period of 1 year with three 1-year renewal options, and a monthto-month extension up to 6 months for a maximum potential contract term of 54 months. The sum for the initial term is \$683,580; the sum for the first optional term is \$692,092; the sum for the second optional term is \$699,832; the sum for the third and last optional term is \$707,082; and the total potential sum for the month-to-month option to extend for up to an additional 6 months is for \$353,544 with a maximum potential contract sum of \$3,136,130. These amounts include major vehicle repair work to County-provided service vehicles and for potential increased demand in service and ridership performance incentives in accordance with the contract.

Implementation of Strategic Plan Goals

The County Strategic Plan directs the provisions of Strategy 11.2, Support the Wellness of our Communities and Objective 11.2.4, Promote Active and Healthy Lifestyles. The recommended action allows the contractor to provide transit service for the elderly and persons with disabilities to access recreational, shopping, medical, and business opportunities and will support the Department of Public Works in meeting these goals.

FISCAL IMPACT/FINANCING

There will be no impact to the County's General Fund.

The maximum potential contract sum is \$3,136,130 for the maximum contract period of 54 months plus 10 percent of the annual contract sum for unforeseen, additional work within the scope of the contract.

These amounts are based on Public Works' estimated annual utilization of the contractor's service at the hourly rates quoted by the contractor. The terms and sums for each term of the maximum contract period are as follows:

The sum for the initial term is \$683,580.

The sum for the first option term is \$692,092.

The sum for the second option term is \$699,832.

The sum for the third and final option term is \$707,082.

The sum for the month-to-month option to extend up to 6 months is \$353,544.

The Honorable Board of Supervisors 6/6/2018 Page 3

Funding for this service is included in the Proposition A Local Return Transit Program and included in the Transit Operations Fund Fiscal Year 2018-19 Budget. Funds to finance the contract's option years and 10 percent additional funding for contingencies will be requested through the annual budget process.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The recommended contractor is Empire Transportation, Inc., located in Bellflower, California, a Community Business Enterprise. The contract has been executed by Empire Transportation, Inc., and approved as to form by County Counsel (Enclosure A). The recommended contract was solicited on an open-competitive basis and is in accordance with applicable Federal, State, and County requirements.

A standard service contract has been used that contains terms and conditions in compliance with the Board's ordinances, policies, and programs. Enclosure C reflects the contractor's minority participation. Data regarding the proposers' minority participation is on file with Public Works. The contractor was selected upon final analysis and consideration without regard to race, creed, gender, or color.

Pursuant to the applicable Memorandum of Understanding, the Request for Statement of Qualifications (RFSQ) for this solicitation was submitted on March 17, 2016, to the appropriate union for review. Subsequently, the Invitation for Bids for these services were submitted on December 26, 2017, to the appropriate union for review. The union has not asked to meet with Public Works regarding this solicitation.

This work is being contracted in accordance with procedures authorized under County Charter, Section 44.7, Part 3, and Chapter 2.121 (Contracting with Private Business) of the Los Angeles County Code. The mandatory requirements for contracting set forth in the Los Angeles County Code, Section 2.121.380, have been met.

The contractor has agreed to pay its full-time employees the current Living Wage Rate approved by the Board on December 1, 2015, and to comply with the County's Living Wage reporting requirements. The County's Proposition A and Living Wage Ordinance provisions apply to this proposed contract, as County employees can perform these contracted services. The contract complies with all of the requirements of the County Code, Section 2.201.

Using methodology approved by the Auditor-Controller, the Proposition A cost analysis indicates that the recommended contracted services can be performed more economically by the private sector.

This contract does not allow for a Cost-of-Living Adjustment for the optional renewal periods.

ENVIRONMENTAL DOCUMENTATION

This service is statutorily exempt from the provisions of the California Environmental Quality Act, pursuant to Section 21080 (b) (10) of the Public Resources Code. This exemption provides for the implementation of passenger or commuter transit services.

CONTRACTING PROCESS

On May 2, 2016, a notice of the RFSQ was placed on the County's "Doing Business With Us" website (Enclosure B), Public Works' "Business Opportunities" website, Twitter, and an advertisement was placed in the Los Angeles Times. Also, Public Works informed 1,198 Local Small Business Enterprises, and 106 independent contractors about this business opportunity.

Commencing on May 31, 2016, Public Works started to accept Statement of Qualifications for fixed route and dial-a-ride transit service providers. The statements were reviewed to ensure they each met the minimum requirements in the RFSQ. The evaluation was based on criteria detailed in the RFSQ, including experience, work plan, financial resources, references, and demonstrated controls over labor/payroll recordkeeping. The committee utilized the informed averaging methodology for applicable criteria. Based on this evaluation, Public Works selected nine apparent responsive and responsible vendors and placed them on a prequalified list.

On January 29, 2018, Public Works issued an Invitation for Bids soliciting bids from the apparent responsive and responsible vendors on the qualified list. On February 26, 2018, three bids were received. The bids were evaluated based on the price category. It is recommended that this contract be awarded to the apparent responsive, responsible, and lowest bid, Empire Transportation, Inc., located in Bellflower, California, a Community Business Enterprise.

Public Works has accessed available resources to review and assess the proposed contractor's past performance, history of Labor Law violations, and prior performance on County contracts.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The award of this contract will not result in the displacement of any County employees as this service is presently contracted with the private sector.

The Honorable Board of Supervisors 6/6/2018 Page 5

CONCLUSION

Please return one adopted copy of this Board letter along with the Contractor Execute and Department Conform originals of the contract to the Department of Public Works, Business Relations and Contracts Division. The original Board Execute copy should be retained for your files.

Respectfully submitted,

Prhelli

MARK PESTRELLA Director

MP:JQ:ep

Enclosures

c: Chief Executive Office (Chia-Ann Yen) County Counsel Executive Office Internal Services Department, Contracts Division

Agreement



BY AND BETWEEN

THE COUNTY OF LOS ANGELES, DEPARTMENT OF PUBLIC WORKS

AND

EMPIRE TRANSPORTATION, INC.

FOR

EAST LOS ANGELES DIAL-A-RIDE SERVICE (2018-PA005)

TABLE OF CONTENTS

AGREEMENT FOR

EAST LOS ANGELES DIAL-A-RIDE SERIVCE (2018-PA005)

			PAGE
AGREEMEN	Τ		1-4
EXHIBIT A.2	Scope of V	Vork	A.1-55
EXHIBIT A.3	Schedule	of Prices	1-5
EXHIBIT A.4	Staffing P	lan and Cost Methodology	1-5
EXHIBIT B	Service Co	ontract General Requirements	
Sectio	n 1 Inter	pretation of Contract	
	Α.	Ambiguities or Discrepancies	B.1
	В.	Definitions	
	C.	Headings	
Sectior	n 2 Stan	dard Terms and Conditions Pertaining to Contract Administration	
	Α.	Amendments	B.4
	В.	Assignment and Delegation	B.4
	C.	Authorization Warranty	B.5
	D.	Budget Reduction	B.5
	E.	Complaints	
	F.	Compliance with Applicable Laws	B.6
	G.	Compliance with Civil Rights Laws	
	H.	Confidentiality	
	Ι.	Conflict of Interest	B.7
	J.	Consideration of Hiring County Employees Targeted for Layoffs or	
		Former County Employees on Reemployment List	B.8
	K.	Consideration of Hiring GAIN and GROW Participants	B.8
	L.	Contractor's Acknowledgment of County's Commitment to Child	
		Support Enforcement	B.8
	Μ.	Contractor's Charitable Activities Compliance	
	N.	Contractor's Warranty of Adherence to County's Child Support	
		Compliance Program	B.9
	О.	County's Quality Assurance Plan	
	Ρ.	Damage to County Facilities, Buildings, or Grounds	B.9
	Q.	Employment Eligibility Verification	B.10
	R.	Facsimile Representations	B.10
	S.	Fair Labor Standards	B.10
	Т.	Force Majeure	B.11
	U.	Governing Laws, Jurisdiction, and Venue	
	V.	Most Favored Public Entity	
	W.	Nondiscrimination and Affirmative Action	B.12
	Х.	Nonexclusivity	
	Υ.	No Payment for Services Provided Following	
			B.14

	Ζ.	Notice of Delays	B 14
	AA.	Notice of Disputes	B 14
	BB.	Notice to Employees Regarding the Federal Earned Income Credit	B 1/
	CC.	Notices	B 1/
	DD.	Publicity	D.14 D.14
	EE.	Public Records Act	D.14 D.15
	FF.	Record Retention and Inspection/Audit Settlement	D.10
	GG.	Recycled-Content Paper Products	D.10
	HH.	Contractor's Employee Criminal Background Investigation	D.17
	II.	Subcontracting	. D.17
	JJ.	Validity	D.10
	KK.	Waiver	D.19
	LL.	Warranty Against Contingent Fees	D.19
	MM.	Time Off for Voting	B.19
	NN.	Local Small Business Enterprise Utilization	D.20
	00.	Compliance with County's Zero Tolerance Human Trafficking	B.21
Section 3		inations/Suspensions	B.21
	A.	Termination/Suspension for Breach of Warranty to Maintain	
	,	Compliance with County's Child Support Compliance Program	D 04
	B.	Termination/Suspension for Convenience	B.21
	С.	Termination/Suspension for Default	B.21
	D.	Termination/Suspension for Default	B.22
	E.	Termination/Suspension for Improper Consideration	B.23
	F.	Termination/Suspension for Insolvency	B.23
	1.	Termination/Suspension to Nonadherence to County Lobbyists Ordinance	
	G.		B.24
Section 4		Termination/Suspension for Nonappropriation of Fundsral Conditions of Contract Work	B.24
	A.		
	В.	Authority of Public Works and Inspection	B.25
	С.	Cooperation	B.25
	D.	Cooperation and Collateral Work	B.25
	D. E.	Equipment, Labor, Supervision, and Materials	B.25
	с. F.	Gratuitous Work	B.25
	G.	Jobsite Safety	
	G. H.	Labor	B.26
		Labor Law Compliance	B.26
	l.	Overtime	B.26
	J.	Permits/Licenses	B.26
	K.	Prohibition Against Use of Child Labor	B.26
	L.	Public Convenience	B.27
	M.	Public Safety	B.27
	N.	Quality of Work	B.27
	O.	Quantities of Work	B.27
	P.	Safety Requirements	B.27
	Q.	Storage of Materials and Equipment	B.28
	R.	Transportation	B.28
	S.	Work Area Controls	B.28

	T. County Contract Database/CARD E	B.28
Section 5	Indemnification and Insurance Requirements	2.20
		3.29
	B. Indemnification	ວ.∠ອ ⊇ ว∩
	C. Workplace Safety Indemnification	2 20
	D. General Insurance Requirements	2 20
	E. Compensation for County Costs	2.30
	F. Insurance Coverage Requirements	2.04
Section 6	Contractor Responsibility and Debarment	1.04
	A. Responsible Contractor B	3 30
	B. Chapter 2.202 of the County Code B	3 30
	C. Nonresponsible Contractor	1.09
	D. Contractor Hearing Board B	1.09
	E. Subcontractors of Contractor	3.00
Section 7	Compliance with County's Jury Service Program	7.40
	A. Jury Service Program B	₹ 41
	B. Written Employee Jury Service Policy B	1.41
Section 8	Safely Surrendered Baby Law Program	···· 1
	A. Contractor's Acknowledgment of County's Commitment to the Safely	
	Surrendered Baby Law B	1.43
	B. Notice to Employees Regarding the Safely Surrendered Baby Law. B	3.43
Section 9	Compliance with County's Living Wage Program	
	A. Living Wage ProgramB	.44
	B. Payment of Living Wage RatesB	.44
	C. Contractor's Submittal of Certified Monitoring Reports	.45
	D. Contractor's Ongoing Obligation to Report Labor Law/Payroll	
	Violations and Claims B.	.46
	E. County Auditing of Contractor Records	.46
	F. Notifications to EmployeesB.	.46
	G. Enforcement and Remedies B.	.47
	H. Use of Full-Time Employees B.	.48
	I. Contractor Retaliation ProhibitedB.	.49
	J. Contractor StandardsB.	.49
	K. Contractor StandardsB.	.48
Continue d.O.	L. Neutrality in Labor Relations B.	.48
Section 10	Social Enterprise Preference ProgramB.	.49
Section 11	Local Small Business Enterprise Preference Program	.50
Section 12	Compliance with County's Defaulted Property Tax Reduction ProgramB.	.51
Section 13	Disabled Veteran Business Enterprise Preference Program	
Section 14	Displaced Transit Employee ProgramB.	.53

- EXHIBIT C Internal Revenue Service Notice 1015
- EXHIBIT D Safely Surrendered Baby Law Posters
- EXHIBIT E Defaulted Property Tax Reduction Program
- EXHIBIT F.2A Performance Requirements Summary
- EXHIBIT G.1 Service Requirements and Area Maps
- EXHIBIT H.1 County-Provided Service Vehicles
- EXHIBIT I.1 Contractor-Provided Service Vehicle Requirements
- EXHIBIT J Service Vehicle Appearance/Cleanliness Checklist
- EXHIBIT K Driver's Daily Vehicle Report
- EXHIBIT L.1 DPW Vehicle Accident or Incident Form
- EXHIBIT M Preventive Maintenance
- EXHIBIT N Intentionally Omitted
- EXHIBIT O Controlled Substance and Alcohol Testing Program
- EXHIBIT P Transit Security Plan
- EXHIBIT Q NTD Paratransit Annual Summary Report
- EXHIBIT R Daily Transportation Trip Sheet
- EXHIBIT S Bid Submission Instructions

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AGREEMENT FOR EAST LOS ANGELES DIAL-A-RIDE SERVICE (2018-PA005)

THIS AGREEMENT, made and entered into this b^{TH} day of $\overline{\text{JUNE}}$, 2018, by and between the COUNTY OF LOS ANGELES, a subdivision of the State of California, a body corporate and politic (hereinafter referred to as COUNTY) and Empire Transportation, Inc., a California Corporation (hereinafter referred to as CONTRACTOR).

<u>WITNESSETH</u>

<u>FIRST</u>: The CONTRACTOR, for the consideration hereinafter set forth and the acceptance by the Board of Supervisors of said COUNTY of the CONTRACTOR'S Proposal filed with the COUNTY on February 26, 2018, hereby agrees to provide services as described in this Contract for East Los Angeles Dial-A-Ride Service.

SECOND: This AGREEMENT, together with Exhibit A.2, Scope of Work (Supplemental); Exhibit B, Service Contract General Requirements; Exhibit C, Internal Revenue Service Notice 1015; Exhibit D, Safely Surrendered Baby Law Posters; Exhibit E, Defaulted Property Tax Reduction Program; Exhibit F.2A, Performance Requirements Summary; Exhibit G.1, Service Requirements and Area Maps; Exhibit H.1. County-Provided Services Vehicle; Exhibit I.1, Contractor-Provided Service Vehicle Requirements; Exhibit J., Service Vehicle Appearance/Cleanliness Checklist; Exhibit K, Driver's Daily Vehicle Report; Exhibit L.1. DPW Vehicle Accident or Incident Form; Exhibit M, Preventive Maintenance; Exhibit N, Intentionally Omitted; Exhibit O, Controlled Substance and Alcohol Testing Program; Exhibit P, Transit Security Plan; Exhibit Q, NTD Paratransit Annual Summary Report; Exhibit R, Daily Transportation Trip Sheet; and Exhibit S, Bid Submission Instructions; the CONTRACTOR'S Statement of Qualifications and Bid Submission, all attached hereto; the Request for Statement of Qualifications (RFSQ); Addenda to the RFSQ, and the Invitation for Bids (IFB) and Addenda thereto, all of which are incorporated herein by reference, are agreed by the COUNTY and the CONTRACTOR to constitute the Contract.

<u>THIRD</u>: The COUNTY agrees, in consideration of satisfactory performance of the foregoing services in strict accordance with the Contract specifications to the satisfaction of the Director of Public Works, to pay the CONTRACTOR pursuant to the Schedule of Prices set forth in the Bid and attached hereto as Forms PW-2.1 through PW-2.5, an amount not to exceed the maximum potential contract sum of \$3,136,130 for the entire contract period, which includes major vehicle repair work to County-provided service vehicles and for potential increased demand in service and ridership performance incentives in accordance with the contract or such greater amount as the Board may approve (Maximum Contract Sum). The sum for the initial term is \$683,580; the sum for the first optional term is \$692,092; the sum for the second optional term is \$699,832; the sum for the third and last optional term is \$707,082; and a month-to-month extension up to 6 months at the PW-2.4 rates for \$58,924 monthly, not to exceed \$353,544.

<u>FOURTH</u>: This Contract's initial term shall be for a period of one year commencing on July 1, 2018, or upon Board's approval whichever occurs last. The COUNTY shall have the sole option to renew this Contract term for up to three additional one-year periods and six month-to-month extensions, for a maximum total Contract term of four years and six months. Each such option shall be exercised at the sole discretion of the COUNTY. The COUNTY, acting through the Director, may give a written notice of intent to renew this Contract at least ten days prior to the end of each term. At the sole discretion of the COUNTY, in lieu of renewing the Contract for the full one year, this Contract may be renewed on a month-to-month basis, upon written notice to the CONTRACTOR at least ten days prior to the end of a term. The Director will provide a written notice of nonrenewal at least ten days before the last day of any term, in which case this Contract shall expire as of midnight on the last day of that term. Where all option years have been exercised, the Director will not provide a written notice of nonrenewal.

<u>FIFTH</u>: The CONTRACTOR shall bill monthly in arrears, for the work performed during the preceding month. Work performed shall be billed at the hourly rates quoted in Forms PW-2.1-PW-2.5, Schedule of Prices for the applicable term including any month-to-month extensions.

<u>SIXTH</u>: Public Works will make payment to the CONTRACTOR within 30 days of receipt and approval of a properly completed and undisputed invoice. However, should the CONTRACTOR be certified by the COUNTY as a Local Small Business Enterprise, payment will be made in accordance with Board of Supervisors Policy No. 3.035, Small Business Liaison and Prompt Payment Program. Each invoice shall be in triplicate (original and two copies) and shall itemize the work completed. The invoices shall be submitted to:

County of Los Angeles Department of Public Works Attention Fiscal Division, Accounts Payable P.O. Box 7508 Alhambra, CA 91802-7508

<u>SEVENTH</u>: In no event shall the aggregate total amount of compensation paid to the CONTRACTOR exceed the amount of compensation authorized by the Board. Such aggregate total amount is the Maximum Contract Sum.

<u>EIGHTH</u>: The CONTRACTOR understands and agrees that only the designated Public Works Contract Manager is authorized to request or order work under this Contract. The CONTRACTOR acknowledges that the designated Contract Manager is not authorized to request or order any work that would result in the CONTRACTOR earning an aggregate compensation in excess of this Contract's Maximum Contract Sum.

<u>NINTH</u>: The CONTRACTOR shall not perform or accept work requests from the Contract Manager or any other person that will cause the Maximum Contract Sum of this Contract to be exceeded. The CONTRACTOR shall monitor the balance of this Contract's Maximum Contract Sum. When the total of the CONTRACTOR'S paid invoices, invoices pending payment, invoices yet to be submitted, and ordered services reaches 75 percent of the Maximum Contract Sum, the CONTRACTOR shall immediately notify the Contract Manager in writing. The CONTRACTOR shall send written notification to the

Contract Manager when this Contract is within six months from expiration of the term as provided for herein above.

<u>TENTH</u>: No Cost-of-Living Adjustments (COLAs) shall be granted for the optional renewal periods.

<u>ELEVENTH</u>: In the event that terms and conditions, which may be listed in the CONTRACTOR'S Proposal, conflict with the COUNTY'S specifications, requirements, and terms and conditions as reflected in this AGREEMENT including, but not limited to, Exhibits A through S, inclusive, the COUNTY'S provisions shall control and be binding.

<u>TWELFTH</u>: In the event that there are discrepancies in the work requirements between the Scope of Work from the RFSQ document and this IFB's Scope of Work resulting from the RFSQ (2016-SQPA001), per the sole discretion of the Contract Manager, the higher requirements shall prevail and be binding.

<u>THIRTEENTH</u>: The CONTRACTOR agrees in strict accordance with the Contract specifications and conditions to meet the COUNTY'S requirements.

FOURTEENTH: This Contract constitutes the entire agreement between the COUNTY and the CONTRACTOR with respect to the subject matter of this Contract and supersedes all prior and contemporaneous agreements and understandings. ||||||11 || Π Π |||||||||||||| \parallel |||||| \parallel ||ł |||||| Π || \parallel ||

IN WITNESS WHEREOF, the COUNTY has, by order of its Board of Supervisors, caused these presents to be subscribed by the Chair of said Board and the seal of said Board to be affixed and attested by the Clerk thereof, and the CONTRACTOR has subscribed its name by and through its duly authorized officers, as of the day, month, and year first written above.



ATTEST:

CELIA ZAVALA Acting Executive Officer of the Board of Supervisors of the County of Los Angeles

By Deputy

APPROVED AS TO FORM:

MARY WICKHAM County Counsel for CS Bv Deputy

COUNTY OF LOS ANGELES

By Chair, Board of Supervisors

I hereby certify that pursuant to Section 25103 of the Government Code, delivery of this document has been made.

CELIA ZAVALA Acting Executive Officer Clerk of the Board of Supervisors By

78815

EMPIRE TRANSPORTATION, INC.

By esiden ULRE Type or Print Name B ts Secretary PIHO Type or Print Name

ADOPTED BOARD OF SUPERVISORS COUNTY OF LOS ANGELES

#31

JUN 0 6 2018

VALA ACTING EXECUTIVE OFFICER

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Page 4 of 4

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A notary public or other officer con certificate verifies only the identity who signed the document to which attached, and not the truthfulness validity of that document.	of the individual h this certificate is	
State of California County of <u>LOS ANGELES</u>)	
On_04-10-2018	before me <u>, Idefonsc</u> (insert	Lusica Kotico-Notary Publi name and title of the officer)
subscribed to the within instrument a	atisfactory evidence to t and acknowledged to m), and that by histher/th	be the person(s) whose name(s) is/are ne that he(she)/they executed the same eir signature(s) on the instrument the
I certify under PENALTY OF PERJU paragraph is true and correct.	JRY under the laws of t	he State of California that the foregoing
WITNESS my hand and official seal.		ILDEFONSO LUSICA KOTICO COMM # 2117804 NOTARY PUBLIC - CALIFORNIA LOS ANGELES COUNTY
a V		My Comm. Expires June 29, 2019

SCOPE OF WORK

EAST LOS ANGELES DIAL-A-RIDE SERVICE (2018-PA005)

A. Public Works Contract Manager

Public Works Contract Manager will be Ms. Ann Meiners of the Programs Development Division who may be contacted at (626) 458-3959 or <u>ameiners@dpw.lacounty.gov</u>., Monday through Thursday, 7:30 a.m. to 5:30 p.m. The Contract Manager or her designee is the only person authorized by Public Works to request work from the Contractor. From time to time, Public Works may change the Contract Manager. The Contractor will be notified in writing when there is a change in the Contract Manager.

B. <u>Work Location</u>

This is a community Dial-A-Ride Service (Service) for eligible elderly and persons with disabilities who reside in the unincorporated County area of East Los Angeles. This Service will provide residents of this area with transportation to health care facilities, shopping, recreation, senior centers, and other destinations within the defined service area. The service area is defined in Exhibit G.1, Service Requirements and Area Maps.

C. Request of Work from Contractor

The County reserves the right to determine if any work is or will be needed and/or requested under this Contract at the County's sole and absolute discretion. The Contractor waives all claims against the County for damages or loss of any nature resulting from the County's failure to use the Contractor's services including, but not limited to, lost profit.

D. <u>Contract Cost</u>

All services required in this Exhibit A, Scope of Work, shall be included in the price quoted by the Contractor in Forms PW-2.1-2.5, Schedule of Prices, unless stated otherwise in the Contract. The term Form PW-2 herein refers to the Schedule of Prices in this Contract.

E. <u>Work Description</u>

The work under these specifications shall be the implementation of a Paratransit (Dial-A-Ride) Service. Passengers requesting a ride on this curb-to-curb demand response service will be required to call the Contractor's reservation dispatcher at least 24 hours in advance for their preferred pickup and return time.

The Contractor shall operate the Service subject only to the general policies and direction of the County about management and operations and to the provisions and requirements of this Contract. The Contractor shall do all of the following

Contract requirements, which includes but is limited to, providing executive and administrative management; employment and supervision of all personnel, including supervisors, Service Vehicle operators (operator), dispatchers, mechanics, and other maintenance personnel; operation of training and safety programs; maintenance and repair of Service Vehicles and equipment; processing of warranty claims for the County's Service Vehicles; assisting in public relations, promotions, and patron complaints; mailing, processing, and storing client applications and correspondence; maintaining a database of client information and ridership records; preparation of reports and analysis of financial and other matters; clerical, statistical, and bookkeeping services; and providing all Service Vehicle operations, facilities, equipment, parts, and supplies required in the operation of Service unless specifically identified to be contributed by the County.

The County has established the Service requirements and the Service area as described in Exhibit G.1, Service Requirements and Area Maps. If Contract Manager determines that Service may be improved by revisions to scheduling, Service Vehicle assignment, fleet size, or areas serviced, Contract Manager and Contractor shall plan and institute such changes jointly within the terms of this Contract.

The County is committed to ensuring that no patron is excluded from participation in, or denied the benefits of, its services on the basis of race, color or national origin as protected by law including Title VI of the Civil Rights Act of 1964, as amended. The Contractor hereby asserts its commitment and assures it will comply.

- F. <u>Equipment</u>
 - 1. Paratransit (Dial-A-Ride) Vehicles

Service shall be provided by the Contractor using County-Provided Vehicles. The Contractor will operate Paratransit (Dial-A-Ride) Service utilizing County-Provided Vehicles to the maximum extent possible. When County-Provided Vehicles are unavailable, Contractor-Provided Vehicles shall be used for this Service. The Contractor shall use only Contractor-Provided Vehicles for all administrative purposes.

a. County-Provided Service Vehicles

The County may lease to the Contractor seven revenue Service Vehicles as described in Exhibit H.1, County-Provided Service Vehicles, hereinafter referred to as "County Service Vehicles". The County Service Vehicles may be leased to Contractor at the rate of \$1 per month. Upon receiving County Service Vehicles, Contractor shall be responsible for the operation and maintenance

-A.2-

of the vehicles and for all costs for insurance, servicing, and storage.

b. Contractor-Provided Service Vehicles

The Contractor may be required to furnish seven replacement revenue Service Vehicles to either replace a loss of County Service Vehicles (due to traffic accidents, vehicle fires, etc.) or furnish additional revenue service vehicles as supplemental Service Vehicles because of changes in Service demand. The Contractor shall also be required to provide an appropriate number of spare Service Vehicles (a minimum of one spare vehicle).

Contractor-Provided Service Vehicles described must meet or exceed the requirements in Exhibit I.1, Contractor-Provided Service Vehicle Requirements.

c. Temporary and/or Supplemental Contractor-Provided Service Vehicles

The Contractor may be instructed by the Contract Manager to provide temporary and/or supplemental Contractor-Provided Service Vehicle(s) for Service in the event County Service Vehicles have been prematurely removed from the Service and not replaced or the demand for Service exceeds the capacity provided by the County Service Vehicles, or County Service Vehicles will be out-of-service for a prolonged period of time (e.g., major repairs, accident damage, Service Vehicle has reached its service life, etc.) in excess of 24 consecutive hours. The Contract Manager shall approve these Service. The County will pay the hourly rate for Contractor-Provided Service Vehicles as specified in Form PW-2, Schedule of Prices.

The Contractor shall be responsible for providing sufficient and adequate Service Vehicles, including spare Service Vehicles, which meet or exceed the requirements described in Exhibit I.1, Contractor-Provided Service Vehicle Requirements. The Contractor shall provide the Contract Manager with copies of current California Department of Motor Vehicles (DMV) registrations for Contractor-Provided Service Vehicles and provide updated registrations throughout the duration of this Contract.

The County does <u>NOT</u> commit to replacing the existing County Service Vehicles, or to replacing any Contractor-Provided Service Vehicles with County Service Vehicles. However, the County may do so at its discretion. As required by the California Air Resources Board, any new Service Vehicle introduced into Service shall be low emission alternatively fueled (i.e., propane, natural gas, or electric) or low emission gasoline.

d. Support Service Vehicles

The Contractor shall provide all other Service Vehicles necessary for adequate supervisory, maintenance, and support in providing the Service. These Service Vehicles shall be in good operating condition and appearance. These Service Vehicles shall be provided at no additional cost.

e. Supplemental Taxi Service

The Contractor may provide supplemental taxi service, as necessary, to ensure on-time performance. Supplemental taxi service may also be used in the event that Service Vehicles are out-of-service for the day and return trips have not been completed.

2. General Terms for Paratransit Vehicles

Contractor shall acknowledge the receipt, condition, and working order of any County Service Vehicles and equipment. This acknowledgment applies to County Service Vehicles and equipment received at start of Service as well as those subsequently added to the fleet.

Contractor shall maintain all Service Vehicles, related accessories, equipment, and facilities required per this Contract in good order and in a condition satisfactory to the Contract Manager. Upon request by Contract Manager, reports regarding the Service Vehicles' condition, operation status, complaints, or other relevant information pertaining to the Service shall be forwarded to the Contract Manager. The Contractor shall not seek additional compensation for any costs incurred to meet the requirements in this paragraph.

In the event that one of the County Service Vehicles assigned to the Service breaks down, the Contractor shall provide the necessary spare Americans with Disabilities Act (ADA) - compliant Service Vehicle(s) equipped with air conditioning and lift equipment within 30 minutes. The spare Service Vehicles shall be similar in kind to the County Service Vehicles being used in this Service or as specified in Exhibit I.1, Contractor-Provided Service Vehicle Requirements. The cost of the spare Service Vehicles shall be included in the Contractor's overall Service operating costs. The Contractor's equipment and facilities shall meet all requirements of applicable Federal, State, and local ordinances and laws, including, but not limited to, the California Highway Patrol (CHP), the California Air Resources Board, South Coast Air Quality Management District, and ADA.

Contractor shall be prohibited from the sale, assignment, or sublease of County Service Vehicles or equipment. The Contractor shall also be prohibited from using County Service Vehicles or equipment for any purpose other than providing the Service as specified in this Contract.

Upon termination of this Contract, the Contractor shall return and deliver all County Service Vehicles, equipment, and all other peripheral equipment to the County (date, time, and address to be specified by the Contract Manager) with no deferred maintenance or damages with the exception for reasonable wear and tear.

Contract Manager may inspect Service Vehicles, equipment and all other peripheral equipment prior to the Contract's termination to assess condition of the Service Vehicles and equipment. The Contractor shall be responsible for performing all the work necessary to correct any deficiencies noted. Contract Manager, at her own discretion, may withhold up to the final 2 months of Service payment until Contractor completes repair or deduct the cost of correcting the deficiencies from payment due to Contractor, if Contractor fails to perform the necessary work to correct the deficiencies within the time specified by Contract Manager.

Contractor shall, at its sole expense, repair or replace any County Service Vehicle and/or equipment, which may be damaged or lost by reason of collision, fire, negligence, abuse, vandalism, or other like cause. If the equipment is to be replaced by the Contractor, it shall be with a County-approved exact duplicate or as stipulated by the County. In lieu of a replacement Service Vehicle or equipment, the County may accept, at the Contract Manager's sole option, insurance funds plus the Contractor's deductible or the County's Net Book Value of the Service Vehicle or equipment, whichever is greater. The Contractor shall pay the County the original cost of the Service Vehicle for any total loss within the first 90 days that a new Service Vehicle is placed into service.

The County's Net Book Value of Service Vehicles shall be based upon the straight-line depreciation over the years of useful life, from the date of final sale through the date of loss. Salvage value, if any, will be determined by the market value of the damaged asset at the date of loss, as determined by the County, and will be credited to the Contractor. The original cost of the new Service Vehicle(s) is to be used as the basis for depreciation. All payments shall be made within 90 calendar days of date of loss. Liquidated Damages may be assessed each month for claims unresolved after 120 calendar days.

Should Contractor-Provided Service Vehicles be required, the Contractor shall supply a sufficient number of adequate Service Vehicles, all well maintained and in good and clean condition. Their air conditioning and lift equipment shall be in good working order. The Contractor shall supply spare Service Vehicles in the event of a County Service Vehicle shortage, not exceeding a period of 48 consecutive hours, and substitute Service Vehicles in the event of a County Service Vehicle shortage exceeding a period of 48 consecutive hours.

Contractor shall supply a two-way communication dispatch system in all spare and substitute Service Vehicles to ensure a consistent fulfillment with the terms of this Contract. Shortages may occur when County Service Vehicles are out-of-service for repairs, when Service Vehicles are in the process of being replaced, or if demand has exceeded the availability of County Service Vehicles.

Further, the Contractor shall actively monitor its compliance with the above-mentioned equipment requirements and shall at all times during the term of this Contract ensure that such requirements are satisfied.

3. Communication Equipment

Contractor, in the performance of this Contract, shall comply with all laws and regulations, including any and all contained within the California Vehicle Code (VC). Contractor shall be aware of California VC, Section 23123, which has been revised in accordance with the Hang-Up-and-Drive Bill, adopted by the Legislature in 2006 and approval on September 15, 2006, by the Governor.

Contractor shall provide adequate two-way radio communication equipment for all Service equipment for a base station and a sufficient number of "repeater stations" to permit uninterrupted communication between the dispatch center and the Service Vehicles while in Service. As a supplemental communication system between the dispatch center and the vehicle operators, the use of hands-free mobile cell phones is permitted.

Contractor shall be responsible for the proper maintenance of said equipment on all Service Vehicles and shall comply with all applicable Federal statutes and regulations in connection with such use. The Contractor shall be responsible for the licensing of radio communication equipment. Citizen's Band communication equipment is not acceptable.

For the convenience of residents telephoning to make reservations, the Contractor shall provide a multiline telephone service with a feature to queue incoming calls. This feature will answer all calls by the fourth ring and provide call-in patrons with their estimated wait time and or their position within the queue.

4. County Telephone Number

Contractor shall be required to operate and maintain the County's Dial-A-Ride Service telephone number, (323) 560-4646.

5. Dispatch Software and Advanced Vehicle Electronics

Contractor shall deploy a comprehensive dispatch system. The required system shall process each of the following elements (hardware and software):

- a. A comprehensive and integrated dispatching software (e.g. "Trapeze"). This software shall:
 - i. Take inputs (pick-up locations) and provide the optimal routes with schedules, based on available vehicles.
 - ii. Dynamically adjust with changes or new inputs (new pickups, cancellations, etc.)
 - iii. Provide management/performance reports.
- b. Mobile Data Terminals (MDT) to be installed in each Service Vehicle collecting real time schedule and passenger information. This is the interface for the driver to both receive and input information. This shall be integrated and interfacing with the dispatching system in real-time.
- c. Global Positioning Satellite (GPS) receivers shall be installed in each Service Vehicle; if a portable system is used, one GPS receiver is assigned to each Service Vehicle. This is to provide real time location of the Service vehicle and shall be integrated and interfacing with the dispatching system in real-time.

The dispatching software shall be integrated with both the MDT and the GPS receivers installed in each Service Vehicle. The dispatching software must be able to sort patrons by specified area.

The Contractor shall equip Service Vehicles with MDT and GPS at its own expense. The Contractor shall remove its equipment from the County Service Vehicles upon the completion of this Contract. Contractor is given 120 calendar days from the start of the Contract to purchase, install, train personnel, and to complete the implementation for use of the system described above. The Contractor's failure to implement the dispatch software and the MDT and GPS by the deadline may be grounds for the immediate termination of the Contract at the Director's discretion based upon progress made to date.

6. Automated Vehicle Locator Devices

The County may install Automated Vehicle Locator (AVL) devices on the County Service Vehicles. The AVL devices are permanently installed and contain GPS functionality along with remote diagnostic information. These units will report to the County and Contractor any engine or emission malfunction. These devices can also provide real time data about location, vehicle speed, excessive idling, etc.

Once installed, the AVL device does not require servicing/maintenance. Therefore, the AVL device is not to be handled or adjusted in any way by the Contractor. If the County installs these AVL devices on the County Service Vehicles, it will be the Contractor's responsibility to ensure that the devices are not disconnected, damaged, or removed. If the device is damaged, lost, or stolen, the Contractor shall be responsible for the cost to replace and install the lost or damaged unit. The device shall be replaced within 2 weeks of the date of loss/damage unless otherwise approved by the County due to unforeseen circumstances. The device shall be provided and installed by a County approved vendor.

7. Internet Access and E-Mail

The Contractor shall maintain Internet access and valid e-mail addresses throughout the duration of this Contract. The Contractor shall provide unique e-mail addresses for the Program Manager and the Maintenance Manager. The Contractor shall provide the County with these e-mail addresses before Service begins.

The Contractor is given 30 calendar days from the notice that it has been awarded the Contract to purchase, install, train, and fully implement an Internet access and e-mail system as described above.

The required periodic items and other communication, including the monthly reports, identified in this Contract, may be done through e-mail for convenience and timeliness. To the maximum extent possible, all of the Contractor reports (even items transmitted by mail or personally delivered) shall also be transmitted to the County electronically.

8. Office Staff Computer Skills

The Contractor shall ensure that staff assigned to this Contract is familiar with the Microsoft Office Professional suite of programs (Microsoft Word, Microsoft Excel, and Microsoft Outlook) and/or their equivalent. Staff shall

possess the required skills to create, edit, and transmit data supplied in the above Microsoft Office Professional software formats or their equivalent.

9. Business Contact Telephone Number

The Contractor shall provide County with a business contact telephone number that shall be answered by a live person during Service operating hours. The person answering the telephone shall be able to put the Contract Manager or his/her designee, in contact with Contractor's key management personnel in case of an emergency.

10. 24-Hour Contact Information

The Contractor shall maintain a 24-hour emergency contact system that utilizes a pager, cellular telephone, management telephone tree, or other means to contact a manager 24 hours per day and 365 days per year. The Contractor shall provide Contract Manager with information on how to contact a manager through the emergency contact system before the Service begins. A manager shall contact the Contract Manager within one hour after being so requested, including during nonbusiness hours. This manager shall be able to address operational issues in case of an emergency.

G. <u>Vehicle Storage, Maintenance, and Fueling Facilities</u>

The County will not provide any storage or maintenance facilities for the Contractor.

The Contractor shall provide appropriate vehicle storage and maintenance facilities for the garaging, servicing, and cleaning of both Service Vehicles and equipment. The facilities shall include:

- 1. An enclosed workspace sufficient to allow maintenance personnel to repair Service Vehicles and be protected from the weather
- 2. A concrete shop floor capable of withstanding the maximum weight of Service Vehicles
- 3. A security-fenced, paved, and lighted area for overnight Service Vehicle parking with adequate spaces for all Service Vehicles
- 4. A compressed air supply
- 5. Tire changing equipment
- 6. Battery maintenance equipment and spare batteries

- 8. All tools and equipment necessary to perform required preventive maintenance activities
- 9. All tools and equipment necessary to service vehicles, perform component adjustments, and make mechanical repairs
- 10. Equipment necessary to wash and clean vehicles in accordance with this Contract
- 11. Adequate secured storage area for tools, equipment, and parts
- 12. A lighted maintenance pit or an appropriate State of California Occupational Safety and Health Administration (Cal/OSHA) or American National Standards Institute (ANSI) approved hydraulic lift capable of fully lifting the heaviest Service Vehicle 6 feet above the floor for maintenance purposes
- 13. Fueling facilities are the responsibility of the Contractor. The Contractor shall make appropriate arrangements to fuel Service Vehicles before or after scheduled service hours. Each vehicle should start the day with a full fuel tank to avoid the need of refueling during service hours. The fueling should be completed early enough so that an early pickup may be accommodated at the start of service
- 14. Fueling facility and ability to provide liquefied petroleum gas (LPG) or compressed natural gas (CNG) if vehicle specified and/or when County purchases new vehicles. It is acceptable for Contractor to obtain CNG fuel off-site.

H. <u>Service Vehicle and Equipment Maintenance</u>

1. Service Vehicle Condition

All Service Vehicles, vehicle equipment, and any other equipment necessary to provide this Service, shall be maintained by the Contractor to acceptable appearance standards and in good repair and in a condition satisfactory to the Contract Manager and in accordance with the manufacturers' recommended maintenance procedures, as well as with applicable Federal and State regulations. Contractor shall maintain a "Satisfactory" CHP terminal inspection rating throughout the life of this Contract.

If the Contractor receives a rating below "Satisfactory" including "Conditional" or "Unsatisfactory" from the CHP, Contractor shall so notify Contract Manager immediately and outline steps to be taken to correct each deficiency. Failure of the Contractor to take the necessary actions to improve their terminal inspection rating to a "Satisfactory" rating within 6 months of receiving a rating below "Satisfactory" shall be grounds for termination of the Contract. The Contractor shall not seek additional compensation for any costs incurred to meet the requirements in this paragraph.

2. Warranty Work (County Service Vehicles Only)

Contract Manager will provide the Contractor with the written manufacturer's warranty, if any, for each County Service Vehicle. The Contractor shall become the County's designated warranty agent for all County Service Vehicles provided for Service. The Contractor shall be responsible for ensuring that the Service Vehicle manufacturers and all component manufacturers perform or reimburse the Contractor for all work and parts that are covered under warranty.

The Contractor shall diligently follow the preventive maintenance program so any warranty coverage of County Service Vehicles is not lessened or invalidated. The Contractor shall not seek additional compensation for any costs incurred to meet the requirements in this paragraph.

3. Service Vehicle Appearance/Cleaning/Fumes

The Contractor shall be responsible for maintaining the appearance of all Service Vehicles used in this Service. The Contractor shall maintain an up-to-date record of all washings and major cleanings. Said record shall be made available to the Contract Manager upon request. The Contract Manager may remove Service Vehicles from Service for unacceptable appearance.

a. Service Vehicle Interior

The interior of all Service Vehicles shall be kept free of litter and debris to the maximum extent practicable throughout the operating day. Service Vehicles shall be swept, wet mopped, and dusted daily. Water wash down or "hosing out" of Service Vehicle interiors shall not be allowed. A minimal amount of soap/cleaning solution and/or water shall be utilized. Interior panels, windows, and upholstery shall be cleaned of marks as necessary. The interiors of all Service Vehicles shall be thoroughly washed at least once per week, including all windows, seats, floor, stanchions, and grab rails.

All foreign matter, such as gum, grease, dirt, and graffiti shall be removed from all interior surfaces during the daily interior cleaning process. Any damage to seat upholstery shall be repaired in a professional manner immediately upon discovery. If seat upholstery has been damaged, the Service Vehicle shall not be returned to revenue Service until it has been repaired. The Contractor shall replace seat covers and/or seat boards that are worn or damaged and cannot be professionally repaired using materials that are identical in specifications and color as those materials being repaired. Ceilings and walls shall be thoroughly cleaned weekly or more often as necessary to maintain a clean appearance and maximize visibility. Contractor shall ensure that the interiors of Service Vehicles are kept free of rodents, insects, vermin, and pests at all times while in operation and shall take such steps as are necessary, at Contractor's expense, to exterminate said pests in the event that they occur in the Service Vehicles.

b. Service Vehicle Exterior

The exteriors of all Service Vehicles shall be washed every other day during dry conditions and every day during rainy conditions to maintain a clean, inviting appearance. The exterior washing shall include Service Vehicle body, all windows, and wheels. All rubber or vinyl exterior components, such as, tires, bumper fascia, fender skirts, and door edge guards, etc., shall be cleaned and treated with a preservative at least once per month or as necessary to maintain an attractive appearance.

The Contractor shall be responsible for maintaining the artwork and decals on the exterior of the Service Vehicles, if any.

c. Fumes

At all times the interior passenger compartments of Service Vehicles shall be free of fumes from the engine, engine compartment, and exhaust emissions system of Service Vehicles.

d. Graffiti

The County has a zero-tolerance policy for graffiti. Any Service Vehicle that is vandalized with graffiti shall be removed from revenue Service. The Service Vehicle shall not be returned to Service until the graffiti has been completely removed by the Contractor.

4. Daily Pre- and Post-Trip Service Vehicle Inspection and Servicing

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Prior to being placed in Service each day, each Service Vehicle shall receive a daily pretrip inspection by the operator. At the end of each day, each Service Vehicle shall receive a daily post trip inspection by the operator.

Contractor's daily Pre- and Post-Trip Service Vehicle Inspection Report forms shall be submitted to the Contract Manager in a format approved by the Contract Manager, and at a minimum, shall include all items from the Service Vehicle Appearance/Cleanliness Checklist, Exhibit J. The daily pre- and the post-trip inspections shall be supplemented by regular weekly maintenance inspections to ensure safe and proper operating condition of Service Vehicles. Daily pre- and post-trip inspections shall also include physical operation of the wheelchair lift or ramp to ensure ADA-compliance. Prior to the next pullout, the Contractor shall repair or replace any Service Vehicle that has defects and/or possesses a safety or operational problem detected during inspection. Each Service Vehicle operator performing the daily pre- and post-trip inspections shall be required to fill out an inspection report form and turn it in to the Maintenance Manager. A record of all such inspections shall be kept by the Contractor and shall be submitted to County upon request.

Contractor shall perform daily servicing on all Service Vehicles used in the Service. Daily servicing shall include, but is not limited to, checking and adding fuel, engine oil, coolant, water, and transmission fluid; performing brake, light, and flasher checks; inspecting tires and tire pressure; inspecting wheelchair lift or ramp; interior sweeping and dusting; exterior and interior visual inspection; and the checking of all Service Vehicle performance defects reported by the driver(s) to identify potential safety and reliability items requiring immediate attention.

Contractor shall document the daily servicing on the daily Pre- and Post-trip Service Vehicle inspection reports in a written checklist format (example shown in Exhibit K, Driver's Daily Vehicle Report).

5. Wheelchair Lifts or Ramps

Contractor shall inspect, maintain, and repair wheelchair lifts or ramps to assure safe and proper operation and to ensure ADA compliance. Wheelchair lifts or ramps shall be operational whenever a Service Vehicle is used in Service. It is unlawful to assign Service Vehicles to revenue Service with defective lift/ramp equipment on concurrent days without repairs having been made.

- 6. Maintenance Program
 - a. General Scope

Contractor, at its sole cost and expense, shall provide all fuel, lubricants, repairs, cleaning, parts, supplies, labor, maintenance, major components, and component rebuilding and replacement along with the necessary Service facilities to provide the maintenance required for the operation of all equipment pursuant to

-A.13-

this Contract. Contractor shall be fully responsible for the maintenance of all Service Vehicles, radios, Advanced Vehicle Information (AVI) systems, passenger counters, and all equipment to be used to perform this Service in strict conformity to all State and Federal regulations and orders, including CHP regulations and orders. Contractor's duty and responsibility to maintain all Service Vehicles and equipment cannot be delegated to any other person, firm, or corporation without prior written approval of the Contract Manager.

b. Parts/Fluids Specifications and Requirements

All parts, materials, tires, lubricants, fluids, oils, and procedures used by the Contractor on all Service Vehicles and equipment shall meet or exceed original equipment manufacturer specifications and requirements. All parts, except for the two-way radio, GPS Receivers, and MDTs installed by the Contractor on County Service Vehicles shall become the property of the County.

c. Service Vehicle Damage

Contractor shall, at its expense, cause any Service Vehicle damaged, as a result of an accident or otherwise, to be replaced or repaired immediately in case of damage impairing the proper and safe mechanical operation of the Service Vehicle. All other Service Vehicle damage resulting from any accident, or otherwise, shall be repaired within 2 weeks or as otherwise required by Contract Manager, law, or regulation. If the Contractor cannot complete the work within the time specified, the Contractor shall notify Contract Manager in writing of the reason for the delay and the estimated completion date. At Contract Manager's sole discretion, the deadline may be extended. Contractor shall log and keep an accurate and up-to-date record of all Service Vehicle repairs.

d. Preventive Maintenance

Routine preventive maintenance and servicing is required on all Service Vehicles for this Service as recommended by the Original Equipment Manufacturer (OEM) or as set forth by Contract Manager (see Exhibit M, Preventive Maintenance).

Contract Manager will allow a window of plus or minus 500 miles for scheduled preventive maintenance as recommended by the Service Vehicle manufacturer's maintenance specifications. This window of 500 miles cannot be added to successive maintenance intervals. For instance, if the Service Vehicle

-A.14-

2018-PA005 East Los Angeles Dial-A-Ride manufacturer recommends maintenance at a 3,000 mile interval, then the Contractor would be allowed to perform the preventive maintenance at 3,000 miles plus or minus 500 miles; 6,000 miles plus or minus 500 miles; etc.

All scheduled and preventive maintenance shall be completed in a timely manner, and the Contractor shall keep all Work Order cards and a Preventive Maintenance Inspection (PMI) Record on each Service Vehicle indicating the date each inspection took place, a description of all work done to the Service Vehicle, the parts and supplies used, employee identification, signatures of the mechanics who performed the work, and the maintenance supervisor who inspected the work. PMI reports shall be submitted along with monthly service invoice.

Adherence to preventive maintenance schedules shall not be regarded as reasonable cause for deferred maintenance in specific instances where the Contractor's employees observe that maintenance is needed in advance of the schedule.

Contractor shall not defer maintenance for reasons of shortage of maintenance staff, parts, equipment, or operable Service Vehicles, nor shall Service be interrupted due to lack of prior written consent to perform maintenance.

e. Brake Inspection/Adjustment

Brake inspections and adjustments on all Service Vehicles shall be performed at intervals that ensure the safe and efficient operation of the braking system. Detailed brake inspections on brake systems shall occur every 30 calendar days or more frequently in accordance with the number of miles the Service Vehicle was in operation since the prior inspection. In addition, visual inspections of the brake systems shall occur weekly and be recorded as part of the maintenance records.

f. Heating, Ventilation, and Air Conditioning

The Heating, Ventilation, and Air Conditioning (HVAC) systems shall be maintained and used to ensure that the passenger compartment temperature is comfortably maintained under all climatic conditions at all times while the Service Vehicle is in Service.

The Contractor shall maintain the Service Vehicles' HVAC system in an operable condition at all times throughout the year. g. Spare Parts

The Contractor shall establish and maintain an ongoing spare parts inventory sufficient to maintain Service Vehicles in operating condition at all times.

h. Service Vehicle Towing

In the event that towing of any Service Vehicle is required due to mechanical failure, damage, or any other reason, Contractor shall be responsible to provide such towing at Contractor's sole expense.

Contractor shall ensure that the requirements and procedures for towing Service Vehicles are followed and that proper towing methods and equipment are used. Towing may be subcontracted; however, it is the Contractor's responsibility to supervise the subcontractor.

7. Service Vehicle Maintenance Record Keeping

Contractor shall maintain an up-to-date maintenance file for each Service Vehicle containing, at a minimum, the following information:

- a. Make
- b. Model
- c. Serial Number/County Fleet Number
- d. License Number
- e. Date Received
- f. Unit Repairs (mechanical)
- g. Preventive Maintenance Inspection Reports
- h. Daily Pre-trip Service Vehicle Inspection Reports
- i. Daily Post-trip Service Vehicle Inspection Reports
- j. Work Orders
- k. Warranty Work
- I. Major Mechanical Repair/Unit Replacement
- m. Body/Interior Repairs (cosmetic)

2018-PA005 East Los Angeles Dial-A-Ride The Contractor shall make available and submit the entire file to Contract Manager, the CHP, and/or other regulatory agency upon a request to do so at any time.

8. Applicable Service Vehicle Codes and Regulations

All Service Vehicles utilized in Service shall be maintained in a safe condition for operation on public streets and freeways and meet all the requirements in the California Vehicle Code for a paratransit (Dial-A-Ride) Service Vehicle as applicable. All parts of Service Vehicles and all equipment mounted on or in Service Vehicles shall conform to the California Vehicle Safety Standards and the California Administrative Code, Title 13.

Contractor shall adhere to the CHP Motor Carrier Safety Regulations. Each Service Vehicle is required to be available to be inspected annually by Contract Manager and/or by the CHP. Contract Manager shall be immediately notified of inspections performed by a governmental agency other than the County. The results of inspections shall be provided to Contract Manager within one business day, and any applicable signed certification shall be displayed or carried on the Service Vehicles. Contractor shall expeditiously correct any deficiencies identified by Contract Manager or on any CHP vehicle inspection report and inform Contract Manager of correction.

I. Fares

The Contractor shall charge a fare of 50 cents per one-way ride for the Service. The escorts for persons with disabilities shall not be charged a fare.

All fares shall be retained by the Contractor to finance a portion of the cost of Service and shall be subtracted from the monthly invoice for the Service. The monthly revenue amount is subject to audit and shall be reported in the monthly statement to Contract Manager. The Contractor shall, upon request of Contract Manager, accept passes or vouchers issued by the County in lieu of the cash fare specified herein. The County may alter the fare to be charged and the Contractor shall adhere to any changes to the fare structure.

J. Fare Security

The Contractor shall be responsible for the protection of fare box revenues. The Contractor shall establish and maintain fare collection and security policies and procedures, subject to the approval of the County. The Contractor shall keep an accurate accounting of all revenue received, as the Contractor shall be held responsible for any lost, stolen, or uncollected revenue. The Contractor shall conduct or assist in any investigation of revenue security as determined necessary by the County.

K. Rates and Compensation

Unless otherwise provided for herein, the "Vehicle Rate" and the "Supplemental Rate" shall cover all Contractor costs for the Service to be provided pursuant to this Contract.

1. County Service Vehicles

For County Service Vehicles, the County will pay the Contractor on a monthly basis an amount equal to the sum of: i) the number of Service Vehicle Revenue Hours provided with County Service Vehicles times the hourly rate reflected in Form PW-2, Schedule of Prices, Item 1, hereinafter referred to as "County Service Vehicle Rate;" ii) less fares; iii) less County Service Vehicle monthly rental fees of \$1 per month per Service Vehicle; and iv) less any and all liquidated damages pursuant to this Contract. Service Vehicle Revenue Hours are defined as the actual hours of revenue Service starting from the point of first pickup to the last drop-off minus driver lunches, vehicle fuelings, and time without passengers exceeding 30 minutes. It shall be based upon the hours determined by Contract Manager, as needed, to provide the Service described in Exhibit G.1, Service Requirements and Area Maps.

2. Contractor-Provided Service Vehicles

The Contractor may be instructed by Contract Manager to provide and/or operate additional and/or substitute Service Vehicle(s) for this Service in the event demand for the Service exceeds the capacity provided by County Service Vehicles. Increased demand may result from an increase in ridership and/or Service Vehicle shortage. Shortages may occur when Service Vehicles are out-of-service due to maintenance, repair, replacement or other reasons that are beyond the Contractor's control. The substitute Service Vehicles provided by the Contractor are to be approved by Contract Manager prior to being placed into Service.

For Contractor-Provided Service Vehicles, the County will pay the Contractor on a monthly basis an amount equal to the sum of: i) the number of Service Vehicle Revenue Hours provided with Contractor-Provided Service Vehicles times the hourly rate reflected in Form PW-2, Schedule of Prices, Item 2, hereinafter referred to as "Contractor-Provided Service Vehicle Rate;" ii) less fares; and iii) less any and all liquidated damages pursuant to this Contract. Service Vehicle Revenue Hours are defined as the actual hours of Service starting from the point of first pickup to the last drop-off minus driver lunches, vehicle fuelings, and time without passengers exceeding 30 minutes, based upon the hours as determined by Contract Manager, as needed, to provide the Service described in Exhibit G.1, Service Requirements and Area Maps.

3. Coordinated Service Vehicles

In the event that the Contractor uses Contractor-Provided Service Vehicles to coordinate rides with other jurisdictions or programs during the Service hours specified in Exhibit G.1, Service Requirements and Area Maps, the revenue hours between those jurisdictions shall be prorated as follows: the County's share of the revenue hours for the Contractor-Provided Service Vehicle(s) will be determined by dividing the number of County riders to the total number of riders on the Contractor-Provided Service Vehicle(s), and multiplying it by the revenue hours the Contractor-Provided Service Vehicle(s) were transporting the County patrons simultaneously with patrons from other jurisdictions. The County shall not be charged for more than its prorated share of revenue hours.

4. Supplemental Taxi Service

The County will pay the Contractor on a monthly basis an amount equal to the number of taxi service miles provided with supplemental Service Vehicles times the taxi service mile rate, hereinafter referred to as "Taxi Rate." Taxi Service miles are defined as the actual miles traveled from the point of pick-up to drop-off destination. The Taxi Service mile rate for the term of this Contract is reflected in Form PW-2, Schedule of Prices.

5. Fuel Cost Adjustment Mechanism

The rate adjustment will apply only to the Vehicles in the fleet that use gasoline. There will be no adjustment for vehicles that use propane. Rate adjustments for other alternative fuels are subject to Contract Manager approval.

In addition to items 1, 2, 3, and 4, stated above, the Director may adjust up to 10 percent of the hourly rate of compensation set forth in Form PW-2 (Schedule of Prices) based on the increase or decrease in the fuel price published in the Official Energy Statistics from the United States Department of Energy website at http://tonto.eia.doe.gov/dnav/pet/pet-pri-gnd-dcus-sca-m.htm for Diesel (On-Highway) and Gasoline - All Grades (Regular) for California, "as appropriate to the vehicle used, beginning on the month of this Contract's start date and thereafter at each successive 1 month interval, which shall be the effective date for any such fuel adjustment. The percentage change in the fuel price shall be obtained using the fuel prices published 3 months preceding the proposal submission date and the fuel price published 3 months preceding each effective date of the adjustment.

However, when the percentage increase or decrease in the fuel price is less than five percent, no fuel adjustment will be granted. In the event the fuel adjustment is granted, the fuel adjustment (increase or decrease) will be added to or subtracted from, as applicable, the hourly rate of compensation to establish the adjusted hourly rate of compensation in the Schedule of Prices (PW-2). Public Works shall be permitted to audit the CONTRACTOR'S fuel usage, fuel costs, and fuel procurement methods for the vehicles used in providing the service and the CONTRACTOR shall provide records pertaining to its fuel costs upon the COUNTY'S request. CONTRACTOR shall immediately notify the COUNTY if the CONTRACTOR changes from purchasing fuel using Market Prices, to a long-term agreement for fuel purchases.

Following sample data will be used to calculate sample calculation of fuel adjustment:

Sample Calculations for Purchasing Fuel at Market Prices Hourly Rate from PW-2, Schedule of Prices: \$35.00 Proposal due date: December 2017 Contract start date: July 2018

Fuel Adjustment (FA) Compon	ent for Gasoline Price
Gasoline (Regular) - September 2017	345.02 cents per gallon
Gasoline (Regular) - April 2018	383.23 cents per gallon
Percent change in Gasoline	11.1% increase*

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	Adjusted Hourly Rate (FA component)
= (10% of hourly rate) x (Percent change in Gasoline Price)
$= [(10\%) \times (\$35.00)] \times (11.1\%)$	
	= (\$3.50) x (11.1%)
L	= \$0.39 Fuel Adjustment (increase)
Adjusted H	Hourly Rate for July 2018 \$35.00 + \$0.39 = \$35.39

Sample Calculations for Purchasing Fuel Under Long-Term Fuel Supply Agreement

Hourly Rate from PW-2, Schedule of Prices: \$35.00

Proposal due date: December 2017 (Long-Term Fuel Price: \$3.00 per gallon)

Contract start date: July 2018

Renegotiation of Fuel Price: January 2018 (renegotiated price is \$3.25 per gallon)

Fuel Adjustment (FA) Compo	onent for Gasoline Price
Gasoline (Regular) - December 2017	300.00 cents per gallon
Gasoline (Regular) - January 2018	325.00 cents per gallon
Percent change in Gasoline	8.3% increase*

Adjusted Hourly Rate (FA component)
= (10% of hourly rate) x (Percent change in Gasoline Price)
$= [(10\%) \times (\$35.00)] \times (8.3\%)$
$= (\$3.50) \times (8.3\%)$
= \$0.29 Fuel Adjustment (increase)
Adjusted Hourly Rate for January 2018 \$35.00 + \$0.29 = \$35.29

L. <u>Pass-Through Costs</u>

County recognizes that there are items not covered under this Contract for which the Contractor is not compensated under the aforementioned rate. County shall allow Contractor to pass through the amounts necessary to cover the following specific items only if Contract Manager has authorized the work in writing prior to Contractor's initiation of work for the item(s). Claims for payment of pass-through costs shall include all supporting documentation of costs, approvals, and copies of vendor invoices.

1. Engines/Transmissions/Differential Units (County Service Vehicles Only)

County recognizes that during the term of this Contract, engines, transmissions, and/or differential units of County Service Vehicles, that are no longer under warranty, may have to be rebuilt or replaced. If Contractor determines that an engine, transmission, and/or differential unit requires rebuilding or replacement, Contractor shall notify Contract Manager immediately after making such determination and, subsequently, in writing, detailing the reason for such a determination. After inspection by Contract Manager, Contract Manager may direct Contractor in writing to proceed with work. Only the cost of the parts, as approved by the Contract Manager, will be reimbursed by the County. Labor costs associated with the removal and replacement of engines, transmissions, and differential units, including associated replacement of attachment devices, gaskets, seals, etc., are the responsibility of Contractor and are not eligible for reimbursement.

Please note that if the Contract Manager determines that the damage to engines, transmissions, and/or differential units were caused or were the result of negligence or lack of action (including timely preventive maintenance and warranty lapses) by the Contractor, the costs associated to make such repair(s) will not be eligible for reimbursement.

2. Air Conditioning Units (County Service Vehicles Only)

The County recognizes that during the term of this Contract the air conditioning compressors, used in County Service Vehicles equipped with air conditioning systems utilizing refrigerant may be prone to failure. If the Contractor determines that an air conditioning compressor, and/or compressor clutch unit, requires replacement due to operational failure of said compressor, the Contractor shall notify the Contract Manager immediately after making such determination and, subsequently, in writing, detailing the reasons for such a determination. After inspection by the Contract Manager, the Contract Manager may direct the Contractor in writing to proceed with the recommended work. Only the cost of the parts, as approved by the Contract Manager, will be reimbursed by the County.

Labor costs associated with the removal and installation of the air conditioning compressor/clutch unit, filter and refrigerant (in addition to part repairs) are the responsibility of the Contractor and are not eligible for reimbursement.

Please note that if the Contract Manager determines that the damage to the air conditioning compressors and or compressor clutch unit were caused or were result of negligence or lack of action (including timely preventive maintenance and warranty lapses) by the Contractor the costs associated to makes such repair(s) will not be eligible for reimbursement.

3. Vehicle Repaint/Graphics

Contractor may pass through costs to County associated with painting and/or graphics/decaling on County Service Vehicles or Contractor-Provided Service Vehicles per County's request.

Should a County Service Vehicle require a complete exterior repaint and/or decaling due to normal wear and tear as determined by Contractor, Contractor shall notify Contract Manager in writing detailing the reasons for such a determination. After inspection by Contract Manager, Contract Manager may direct the Contractor in writing to proceed with the work. Contractor will only be permitted to pass through to the County only costs related to the repaint and/or graphics/decaling.

If the County Service Vehicle is in an accident, all costs associated with the vehicle repair, in order to restore the vehicle to County specifications, shall be the responsibility of the Contractor.

Costs associated with the damage to the painted surface, lettering, and/or decal work that Contract Manager determines was caused or attributed to the negligence or lack of action by the Contractor will not be eligible for reimbursement. All work related to the pass-through costs shall be -A.22- 2018-PA005 East Los Angeles Dial-A-Ride approved in writing, by Contract Manager before Contractor commences work.

4. Rehabilitation of County Service Vehicles

If Contractor believes that a County Service Vehicle may require a complete mechanical overhaul, and/or rehabilitation, that is not covered by the Service Vehicle's warranty, Contractor shall notify Contract Manager in writing in order to ensure that any work performed on County Service Vehicles meets or exceeds County's specifications and/or requirements. In such instances, County will inspect the vehicle and make a determination of work to be accomplished. Contractor shall then obtain the services of a known and qualified facility equipped to perform the work necessary as part of County's assessment.

The facility shall employ mechanics properly certified in order to perform the necessary work. County reserves the right to inspect and approve the facility where the work shall be performed and the right to perform preproduction, on-time, pre- and post-delivery, conditional acceptance, and final acceptance inspections on the vehicle. After the completion of the overhaul and/or rehabilitation of the County Service Vehicle, Contractor shall invoice County for such work along with all necessary and required documentation, as determined by Contract Manager. Contractor shall withhold 5 to 10 percent of the total amount due to the selected facility until Contract Manager's final acceptance of the vehicle.

The final acceptance will be made after the Service Vehicle has reentered revenue Service for a reasonable time frame or reasonable mileage.

Contractor and Contract Manager shall agree to the percentage of the withholding fee and the time period applicable in each instance. County will withhold the applicable percentage from the amount due to the Contractor until the Service Vehicle passes the testing period. Contractor shall invoice the County for any remaining balance after Contract Manager's final acceptance of the vehicle.

Subject to final acceptance and approval by Contract Manager, payment will normally be made within 30 calendar days of approval.

5. Automated Vehicle Locator Devices

If an AVL device installed on a County Service Vehicle malfunctions as a result of a manufacturer identified problem or error after the warranty period, the County will be responsible for the cost of replacement.

6. Other Pass-Through Costs

County recognizes that during the term of this Contract, there may be needed repairs or modifications to Service Vehicles that are beyond the control of the Contractor and have not been identified elsewhere in this Contract. In order to be eligible for pass-through costs for items not specifically mentioned above, the Contractor shall present the required scope of work to be performed to Contract Manager. Contractor shall obtain Contract Manager's approval of the work to be performed, in writing, prior to commencing any work.

M. <u>Monitoring and Auditing Service</u>

1. Monitoring Service

In order to document the Service, Contractor shall maintain all Service records as requested by County and as required for good business practices. Contractor shall monitor the Service, schedules, and ridership in a method approved by County. Based on this monitoring, Contractor shall indicate the need to maintain, reduce or increase the hours of operation, or the frequency of operations.

County shall have the right to have authorized County personnel board, at no cost to the County, all Service Vehicles utilized by the Contractor in the performance of this Service for the purpose of monitoring the Service.

2. Auditing and Inspection of Service

Contractor shall permit authorized representative(s) of County to examine all data and records related to this Service or the Contractor's operation of any similar service upon request by the County and approval by the other agency. All Service records prepared by Contractor shall be owned by County and be made available to County at no additional charge.

County, or any person authorized by County, shall at all times have access and the right to inspect Contractor's equipment and facilities utilized in the performance of this Contract.

3. Surveys and Questionnaires

Additional documentation of this Service may be provided through passenger surveys. These surveys may be administered by authorized representatives of County or by Contractor if so requested by Contract Manager. It is the responsibility of the Contractor to ensure the cooperation of all personnel with any operational procedures pertaining to survey work, including the distribution of survey questionnaires, etc.

N. <u>Personnel</u>

County shall have the right to demand removal from the Service, for reasonable cause, any personnel furnished by Contractor. Unless requested by the Contract Manager Contractor shall not remove or reassign any of the key management personnel, such as the Project Manager or Maintenance Manager, as described below, at any time prior to or after the execution of this Contract without prior written notice to and consent by Contract Manager.

Contractor shall train all personnel who are likely to be in contact with the public to give courteous, accurate information concerning Service. Contractor shall require that all personnel report all passenger complaints and/or operational problems to the Project Manager, as described below. The Contractor shall maintain a daily diary (log) for this purpose and shall be subject to inspection by County.

Upon notice from County concerning the conduct, demeanor, or appearance of any person in the employment of Contractor not conforming to the provisions contained herein, Contractor shall take all steps necessary to remove or alleviate the cause of concern.

1. Project Manager

The Contractor shall designate a Project Manager who has a minimum of 3 years of experience providing the same or similar paratransit services for governmental or social service agency (ies) whose responsibility shall be to oversee the day-to-day operations of the Service. Project Manager shall have full authority to act for Contractor and shall be reachable via office or cellular telephone during the hours of Service.

Project Manager shall provide both on-line supervision and management of the Service's accounts and operating records. Project Manager shall have an e-mail address and access to a computer during Service hours and shall be able to use Microsoft Office Professional suite of programs (Microsoft Word, Microsoft Excel, Microsoft Outlook) and/or their equivalent. Contract Manager may, at his/her discretion, communicate with Project Manager via e-mail. Other than the Project Manager and Contract Manager, the Contractor shall not appoint any other agent to communicate with the County regarding this Contract except with the express written consent of the County, which consent is at the sole discretion of the County. This provision does not limit the County's ability to communicate with any employee of the Contractor. a. On-Line Supervision

On-line Supervision shall include, but is not limited to, the following duties:

- i. Training and scheduling of all regularly assigned Service personnel;
- ii. Arranging the assignment of quality back-up personnel whenever necessary;
- iii. Distribution and collection of operating reports;
- iv. Daily monitoring of ridership and the collection of all fares; and
- v. Supervision of all Service staff to ensure the provisions of quality service meet or exceed the requirements of this Contract.
- b. Service Management

Service management shall include, but is not limited to, the following:

- i. Preparation of monthly summaries of operations data on a per Service Vehicle basis;
- ii. Maintenance of Service accounts;
- iii. Preparation of a monthly invoice that will document all charges minus the total amount of fares collected and any possible liquidated damages for missed trips, incomplete service, etc.;
- iv. Responsibility for the complete operation of all County Service Vehicles and Contractor-Provided Service Vehicles, including all ancillary equipment (e.g., wheelchair lifts, air conditioning, fare boxes, schedule holders, destination signs, etc.); and
- v. Immediate responsibility for any operational problems and/or passenger complaints and accurately reporting these problems to the County in a timely manner.

2. Road Supervisor

The Contractor shall employ a minimum of one Road Supervisor who shall be reachable by Project Manager via office or cellular telephone during the scheduled hours of Service.

Road Supervisor duties include, but are not limited to, the following:

- a. Ensure quality service delivery on a regular basis:
- b. Facilitate fleet deployment while performing pre- and post-trip inspections;
- c. Monitor and document on-time performance;
- d. Provide extensive field support in an effort to minimize service interruption;
- e. Address specific service problems and service interruptions;
- f. Complete specific services, as requested.
- 3. Telephone Reservation and Dispatch Personnel

The Contractor shall employ telephone reservationists and dispatching personnel with excellent customer service skills. Special care and attention shall be made to recruit and continuously train staff on the methods required when working with seniors and persons with disabilities to meet the requirements specified in this Contract.

4. Office Personnel

Contractor shall employ personnel during Service operating hours to answer inquiries from the public and respond to complaints regarding the Service. Office personnel shall have an e-mail address and have access to a computer during Service hours. Furthermore, office personnel shall be able to use the following three Microsoft Office Professional suite programs: Microsoft Word, Microsoft Excel, Microsoft Outlook, and/or their equivalent. Office personnel shall be able to research Contract Manager's questions and respond to Contract Manager via e-mail.

Contractor shall employ personnel to monitor the two-way radios and dispatcher's console during all hours of Service operation. Required duties shall include the preparation of data, forms, and/or reports and be proficient in the preparation of such documents with an emphasis on the highest level of accuracy and reliability. The responsible person shall have experience preparing National Transit Database (NTD) reports for a community Dial-A-Ride Service located within the County of Los Angeles.

Their duties shall also include, but are not limited to, the preparation of daily, weekly, monthly, biannual, and annual reports required by the County.

5. Office Personnel - Training Program

Office personnel, including, but not limited to, Telephone Reservationists and Dispatchers, must complete training before they begin to work with customers independently and must receive periodic refresher courses. The Contractor is responsible for having or developing a training program that includes at a minimum of the following topics:

- Customer Service
- Telephone Etiquette
- Proper Handling of telephone inquiries
- Dealing with difficult situations
- Sensitivity training for working with persons with disabilities
- Sensitivity training for working with the elderly
- Reservations
- Dispatcher training
- Project Management training

The Contract Manager will review and must approve Contractor's training program. All training material must be submitted to Contract Manager upon request.

The training program submitted for the Contract Manager's review must include samples of the training material for each topic listed above and any other training material Contractor will use for topics not listed. It must identify the trainer and provide their job title. The training program must include a schedule indicating the frequency of training and refresher sessions. Contractor is responsible for maintaining records of all training provided to each employee during the duration of this Contract. Contractor will notify Contract Manager with any changes, deletions, or additions to the training program within three working days. The Contract Manager has the right to reject changes.

-A.28-

This training, in full or in part, may be given to other staff in addition to mandatory training programs applicable to their duties that are conducted by "certified" instructors and are required to meet all Federal, State, and local requirements and standards as specified in this Scope of Work.

6. Service Vehicle Operators

Contractor shall employ a sufficient number of properly licensed and qualified personnel to operate Service Vehicles and equipment and to provide the required Service. Contractor shall be responsible for the recruitment selection, controlled substance and alcohol testing, screening, training, scheduling, supervision, discipline, termination, and all other functions with regard to the Service Vehicle operators.

a. Service Vehicle Operator

Contractor shall review a current California DMV report for each Service Vehicle operators prior to their performance of work under this Contract to verify that they are appropriately licensed and qualified to drive a Service Vehicle. In addition, each operator is in a sensitive position and the Contractor shall provide a criminal background check investigation as required by Section HH of Exhibit B of this Contract.

Contractor shall check California DMV records (Pull Notice Program) at least every 6 months, beginning at the start of Service, for accidents, Vehicle Code violations, and valid commercial driver's licenses of those employees whose job requires them to operate any Service Vehicle. Contractor shall notify County within five business days of the results of said checks and corrective actions taken, if any.

Contractor shall join the Pull Notice Program, whereby Contractor shall be notified of any activity on a Service Vehicle operator's or mechanical staff's driving record. Any Service Vehicle operator or mechanical staff exceeding the California DMV point system, or with a revoked or suspended license, shall not be allowed to operate a Service Vehicle.

b. Operator Performance

Contractor shall be responsible for each Service Vehicle operator in meeting the following performance requirements. All Service Vehicle operators shall:

i. Have a valid California Class B driver's license and a valid medical examination certificate, ADA training,

nondiscrimination training, as well as any other required licenses or endorsements required by Federal, State, and local regulations. A Service Vehicle operator who does not pass the medical examination shall not be permitted to operate a Service Vehicle.

- ii. Assist passengers confined to wheelchairs in boarding Service Vehicles, assist with tie-downs, and assist with securing lap belts if requested by the passenger.
- iii. Be in uniform acceptable to County. Uniform shall include either shirt/blouse or Polo-type top with collar and skirt/slacks or Bermuda-type walking shorts. Uniform coats, sweaters, and caps may be worn. Service Vehicle operators shall display their name tag/badge.
- iv. Assist passengers who have difficulty negotiating the steps of the vehicle.
- v. Be available and on time to ensure consistent and reliable Service.
- vi. Carry current certification of Cardiopulmonary Resuscitation (CPR) and first-aid training at all times during Service Vehicle operations.
- c. Operator Training

The Contractor shall be responsible for all Service Vehicle operator training. The Contractor's training programs shall be conducted by a "certified" instructor and meet all Federal, State, and local standards. At a minimum, the training program shall include the following:

- i. Proper operation of the Service Vehicle to be used in Service, including defensive driving and Service Vehicle handling. Proper operation of wheelchair lifts/ramps/tie-downs, communication equipment, and other equipment to be used on Service Vehicles.
- ii. Training in passenger relations, ADA, nondiscrimination requirements, fare collection, the Service area, schedule orientation, and on-time performance requirements. In addition, drivers shall be trained in the use of any special vehicle electronics including, but not limited to, the AVI system's MDT, AVL, and the two-way radio communications equipment.

- Ongoing customer service and safety program training to iii. ensure a safe operating environment. Training shall place significant emphasis on techniques for dealing with the public in a helpful and courteous manner to achieve the maximum level of customer satisfaction. This education and training will include courtesy and empathy towards the needs of senior citizens and those with disabilities. This requirement pertains to relief Service Vehicle operators as well as regularly assigned Service Vehicle operators.
- iv. Department of Motor Vehicles regulations and company policies.
- v. Service area, fare structure, and attendant policies for escorts traveling with persons with disabilities or mental impairments.
- vi. Accident and emergency procedures and reports.
- vii. American Red Cross or County-approved equivalent training for CPR and first aid.
- viii. Regular and on-going formal safety instruction for all operating personnel assigned to perform any activities under this Scope of Work. Personnel shall be required to attend scheduled safety meetings at least four times per year.
- ix. Ongoing training programs as well as refresher training programs for its drivers. These regularly scheduled classes shall include various topics, including the areas of defensive and safe driving, emergency and/or crisis management, understanding work expectations, Terrorist Activity and Public Transit, and other relevant topics. Contractor shall submit an annual preplanned training schedule to Contract Manager. Contractor may be required to hold additional training on issues and/or subjects pertinent to the Service. Authorized County personnel will have the right to attend and/or audit any such Contractor training programs or classes.
- 7. Maintenance Personnel

Contractor shall supply a sufficient number of properly qualified maintenance personnel with the expertise to maintain and service all vehicles for Service. Contractor shall be responsible for the recruitment, screening, testing, selection, training, scheduling, supervision, discipline, termination, and all other functions about the maintenance personnel.

-A.31-

Maintenance personnel shall be supervised by a designated Maintenance Manager, who shall have a minimum of 3 years of experience in maintaining similar fleets of paratransit vehicles. Contractor's maintenance personnel shall have knowledge of engines, transmissions, diagnostic procedures, electrical systems, HVAC, wheelchair lifts and related mechanical parts, methods and procedures normally used in servicing mechanical equipment for transit vehicles.

The Contractor shall ensure that all mechanic staff assigned to this Contract, as indicated on Form PW-18.1, are Automotive Service Excellence (ASE) certified in A5 ASE Automobile & Light Truck Brakes Test. If the Contractor cannot meet this requirement at the start of Contract, Contractor will be granted 12 months, from the start of the Contract, to comply provided that Contractor ensures that all vehicle maintenance is performed by an outside service facility that has ASE certified personnel during this 12-month period. Any new maintenance personnel will have 12 months from the date of hire to obtain ASE certification. By the end of each subsequent year until the end of the Contract, each mechanic must obtain a minimum of one additional ASE certification per year from the Automobile & Light Truck Test Series.

To address the development of qualified/trained maintenance personnel and compliance with the ASE certification requirement, Contractor is encouraged to provide training classes that cover one ASE test area per ASE test cycle. Contractor shall budget appropriately for training fees per mechanic per ASE test cycle. The Contractor shall provide and budget for ongoing training for all mechanics that is relevant to their duties, on an annual basis, in the areas of air brake systems, air conditioning systems, engine performance, fire suppression/methane detection systems, wheel chair lifts, bus electrical systems, etc. The training program is subject to review and input by County. The Contractor shall develop a formal training program necessary to maintain highly qualified, well-trained maintenance personnel and to keep abreast of new equipment and maintenance techniques.

In addition, the Contractor shall ensure that, at all times, at least one member of the Contractor's maintenance staff assigned to this Contract must be trained and certified under Section 609 of the Clean Air Act - Motor Vehicle Air Conditioning, or possess the equivalent **ASE** Refrigeration Recovery and Recycling Program certification. A list of Environmental Protection Agency (EPA) approved training and certification programs İS available at http://www.epa.gov/ozone/title6/609/technicians/609certs.html.

The Contractor shall provide proof of Section 609 of the Clean Air Act certification or its equivalent ASE Refrigeration Recovery and Recycling

Program certification to the County prior to Contract award. At any time, if a Section 609 certified personnel leaves the service of the Contractor, the Contractor shall immediately provide an equivalent certified maintenance personnel replacement. The Contractor shall notify the Contract Manager of any change in maintenance personnel.

8. Project Safety Official

The Contractor shall designate in writing a Project Safety Official who shall be thoroughly familiar with the Contractor's Injury and Illness Prevention Program and Code of Safe Practices. The Contractor's Project Safety Official shall be available at all times to abate any potential safety hazards and shall have the authority and responsibility to shut down an operation, if necessary. Failure by the Contractor to provide the required Project Safety Official shall be grounds for the County to direct the cessation of all work activities and operations at no cost to the County until such time as the Contractor is in compliance.

O. <u>Marketing and Advertising</u>

County will routinely provide marketing, public relations, and advertising materials. Contractor shall place such materials on or in the vehicles as requested by County and shall distribute literature on Service Vehicles as requested by County. The posting of Service-related notices shall be subject to prior approval by the Contract Manager.

Contractor shall not place any form of advertising inside or outside of any Service Vehicle unless directly authorized in writing by Contract Manager. The terms and conditions of such advertising shall be subject to approval by Contract Manager. Proceeds of any advertisement shall be remitted to County.

P. Operating Performance Standards

1. Service Vehicles

Contractor shall operate Service Vehicles with due regard for the safety, comfort, and convenience of persons with disabilities and senior citizen passengers.

2. Service

Contractor shall provide Service as scheduled or according to any adjusted schedule established by County, including Service area modifications required as a result of a declared emergency. The Contractor shall strive to maintain on-time performance.

-A.33-

Contractor shall be required to attain certain levels of performance. Failure to achieve the performance levels, as outlined in this Contract, may result in assessed liquidated damages and potentially the termination of this Contract for default.

Contractor shall strive at all times to provide Service in a manner that will maximize productivity and at the same time maximize customer service. Recognizing that the goals of productivity and customer service may conflict, the following standards are intended to be reasonably attainable to Contractor, fair to the customer, and consistent with the County expectations:

a. Ridership Per Hour

The Contractor, at a minimum, shall transport an average of three passengers per hour (total passengers/total revenue hours) of Service Vehicle operations.

b. On-Time Service

Service shall be provided as scheduled or according to any adjusted schedule established by County, including service area modifications required as a result of a declared emergency.

However, Contractor will not be held responsible for the failure to provide on-time Service due to extraordinary weather or traffic conditions, road closures or detours, Service Vehicle malfunctions that are clearly beyond Contractor's control, naturally occurring disasters, or other reasonably unpredictable situations. Contractor shall provide sufficient documentation of each situation to County on a timely basis.

For scheduled service requests for each calendar month, 95 percent of all requests shall be picked up within 20 minutes after scheduled pickup time.

Maximum dwell time shall not exceed 10 minutes. An exception would be a customer who is within the eyesight of the Service Vehicle operator and is clearly making his and or her way to the Service Vehicle. The Director's expectation would be for the dwell time to be extended permitting the passenger to arrive and board the Service Vehicle.

c. Curb to Curb

Service shall be curb to curb. While the County's expectation is to provide this Service as a curb-to-curb type operation, if and/or when future governmental legislation and/or regulations are

changed requiring a modification in operational mode from curb to curb, the Contract Manager will work with the Contractor to modify the Service as required.

3. Phone Wait Time

Contractor shall provide a telephone call sequencer, which provides statistical reports on phone calls. The sequencer shall answer calls by the fourth ring. Within 60 seconds of the sequencer answering the call, a live person shall answer 95 percent of all calls in each calendar month.

4. Length of Rides

Passenger trip lengths shall be kept to a minimum. In no event shall Service be scheduled such that a passenger is forced to remain on the Service Vehicle for more than 59 minutes from the scheduled pick-up point to the scheduled drop-off point.

5. Complaints

Complaints shall be resolved as soon as possible but no later than two business days after the complaint was received. In the event that a complaint is received by Contractor, Contractor shall notify Contract Manager within one business day regarding the nature of the complaint received and within three business days regarding the Contractor's recommended action for resolving and preventing future such complaints.

Repeated and substantiated complaints of the same type may result in the assessment of liquidated damages and potentially the termination of the Contract.

6. Road Calls

In the event of an In-Service breakdown of a Service Vehicle, the maximum response time for the substitute Service Vehicle to reach the patrons of the failed Service Vehicle shall be 30 minutes. All breakdowns shall be handled to ensure maximum availability of Service Vehicles.

Replacement Service Vehicles and/or drivers shall continue Service within 30 minutes. Replacement Service Vehicles shall be ADA-compliant. Failure to provide a replacement Service Vehicle and/or driver will be a material breach of contract and may be caused to terminate this Contract.

County reserves the right to establish additional criteria regarding the reliability of the response in the event of an In-Service Vehicle breakdown.

7. County Service Vehicles

If the Contractor has knowledge that any County Service Vehicle herein described will be non-operational for a period of more than 48 hours during the term of this Contract, the Contractor shall notify Contract Manager and Contractor shall arrange for substitute equipment, (spare Service Vehicle) as approved by Contract Manager. The Contractor shall furnish a substitute Service Vehicle subject to all the conditions of the Contract.

If Contractor operates other Service Vehicles, equipment, or facilities in conjunction with providing other services to be covered under this Contract, which have excess capacity, Contractor may utilize said Contractor-Provided Service Vehicles, equipment, and facilities to partially or completely satisfy this Contract's requirements, except said Contractor-Provided Service Vehicles, equipment, and facilities shall meet all applicable provisions of this Contract and shall not create unreasonable inconvenience to the patrons to be served under this Contract, including, but not limited to, applicable provisions herein regarding response times to requests for service. Any such Contractor-Provided Service Vehicle shall be acceptable to Contract Manager.

Contractor shall track trip request turndowns, on-time performance, and scheduled pick-up time versus actual pick-up time. This information shall be forwarded to Contract Manager upon request.

Q. Operation During a Declared Emergency

Upon declaration of any emergency by appropriate government representatives, County Sheriff is responsible for a number of transportation-related activities, including the development of emergency travel routes and the coordination with other agencies supplying common carrier services.

In the event of a declared emergency, Contractor shall cooperate with and deploy Service Vehicles in a manner described by the County Sheriff or local police. In addition, Contractor shall notify Contract Manager the same business day of the request to alter deployment of any Service Vehicle.

R. Special Service Operation to Support a Non-emergency

Contractor may be asked by Contract Manager to provide service in support of special events or community programs. Contractor shall provide this service pursuant to the terms of this Contract.

S. <u>Service Records and Reports</u>

1. General Requirements

Contractor shall maintain separate complete and accurate books, records, and reports that relate to Service and as required herein. Contractor shall retain all records relating to this Contract for a minimum period of 3 years following expiration or termination hereof unless otherwise provided for herein. All such records shall be available for inspection by designated auditors of the County and the State of California at reasonable times during normal working hours.

Contractor shall maintain and make available to the County, and/or appropriate State agencies, records pertaining to said Service in accordance with the State Uniform System of Accounts for Public Transit Operators.

2. Service Operation Reports

These reports provide documentation of daily operations and will serve as a database to monitor and evaluate the productivity of Service, its requirements, and methods. Unless stated otherwise, the reports listed shall be submitted with the monthly invoice, no later than the 15th day of the following month, and shall be made in a format approved by County.

Operational reports shall include, but are not limited to, the categories described below. Reports shall be in the format provided by the County in Exhibit J-R. If a report format is not provided by the County, the Contractor shall prepare a format for each of the reports described below and submit the format to County for approval. Contractor shall be responsible for maintaining an adequate supply of each report form, including the preparation of all necessary copies.

a. Trip Reports

Contractor shall require each vehicle operator of each Service Vehicle to prepare a daily report on a form, indicating Service Vehicle fleet number, mileage ("begin" and "end" odometer), time of departure and the time of arrival at time points, the number of passengers that boarded each Service Vehicle, the amount of revenue collected on each Service Vehicle, and the number of wheelchair boardings. The report shall be on a Service Vehicle and trip-by-trip basis for each Service Vehicle (Exhibit R, Daily Transportation Trip Sheet). The report shall be compiled for the period of a month and shall include a summary thereof. The summary shall include an indication of average daily passengers and passengers per hour. The summary shall indicate any trips that departed early or late in a format approved by County.

b. Monthly Service Reports

Contractor shall submit to the County a report indicating the actual number of Revenue Hours, Revenue Miles, total Service Vehicle Hours, total Service Vehicle Miles operated, safety/security incidents and fuel used (type and amount per Service Vehicle).

c. On-Time Service Report

Contractor shall submit a report on Service Vehicle on-time performance. The report shall include as a minimum a trip-by-trip Service Vehicle dwell time and on-time performance. Information shall be compiled and provided for each Service Vehicle on a daily basis for each monthly period and shall include a summary thereof. The report shall include date, patron's name, address, scheduled pickup, actual pickup, and in the window (Y/N). The summary report shall include total number of trips on time, total late trips, total early trips, and the on-time performance ratio.

d. Reservation Telephone Reports

Contractor shall submit to County a monthly telephone log of the patron reservation system. This report shall include, as a minimum, the name of the patron, the date of the call, the time of day the call was received, the wait time on hold before the call was answered (remained in the wait queue) and the total length of time of the call once contact was made with a dispatcher. Information shall be compiled and provided on a daily basis for each monthly period and shall include a summary thereof.

e. Daily Pre- and Post-Trip Service Vehicle Inspection Reports

Contractor shall instruct each vehicle operator of each Service Vehicle to perform a daily pre- and post-trip Service Vehicle inspection and daily Service Vehicle servicing as required herein. Each such inspection and servicing shall be documented on a report that shall be completed and signed by each Service Vehicle operator assigned to a Service Vehicle each day (an example is shown in Exhibit K, Driver's Daily Vehicle Report). The Daily Pre- and Post-trip Service Vehicle Inspection Reports shall be retained on file by the Contractor for a minimum of 3 years after contract expiration/termination/suspension.

f. Weekly Maintenance Inspection Report

A report of the weekly maintenance inspections, which supplement the daily pre- and post-trip inspections, shall be kept by Contractor as well as being submitted to the County. The Weekly -A.38- 2018-PA005 East Los Angeles Dial-A-Ride Maintenance Inspection Reports shall be retained on file by the Contractor for a minimum of 3 years after Contract expiration/termination/suspension.

g. Missed Trip Report

A trip is considered missed when the Contractor fails to pick up the scheduled rider. A summary report of missed trips for the month shall be submitted. The explanation for the missed trip(s) shall be specified, along with the dates and times, the Service Vehicle and trip number, and the affected total revenue miles and hours.

h. California Highway Patrol Reports

Contractor shall provide County with copies of all CHP inspection reports within 24 hours of receipt.

i. Passenger Complaint Reports

Project Manager shall document passenger concerns, problems, and complaints and describe any action taken to resolve these issues. Copies of said documentation shall be submitted to Contract Manager by the business day following identification of the problem or receipt of any passenger complaint. Contractor shall submit to Contract Manager a summary of passenger problems, concerns, and complaints no later than the 15th day of the following month. In the event that there were no passenger problems, concerns, or complaints received for the previous month, a written statement of this fact may be submitted to the County in place of a monthly report no later than the 15th day of the following month.

j. Operational Problems, Safety Concerns, and Deficiencies

Any unlawful or unusual problems or complaints, including any related to safety or serious operational deficiencies, shall be reported to Contract Manager by telephone within 1 hour of its occurrence.

In addition, Contractor shall submit a written report to Contract Manager describing any operational problems or complaints and action taken within two business days following identification of such problems or complaints.

k. Accident/Incident Data Reports

Contractor shall submit a monthly summary report of all accidents (collision and noncollision) involving Service Vehicles. The monthly summary shall include the date, Service Vehicle number, location, operator, and accident description, including any damage and/or injuries. The monthly summary shall also include cumulative accident data that indicates the number of accidents per 100,000 Service Vehicle miles. Within 24 hours of an accident or incident involving a Service Vehicle or passengers, Contractor shall provide a written report to the Contract Manager.

In the event of an emergency during after hours, Contractor shall call the Public Works radio room at (626) 458-HELP.

Contractor shall notify County within 24 hours of any of the following accidents/incidents:

- i. Collisions between a Service Vehicle and another Service Vehicle, person, and/or object.
- ii. Passenger accidents, including falls while passengers are entering, occupying, or exiting the Service Vehicle.
- iii. Passenger disturbances, fainting, sickness, deaths, assaults, etc.
- iv. Any accidents witnessed by the Contractor's operator(s).
- v. Vandalism to Service Vehicle.
- vi. Passenger complaints of injury or property damage or other circumstances likely to result in the filing of claims against Contractor and/or County.
- vii. Any passenger, driver, supervisor, or Service complaint that arises from an accident. If the accident/incident involves injuries or extensive property damage, County shall be notified immediately (regardless of hour or day).
- vili. After each traffic accident or incident involving a County Service Vehicle, Contractor shall complete Exhibit L.1, Public Works Vehicle Accident or Incident Form. The form shall be submitted to Contract Manager within one business day along with any other supporting information about the Service Vehicle accident or incident (e.g., driver's statement, police report, etc.).

I. National Transit Database Reports

Contractor will partner with the County in collecting data, reporting and submitting the annual NTD report. On a monthly basis, the Contractor will be required to collect NTD data/reports electronically, on the form

-A.40-

provided in Exhibit Q, NTD Paratransit Annual Summary Report. Contractor will provide County with an accurate and complete annual summary of paratransit data in Exhibit Q. This data will be used for the annual NTD report to the Federal Transit Administration (FTA). Contractor shall maintain and make available, for a minimum period of 3 years after Contract expiration/termination, to County, and or appropriate agencies, records and backup information pertaining to the NTD Paratransit Annual Summary Report.

m. Financial Records

Contractor shall establish and maintain, within a separate account, all Service revenue and expenditures and any other relevant financial records or documents for a minimum period of 3 years after contract expiration/termination/suspension.

n. Maintenance Records and Reports

Contractor shall maintain an individual file for each Service Vehicle. Each file shall include detailed records for the reporting period and an analysis of any trends. All records and subsequent reports shall be prepared in accordance with any applicable Federal, State, and CHP requirements as well as any needs of County to enable it to accurately evaluate Contractor's maintenance performance and the operating expense associated with County Service Vehicles and equipment.

Contractor shall submit the following reports to County with the monthly invoice:

i. Preventive Maintenance Inspection Reports

Reports shall include the Service Vehicle fleet number, the Service Vehicle Identification Number (VIN) and license number, a description/detail of the maintenance performed, when maintenance was completed, and if maintenance was done on time as required by Service Vehicle manufacturer's and/or County recommendations. These reports shall also include copies of the completed oil analysis for engine oil and transmission oil in accordance with the service vehicle mileage requirements stated in Exhibit M. Daily "Vehicle Condition" reports shall be submitted to County upon request. Contractor shall retain the PMI Reports on file for a minimum of 3 years after Contract expiration/termination/suspension.

ii. Road Call Performance Report

A road call is defined as any time a repair is required in the field on a Service Vehicle or a Service Vehicle exchange is made, whether or not it resulted in a loss of time. A report of road calls shall include the fleet number, VIN, mileage, time, location of incident, route, direction of travel, reason for call, and what was done to fix the problem.

iii. Service Vehicle Downtime Report

Report shall include details of which Service Vehicle(s) were down, how long, and the cause.

iv. Mechanical Defect Reports

Contractor shall submit a monthly summary of all Service Vehicle mechanical problems including Service Vehicle number, odometer reading, dates/times out of Service (if applicable), summary of problem(s), and corrective action(s) taken.

T. Controlled Substance and Alcohol Testing

Contractor shall implement, as a minimum, the Controlled Substance and Alcohol Testing Program as specified in Exhibit O, Controlled Substance and Alcohol Testing Program, as may be required by rules and regulations issued by the United States Department of Transportation and described in Title 49, Code of Federal Regulations (CFR), Part 655, "Prevention of Alcohol Misuse and Prohibited Drug use in Transit Operations" and Part 40, "Procedures for Transportation Workplace Drua and Alcohol Testina Programs. Contractor's policies may supersede policies specified in Exhibit O only when they can be shown to County's satisfaction to be more stringent. County will not indemnify Contractor for disciplinary actions imposed resulting from required Contractor shall report results of the random testing and other testing. associated tests to County on a quarterly basis on the form shown in Exhibit O. Such reports shall be submitted to County within 15 calendar days after the end of the quarter.

U. Transit Security Plan

Safety and anti-terrorist preparations on public transit systems are a priority. It is critical to integrate security throughout every aspect of County's public transit programs, operations, and infrastructure. Accordingly, the Contractor is required to submit a written security plan that shall be followed should the Proposer be awarded this service.

The National Terrorism Advisory System, replaced the color-coded Homeland Security Advisory System. The new system will more effectively communicate information about terrorist threats by providing timely, detailed information to the public, government agencies, first responders, airports and other transportation hubs, and the private sector. Additionally, the FTA, in response to the Office of Homeland Security, has undertaken a series of major steps to help prepare the transit industry to counter terrorist threats by providing direct assistance to transit agencies throughout various on-site programs. FTA's website (<u>http://transit-safety.volpe.dot.gov</u>) contains the background of this program and information to assist transit agencies in developing their Transit Security Plans (TSP).

The TSP shall meet the Transportation Security Administration (TSA)/FTA's Security and Emergency Management requirements as indicated in the TSA website (<u>http://www.tsa.gov/assets/pdf/mass_transit_action.items.pdf</u>).

The Contractor is also encouraged to refer to the FTA's Transit Agency Security and Emergency Management Protective Measures report available on the FTA website (<u>http://www.fta.dot.gov/documents/protectivemeasures.pdf</u>). This document has been developed by the FTA, in consultation with the Department of Homeland Security's TSA and Office of Grants and Training and the American Public Transportation Association. It replaces the prior document entitled, FTA Transit Threat Level Response Recommendation. This document provides a more comprehensive systems approach and framework for a transit agency to use in integrating its entire security and emergency management programs. In addition, this document provides protective measures to be implemented in the event of an attack or active incident and during the recovery phase following an incident.

The details of the Contractor's TSP will be negotiated with the Contract Manager to ensure that the County's needs are adequately addressed. The final approved TSP will be attached as Exhibit P to this Contract.

V. <u>Removal of Debris</u>

All debris derived from this service shall be removed from County property and become the property of the Contractor. The Contractor shall dispose of all debris from these services in a legally established area appropriate for type of debris being disposed. Disposal shall be at the Contractor's expense. The Contractor shall not allow any debris from its operations under this Contract to be deposited in the storm drains, catch basins, gutters, manholes, and/or roadways in violation of the National Pollutant Discharge Elimination System regulations.

The Contractor is advised that due to the nature of this Contract, discarded hazardous waste may be encountered during the performance of this Contract. In the event an unknown substance or hazardous material is discovered, the Contractor shall immediately notify the Contract Manager. The Contractor

shall NOT attempt to perform any type of hazardous waste remediation not included under the Scope of Work of this Contract, including identifying, containing, cleaning, moving, disposing, etc. The Contractor shall exercise extreme caution in the event unknown waste is encountered.

W. Funding

The County may use local sales tax funds in accordance with Los Angeles County Metropolitan Transportation Authority's guidelines for the Proposition A Local Return Program to finance this Service. Other sources of funds, such as FTA, may also be used. Contractor agrees to be bound by applicable provisions of Proposition A Local Return Program guidelines or any other guidelines/regulations pertaining to other funding sources.

X. Nonconflict with Local, State, and Federal Laws/Requirements

Nothing herein shall be in conflict with or modify the Contractor's obligation to comply with the requirements of local, State, and Federal laws, such as FTA, ADA, DOT, or other applicable laws, rules, regulations, directives, or ordinances.

Y. <u>Responsibilities of the Contractor</u>

Contractor shall maintain a staff with a minimum of 3 years of experience providing paratransit services for governmental or social service agency(ies). Subcontracting is not allowed to meet this requirement.

Z. <u>Permits/Licenses/Certification</u>

The Contractor shall be fully responsible for possessing or obtaining any required permits/licenses from the appropriate Federal, State, or local authorities for work to be accomplished under this Contract.

The Contractor shall ensure that each mechanic staff assigned to this Contract is in compliance with this Exhibit's Section N.7, Maintenance Personnel.

At least one of the Contractor's Maintenance Technicians must be certified in the EPA Section 609 Refrigerant Recycling and Recovery or the equivalent ASE vehicle air conditioning system.

Contractor shall provide proof of the required Section 609 Refrigerant Recycling and Recovery certifications to County prior to Contract award.

AA. <u>Utilities</u>

The County will not provide utilities.

BB. <u>Service Modification</u>

The County has established Service areas and schedules as described in Exhibits G, Service Requirements. If the Contract Manager determines that the Service may be improved by revisions to scheduling, vehicle assignment, fleet size, or areas served, the Contract Manager and Contractor shall plan and institute such changes jointly within the terms of this Contract. The Contract Manager will provide any proposed modification to the Contractor at least 30 calendar days prior to implementation of any Service revision unless a shorter time period is mutually agreed to by both parties.

CC. Additional Work/Locations

- 1. The Contract Manager may authorize the Contractor to perform additional work including, but not limited to, repairs and replacements when the need for such work arises out of extraordinary incidents, such as vandalism, acts of God, third-party negligence or any unanticipated or unforeseen need. If the Contract Manager determines such additional work can be obtained in whole or in part by temporarily modifying the Contractor's tasks and work schedules, he or she may direct such modification.
- 2. Prior to performing any additional work, the Contractor shall prepare and submit a written description of the work with an estimate of labor and materials. No additional work shall commence without written authorization from the Contract Manager. However, when a condition threatens imminent injury to the public or damage to property, the Contract Manager may orally authorize the work to be performed upon receiving an oral estimate from the Contractor. Within 24 hours after receiving an oral authorization, the Contractor shall submit a written estimate to the Contract Manager for approval.
- 3. All additional work provided herein shall commence on the specified date established. The Contractor shall proceed diligently to complete said work within the time allotted.
- 4. Additional location(s) may be added during the Contract period. Upon request by the Contract Manager, the Contractor shall provide a written quotation for any additional location(s), based on the rates quoted in Form PW-2, Schedule of Prices. The Contractor shall be paid per Service Vehicle Revenue Hours for additional locations according to the rate quoted in form PW-2. Upon Contract Manager's negotiation and acceptance of the Contractor's written quotation, and subject to approval of the Director, the additional location(s) may be added to the Contract by amendment or change order.

DD. Incentives

The following incentives are to be applied to the Contractor when found in compliance:

Ridership Productivity

- 1. An incentive payment of \$500 will be paid to the Contractor for each calendar month the average passenger per hour level of Service (total passengers/total revenue hours) exceeds 3.5 passengers per hour.
- 2. An incentive payment of an additional \$500 for a total of \$1,000 will be paid to the Contractor for each calendar month the average passenger per hour level of Service (total passengers/total revenue hours) exceeds four passengers per hour.

EE. Liquidated Damages

- 1. In any case of the Contractor's failure to meet specified performance requirements, the County may, in lieu of other remedies provided by law or the Contract, assess liquidated damages in specified sums. However, neither the provision of a sum of liquidated damages for nonperformance, untimely, or inadequate performance nor the County's acceptance of liquidated damages shall be construed to waive the County's right to reimbursement for damage to its property or indemnification against third-party claims.
- 2. The amount of liquidated damages has been set in recognition of the following circumstances existing at the time of the formation of the Contract.
 - a. All the time limits and acts required by both parties are of the essence of the Contract;
 - b. The parties are both experienced in the performance of the Contract work;
 - c. The Contract contains a reasonable statement of the work to be performed in order that the expectations of the parties to the Contract are realized. The expectation of the County is that the work will be performed with due care in a workmanlike, competent, timely, and cost-efficient manner while the expectation of the Contractor is a realization of a profit through the ability to perform the Contract work in accordance with the terms and conditions of the Contract at the Proposal price;
 - d. The parties are not under any compulsion to Contract;

-A.46-

- e. The Contractor's acceptance of the assessment of liquidated damages against it for unsatisfactory and/or late performance is by Contract and willingness to be bound as part of the consideration being offered to the County for the award of the Contract;
- f. It would be difficult for the County to prove the loss resulting from nonperformance or untimely, negligent, or inadequate performance of the work; and
- g. The liquidated sums specified represent a fair approximation of the damages incurred by the County resulting from the Contractor's failure to meet the performance standard as to each item for which an amount of liquidated damages is specified.
- 3. The Contractor shall pay Public Works, or Public Works may withhold and deduct from monies due the Contractor, liquidated damages in the following sums if the Contractor fails to complete work within the time specified unless otherwise provided in this Contract.
 - a. Ridership Productivity
 - i. In the event Contractor fails to meet the average monthly passenger per hour level of Service of three passengers per hour, Contractor may be assessed liquidated damages in the amount of \$500 per month.
 - ii. In the event Contractor fails to meet the average monthly passenger per hour level of Service of two and a half passengers per hour, Contractor may be assessed liquidated damages in the amount of \$1,000 per month.
 - b. On-Time Performance

In the event the Contractor fails to meet an on-time performance level of 95 percent in any month, Contractor may be assessed liquidated damages in the amount of \$500 per month. Should on-time performance fall below 90 percent, Contractor may be assessed liquidated damages in the amount of \$1,000 per month.

Should on-time performance fall below 85 percent, Contractor may be assessed liquidated damages in the amount of \$2,000 per month.

The maximum monthly amount assessed for on-time performance will be limited to the amount of the lowest level not achieved for the monthly period.

c Length of Rides

If the Contractor fails to disembark a rider at the scheduled destination within 59 minutes from the rider embarking, Contractor may be assessed \$200 per occurrence up to a maximum of \$1,000 per month.

d. Valid Complaints

In the event of any valid passenger's complaint, the liquidated damages shall be \$250 per complaint, up to a maximum of \$2,000 per month. The County and the Contractor shall jointly determine which complaints are valid, (i.e., as a result of the Contractor's actions which could have reasonably been prevented). However, the final decision on the validity of any passenger complaints shall rest with the Contract Manager.

e. Repeated Patron Valid Complaints

In the event of repeated (three or more) valid complaints concerning the same passenger over a 6-month period (e.g., their reservation was misplaced, their length of ride was greater than 59 minutes, the wait time past their scheduled pickup was greater than our permitted window of 20 minutes) or valid passenger complaints on the same item repeated (item occurred repeatedly to three or more passengers) over a 6-month period, liquidated damages shall be \$250 per complaint, up to a maximum of \$2,000 per month. The County and the Contractor shall jointly determine, which complaints are valid (i.e., as a result of the Contractor's actions which could have reasonably been prevented). However, the final decision on the validity of any passenger complaints shall rest with Contract Manager.

f. Trips Not Made

In the event that any scheduled trip is not made, Contractor may be assessed liquidated damages in the amount of \$250 per trip, up to a maximum of \$2,000 per month.

g. Non-ADA Compliant Vehicle

In the event Contactor replaces a Service Vehicle with a non-ADA compliant Vehicle, the liquidated damages will be \$500 for the first time and \$1,000 for each subsequent time during the life of this Contract.

h. Reporting

Contractor shall submit monthly reports, including boardings, ridership, on-time performance, driver logs, fuel data, maintenance, safety, and marketing activities in the form and number approved by Contract Manager within 15 calendar days after the end of each month unless more time is approved by Contract Manager. The NTD Paratransit Annual Summary Report, as described in this Contract, shall be submitted within the due date described. Liquidated damages of \$100 per calendar day may be assessed for late reports, up to a maximum of \$1,000 per month.

Monthly reports and the NTD Paratransit Annual Summary Report should be mostly free from errors. Liquidated damages of \$200 may be assessed for each report with more than 10 errors, up to a maximum of \$1,000 per month. The County and the Contractor shall jointly determine errors in reports. However, the final decision on the validity of any errors shall rest with Contract Manager.

i. Shutdown of Service Vehicles

If any Service Vehicle has been removed from Service, as a result of an "Unsatisfactory" rating by the CHP, Contractor may be assessed liquidated damages of \$250 per day per Service Vehicle up to a maximum of \$1,000 per Service Vehicle per month.

j. Preventive Maintenance

PMI shall be performed per the OEM and Exhibit M, Preventive Maintenance. PMI documents must be submitted monthly with the service invoice. Contractor shall also include copies of the completed oil analysis reports for engine oil and transmission oil in accordance with the service vehicle mileage requirements stated in Exhibit M. Inspections shall never exceed the specified intervals by 500 miles or more. Failure to meet any of these maintenance requirements may result in nonpayment of Service miles or hours operated by vehicles exceeding the PMI intervals or liquidated damages of \$500 per vehicle per day, whichever is higher, up to a maximum of \$5,000 per month.

k. Weekly Maintenance Inspections

The weekly maintenance inspections are called an "I" Service.

This "I" Service shall be performed per the OEM and Exhibit M, Preventive Maintenance. If the Contractor fails to meet this standard, Contractor may be assessed liquidated damages of \$200 per Service Vehicle per Service day up to a maximum of \$2,000 per month.

I. Daily Vehicle Inspection Reports

Failure to perform a satisfactory DVI (pre- and post-trip) may include, but are not limited to, fluid levels noted low twice within a 10-day period without any visible leaks and/or a Vehicle in revenue Service with a non-operating wheelchair ramp or lift on consecutive dates of Service. If the Contractor fails to meet this standard, Contractor may be assessed liquidated damages of \$100 per Service Vehicle per Service day up to a maximum of \$1,000 per month.

m. Deficient Service Vehicle Condition

In the event any Service Vehicle is rejected by Contract Manager as a result of deficient mechanical condition, unacceptable Service Vehicle operating conditions as specified in this Contract, or unacceptable Service Vehicle appearance, \$250 per day per Service Vehicle in liquidated damages will be assessed until the condition is corrected to the satisfaction of Contract Manager, up to a maximum of \$1,000 per Service Vehicle per month.

If Contractor has documentation indicating that the condition of the Service Vehicle cannot be corrected due to the availability of parts or other reasons beyond the Contractor's control, then Contract Manager may waive the liquidated damages for the period of the excused delay.

n. Permanent Service Vehicle Rejection

In the event Contract Manager rejects any Service Vehicle permanently as a result of Service Vehicle condition, Contractor may be assessed \$250 per day per Service Vehicle, up to a maximum of \$1,000 per Service Vehicle per month, in liquidated damages until the Service Vehicle is replaced with one that is satisfactory to Contract Manager.

o. Vehicle Emissions (Engine Smog)

Each Service Vehicle shall fully comply with any and all applicable Federal, State, and local emissions rules, regulations, and requirements. If any Service Vehicle fails to pass its smog test, receives a complaint, or is cited for an engine emissions violation by the California Air Resources Board, South Coast Air Quality Management District, the CHP, or other governmental agency authorized to issue such a citation, the Contractor shall be liable for the citation as well as liquidated damages.

Contractor shall notify Contract Manager within one business day and provide Contract Manager with an action plan to verify and/or correct the deficiencies as well as a timeline for completing the action plan. If the Contractor is found to be in violation, the Contractor may be assessed \$500 in liquidated damages for each Service Vehicle that is cited for an engine emissions violation. If such complaint is found to be without merit, or beyond the Contractor's control, Contract Manager may waive the liquidated damages.

If the Contractor does not submit the required smog check certificates to Contract Manager biennially (every 2 years) within 30 days after State vehicle emissions testing has been performed, the Contractor will be assessed \$200 in liquidated damages per County Service Vehicle that was not or has not passed its smog check. The Contractor shall provide a spare Service Vehicle at no charge to the County if the County has to take a County Service Vehicle to have an emission check performed or make repairs to the vehicle before passing a smog check.

p. Violation of Subcontracting of Maintenance

In the event that the Contractor is either performing maintenance and/or subcontracting maintenance in violation of this Exhibit's Section G, Vehicle Storage, Maintenance, and Fueling Facilities, as determined by Contract Manager, Contractor may be assessed \$1,000 in liquidated damages per Service Vehicle per Service day, up to a maximum of \$4,000 per Service Vehicle per month.

q. Storage of County Service Vehicles

If Contractor fails to store County Service Vehicles in accordance with this Contract, Contractor may be assessed \$200 in liquidated damages per Service Vehicle per Service day, up to a maximum of \$2,000 per Service Vehicle per month.

r. Implementation of Dispatch Software and Advanced Vehicle Electronics

If Contractor fails to implement the required fully operational comprehensive and integrated AVI and dispatch system with the required elements of Service Vehicle-installed MDT's, Service Vehicle-installed AVL's or Service Vehicle-assigned mobile AVL units; and/or fails to use the system and train the personnel within the time periods allotted within this Contract, Contractor may be

East Los Angeles Dial-A-Ride

2018-PA005

assessed, \$200 in liquidated damages per business day after the deadline, up to a maximum of \$2,000 per month.

- s. Implementation of E-mail and Internet Access
 - If Contractor fails to implement Internet access and e-mail and fails to use/maintain the system and/or train the personnel (e.g., Project Manager, Road Supervisor, and Maintenance Manager) within the time periods allotted in this Exhibit's Section F, Equipment, Contractor may be assessed \$100 in liquidated damages per business day after the deadline, up to a maximum of \$1,000 per month.
- t. Service Vehicle Warranty

If due to the Contractor's negligence of Service Vehicle preventive maintenance program, as determined by Contract Manager, any warranty coverage of the County Service Vehicles is lessened or invalidated, and/or warranty items are not covered due to neglect, liquidated damages of at least 50 percent and up to 100 percent of the cost to repair each item may be assessed.

u. Operating Outside of Service Areas

If a Service Vehicle is operated outside of its assigned Service area as specified in this Contract and without prior approval from the County, Contractor may be assessed, liquidated damages of \$100 per occurrence per Service Vehicle, up to a maximum of \$1,000 per Service Vehicle per month.

v. Controlled Substance and Alcohol Testing

Contractor shall report the results of random testing and other associated tests to the County on a quarterly basis on the form shown in Exhibit O, Controlled Substance and Alcohol Testing Program Quarterly Report. All reports shall be submitted to the County within 15 days after the end of each quarter.

Liquidated damages of \$100 per calendar day (including nonbusiness days, weekends, and holidays) up to a maximum of \$1,000 per month may be assessed for late reports.

w. Maintenance Personnel

All maintenance on Service Vehicles shall be performed by ASE and/or EPA Section 609 Refrigerant Recycling and Recovery certified personnel as specified in this Exhibit. If maintenance personnel are not certified, liquidated damages of \$500 per

maintenance employee per month may be assessed, up to a monthly maximum of \$1,000.

x. Unresolved Vehicle Claims

If a settlement is not made within 90 calendar days of the date of loss for a vehicle stolen, damaged, or lost by reason of collision, fire, negligence, abuse, vandalism, or other like cause in accordance with this Exhibit's Section F.2, General Terms for Paratransit Vehicles, Contractor may be assessed liquidated damages in the amount of \$1,000 per week up to a maximum of \$4,000 per month. Liquidated damages shall begin 120 calendar days after the date of loss. However, in no event shall the liquidated damages exceed the total number of service hours times the actual cost differential between a Contractor-Provided Replacement Service Vehicle and the County Service Vehicle for a given month.

y. Misuse of County Service Vehicles

County Service Vehicles are to be used to provide Service as specified in this Exhibit. The County will determine if any County Service Vehicle is being misused. If the County is made aware that a County Service Vehicle is used for purposes other than the specified Service or if the Service Miles for any County Service Vehicle exceeds Revenue Miles by at least 25 percent in any calendar month, the County may assess liquidated damages of \$1,000 per month per occurrence.

z. Service Vehicle Transfer Audit

At the discretion of the County, the Contractor may be required to transfer County Vehicles to another Service Contractor. The Contract Manager may schedule a pretransfer inspection and a transfer inspection. The Contractor assuming responsibility for the Service (new Contractor) shall conduct both inspections. The Contractor shall have appropriate staff onsite to review work identified. It is the responsibility of the Contractor to ensure that County Vehicles are in good mechanical condition and have good/clean appearances. The Contractor shall ensure all items listed in Exhibit K, including each vehicle's brakes and tires, meet specified minimums. Any and all mechanical defects identified during the pre-transfer and the transfer inspections are the responsibility of the Contractor. PMIs shall be current. PMI records of County Vehicles are County property and shall be turned over to the new Contractor by the Contractor. One week after the completion of the transfer of service, liquidated damages in the

amount of \$100 per County Vehicle per week may be assessed for PMI records that are not provided by the Contractor for any County Vehicle.

Repairs identified during these inspections not made by the Contractor shall be performed by the new Contractor. The Contract Manager will review and validate repair costs (including internal and external body damage, preventive maintenance that was not performed as required and other vehicle repairs). To recover the cost of repairs and/or maintenance of County Vehicles, the Contract Manager may withhold up to two monthly Service invoice payments from the Contractor transferring County Service Vehicles.

Upon satisfactory completion of County Service Vehicle repairs and/or outstanding PMI's, the balance remaining from the monthly service invoices being withheld minus the cost of repairs and/or maintenance will be released to the Contractor. If the repair costs exceed the total balance withheld from the monthly Service invoices, the County will invoice the Contractor for the difference.

aa. <u>Health, Safety, and Comfort</u>

In the event any Service Vehicle has a wheelchair ramp/lift, air conditioning, and/or heating system failure while in service, \$250 per day per vehicle in liquidated damages may be assessed if the vehicle is placed in Service during the next Service day(s) without repairs, up to a maximum of \$1,000 per Service Vehicle per month.

bb. Fines by Regulatory and Governmental Agencies

If the County is fined by a local, regional, State or Federal regulatory or governmental agency as a result of the Contractor's negligence or failure to comply with any Federal, State, or local rules, regulations, or requirements, the Contractor may be assessed liquidated damages in an amount equal to the fine(s) charged to the County by a regulatory or governmental agency.

cc Automated Vehicle Locator Devices

The Contractor is not to handle or disconnect any AVL device installed on a County Service Vehicle. If an AVL device is damaged, removed, lost, or stolen, the Contractor may be assessed \$50 in liquidated damages per AVL device per Service day after the two-week period following date of loss/damage

-A.54-

(unless additional time is approved by County for unforeseen circumstances), until the AVL device is replaced, up to a maximum of \$1,000 per month.

dd. <u>Timely Repairs to County-Provided Service Vehicles</u>

If a County-Provided Service Vehicle is removed from revenue service or is not able to operate in revenue service, as a result of needed repairs, for more than 15 continuous service days or more than 20 service days within a two-month period, the Contractor may be assessed liquidated damages in the amount of \$500 per day, per service vehicle, up to a maximum of \$2,500 per service vehicle per month, until the condition of the County-Provided Service Vehicle is corrected to the satisfaction of the County.

If Contractor has documentation indicating that the condition of the County-Provided Service Vehicle cannot be repaired due to the unavailability of parts or other valid reasons beyond the Contractor's control, then the Contract Manager may waive the liquidated damages.

4. In addition to the above, Public Works may use Exhibit F.2, Performance Requirements Summary, to evaluate Contractor's performance.

FF. Contractor's Quality Control Plan

Contractor shall establish and maintain a Quality Control Plan to assure the requirements of this Contract are met. An updated copy shall be provided to the Contract Manager prior to the Contract start date and whenever changes occur. The plan shall include, but not be limited to, the following:

- a. It shall specify the activities to be evaluated on either a scheduled or an unscheduled basis, how often these evaluations shall take place and the title of the individual(s) who will be responsible for evaluating.
- b. The methods for identifying and preventing deficiencies in the quality of service performed before the level of performance becomes unacceptable.
- c. A file of all evaluations conducted by Contractor and, if necessary, the corrective action taken. This documentation shall be made available as requested by the County during the term of this Contract.
- d. The methods for continuing service to the County in the event of a strike involving the Contractor's employees.

e. Control system in place to prevent vehicle loss. P:\aepub\Service Contracts\CONTRACT\Anna\East LA DAR\2017\IFB - Rebid\01 IFB\07 Scope of Work.doc

FORM PW-2.1 Initial Term

SCHEDULE OF PRICES FOR EAST LOS ANGELES DIAL-A-RIDE SERVICES (2018-PA005)

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

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item	Description	Hourly Rate	Estimated Annual Hours	Proposed Annual Price (Hourly Rate x Estimated
1.	Rate for County-Owned Service Vehicle	\$ <u>61.81</u> /Hour	9,600	Απημαί Hours) \$ 593,376.00
2.	Rate for Contractor-Provided Service Vehicle ¹	\$64.38/Hour	200	\$ 12,876.00
	ESTIMATED TO	TAL ANNUAL HOURS	9, 800	
		PROPOSED ANI	VUAL PRICE	\$606,252.00

Optional Supplemental nated Taxi Price
Miles (Cost Per Mile x Estimated
Annual Mile)
1 0 5 328,00
-)4

The optional Supplemental Taxi Rate will not be calculated as part of the Total Proposed Annual Price

LEGAL NAVE OF BECCER	
Empire Transportation, Inc.	
SIGNATION OF PERTYNAL OF CRUZED DE SLEBANT BID	
Theor Annound President & COO	Date 02/23/2018

¹ We estimate 200 Vehicle Revenue hours for FY 2017-18 in case a County Vehicle is in an accident and is out of service for an extended period of time.

FORM PW-2.2 Option Year 1

SCHEDULE OF PRICES FOR EAST LOS ANGELES DIAL-A-RIDE SERVICES (2018-PA005)

The undersigned Bidder offers to perform the work described in the invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

ltem	Description	Hourly Rate	Estimated Annual Hours	Proposed Annual Price (Hourly Rate x Estimated Annual Hours)
1.	Rate for County-Owned Service Vehicle	\$_62.69_/Hour	9,600	\$ _601,824.00
2.	Rate for Contractor-Provided Service Vehicle ¹	\$64.70/Hour	200	\$12,940.00
·· ···	ESTIMATED TO	TAL ANNUAL HOURS	9,800	
		PROPOSED AN	NUAL PRICE	\$614,764.00

	0	PTIONAL SUPPLEMENTAL	TAXIRATE	
ltem	Description	Cost Per Mile	Estimated Annual Miles	Optional Supplemental Taxi Price (Cost Per Mile x Estimated
1.	Supplemental Taxi Rate per Mile – (Optional)	\$3.28/Mile	100	Annual Mile) \$328.00

The optional Supplemental Taxi Rate will not be calculated as part of the Total Proposed Annual Price

LEGAL NAVE OF BIDDER	
Empire Transportation, Inc.	
SKITUTSECT PERSON AUTONIZED TO SUBLIT BIE	
TITLE OF AUTHORIZED PERSON	
President & COO	
	02/23/2018

¹ Contractor-provided vehicles were not used in Fiscal Year 2012. We estimate 200 Vehicle Revenue hours for FY 2017-18 in case a County Vehicle is in an accident and is out of service for an extended period of time.

FORM PW-2.3 Option Year 2

SCHEDULE OF PRICES FOR EAST LOS ANGELES DIAL-A-RIDE SERVICES (2018-PA005)

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

ltem	Description	Hourly Rate	Estimated Annual Hours	Proposed Annual Price (Hourly Rate x Estimated
1.	Rate for County-Owned Service Vehicle	\$ <u>63.49</u> /Hour	9,600	Annual Hours) \$ 609,504.00
2.	Rate for Contractor-Provided Service Vehicle ¹	\$/Hour	200	\$ \$13,000.00
	ESTIMATED TO	TAL ANNUAL HOURS	9,800	
		PROPOSED ANI	NUAL PRICE	\$622,504.00

<u> </u>	0	PTIONAL SUPPLEMENTAL	TAXI RATE	
Item	Description	Cost Per Mile	Estimated Annual Miles	Optional Supplemental Taxi Price (Cost Per Mile x Estimated
1.	Supplemental Taxi Rate per Mile – (Optional)	\$/Mile	100	Annual Mile) S 328.00

The optional Supplemental Taxi Rate will not be calculated as part of the Total Proposed Annual Price

LEGAL NAME OF BOOGH	
Empire Transportation, Inc.	
S'GIUNTIRE OF PERION AUTO CRIZED TO SUBJET PO	
TITLE CE AUTHORIZO PERSON	
l President & COO	DATE
	02/23/2018

¹ We estimate 200 Vehicle Revenue hours for FY 2017-18 in case a County Vehicle is in an accident and is out of service for an extended period of time.

FORM PW-2.4 Option Year 3

SCHEDULE OF PRICES FOR EAST LOS ANGELES DIAL-A-RIDE SERVICES (2018-PA005)

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

ltem	Description	Hourly Rate	Estimated Annual Hours	Proposed Annual Price (Hourly Rate x Estimated Annual Hours)
1.	Rate for County-Owned Service Vehicle	\$ <u>64.24</u> /Hour	9,600	\$ 616,704.00
2.	Rate for Contractor-Provided Service Vehicle ¹	\$65.25/Hour	200	\$13,050.00
	ESTIMATED TO	TAL ANNUAL HOURS	9,800	
		PROPOSED ANI	NUAL PRICE	\$629,754.00

(

	0	PTIONAL SUPPLEMENTAL	TAXI RATE	
Item	Description	Cost Per Mile	Estimated Annual Miles	Optional Supplemental Taxi Price (Cost Per Mile x Estimated
1.	Supplemental Taxi Rate per Mile – (Optional)	\$3.28/Mile	100	Annual Mile) \$328.00

The optional Supplemental Taxi Rate will not be calculated as part of the Total Proposed Annual Price

Date
02/23/2018
-

¹ We estimate 200 Vehicle Revenue hours for FY 2017-18 in case a County Vehicle is in an accident and is out of service for an extended period of time.

FORM PW-2.5

SCHEDULE OF PRICES FOR EAST LOS ANGELES DIAL-A-RIDE SERVICES (2018-PA005)

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

	TERMS	ANNUAL PRICE FOR
1	EAST LOS ANGELES DIAL-A-RIDE SHUTTLE SERVICE – INITIAL TERM	EACH TERM
2	EAST LOS ANGELES DIAL-A-RIDE SHUTTLE SERVICE – OPTION YEAR 1	606,252.00
3	EAST LOS ANGELES DIAL-A-RIDE SHUTTLE SERVICE – . OPTION YEAR 2	614,764.00
4	EAST LOS ANGELES DIAL-A-RIDE SHUTTLE SERVICE -	622,504.00
l	OPTION YEAR 3 TOTAL PRICE FOR YEARS 1 THROUGH 4	629,754.00
		2,473,274.00
	AVERAGE TOTAL PRICE FOR YEARS 1 THROUGH 4 (TOTAL PRICE FOR YEARS 1 THROUGH 4 ÷ 4 YEARS)	618,318.50

LEGAL NAME OF BIDDER	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	
Empire Transportation, Inc.		
SIGNATURE OF PERSON AUTORIZED TO SURAT BO		
AV.		
Tyle CriAumion ten feren		
President & COO		
Date	STATE CONTRACTOR'S LICENSE NUMBER	LICENSE TYPE
02/23/2019	PUC:TCP-21507, CHP:CA-326916	
BIDCER'S ACCRSSS:		PUC:Para Transil CHP.Molor Carrier
8800 Park Street, Bellflower CA 90	0706	
E-Mail	**************************************	
baguirre@emptransportation.com		
Ficig	MCBLE	
562.529.2676	310.562.2241	FACSHIE 562,529,2220
P.lacpublService Contracts/CONTRACTMnnalEast LA DARI	2017/JFB - Contract Rebid/01 IFB:04.1 FORM PW-2 Sched of Prices doc	UTAL, DEW, ALLU

PROPOSER: Empire Transportation, Inc.

EAST LOS ANGELES DIAL-A-RIDE SERVICE (2018-PA005)

INITIAL TERM (July 1, 2018 - December 31, 2018)

18,720.00 17,940.00

ഗ

ANNUAL COST

15,600.00

18,720,00

15,600.0

9,984.00

21.840.0(

34,011.25 32,760.00

16,536.00

67) ŝ U) U?) 201,711,25

S w U) n

6,492.04

52,444.93

58,936.97 25,997.88

n G s s ٧J n

FORM Lv.-3.1

	POSITION/TITLE *							ſ				
					NULKS FEK DAY	74X			HOURS PER			-
	(LIST EACH EMPLOYEE SEPARATELY)	SUN	MON	TUE	WED	DHT	R.	SAT	WEEK	(26 x Hrs per wk)	HOURLY WAGE	
	Uperator 1	0	8	6	ď	a	C				2	
	Operator 2	L.	ά					Σ	48	1248	15.00	6
	Operator 3			5 0	а <i>и</i>	β	œ	0	46	1196	15.00	
	Operator 4		o a	0 0	x a	B	æ	-	40	1040	15.00	1
	Operator 5	2 6	0 0	5 G	×, ,	8	-	8	48	1248	15.00	
	Road Supervisor		5 0	0 0	-				40	1040	15.00	
	Dispatchers (2)	75		5 a		2	5	-	40	1040	15.90	-
	Reservationists (2)	2 4	2 4	0	<u>,</u>	9	16	6	80.5	2093	16.25	1
	Mechanic A	j	2 0	0	5	8	15.5	6	80	2080	15.75	-
	Mechanic C	5 2	5 (5		0	•	8	16	416	24.00	
		°	D	4	4	খ	0	Ð	40	10401		
	Comments/Notes:						1			ntni	00.12	\$
	**Important:HOURLY RATE LISTED ON LW-BS MI IST RE FITHED THE	85 MUS	T RE EL	THED T	Τ					Tot	Total Annual Salaries	(A)
		E YEAR	S OR YC			I) Vacal	ions, Si	ck Leave	(1) Vacalions, Sick Leave, Holiday			10
٢	UCLEARLY SHOW THE TWO DIFFERENT LIVING WAGE RATES IN THE LW	IG WAG	E RATE	S IN TH		(2) Health Insurance	n Insura	nce				
ag		RATE			<u> </u>)) Payro	II Taxes	& Worke	(3) Payroll Taxes & Workers' Compensation	ion.		\$ 0
je					ž 	(4) Welfare and Pension	re and F	ension				° °
1									Total /	Total Annual Employee Benefite (4.2.2.4	lanofite (4 . n. n. n. n.	
of					5)	(5) Equinment Costs	nent C	sets.			4404741 CHISHN	2
5												မာ
					<u></u>) Servic	e and S	(b) Service and Supply Costs	sts			1
					2) Gener	al and A	Vdministr	ative Costs (Ins	(7) General and Administrative Costs (Insurance Expense Only)	nlv)	-
					<u>e</u>	(8) Profit						o u
							İ			Total Annual Other Costs (5+6+7+8)	Costs (5+6+7+8)	

All employees shown must be FULL-TIME employees of the proposer, unless exemption to use Part-Time employees has been granted by the County. Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program

39,532.10

300,180.32

TOTAL ANNUAL PRICE

13,534.22

taxes; estimated annual allowances for vacation, sick, holiday, health and welfare, and pension. Proposer's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as requested. These costs, plus the gross labor costs and projected projected projects and the reaction costs are to discrepancy between the price quoted in Form PW-2, Schedule of Prices, when there is a maintenance laborer, working supervisor, etc.): hours to be worked daily, weekly, and annually by each classification, hourly and annual wages to be paid to each classification; estimated annual payroll Note: This cost methodology is to show, in detail, how the Proposer arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape

The above information was complied from records that are adailable to me at this time and I declare under penalty of perjury that the information is true and accurate

Empire Transportation, Inc. Name of Proposer

ignature

EXHIBIT A.4

EAST LOS ANGELES DIAL-A-RIDE SERVICE (2018-PA005)

1

INITIAL TERM (January 1, 2019 - June 30, 2019)

FORM Lv. -8.1

POSITION/TITLE •	

PROPOSER: Empire Transportation, Inc.

			무	HOURS PER DAY	R DAY							
(LIST EACH EMPLOYEE SEPARATELY)	NIIS	NOM		WED 1				HOURS PER WFFK	ANNUAL HOURS	HOURLY WAGE	ANNIAL COST	-
Operator 1			Í		2	Ē	SAT		I'm y urs ber WK)	KAIE		
	2		0	0	 	8	8	48	12AR	75.35	4	٦
	0		8	8	8	R R	C			R/'CI	a 19,705.92	5.92
Operator 3			В	- m				04	1196	15.79	18,884,84	19
Operator 4	6		α					40	1040	15.79	5 16.421 AD	<u>G</u>
Operator 5	2			0			89	48	1248	15.79	1.5	
	D	<u>د</u>	Ð	80	8	8	0	40	10401			7.47
road Supervisor	0	80		8	8	8	C			R/'CI	15,421.60	1.60
Dispatchers (2)	7.5	8				_		∩ +	1040	15.90	S 16,536.00	8
Reservationists (2)	7.5	16				F		C.Ub	2093	16.25	S 34,011.25	.25
Mechanic A	ď							80	2080	15.79	32 A43 20	5
Mechanic C						0	8	15	416	24,00		
	â	9		- 	4	ω	8	40	10401			3
Comments/Notes:									1	NU.12	21,840.00	8
** Important HOURLY RATE LICTED ON UNLOS WURLEY ST	00 14110	1							Tot	Total Annual Salaries	20E 3E4 33	6
				ITHER THE	(1) Vac	ations. 5	Sick Leav	(1) Vacations. Sick Leave Mulidav				3
CLEAR OF THE TWO LIVING WAGE RATE YEARS OR YOU MUST	IE YEAR	S S S S S S S	N NOY	UST							5 6.640.62	62
LULEARLY SHOW THE TWO DIFFERENT LIVING WAGE RATE	VG WAG	SE RAT	ES IN	IS IN THE LW		(<) Health Insurance	ance				53	
AS PER FACH YEAR'S RATE	RATF					roll Taxe	is & Work	(3) Payroll Taxes & Workers' Compensation	DG			
					10101		/4/ 10/01/10 1				53,630,49	49
							rension				S	Τ
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								Total /	Annual Employee E	Total Annual Employee Benefits (1+2+3+4)	S 60.274.14	T
10					nb3 (5)	(5) Equipment Costs	Costs				C	
					(6) Sen	ice and	(6) Service and Supply Costs	asts			20,912,02	8
					(7) Gen	eral and	Administ	rative Costs (Inc	(7) General and Administrative Costs (Insurance Example 0-1.4			
					(8) Prafil					uiy)	5 13,534.22	ន
											, ,	
									Total Annual Other Costs (5+6+7+8)	r Costs (5+6+7+8)	39.446.24	2
									TOTAL	TOTAL ANNUAL PRICE		1
											300,U/1.68	QQ QQ

All employees shown must be FULL-TIME employees of the proposer, unless exemption to use Part-Time employees has been granted by the County.

- Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program

taxes; estimated annual allowances for vacation, sick, holiday, heatth and welfare, and pension. Proposer's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Proposer's annual price as quoted in Form PW-2, Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2, Schedule of Prices, and this cost methodology, Form LW-8, the correctly calculated price indicated in Form PW-2, Schedule of Prices, shall prevail. maintenance laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll Note: This cost methodology is to show, in detail, how the Proposer arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate

Empire Transportation, Inc. Name of Proposer

Signet

Date

**EXHIBIT A.4** 

PROPOSER: Empire Transportation, Inc.

EAST LOS ANGELES DIAL-A-RIDE SERVICE (2018-PA005)

FORM Lv. -8.2 **OPTION YEAR 1** (July 1, 2019 - June 30, 2020)

POSITION/TITLE *						i					
		<b>-</b>	HOURS PER DAY	ER DAY				-			
(LIST EACH EMPLOYEE SEPARATELY)	SUN	MON TI			i		MEEK		Ĕ		Γ
Operator 1	0	1		2	Ē	SAT		(XM THIS DEL WK)	RATE	ANNUAL COST	
Operator 2	<u></u>	Γα	> 0			8	48	2496	15.79	u v	
Operator 3		-	0		8 8	0	46				39,411.84
Oberator 4	5	'n	8	8	8	0	C4		£)'CI		37,769,68
Onerster E	0	80	8	8 8	B	R			15.79	32,8,	32,843,20
	0	8	8				8	2496	15.79	5 30.4	30 411 04
Hoad Supervisor	0	8				5	40	2080	15.79		40'1 + 60
Dispatchers (2)	7.5					5	40	2080	16.11	JC,04	<b>7.</b> 2.
Reservationists (2)	75	10		-		6	80.5	4186	16.46		19.80
Mechanic A	<u>}</u>	2	0	а а	15.5	<del>о</del>	80	41ED		68,901,56	11.56
Mechanic O	<del>1</del> 27	0	0	0	0	Tec	4		G9.01	5 66,352,00	2,00
	8	9	4	4			2	832	24.72	\$ 20.567.04	2
Comments/Nates;						ē	40	2080	21.63	201 201 201 201 201 201 201 201 201 201	
"Important: HOURLY RATE LISTED ON I WLRS MILST BE EITH	AS MILET	מם בודער						Toti	Total Annual Salaripe		
HIGHER OF THE TWO LIVING WAGE RATE YEARS OP VOLUMINE	E YEARS			(1) Vac:	ations, SI	ick Leave	(1) Vacations, Sick Leave, Holiday			416,599.56	9.56
CLEARLY SHOW THE TWO DIFFERENT LIVING WAGE PATES	BUAN SP			NTUSI (2) Health Insurance	th Insura	nce				5 13,393.32	3.32
RS PER EACH YEAR'S BATE										5	
				Iver Ich	on laxes	& Work	vol rayroll laxes & Workers' Compensation	an			,
				(4) Well	(4) Welfare and Pension	ension				108,315,88	5.88
				-			Total A	Total Annual Empleiros B		0	,
				(5) Equi	(5) Equipment Costs	1sts				s 121,709.20	9.20
				(6) Servi	ce and S	(6) Service and Supply Costs	1000			49.306.38	85.2
				Canal Canal	Part In					S	
				(B) Profit			alive Costs (Ins	(8) Profit		67 FC	
										S	8
								Total Annual Other Costs (5+6+7+8)			. [
- MANANANANANANANANANANANANANANANANANANAN										10,455.24	24
								TOTAL	TOTAL ANNULUE DECE		
* 01[ *****]******										5 614,764.00	8
All employees shown must he Fill I. Trade ominine	The second second								:		1

Page 3 of 5

Alf employees shown must be FULL-TIME employees of the proposer, unless exemption to use Part-Time employees has been granted by the County. ** Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program

maintenance laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll Note: This cost methodology is to show, in detail, how the Proposer arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape

taxes; estimated annual allowances for vacation, sick, holiday, health and welfare, and pension. Proposer's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Proposer's annual price as quoted in Form PW-2. Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2. Schedule of Prices, and this cost methodology, Form LW-8, the correctly calculated price indicated in Form PW-2. Schedule of Prices, shall prevail.

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate

Date

Empire Transportation, Inc. Name of Proposer

EXHIBIT A.4

PROPOSER: Empire Transportation, Inc.

EAST LOS ANGELES DIAL-A-RIDE SERVICE (2018-PA005)

1

**OPTION YEAR 2** (July 1, 2020 - June 30, 2021)

FORM L.V-8.3

POSITIONTITLE -											
			TUUKS PER DAY	1 DAY			HOLIPS DED				
(LIST EACH EMPLOYEE SEPARATELY)	SUN MON	V TUE	WED	THI		ŀ	WEEK	157 V HEE BOT INTO	HOURLY WAGE	ANNUAL APPROX	T OC
Uperator 1	0	8					- 1		RAIE "		
Operator 2	6				ם מ	»	48	2496	15.86	S	30 500 70
Operator 3		- 5 α			20		46	2392	15.86	S	GC DOC'ER
Operator 4		2 α				0	40	2080	15.86	S	31,337.12
Operator 5	, c					8	48	2496	15.86	- 5	34,988.8U
Road Supervisor					8	-	40	. 2080	15.86	s	39,586.56 20,555 55
Dispatchers (2)			a a	2) U			40	2080	16.38	S	19,906,90 34,020,40
Reservationists (2)	7.5				2 1	an i	80.5	4186	16.74	5	04/0/0/FC
Mechanic A					0.01	6	80	4160	16.22	S	57 475 PO
Mechanic C					5		16	832	24.72	S	10 CET 04
Comments/Notes:				- -		Ð	40	2080	21.63	s	44 000 40
"Important HOURI Y RATE I ISTED CALLW 20 1110								Tot	Total Annual Solution		01.000.1
HIGHER OF THE TWO INVINCTION EDATE VALUES MUSI BE EITHER THI		EITHE	HER THE	(1) Vacat	ions, Sic	k Leave	(1) Vacations, Sick Leave Holiday			0	420,264.52
CLEARLY SHOW THE TWO DIFFERENT WIND WARDS		YOU M	UST	(2) Health Incurance	Incitra		6			\$	13,437.30
By PER FACH VEADER PACE	ie walge Hal	LES IN	THE LW		19/10/11					s	
	<b>SALF</b>			(1) Mayto	l laxes	& Work	(a) Prayroll Laxes & Workers' Compensation	lion		5	100 001
				Int vveilate and Pension		ension				5	01.727'EU1
							Total	Total Annual Employee Benefits (1+2+3+4)	_		
				(5) Equipment Costs	Tient Co.	sts			-11		122,729.48
				(6) Service and Supply Costs	e and Su	JDDIV CC	osts			0	52,280.67
				(7) Gener	al and A	- inited				60	1
				(B) Denfit			auve Losis (In:	(8) Droft		S	PC 000 70
									-	\$	C'177'12
								Total Annual Other Costs (5+6+7+8)	-	5	70 640 70
											00.015,57
								TOTAL	TOTAL ANNUAL PRICE	U U	
All employees shown must be 5141 - 7445									-		622,504.00

All amplayees shown must be FULL-TIME employees of the proposer, unless exemption to use Part-Time employees has been granted by the County.

Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angelas County Code Chapter 2.201 - Living Wage Program ;

maintenance laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll Note: This cost methodology is to show, in detail, how the Proposer arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape

taxes; estimated annual allowances for vacation, sick, holiday, health and welfare, and pension. Proposer's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to discrepancy between the price quoted in Form PW-2, Schedule of Prices, and this cost methodology, Form LW-8, the correctly calculated price indicated in Form PW-2. Schedule of Prices, shall prevail. be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Proposer's annual price as quoted in Form PW-2. Schedule of Prices. When there is a

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate

Empire Transportation, Inc. Name of Proposer

**EXHIBIT A.4** 

EAST LOS ANGELES DIAL-A-RIDE SERVICE (2018-PA005)

ĺ

.....

**OPTION YEAR 3** (July 1, 2021 - June 30, 2022)

FORM LV--4.4

PROPOSER: Empire Transportation. Inc.

POSITION/TITL F +						
	HOURS PER DAY	R DAY	HOLES BE			
(LIST EACH EMPLOYEE SEPARATELY)	SUN MON TUE WED	THI	SAT WEEK	(52 x Hrs net web)	HOURLY WAGE	ANNUAL COST
Operator 1	-				ž	
Operator 2			8	48 2496	16.06	S 40 000 Jr
Oberator 2	8	8 8	0 46	7392	10.00	
	8 8	8 8	07 10		00.01	38,415.52
Operator 4	0 B B				16.05	S 33,404,80
Operator 5	a a				16,06	S 40.085.76
Road Supervisor		0			16.06	S 33.404.80
Dispatchers (2)	0 4	0 4		2080	16.58	S 34 486 40
Reservationists (2)	16 16	0 0	B	5 4186	16.95	S 70.957 70
Mechanic A	0			4160	16,43	S 68.348.80
Mechanic C		3		832	25.08	S 20.866.56
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Continents/Notes:						UU-000,04
"Important: HOURLY RATE LISTED ON LW-8S MUST BE EITHER THE	1-85 MUST BE EITHER THF			Tot	Total Annual Salaries	S 425,707.10
HIGHER OF THE TWO LIVING WAGE RATE YEARS OR	TE YEARS OR VOU MUST	(I) vacations, Si	<ul> <li>Vacations, Sick Leave, Holiday</li> </ul>			
ULE CLE	NG WAGE RATES IN THE LW	ES IN THE LW (2) Health Insurance ***	nce ***			5 13,653.74
BS PER EACH YEAR'S RATE	LRATE	(3) Payroll Taxes	(3) Payroll Taxes & Workers' Compession	ation		
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				Total Annual Employee Benefits (1+2+3+4)	3enefits (1+2+3+4)	S 104 104
		(5) Equipment Costs				
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		(B) Profit			(July)	S 27,303.99
						S
				Total Annual Othe	Total Annual Other Costs (5+6+7+8)	S 709.37
				TOTAL	TOTAL ANNUAL PRICE	S 000 774 000
						01,921,820

All employees shown must be FULL-TIME employees of the proposer, unless exemption to use Part-Time employees has been granted by the County. ţ

Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program

taxes; estimated annual allowances for vacation, sick, holiday, health and welfare, and pension. Proposer's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Proposer's annual price as quoted in Form PW-2, Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2, Schedule of Prices. When there is a maintenance laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll Note: This cost methodology is to show, in detail, how the Proposer arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate

Date/

Signato

Empire Transportation, Inc. Name of Proposer

#### EXHIBIT B

#### SERVICE CONTRACT GENERAL REQUIREMENTS

#### SECTION 1

#### INTERPRETATION OF CONTRACT

#### A. <u>Ambiguities or Discrepancies</u>

Both parties have either consulted or had the opportunity to consult with counsel regarding the terms of this Contract and are fully cognizant of all terms and conditions. Should there be any uncertainty, ambiguity, or discrepancy in the terms or provisions hereof, or should any misunderstanding arise as to the interpretation to be placed upon any position hereof or the applicability of the provisions hereunder, neither party shall be deemed as the drafter of this Contract and the uncertainty, ambiguity, or discrepancy shall not be construed against either party.

#### B. <u>Definitions</u>

Whenever in the Request for Statement of Qualifications, Contract, Scope of Work, Specifications, Terms, Requirements, and/or Conditions the following terms are used, the intent and meaning shall be interpreted as follows:

<u>Agreement</u>. The written, signed accord covering the performance of the requested service.

Bid or Bid Submission. The response to an Invitation for Bids.

<u>Board</u>. The Board of Supervisors of County of Los Angeles and Ex-Officio Board of Supervisors of the Los Angeles County Flood Control District.

<u>Contract</u>. The written agreement covering the performance of the service and the furnishing of labor, materials, supervision, and equipment in the performance of the service. The Contract includes the Agreement, Exhibit A - Scope of Work (Specifications), Exhibit B - Service Contract General Requirements, Exhibit C - Internal Revenue Service Notice 1015, Exhibit D - Safely Surrendered Baby Law Posters, Exhibit E – Defaulted Property Tax Reduction Program; and other appropriate exhibits, amendments, and change orders. Included are all supplemental agreements amending or extending the service to be performed, which may be required to supply acceptable services specified herein.

<u>Contractor</u>. The person or persons, sole proprietor, partnership, joint venture, corporation, or other legal entity who has entered into an agreement with County to perform or execute the work covered by this Contract.

<u>Contract Work or Work</u>. The entire contemplated work of maintenance and repair to be performed, and services rendered as prescribed in this Contract.

<u>County</u>. Includes County of Los Angeles, County of Los Angeles Department of Public Works, Los Angeles County Road Department, and/or Los Angeles County Engineer.

Day. Calendar day(s) unless otherwise specified.

<u>Direct Employee</u>. Worker employed by Contractor under Contractor's State and Federal taxpayer identification.

<u>Director</u>. The Director of Public Works, County of Los Angeles, as used herein, includes the Road Commissioner, County of Los Angeles; County Engineer, County of Los Angeles; Chief Engineer, Los Angeles County Flood Control District; and/or authorized representative(s).

<u>District</u>. Los Angeles County Flood Control District, or Los Angeles County Waterworks Districts, or Los Angeles County Consolidated Sewer Maintenance District.

Employee Leasing. Any agreement to employ any worker, at any tier, that is neither a Subcontract nor a direct employee relationship.

Fiscal Year. The 12-month period beginning July 1 and ending the following June 30.

Maximum Contract Sum. The Maximum Contract Sum is the aggregate total amount of compensation authorized by the Board.

<u>Proposal</u>. The written materials that a Proposer submits in response to this Request for Statement of Qualifications (Request for Statement of Qualifications).

<u>Proposer</u>. Any individual, person or persons, sole proprietor, firm, partnership, joint venture, corporation, or other legal entity submitting a Statement of Qualificatio for the work, acting directly or through a duly authorized representative.

Public Works. County of Los Angeles Department of Public Works.

<u>Qualified Contractor</u>. The person or persons, sole proprietor, partnership, joint venture, corporation, or other legal entity deemed qualified upon evaluations with a score of at least 75 eligible to submit bids for services contracts solicited by the County.

<u>Solicitation</u>. Request for Proposals, Invitation for Bids, Request for Statement of Qualifications, or Request for Quotation.

<u>Specifications</u>. The directions, provisions, and requirements contained herein, as supplemented by such special provisions as may be necessary pertaining to method, manner, and place of performing the work under this Contract.

<u>Subcontract</u>. An agreement by the Contractor to employ a Subcontractor at any tier; to employ or agree to employ a Subcontractor, at any tier.

<u>Subcontractor</u>. Any individual, person or persons, sole proprietor, firm, partnership, joint venture, corporation, or other legal entity furnishing supplies, services of any nature, equipment, and/or materials to Contractor in furtherance of the Contractor's performance of this Contract, at any tier, under oral or written agreement.

#### C. <u>Headings</u>

The headings herein contained are for convenience and reference only and are not intended to define or limit the scope of any provision thereof.

#### **SECTION 2**

## STANDARD TERMS AND CONDITIONS PERTAINING TO CONTRACT ADMINISTRATION

#### A. <u>Amendments</u>

- 1. For any change which affects the Scope of Work, Contract sum, payments, or any term or condition included in this Contract, an amendment shall be prepared and executed by Contractor and the Board or if delegated by the Board, the Director, and Contractor.
- 2. The Board or County's Chief Executive Officer or designee may require the addition and/or change of certain terms and conditions in this Contract during the term of this Contract. County reserves the right to add and/or change such provisions as required by the Board or the Chief Executive Officer. To implement such changes, an amendment or a change order to this Contract shall be prepared by Public Works and signed by the Contractor.
- 3. County may, at its sole discretion, authorize extensions of time to this Contract's term. Contractor agrees that such extensions of time shall not change any other term or condition of this Contract during the period of such extensions. To implement an extension of time, an amendment to this Contract shall be prepared and executed by Contractor and the Board or if delegated by the Board, the Director, and Contractor. To the extent that extensions of time for Contractor performance do not impact either scope or amount of this Contract, Public Works may, at its sole discretion, grant Contractor extensions of time, provided the aggregate of all such extensions during the life of this Contract shall not exceed 120 days.
- 4. For any change which does not materially affect the Scope of Work or any other term or condition included under this Contract, a change order shall be prepared by Public Works and signed by the Contractor. If the change order is prepared by the Contractor, it shall be approved by Public Works and signed by the Contractor and the County.

### B. Assignment and Delegation

1. Contractor shall not assign its rights or delegate its duties under this Contract, or both, whether in whole or in part, without the prior written consent of County, in its discretion, and any attempted assignment or delegation without such consent shall be null and void. For purposes of this paragraph, County consent shall require a written amendment to this Contract, which is formally approved and executed by Contractor and the Board or if delegated by the Board, the Director, and Contractor. Any payments by County to any approved delegate or assignee on any claim under this Contract shall be deductible, at County's sole discretion, against the claims which Contractor may have against County.

- 2. Shareholders, partners, members, or other equity holders of Contractor may transfer, sell, exchange, assign, or divest themselves of any interest they may have therein. However, in the event any such sale, transfer, exchange, assignment, or divestment is effected in such a way as to give majority control of Contractor to any person(s), corporation, partnership, or legal entity other than the majority controlling interest therein at the time of execution of this Contract, such disposition is an assignment requiring the prior written consent of County in accordance with applicable provisions of this Contract.
- 3. Any assumption, assignment, delegation, or takeover of any of Contractor's duties, responsibilities, obligations, or performance of same by any person or entity other than Contractor, whether through assignment, Subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever without County's express prior written approval, shall be a material breach of this Contract, which may result in the suspension or termination of this Contract. In the event of such a termination, County shall be entitled to pursue the same remedies against Contractor as it could pursue in the event of default of Contractor.

#### C. <u>Authorization Warranty</u>

Contractor represents and warrants that the person(s) executing this Contract for Contractor is an authorized agent who has actual authority to bind Contractor to each and every term, condition, and obligation of this Contract and that all requirements of Contractor have been fulfilled to provide such actual authority.

#### D. <u>Budget Reduction</u>

In the event that the County's Board of Supervisors adopts, in any fiscal year, a County Budget which provides for reductions in the salaries and benefits paid to the majority of County employees and imposes similar reductions with respect to County Contracts, the County reserves the right to reduce its payment obligation under this Contract correspondingly for that fiscal year and any subsequent fiscal year during the term of this Contract (including any extensions), and the services to be provided by the Contractor under this Contract shall also be reduced correspondingly. Except as set forth in the preceding sentence, the Contractor shall continue to provide all of the services set forth in this Contract. The County's notice to the Contractor regarding said reduction in payment obligation shall be provided within 30 calendar days of the Board's approval of such actions.

### E. <u>Complaints</u>

Contractor shall develop, maintain, and operate procedures for receiving, investigating, and responding to any complaints by any individual.

- 1. Within 12 business days after this Contract's effective date, Contractor shall provide County with Contractor's policy for receiving, investigating, and responding to any complaints by any individual.
- 2. County will review Contractor's policy and provide Contractor with approval of said plan or with requested changes.
- 3. If County requests changes in Contractor's policy, Contractor shall make such changes and resubmit the plan within five business days for County approval.
- 4. If, at any time, Contractor wishes to change Contractor's policy, Contractor shall submit proposed changes to County for approval before implementation.
- 5. Contractor shall preliminarily investigate all complaints and notify the Contract Manager of the status of the investigation within five business days of receiving the complaint.
- 6. When complaints cannot be resolved informally, a system of follow-through shall be instituted which adheres to formal plans for specific actions and strict time deadlines.
- 7. Copies of all written responses shall be sent to the Contract Manager within three business days of mailing to the complainant.

## F. <u>Compliance with Applicable Laws</u>

- 1. In the performance of this Contract, Contractor shall comply with all applicable Federal, State, and local laws, rules, regulations, ordinances, directives, guidelines, policies and procedures, and all provisions required thereby to be included in this Contract are hereby incorporated herein by reference.
- 2. Contractor shall indemnify, defend, and hold harmless County, its officers, employees, and agents from and against any and all claims, demands, damages, liabilities, losses, costs, and expenses including, without limitation, defense costs and legal, accounting and other expert, consulting or professional fees, arising from, connected with, or related to any failure by Contractor, its officers, employees, agents, or Subcontractors, to comply with any such laws, rules, regulations, ordinances, directives, guidelines, policies, or procedures as determined

by County in its sole judgment. Any legal defense pursuant to Contractor's indemnification obligations under this paragraph shall be conducted by Contractor and performed by counsel selected by Contractor and approved by County. Notwithstanding the preceding sentence, County shall have the right to participate in any such defense at its sole cost and expense, except that in the event Contractor fails to provide County with a full and adequate defense, as determined by County in its sole judgment, County shall be entitled to retain its own counsel including, without limitation, County Counsel, and to reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into any settlement, agree to any injunction or other equitable relief, or make any admission, in each case, on behalf of County without County's prior written approval.

## G. Compliance with Civil Rights Laws

Contractor hereby assures that it will comply with Subchapter VI of the Civil Rights Act of 1964, 42 USC Sections 2000 (e)(1) through 2000 (e)(17), to the end that no person shall, on the grounds of race, creed, color, sex, religion, ancestry, age, condition of physical disability, marital status, political affiliation, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Contract or under any project, program, or activity supported by this Contract. Contractor shall comply with its EEO Certification (Form PW-7).

- H. <u>Confidentiality</u>
  - 1. Contractor shall maintain the confidentiality of all records obtained from County under this Contract in accordance with all applicable Federal, State, and local laws, ordinances, regulations, and directives relating to confidentiality.
  - 2. Contractor shall indemnify, defend, and hold harmless County, its officers, employees, and agents from and against any and all claims, demands, damages, liabilities, losses, costs, and expenses including, without limitation, defense costs and legal, accounting and other expert, consulting or professional fees, arising from, connected with, or related to any failure by Contractor, its officers, employees, agents, or Subcontractors, to comply with this paragraph, as determined by County in its sole judgment. Any legal defense pursuant to Contractor's indemnification obligations under this paragraph shall be conducted by Contractor and performed by counsel selected by Contractor and approved by County. Notwithstanding the preceding sentence, County shall have the right to participate in any such defense at its sole cost and expense, except that in the event Contractor fails to provide County with a

full and adequate defense, as determined by County in its sole judgment, County shall be entitled to retain its own counsel including, without limitation, County Counsel, and to reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into any settlement, agree to any injunction, or make any admission, in each case, on behalf of County without County's prior written approval.

- 3. Contractor shall inform all of its officers, employees, agents, and Subcontractors providing services hereunder of the confidentiality provisions of this Contract.
- I. <u>Conflict of Interest</u>
  - 1. No County employee whose position with County enables such employee to influence the award of this Contract or any competing Contract, and no spouse or economic dependent of such employee shall be employed in any capacity by Contractor or have any other direct or indirect financial interest in this Contract. No officer or employee of Contractor who may financially benefit from the performance of the work hereunder shall in any way participate in County's approval, or ongoing evaluation, of such work, or in any way attempt to unlawfully influence County's approval or ongoing evaluation of such work.
  - 2. Contractor represents and warrants that it is aware of, and its authorized officers have read, the provisions of Los Angeles County Code, Section 2.180.010, "Certain Contracts Prohibited," and that execution of this Agreement will not violate those provisions. Contractor shall comply with all conflict of interest laws, ordinances, and regulations now in effect or hereafter to be enacted during the term of this Contract. Contractor warrants that it is not now aware of any facts that create a conflict of interest. If Contractor hereafter becomes aware of any facts that might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to County. Full written disclosure shall include, but is not limited to, identification of all persons implicated and a complete description of all relevant circumstances. Failure to comply with the provisions of this paragraph shall be a material breach of this Contract subjecting Contractor to either Contract termination for default or debarment proceedings or both. Contractor must sign and adhere to the "Conflict of Interest Certification" (Form PW-5).
- J. <u>Consideration of Hiring County Employees Targeted for Layoffs or Former County</u> <u>Employees on Reemployment List</u>

Should Contractor require additional or replacement personnel after the effective date of this Contract to perform the services set forth herein, Contractor shall

give first consideration for such employment openings to qualified permanent County employees who are targeted for layoff or qualified, former County employees who are on a reemployment list during the life of this Contract.

## K. Consideration of Hiring GAIN and GROW Participants

- 1. Should Contractor require additional or replacement personnel after the effective date of this Contract, Contractor shall give consideration for any such employment openings to participants in County's Department of Public Social Services Greater Avenues for Independence (GAIN) Program and General Relief Opportunity for Work (GROW) Program who meet Contractor's minimum qualifications for the open position. For this purpose, consideration shall mean that Contractor will interview qualified candidates. County will refer GAIN and GROW participants by category to Contractor.
- 2. In the event that both laid-off County employees and GAIN and GROW participants are available for hiring, County employees shall be given first priority.

## L. <u>Contractor's Acknowledgment of County's Commitment to Child Support</u> Enforcement

Contractor acknowledges that County places a high priority on the enforcement of child support laws and the apprehension of child support evaders. Contractor understands that it is County's policy to encourage all County Contractors to voluntarily post County's L.A.'s Most Wanted: Delinquent Parents poster in a prominent position at Contractor's place of business. County's Child Support Services Department will supply Contractor with the poster to be used.

#### M. <u>Contractor's Charitable Activities Compliance</u>

The Supervision of Trustees and Fundraisers for Charitable Purposes Act regulates entities receiving or raising charitable contributions. The "Nonprofit Integrity Act of 2004" (SB 1262, Chapter 919) increased Charitable Purposes Act requirements. By requiring Contractors to complete the Charitable Contributions Certification (Form PW-12), County seeks to ensure that all County Contractors which receive or raise charitable contributions comply with California law in order to protect County and its taxpayers. A Contractor which receives or raises charitable contributions under California law commits a material breach subjecting it to either Contract termination for default or debarment proceedings or both. (Los Angeles County Code, Chapter 2.202).

## N. <u>Contractor's Warranty of Adherence to County's Child Support Compliance</u> Program

- 1. Contractor acknowledges that County has established a goal of ensuring that all individuals who benefit financially from County through Contracts are in compliance with their court-ordered child, family, and spousal support obligations in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.
- 2. As required by County's Child Support Compliance Program (Los Angeles County Code, Chapter 2.200), and without limiting Contractor's duty under this Contract to comply with all applicable provisions of law, Contractor warrants that it is now in compliance and shall during the term of this Contract maintain compliance with the employment and wage reporting requirements as required by the Federal Social Security Act (42 USC Section 653a) and California Unemployment Insurance Code, Section 1088.5, and shall implement all lawfully served Wage and Earnings Withholding Orders or Child Support Services Department Notices of Wage and Earnings Assignment for Child, Family, or Spousal Support, pursuant to Code of Civil Procedure Section 706.031 and Family Code, Section 5246(b).

## O. <u>Contractor Performance Evaluation/Corrective Action Measures</u>

County or its agent will evaluate Contractor's performance under this Contract on not less than an annual basis. Such evaluation will include assessing Contractor's compliance with all this Contract's terms and conditions and performance standards. Contractor deficiencies which County determines are severe or continuing and that may place performance of this Contract in jeopardy, if not corrected, will be reported to the Board. The report will include improvement/corrective action measures taken by County and Contractor. If improvement does not occur consistent with the corrective action measures, County may suspend or terminate this Contract for default or impose other penalties as specified in this Contract.

## P. Damage to County Facilities, Buildings, or Grounds

- 1. Contractor shall repair, or cause to be repaired, at its own cost, any and all damage to County facilities, buildings, or grounds caused by Contractor, employees, or agents of Contractor.
- 2. Such repairs shall be made immediately after Contractor has become aware of such damage, but in no event later than 30 days after the occurrence. If Contractor fails to make timely repairs, County may make any necessary repairs. All costs incurred by County, as determined

by County, for such repairs shall be repaid by Contractor by cash payment upon demand. County may deduct from any payment otherwise due Contractor for costs incurred by County to make such repairs.

- Q. <u>Employment Eligibility Verification</u>
  - 1. Contractor warrants that it fully complies with all Federal and State statutes and regulations regarding the employment of aliens and others and that all of its employees performing work under this Contract meet the citizenship or alien status requirements set forth in Federal and State statutes and regulations. Contractor shall obtain, from all covered employees performing services hereunder, all verification and other documentation of employment eligibility status required by Federal and State statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986 (P.L. 99-603), or as they currently exist and as they may be hereafter amended. Contractor shall retain all such documentation for all covered employees for the period prescribed by law.
  - 2. Contractor shall indemnify, defend, and hold harmless the County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers from employer sanctions and any other liability which may be assessed against Contractor or County or both in connection with any alleged violation of Federal or State statutes or regulations pertaining to the eligibility for employment of persons performing services under this Contract.

#### R. <u>Facsimile Representations</u>

At the discretion of County, County may agree to regard facsimile representations of original signatures of Contractor's authorized officers, when appearing in appropriate places on the change notices and amendments prepared pursuant to this Exhibit's Amendments, and received via communications facilities, as legally sufficient evidence that such original signatures have been affixed to change notices and amendments to this Contract, such that the Contractor need not follow up facsimile transmissions of such documents with subsequent (nonfacsimile) transmission of "original" versions of such documents.

#### S. Fair Labor Standards

Contractor shall comply with all applicable provisions of the Federal Fair Labor Standards Act and shall indemnify, defend, and hold harmless the County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers from any and all liability including, but not limited to, wages, overtime pay, liquidated damages, penalties, court costs, and attorneys' fees arising under any wage and hour law including, but not limited to, the Federal

Fair Labor Standards Act, for work performed by Contractor's employees for which County may be found jointly or solely liable.

- T. Force Majeure
  - 1. Neither party shall be liable for such party's failure to perform its obligations under and in accordance with this Contract, if such failure arises out of fires, floods, epidemics, quarantine restrictions, other natural occurrences, strikes, lockouts (other than a lockout by such party or any of such party's Subcontractors), freight embargoes, or other similar events to those described above, but in every such case the failure to perform must be totally beyond the control and without any fault or negligence of such party (such events are referred to in this subparagraph as "force majeure events").
  - 2. Notwithstanding the foregoing, a default by a Subcontractor of Contractor shall not constitute a force majeure event, unless such default arises out of causes beyond the control of both Contractor and such Subcontractor, and without any fault or negligence of either of them. In such case, Contractor shall not be liable for failure to perform, unless the goods or services to be furnished by the Subcontractor were obtainable from other sources in sufficient time to permit Contractor to meet the required performance schedule. As used in this subparagraph, the term "Subcontractor" and "Subcontractors" mean Subcontractors at any tier.
  - 3. In the event Contractor's failure to perform arises out of a force majeure event, Contractor agrees to use commercially reasonable best efforts to obtain goods or services from other sources, if applicable, and to otherwise mitigate the damages and reduce the delay caused by such force majeure event.

#### U. <u>Governing Laws, Jurisdiction, and Venue</u>

This Contract shall be governed by, and construed in accordance with the laws of the State of California. To the maximum extent permitted by applicable law, Contractor and County agree and consent to the exclusive jurisdiction of the courts of the State of California for all purposes concerning this Contract and further agree and consent that venue of any action brought in connection with or arising out of this Contract, shall be exclusively in the County of Los Angeles.

#### V. Most Favored Public Entity

If the Contractor's prices decline, or should the Contractor at any time during the term of this Contract provide the same goods or services under similar quantity and delivery conditions to the State of California or any county, municipality, or district of the State at prices below those set forth in this Contract, then such lower prices shall be immediately extended to the County.

# W. Nondiscrimination and Affirmative Action

- 1. Contractor certifies and agrees that all persons employed by it, its affiliates, subsidiaries, or holding companies are and shall be treated equally without regard to or because of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, in compliance with all applicable Federal and State antidiscrimination laws and regulations.
- 2. Contractor shall certify to, and comply with, the provisions of Contractor's EEO Certification (Form PW-7).
- 3. Contractor shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, in compliance with all applicable Federal and State antidiscrimination laws and regulations. Such action shall include, but not be limited to, employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection of training, including apprenticeship.
- 4. Contractor certifies and agrees that it will deal with its Subcontractors, bidders, or vendors without regard to or because of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation.
- 5. Contractor certifies and agrees that it, its affiliates, subsidiaries, or holding companies shall comply with all applicable Federal and State laws and regulations to the end that no person shall, on the grounds of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Contract or under any project, program, or activity supported by this Contract.
- 6. Contractor shall allow County representatives access to Contractor's employment records during regular business hours to verify compliance with the provisions of this paragraph when so requested by County.
- 7. If County finds that any of the above provisions have been violated, such violation shall constitute a material breach of this Contract upon which County may terminate for default or suspend this Contract. While County reserves the right to determine independently that the antidiscrimination provisions of this Contract have been violated, in addition, a determination by the California Fair Employment Practices Commission or the Federal Equal Employment Opportunity Commission that Contractor has

- B.13 -

violated Federal or State antidiscrimination laws or regulations shall constitute a finding by County that Contractor has violated the antidiscrimination provisions of this Contract.

8. The parties agree that in the event Contractor violates any of the antidiscrimination provisions of this Contract, County shall, at its sole option, be entitled to a sum of \$500 for each violation pursuant to California Civil Code, Section 1671, as liquidated damages in lieu of terminating or suspending this Contract.

#### X. <u>Nonexclusivity</u>

Nothing herein is intended nor shall be construed as creating any exclusive arrangement with Contractor. This Contract shall not restrict County from acquiring similar, equal, or like goods and/or services from other entities or sources.

## Y. <u>No Payment for Services Provided Following Expiration/Suspension/Termination of</u> <u>Contract</u>

Contractor shall have no claim against County for payment of any money or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration, suspension, or other termination of this Contract. Should Contractor receive any such payment, it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration/suspension/termination of this Contract shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration/suspension/termination of this Contract.

#### Z. <u>Notice of Delays</u>

Except as otherwise provided under this Contract, when either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this Contract, that party shall, within one business day, give notice thereof, including all relevant information with respect thereto, to the other party.

#### AA. <u>Notice of Disputes</u>

Contractor shall bring to the attention of the Contract Manager any dispute between County and Contractor regarding the performance of services as stated in this Contract. If the Contract Manager is not able to resolve the dispute, the Director will resolve it.

## BB. Notice to Employees Regarding the Federal Earned Income Credit

Contractor shall notify its employees, and shall require each Subcontractor to notify its employees, that they may be eligible for the Federal Earned Income Credit under the Federal income tax laws. Such notice shall be provided in accordance with the requirements set forth in Internal Revenue Service Notice 1015 (Exhibit C).

#### CC. <u>Notices</u>

Notices desired or required to be given under these Specifications, Conditions, or Terms herein or any law now or hereafter in effect may, at the option of the party giving the same, be given by enclosing the same in a sealed envelope addressed to the party for whom intended and by depositing such envelope with postage prepaid with the United States Post Office and any such notice and the envelope containing the same shall be addressed to Contractor at its place of business, or such other place as may be hereinafter designated in writing by Contractor. The notices and envelopes containing the same to County shall be addressed to:

> Contracting Manager, Architectural Engineering Division County of Los Angeles Department of Public Works P.O. Box 1460 Alhambra, CA 91802-1460

In the event of suspension or termination of this Contract, notices may also be given upon personal delivery to any person whose actual knowledge of such suspension or termination would be sufficient notice to Contractor. Actual knowledge of such suspension or termination by an individual Contractor or by a copartner, if Contractor is a partnership; or by the president, vice president, secretary, or general manager, if Contractor is a corporation; or by the managing agent regularly in charge of the work on behalf of said Contractor shall in any case be sufficient notice.

#### DD. <u>Publicity</u>

Contractor shall not disclose any details in connection with this Contract to any person or entity except as may be otherwise provided hereunder or required by law. However, in recognizing Contractor's need to identify its services and related clients to sustain itself, County shall not inhibit Contractor from publicizing its role under this Contract within the following conditions:

- 1. Contractor shall develop all publicity material in a professional manner.
- 2. During the term of this Contract, Contractor shall not, and shall not authorize another to, publish or disseminate commercial advertisements, press releases, feature articles, or other materials using the name of

County without the prior written consent of the Contract Manager. County shall not unreasonably withhold such written consent.

3. Contractor may, without prior written consent of County, indicate in its proposals and sales materials that it has been awarded this Contract with County, provided that the requirements of this paragraph shall apply.

#### EE. Public Records Act

- Any documents submitted by Contractor; all information obtained in 1. connection with County's right to audit and inspect Contractor's documents. books. and accounting records pursuant to this Exhibit's Record Retention and Inspection/Audit Settlement of this Contract; as well as those documents which were required to be submitted in response to the RFSQ used in the solicitation process for this Contract, become the exclusive property of County. All such documents become a matter of public record and shall be regarded as public records, except those documents that are marked "Trade Secret," "Confidential," or "Proprietary" and are deemed excluded from disclosure under Government Code 6250 et seq. (Public Records Act). County shall not in any way be liable or responsible for the disclosure of any such records including, with limitation, those so marked, if disclosure is required by law, or by an order issued by a court of competent jurisdiction.
- 2. In the event County is required to defend an action on a Public Records Act request for any of the aforementioned documents, information, books, records, and/or contents of a proposal marked "Trade Secret," "Confidential," or "Proprietary," Contractor agrees to defend and indemnify County from all costs and expenses, including reasonable attorney's fees, in connection with any requested action or liability arising under the Public Records Act.

## FF. Record Retention and Inspection/Audit Settlement

Contractor shall maintain accurate and complete financial records of its activities and operations relating to this Contract in accordance with generally accepted accounting principles. Contractor shall also maintain accurate and complete employment and other records relating to its performance of this Contract. Contractor agrees that County, or its authorized representatives, shall have access to and the right to examine, audit, excerpt, copy, or transcribe any pertinent transaction, activity, or record relating to this Contract. All such material including, but not limited to, all financial records, bank statements, cancelled checks, or other proof of payment, timecards, sign-in/sign-out sheets, and other time and employment records, and proprietary data and information shall be kept and maintained by Contractor and shall be made available to County during the term of this Contract and for a period of five years thereafter unless County's written

permission is given to dispose of any such material prior to such time. All such material shall be maintained by Contractor at a location in County, provided that if any such material is located outside County, then, at County's option, Contractor shall pay County for travel, per diem, and other costs incurred by County to examine, audit, excerpt, copy, or transcribe such material at such other location.

- 1. In the event that an audit of Contractor is conducted specifically regarding this Contract by any Federal or State auditor, or by any auditor or accountant employed by Contractor or otherwise, then Contractor shall file a copy of such audit report with County's Auditor-Controller within 30 days of Contractor's receipt thereof, unless otherwise provided by applicable Federal or State law or under this Contract. Subject to applicable law, County shall make a reasonable effort to maintain the confidentiality of such audit report(s).
- 2. Failure on the part of Contractor to comply with any of the provisions of this paragraph shall constitute a material breach of this Contract upon which County may suspend or terminate for default or suspend this Contract.
- 3. If, at any time during the term of this Contract or within five years after the expiration or termination of this Contract, representatives of County conduct an audit of Contractor regarding the work performed under this Contract, and if such audit finds that County's dollar liability for any such work is less than payments made by County to Contractor, then the difference shall be either: a) repaid by Contractor to County by cash payment upon demand or b) at the sole option of County's Auditor-Controller, deducted from any amounts due to Contractor from County, whether under this Contract or otherwise. If such audit finds that County's dollar liability for such work is more than the payments made by County to Contractor, then the difference shall be paid to Contractor by County by cash payment, provided that in no event shall County's maximum obligation for this Contract exceed the funds appropriated by County for the purpose of this Contract.
- 4. In addition to the above, the Contractor agrees, should the County or its authorized representatives determine, in the County's sole discretion, that it is necessary or appropriate to review a broader scope of the Contractor's records (including, certain records related to non-County Contracts) to enable the County to evaluate the Contractor's compliance with the County's Living Wage Program, that the Contractor shall promptly and without delay provide to the County, upon the written request of the County or its authorized representatives, access to and the right to examine, audit, excerpt, copy, or transcribe any and all transactions, activities, or records relating to any of its employees who have provided services to the County under this Contract, including without limitation, records relating to work performed by said employees on the Contractor's non-County Contracts. The Contractor further acknowledges that the

foregoing requirement in this subparagraph relative to Contractor's employees who have provided services to the County under this Contract is for the purpose of enabling the County in its discretion to verify the Contractor's full compliance with and adherence to California labor laws and the County's Living Wage Program. All such materials and information including, but not limited to, all financial records, bank statements, cancelled checks or other proof of payment, timecards, sign-in/sign-out sheets and other time and employment records, and proprietary data and information, shall be kept and maintained by the Contractor and shall be made available to the County during the term of this Contract and for a period of five years thereafter unless the County's written permission is given to dispose of any such materials and information prior to such time. All such materials and information shall be maintained by the Contractor at a location in Los Angeles County, provided that if any such materials and information is located outside Los Angeles County, then, at the County's option, the Contractor shall pay the County for travel, per diem, and other costs incurred by the County to examine, audit, excerpt, copy, or transcribe such materials and information at such other location.

## GG. <u>Recycled-Content Paper Products</u>

Consistent with Board policy to reduce the amount of solid waste deposited at County landfills, Contractor agrees to use recycled-content paper to the maximum extent possible under this Contract.

## HH. Contractor's Employee Criminal Background Investigation

Each of Contractor's staff performing services under this Contract, who is in a designated sensitive position, as determined by County in County's sole discretion, shall undergo and pass a background investigation to the satisfaction of County as a condition of beginning and continuing to perform services under this Contract. Such background investigation must be obtained through fingerprints submitted to the California Department of Justice to include State, local, and federal-level review, which may include, but shall not be limited to, criminal conviction information. The fees associated with the background investigation shall be at the expense of the Contractor, regardless of whether the member of Contractor's staff passes or fails the background investigation.

If a member of Contractor's staff does not pass the background investigation, County may request that the member of Contractor's staff be removed immediately from performing services under the Contract. Contractor shall comply with County's request at any time during the term of the Contract. County will not provide to Contractor or to Contractor's staff any information obtained through the County's background investigation County, in its sole discretion, may immediately deny or terminate facility access to any member of Contractor's staff that does not pass such investigation to the satisfaction of the County or whose background or conduct is incompatible with County facility access.

Disqualification of any member of Contractor's staff pursuant to this section shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Contract.

#### II. <u>Subcontracting</u>

The requirements of this Contract may not be subcontracted by Contractor without the advance written approval of County. Any attempt by Contractor to Subcontract without the prior written consent of County may be deemed a material breach of this Contract and the County may suspend or terminate for this Contract default.

- 1. If Contractor desires to Subcontract, Contractor shall provide the following information promptly at County's request:
  - a. A description of the work to be performed by the Subcontractor.
  - b. A draft copy of the proposed Subcontract.
  - c. Other pertinent information and/or certifications requested by County.
- 2. Contractor shall indemnify, defend, and hold County harmless with respect to the activities of each and every Subcontractor in the same manner and to the same degree as if such Subcontractor(s) were Contractor employees.
- 3. Contractor shall remain fully responsible for all performances required of it under this Contract, including those that the Contractor has determined to Subcontract, notwithstanding County's approval of Contractor's proposed Subcontract.
- 4. County's consent to Subcontract shall not waive County's right to prior and continuing approval of any and all personnel, including Subcontractor employees, providing services under this Contract. Contractor is responsible to notify its Subcontractors of this County right.
- 5. County's Contract Manager is authorized to act for and on behalf of County with respect to approval of any Subcontract and Subcontractor employees.
- 6. Contractor shall be solely liable and responsible for all payments or other compensation to all Subcontractors and their officers, employees, agents,

and successors in interest arising through services performed hereunder, notwithstanding County's consent to Subcontract.

- 7. Contractor shall obtain certificates of insurance, which establish that the Subcontractor maintains all the programs of insurance required by County from each approved Subcontractor. Contractor shall ensure delivery of all such documents to Architectural Engineering Division, P.O. Box 1460, Alhambra, California 91802-1460, before any Subcontractor employee may perform any work hereunder.
- 8. Employee Leasing is prohibited.

#### JJ. <u>Validity</u>

If any provision of this Contract or the application thereof to any person or circumstance is held invalid, the remainder of this Contract and the application of such provision to other persons or circumstances shall not be affected thereby.

#### KK. <u>Waiver</u>

No waiver by County of any breach of any provision of this Contract shall constitute a waiver of any other breach of said provision or of any other provision of this Contract. Failure of County to enforce at anytime, or from time to time, any provision of this Contract shall not be construed as a waiver thereof.

#### LL. Warranty Against Contingent Fees

- Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this Contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by Contractor for the purpose of securing business.
- 2. For breach of this warranty, County shall have the right, in its sole discretion, to suspend or terminate this Contract for default, deduct from amounts owing to the Contractor, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

#### MM. Time Off for Voting

The Contractor shall notify its employees, and shall require each Subcontractor to notify and provide to its employees, information regarding the time off for voting law (Elections Code, Section 14000). Not less than ten days before every Statewide election, every Contractor and Subcontractors shall keep posted conspicuously at the place of work, if practicable, or elsewhere where it can be seen as employees come or go to their place of work, a notice setting forth the provisions of Section 14000.

- B.20 -

## NN. Local Small Business Enterprise Utilization

When requested by the County, the Contractor shall provide to the County via methods specified by the County, such as submission of electronic live (or dynamic) data on invoices for the prime and all subcontractors using County-designated third party software system or to a County approved website, or other means of submitting expenditure information on subcontractors, including but not limited to the following information: the name, business address and telephone number/email address of each subcontractor.

In addition, the Contractor shall be required to provide each of the specified subcontractor Local Small Business Enterprise (SBE), Disabled Veterans Enterprise (DBVE), and Social Enterprise status (i.e., whether any of the listed subcontractors are Local SBE's) and the proposed monetary amount of the work the subcontractor will perform on each Notice to Proceed. At the time of submittal of each invoice, the Contractor shall indicate, via methods specified by the County, the actual dollar amounts paid to each listed subcontractor who performed work on the project. The subcontractor may be requested to confirm receipt of the actual payment to the subcontractor by the prime.

The parties agree that it will be impracticable or extremely difficult to fix the extent of actual damages resulting from the failure to the Contractor to comply with this Section. The parties will agree that under the current circumstances a reasonable estimate of such damages is specified in Exhibit F, Performance Requirements Summary, and that the Contractor shall be liable to the County for said amount.

If in the judgment of the Director, or his/her designee, the Contractor is deemed to be in non-compliance with the terms and obligations, the Director or his/her designee, at his/her option, in addition to, or in lieu of, other remedies provided in Exhibit F, Performance Requirements Summary, may deduct and withhold liquidated damages from County's final payment to the Contractor.

# OO. Compliance with County's Zero Tolerance Human Trafficking

Contractor acknowledges that the County has established a Zero Tolerance Human Trafficking Policy prohibiting contractors from engaging in human trafficking.

If a Contractor or member of Contractor's staff is convicted of a human trafficking offense, the County shall require that the Contractor or member of Contractor's staff be removed immediately from performing services under the Contract. County will not be under any obligation to disclose confidential information regarding the offenses other than those required by law.

- B.21 -

Disqualification of any member of Contractor's staff pursuant to this paragraph shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Contract.

## SECTION 3

#### TERMINATIONS/SUSPENSIONS

## A. <u>Termination/Suspension for Breach of Warranty to Maintain Compliance with</u> <u>County's Child Support Compliance Program</u>

Failure of Contractor to maintain compliance with the requirements set forth in this Exhibit's Contractor's Warranty of Adherence to County's Child Support Compliance Program shall constitute a default under this Contract. Without limiting the rights and remedies available to County under any other provision of this Contract, failure of Contractor to cure such default within 90 calendar days of written notice shall be grounds upon which the County may suspend or terminate this Contract pursuant to this Exhibit's Termination/Suspension for Default, and pursue debarment of Contractor pursuant to Los Angeles County Code, Chapter 2.202.

## B. <u>Termination/Suspension for Convenience</u>

- 1. This Contract may be suspended or terminated, in whole or in part, from time to time, when such action is deemed by County, in its sole discretion, to be in its best interest. Suspension or termination of work hereunder shall be effected by notice of suspension or termination to Contractor specifying the extent to which performance of work is suspended or terminated and the date upon which such suspension or termination becomes effective. The date upon which such suspension or termination becomes effective shall be no less than ten days after the notice is sent.
- 2. After receipt of a notice of suspension or termination and except as otherwise directed by County, Contractor shall:
  - a. Stop work under this Contract on the date and to the extent specified in such notice.
  - b. Complete performance of such part of the work as shall not have been suspended or terminated by such notice.
- 3. All material including books, records, documents, or other evidence bearing on the costs and expenses of Contractor under this Contract shall be maintained by Contractor in accordance with this Exhibit's Record Retention and Inspection/Audit Settlement.
- 4. If this Contract is suspended or terminated, Contractor shall complete within the Director's suspension or termination date contain within the notice of suspension or termination, those items of work which are in various stages of completion, which the Director has advised the Contractor are necessary to bring the work to a timely, logical, and orderly

- B.23 -

end. Reports, samples, and other materials prepared by Contractor under this Contract shall be delivered to County upon request and shall become the property of County.

## C. <u>Termination/Suspension for Default</u>

- 1. County may, by written notice to Contractor, suspend or terminate the whole or any part of this Contract, if, in the judgment of the County:
  - a. Contractor has materially breached this Contract; or
  - b. Contractor fails to timely provide and/or satisfactorily perform any task, deliverable, service, or other work required under this Contract; or
  - c. Contractor fails to demonstrate a high probability of timely fulfillment of performance requirements under this Contract, or of any obligations of this Contract and in either case, fails to demonstrate convincing progress toward a cure within five working days (or such longer period as County may authorize in writing) after receipt of written notice from County specifying such failure.
- 2. In the event County suspends or terminates this Contract in whole or in part pursuant to this paragraph, County may procure, upon such terms and in such manner, as County may deem appropriate, goods and services similar to those so suspended or terminated. Contractor shall be liable to County for any and all excess costs incurred by County, as determined by County, for such similar goods and services. Contractor shall continue the performance of this Contract to the extent not suspended or terminated under the provisions of this paragraph.
- Except with respect to defaults of any Subcontractor, Contractor shall not 3. be liable for any excess costs of the type identified in subparagraph "2" above, if its failure to perform this Contract arises out of causes beyond the control and without the fault or negligence of Contractor. Such causes may include, but are not limited to, acts of God or of the public enemy, acts of County in either its sovereign or contractual capacity, acts of the Federal or State government in its sovereign capacity, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, and unusually severe weather; but in every case, the failure to perform must be beyond the control and without the fault or negligence of Contractor. If the failure to perform is caused by the default of a Subcontractor, and if such default arises out of causes beyond the control of both Contractor and Subcontractor, and without the fault or negligence of either of them, Contractor shall not be liable for any such excess costs for failure to perform, unless the goods or services to be furnished by the

Subcontractor were obtainable from other sources in sufficient time to permit Contractor to meet the required delivery schedule.

- 4. If, after County has given notice of termination or suspension under the provisions of this paragraph, it is determined by County that Contractor was not in default under the provisions of this paragraph or that the default was excusable under the provisions of this paragraph, the rights and obligations of the parties shall be the same as if the notice of termination or suspension had been issued pursuant to this Exhibit's Termination/Suspension for Convenience.
- 5. The rights and remedies of County provided in this paragraph shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.
- 6. As used herein, the terms "Subcontractor" and "Subcontractors" mean Subcontractor at any tier.

## D. Termination/Suspension for Improper Consideration

- 1. County may, by written notice to Contractor, immediately suspend or terminate the right of Contractor to proceed under this Contract if it is found that consideration, in any form, was offered or given by Contractor, either directly or through an intermediary, to any County officer, employee, or agent with the intent of securing this Contract or securing favorable treatment with respect to the award, amendment, extension of this Contract, or the making of any determinations with respect to Contractor's performance pursuant to this Contract. In the event of such termination or suspension, County shall be entitled to pursue those same remedies against Contractor as it could pursue in the event of default by Contractor.
- 2. Contractor shall immediately report any attempt by a County officer or employee to solicit such improper consideration. The report shall be made either to County manager charged with the supervision of the employee or to County Auditor-Controller's Employee Fraud Hotline at (800) 544-6861.
- 3. Among other items, such improper consideration may take the form of cash; discounts; services; the provision of travel, entertainment, or tangible gifts.

## E. <u>Termination/Suspension for Insolvency</u>

- 1. County may suspend or terminate this Contract forthwith in the event of the occurrence of any of the following:
  - a. Insolvency of Contractor. Contractor shall be deemed to be insolvent if it has ceased to pay its debts for at least 60 days in the ordinary course of business or cannot pay its debts as they become due, whether or not a petition has been filed under the Federal Bankruptcy Code, and whether or not Contractor is insolvent within the meaning of the Federal Bankruptcy Code.
  - b. The filing of a voluntary or involuntary bankruptcy petition relative to Contractor under the Federal Bankruptcy Code.
  - c. The appointment of a bankruptcy Receiver or Trustee for Contractor.
  - d. The execution by Contractor of a general assignment for the benefits of creditors.
- 2. The rights and remedies of County provided in this paragraph shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

# F. Termination/Suspension for Nonadherence to County Lobbyists Ordinance

Contractor, and each County lobbyist or County lobbying firm as defined in Los Angeles County Code, Section 2.160.010, retained by Contractor, shall fully comply with County's Lobbyist Ordinance, Los Angeles County Code, Chapter 2.160. Failure on the part of Contractor or any County Lobbyists or County Lobbying firm retained by Contractor to fully comply with County's Lobbyist Ordinance shall constitute a material breach of this Contract, upon which County may in its sole discretion, immediately suspend or terminate for default of this Contract.

## G. <u>Termination/Suspension for Nonappropriation of Funds</u>

Notwithstanding any other provision of this Contract, County shall not be obligated for Contractor's performance hereunder or by any provision of this Contract during any of County's future fiscal years unless and until the Board appropriates funds for this Contract in County's budget for each such future fiscal year. In the event that funds are not appropriated for this Contract, then this Contract may be suspended or terminated as of June 30 of the last fiscal year for which funds were appropriated. County will notify Contractor in writing of any such nonallocation of funds at the earliest possible date.

## SECTION 4

## GENERAL CONDITIONS OF CONTRACT WORK

## A. <u>Authority of Public Works and Inspection</u>

The Director will have the final authority in all matters affecting the work covered by this Contract's Terms, Requirement, Conditions, and Specifications. On all questions relating to work acceptability or interpretations of these Terms, Requirements, Conditions, and Specifications, the decision of the Director will be final.

### B. <u>Cooperation</u>

Contractor shall cooperate with Public Works' forces engaged in any other activities at the jobsite. Contractor shall carry out all work in a diligent manner and according to instructions of the Director.

## C. <u>Cooperation and Collateral Work</u>

Contractor shall perform work as directed by the Director. The Director will be supported by other Public Works personnel in assuring satisfactory performance of the work under these Specifications and that satisfactory Contract controls and conditions are maintained.

## D. Equipment, Labor, Supervision, and Materials

All equipment, labor, supervision, and materials required to accomplish this Contract, except as might be specifically outlined in other sections, shall be provided by Contractor.

#### E. <u>Gratuitous Work</u>

Contractor agrees that should work be performed outside the Scope of Work indicated and without Public Works' prior written approval in accordance with this Exhibit's Amendments, such work shall be deemed to be a gratuitous effort by Contractor, and Contractor shall have no claim against County.

## F. Jobsite Safety

Contractor shall be solely responsible for ensuring that all work performed under this Contract is performed in strict compliance with all applicable Federal, State, and local occupational safety regulations. Contractor shall provide at its expense all safeguards, safety devices, and protective equipment and shall take any and all actions appropriate to providing a safe jobsite.

- B.27 -

#### G. <u>Labor</u>

No person shall be employed on any work under this Contract who is found to be intemperate, troublesome, disorderly, or is otherwise objectionable to Public Works. Any such person shall be reassigned immediately and not again employed on Public Works' projects or providing services.

### H. Labor Law Compliance

Contractor, its agents, and employees shall be bound by and shall comply with all applicable provisions of the Labor Code of the State of California as well as all other applicable Federal, State, and local laws related to labor including compliance with prevailing wage laws. The Contractor is responsible for selecting the classification of workers, which will be required to perform this service in accordance with the Contractor's method of performing the work and when applicable, is required to pay current prevailing wage rate s adopted by the Director of the Department of Industrial Relations and will indemnify the County for any claims resulting from their failure to so comply. Contractor shall comply with Labor Code, Section 1777.5, with respect to the employment of apprentices.

I. <u>Overtime</u>

Eight hours labor constitutes a legal day's work. Work in excess thereof, or greater than 40 hours during any one week, shall be permitted only as authorized by and in accordance with Labor Code, Section 1815 et seq.

J. <u>Permits/Licenses</u>

Contractor shall be fully responsible for possessing or obtaining all permits/licenses, except as might be specifically outlined in other sections, from the appropriate Federal, State, or local authorities relating to work to be performed under this Contract.

- K. Prohibition Against Use of Child Labor
  - 1. Contractor shall:
    - a. Not knowingly sell or supply to County any products, goods, supply, or other personal property manufactured in violation of child labor standards set by the International Labor Organization through its 1973 Convention Concerning Minimum Age for Employment.
    - b. Upon request by County, identify the country/countries of origin of any products, goods, supplies, or other personal property Contractor sells or supplies to County.

- B.28 -

- c. Upon request by County, provide to County the manufacturer's certification of compliance with all international child labor conventions.
- d. Should County discover that any products, goods, supplies, or other personal property sold or supplied by Contractor to County are produced in violation of any international child labor conventions, Contractor shall immediately provide an alternative, compliant source of supply.
- 2. Failure by Contractor to comply with provisions of this paragraph will constitute a material breach of this Contract and will be grounds for immediate suspension or termination of this Contract for default.

## L. <u>Public Convenience</u>

Contractor shall conduct operations to cause the least possible obstruction and inconvenience to public traffic or disruption to the peace and quiet of the area within which the work is being performed.

M. Public Safety

It shall be Contractor's responsibility to maintain security against public hazards at all times while performing work at Public Works' jobsites.

#### N. Quality of Work

Contractor shall provide the County high and consistent quality work under this Contract and which is at least equivalent to that which Contractor provides to all other clients it serves. All work shall be executed by experienced and well-trained workers. All work shall be under supervision of a well-qualified supervisor. Contractor also agrees that work shall be furnished in a professional manner and according to these Specifications.

## O. <u>Quantities of Work</u>

Contractor shall be allowed no claims for anticipated profits or for any damages of any sort because of any difference between the work estimated by Contractor in responding to County's solicitation and actual quantities of work done under this Contract or for work decreased or eliminated by County.

## P. <u>Safety Requirements</u>

Contractor shall be responsible for the safety of equipment, material, and personnel under Contractor's jurisdiction during the work.

- B.29 -

## Q. Storage of Material and Equipment

Contractor shall not store material or equipment at the jobsite, except as might be specifically authorized by this Contract. County will not be liable or responsible for any damage, by whatever means, or for the theft of Contractor's material or equipment from any jobsite.

#### R. <u>Transportation</u>

County will not provide transportation to and from the jobsite and will not provide travel around the limits of the jobsite.

#### S. Work Area Controls

- 1. Contractor shall comply with all applicable laws and regulations. Contractor shall maintain work area in a neat, orderly, clean, and safe manner. Contractor shall avoid spreading out equipment excessively. Location and layout of all equipment and materials at each jobsite will be subject to the Contract Manager's approval.
- Contractor shall be responsible for the security of any and all of Public Works/County facilities in its care. Contractor shall provide protection against vandalism and accidental and malicious damage, both during working and nonworking hours.

## T. County Contract Database/CARD

The County maintains databases that track/monitor Contractor performance history. Information entered into such databases may be used for a variety of purposes, including determining whether the County will exercise a Contract term extension option.

# INDEMNIFICATION AND INSURANCE REQUIREMENTS

## A. Independent Contractor Status

- 1. This Contract is by and between County and Contractor and is not intended, and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture, or association as between County and Contractor. The employees and agents of one party shall not be, or be construed to be, the employees or agents of the other party for any purpose whatsoever.
- 2. Contractor shall be solely liable and responsible for providing to, or on behalf of, all persons performing work pursuant to this Contract all compensation and benefits. County shall have no liability or responsibility for the payment of any salaries, wages, unemployment benefits, disability benefits, Federal, State, or local taxes, or other compensation, benefits, or taxes for any personnel provided by or on behalf of Contractor.
- 3. Contractor understands and agrees that all persons performing work pursuant to this Contract are, for purposes of Workers' Compensation liability, solely employees of Contractor and not employees of County. Contractor shall be solely liable and responsible for furnishing any and all Workers' Compensation benefits to any person as a result of any injuries arising from or connected with any work performed by or on behalf of Contractor pursuant to this Contract.

#### B. Indemnification

Contractor shall indemnify, defend, and hold harmless the County of Los Angeles, its Special Districts, Elected Officials, Appointed Officers, Agents, Employees, and Volunteers ("County Indemnities"), from and against any and all liability including, but not limited to, demands, claims, actions, fees, costs, and expenses of any nature whatsoever (including attorney and expert witness fees), arising from or connected with Contractor's acts and/or omissions arising from and/or relating to this Contract except for loss or damage arising from the sole negligence or willful misconduct of the County Indemnities. This indemnification also shall include any and all intellectual property liability, including copyright infringement and similar claims.

## C. <u>Workplace Safety Indemnification</u>

In addition to and without limiting the indemnification required by this Exhibit's Section 5.B (above), and to the extent allowed by law, Contractor agrees to defend, indemnify, and hold harmless the County of Los Angeles, its Special Districts, Elected Officials, Appointed Officers, Agents, Employees, and Volunteers

- B.31 -

from and against any and all investigations, complaints, citations, liability, expense (including defense costs and legal fees), claims, and/or causes of action for damages of any nature whatsoever including, but not limited to, injury or death to employees of Contractor, its Subcontractors or County, attributable to any alleged act or omission of Contractor and/or its Subcontractors which is in violation of any Cal/OSHA regulation. The obligation to defend, indemnify, and hold harmless County includes all investigations and proceedings associated with purported violations of Section 336.10 of Title 8 of the California Code of Regulations pertaining to multiemployer worksites. Contractor shall not be obligated to indemnify for liability and expenses arising from the active negligence of County. County may deduct from any payment otherwise due Contractor any costs incurred or anticipated to be incurred by County, including legal fees and staff costs, associated with any investigation or enforcement proceeding brought by Cal/OSHA arising out of the work being performed by Contractor under this Contract.

## D. <u>General Insurance Requirements</u>

- 1. Without limiting Contractor's indemnification of County, and in the performance of this Contract and until all of its obligations pursuant to this Contract have been met, Contractor shall provide and maintain at its own expense insurance coverage satisfying the requirements specified in this paragraph and paragraph F of this Section. These minimum insurance coverage terms, types, and limits (the "Required Insurance") also are in addition to and separate from any other contractual obligation imposed upon Contractor pursuant to this Contract. The County in no way warrants that the Required Insurance is sufficient to protect the Contractor for liabilities which may arise from or relate to this Contract.
- 2. Evidence of Coverage and Notice to County: A certificate(s) of insurance coverage (Certificate) satisfactory to County, and a copy of an Additional Insured endorsement confirming the County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers has been given Insured status under the Contractor's General Liability policy, shall be delivered to County at the address shown below and provided prior to commencing services under this Contract.
  - a. Renewal Certificates shall be provided to County not less than ten days prior to Contractor's policy expiration dates. The County reserves the right to obtain complete, certified copies of any required Contractor and/or Subcontractor insurance policies at any time.
  - b. Certificates shall identify all Required Insurance coverage types and limits specified herein, reference this Contract by name or number, and be signed by an authorized representative of the insurer(s). The Insured party named on the Certificate shall match the name of the Contractor identified as the contracting party in this

- B.32 -

Contract. Certificates shall provide the full name of each insurer providing coverage, its NAIC (National Association of Insurance Commissioners) identification number, its financial rating, the amounts of any policy deductibles or self-insured retentions exceeding \$50,000, and list any County-required endorsement forms.

- c. Neither the County's failure to obtain, nor the County's receipt of, or failure to object to a noncomplying insurance certificate or endorsement, or any other insurance documentation or information provided by the Contractor, its insurance broker(s) and/or insurer(s), shall be construed as a waiver of any of the Required Insurance provisions.
- d. Certificates and copies of any required endorsements shall be sent to:

County of Los Angeles Department of Public Works, Architectural Engineering Division P.O. Box 1460 Alhambra, California 91802-1460 Attention of: Contract Analyst (noted in the RFSQ Notice)

- e. Contractor also shall promptly report to County any injury or property damage accident or incident, including any injury to a Contractor employee occurring on County property, and any loss, disappearance, destruction, misuse, or theft of County property, monies or securities entrusted to Contractor. Contractor also shall promptly notify County of any third-party claim or suit filed against Contractor or any of its Subcontractors which arises from or relates to this Contract, and could result in the filing of a claim or lawsuit against Contractor and/or County.
- 3. <u>Additional Insured Status and Scope of Coverage</u> The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers and, when applicable, Los Angeles County Metro Transportation Authority (LACMTA), its Officers, Agents, and Employees shall be provided additional insured status under Contractor's General Liability policy with respect to liability arising out of Contractor's ongoing and completed operations performed on behalf of the County. The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers, and, when applicable, LACMTA, its Officers, Agents, and Employees additional insured status shall apply with respect to liability and defense of suits arising out of the Contractor's acts or omissions, whether such liability is attributable to the Contractor or to the County. The full policy limits and scope of protection

also shall apply to the County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers and, when applicable, LACMTA, its Officers, Agents, and Employees as an additional insured, even if they exceed the County's minimum Required Insurance specifications herein. Use of an automatic additional insured endorsement form is acceptable providing it satisfies the Required Insurance Insurance provisions herein.

- 4. <u>Cancellation of or Changes in Insurance</u>: Contractor shall provide County with, or Contractor's insurance policies shall contain a provision that County shall receive, written notice of cancellation or any change in Required Insurance, including insurer, limits of coverage, term of coverage or policy period. The written notice shall be provided to County at least ten days in advance of cancellation for nonpayment of premium and 30 days in advance for any other cancellation or policy change. Failure to provide written notice of cancellation or any change in Required Insurance may constitute a material breach of the Contract, in the sole discretion of the County, upon which the County may suspend or terminate this Contract.
- 5. <u>Failure to Maintain Insurance</u>: Contractor's failure to maintain or to provide acceptable evidence that it maintains the Required Insurance shall constitute a material breach of the Contract, upon which County immediately may withhold payments due to Contractor, and/or suspend or terminate this Contract. County, at its sole discretion, may obtain damages from Contractor resulting from said breach. Alternatively, the County may purchase the Required Insurance, and without further notice to Contractor, deduct the premium cost from sums due to Contractor or pursue Contractor reimbursement.
- 6. <u>Insurer Financial Ratings</u>: Coverage shall be placed with insurers acceptable to the County with A.M. Best ratings of not less than A:VII unless otherwise approved by County.
- 7. <u>Contractor's Insurance Shall Be Primary</u>: Contractor's insurance policies, with respect to any claims related to this Contract, shall be primary with respect to all other sources of coverage available to Contractor. Any County-maintained insurance or self-insurance coverage shall be in excess of and not contribute to any Contractor coverage.
- 8. <u>Waivers of Subrogation</u>: To the fullest extent permitted by law, the Contractor hereby waives its rights and its insurer(s)' rights of recovery against County under all the Required Insurance for any loss arising from or relating to this Contract. The Contractor shall require its insurers to execute any waiver of subrogation endorsements which may be necessary to effect such waiver.

- B.34 -

- 9. <u>Subcontractor Insurance Coverage Requirements</u>: Contractor shall include all Subcontractors as insureds under Contractor's own policies, or shall provide County with each Subcontractor's separate evidence of insurance coverage. Contractor shall be responsible for verifying each Subcontractor complies with the Required Insurance provisions herein, and shall require that each Subcontractor name the County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, Volunteers, and Contractor as additional insureds on the Subcontractor's General Liability policy. Contractor shall obtain County's prior review and approval of any Subcontractor request for modification of the Required Insurance.
- 10. <u>Deductibles and Self-Insured Retentions (SIRs)</u>: Contractor's policies shall not obligate the County to pay any portion of any Contractor deductible or SIR. The County retains the right to require Contractor to reduce or eliminate policy deductibles and SIRs as respects the County, or to provide a bond guaranteeing Contractor's payment of all deductibles and SIRs, including all related claims investigation, administration and defense expenses. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.
- 11. <u>Claims Made Coverage</u>: If any part of the Required Insurance is written on a claims made basis, any policy retroactive date shall precede the effective date of this Contract. Contractor understands and agrees it shall maintain such coverage for a period of not less than three years following Contract expiration, termination, or cancellation.
- 12. <u>Application of Excess Liability Coverage</u>: Contractors may use a combination of primary, and excess insurance policies which provide coverage as broad as ("follow form" over) the underlying primary policies, to satisfy the Required Insurance provisions.
- 13. <u>Separation of Insureds</u>: All liability policies shall provide cross-liability coverage as would be afforded by the standard ISO (Insurance Services Office, Inc.) separation of insureds provision with no insured versus insured exclusions or limitations.
- 14. <u>Alternative Risk Financing Programs</u>: The County reserves the right to review, and then approve, Contractor use of self-insurance, risk retention groups, risk purchasing groups, pooling arrangements, and captive insurance to satisfy the Required Insurance provisions. The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers shall be designated as an Additional Covered Party under any approved program.

- B.35 -

15. <u>County Review and Approval of Insurance Requirements</u>: The County reserves the right to review and adjust the Required Insurance provisions, conditioned upon County's determination of changes in risk exposures.

## E. <u>Compensation for County Costs</u>

In the event that the Contractor fails to comply with any of the indemnification or insurance requirements of this Contract, and such failure to comply results in any costs to the County, the Contractor shall pay full compensation for all costs incurred by the County.

## F. Insurance Coverage Requirements

1. <u>Commercial General Liability</u> insurance (providing scope of coverage equivalent to ISO policy form CG 00 01), naming The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers as an additional insured, with limits of not less than:

General Aggregate:	\$4 million
Products/Completed Operations Aggregate:	
Personal and Advertising Injury:	\$4 million
Each Occurrence:	\$4 million
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- 2. <u>Automobile Liability</u> written on ISO policy form CA 00 01 or its equivalent. Such insurance shall include coverage for all "owned," "nonowned," and "hired" vehicles, or coverage for "any auto," in an amount as recommended by the Public Utilities Commission, but not less than the following (Can be met by a combination of primary and excess insurance coverage):
  - a. Seating capacity of 16 passengers or more (including driver), \$10 million.
  - b. Seating capacity of 15 passengers or less (including driver), \$5 million.
  - c. Taxicabs as defined by Vehicle Code Section 27908, a minimum of \$100,000 per person, \$1 million per occurrence, and \$50,000 property damage or a combined single limit of \$1 million.

A certificate evidencing such insurance coverage and an endorsement naming the County as additional insured thereunder shall be filed with the Director prior to Contractor providing Service hereunder.

- B.36 -

- 3. <u>Workers Compensation and Employers' Liability</u> insurance or qualified self-insurance satisfying statutory requirements, which includes Employers' Liability coverage with limits of not less than \$1 million per accident. If Contractor is a temporary staffing firm or a professional employer organization (PEO), coverage also shall include an Alternate Employer Endorsement (providing scope of coverage equivalent to ISO policy form WC 00 03 01 A) naming the County as the Alternate Employer, and the endorsement form shall be modified to provide that County will receive not less than 30 days advance written notice of cancellation of this coverage provision. If applicable to Contractor's operations, coverage also shall be arranged to satisfy the requirements of any Federal workers or workmen's compensation law or any Federal occupational disease law.
- 4. <u>Sexual Misconduct Liability</u>: Insurance covering actual or alleged claims for sexual misconduct and/or molestation with limits of not less than \$2 million per claim and \$2 million aggregate, and claims for negligent employment, investigation, supervision, training or retention of, or failure to report to proper authorities, a person(s) who committed any act of abuse, molestation, harassment, mistreatment or maltreatment of a sexual nature.

## CONTRACTOR RESPONSIBILITY AND DEBARMENT

#### A. <u>Responsible Contractor</u>

A responsible Contractor is a Contractor who has demonstrated the attribute of trustworthiness as well as quality, fitness, capacity, and experience to satisfactorily perform the Contract. It is County's policy to conduct business only with responsible Contractors.

#### B. Chapter 2.202 of the County Code

Contractor is hereby notified that, in accordance with Chapter 2.202 of County Code, if County acquires information concerning the performance of Contractor on this or other Contracts which indicates that Contractor is not responsible, County may, in addition to other remedies provided in this Contract, debar Contractor from bidding or proposing on, being awarded, and/or performing work on County Contracts for a specified period of time, which generally will not exceed five years but may exceed five years or be permanent if warranted by the circumstances, and suspend or terminate any or all existing contracts Contractor may have with County.

#### C. <u>Nonresponsible Contractor</u>

County may debar a Contractor if the Board finds, in its discretion, that Contractor has done any of the following: (1) violated any term of a Contract with County or a nonprofit corporation created by County; (2) committed an act or omission which negatively reflects on Contractor's quality, fitness, or capacity to perform a Contract with County, any other public entity, or a nonprofit corporation created by County, or engaged in a pattern or practice which negatively reflects on same; (3) committed an act or offense which indicates a lack of business integrity or business honesty; or (4) made or submitted a false claim against County or any other public entity.

#### D. <u>Contractor Hearing Board</u>

- 1. If there is evidence that Contractor may be subject to debarment, Public Works will notify Contractor in writing of the evidence which is the basis for the proposed debarment and will advise Contractor of the scheduled date for a debarment hearing before Contractor Hearing Board.
- 2. Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. Contractor and/or Contractor's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, Contractor Hearing Board will prepare a tentative proposed decision, which shall contain a recommendation

regarding whether Contractor should be debarred, and, if so, the appropriate length of time of the debarment. Contractor and Public Works shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board.

- 3. After consideration of any objections, or if no objections are submitted, a record of the hearing, the proposed decision, and any other recommendation of Contractor Hearing Board shall be presented to the Board. The Board shall have the right to modify, deny, or adopt the proposed decision and recommendation of Contractor Hearing Board.
- 4. If a Contractor has been debarred for a period longer than five years, that Contractor may, after the debarment has been in effect for at least five years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. County may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that Contractor has adequately demonstrated one or more of the following: (1) elimination of the grounds for which the debarment was imposed; (2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is in the best interests of County.
- 5. Contractor Hearing Board will consider a request for review of a debarment determination only where (1) Contractor has been debarred for a period longer than five years; (2) the debarment has been in effect for at least five years; and (3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes supporting documentation. Upon receiving an appropriate request. At the hearing, Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by Contractor Hearing Board pursuant to the same procedure as for a debarment hearing.
- 6. Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the period of debarment or terminate the debarment. Contractor Hearing Board shall present its proposed decision and recommendation to the Board. The Board shall have the right to modify, deny, or adopt the proposed decision and recommendation of Contractor Hearing Board.

## E. <u>Subcontractors of Contractor</u>

These terms shall also apply to Subcontractors of County Contractors.

- B.39 -

# COMPLIANCE WITH COUNTY'S JURY SERVICE PROGRAM

#### A. Jury Service Program

This Contract is subject to the provisions of County's ordinance entitled Contractor Employee Jury Service (Jury Service Program) as codified in Sections 2.203.010 through 2.203.090 of the Los Angeles County Code.

## B. <u>Written Employee Jury Service Policy</u>

- 1. Unless Contractor has demonstrated to County's satisfaction either that Contractor is not a "Contractor" as defined under the Jury Service Program (Section 2.203.020 of County Code) or that Contractor qualifies for an exception to the Jury Service Program (Section 2.203.070 of County Code), Contractor shall have and adhere to a written policy that provides that its Employees shall receive from Contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that Employee deposit any fees received for such jury service with Contractor or that Contractor deduct from the Employee's regular pay the fees received for jury service.
- For purposes of this Section, "Contractor" means a person, partnership, 2. corporation, or other entity which has a Contract with County or a Subcontract with a County Contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one or more County Contracts or Subcontracts. "Employee" means any California resident who is a full-time employee of Contractor. "Full-time" means 40 hours or more worked per week, or a lesser number of hours if: 1) the lesser number is a recognized industry standard as determined by County, or 2) Contractor has a long-standing practice that defines the lesser number of hours as full-time. Full-time employees providing short-term, temporary services of 90 days or less within a 12-month period are not considered full-time for purposes of the Jury Service Program. If Contractor uses any Subcontractor to perform services for County under this Contract, the Subcontractor shall also be subject to the provisions of this Section. The provisions of this Section shall be inserted into any such Subcontract agreement and a copy of the Jury Service Program shall be attached to the agreement.
- 3. If Contractor is not required to comply with the Jury Service Program when this Contract commences, Contractor shall have a continuing obligation to review the applicability of its "exception status" from the Jury Service Program, and Contractor shall immediately notify County if Contractor at any time either comes within the Jury Service Program's definition of

- B.40 -

"Contractor" or if Contractor no longer qualifies for an exception to the Jury Service Program. In either event, Contractor shall immediately implement a written policy consistent with the Jury Service Program. County may also require, at any time during this Contract and at its sole discretion, that Contractor demonstrate to County's satisfaction that Contractor either continues to remain outside of the Jury Service Program's definition of "Contractor" and/or that Contractor continues to qualify for an exception to the Jury Service Program.

4. Contractor's violation of this Section of this Contract may constitute a material breach of this Contract. In the event of such material breach, County may, in its sole discretion, suspend or terminate this Contract and/or bar Contractor from the award of future County Contracts for a period of time consistent with the seriousness of the breach.

## SAFELY SURRENDERED BABY LAW PROGRAM

## A. <u>Contractor's Acknowledgment of County's Commitment to the Safely Surrendered</u> Baby Law

Contractor acknowledges that County places a high priority on the implementation of the Safely Surrendered Baby Law. Contractor understands that it is County's policy to encourage all County Contractors to voluntarily post County's "Safely Surrendered Baby Law" poster in a prominent position at Contractor's place of business. Contractor will also encourage its Subcontractors, if any, to post this poster in a prominent position in the Subcontractor's place of business. County's Department of Children and Family Services will supply Contractor with the poster to be used. Information on how to receive the poster can be found on the Internet at <u>www.babysafela.org</u>.

# B. Notice to Employees Regarding the Safely Surrendered Baby Law

Contractor shall notify and provide to its employees, and shall require each Subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in County, and where and how to safely surrender a baby. The fact sheet is set forth in Exhibit D of this Contract and is also available on the Internet at <u>www.babysafela.org</u> for printing purposes.

#### COMPLIANCE WITH COUNTY'S LIVING WAGE PROGRAM

#### A. Living Wage Program

This Contract is subject to the provisions of County's ordinance entitled Living Wage Program as codified in Sections 2.201.010 through 2.201.100 of the Los Angeles County Code, a copy of which is attached hereto as Form LW-1 and incorporated by reference into and made a part of this Contract.

#### B. Payment of Living Wage Rates

- 1. Unless Contractor has demonstrated to County's satisfaction either that Contractor is not an "Employer" as defined under the Living Wage Program (Section 2.201.020 of County Code) or that Contractor qualifies for an exception to the Living Wage Program (Section 2.201.090 of County Code), Contractor shall pay its Employees no less than the applicable hourly living wage rate, as set forth in Form LW-3, Living Wage Rate Annual Adjustments, for the Employees' services provided to County, including, without limitation, "Travel Time" as defined below in subsection 5 of this Section 9.B under this Contract.
- 2. For purposes of this Section, "Contractor" includes any Subcontractor engaged by Contractor to perform services for County under this Contract. If Contractor uses any Subcontractor to perform services for County under this Contract, the Subcontractor shall be subject to the provisions of this Section. The provisions of this Section shall be inserted into any such Subcontract and a copy of the Living Wage Program shall be attached to the Subcontract. "Employee" means any individual who is an employee of Contractor under the laws of California, and who is providing full-time or part-time services to Contractor, which are provided to County under this Contract. "Full-time" means a minimum of 40 hours worked per week, or a lesser number of hours, if the lesser number is a recognized industry standard and is approved as such by County; however, fewer than 35 hours worked per week will not, in any event, be considered full-time.
- 3. If Contractor is required to pay a living wage when this Contract commences, Contractor shall continue to pay a living wage for the entire term of this Contract, including any option period.
- 4. If Contractor is not required to pay a living wage when this Contract commences, Contractor shall have a continuing obligation to review the applicability of its "exemption status" from the living wage requirement. Contractor shall immediately notify County if Contractor at any time either comes within the Living Wage Program's definition of "Employer" or if Contractor no longer qualifies for the exception to the Living Wage Program.

- B.43 -

In either event, Contractor shall immediately be required to commence paying the living wage and shall be obligated to pay the living wage for the remaining term of this Contract, including any option period. County may also require, at any time during this Contract and at its sole discretion, that Contractor demonstrate to County's satisfaction that Contractor either continues to remain outside of the Living Wage Program's definition of "Employer" and/or that Contractor continues to qualify for the exception to the Living Wage Program. Unless Contractor satisfies this requirement within the time frame permitted by County, Contractor shall immediately be required to pay the living wage for the remaining term of this Contract, including any option period.

5. For purposes of Contractor's obligation to pay its Employees the applicable hourly living wage rate under this Contract, "Travel Time" shall have the following two meanings, as applicable: 1) with respect to travel by an Employee that is undertaken in connection with this Contract, Travel Time shall mean any period during which an Employee physically travels to or from a County facility if Contractor pays the Employee any amount for that time or if California law requires Contractor to pay the Employee between County facilities that are subject to two different Contracts between Contractor and County (of which both Contracts are subject to the Living Wage Program), Travel Time shall mean any period during which an Employee physically travels to or from, or between such County facilities if Contractor pays the Employee any amount for that time or if california negative of the time or if Contracts are subject to the Living Wage Program), Travel Time shall mean any period during which an Employee physically travels to or from, or between such County facilities if Contractor pays the Employee any amount for that time or if California law requires Contractor to pay the Employee any amount for that time or if California law requires Contractor pays the Employee any amount for that time or if California law requires Contractor to pay the Employee any amount for that time or if California law requires Contractor to pay the Employee any amount for that time or if California law requires Contractor to pay the Employee any amount for that time or if California law requires Contractor to pay the Employee any amount for that time.

# C. Contractor's Submittal of Certified Monitoring Reports

Contractor shall submit to County certified monitoring reports at a frequency instructed by County. The certified monitoring reports shall list all of Contractor's

Employees during the reporting period. The certified monitoring reports shall also verify the number of hours worked and the hourly wage rate paid for each of its Employees. All certified monitoring reports shall be submitted on forms provided by County, or any other form approved by County which contains the above information. County reserves the right to request any additional information it may deem necessary. If County requests additional information, Contractor shall promptly provide such information. Contractor, through one of its officers, shall certify under penalty of perjury that the information contained in each certified monitoring report is true and accurate.

# D. Contractor's Ongoing Obligation to Report Labor Law/Payroll Violations and Claims

During the term of this Contract, if Contractor becomes aware of any labor law/payroll violations or any complaint, investigation, or proceeding ("claim") concerning any alleged labor law/payroll violation (including, but not limited to, any

- B,44 -

violation or claim pertaining to wages, hours, and working conditions, such as minimum wage, prevailing wage, living wage, the Fair Labor Standards Act, employment of minors, or unlawful employment discrimination), Contractor shall immediately inform County of any pertinent facts known by Contractor regarding the same. This disclosure obligation is not limited to any labor law/payroll violation or claim arising out of Contractor's Contract with County, but instead applies to any labor law/payroll violation or claim arising out of any of Contractor's operation in California.

#### E. <u>County Auditing of Contractor Records</u>

Upon a minimum of 24 hours' written notice, County may audit, at Contractor's place of business, any of Contractor's records pertaining to this Contract, including all documents and information relating to the certified monitoring reports. Contractor is required to maintain all such records in California until the expiration of five years from the date of final payment under this Contract. Authorized agents of County shall have access to all such records during normal business hours for the entire period that records are to be maintained.

#### F. Notifications to Employees

Contractor shall place County-provided living wage posters at each of Contractor's place of business and locations where Contractor's Employees are working. Contractor shall also distribute County-provided notices to each of its Employees at least once per year. Contractor shall translate posters and handouts into Spanish and any other language spoken by a significant number of Employees.

#### G. Enforcement and Remedies

If Contractor fails to comply with the requirements of this Section, County shall have the rights and remedies described in this Section in addition to any rights and remedies provided by law or equity.

- 1. Remedies for Submission of Late or Incomplete Certified Monitoring Reports: If Contractor submits a certified monitoring report to County after the date it is due or if the report submitted does not contain all of the required information or is inaccurate or is not properly certified, any such deficiency shall constitute a breach of this Contract. In the event of any such breach, County may, in its sole discretion, exercise any or all of the following rights/remedies:
  - a. Withholding of Payment: If Contractor fails to submit accurate, complete, timely, and properly certified monitoring reports, County may withhold from payment to Contractor up to the full amount of any invoice that would otherwise be due, until Contractor has satisfied the concerns of County, which may include required submittal of revised certified monitoring reports or additional supporting documentation.

- Liquidated Damages: It is mutually understood and agreed that b. Contractor's failure to submit an accurate, complete, timely, and properly certified monitoring report will result in damages being sustained by County. It is also understood and agreed that the nature and amount of the damages will be extremely difficult and impractical to fix; that the liquidated damages set forth herein are the nearest and most exact measure of damages for such breach that can be fixed at this time; and that the liquidated damages are not intended as a penalty or forfeiture for Contractor's breach. Therefore, in the event that a certified monitoring report is deficient including, but not limited to, being late, inaccurate, incomplete, or uncertified, it is agreed that County may, in its sole discretion, assess against Contractor liquidated damages in the amount of \$100 per monitoring report for each day until County has been provided with a properly prepared, complete, and certified monitoring report. County may deduct any assessed liquidated damages from any payments otherwise due to Contractor.
- c. Termination/Suspension: Contractor's failure to submit an accurate, complete, timely, and properly certified monitoring report may constitute a material breach of this Contract. In the event of such material breach, County may, in its sole discretion, suspend or terminate this Contract.
- 2. Remedies for Payment of Less Than the Required Living Wage: If Contractor fails to pay any Employee at least the applicable hourly living wage rate; such deficiency shall constitute a breach of this Contract. In the event of any such breach, County may, in its sole discretion, exercise any or all of the following rights/remedies:
  - a. Withholding Payment: If Contractor fails to pay one or more of its Employees at least the applicable hourly living wage rate, County may withhold from any payment otherwise due to Contractor the aggregate difference between the living wage amounts Contractor was required to pay its Employees for a given pay period and the amount actually paid to the Employees for that pay period. County may withhold said amount until Contractor has satisfied County that any underpayment has been cured, which may include required submittal of revised certified monitoring reports or additional supporting documentation.
  - Liquidated Damages: It is mutually understood and agreed that Contractor's failure to pay any of its Employees at least the applicable hourly living wage rate will result in damages being sustained by County. It is also understood and agreed that the nature and amount of the damages will be extremely difficult and impractical to fix; that the liquidated damages set forth herein are the nearest and most - B.46 - Fixed/DAR Transit RFSQ (2016-SQPA001)

exact measure of damages for such breach that can be fixed at this time; and that the liquidated damages are not intended as a penalty or forfeiture for Contractor's breach. Therefore, it is agreed that County may, in its sole discretion, assess against Contractor liquidated damages of \$50 per Employee per day for each and every instance of an underpayment to an Employee. County may deduct any assessed liquidated damages from any payments otherwise due to Contractor.

- c. Termination/Suspension: Contractor's failure to pay any of its Employees the applicable hourly living wage rate may constitute a material breach of this Contract. In the event of such material breach, County may, in its sole discretion, suspend or terminate this Contract.
- 3. Debarment: In the event Contractor breaches a requirement of this Section, County may, in its sole discretion, bar Contractor from the award of future County Contracts for a period of time consistent with the seriousness of the breach, in accordance with Los Angeles County Code, Section 2.202, Determinations of Contractor Nonresponsibility and Contractor Debarment.

## H. Use of Full-Time Employees

Contractor shall assign and use full-time Employees of Contractor to provide services under this Contract unless Contractor can demonstrate to the satisfaction of County that it is necessary to use non-full-time Employees based on staffing efficiency or County requirements for the work to be performed under this Contract. It is understood and agreed that Contractor shall not, under any circumstance, use non-full-time Employees for services provided under this Contract unless and until County has provided written authorization for the use of same. Contractor submitted with its proposal a full-time-Employee staffing plan. If Contractor changes its full-time-Employee staffing plan, Contractor shall immediately provide a copy of the new staffing plan to County.

#### I. <u>Contractor Retaliation Prohibited</u>

Contractor and/or its Employees shall not take any adverse action which would result in the loss of any benefit of employment, any Contract benefit, or any statutory benefit for any Employee, person, or entity who has reported a violation of the Living Wage Program to County or to any other public or private agency, entity, or person. A violation of the provisions of this paragraph may constitute a material breach of this Contract. In the event of such material breach, County may, in its sole discretion, suspend or terminate this Contract.

- B.47 -

#### J. <u>Contractor Standards</u>

During the term of this Contract, Contractor shall maintain business stability, integrity in employee relations, and the financial ability to pay a living wage to its employees. If requested to do so by County, Contractor shall demonstrate to the satisfaction of County that Contractor is complying with this requirement.

#### K. <u>Neutrality in Labor Relations</u>

Contractor shall not use any consideration received under this Contract to hinder, or to further, organization of, or collective bargaining activities by or on behalf of Contractor's employees, except that this restriction shall not apply to any expenditure made in the course of good faith collective bargaining, or to any expenditure pursuant to obligations incurred under a bona fide collective bargaining agreement, or which would otherwise be permitted under the provisions of the National Labor Relations Act.

## SOCIAL ENTERPRISE (SE) PREFERENCE PROGRAM

This Contract is subject to the provisions of the County's ordinance entitled SE Preference Program, as codified in Chapter 2.205 of the Los Angeles County Code.

Contractor shall not knowingly and with the intent to defraud, fraudulently obtain, retain, attempt to obtain or retain, or aid another in fraudulently obtaining or retaining or attempting to obtain or retain certification as a SE.

Contractor shall not willfully and knowingly make a false statement with the intent to defraud, whether by affidavit, report, or other representation, to a County official or employee for the purpose of influencing the certification or denial of certification of any entity as a SE.

If Contractor has obtained County certification as a SE by reason of having furnished incorrect supporting information or by reason of having withheld information, and which knew, or should have known, the information furnished was incorrect or the information withheld was relevant to its request for certification, and which by reason of such certification has been awarded this contract to which it would not otherwise have been entitled, Contractor shall:

- 1. Pay to the County any difference between the Contract amount and what the County's costs would have been if the Contract had been properly awarded.
- 2. In addition to the amount described in subdivision (1), be assessed a penalty in the amount of not more than 10 percent of the amount of this Contract.
- 3. Be subject to the provisions of Chapter 2.202 of the Los Angeles County Code (Determinations of Contractor Nonresponsibility and Contractor Debarment).

The above penalties shall also apply to any entity that has previously obtained proper certification, however, as a result of a change in their status would no longer be eligible for certification, and fails to notify the Department of Consumer and Business Affairs of this information prior to responding to a solicitation or accepting a contract award.

LOCAL SMALL BUSINESS ENTERPRISE (SBE) PREFERENCE PROGRAM

- A. This Contract is subject to the provisions of County's ordinance entitled Local Small Business Enterprise Preference Program, as codified in Chapter 2.204 of the Los Angeles County Code.
- B. Contractor shall not knowingly and with the intent to defraud, fraudulently obtain, retain, attempt to obtain or retain, or aid another in fraudulently obtaining or retaining or attempting to obtain or retain certification as a Local Small Business Enterprise.
- C. Contractor shall not willfully and knowingly make a false statement with the intent to defraud, whether by affidavit, report, or other representation, to a County official or employee for the purpose of influencing the certification or denial of certification of any entity as a Local Small Business Enterprise.
- D. If Contractor has obtained County certification as a Local Small Business Enterprise by reason of having furnished incorrect supporting information or by reason of having withheld information, and which knew, or should have known, the information furnished was incorrect or the information withheld was relevant to its request for certification, and which by reason of such certification has been awarded this Contract to which it would not otherwise have been entitled, shall:
  - 1. Pay to County any difference between this Contract amount and what County's costs would have been if this Contract had been properly awarded.
  - 2. In addition to the amount described in subdivision (1), be assessed a penalty in an amount of not more than 10 percent of the amount of this Contract.
  - 3. Be subject to the provisions of Chapter 2.202 of the Los Angeles County Code (Determinations of Contractor Nonresponsibility and Contractor Debarment).
- E. The above penalties shall also apply to any business that has previously obtained proper certification, however, as a result of a change in their status would no longer be eligible for certification, and fails to notify the State and the Department of Consumer and Business Affairs of this information prior to responding to a solicitation or accepting a contract award.

## COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

## A. Defaulted Property Tax Reduction Program

This Contract is subject to the provisions of County's ordinance entitled Defaulted Property Tax Reduction Program ("Defaulted Tax Program") as codified in Sections 2.206 of the Los Angeles County Code (Exhibit E).

## B. <u>Contractor's Warranty of Compliance with County's Defaulted Property Tax</u> <u>Reduction Program</u>

Contractor acknowledges that County has established a goal of ensuring that all individuals and businesses that benefit financially from the County through any Contract are current in paying their property tax obligations (secured and unsecured roll) in order to mitigate the economic burden otherwise imposed upon the County and its taxpayers.

Unless Contractor qualifies for an exemption or exclusion, Contractor warrants and certifies that to the best of its knowledge it is now in compliance, and during the term of this Contract will maintain compliance, with Los Angeles County Code, Chapter 2.206.

## C. <u>Termination for Breach of Warranty of Compliance with County's Defaulted</u> <u>Property Tax Reduction Program</u>

Failure of Contractor to maintain compliance with the requirements set forth in paragraph B, above, shall constitute default under this Contract. Without limiting the rights and remedies available to County under any other provision of this Contract, failure of Contractor to cure such default within ten days of notice shall be grounds upon which County may terminate this Contract and/or pursue debarment of Contractor, pursuant to County Code, Chapter 2.206.

DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PREFERENCE PROGRAM

- A. This Contract is subject to the provisions of the County's ordinance entitled Disabled Veteran Business Enterprise Preference Program (DVBE), as codified in Chapter 2.211 of the Los Angeles County Code.
- B. Contractor shall not knowingly and with the intent to defraud, fraudulently obtain, retain, attempt to obtain or retain, or aid another in fraudulently obtaining or retaining or attempting to obtain or retain certification as a DVBE.
- C. Contractor shall not willfully and knowingly make a false statement with the intent to defraud, whether by affidavit, report, or other representation, to a County official or employee for the purpose of influencing the certification or denial of certification of any entity as a DVBE.
- D. If Contractor has obtained certification as a DVBE by reason of having furnished incorrect supporting information or by reason of having withheld information, and which knew, or should have known, the information furnished was incorrect or the information withheld was relevant to its request for certification, and which by reason of such certification has been awarded this contract to which it would not otherwise have been entitled, shall:
  - 1. Pay to the County any difference between the Contract amount and what the County's costs would have been if the Contract had been properly awarded.
  - 2. In addition to the amount described in subdivision (1), be assessed a penalty in an amount of not more than 10 percent of the amount of the Contract.
  - Be subject to the provisions of Chapter 2.202 of the Los Angeles County Code (Determinations of Contractor Nonresponsibility and Contractor Debarment).
- E. Notwithstanding any other remedies in this contract, the above penalties shall also apply to any business that has previously obtained proper certification, however, as a result of a change in their status would no longer be eligible for certification, and fails to notify the State and the Department of Consumer and Business Affairs of this information prior to responding to a solicitation or accepting a contract award.

## DISPLACED TRANSIT EMPLOYEE PROGRAM

A. In accordance with Labor Code, Section 1072(c)(1), if the County informs the Contractor that the County intends to issue a new solicitation for these services, Contractor shall, within 14 calendar days thereafter, provide to the County the number of employees who are performing services under this Contract and the wage rates, benefits, and job classifications of those employees. In addition, the Contractor shall make this information available to any entity that the County has identified as a bona fide Proposer for the successor Contract. If the successor service Contract is awarded to a new Contractor, the Contractor shall provide the names, addresses, dates of hire, wages, benefit levels, and job classifications of employees to the successor Contractor.

The following provision applies if the Contractor declared that the Contractor is willing to retain employees of previous Contractor and signed PW-16, Displaced Transit Employee Declaration indicating that they will do so in their proposal.

- B. If the Contractor has declared in Form PW-16, Displaced Transit Employee Declaration that the Contractor will retain employees of the prior Contractor or Subcontractor for a period of not less than 90 days, the Contractor shall retain employees who have been employed by the prior Contractor or Subcontractors, except for reasonable and substantiated cause as specified in California Labor Code, Section 1072(c)(2). That cause is limited to the particular employee's performance or conduct while working under the prior Contract or the employee's failure of any controlled substances and alcohol test, physical examination, criminal background check required by law as a condition of employment, or other standard hiring qualification lawfully required by the Contractor and/or Subcontractor.
- C. In accordance with California Labor Code, Section 1072(c)(3), the Contractor shall make a written offer of employment to each employee to be rehired. That offer shall state the time within which the employee must accept that offer, but in no case less than ten days. California Labor Code 1072(c)(3) does not require the Contractor and/or Subcontractor to pay the same wages or offer the same benefits provided by the prior Contractor or Subcontractor.
- D. If, at any time, the Contractor or Subcontractor determines that fewer employees are required than were required under the prior Contract or Subcontract, the Contractor or Subcontractor shall retain qualified employees by seniority within the job classification. In determining those employees who are qualified, the Contractor or Subcontractor may require an employee to possess any license that is required by law to operate the equipment that the employee will operate as an employee of the Contractor or Subcontractor.

- E. Termination for Breach
  - 1. In accordance to California Labor Code, Section 1074(a), upon its motion or upon the request of any member of the public, the County may terminate this Contract if both of the following occur:
    - a. The Contractor or Subcontractor has substantially breached this Contract.
    - b. The County holds a public hearing within 30 days of the receipt of the request or its announcement of its intention to terminate.
  - 2. Contractor or Subcontractor terminated pursuant to this provision shall be ineligible to submit proposal on or be awarded a service Contract or Subcontract with the County for a period of not less than one year and not more than three years, to be determined by the County.
  - 3. Nothing herein is intended nor shall be construed as creating any exclusive provision for termination of this Contract. This provision shall not limit the County's right to terminate or debar Contractors under any other provisions of this Contract or under any other provision of the law.

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- B.54 -



Department of the Treasury Internal Revenue Service

#### Notice 1015

(Rev. December 2015)

Have You Told Your Employees About the Earned Income Credit (EIC)?

#### What is the EIC?

The EIC is a refundable tax credit for certain workers.

#### Which Employees Must I Notify About the EIC?

You must notify each employee who worked for you at any time during the year and from whose wages you did not withhold income tax. However, you do not have to notify any employee who claimed exemption from withholding on Form W-4, Employee's Withholding Allowance Certificate.

Note: You are encouraged to notify each employee whose wages for 2015 are less than \$53,267 that he or she may be eligible for the EIC.

#### How and When Must I Notify My Employees?

You must give the employee one of the following:

• The IRS Form W-2, Wage and Tax Statement, which has the required information about the EIC on the back of Copy B.

 A substitute Form W-2 with the same EIC information on the back of the employee's copy that is on Copy B of the IRS Form W-2.

 Notice 797, Possible Federal Tax Refund Due to the Earned Income Credit (EIC).

Your written statement with the same wording as Notice 797.

If you give an employee a Form W-2 on time, no further notice is necessary if the Form W-2 has the required information about the EIC on the back of the employee's copy. If you give an employee a substitute Form W-2, but it does not have the required information, you must notify the employee within 1 week of the date the substitute Form W-2 is given. If Form W-2 is required but is not given on time, you must give the employee Notice 797 or your written statement by the date Form W-2 is required to be given. If Form W-2 is not required, you must notify the employee by February 8, 2016.

You must hand the notice directly to the employee or send it by first-class mail to the employee's last known address. You will not meet the notification requirements by posting Notice 797 on an employee bulletin board or sending it through office mail. However, you may want to post the notice to help inform all employees of the EIC. You can download copies of the notice at <u>www.irs.gov/lormspubs</u>. Or you can go to <u>www.irs.gov/lormspubs</u>. Or you can go to <u>www.irs.gov/lorderforms</u> to order it.

#### How Will My Employees Know If They Can Claim the EIC?

The basic requirements are covered in Notice 797. For more detailed information, the employee needs to see Pub. 596, Earned Income Credit (EIC), or the instructions for Form 1040, 1040A, or 1040EZ.

#### How Do My Employees Claim the EIC?

An eligible employee claims the EIC on his or her 2015 tax return. Even an employee who has no tax withheld from wages and owes no tax may claim the EIC and ask for a refund, but he or she must file a tax return to do so. For example, if an employee has no tax withheld in 2015 and owes no tax but is eligible for a credit of \$800, he or she must file a 2015 tax return to get the \$800 refund.

> Nolice **1015** (Rev. 12-2015) Cat. No. 205991

# Safely Surrendered Baby Law

Babies can be safely surrendered to staff at any hospital or fire station in Los Angeles County

> No shame. No blame. No names. In Los Angeles County: 1-877-BABY SAFE • 1-877-222-9723 www.babysafela.org



#### EXHIBIT D

www.babysafeta.om



## What is the Sately Surrendered Baby Law?

Collimnia's Salety Surrendered Eaby Law shows phreats or other persons with Jawius COSO(V, Which means solving Ro-Worm the perient has given permission to confidentially somethies at body. As long as the baby is three days (72 hores) of age or voltage and has hothered should be formedered without lear of artist of protection.

Every baby deserves a chance for a healthy life. If someone you know is considering abandoning a baby, let her know there are other options. For three days (72 hours) after birth, a baby can be surrendered to staff at any hospital or fire station in Los Angeles County.

#### How does it work?

A distressed parent who is unable or unwilling to care for a baby can legally. confidentially, and safely surrender a baby within these days (72 hours) of birth. The haby must be handed to an employee at a hospital or fire station in Los Angeles Countr. As long as the baby shows no sign of above or neglect, no name or other information is required. In case the parent changes his or her mind at a later date and wants the baby back, staff will use bracelets to help connect them to each other. One bracelet will be placed on the baby, and a matching bracelet will be given to the parent or other surrendering adult.

# What if a parent wants the baby back?

Parents who change their minds can begin the process of reclaiming their haby within 14 days. These parents should call the Los Angeles County Department of Children and Family Services at 1-800-540-4000.

# Can only a parent bring in the baby?

No. While in most cases a parent will bring in the haby, the haw allows other people to bring in the haby if they have lawful custody:

#### Does the parent or surrendering adult have to call before bringing in the baby?

No. A parent or automodering adult can bring in a baby anythine, 24 hours a day, 7 days a week, as long as the parent or surrandering adult surranders the baby to someone who works at the hospital or fire station.

#### Does the parent or surrendering adult have to tell anything to the people taking the baby?

In Los Angeles County: 1-877-BABY SAFE * 1-877-222-9723

No. However, hospital or fire station personnel will ask the surrendering party to fill out a questionnaire designed to gather important medical history information, which is very useful in caring for the baby. The questionnaire includes a stamped return covelope and can be sent in at a later time.

#### What happens to the baby?

The baby will be examined and given nuclical treatment. Upon release from the hospital, social workers immediately place the baby in a safe and loving home and begin the adoption process.

# What happens to the parent or surrendering adult?

Once the parent or surrendering adult surrenders the haby to hospital or fire station personnel, they may leave at any time.

#### Why is California doing this?

The purpose of the Safely Surrendered Baby Law is to protect babies from being abandoned, hurt or killed by their parents. You may have heard tragic stories of babies left in dumpsters or public bathrooms. Their parents may have been under sesere emutional distress. The mothers may have ludden their programmies, fearful of what would happen if their families found nuc-Because they were afraid and had no one or nowhere to turn for help, they abandoned their babies. Abandoning a haby is illegal and places the baby in extreme danger. Too often, it results in the haby's death. The Safely Sumendered Baby Law prevents this tragedy from ever happening again in California.

# A baby's story

Early in the morning on April 9, 2005, a healthy baby boy was safely surrendened to numes at Harbor-UCLA Medical Center. The woman who brought the haby to the hospital identified herself as the haby's aunt and stated the baby's mother had asked her to bring the baby to the hospital on her behalf. The aunc was given a bracelet with a number matching the anklet placed on the baby; this would provide some identification in the event the mother changed bet mind about surrendering the baby and wished to reclaim the baby in the 14-day period allowed by the Law. The aunt was also provided with a medical questionnaire and tail she would have the mother complete and mall back in the stamped return emclope provided. The baby was examined by medical suff and pronounced heakty and full-term. He was placed with a loving family that had been approved to adopt him by the Department of Children and Family Services.

# Ley de Entrega de Bebés Sin Peligro

Los recién nacidos pueden ser entregados en forma segura al personal de cualquier hospital o cuartel de bomberos del Condado de Los Ángeles

Sin pena. Sin culpa. Sin nombres.

En el Condado de Los Ángeles: 1-877-BABY SAFE • 1-877-222-9723 www.babysafela.org



#### EXHIBIT D



## ¿Qué es la Ley de Entrega de Bebés sin Peligro?

La Ley de Enirega de Sebés en: Peligio de California pennie la afficega contidencial de un recier Datido nor parte de sus paores u otras personas pou austocia legal es deor cualdase paraone a quier los paores le hayigt dado permisé Serrars que al babé legal hes días (72 hossis de vide o mados, y no have solucio abaso ni hacilipéncies policien entrepar a goén nacióo solarars de ser

Cada recién nacido se merece la oportunidad de tener una vida saludable. Si alguien que usted conoce está pensando en abandonar a un recién nacido, infórmele que tiene otras opciones. Hasta tres días (72 boras) después del nacimiento, se puede entregar un recién nacido al personal de cualquier hospital o cuartel de bomberos del condado de Los Angeles.

# Historia de un bebé

#### ¿Cómo funciona?

El pader/madre con dificultades que no pueda o no qu'era cuidar de su recien nacido porde entregado en forma legal. confidencial y segura dentro de los tres días (72 lions) del nacimentos. El lisbé debe ser entregado a un empleado de cualquier hospital o cuartel de bomberos del Condado de Los Ángeles. Siempre que el hebé nopresente signos de alusso o negligencia, no serf neuenin anniniarar nombres ni information algonal. Si el padre/madre cambia de opinión postenormente y deara recuperar a su bebé, los trabajadores utilizarin braziletes para poder vincularlos. El bebé llevará un brazalete y el paire/maire o el alulto que la entregue recibirà un brazalete antal.

#### ¿Qué pasa si el padre/madre desea recuperar a su bebé?

Los padres que cambien de opiejón pueden comenzar el pinerso de reclamar a su recién nacido dentro de los 14 días. Estos padres deberán llamar al Departamento de Servicios para Niños y Familias (Department of Children and Family Service) del Condado de Los Ángeles al 1-800-540-4000.

#### ¿Sólo los padres podrán llevar al recién nacido?

No. Si bien en la mayoría de los casos son los padres los que llevan al helat, la ley permite que otras personas lo hagan si tienen enundra legal.

#### ¿Los padres o el adulto que entrega al bebé deben llamar anies de llevar al bebé? No. El padre/madre o adulto puede llevar

al bebé en cualquier momenio, las 24 horas del día, los 7 días de la semana, siempre y cuando entreguen a su bebé a un empleado del hospital o cuantel de bomberos.

#### ¿Es necesario que el padre/ madre o adulto diga algo a las personas que reciben al bebé?

www.bebysafola.om

En el Condado de Los Angeles: 1-877-BABY SAFE • 1-877-222-9723

No. Sin embrigo, el personal del hospital o currel de bomberos le pedirá a la persona que entregue al belé que llene un cuestionario con la finalidad de recabar antecedentes médicos importantes, que resultan de grao utilidad para cuidar bien del bebé. El enertionario incluye un sobre con el sello postal pagado para enviario en otro momento.

#### ¿Qué pasará con el bebé?

El hebé serd examinado y le hristlarán atención médica. Cuando le den el alta del houpital, los trabajadorsa sociales inmediatamente obicarda al bebé en un hogar seguro donde estará hien atendida, y se comercará el proceso de adopción.

#### ¿Qué pasará con el padre/madre o adulto que entregue al bebé? Una ver que los padres o adulto hayan entregado al bebe al personal del hospital o cuanel de bomberos, pueden irte en cualquer momento.

#### ¿Por qué se está haciendo esto en California? ?

La finalidad de la Ley de Entrega de Bebér sin Peligro es proceger a los hebés para que no tean abandonados, fastimados o muartes por sus padres. Usted probablemente haya estudhado historias trágicas sobre belsés abandouados en hatarenos o en haños públicos. Los padros de eas bebés probablemente hayan estado parando por dificultades emocionales graves. Las madres pueden haber noufiado su embarato, por temor a lo que pasaria si an familias se enteraran. Abandonarun a sus bebés porque tenían miedo y no tenían nulie a quien pedir ayında. El abandono de un recién nacida es ilegal y prine al hebé en una situación de peligna exaremos. May a menudo el ahandono provoca la muerredel bebé. La Ley de Entroga de Rehén du Peligm impide que vuelva a saceder esta tragedia en California.

A la mafana temprario del día 9 de abril de 2005, se entregó un reción nacido caludable a las enferments del Harbor-UCLA Medical Center. La mujer que llevó el reción nacido al hospital se dío a conocer como la tía del hebé, y díjo que la madre le había pedido que llevara al hebé al hospital en su nombre. Le entregaron a la tía un bratalese con un número que coincidía con la pubera del bebé; esto serviría como identificación en caso de que la madre cambiara de opinión con respecto a la entrega del bebé y decidiera recuperado dentro del período de 14 días que permite esta ley. También le dieron a la tía un constituento médico, y ella díjo que la madre lo llenaría y lo enviaria de vuelta dentro del sobre con franquero pagado que le habíaridado. El personal médico ecantinó al bebé y se determinó que comba taludable y a término. El bebé fue ubicado con una huerta familia que ya había údo aprobada para adoptarlo por el Departamento de Servicion para Niños y Familiar.

tre tite casa a del sobre con nino. El lobé fue

## Chapter 2.206 DEFAULTED PROPERTY TAX REDUCTION PROGRAM

2.206.010 Findings and declarations.

2.206.020 Definitions.

2.206.030 Applicability.

- 2.206.040 Required solicitation and contract language.
- 2.206.050 Administration and compliance certification.
- 2.206.060 Exclusions/Exemptions.
- 2.206.070 Enforcement and remedies.
- 2.206.080 Severability.

#### 2.206.010 Findings and declarations.

The Board of Supervisors finds that significant revenues are lost each year as a result of taxpayers who fail to pay their tax obligations on time. The delinquencies impose an economic burden upon the County and its taxpayers. Therefore, the Board of Supervisors establishes the goal of ensuring that individuals and businesses that benefit financially from contracts with the County fulfill their property tax obligation. (Ord. No. 2009-0026 § 1 (part), 2009.)

#### 2.206.020 Definitions.

The following definitions shall be applicable to this chapter:

- A. "Contractor" shall mean any person, firm, corporation, partnership, or combination thereof, which submits a bid or proposal or enters into a contract or agreement with the County.
- B. "County" shall mean the County of Los Angeles or any public entities for which the Board of Supervisors is the governing body.
- C. "County Property Taxes" shall mean any property tax obligation on the County's secured or unsecured roll; except for tax obligations on the secured roll with respect to property held by a Contractor in a trust or fiduciary capacity or otherwise not beneficially owned by the Contractor.
- D. "Department" shall mean the County department, entity, or organization responsible for the solicitation and/or administration of the contract.
- E. "Default" shall mean any property tax obligation on the secured roll that has been deemed defaulted by operation of law pursuant to California Revenue and Taxation Code section 3436; or any property tax obligation on the unsecured roll that remains unpaid on the applicable delinquency date pursuant to California Revenue and Taxation Code section 2922; except for any property tax obligation dispute pending before the Assessment Appeals Board.

- F. "Solicitation" shall mean the County's process to obtain bids or proposals for goods and services.
- G. "Treasurer-Tax Collector" shall mean the Treasurer and Tax Collector of the County of Los Angeles. (Ord. No. 2009-0026 § 1 (part), 2009.)

## 2.206.030 Applicability.

This chapter shall apply to all solicitations issued 60 days after the effective date of the ordinance codified in this chapter. This chapter shall also apply to all new, renewed, extended, and/or amended contracts entered into 60 days after the effective date of the ordinance codified in this chapter. (Ord. No. 2009-0026 § 1 (part), 2009.)

# 2.206.040 Required solicitation and contract language.

All solicitations and all new, renewed, extended, and/or amended contracts shall contain language, which:

- Requires any Contractor to keep County Property Taxes out of Default status at all times during the term of an awarded contract;
- B. Provides that the failure of the Contractor to comply with the provisions in this chapter may prevent the Contractor from being awarded a new contract; and
- C. Provides that the failure of the Contractor to comply with the provisions in this chapter may constitute a material breach of an existing contract, and failure to cure the breach within ten days of notice by the County by paying the outstanding County Property Tax or making payments in a manner agreed to and approved by the Treasurer-Tax Collector, may subject the contract to suspension and/or termination. (Ord. No. 2009-0026 § 1 (part), 2009.)

# 2.206.050 Administration and compliance certification.

- A. The Treasurer-Tax Collector shall be responsible for the administration of this chapter. The Treasurer-Tax Collector shall, with the assistance of the Chief Executive Officer, Director of Internal Services, and County Counsel issue written instructions on the implementation and ongoing administration of this chapter. Such instructions may provide for the delegation of functions to other departments.
- B. Contractor shall be required to certify, at the time of submitting any bid or proposal to the County, or entering into any new contract, or renewal, extension or amendment of an existing contract with the County, that it is in compliance with this chapter is not in Default on any County Property Taxes or is current in

payments due under any approved payment arrangement (Ord. No. 2009-0026 § 1 (part), 2009.)

#### 2.206.060 Exclusions/Exemptions.

- A. This chapter shall not apply to the following contracts:
  - 1. Chief Executive Office delegated authority agreements under \$50,000;
  - A contract where Federal or State law or a condition of a Federal or State program mandates the use of a particular contractor;
  - 3. A purchase made through a State or Federal contract;
  - A contract where State or Federal monies are used to fund service-related programs including, but not limited to, voucher programs, foster care, or other social programs that provide immediate direct assistance;
  - 5. Purchase orders under a master agreement, where the Contractor was certified at the time the master agreement was entered into and at any subsequent renewal, extension and/or amendment to the master agreement;
  - Purchase orders issued by Internal Services Department under \$100,000 that is not the result of a competitive bidding process;
  - 7. Program agreements that utilize Board of Supervisors' discretionary funds;
  - 8. National contracts established for the purchase of equipment and supplies for and by the National Association of Counties, U.S. Communities Government Purchasing Alliance, or any similar related group purchasing organization;
  - 9. A monopoly purchase that is exclusive and proprietary to a specific manufacturer, distributor, reseller, and must match and intermember with existing supplies, equipment, or systems maintained by the County pursuant to the Los Angeles Purchasing Policy and Procedures Manual, Section P-3700 or a successor provision;
  - 10. A revolving fund (petty cash) purchase pursuant to the Los Angeles County Fiscal Manual, Section 4.6.0 or a successor provision;
  - 11. A purchase card purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section P-2810 or a successor provision;

- 12. A nonagreement purchase worth a value of less than \$5,000 pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section A-0300 or a successor provision; or
- A bona fide emergency purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual Section P-0900 or a successor provision;
- 14. Other contracts for mission critical goods and/or services where the Board of Supervisors determines that an exemption is justified.
- B. Other laws. This chapter shall not be interpreted or applied to any Contractor in a manner inconsistent with the laws of the United States or California. (Ord. No. 2009-0026 § 1 (part), 2009.)

#### 2.206.070 Enforcement and remedies.

- A. The information furnished by each Contractor certifying that it is in compliance with this chapter shall be under penalty of perjury.
- B. No Contractor shall willfully and knowingly make a false statement certifying compliance with this chapter for the purpose of obtaining or retaining a County contract.
- C. For Contractor's violation of any provision of this chapter, the County department head responsible for administering the contract may do one or more of the following:
  - 1. Recommend to the Board of Supervisors the termination of the contract; and/or,
  - 2. Pursuant to Chapter 2.202, seek the debarment of the contractor; and/or,
  - 3. Recommend to the Board of Supervisors that an exemption is justified pursuant to Section 2.206.060.A.14 of this chapter or payment deferral as provided pursuant to the California Revenue and Taxation Code. (Ord. No. 2009-0026 § 1 (part), 2009.)

#### 2.206.080 Severability.

If any provision of this chapter is found invalid by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect. (Ord. No. 2009-0026 § 1 (part), 2009.)

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UMMARY
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PERFORMANCE

The items listed under this Performance Requirements Summary (PRS) are not all encompassing, and any conflict or discrepancy between the requirements specified in Exhibits A through S, inclusive, of this Contract (Exhibits A-S) and this PRS, Exhibits A-S shall control. The County reserves any bart of this Contract any bart of this Contract any bart of this Contract and this PRS, to clarify Performance Requirements are not any bart of this Contract bart with the requirements set forth in Exhibits A-S, to clarify Performance Requirements and any bart of this Contract bart of this Contract.

any part of this Contract.		and a set rout in Exmons A-S, to clarify Performance Requirements, or to monitor	ify Performance Rec	quirements, or to monitor
Required Service/Tasks	Performance	Deductions for Eather		
	Indicator	to Meet Performance Indicator*	compilance	Comments
A. SCOPE OF WORK				
1. Ridership Productivity	a. Contractor fails to meet the average	\$500 per month		
	Service of 2.5 passenger per nour level of by Contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most the contractor fails to most to most to most to most to most to most to most to most to most to most to most to most to most to most to most to most to most to most to most to most to most to most to most t		ON/O	
	Service of 2.0 passengers per hour.	\$1,000 per month		
2. On-Time Performance	a Contractor foils to much a			
	performance level of 95 percent in any month.	\$500 per month	□Yes □No	
	<ul> <li>b. Contractor fails to meet an on-time performance level of 90 percent in any month.</li> </ul>	\$1,000 per month	V/N	
	<ul> <li>c. Contractor fails to meet an on-time performance level of 85 percent in any month.</li> </ul>	\$2,000 per month	<del></del>	
3   condth of Dia-				
	Contractor fails to disembark a rider at the scheduled destination within 59 minutes from the rider embarking.	\$200 per occurrence up to a maximum of \$1,000 per month.	□Yes □No N/A	
4. Valid Complaints	Anv valid passenger's comploint on a			
-	result of the Contractor's actions which could have reasonably been prevented.	\$250 per complaint, up to a maximum of \$2,000 per month.	□Yes □No N/A	
5. Repeated Patron Valid	Anv repeated (three or more) volid			
Complaints	complains concerning the same patron over a six month period.	a∠ou per complaint, up to a maximum of \$2,000 per month	□Yes □No □N/A	

*Deductions may be imposed in addition to the Liquidated Damages at the sole discretion of the Contract Manager. Page 1 of 7

The items listed under this Perfor requirements specified in Exhibits / the right to modify this PRS at any t any part of this Contract.	The items listed under this Performance Requirements Summary (PRS) are not all encompassing, and any conflict or discrepancy between the requirements specified in Exhibits A through S, inclusive, of this Contract (Exhibits A-S) and this PRS, Exhibits A-S shall control. The County reserves any part of this Contract.	tre not all encompassing, ar xhibits A-S) and this PRS, Ex t forth in Exhibits A-S, to clar	nd any conflict o hibits A-S shall c ify Performance I	r discrepancy between the ontrol. The County reserves Requirements, or to monitor
Kequired Service/Tasks	Performance Indicator	Deductions for Failure to Meet Performance Indicator*	Compliance	Comments
	Any scheduled trip is not made.	\$250 per trip, up to a maximum of \$2,000 per month	□Yes □No □N/A	
7. Non-ADA Service Vehicle	Contractor replaces a Service Vehicle with a non ADA-compliant Service Vehicle.	\$500 for the first occurrence and \$1,000 for each subsequent occurrence	□Yes □No N/A	
8. Reporting	Contractor fails to submit monthly reports and the NTD Paratransit Annual Summary Report as described in this Contract within the due date described; Submitted reports should be mostly free from errors.	\$100 per late report per calendar day, up to a maximum of \$1,000 per month; \$200 per report with more than 10 errors, up to a maximum of \$1,000	□Yes □No □N/A	
<ol> <li>Shutdown of Service Vehicles</li> </ol>	Service Vehicle removed from Service as a result of an unsatisfactory rating by the CHP.	\$250 per day per Service Vehicle, up to a maximum of \$1,000 per Service Vehicle per month	□Yes □N/o □N/A	
10. Preventive Maintenance	Failure to meet standard per the OEM and Exhibit M, Preventive Maintenance.	Nonpayment of Service miles or hours operated by vehicles exceeding the PMI intervals or liquidated damages of \$500 per Vehicle per day, whichever is higher, up to a maximum of \$5,000 per month	□Yes □N/A □N/A	

*Deductions may be imposed in addition to the Liquidated Damages at the sole discretion of the Contract Manager. Page 2 of 7

EXHIBIT F.2A

PERFORMANCE REQUIREMENTS SUMMARY

SUMMARY
REQUIREMENTS
PERFORMANCE

EXHIBIT F.2A

The items listed under this Performance Requirements Summary (PRS) are not all encompassing, and any conflict or discrepancy between the requirements specified in Exhibits A through S, inclusive, of this Contract (Exhibits A-S) and this PRS, Exhibits A-S shall control. The County reserves the right to modify this PRS at any time consistent with the requirements set forth in Exhibits A-S, to clarify Performance Requirements, or to monitor any part of this Contract.

Required Service/Tasks	Performance Indicator	Deductions for Failure to Meet Performance Indicator*	Compliance	Comments
11. Weekly Maintenance Inspections	Failure to meet Weekly Maintenance Inspection standard.	\$200 per Service Vehicle per Service day up to a maximum of \$2,000 per month	□Yes □No □N/A	
12. Daily Vehicle Inspection (DVI) Reports	<ul> <li>Failure to perform a satisfactory DVI (pre-trip and post trip).</li> </ul>	\$100 per Service Vehicle per Service day up to a maximum of \$1,000 per month	0Yes 0No NIA	
13. Deficient Service Vehicle Condition	Rejection of Service Vehicle as a result of deficient mechanical condition or unacceptable Service Vehicle appearance.	\$250 per day per Service Vehicle up to a maximum of \$1,000 per Service Vehicle per month	□Yes □No □N/A	
14. Permanent Service Vehicle Rejection	Service Vehicle is rejected permanently by Contract Manager as a result of Service Vehicle condition.	\$250 per day per Service Vehicle up to a maximum of \$1,000 per Service Vehicle per month	□Yes □No □N/A	

*Deductions may be imposed in addition to the Liquidated Damages at the sole discretion of the Contract Manager. Page 3 of 7

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The items listed under this Performance Requirements Summary (PRS) are not all encompassing, and any conflict or discrepancy between the requirements specified in Exhibits A through S, inclusive, of this Contract (Exhibits A-S) and this PRS, Exhibits A-S shall control. The County reserves any bart of this Contract any part of this Contract any part of this Contract and the requirements set forth in Exhibits A-S to clarify barted.

insistent with the requirements set forth in Exhibits A-S, to clarify Performance Requirements, or to monitor	ance Comments						
rify Perfor	Compliance	□Yes □N/A	□Yes □No □N/A	□Yes □No □N/A	UVes UNo UNA	□Yes □No N/A	
t forth in Exhibits A-S, to cla	Deductions for Failure to Meet Performance Indicator*	\$500 per cited Service Vehicle \$200 per Service Vehicle that has not passed its smog check	\$1,000 per Service Vehicle per day, up to a maximum of \$4,000 per Service Vehicle per month	\$200 per Service Vehicle per Service day, up to a maximum of \$2,000 per Service Vehicle per month	\$200 per business day after the deadline, up to a maximum of \$2,000 per month	\$100 per business day after the deadline, up to a maximum of \$1,000 per month	Ananar
	Performance Indicator	<ul> <li>a. Service Vehicle fails to pass a smog test, receives a complaint, or is cited for engine emissions violation.</li> <li>b. Contractor does not submit the required smog check certificates to Contract Manager biennial within 30 days after State vehicle emissions testing has been performed.</li> </ul>	Contractor is either performing maintenance and/or subcontracting maintenance in violation of Exhibit A Section E, Vehicle Storage, Maintenance, and Fueling Facilities.	Failure to store County Service Vehicles in accordance with this Contract.	Contractor fails to implement the required fully operational comprehensive and integrated Advanced Vehicle Information and dispatch system.	Failure to implement Internet access and e-mail, use/maintain the system, train the personnel within the time periods allotted as specified in Exhibit A, Section D.	*Deductions may be imposed in addition to the Liquidated Damages at the sole discretion of the Contract Manager
any part of this Contract.		15. Vehicle Emissions (Engine Smog)	16. Violation of Subcontracting of Maintenance	17. Storage of County Service Vehicles	18. Implementation of Dispatch Software and Advanced Vehicle Electronics	19. Implementation of E- mail and internet Access	Deductions may be imposed in addition to the Liqu

Page 4 of 7

EXHIBIT F.2A

The items listed under this Perfor requirements specified in Exhibits / the right to modify this PRS at any i any part of this Contract.	The items listed under this Performance Requirements Summary (PRS) are not all encompassing, and any conflict or discrepancy between the requirements specified in Exhibits A through S, inclusive, of this Contract (Exhibits A-S) and this PRS, Exhibits A-S shall control. The County reserves any part of this Contract.	re not all encompassing, a xhibits A-S) and this PRS, E) t forth in Exhibits A-S, to cla	nd any conflict o chibits A-S shall co rify Performance R	r discrepancy between the ontrol. The County reserves tequirements, or to monitor
Required Service/Tasks	Performance Indicator	Deductions for Failure to Meet Performance	Compliance	Comments
20. County Service Vehicle Warranty	Any warranty coverage of the County Service Vehicles is lessened or invalidated, and/or warranty items are not covered due to neglect.	At least 50 percent and up to 100 percent of the cost to repair each item	□Yes □No □N/A	
21. Operating Outside of Service Areas	Service Vehicle is operated outside its assigned Service area as specified in this Contract without prior approval from County.	\$100 per occurrence per Service Vehicle, up to maximum of \$1,000 per Service Vehicle per month	□Yes □No □N/A	
22. Controlled Substance and Alcohol Testing	Report results of random testing and other associated tests to County on quarterly basis on form shown in Exhibit Q. Submit the form to the County within 15 days after the end of the quarter.	\$100 per calendar day, up to a maximum of \$1,000 per month for late reports	□Yes □N/A	
23. Maintenance Personnel	Training and/or ASE H-4 Transit Bus Brake test certified and Section 609 of the Clean Air Act certified as specified in Exhibit A, Section L.7.	\$500 per maintenance employee per month up to a monthly maximum of \$1,000	□Yes □N/A	
24. Unresolved Service Vehicle Claims	Settlement is not made within 90 calendar days of the date of loss.	\$1,000 per week, up to a maximum of \$4,000 per month	□Yes □N/A	

*Deductions may be imposed in addition to the Liquidated Damages at the sole discretion of the Contract Manager. Page 5 of 7

EXHIBIT F.2A

PERFORMANCE REQUIREMENTS SUMMARY

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PERFORMANCE REQUIREMENTS SUMMARY	The items listed under this Performance Requirements Summary (PRS) are not all encompassing and an requirements
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requirements specified in Exhibits A through S, inclusive, of this Contract (Exhibits A-S) and this PRS, Exhibits A-S shall control. The County reserves the right to modify this PRS at any time consistent with the requirements set forth in Exhibits A-S, to clarify Performance Requirements, or to monitor

Portified Contract.		to clarity Performance Requirements, or to monitor	Ity Performance	Requirements, or to monitor
System our vice lasks	Performance Indicator	Deductions for Failure to Meet Performance Indicator*	Compliance	Comments
25. Misuse of County	Evidence of misuse or if Continue and			
Service Vehicles	for any County Service Vehicle exceeds Revenue Miles by at least 25% in any calendar month.	\$1,000 per month, per occurrence	⊡Yes ⊡No □N/A	
26. Service Vehicle				
Transfer Audit	Vehicle transfer per Exhibit A, Section Vehicle transfer per Exhibit A, Section CC. z., of this Contract for any County Service Vehicle, beginning one week after the completion of the transfer of service.	May include \$100 per County Service Vehicle per week for late PMI records, up to two monthly Service invoice payments for outstanding costs. If not sufficient, then County will invoice the Contractor for the difference	□Yes □No □N/A	
<ol> <li>rrealin, Safety, and Comfort</li> </ol>	Wheelchair ramp/lift, air conditioning, and/or heating system for the	\$250 per day per Service		
	service.	Vehicle, up to a maximum of \$1,000 per Service Vehicle per month	N/D	
28. Fines by Regulatory and	Fined by a local regional State			
Governmental Agencies	Federal regulatory or governmental agency as a result of the Contractor's negligence or failure to comply with any Federal, State, or local rules, regulations, or requirements.	Equal to the fine(s) [1] charged to the County by a [1] regulatory or governmental [1] agency	□Yes □N/A	

*Deductions may be imposed in addition to the Liquidated Damages at the sole discretion of the Contract Manager. Page 6 of 7

# EXHIBIT F.2A

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The items listed under this Performance Requirements Summary (PRS) are not all encompassing, and any conflict or discrepancy between the requirements specified in Exhibits A through S, inclusive, of this Contract (Exhibits A-S) and this PRS, Exhibits A-S shall control. The County reserves the right to modify this PRS at any time consistent with the requirements set forth in Exhibits A-S, to clarify Performance Requirements, or to monitor any bar of this Contract.

any part of this Contract.				
Kequired Service/Tasks	Performance Indicator	Deductions for Failure to Meet Performance Indicator*	Compliance	Comments
29. AVL Devices	If the AVL device is damaged, removed, lost, or stolen.	\$50 per AVL device per Service day after the two- week period following date of loss/damage until the AVL device is replaced, up to a maximum of \$1,000 per month	DVes DN/A DN/A	
30. Timely Repairs to County-Provided Service Vehicles	Failure to repair County Service Vehicles in a timely manner to maintain proper operating and appearance standards.	\$500 in per Service Vehicle per Service day, up to a maximum of \$2,500 per Service Vehicle per month	□Yes □No □N/A	

*Deductions may be imposed in addition to the Liquidated Damages at the sole discretion of the Contract Manager. Page 7 of 7

#### Service Requirements

Operating hours of Service shall be from 7:30 a.m. to 5:30 p.m., Monday through Friday, 8 a.m. to 4 p.m. on Saturday, and 9 a.m. to 1 p.m. on Sunday. Operating hours of Service may be revised to meet the changing needs of the communities. This will be done through a 30-calendar day written notice from Director to Contractor.

Service will not operate on the following major holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

A minimum of 24 hours advance reservation shall normally be required to schedule rides and patrons shall specify whether a lift-equipped vehicle is required; however, same day Service will be provided subject to availability of capacity.

Every effort will be made to pick up patrons no later than 20 minutes after the scheduled pickup time. Contractor shall provide backup Service to patrons in emergency situations when deemed necessary by Contractor to satisfy needs and avoid disruption of normal Service, at no additional cost to County. Group rides shall be emphasized and encouraged.

Service shall be restricted to eligible elderly persons (60 years and older) and persons with disabilities and their escorts. Persons with disabilities are persons who by reason of physical or mental disabilities cannot reasonably use conventional transportation. Contractor and County shall determine eligibility of patrons and Contractor shall maintain appropriate records (including Applications for Eligibility, Roster of Eligible Riders, etc.) and shall screen incoming calls for Service against such roster to ensure that only eligible patrons use this Service. Director will review and, if appropriate, approve Contractor's methodology for determining eligibility.

#### Service Area

Service shall be provided for residents in the unincorporated County area of East Los Angeles. Initial pick up shall occur in County unincorporated area only, identified on the map in this Exhibit G.1. Eligible destinations are those within the unincorporated County area identified in this Exhibit G.1 and the surrounding cities up to approximately three miles outside of the unincorporated County area boundaries identified in this Exhibit G.1. Trips beyond this three-mile limit, except to the destinations indicated below, are prohibited unless prior approval is received from Director. This approval will be documented by an e-mail from the Contract Manager to the Contractor.

## Nutrition and Medical Site Locations

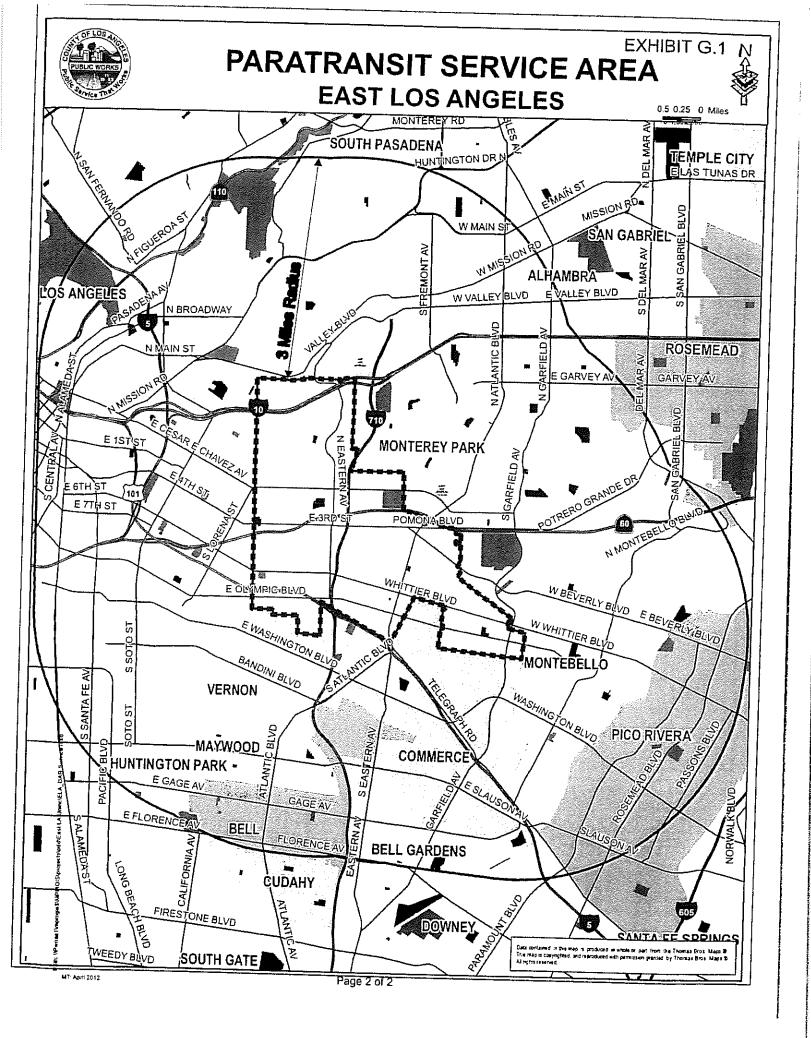
Golden Age Village Langley Montebello

234 North Rural 400 Emerson Place 115 South Taylor

Monterey Park Monterey Park Montebello

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Page 1 of 2



## COUNTY-PROVIDED SERVICE VEHICLES

## EAST LOS ANGELES PARATRANSIT SERVICE

## **Delivered to Contractor at The Start of the Contract**

VEHICLE	I.D.	MAKE	MODEL	YEAR	SEATING	MILEAGE As of 6/1/17	VIN #	FUEL
1	L101	Mobility Ventures	MV-1	2016	3 + 1 wheelchair	100	57WMD2C61GM100513	Gasoline
2	L102	Mobility Ventures	MV-1	2016	3 + 1 wheelchair	100	57WMD2C61GM100592	Gasoline
3	L103	Mobility Ventures	MV-1	2016	3 + 1 wheelchair	100	57WMD2C65GM100272	Gasoline
4	L104	Mobility Ventures	MV-1	2016	3 + 1 wheelchair	100	57WMD2C66GM100216	Gasoline
5	L105	Mobility Ventures	MV-1	2016	3 + 1 wheelchair	100	57WMD2C66GM100300	Gasoline
6	L182	Chevy	Uplander	2008	2 + 1 wheelchair or 4	158,369	1GBDV13W88D154134	Gasoline
7	L188	Chevy	Uplander	2008	2 + 1 wheelchair or 4	134,836	1GBDV13W38D154090	Gasoline

## CONTRACTOR-PROVIDED SERVICE VEHICLE REQUIREMENTS

## Section 1. Service Vehicle Information:

A. The following Contractor-provided Service Vehicles will be assigned to operate the service routes and/or as spares to this Service:

CONTRACTOR'S UNIT NUMBER		DESCRI	PTION		FUEL- TYPE
	Make	Model	Year	Seating	
Ny kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina mina kaominina					
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- B. The Contractor-provided Service Vehicles and all of the Contractor's spare vehicles shall meet the terms specified in the Scope of Work and the details listed in the following pages of this Exhibit.
- C. The Contractor may substitute other services vehicles, as agreed upon in writing by the Contractor and the Contract Manager.

# Section 2. Contractor-Provided Service Vehicle Specifications, for New or Used Service Vehicles:

#### Dial-A-Ride Vehicles

- Low floor Minivan, Type 4 such as a Chevy Uplander Braun, or approved equivalent with a County-approved wheelchair ramp
- Cutaway-type Vehicles, Type 2 such as a Chevy Glaval Titan, or approved equal with wheelchair lift or ramp
- Vehicles shall be 5 years old or newer, with no more than 150,000 miles (minivan)
- Vehicles shall be 7 years old or newer, with no more than 200,000 miles (cutaway)
- Cutaways to be low-emission gasoline or propane-powered (LPG)
- Cutaways to accommodate a minimum of 8 ambulatory passengers or 6 ambulatory passengers and two wheelchair passengers

- Minimum 12,000 lbs. GVWR (cutaways) .
- Folding seats to be provided in the wheelchair area (folding seats cannot be used while these locations are occupied by wheelchairs)
- Approximately 55,000 BTU passenger area air-conditioning system (cutaways)
- Approximately 24,000 BTU passenger area heater (cutaways)
- Backup alarm
- Ricon model S-2005 or an approved equivalent with a County-approved, fully automatic wheelchair lift to include: manual backup, handrails, California brake interlock, lift pad kit, lift lighting, fully compliant with current ADA requirements and regulations (cutaways)
- ADA-compliant securement system for two wheelchair passengers
- 10 lbs. ABC Fire Extinguisher, first-aid kit, reflector kit
- Inside and outside signage
- Fare Box

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#### **EXHIBIT J**

# SERVICE VEHICLE APPEARANCE/CLEANLINESS CHECKLIST

	Date/Time	Vehicl	e No
EXTERIOR	VERY GOOD		UNACCEPTABLE
Windshield Windows Body-Front and Sides Body-Rear Fuel Filter Area Wheels Rubber/Vinyl Parts			
INTERIOR			
Entry/Driver Area Windshield Floor/Aisle Seats Seat Backs Windows Lift or Exit Door Area Sidewall Panels Modesty Panels Stanchions/Grabrails Information Display Area Subtotal			
OVERALL RATING			
		VERY GOOD	
		ACCEPTABLE	
		UNACCEPTABLE	

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## DRIVER'S DAILY VEHICLE REPORT

BUS NO MILEAGE	DATE ROUTE
OPEN HOOD & CHECK! COOLANT, OIL, BATTERY, WASHER FLUID LEVELS, FAN BELTS & WIRING ENTER BUS & CHECK!	DRIVE BUS FORWARD & APPLY BRAKES ACTIVATE ALL LIGHTS & CHECK! AMMETER, ALL INTERIOR LIGHTS, HEADLIGHTS, (HIGH & LOW BEAM INDICATOR)
☐STEPS, GRAB HANDLES & RAILS, WINDOWS, WARNING DEVICES, FIRST AID KIT, FIRE EXTINGUISHER, CLEANLINESS & INSIDE EMERGENCY EXITS ☐WHEELCHAIR LIFT OPERATION AND SECUREMENTS	SET PARKING BRAKE, PUT TRANSMISSION IN NEUTRAL WITH ENGINE RUNNING & ALL LIGHTS ON, CHECK FOLLOWING EQUIPMENT OUTSIDE BUS RIGHT FRONT WHEEL AND TIRE RIGHT SIDE MARKER LAMPS
RECORD ODOMETER READING	UTURN SIGNAL LIGHTS AND REFLECTORS RIGHT REARVIEW MIRROR & MOUNTING HEADLIGHTS & TURN SIGNALS CLUSTER, CLEARANCE AND LD LIGHTS
START ENGINE & CHECK! NEUTRAL SAFETY SWITCH OPERATION GEAR SHIFT LEVER OPERATION SERVICE BRAKE WARNING BUZZER & LIGHT BRAKE INTERLOCK STEERING WHEEL PLAY WINDSHIELD WIPERS AND WASHERS HEATER AND DEFROSTER HORN SERVICE DOORS (OPEN & CLOSE) ALL MIRRORS WATER TEMPERATURE, FUEL, VACUUM, OIL OR AIR PRESSURE GAUGES PARKING BRAKE WARNING BUZZER & LIGHT SEAT BELT(S) SERVICE BRAKES	DESTINATION SIGN OR IDENTIFICATION SIGNAGE WINDSHIELD LEFT REARVIEW MIRROR & MOUNTING LEFT REARVIEW MIRROR & MOUNTING LEFT FRONT WHEEL AND TIRE DRIVER'S SIDE WINDOW LEFT SIDE MARKER LAMPS & TURN SIGNAL LIGHTS AND REFLECTORS LEFT REAR WHEELS AND TIRES EXHAUST SYSTEM CONDITION LOOK UNDER VEHICLE FOR LEAKS REAR CLUSTER, CLEARANCE AND I.D. LIGHTS TAILLIGHTS, TURN SIGNALS & REFLECTORS RIGHT REAR WHEELS AND TIRES FUEL TANK FILLER TANK CAPS
	SATISFACTORY

REMARKS:_____

DRIVER'S SIGNATURE(S)	TIME	MECHANIC SIGNATURE(S)
2		1
3		2
4		DATE REPAIRS COMPLETED:

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CONF		Complete form with	UNTY COUNSEL IN DEF LES DEPT. of PUBL S MUST BE REPORTED IMM hin 24 hours of vehicle coll a, attach an additional shee itten) to Employee Health	EDIATELY BY TELEPHONE islon and submit to your s	TO EMPLOYEE H	RICTS, AND EN	1
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Wo	vrk Location		Driver's Lic. No.			nittee 🛛 Yes	
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PA	Phone Work:	(Street)	Home:	——————————————————————————————————————	(City)		
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INJURED	Check One:  Name Address	Injured	C Witness	C Fatality			
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	Driver Lícense No.	8)	(Address) State	(City)	(State	e) (Zip)	(Phone)
					).		
(2)	Employer			Policy No.			
OTHER VEHICLE	(Nane	or Person or Co )	(Address)	(City)	(State	/ (Zip)	(Phone)
H	Vehicle (Year)	(Make)	(Model or Type)	Veh. Lic. No.			(Friche)
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L L	Vehicle(Year)		······	(City)	(State)	(Zip)	(Распе)
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Ξ.	Parts Damaged		• F - 2	(	Year)	(Number)	(State)
OTHER VEHICLE (3)	Registered Owner		in the		****		
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	Home Address	(Street)			Но	ime	
		·····		(City)	(State)	(Zip)	

## Exhibit L.1

Police Report	🗆 Na	Photograph	s Attached   Yes Station	🗆 No	
DRAW A DIAGRAM AND SHO	WHOW INCIDENT OCC	URRED		$\cap$	
Show your vehicle as		😳 , 💽 etc.			) INDICATE NORTH
				HOW the location and position of Vehici HOW the name of the street(s) and loca mais, number of lares, and any import	
EXPLAIN CLEARLY HOW INCI	DENT OCCURRED; ADD	TIONAL SHEETS ATTACH	ED 🗌 Yes 🗌 No		
Was your Vehicle legally park		i No. If No, comple	ete items (1)-(10) at th	ne bottom of this page.	
SUPERVISOR'S REPORT OF IN	CIDENT: ADDITIONAL SI		Yes 🗆 No		
(1) MOVEMENT	(3) AMOUNT OF	ITEMS (5) ROAD SURFACE	(7) ball a market		
Straight Ahead     Lane Change     Making Right Turn     Making Left Turn     Standing     Parked     Backing     Rolling Back     Moving Unattended     (2) TRAFFIC CONTROLS     None Present     Green Signal     Yellow Signal	TRAFFIC No Other Light Medium Heavy-Flowing Congested (4) TERRAIN Levet Upgrade Downgrade Hill Crest Dip	Concrete Asphalt Oiled/Gravel Unpaved Other (6) VISIBILITY Good Fair Poor Very Poor	(7) WEATHER Clear Rain Dusty Snow Heavy Smog Other (8) ROAD CONDITIC Dry Wet Muddy Snowy or Icy	(9) EVASIVE ACT by Co. Driver Locked Brai Hard Brakes Slowed/Stop Steered Aw, Accelerated None (10) SAFETY BEL Installed, No Installed and Not Installed Vehicle Uno	kes s oped ay TS tWorn I Worn
Red Signal Flashing Signal Stop Sign	Total Yrs. Driv. For Co.	Total Yrs. D	iv. this type Veh.	Total Yrs. Driv.	
Warning Sign Construction Sign Other	EMPLOYEE NAME (PRINT) SUPERVISOR NAME (PRINT)		SIGNATURE	DATE	
		EPRESENTATIVE NAME (PRINT	SIGNATURE	DATE	
Rev 05/16		FRESENTATIVE NAME (PRINT	SIGNATURE	DATE	

Page 2 of 2

## PREVENTIVE MAINTENANCE

On County-Owned Vehicles and Contractor-Provided and operated Service Vehicles the Contractor shall follow the Original Equipment Manufactures (OEM) required Preventive Maintenance Inspection (PMI) program, or the following, whichever is more stringent.

#### SECTION 1. EQUIPMENT

The preventive maintenance inspection services hereinafter referred to as PMI services, as described herein, shall be performed on the following County-Owned vehicles. These vehicles are gasoline-powered.

Fleet No.	Make and Year	Model	VIN
L-162	Chevrolet 2001	Venture/Ricon	1GNDX03E11D21397
L-177	Chevrolet 2001	Venture/Ricon	1GNDX03EX1D21948
L-189	Chevrolet 2008	Uplander/Braun	1GBDV13W18D153102
L-190	Chevrolet 2008	Uplander/Braun	1GBDV13W28D15272
L-191	Chevrolet 2008	Uplander/Braun	1GBDV13W48D151604
L-192	Chevrolet 2008	Uplander/Braun	1GBDV13WX8D150652
L-193	Chevrolet 2008	Uplander/Braun	1GBDV13W78D151144
L-194	Chevrolet 2008	Uplander/Braun	1GBDV13W48D150534
L-195	Chevrolet 2008	Uplander/Braun	1GBDV13W88D149631
L-204	Chevrolet 2010	4500 Glaval Titan	1GB9G5AG0A1104709
L-205	Chevrolet 2010	4500 Glaval Titan	1GB9G5AGXA1104524

## SECTION 2. SERVICE PROVISIONS

PMI Services to be provided by Contractor shall consist of levels hereinafter referred to as "A," "B," "C", "J," and "I" PMI Services and shall be conducted at vehicle mileage or time intervals as described herein. All inspections and/or services shall be documented. Items identified as in need of correction or repair must be listed on each inspection or service.

Minivans:

#### A. <u>PMI Service Sequencing</u>

- 1. "A" Service occurs every 3,000 vehicle miles or 45 days, whichever occurs first. An "A" Service occurs as part of every "B" and "C" Service.
- 2. "B" Service occurs every 24,000 vehicle miles or 12 months, whichever occurs first. The "B" Service occurs as part of every "C" Service.
- "C" Service occurs every 48,000 vehicle miles or bi-annually (every other year), whichever occurs first.
- 4. "J" inspection occurs every 45 days regardless of mileage.
- 5. "I" inspections occurs a minimum of once per week. More frequent "I" Service may be required by the County depending upon demonstrated vehicle reliability.
- 6. "DVI" Daily Vehicle Inspection Report. This is a legally required document prepared each day by the vehicle operator (driver) regarding the vehicle to be operated. A copy is to be retained by the Contractor maintenance shop and <u>any</u> repair work documented. This report requirement is explained in more detail in the "Operator Requirements" section of this document.

	Service Miles	PMI Service	<u>Service</u> Includes
45 Days maximum	3,000	А	J&I
12 Months maximum	24,000	В	A, J & I
2 Years maximum	48,000	С	A, B, J & I
45 Days maximum	45 Days Inspection	J	
Weekly maximum	Weekly Inspection	I	

Pre-trip and Post-trip inspection by the operator (driver) – Daily DVI

Note: PMI Service sequencing every 2 years or 48,000 vehicle service miles, whichever occurs first.

B. <u>Scope of Service</u>

Contractor shall perform (or cause to have performed) the following PMI Services on the County-owned Vehicles at or prior to the Service mileage/time sequencing identified in Section 'A', above.

- C. Inspections/PMI Services
  - 1. "<u>A" Inspection (PMI) Service (3,000 miles or 45 days)</u>

(includes the following items, but not limited to)

- Change engine oil
- Replace engine oil filter
- Engine idle speed (check & adjust)
- Engine throttle linkage; check operation
- Check transmission fluid level
- Inspect driveline
- Driveline "u-joints", lubricate
- Inspect shock absorbers
- Check Front wheels for play wheel bearings, ball joints and leaks
- Coolant, check and record protection and condition
- Pressure Test coolant system and radiator cap, check condition of hoses and clamps,
- Differential oil level, check
- Brake fluid level
- Battery(s) specific gravity; check
- Load Test battery(s)
- Clean battery terminal connections

- Test and Record Alternator Readings
- Inspect brakes for operation and wear. Record percentage of pad and/or lining remaining
- Inspect brakes, and adjust as necessary
- Measure and record tire tread depth
- Check and record tire pressures (including spare tire)
- Inspect tire rims and mounting
- Check tire rim mounting bolt torque
- Inspect tires, if irregular wear present perform alignment
- Check Steering for free play
- Check Steering fluid level
- Check steering box mounting
- Check steering box
- Check steering linkage, lubricate
- Road test for steering and suspension
- Accessory drive belt tension, measure and record
- Inspect accessory drive belts for wear and tension; record result
- Inspect exterior lamps for operation
- Inspect interior lamps for operation
- Inspect dash panel for operation of all switches gauges and lamps
- Inspect upper (overhead) panel for operation of all switches gauges and lamps
- Inspect all doors for adjustment and smoothness of operation
- Inspect wheelchair ramp/lift for operation and adjustment; including the interlock device
- Clean and lubricate wheelchair lift

Page 4 of 12

- Cycle wheelchair ramp/lift in manual (emergency) check hydraulic fluid level mode
- Inspect glazing for operation and cracks
- Operate emergency escape windows
- Inspect seats for damage, soiling
- Inspect floor covering and step treads for damage
- Measure and record A/C output temperature front and rear
- Test heating (front and rear) for output. Clean immediate area surrounding rear heater unit. (cutaway vehicles only)
- Inspect exhaust system, correct deficiencies
- Inspect fire extinguisher charge and expiration
- Inspect other vehicle safety devices/equipment
- Inspect wiper, washer operation, fluid level
- Tire rotation
- Fluids spill kit

Plus other additional items as deemed appropriate.

## 2. <u>"B" Inspection/Service (24,000 miles/12 months)</u>

(included, but not limited to)

- "A" inspection; "J" inspection and "I" inspection
- Replace Engine air filter
- Replace Engine fuel filter
- Service Transmission, replace transmission filter
- Replace passenger compartment air filter
- Repack front wheel bearings
- Align front wheels

Check front suspension and all shock absorbers

Plus other additional items as deemed appropriate.

3. <u>"C" Inspection/Service (48,000 miles/Bi-Annual)</u>

(included but not limited to)

- "A" Inspection
- "B" Inspection
- Engine coolant; replace
- Flush engine block and radiator
- Replace engine coolant thermostat
- Replace coolant hoses, clamps as necessary
- Replace radiator pressure cap
- Drain and refill differential
- Replace brake fluid

Plus other, additional items as deemed appropriate.

4. "J" Inspection ("45" day inspection/45-day cycle only)

(included, but not limited to)

- Legal requirements, 13 CCR 1232(b)
- Inspection must be a maintained as a part of State law
- Brake inspection, record percentage of pad or linings remaining; adjust as necessary
- Inspect brake system for leaks, brake fluid level, ad fluid as needed
- Inspect accessory drive belts for condition; measure belt tensions and record
- Inspect all hoses and lines for condition
- Inspect tires

- Inspect wheels and wheel mountings
- Inspect steering
- Inspect suspension
- Inspect vehicle safety devices
- Inspect vehicle safety equipment
- Inspect vehicle exhaust system
- Inspect vehicle wiper/washer operation/fluid level

Plus other additional items as deemed appropriate.

5. <u>"I" Service level (minimum once per week)</u>

Contractor shall perform the PMI Service level "I" in accordance with California Code Regulations Title 13, Section 1234(f) and California Vehicle Code Section 34500.

Contractor is responsible for and shall conduct an "I" Service at frequent intervals (minimum weekly) utilizing gualified maintenance personnel.

PMI Service Level "I" shall include, but not be limited to the following:

#### "I" Service (minimum weekly)

(included, but not limited to)

- Engine Drive belts inspection
- Engine oil level
- Engine coolant level
- Transmission fluid level
- Interior lights
- Exterior lights
- Brake operation
- Parking brake operation
- Instrument cluster (gauge operation and lighting)

- Tire pressure to specification
- Front wheel bearings (leaks and/or play)
- Directional Signals and Flashers
- Horn operation
- "Back-up" alarm operation
- Door operation
- Wheelchair lift or ramp and the interlock operation
- Wheelchair lift or ramp operation
- Emergency escape window operation
- Wiper/washer operation
- Measure and record A/C output temperature for both the front and rear passenger air vents
- Check under vehicle for any fluid leads
- Note any body damage
- Vehicle cleanliness interior/exterior

Plus other additional items as deemed appropriate.

## 6. "DVI" Daily Pre-trip/Post-trip Vehicle Inspection

- By operator (driver) of vehicle
- Required inspection. 13 CCR 1215 (a)/Section 34500 CVC
- Contractor shall cause assigned driver (operator) of revenue service vehicle to conduct a vehicle "Pre-trip" inspection of said vehicle prior to operating (driving) said vehicle "Post-trip" on a daily basis, signed by the assigned operator (driver) of the vehicle.
- The vehicle defect report is required as a matter of record, whether or not any defects are found

Note: This inspection is not a pure maintenance function inspection, but rather conducted by the operator (driver) of the vehicle. Further detail of the "DVI"

inspection is explained in the "operations" section of this document. Also under "Record Keeping Requirements."

#### D. <u>Services Not Included</u>

The following services shall be performed as part of the Contractor's regular maintenance. These items will be performed as necessary and may or may not be performed as part of the PMI Service:

- Tire repair and/or replacement.
- Non-PMI scheduled repairs except as covered by warranty.
- Mechanical failure and/or "Road Calls" except as covered under warranty.
- Damage to mechanical components due to abuse, vandalism or accident.
- Damage to body/cosmetic appearance.
- Vehicle washing and cleaning (exterior and interior).
- Replacing and/or Recharging the fire extinguisher/ fire extinguisher compliance.
- Fuel and labor required to transport vehicles to be serviced/repaired.

To the maximum extent possible, items shall be repaired or replaced and/or scheduled during routine PM maintenance to minimized vehicle downtime.

## E. <u>Parts Not Included In PMI Service</u> (Contractor-Supplied)

The following parts will be maintained and replaced as needed on a day-to-day basis by Contractor at Contractor's expense.

- Head Lamps
- Clearance lamps
- Turn signal lamps
- Interior lamps
- Dashboard and all indicator lamps
- Windshield wiper blades
- Other consumables except as covered by warranty
- Fire Extinguisher

- Wheelchair tie-down belt replacements
- Tires
- Cleaning materials
- F. Parts Included

The following parts shall be provided under either PMI Services or regular maintenance Services by Contractor (included, but not limited to):

Engine:

Oil filter(s)

- Air filter element
- Fuel filter element (both)
- Passenger compartment air filter
- Replacement oil
- Replacement coolant

Miscellaneous:

- Power steering fluid
- Brake fluid

Transmission:

- Oil filter(s)
- Replacement oil

#### Differential:

Replacement oil

Wheel Bearing:

- Grease seals
- Grease

Lubrication grease

Silicone

Antifreeze

Battery water (distilled)

Battery terminal spray/protectant

Windshield washer fluid

A/C Compressor lube oil

Freon #R-134a refrigerant

Miscellaneous hoses/flex lines, and washer that have a replacement requirement as part of the PMI Services schedule.

Miscellaneous seals, and gaskets that have a replacement requirement as part of the PMI Services schedule.

Miscellaneous engine accessory drive belts as part of PMI Services schedule.

#### SECTION 3. OIL ANALYSIS

Sample will be taken by Contractor utilizing County-approved personnel and a Countyapproved sample-taking process. Within one business day of taking the sample, sample must be delivered to a Director-approved analysis facility for processing according to the following schedule:

ENGINE OIL: Sample requirement is 500 miles prior to Each "A" service/inspection (every second oil change).

<u>Transmission Oil</u>: Sample requirement is 500 miles prior to every other "B" only (12- month) service/inspection. Not to exceed 24,000 miles.

Contractor shall inform Director, at least seven calendar days in advance of the Engine Oil and Transmission Oil sampling dates. At the Director's option, County personnel may be on-site to observe the Contractor's sampling procedures.

Contractor shall provide or shall cause to have provided to Director a copy of each analysis generated within one business day after results of said analysis are known -or- returned to Contractor by the oil analysis vendor.

#### SECTION 4. RECORDS

Individual PMI service records shall be maintained and retained by Contractor. The records shall be maintained in a manner consistent with California Highway Patrol terminal inspection requirements. Records small be maintained for all "DVI," "I," "J," "A," "B," and "C" Inspection/Service plus any maintenance conducted or repairs made.

A copy of each PMI Services/repair activity shall be mailed to COUNTY at the following address:

County of Los Angeles Department of Public Works Programs Development Division Transit Operations Section P.O. Box 1460

#### Alhambra, CA 91802-1460

#### Attention Transit Manager

## SECTION 5. OIL/LUBRICANT SPECIFICATIONS

Contractor shall utilize the following oil/lubricant specifications while servicing the current Chevrolet Venture County-owned vehicles:

- Engine Oil: 5W-30 grade is preferred and 10W-30 grade is permitted API Energy Conserving -or- as superceded by the American Petroleum Institute.
- Transmission Oil: Dexron-III or as specified by the manufacturer
- Differential Oil: Hypoid Geor Lubricant SAE 80-or-9G
- Engine Coolant: DEX-COOL 50/50 Anti-freeze/distilled water or as specified by the manufacturer
- Refrigerant (A/C System): Compressor: "CELTIC" [(rotary) 'Sanden' type)],
- (Split system) Compressor Oil "PAG" (R-134a)
- Power Steering Fluid: GM Power Steering Fluid Part No. 1052884
- Brake Fluid: Delco Supreme 11 (GM Part No. 12377967) or equivalent DOT-3 Heavy Duty
- Chassis Lube: per manufacturer's specification
- Steering: per manufacturer's specification
- Engine Air Filter: per manufacturer's specification

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## **EXHIBIT N**

# INTENTIONALLY OMITTED

## CONTROLLED SUBSTANCE AND ALCOHOL TESTING PROGRAM

#### 1. <u>Substance Abuse Testing</u>

It shall be the duty of Contractor to take all steps feasible to ensure that those employed personnel, independent contractors' or subcontractors' employees servicing or operating Service vehicles pursuant to this Scope of Work do not perform those functions under the influence of alcohol, controlled substances, or medication which impairs their judgment or physical ability.

In meeting this duty, Contractor shall, at a minimum, do the following:

A. <u>Promulgate and Distribute to All Personnel a Written Policy Statement</u> <u>Prohibiting Servicing and/or Operating Service Vehicles While Under the</u> <u>Influence of Alcohol, Controlled Substances, or Any Medication Which</u> <u>Impairs Judgment or Physical Ability</u>

The written policy statement shall indicate Contractor's intention to: (1) initiate substance abuse testing as described herein below; (2) immediately suspend any personnel testing "positive" for substance abuse from servicing or operating Service vehicles pending review pursuant to the procedure described herein below; and (3) absent overruling on review to permanently prohibit such person from servicing or operating Service vehicles.

- B. <u>Institute a Comprehensive Program for Substance Abuse Testing for All</u> Personnel Entailing Urinalysis and/or Blood Tests
  - Pre-employment testing of job applicants, independent contractors' and subcontractors' employees all as part of the pre-employment physical examination

Urine and/or blood samples will be taken as part of the pre-employment physical examination process and will be subjected to recognized testing procedures employed by duly licensed clinical laboratory technicians to determine the presence of alcohol and/or any controlled substance as that term is used in the Health and Safety Code, Section 11054, including, but not limited to, marijuana and its derivatives, opium and its derivatives, methaqualone, methamphetamine, lysergic acid diethylamide, psilocybin, or mescaline. Evidence of controlled substance presence in urine or blood of any job applicant shall require denial of the job application. Evidence of a blood alcohol level at the time of testing of greater than 0.04 percent shall likewise require denial of the job application.

If Contractor at any time during the period of this Contract uses or contemplates usage of independent contractors' or subcontractors' employees to service or operate the Service vehicles, the individuals who would perform such functions under such contractual arrangement shall be tested in the fashion described hereinabove and shall be prohibited from performing said functions upon testing "positive" for controlled substance use or blood alcohol concentration in excess of **0.04** percent.

 <u>Mandatory drug and alcohol testing within two (2) hours of a traffic</u> accident or incident giving rise to a suspicion of substance abuse

Contractor shall make the necessary arrangements for and require substance abuse testing of all personnel, independent contractors' or

subcontractors' employees involved in a traffic accident while operating a Service vehicle within as short a time as possible following the accident and in no event to exceed three (3) hours thereafter.

Contractor shall make the necessary arrangements for and require substance abuse testing of all personnel, independent contractors' or subcontractors' employees servicing or operating a Service vehicle as to whom a report has been received from the public or from coworkers or supervisors as to involvement in a physical altercation, being verbally abusive or otherwise acting in a bizarre manner. Contractor shall make arrangements to provide for continued public transportation service prior to ordering the subject individual to report for drug testing, but shall make every effort to have the testing occur within three (3) hours of the reported incident.

In addition to the testing required under Subsection 1.B.1 hereinabove, the testing required pursuant to this subsection shall include testing for the presence of prescription drugs and other over-the-counter medications which are known, on occasion, to cause drowsiness, impairment of judgment, and/or impairment of physical coordination and activity. This classification of substance is intended to include among other things: antihistamines, tranquilizers, pain killers, mood elevators, and psychotropics.

All persons testing "positive" for controlled substance abuse or showing blood-alcohol concentration in excess of **0.04** percent shall be immediately suspended from servicing or operating Service vehicles pending review pursuant to the review procedure set forth herein below. In the absence of an overruling of the suspension pursuant to the review procedure, Contractor shall permanently prohibit these individuals from servicing or operating Service vehicles pursuant to this Contract.

All persons whose tests indicate a blood-alcohol concentration greater than 0.00 percent but less than **0.04** percent or show the presence of a medication known on occasion to cause drowsiness, impairment of judgment, and/or impairment of coordination, and other physical abilities shall be immediately suspended from servicing or operating a Service vehicle for a period of twenty-four (24) hours. These individuals shall be given oral explanation and warning confirmed in writing and noted in the personnel file with respect to the potential safety hazard posed by the involved substance.

#### Non-discretionary, Random Substance Abuse Testing

Contractor shall identify all personnel, independent contractors', or subcontractors' employees scheduled to service or operate Service vehicles pursuant to this Scope of Work and place their names in a data pool susceptible to truly random accessibility either physically as by placement of cards in a tumbler or by programming of an information retrieval system.

Names of individuals shall be chosen for random testing on a schedule designed to test twenty-five percent (25%) of the relevant personnel and affected other personnel quarterly which schedule shall be set forth in a public statement distributed quarterly to all personnel and affected other persons. In no event shall the employee have

more than six (6) hours notice prior to his or her appointment for the test.

The testing shall take place on company time at a location that does not require the person tested to expend more personal time in traveling to or from the testing site than would otherwise be expended in traveling to or from a work location.

The testing shall be as to controlled substance abuse and/or blood-alcohol concentration as set forth in Subsection B.1. Upon evidence of a blood-alcohol level in excess of **0.04** percent or of the presence of any controlled substance in any tested individual, Contractor shall immediately suspend that individual from servicing or operating a Service vehicle pursuant to this Scope of Work.

If the finding of substance abuse is not overruled upon review, Contractor shall permanently prohibit any such individual from servicing or operating Service vehicles pursuant to this Scope of Work.

4) <u>Double Testing</u>

All urine and/or blood samples taken for the testing described hereinabove which test positive shall be processed twice for each subject substance. In those cases where it is necessary to perform a second test on a urine sample, the second test shall use a different methodology to assure the validity of the results.

No disciplinary action set forth herein shall be taken unless the urine or blood tests "positive" for the subject substance in each test.

5) <u>Notification of Suspension and Intent to Prohibit Servicing or</u> <u>Operating Vehicles or Performance of Function with Potential Impact</u> <u>upon Public Safety</u>

Contractor shall, upon receipt of substance abuse test results warranting action herein under, notify the subject individual of his immediate suspension and of Contractor's intention to prohibit performance of specified duties. Contractor is not required hereby to terminate employment of the individual altogether.

#### C. Institute A Review Procedure

The Contractor shall provide use of a meeting room and, as to the employee Board member, paid time for the convening of a drug-testing Review Board on an as-needed basis.

An individual must request a review in writing and must deliver that request to any superior within two (2) business days of receipt of the notice of suspension or forfeit his right of review. The superior shall deliver the request to any Board member.

The Board shall consist of a member appointed by Contractor, an employee representative (who shall be an employee of Contractor), and a third party chosen by the other two (2).

The Board shall decide upon the consequences of the substance testing set forth in Subsection B above within one (1) week of receipt of the request for review.

The Board shall hold short hearings at which the individual tested shall have the opportunity to dispute the fact of substance abuse and present evidence of extenuating circumstances.

The rules of evidence need not be applied. The fact of substance abuse will be presumed from the results of the substance test. Anticipated as the factual basis for rebutting that presumption would be a contrary test result obtained by the individual voluntarily in a relevant time frame from a competent disinterested laboratory.

The Board may make ex parte inquiries to County Health officials with respect to any review proceeding.

The Board has absolute discretion to question of extenuating circumstances.

The Board shall vote on whether to sustain or overrule the prohibition intended to be imposed within one (1) week of the hearing. A two-thirds vote is required to overrule Contractor's intended work prohibition.

The decision shall be written but need not be a formal document.

#### 2. <u>Confidentiality</u>

The substance test results and any material presented to the Review Board shall be maintained in a confidential file by Contractor. The confidentiality shall be of a limited nature. The files will not be available for public inspection and the information therein shall not be otherwise published. The County shall have access thereto however. Statistics generated there from without specific reference to individuals may be published or made available for public inspection; and Contractor will not refuse to honor a criminal or civil subpoena relative thereto.

#### 3. Liability

The County shall indemnify, defend, and hold harmless Contractor, its officers, agents, and employees, from and against any and all liability, expense, including defense costs and legal fees, and claims for damages arising from the institution of legal proceedings challenging the right of Contractor to subject its employees to mandatory random drug and alcohol abuse testing, or to require its subcontractors to do the same.

#### EXHIBIT O

#### CONTROLLED SUBSTANCE AND ALCOHOL TESTING PROGRAM QUARTERLY REPORT

Cont	racto	r:	_ Repo	rting Period:			
Agre	emen	t/Contract No					
A rea	uirem	ent of the subject Agreement or Scope of W nd submit one of these forms no later than 15	loris in the			ing program.	Please
FAX t		(626) 979-5359		·			
or MAIL	to:	Los Angeles County Department of Publi Attention Transit Operations Section P.O. Box 1460 Alhambra, CA 91802-1460	c Works				
I.	<u>RA</u>	NDOM TESTING		DRIVERS	MECH.	OTHER	TOTAL
	a.	Number of drivers and mechanics assigned to service this quarter.					<u> </u>
	b.	Number of random test (25% minimum)		**************************************			
	c.	Number of positive tests results		and the state of the state of the state of the state of the state of the state of the state of the state of the			
	d.	Number of positive second tests					
	e.	Action taken due to second positive tests					
II.	PRI	E-EMPLOYMENT TESTING					
	а,	Number of potential employees tested					,
	b.	Number of positive tests results					
	C.	Action taken on positive tests		*********			
WI.	INC	DENT-RELATED TESTING					
	a.	Number of employees tested					
	b.	Number of positive tests results					
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	d.	Action taken due to second positive tests					
Prepare	ed By		Date	<b></b>			

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## TRANSIT SECURITY PLAN

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NTD PARATRANSIT ANNUAL SUMMARY REPORT

Agency

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# NOTE--- DEADHEAD MPH SHOULD BE FASTER THAN REVENUE MPH

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Energy Type

Arrest/Citations

Occurrences

(Safety cr Security) Major Ince

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# NOTE -- DEADHEAD MPH SHOULD BE FASTER THAN REVENUE MPH

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<ul> <li>Mechanical system failure that prevents the vehicle from completing a scheduled revenue trip or from starting the next scheduled revenue trip because actual movement is limited or due to safety concerns. Examples – brakes, doors, engine cooling system, steering and from take, rea act, and superstond and torque converters.</li> <li>Other mechanical failures that prevent the vehicle from completing a scheduled revenue trip or from starting the next scheduled revenue trip or from starting the next scheduled revenue trip or from starting the next scheduled revenue trip energy.</li> <li>Other mechanical failures that prevent the vehicle from completing a scheduled revenue trip error starting the next scheduled revenue trip were the prevent the vehicle from starting the next scheduled revenue trip error is or prevented to ensure the next scheduled revenue trip error of next in the next schedule drevenue trip the next schedule drevenue trip error of next in the next schedule drevenue trip error error preventer trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled revenue trip error scheduled</li></ul>	ue trip or from starting the next scheduled revenue trip because actual movement teeting and front axis rear and, und suspension and torque converters. This or from starting the next scheduled revenue trip even though it may be able AC statems and other non major mechanical failures.	duesel ture behaver gasoline gasoline gasoline	diasel fuel DF bio-diesel BD gasotine GA filquefled gas (propare) LP	
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#### **Bid Submission Instructions**

- 1. Public Works will send an Invitation for Bids (IFB) to all Qualified Contractors. Public Works, in its sole discretion, may send the IFB to Qualified Contractors via email or other electronic methods.
- 2. In order for the bid to be considered responsive and responsible, Qualified Contractors shall comply with all requirements of the IFB.
- 3. IFB may request the Qualified Contractors to meet additional Minimum Mandatory Requirements that were not part of the Statement of Qualifications and/or provide information that the Minimum Mandatory Requirements, which was satisfactorily met by the Qualified Contractor at the time of SOQ submission, is still valid.
- 4. IFB will include a job-specific Scope of Work and related exhibits, if applicable.
- 5. IFB may mandate that all Qualified Contractors attend a mandatory walk-through.
- 6. IFB will include a comprehensive Form PW-2, Schedule of Prices, and Form LW-8, Cost Methodology for the work identified.
- 7. Contractor shall submit a sealed bid prior to the deadline indicated in the IFB as well as any additional licenses/certificates, and/or additional experience and equipment requirements. Public Works, in its sole discretion, may request that bids be submitted via email or other electronic methods.
- 8. In accordance with Statements of Qualifications, Part I, Section 4, Evaluation of Statement of Qualifications; Award and Execution of contract, Public Works will award a Contract to the responsive and responsible Qualified Contractor with lowest bid, adjusted, as applicable, by the Local SBE Preference, Social Enterprise (SE) Preference, Disabled Veteran Business Enterprise (DVBE) Preference, and any other additional evaluation criteria as indicated in the IFB.
- 9. Public Works, in its sole discretion, reserves the right to negotiate submitted bid's price, to achieve the most beneficial price for the County. The negotiation with the responsive and responsible Qualified Contractor with the lowest bid will not result in a change in the rating of the bidders.
- 10. If the IFB requests multiple quotations, no bid will be considered unless the bidder submits a price on all items within each category.
- 11. Public Works, in its sole discretion, reserves the right to cancel this IFB process at any time.

P:(aepub)Service Contracts/CONTRACT/Eric/TRANSIT RFSQ/2016/01 RFSQ/25 Exhibit S Bid Submission Instructions.doc

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Table of Co	ntents	
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II. Experie		
	n Background	4
	anizational Structure	
	vice Experience	2-14 15-17
	mum Mandatory Requirements Met	13-17
III. Work P		
	ing Plan	
	munication Plan	1-7
	age & Maintenance Facility	7-8
	tenance Plan	9-13
	Compliance	13-19
	inspections	19
	sit Security Plan	20
	Assurance	20
	al Resources	1-3
VI. Proposal		1
PW-1		
PW-2	Verification of Proposal	
PW-2	Schedule of Prices – Not Required	
	Jury Service Program	
PW-4	Industrial Safety Record	
PW-4.1	Driver Safety Record	
PW-5	Conflict of Interest Certification	
PW-6	Reference List	
PW-7	Equal Opportunity Certification	

PW-8	List of Subcontractors - None Allowed	Na ang sa sa sa sa sa sa sa sa sa sa sa sa sa
PW-9	SBE Preference	
PW-10	GAIN and GROW Employment Commitment	
PW-11	Request for Reviw	
PW-12	Charitable Contributions Certifications	
PW-13	Transitional Job Opportunities Preference	_
	Application	
PW -14	Statement of Terminated Contracts	
PW-15	Proposer's Pending Litigations & Judgments	
PW-16	Proposer's Insurance Compliance Affirmation	
PW-17	Certificate of Compliance County Defaulted	
	Property Tax	
PW-18	DVBE Preference Program	
PW-19	Proposer Compliance with Min Requirements RFP	
PW-20	Statement of Equipment Form	
PW-21	Displaced Transit Employee - Not Required	
LW-2	LWO Application for Exemption-Not applicable	
LW-4	Living Wage Acknowledgment & Statement of	
	Compliance	
LW-5	Labor/Payroll/Debarment History	
LW-6	Assessment of Labor Law/Payroll Violations	
LW-7	Proposer's Employee Benefits	
LW-8	Proposer's Staffing Plan & Cost Methodology – Not	
	Required	
LW-9	Wage & Hour Record Keeping for Living Wage	
	Contracts	
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FINANCIAL STATEMENTS CAN BE FOUND ON AN ENVELOPE MARKED "CONFIDENTIAL" ENCLOSED WITH THE BINDER MARKED "ORIGINAL"



June 15, 2016

Eric Fong Los Angeles County Department of Public Works Administrative Services Division – 9th Floor 900 South Fremont Avenue Alhambra, CA 91803-1331

# *Re:* Request for Statement of Qualifications for Fixed Route and DAR Transit Services (2016-SQPA001

Dear Mr. Fong:

Thank you for the opportunity to participate in the pre-qualification process for Fixed Route and DAR Transit Services. We are always proud to say that Empire is Southern California's most experienced minority and locally owned transportation company. We have successfully provided shuttle services for over forty-eight years in Southern California, including services for the Los Angeles County Department of Public Works. During the past five years, we have established a rewarding professional relationship with the Los Angeles County Department of Public Works by providing the best service with emphasis in customer service, high maintenance standards, and safety.

In addition to meeting all the minimum requirements as set forth in the RFSQ, we strongly believe that we have proven to be the partner that we promised in our proposals.

Another factor that makes Empire different is our management structure. Both owners, Miguel Oliver and I, are very involved in day-to-day operations, allowing for swift decision making without waiting for the ownership being brought up to speed. We feel that we are the best operator to continue to be a qualified vendor for DPW based on our proven experience, currently established operational infrastructure, facility, and management structure.

As Co-owner, President, and Chief Operating Officer, I am authorized to submit this proposal and to represent the Company throughout the process. We have made a thorough analysis of Addendum #1,

BRINGING PEOPLE AND PLACES TOGETHER SINCE 1968 8800 Park Street, Bellflower, CA 90706 • 562-529-2676 Ext. 114 • FAX 562-529-2220 • E-Mail <u>baguirre@emptransportation.com</u> as well as the included specifications, and have taken no exception to those requirements in our proposal. We look forward to working with DPW staff as the selection process continues.

Sincerely, Berthal Aguipre President & Chief Operating Officer

BRINGING PEOPLE AND PLACES TOGETHER SINCE 1968

| EMPIRE TRANSPORTATION, INC.  Continue of the State of California  AUG-25 2015  C2742033  No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)  If there have been any changes to the information contained in the last Statement of information filed with the California Sectors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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If there have been any changes to the Information contained in the tast Statement of Information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| FEES (Filling and Disclosure): \$25.00.         If this is an amendment, see instructions.         IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME         EMPIRE TRANSPORTATION, INC.         2. CALIFORNIA CORPORATE NUMBER         C2742033         This Space for Filling Use Only         No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)         3. If there have been any changes to the information contained in the last Statement of information filed with the California Space for Filed with the California Space for Filed with the California Space for State, or no statement of information contained in the last Statement of information Space for Filed with the California Space for State, or no statement of information contained in the last Statement of information contained in the last Statement of information filed with the California Space for State of State, or no statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the statement of information contained in the last Statement of information contained in the statement of information contained in the last Statement of information contained in the last Statement of information contained in the statement of information contained in the statement of information 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| IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>C2742033       AUG-25 2015         3. 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| CORPORATE NAME     EMPIRE TRANSPORTATION, INC.     Control of the State of California     AUG-25 2015     C2742033     This Space for Filling Use Only     This Space for Filling Use Only     This Space for Filling Use Only     of State, or no statement of information contained in the last Statement of Information Filling With the California Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 2. CALIFORNIA CORPORATE NUMBER<br>C2742033  No Change Statement (Not applicable if sgent address of record is a P.O. Box address. See instructions.)  if there have been any changes to the information contained in the last Statement of information filed with the California Secondary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 2. CALIFORNIA CORPORATE NUMBER     C2742033     This Space for Filling Use Only     Only     If there have been any changes to the information contained in the last Statement of information filed with the California Secondary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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CORPORATE NAME<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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CORPORATE NAME<br>F786694<br>F786694<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            
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| C2742033 This Space for Filling Use Only No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.) of State, or no statement of information contained in the last Statement of information filed with the California Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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CORPORATE NAME<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        
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CORPORATE NAME<br>F786694<br>F786694<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            
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CORPORATE NAME<br>F786694<br>F786694<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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CORPORATE NAME<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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CORPORATE NAME<br>F786694<br>F786694<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        
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CORPORATE NAME<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the last Statement of Information filed with the California Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>F1LED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>F1LED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>F1LED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>FILED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 
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Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>FILED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>F1LED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>F126694<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER       AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER       AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER       AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           
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Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disciosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F786694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER       AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. 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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>C27/42033       In the office of the Secretary of State<br>of the State of California         No Change Statement (Not explorable if control of the State of California if control of the State of California       This Spece for Filling Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       In the office of the Secretary of State<br>of the State of California         No Change Statement (Not exclination in the interval of the State of California in the office of the Spece for Filling Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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Fittis is an amendment, see instructions.         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         1. CORPORATE NAME       In the office of the Secretary of State of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033         No Change Statement (Not exclosube If control of the State of California)       This Space for Filling Ues Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           
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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F1LED         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>C2742033       C2742033         No Change Statement (Not exclosuble K-control (control)       This Space for Filing Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       
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Corporations)<br>FEES (Filing and Disclosure): \$26.00.<br>If this is an amendment, see instructions.<br>IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not exclosure) if control (use Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disciosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F786694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       In the office of the Secretary of State<br>of the State of California         No Change Statement (Not exclination in the office of the secretary of State)       F12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>C2742033       AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     
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CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Filing Ues Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.       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CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Filing Ues Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| of State, check the box and proceed to item 17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>C2742033       In the office of the Secretary of State<br>of the State of California         No Change Statement (Not applicable if sigent address of record is a P.O. Box address. See instructions.)       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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>C27/42033       In the office of the Secretary of State<br>of the State of California         No Change Statement (Not applicable if sigent address of record is a P.O. Box address. See instructions.)       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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       In the office of the Secretary of State<br>of the State of California         No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)       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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>C2742033       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>Different (Not applicable if agent address of record is a P.O. Box address. See instructions.)       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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       In the office of the Secretary of State<br>of State, or no statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)       In the california Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            
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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         I. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.         2. CALIFORNIA CORPORATE NUMBER       CZ742033         No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)       Mug -25 2015         3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, check the box and proceed to litern 17.         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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>C2742033       No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)         3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, other the box and proceed to literr 17.         Complete Addresses for the Following. 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If this is an amendment, see instructions.         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Space for Filing Use Only         3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to lism 17.         Complete Addresss for the Following (Do not abbreviate the name of the city. Items 4 and 5 cennot be P.O. Boxes.)         4. 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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>C2742033       AUG-25 2015         3. 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Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         1. 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Statement of Information       (Domestic Stock and Agricultural Cooperative Corporations)         FEES (Filing and Disclosure): \$25.00.       If this is an amendment, see instructions.         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Spece for Filing Use Only         3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to lism 17.         Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cennot be P.O. Boxes.)         4. 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| 5, STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       FILED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Filing Use Only         3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information nas been previously filed, this form must be completed in its entirety.<br>If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or the Stock and proceed to Item 17.         Camplete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)<br>4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City       STATE       Zip CODE         5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORMAL IF ANY.       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City       STATE       Zip CoDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>C27/42033       California         3. 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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>C2742033       California         3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, check the box and proceed to Item 17.         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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>C2742033       This Space for Sting Use Only         No Change Statement (Not applicable if sgent address of record is a P.O. Box address. See Instructions.)       Mit here have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, oer on statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, oer on statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, oheck the box and proceed to Itsm 17.         Complete Addresses of render to ensure of the city. Items 4 and 5 cennot be P.O. Boxes.)         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       DITY       STATE       ZIP CODE         5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       DITY       STATE       ZIP CODE         6. 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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       C2742033       This Space for Fing Use Only         3. If there have been any charges to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information has been previously filed, this form must be completed in its entirety.       The space for Fing Use Only         If there have been on charge in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, oteck the box and proceed to Item 17.         Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)       EVENT         4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY       City       STATE       ZIP CODE         5. 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Corporations)<br>FEES (Filling and Disclosure): \$25.00.<br>If this is an amendment, see instructions.       F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       C2742033         No Change Statement (Not applicable if sgent address of record is a P.O. Box address. See instructions.)       This Space for Fing Use Only         3. 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CORPORATE NAME       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       C27742033         No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)       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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       MUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ742033         2. CALIFORNIA CORPORATE NUMBER       CZ742033         3. If there have been any charges to the Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary         If there have been no charge in any of the information contained in the last Statement of Information filed with the California Secretary         If there have been no charge in any of the information contained in the last Statement of Information filed with the California Secretary         If there have been no charge in any of the information contained in the last Statement of Information filed with the California Secretary         If there have been no charge in any of the information contained in the last Statement of Information filed with the California Secretary         If there have been no charge in any of the information contained in the last Statement of Information filed with the California Secretary         If there have been no charge in any of the information contained in the last Statement of Information filed with the California Secretary         If there have been no charge in any of the information conta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosura): \$26.00.<br>If this is an amendment, see instructions.       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| 5, STREET ADDRESS OF PRINCIPAL BUSINEGS OFFICE IN CALIFORNIA, IF ANY CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Spece for Filing Use Orly         No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>If there have been any changes to the information contained in the fast Statement of Information filed with the California Secretary<br>of State, or no statement of Information has been previously filed, this form must be completed in its entirety.         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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       C2742033       This Space for Fileg Use Only         3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary<br>of State, or no statement of information contained in the last Statement of Information filed with the California Secretary<br>of State, other the box and proceed to lise m17.         Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)         4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY       City       STATE       ZiP CODE         5. 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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       C2742033       This Space for Fileg Use Only         3. 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Co                                                                                                                                                                                 |
| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE<br>6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4 CITY STATE ZIP CODE<br>Names and Complete Addresses of the Following Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Filing Use Orly         No Change Statement (Not applicable if signt address of record is a P.O. Box address. See Instructions.)<br>of State, or no statement of Information has been previously filed, this form must be completed in its entirety.       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MAILING ADDRESS O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      
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STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4         City       STATE       ZIP CODE         6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       STATE       ZIP CODE         7. STATE       ZIP CODE       Not the Addresses of the Earlies on the NEW OFFICE       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>C2742033       This Spece for Filing Use Only         No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)       This Spece for Filing Use Only         3. If there have been any changes to the information contained in the fast Statement of Information filed with the California Secretary<br>of State, or no statement of information contained in the fast Statement of Information filed with the California Secretary<br>of State, or no estatement of Information contained in the fast Statement of Information filed with the California Secretary<br>of State, or no estatement of Information contained in the fast Statement of Information filed with the California Secretary<br>of State, or no estatement of Information contained in the fast Statement of Information filed with the California Secretary<br>of State, or no estate hange in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no estatement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, check the box and proceed to Item 17.         Complete Address of PRINCIPAL EXECUTIVE OFFICE       Citry       STATE       ZiP CODE         5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       Citry       STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              
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STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         5. MAILING ADDRESS OF CORPORATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Domestic Btock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.       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| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       Galiation of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fileg Use Oxly         3. 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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       Galiation (Corporation)       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fileg Use Oxly         No Change Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)       This Space for Fileg Use Oxly         3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of information nas been previously filed, this form must be completed in its entited.         Image: Information Data been previously filed, this form must be completed in its entited.         Image: Information Data been previously filed, this form must be completed in its entited.         Image: Information Data been previously filed, this form must be completed in its entited.         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MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP COD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 
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STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       STATE       ZIP CODE         6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          
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MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure): \$25.00.       F786694         If this is an amendment, see instructions.       Important - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Spece for Fileg Use Only         No Change Statement (Not applicable If egent address of record is a P.O. Box address. See instructions.)<br>of State, or no statement of information has been previously filed, this form must be completed in the california Secretary<br>of State, check the box and proceed to itsm 17.         Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)         4. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         5. 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| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)       7. CHIEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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Mit the california Secretary<br>of State, or no statement of Information has been previously filed, this form must be completed in its end of the California Secretary<br>of State, or no statement of Information has been previously filed, this form must be completed in the california Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information Contained in the last 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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of Siste<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>EMPIRE TRANSPORTATION, INC.       This Space for Filing Use Only         3. If Change Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)       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Items 4 and 5 cannot be P.O. Boxes.)<br>State ZIP CODE         8. MALUNG ADDRESS OF CORPORATION, IF DIFFERENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>C2742033       This Space for Filing Use Only         No Change Statement (Not applicable if egent address of record is a P.O. Box address. See Instructions.)       Mit the california Secretary<br>of State, or no statement of information contained in the fast Statement of Information filed with the California Secretary<br>of State, or no statement of Information has been previously filed, this form must be completed in its entry.         Yes       Statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information Contained in the last Statement of Information filed with the California Secretary<br>of State, or and the following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)         6. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE <t< td=""><td>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (Filling and Disclosure): \$26.00.       F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME<br/>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of Siste<br/>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br/>CZ742033       This Space for Fileg Use Only         3. If there have been any charges to the information contained in the last Statement of Information filed with the California Secretary<br/>of State, or no statement of information as been previously filed, this form must be completed in its entirety.         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MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City         STATE       ZIP CODE</td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure): \$26.00.       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CHEF EXECUTIVE OFFICE// ADDRESS       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          
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                                                                                        | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure): \$26.00.       F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Spece for Filing Use Orly         3. If there have been any changes to the Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or hor change in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, check the box and proceed to item 17.         Complete Addresses of PRINCIPAL EXECUTIVE OFFICE       City         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City         5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City         STATE       ZIP CODE         6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City         STATE       ZIP CODE         7. Chief Executive OFFICEN       ADDRESS         City       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         
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STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4         City       STATE         5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4         City       STATE         6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City         STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.       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| Citry     STATE     ZIP CODE       5, STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     Citry     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     Citry     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted lifes on this form must not be altered.)       7. CHIEF EXECUTIVE OFFICER/     ADDRESS     Citry     STATE     ZIP CODE       8. SECRETARY     ADDRESS     Citry     STATE     ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Statement of Information       (Domestic Stock and Agricultural Caoperative Corporations)         PEES (Filling and Disclosure): \$26.00.       If this is an amendment, see instructions.         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ74203       This Space for Ring Use Only         3. If Uper have been any changes to the information contained in the last Statement of Information filed with the California Secretary       In Space for Ring Use Only         4. If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary       If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary         If of state, or no thatege in any of the information contained in the last Statement of Information filed with the California Secretary         If of state, or no change in any of the information contained in the last Statement of Information filed with the California Secretary         If of state, or change in any of the information contained in the last Statement of Information filed with the California Secretary         If of state, or change in any of the information contained in the last Statement of Information filed with the California Secretary         If of state, or change in any of the information must be complete addresses for the Following (Do not abbrevide the                               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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Ring Use Only         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Ring Use Only         3. If there have been any changes to the information forcerd is a P.O. Box address. See Instructions.)       Mit Change Statement (Into applicable if sgent address of record is a P.O. Box address. See Instructions.)         3. If there has been no change in any of the information contained in the last Statement of Information files with the California Secretary<br>of State, or no statement of information contained in the last Statement of Information filed with the California Secretary<br>of State, check the box and process to the information contained in the last Statement of Information filed with the California Secretary<br>of State, check the box and process to Item 17.         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Image: Statement of PRINCIPAL EXECUTIVE OFFICE         Image: Statement of PRINCIPAL EXECUTIVE OFFICE         Image: S</td> <td>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (Filing and Disclosure); \$25.00.       F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       In the office of the Secretary of State<br/>of the State of California         EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       C2742033         No Change Statement (Not applicable if egent address of record is a P.O. Box address. See Instructions.)       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SECHETARY       ADDRESS       CITY       STATE</td> <td>(Domestic Block and Agricultural Cooperative Corporations)<br/>FEES (Filling and Disclosure); \$26.00.       F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       In the office of the Secretary of State<br/>of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033         No Change Statement (Not applicable if sgent address of record is a P.O. Box address. See Instructions.)       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 STATE       ZIP CODE         8. SECHETARY       ADDRESS       CITY       STATE       ZIP CODE</td> <td>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (Filing and Disclosura): \$25.00.       F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       In the office of the Secretary of State<br/>of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033         No Change Statement (Not applicable if egent address of record is a P.O. Box address. See Instructions.)       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SECHETARY       ADDRESS       CITY       STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         
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Corporations)<br>FEES (Filling and Disclosure); \$26.00.       F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033         No Change Statement (Not applicable if sgent address of record is a P.O. Box address. See Instructions.)       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Complete Addresses for the Following (Do not abbreviate the name of the city, Items 4 and 5 cannot be P.O. Boxes.)       EV         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE<                                                                                                                                                                                                                                                                                      |
Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$26.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F786694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Only         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Only         3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no change in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no change in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, check the bax and proceed to Item 17.         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SECHETARY       ADDRESS       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosura): \$25.00.       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THAN ITEM 4       CITY       STATE       ZIP CODE         5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE       STATE       ZIP CODE         6. SECRETARY       ADDRESS       CITY</td><td>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (Filing and Disclosure): \$25.00.<br/>If this is an amendment, see instructions.<br/>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br/>of the State of California         1. CORPORATE NAME<br/>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br/>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br/>CZ742033       This Spece tor Filing Use Only         No Change Statement (Not applicable if sgent address of record is 8 P.O. Box address. 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SECRETARY       ADDRESS       CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. 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| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted lities on this form must not be altered.)       7. CHIEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       8. SECRETARY     ADDRESS     CITY     STATE     ZIP CODE       9. CHREF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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MALLING ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City       State         6. MALLING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       State         7. Cheff EXECUTIVE OFFICE       City       State       Zite Zip Code         8. Statement of Complete Addresses of the Following Officers. (The corporation must be completed for the specific<br>officer may be added; however, the preprinted likes on this form must not be altered.)       State       Zip Code         9. STATE       Zip Code       <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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F786694         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Only         No Change Statement (Not applicable if sgent address of record is a P.O. Box address. 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MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       STATE       ZIP CODE         7. OHEF EXECUTIVE OFFICENT       ADDRESS       City       STA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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Items 4 and 5 cannol be P.O. Boxes.)         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City       STATE       ZIP CODE       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     
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STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE       STATE       ZIP CODE         6. MALLING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         7. Other Executive OFFICE I                                                                                                                                                                                                                                                                                                                                                                                                                          |
Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$26.00.       FT86694         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Space for Fing Use Only         No Change Statement (Not applicable if sgent address of frocard is a P.O. Box address. See instructions.)       This Space for Fing Use Only         3. If there have been any changes to the Information contained in the fast Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information Contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State. Addresses of PRINCIPAL EXECUTIVE OFFICE         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. MAILING ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE <t< td=""><td>(Domestic Btock and Agricultural Cooperative Corporations)<br/>FEES (Filing and Disclosure): \$25.00.       F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       In the office of the Secretary of State<br/>of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033         2. CALIFORNIA CORPORATE NUMBER       CZ742033         3. MO Change Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)         of State, or no statement of information contained in the fast Statement of Information filed with the California Secretary<br/>of State, or no statement of information contained in the fast Statement of Information filed with the California Secretary<br/>of State, or no statement of Information contained in the fast Statement of Information filed with the California Secretary<br/>of State, or no statement of Information contained in the fast Statement of Information filed with the California Secretary<br/>of State, or no statement of Information must be completed in the California Secretary<br/>of State, check the box and proceed to Itam 17.         Complete Addresses for the Following (Do not abbreviate the name of the city, Items 4 and 5 cannol be P.O. Boxes.)         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City       STATE       ZIP CODE         5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       STATE       ZIP CODE         6. MALLING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       STATE       ZIP CODE     <td>(Domestic Btock and Agricultural Cooperative Corporations)<br/>FEES (Filling and Disclosure): \$25.00.       F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br/>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       C2742033       This Space for Filing Use Only         3. If there have been any charges to the information contained in the last Blatament of information.       This Space for Filing Use Only         4. If there have been any charges to the information contained in the last Blatament of Information.       The Space for Filing Use Only         7. 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STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE<!--</td--><td>(Domestic Btock and Agricultural Cooperative Corporations)<br/>FEES (Filling and Disclosure): \$25.00.       F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br/>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Space for Filing Use Only         3. If there have been any charges to the information contained in the hast Blatament of information.       This Space for Filing Use Only         4. 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| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted lities on this form must not be altered.)       7. CHIEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       8. SECRETARY     ADDRESS     CITY     STATE     ZIP CODE       9. CHREF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure): \$25.00.         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Only         No Change Statement (Not applicable if sgent address of record is a P.O. Box address. See instructions.)<br>of State, one otatoment of Information contained in the fast Statement of Information Ried with the California Secretary<br>of State, one otatoment of Information contained in the last Statement of Information Ried with the California Secretary<br>of State, check the box and proceed to lisen 17.         Complete Addresses of or Rendered to lisen 17.       City       State         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City       State         5. MALLING ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City       State         6. MALLING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       State         7. Cheff EXECUTIVE OFFICE       City       State       Zite Zip Code         8. Statement of Complete Addresses of the Following Officers. (The corporation must be completed for the specific<br>officer may be added; however, the preprinted likes on this form must not be altered.)       State       Zip Code         9. STATE       Zip Code       <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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F786694         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Only         No Change Statement (Not applicable if sgent address of record is a P.O. Box address. 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MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       STATE       ZIP CODE         7. OHEF EXECUTIVE OFFICENT       ADDRESS       City       STA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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STREET ADDRESS OF PRINCIPAL EXCUTIVE OFFICE       CITY       STATE       ZIP CODE         5. STREET ADDRESS OF PRINCIPAL EXCUTIVE OFFICE       CITY       STATE       ZIP CODE         6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         7. CHEF EXECUTIVE OFFICE IN ADDRESS       CITY       STATE       ZIP CODE         8. SEGRETARY       ADDRESS       CITY       STATE       ZIP CODE         9. C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              
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F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       C2742033         3. MO Change Statement (Not applicable if egent address of record is a P.O. Box address. See Instructions.)         4. If there have been any charges to the Information contained in the tast Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the tast Statement of Information filed with the California Secretary<br>of State, or no charge in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no charge in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no charge in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no charge in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no charge in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no charge in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no charge in any of the information filed city. Items 4 and 5 cannol be P.O. Boxes.)         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City       STATE       ZIP CODE       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     
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Corporations)<br>FEES (Filing and Disclosure); \$25.00.       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STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE       STATE       ZIP CODE         6. MALLING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         7. Other Executive OFFICE I                                                                                                                                                                                                                                                                                                                                                                                                                          |
Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$26.00.       FT86694         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Space for Fing Use Only         No Change Statement (Not applicable if sgent address of frocard is a P.O. Box address. See instructions.)       This Space for Fing Use Only         3. 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MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE <t< td=""><td>(Domestic Btock and Agricultural Cooperative Corporations)<br/>FEES (Filing and Disclosure): \$25.00.       F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       In the office of the Secretary of State<br/>of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033         2. CALIFORNIA CORPORATE NUMBER       CZ742033         3. MO Change Statement (Not applicable if agent address of record is a P.O. Box address. 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| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       7. CHIEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       8. SECRETARY     ADDRESS     CITY     STATE     ZIP CODE       9. CHREF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       Names and Complete Addresses of All Directors, including Directors Who are Also Officers (The corporation must have al least one director. Attach additional pages, if necessary.)     DORESS     CITY     STATE     ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.       FT86694         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Sacratary of State<br>of the State of California         1. CORPORATE NAME       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Spece for Fing Use Only         3. 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STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         6. MALING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE <td>Statement of Information<br/>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (Filing and Disclosure): \$25.00.       FT86694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Sacratary of State<br/>of the State of California         1. CORPORATE NAME       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br/>CZ742033       This Form         3. Of Statement (Not applicable if spent address of record is a P.O. Box address. See Instructions.)       AUG-25 2015         3. Of Statement (Not applicable if spent address of record is a P.O. Box address. See Instructions.)       This Spece for Plag Use Only         3. 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SECRETA</td> <td>Statement of Information<br/>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (Filing and Disclosure): \$25.00.       FT86694         If this is an amendment, see instructions.<br/>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM      
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GTIREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE       STATE       ZIP CODE</td>                                                                                                                                                                                            | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.       F7/86694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       C2742033       This Space for Filing Use Only         3. 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| STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       7. CHIEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       8. SECHETARY     ADDRESS     CITY     STATE     ZIP CODE       9. CHREF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9. CHREF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9. CHREF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       10. 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FT86694         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       AUG-25 2015         2. CALIFORMIA CORPORATE NUMBER<br>CZ742033       This Form         3. Of Charge Statement (Not applicable If spont address of record is a P.O. Box address. See Instructions.)       In the office of the Secretary of State<br>of the state of California Secretary         3. Of there have been any charges to the information contained in the last Statement of Information field with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information field with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information field with the California Secretary<br>of State, check the box and proceed to lism 17.         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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for File Undeer<br>of the State of California         3. 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STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. GTREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE       STATE       ZIP CODE <td>(Domestic Stock and Agricultural Gooperative Corporations)<br/>FEES (Filling and Disclosure); \$25.00.       F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br/>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br/>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br/>CZ742033       This Space for Filing this Corporation in the State of California         3. If there have been any changes to the Information contained in the last Statement of Information filed with the California Secretary<br/>of State, or no
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STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       STATE       ZIP CODE         6. MAULI</td> <td>Statement of Information<br/>(Domestic Biock and Agricultural Cooperative Corporations)<br/>FEES (Filing and Disclosure): \$25.00.       FT866694         If this is an amendment, see instructions.<br/>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Sacratary of State<br/>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br/>CZ742033       This Spece for Figure to California         3. If there have been any changes to the Information contained in the last Statement of Information field with the California Secretary<br/>of State, or no statement (Information contained in the last Statement of Information field with the California Secretary<br/>of State, other the base and proceed to lasm 17.         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| STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted title for the specific officer may be added; however, the preprinted title for the specific officer must not be altered.)     CITY     STATE     ZIP CODE       7. CHIEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       8. SECRETARY     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9. 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| STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must fist these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)       7. CHEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       8. SECRETARY     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF FILMNCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF FILMNCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF FILMNCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF FILMNCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF FILMNCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF Addresses of All Diractors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, If necessary.)     II. NAME     ADDRESS     CITY     STATE     ZIP CODE       10. NAME     ADDRESS     CITY     STATE     ZIP CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Sacretary of State<br>of the State of California         AUG-25 2015       AUG-25 2015         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       AUG-25 2015         Implement Address of Forcer of the Sacretary of State<br>of the State of California       AUG-25 2015         Implement Address of Forcer of the Pollowing Officers of the Sacretary<br>of State, check the box and proceed to Item 17.       The Spece for May Use Orly         Implement Address of Forcer of the Pollowing Officers (The corporation filed with the California Secretary<br>of State, check the box and proceed to Item 17.       Complete Address of Pollowing (Do not abbreviate the name of the Sacretary<br>of State, check the box and proceed to Item 17.         Implement Address of Procer NetWe       Citry       State       Zir Coce         State Address of Previous Address of Proce NetWe       Citry       State       Zir Coce         State       Address of Complete Addresses of the Pollowing Officers (The corporation must list these three officers. A comparable title for the specific<br>officer may be added; howneys, the prophytical West of the Sacretary       Citry       State       Zir Coce         State       State       Citry       State       Zir Coce       State         State       Complete Addresses of the Pollowing Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           
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Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         1. CORPORATE NAME       AUG-25 2015         2. CALIFORMA CORPORATE NUMBER       AUG-25 2015         2. CALIFORMA CORPORATE NUMBER       CZ742033         1. 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Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disciosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FT86694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       FT86694         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This office of the Secretary of Siste<br>of the State of California         3. MO Change Statement (Not applicable) Figent address of roand is a P.O. Box address.<br>of State, or to statement of Information has been previously filed, this form must be completed in its entry.       This face for May Use Oxy         Y       If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or to statement of Information notained in the last Statement of Information filed with the California Secretary<br>of State, or to statement of Information notained in the last Statement of Information filed with the California Secretary<br>of State, or to statement of Information notained in the last Statement of Information filed with the California Secretary<br>of State, or to statement of Information filed with the California Secretary<br>of State, check the box and proceed to Itam 17.         Complete Addresses of the Following (Do not abbreakis the name of the cly, Items 4 and 5 cannot be P.O. Box.).       If there have been any checkes of the Secretary<br>of State.         Strate TADRESS OF PRINCIPAL BUSINEES OFFICE IN CALIFORNA, FANY       CITY       STATE       ZIP CODE       Items 4 and 5 cannot be P.O. Box.         Names and Complete Addresses of the Following Officers       (The corporation must fat fa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORMA CORPORATE NUMBER       C2742033       The space for Find Use Orly         3. If there have been or charge to the information framed in the fast Statement of Information find with the California Secretary<br>of State, or or statement of Information has been previously filed, this form must be completed in its entry.       The there have been and charge to the information contained in the fast Statement of Information filed with the California Secretary<br>of State, or or statement of Information has been previously filed, this form must be completed in its entry.         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F786694         MPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of Statu<br>of the State of California         1. CORPORATE NAME       AUG-25 2015         2. CALIFORMA CORPORATE NUMBER       CZ742033         2. CALIFORMA CORPORATE NUMBER       CZ742033         3. 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F786694         If this is an amendment, see interfuctions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of Statu<br>of the State of California         1. CORPORATE NAME       AUG-25 2015         2. CALIFORMA CORPORATE NUMBER       CZ742033         2. CALIFORMA CORPORATE NUMBER       CZ742033         3. If there have been any change to the information file with the California Secretary<br>of State, or no statement of Information has been previously filed, this form must be completed in its entitiety.         []       If there have been any change to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information has been previously filed, this form must be completed in its entitiety.         []       If there have been any change to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information filed with the California Secretary<br>of State, check the box and proceed to liter 17.         []       If there have been on change in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, check the box and proceed to liter 17.         []       If there have been on change in any of the information filed with the California Secretary<br>of State, check the box and proceed to liter 17.         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| STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must ist freese three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)       7. CHIEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       8. SECRETARY     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       Names and Complete Addresses of All Diractors, including Directors Who are Also Officers (The corporation must have al least one director, Attach additional pages, if necessary.)     NAME     ADDRESS     CITY     STATE     ZIP CODE       10. NAME     ADDRESS     CITY     STATE     ZIP CODE     Iterefore       11. NAME     ADDRESS     CITY     STATE     ZIP CODE       12. NAME     ADDRESS     CITY     STATE     ZIP CODE       13. MIMERER OF VACANCES ON THE BOARD OF DIFECTORS IF ANY.     CITY     STATE     ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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FTHS 56694         IF this is an amondment, see instructions.       IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Sacretary of State<br>of the State of California         IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Sacretary of State<br>of the State of California         IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Sacretary of State<br>of the State of California         IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Sacretary of State<br>of the State of California         IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       Interview of the Sacretary of State<br>of the State of California         IMPORTANT – READ INSTRUCTIONS DEFORE COMPLETING THIS FORM       In the office of the Sacretary         IMPORTANT – READ INSTRUCTIONS DEFORE COMPLETING THIS FORM       In the office of the Sacretary         IMPORTANT – CALIFORNIA CORPORATE NUMBER       CZ742033       This Spece to File Old on the<br>INFIGURATION INFORMATION INFORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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This Spece for Fleg Use Orly         No Change Statement (Not applicable if gent address of rocard is e P.O. Box address. See Instructions.)       This Spece for Fleg Use Orly         If there has been no change in any of the information nonstined in the fast Statement of Information filed with the California Secretary<br>of State, check the box and proceed to Item 17.         Complete Addresses of PRINCIPAL EXECUTIVE OFFICE       CITY         If there has been no change in any of not abbreviate the name of the fast Statement of Information filed with the California Secretary<br>of State, check the box and proceed to Item 17.         Complete Addresses of PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. STREET ADDRESS OF PRINCIPAL BUSINEES OFFICE IN CALIFORNIA, # ANY       CITY       STATE       ZIP CODE         6. MAULING ADDRESS OF COMPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         7. OHEF EXECUTIVE OFFICERY       ADDRESS       CITY </td <td>Statement of Information<br/>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (FIIIng and Disclosure): \$25.00.       FTB6694         MPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         I. CORPORT HAME       And PORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         EMPIRE TRANSPORTATION, INC.       AUG-25 2015         I. CORPORATE NUMBER       CZ742033         No Change Statement (Not applicable if gent address of rocord is a P.O. Box address. See Instructions.)       This Spece for Ring Use Orly         I. 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STREET ADDRESS OF COMPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         6. MALLING ADDRESS OF COMPORATI</td> <td>(Domestic Stock and Agricultural Cooperative Corporations)<br/>If this is an amendment, see instructions.       F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         I. CORPORATE NAME       Audition of the Sacretary of State<br/>of the State of California         AUG-25 2015       In the office of the Sacretary of State<br/>of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033         No Change Statement (Not applicable if spent address of record is a P.O. Box address. See thistuctions.)       This Spece to Fleg Use Oxy         3. 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FT86694         If this is an amondment, see instructions.       Important – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br/>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Spece for File Vise Ocly         3. Mo Change Statement (Not applicable If signal address of record is a P.O. Box address. See Instructions.)       This Spece for File Vise Ocly         3. 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Stock and Agricultural Cooperative Corporations)<br/>FEES (Filling and Disclosure): \$25.00.       F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br/>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br/>of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Space for Fing Use Oxy         No Change Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)       If there have been any change to the information contained in the last Statement of Information filed with the California Secretary<br/>of State, or to statemap to the information contained in the last Statement of Information filed with the California Secretary<br/>of State, check the box and proceed to Item 17.         Complete Addresses for the Following (Do not abbreviate the name of the cally. 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CALIFORMA CORPORATE NUMBER       CZ742033       This Space for FRig Use Only         3. MO Change Statement (Not applicable if egent address of freque is a space for adapt to its of files with the California Secretary<br/>of State, or no statement of Information onlined in the last Statement of Information State adapt to its of the information adapt to its of the information onlined in the last Statement of Information Secretary<br/>of State, or no statement of Information onlined in the last Statement of Information filed with the California Secretary<br/>of State, or no statement of Information onlined in the last Statement of Information filed with the California Secretary<br/>of State, check the box and proceed to Nam 17.         Complete Addresses for the Following (Do not abbrowlate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)         4. STREET ADDRESS OF PRONCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. 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A comparable file for the specific<br>officer may be added; however, the preprinted Glass on the framework in the antifferent officers (The corporation must fave all load one<br>officer may be added; however                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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CHEF EXECUTIVE OFFICE//       ADDRESS       CITY       STATE       ZIP CODE      <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosura); \$25.00.       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FRES (Filing and Disclosure); \$26.00.         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Seriatary of State<br>of the State of California         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Seriatary of State<br>of the State of California         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Seriatary of State<br>of the State of California         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       Inter office of the Seriatary of State<br>of the State of California         IMPORTANT - READ INSTRUCTIONS, INC.       This spece for FRg Use Ody         No Change Statement (Not applicable if spent address of moord in a P.O. Box address.)       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FRES (Filing and Disclosure); \$26.00.         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Seriatary of State<br>of the State of California         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Seriatary of State<br>of the State of California         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Seriatary of State<br>of the State of California         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       Inter office of the Seriatary of State<br>of the State of California         IMPORTANT - READ INSTRUCTIONS, INC.       This spece for FRg Use Ody         No Change Statement (Not applicable if spent address of moord in a P.O. Box address.)       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Boxes.)         • STREET ADDRESS OF PRANCIPAL BUSINESS OFFICE IN DALIFORNA, F ANY       CITY       STATE       ZIP CODE         • STREET ADDRESS OF ORPORATION, IP DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         • STATE       ADDRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   
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Corporations)<br>FEES (Filing and Disclosure): \$25.00.       F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       C2742033         No Change Statement (Not applicable if signan address of record is 8 P.O. Box address. See Instructors.)       In the office of the Secretary of State<br>of State, or no statement of Information activated in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information activated in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information activated in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information activated in the last file from must be completed in the suffice.)         2. 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| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       8. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       9. Names and Complete Addresses of the Following Officers     (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the proprinted titles on this form must not be altened.)     The specific officers. 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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033       The Space for Picture California         3. MO Change Statement (Not applicable If egent address of froord is a P.O. Box address. See Instructions)       In the office of the Secretary of State<br>of the State of California Secretary         4. OTHER BASE       CZ742033       The Space for Picture California Secretary         5. of Statement (Not applicable If egent address of froord is a P.O. Box address. 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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALFORNIA CORPORATE NUMBER       C2742033       The Space for Figure 100 (second)         3. Mode Change Statement (Mot applicable if sgent address of record is a P.O. Box address. See Instructions)       In the office of the Secretary of State<br>of the State of California Secretary         9. Of Change Statement (Mot applicable if sgent address of record is a P.O. Box address. See Instructions)       In the office of the California Secretary         10. Of Change Statement (Mot applicable if sgent address of record is a P.O. Box address. See Instructions)       In the fact with the California Secretary         11. Of State, or no statement of Information contained in the tast Statement of Information field with the California Secretary         12. 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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033       The Space for Picture California         3. MO Change Statement (Not applicable If egent address of froord is a P.O. Box address. See Instructions)       In the office of the Secretary of State<br>of the State of California Secretary         4. OTHER BASE       CZ742033       The Space for Picture California Secretary         5. of Statement (Not applicable If egent address of froord is a P.O. Box address. 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F7/86694         IMPORTANT - READ INSTRUCTIONS BEPORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         LORPCRATE NAME       EMFIRE TRANSPORTATION, INC.       No Change Statement (Vol applicable if egot address of record is a P.O. Box address. See Instructions)       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       C2742033       The Space for Figure 0.000       This Space for Figure 0.000         3. If there have been any change instruction contained in the stat Statement of Information field with the California Secretary<br>of State, or no statement of Information contained in the stat Statement of Information field with the California Secretary<br>of State, or no statement of california Secretary         Complete Addresses of record is a P.O. Box address. 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F786694         MPORTANT - READ INSTRUCTIONS BEPORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         L. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALFORNIA CORPORATE NUMBER       C2742033       The Space for Pinton State of California         3. Mochange Stalement (Mol applicable if agent address of record is a P.O. Box address. 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Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$25.00.       FT 86694         I. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       FT 86694         I. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         I. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         I. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       The file set with the California Section of the State of California<br>AUG-25 2015         I. CORPORATE NUMBER       CITADON SECTION OF THE TRANSPORTATION, INC.       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F786694         IMPORTANT - READ INSTRUCTIONS BEPORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ742033         3. Mo Change Statemant (Not applicable if sgent address of rocord is a P.O. Box address. See Instructions.)       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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Sacratary of State<br>of the State of California         EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ742033         2. CALIFORNIA CORPORATE NUMBER       CZ742033         3. Mo Change Statement (Not applicable figure address of rocord is a P.O. Box address. See Instructions.)       AUG-25 2015         3. Mo Change Statement (Not applicable figure address of rocord is a P.O. Box address. See Instructions.)       The Spece to FRig Use Ody         4. Mode State of the State of California       CZ742033       The Spece to FRig Use Ody         7. 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F7/86694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Sacratary of State<br>of the State of California         EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ742033         2. CALIFORNIA CORPORATE NUMBER       CZ742033         3. Mo Change Statement (Not splitsche If agent address of record is a P.O. Box address. See Instructions.)       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| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       8. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must last trass three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)     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FT86694         I. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       FT86694         2. CALIFORNIA CORPORATE NUMBER<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         3. CALIFORNIA CORPORATE NUMBER<br>EMPIRE TRANSPORTATION, INC.       The office of the State of California         4. CALIFORNIA CORPORATE NUMBER<br>EMPIRE TRANSPORTATION, INC.       The State of California         7. CALIFORNIA CORPORATE NUMBER<br>EMPIRE TRANSPORTATION, INC.       The State of California State<br>of the State of California         8. 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F786694         I. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       FILE DISTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         2. CALIFORMA CORPORATE NUMBER<br>EMPIRE TRANSPORTATION, INC.       NUG-25 2015       In the office of the Secretary of State<br>of the State of California         3. CALIFORMA CORPORATE NUMBER<br>EMPIRE TRANSPORTATION, INC.       No Change Statement (Not apolicable figure taddress of fractic is P.O. Box address. See Instructions.)       In the office of the Secretary of State<br>of the State of California Secretary         I. Orber Addresses To the Information conducted in the state Istament of Information Ried with the California Secretary<br>of State, or no statement of Information in the state Istament of Information Ried with the California Secretary<br>of State, or no statement of Colorwing. 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IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       Children to the State of California         EMPIRE TRANSPORTATION, INC.       AUG-25 2015         Intention of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033         The State of California         AUG-25 2015         The Statement (Mot apolicable Typent address of record is a P.O. Box address. 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F7/86694         IMPORTANT – READ INSTRUCTIONS BEPORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         IMPORTANT – READ INSTRUCTIONS BEPORE COMPLETING THIS FORM       AUG-25 2015         In the office of the Secretary of State<br>of the State of California       AUG-25 2015         I CORPORATE NUMBER       CZ742033       The Space for Figure Use Coly         No Change Statement (Vol applicable Typen) address of focord is P.O. Box address. See instructions.)       The Space for Figure Use Coly         I Hore have been any otherape to the information on-binded in the Latif Statement of Information field with the California Secretary<br>of State, or no statement of Information on-binded in the latif Statement of Information field with the California Secretary<br>of State, or no statement of Evolution (Do not abtrivide the name of the ally. Here 4 and 6 cannot be P.O. Boxes.)       .         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F786694         IMPORTANT - READ INSTRUCTIONS BEPORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         In the office of the Secretary of State<br>of the State of California       AUG-25 2015         I. CALFORNIA CORPORATE NUMBER       CZ742033       This Spece for Figure 106 (formin Secretary<br>of State, or no tatament of Information and the Secretary of The August and Proceed to Item 17.         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CALFORNIA CORPORATE NUMBER<br>CZ742033       This Spece to Fileg Use Oxy<br>The Spece to Fileg Use Oxy<br>Of State, or no statement of Information As been providuely filed, Use Campus to Statement of Information Reset<br>of State, or no statement of Information As been providuely filed, Use Campus to Statement of Information Reset<br>of State, or no statement of Information As been providuely filed, Use Campus to Ecomplete Address of PRONOPAL EXECUTIVE OFFICE<br>of State, or no statement of Information As been providuely filed, Use Campus to Ecomplete Address of PRONOPAL EXECUTIVE OFFICE<br>of State, or no statement of Information As been providuely filed, Use Campus to Ecomplete Addresses of the Following (Do not abbreviate the name of the City. Items 4 and 5 canned be P.O. 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| STATE     ZIP CODE       5.     STREET ADDRESS OF DRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       6.     MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       7.     MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must fast base three officers. A comparable title for the specific officer may be added, howaver, the preprinted titles on this form must not be altered.)       7.     CHIEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       8.     SECRETARY     ADDRESS     CITY     STATE     ZIP CODE       9.     CHEF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9.     CHEF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9.     CHEF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9.     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FT86694         IMPORTATT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         I. CORPORATE NAME       AUG-25 2015         CALFORNIA CORPORATE NUMBER       AUG-25 2015         I. CALFORNIA CORPORATE NUMBER       CZ742033         No Change Statement (Not applicable Pagent address of Incord is 8 P.O. Box address. See Instructions.)       The State of California Secretary<br>of State, or no statement (Not applicable Pagent address of Incord is 8 P.O. Box address. See Instructions.)         No Change Statement (Not applicable Pagent address of Incord is 8 P.O. Box address. See Instructions.)       The State of California Secretary<br>of State, or no statement (Not applicable Pagent address of Incord is 8 P.O. Box address. See Instructions.)         I. 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FF786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         1. CORPORATE NAME       AUG-25 2015         2. CALFORNIA CORPORATE NUMBER       CZ742033         No Change Statement (Not applicable if gent address of record is 8 P.O. Box address. See Statections.)       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Statement of Information<br>(Domestic Block and Agricultural Cooperative Corporations)<br>FEES [Filling and Disclosure); \$25.00.       FF786694         IMPORTATT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         I. CORPORATE NAME       AUG-25 2015         Composition Composition Control of the Secretary of State<br>of the State of California       AUG-25 2015         I. Composition Composition Control of the Secretary of State<br>of the State of California       AUG-25 2015         I. There have a for the secretary of state<br>of bissition of Information Assesses of record is 8 P.O. Box address. See Instructions.)       The State of California Secretary<br>of State, or no statement (Not applicable if segnitic address of record is 8 P.O. Box address. See Instructions.)       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                                                                                                                             | (Domestic Block and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORTAT NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALFORNIA CORPORATE NUMBER       CZ742033       The office of the Secretary of State<br>of the State of California         3. of State, or no statement parts to the information contained in the tast Statement of Information field with the California Secretary<br>of State, or no statement parts to the information contained in the tast Statement of Information field with the California Secretary<br>of State, or no statement approach to the information contained in the tast Statement of Information field with the California Secretary<br>of State, or no statement approach to the Information contained in the tast Statement of Information field with the California Secretary<br>of State, or no statement approach to the Information contained in the tast Statement of Information field with the California Secretary<br>of State, or no statement approach to the Information contained in the tast Statement of Information field with the California Secretary<br>of State, check the box and proceed to the CALFORNUA, # ANY       Criv       State       ZiP CODE         4. 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MAURING ADDRESS       Criv <t< td=""><td>(Domestic Block and Agricultural Cooperative Corporations)</td><td>(Domestic Block and Agricultural Cooperative Corporations)</td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     
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| STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP COCE       6. MAILING ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP COCE       7. CHEF EXECUTIVE OFFICERY     ADDRESS     CITY     STATE     ZIP COCE       8. SECRETARY     ADDRESS     CITY     STATE     ZIP COCE       9. CHEF EXECUTIVE OFFICERY     ADDRESS     CITY     STATE     ZIP COCE       8. SECRETARY     ADDRESS     CITY     STATE     ZIP COCE       9. CHEF FINANCIAL OFFICERY     ADDRESS     CITY     STATE     ZIP COCE       9. CHEF FINANCIAL OFFICERY     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF FINANCIAL OFFICERY     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF FINANCIAL OFFICERY     ADDRESS     CITY     STATE     ZIP CODE       10. NAME     ADDRESS     CITY     STATE     ZIP CODE       11. NAME     ADDRESS     CITY     STATE     ZIP CODE       12. NAME     ADDRESS     CITY     STATE     ZIP CODE       13. MARER OF VACANCES ON THE BOARD OF DIRECTORS, IF ANY:     ADDRESS     CITY     STATE     ZIP CODE       13. MARER OF VACANCES ON THE BOARD OF DIRECTORS, IF ANY:     ADDRESS     CITY     STATE     ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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CORPORT ENAME       Automation of the State of California<br>EMPIRE TRANSPORTATION, NC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Spece for Page 16:a Cole<br>of the State of California<br>AUG-25 2015         3. Midematic Accorption of the Information on the Information on the Information on the Information on the Information on the Information field with the California Secretary<br>of State, or statement of Information and proved to their first Bitament of Information field with the California Secretary<br>of State, or statement of Information and proved to their first Bitament of Information field with the California Secretary<br>of State, or statement of Information and proved to their the Inst Bitament of Information field with the California Secretary<br>of State, or statement of Information and proved to their the Inst Bitament of Information field with the California Secretary<br>of State, or statement of Information and the Inst Bitament of Information field with the California Secretary<br>of State Appress or PRINCIPAL DECUMPS OFFICE IN CALIFORMA, # ANY       CITY         Complete Addresses for the Following (Do not addrevide the name of the dy, Itera 4 and 6 cannel be P.O. Rows).       End State of California Secretary         4. STREET ADDRESS OF PRINCIPAL DUBINESS OFFICE IN CALIFORMA, # ANY       CITY       STATE         5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAIL ITEM 4       CITY       STATE       ZIP COCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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F786694         IMPORTAT - RED INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         1. CORPORT - NAME       AUG-25 2015         EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORMA CORPORATE NUMBER       CZ742033         No Change Statement (Not applicable Higher Address of Incord is a P.O. Box address. See Instructions)<br>of State, or a statement of Information contained in the fast Blatement of Information Rise with the California Secretary<br>of State, or a statement of Information approach is the and the state Blatement of Information Rise with the California Secretary<br>of State, or a statement of Information approach is the and the state Blatement of Information Rise with the California Secretary<br>of State, or a statement of approach to the Information contained in the fast Blatement of Information Rise with the California Secretary<br>of State, or a statement of Information approach to Ham 17.         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CORPORATE NAME       AUG-25 2015         EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       C2742033         Mo Change Statement (Not applicable Pagnatadores of moord is a P.O. Box address. See Instructions)<br>of State, or a statement of Information as barren of the fast Blatament of Information Rev With the California Secretary<br>of State, or a statement of Information as barren of the fast Blatament of Information Rev With the California Secretary<br>of State, or a statement of Information as barren to the last Statement of Information Rev With the California Secretary<br>of State, or a statement of address of proceed to Rev With the California Secretary<br>of State, or a statement of address of proceed to Rev With the California Secretary<br>of State, or california of and proceed to Rev With the California Secretary<br>of State, or california of address of PROCEE         Complete Addresses for this Following (Do not abbrevia) the name of the dy, this form must be completed in the secret<br>of state of California Secretary of State<br>of PROCEPARATION, IF DIFFERENT THAILINEA       City       State       ZiP COCE         4. STREET ADRESS OF COMPORATION, IF DIFFERENT THAILINEA       City       State       ZiP COCE         5. STREET ADRESS OF COMPORATION, IF DIFFERENT THAILINEA       City       State       ZiP COCE         6. MALING ADDRESS OF COMPORATION, IF DIFFERENT THAILINEA <td< td=""><td>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (Filling and Disciourus) \$25.00.<br/>If this is an amondment, see instructions.       F786694         1. CORPORTER - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the effice of the Secretary of State<br/>of the State of California         1. CORPORTER - NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This spece for the Secretary of State<br/>of the State of California         3. 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F786694         1. CORPORTATE NAME       FILES (Filling and DisStructions)<br/>EMPIRE TRANSPORTATION, INC.       In the effice of the Secretary of State<br/>of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This fore the Figure 10 to applicable if agent address of record is 8 P.O. Box address. See Instructions.       AUG-25 2015         3. If there have been not chapter of information fact with the California Secretary<br/>of State, or no statement of information has been previously filed, this form must be information flact with the California Secretary<br/>of State, or no statement of information has been previously filed, this form must be information flact with the California Secretary<br/>of State, charce the box and
proceed to larm 17.         Complete Addresses for the Formation Exception with the isst Statement of Information flact with the California Secretary<br/>of State, charce the box and proceed to larm 17.         Complete Addresses for the Formation Secretary<br/>of State, charce the box and proceed to larm 17.         Complete Addresses for the Formation flact with the California Secretary<br/>of State, charce taxes and proceed to larm 17.         Complete Addresses for the Following Obnet the state factor and the following the secret<br/>state of the Secret Addresses of Complete Addresses of Complete Intervence<br/>of City       State 2 procee         5. STREET ADDRESS OF PREVIDENT THAILITEM 4       City       State 2 procee         6. MALING ADDRESS OF COMPORATION, FEREWERNENT THAILITEM 4       City</td></td<> <td>Statement of Information       IDomesic Stock and Agricultural Cooperative Corporations)       FEES (Filling and Disclosurup) \$28.0         IMPORTART - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       IN CORPORATE NAME         I. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.         I. CORPORATE NAME       CZYA2033         IN Change Statement (Not applicable if spant address of incord is a P.O. Box address. See Instructions.       In the office of the Secretary of State of California         I. ORDERORATE NUMBER       CZYA2033       Integration on the other information on contained in the fast Blatement of Information filed with the California Secretary of State or estatement of Information name and proceed to law 17.         I. Mither have been and change in any of the information contained in the fast Blatement of Information filed with the California Secretary of State or estatement of Information name and proceed to law 17.         Ornplate Addresses for the Following (Do not abbreviate the name of the dy. It have have been and change in any of the information contained in the law Statement of Information filed with the California Secretary of State Zar Code         S. STREET ADDRESS OF PRINCIPAL BUELTING OFFICE IN CALFORNA, FANY       CIY       STATE       Zar Code         S. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAIL ITEM 4       CIY       STATE       Zar Code         S. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAIL ITEM 4       CIY       STATE       Zar Code         S. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAIL ITEM 4&lt;</td> <td>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (Filling and Disclosuro): \$25.00.<br/>If this is an amondment, see instructions.       F786694         1. CORPORATE NAME       FILE Control (Filling and Disclosuro): \$25.00.<br/>In the office of the Sacratary of State<br/>entrol (Filling and Disclosuro): \$25.00.<br/>In the office of the Sacratary of State<br/>of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033       The space to Filling and Disclosuro): \$2000         3. If there have been any changes to the information contained in the fill statiants.       Saba Instructions.         4. States and from the filling and Disclosure is appoint address of record is a P.O. Bax address. See Instructions.       The base to Filling and Disclosure is appoint address of record is a P.O. Bax address.         7. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br/>of State, or no statement of Information has been providually filed, this form must be information filed with the California Secretary<br/>of State, or no statement of Information has been providually filed, this form must be information filed with the California Secretary<br/>of State, or no statement of Information the state statement of Information filed with the California Secretary<br/>of State, or no statement of Information Relevant Provide Carify         4. STREET ADRESS OF PRINCIPAL EXECUTOR OFFICE IN CALIFORMA, # ANY       City       STATE       Zir Code         5. STREET ADRESS OF CREPORATENUM BUSINESS OFFICE IN CALIFORMA, # ANY       City       STATE       Zir Code         6. MALING ADDRESS OF CREPORATENUM DEESS</td> <td>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (Filling and Discourci); \$25.00.<br/>If this is an amondment, see instructions.       FILED         1. 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FILED         1. CORPORATE NAME       FILED       In the office of the Secretary of State<br/>of the State of California         2. CALIFORNIA CORPORATE NUMBER       CUTY       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CUTY       The Spece for Prog Use Only         1. Theorem and the state of California       CUTY       The Spece for Prog Use Only         2. CALIFORNIA CORPORATE NUMBER       CUTY       The spece for Prog Use Only         1. Theore have been any change in bay of binomation contained in the bast Statement of Information Rise within the California Secretary       Of State, or to statement of Information Rise differs of council is the Information Rise differs.       East information Rise differs in Secretary         2. Omplies Addresses for the Following (De not abbreviate the normation Rise differs.       Cutry       State.       Cutry       State.         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OWNED       Cutry       State.       Cutry       State.</td> | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disciourus) \$25.00.<br>If this is an amondment, see instructions.       F786694         1. CORPORTER - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the effice of the Secretary of State<br>of the State of California         1. CORPORTER - NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This spece for the Secretary of State<br>of the State of California         3. 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F786694         1. CORPORTATE NAME       FILES (Filling and DisStructions)<br>EMPIRE TRANSPORTATION, INC.       In the effice of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This fore the Figure 10 to applicable if agent address of record is 8 P.O. Box address. See Instructions.       AUG-25 2015         3. If there have been not chapter of information fact with the California Secretary<br>of State, or no statement of information has been previously filed, this form must be information flact with the California Secretary<br>of State, or no statement of information has been previously filed, this form must be information flact with the California Secretary<br>of State, charce the box and proceed to larm 17.         Complete Addresses for the Formation Exception with the isst Statement of Information flact with the California Secretary<br>of State, charce the box and proceed to larm 17.         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F786694<br>FILED         IMPORTAT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         2. CALIFORMA CORPORATION, INC.       AUG-25 2015         2. CALIFORMA CORPORATE NUMBER       C7742033         No Change Statement (Not applicable # gent address of necret is P.O. Box address. See Instructions.       The Spector Fills and Discretize<br>of State, or a tatement of Information contained in the fast Education of Information Bled with the California Secretary<br>of State, or a tatement of Information contained in the fast Education of Information Bled with the California Secretary<br>of State, or a tatement of Information contained in the last Statement of Information Bled with the California Secretary<br>of State, or a tatement of Information and proceed to late mathematic and the P.O. Box address. 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Biol.</td> <td>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (Filling and Disclosurg): \$25.00.<br/>If this is an amendment, see instructions:<br/>IMPORTART - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br/>of the State of California<br/>AUG-25 2015         1. CORPORATE NAME<br/>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORMA CORPORATE NUMBER<br/>CZ742033       This Secretary of State<br/>of the State of California<br/>AUG-25 2015         3. CALIFORMA CORPORATE NUMBER<br/>CZ742033       This Secretary<br/>CZ742033         4. Of Change Statement (Not applicable if Segnt address of Incord is a P.O. Box address. See Instruction 3.         7. Of State, John And Change Statement (Not applicable if Segnt address of Incord is a P.O. Box address. See Instruction 3.         7. Of State, John And Change Statement (Not applicable if Segnt address of Incord is a P.O. Box address. See Instruction 3.         7. 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825.00       F786694         IMPORTAT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE INAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Ring Use Coly         No Change Statement (Not applicable if egont address of nocurity is P.O. Box address. See Instructions.)<br>of State, or to statement of Information and beam provide by Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. Biol. 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Disclosurg): \$25.00.<br>If this is an amendment, see instructions:<br>IMPORTART - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California<br>AUG-25 2015         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORMA CORPORATE NUMBER<br>CZ742033       This Secretary of State<br>of the State of California<br>AUG-25 2015         3. CALIFORMA CORPORATE NUMBER<br>CZ742033       This Secretary<br>CZ742033         4. Of Change Statement (Not applicable if Segnt address of Incord is a P.O. Box address. See Instruction 3.         7. Of State, John And Change Statement (Not applicable if Segnt address of Incord is a P.O. Box address. See Instruction 3.         7. Of State, John And Change Statement (Not applicable if Segnt address of Incord is a P.O. Box address. See Instruction 3.         7. Of State, John And Change Statement of Information Red with the California Secretary<br>of State, John Addressas for the Following. Con on tableviate Ban ann of the dist. Statement of Information Red with the California Secretary<br>of State, John Addressas for the Following. Con on tableviate Ban ann of the dist. 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| S. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP COCE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP COCE       7. OHAR EXAMPLE     ADDRESS     CITY     STATE     ZIP COCE       8. SECRETARY     ADDRESS     CITY     STATE     ZIP COCE       9. CHEF EXECUTIVE OFFICERV     ADDRESS     CITY     STATE     ZIP COCE       9. CHEF FINANCIAL OFFICERV     ADDRESS     CITY     STATE     ZIP COCE       9. CHEF FINANCIAL OFFICERV     ADDRESS     CITY     STATE     ZIP COCE       9. CHEF FINANCIAL OFFICERV     ADDRESS     CITY     STATE     ZIP COCE       9. CHEF FINANCIAL OFFICERV     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF FINANCIAL OFFICERV     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF FINANCIAL OFFICERV     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF FINANCIAL OFFICERV     ADDRESS     CITY     STATE     ZIP CODE       9. 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Boxer.)         4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNA, F ANY       CIY       STATE       ZP COCE         6. MALING ADDRESS OF CONDUCTAL BUSINESS OFFICE IN CALIFORNA, F ANY       CIY       STATE       ZP COCE       STATE       ZP COCE       STATE       ZP COCE</td> <td>Statement of Information<br/>IDonestic Block and Agricultural Cooperative Corporations)<br/>FEES (Filling and Discioure); 256.00.       FT86694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         I. CORPORATE NAME<br/>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORMA CORPORATE NUMBER       CZ742033         No Change Statement (bid applicable V spont address of rocord is a PO, Box address. See histocions.)       The State of California         2. CALIFORMA CORPORATE NUMBER       CZ742033       The State of California Secretary of State<br/>of the State of California Secretary         3. If there have been any changes to the information
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A comparate ties for the spec</td> <td>(Domestic Block and Agricultural Cooperative Corporations)<br/>FEES (Filling and Discourse): \$23.000<br/>(Fifthis is an amendment, see instructions.       F786694         1. CORPORATE ARAME<br/>EMPIRE TRANSPORTATION, INC.       Inte office of the Secretary of State<br/>of the Site of California         2. CALFORMA, CORPORATE NUMBER<br/>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         3. Idoes the State of California       CZ742033         4. If there have been any chapses to Experient address of neared is a P.O. Box address. See Instructions.       MUG-25 2015         7. CALFORMA, CORPORATE NUMBER<br/>CZ742033       The State of California Secretary<br/>of State, or no statement of Information Information Compliance on the Statement of Information Information<br/>of State, or no statement of Information Information Compliance of the section of Information Information<br/>of State, or no statement of a process of Lens and process of Lens and process of Lens and process of Lens and process of Lens and process of Lens and process of Lens and process of Lens and process of Lens and process of Lens and process of Lens and process of Lens and process of Lens and process of Lens and process of Lens and the California Discretary<br/>of State, or PROKIPMICH, LEXCUTTO COPICE       Citry       STATE       ZP CODE         8. Ideal State and Complete Addressess of the Following Officers (The cooperation multiple sector the section and the process of Lens and the state 3)       Citry       STATE       ZP CODE         9. STREET ADDRESS OF PROKIPMICH, PLUTPERENT THAN ITEX4       Citry       STATE       ZP CODE         9. Street ADDRESS OF CONDORAND, IF DUTPERENT THAN ITEX4       Citry</td> <td>(Domestic Block and Agricultural Cooperative Corporations)<br/>FEES (Filling and Discourse): \$22.000       F7.86694         1. CORPORATE - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       Inte office of the Secretary of State<br/>of the State of California         2. CALFORMAL CORPORATE NUMBER       CZ742033       The Spece for Filling and Discourse): \$22.000         3. MORE TRANSPORTATION, INC.       AUG-25 2015         4. OTHER TRANSPORTATION, INC.       The Spece for Filling and Discourse): \$2.000         9. CALFORMAL CORPORATE NUMBER       CZ742033         10. Others have been any charges to Taingent address of record is a P.O. Box address. See Instructions.       The Spece for Filling and Discourse): \$2.000         2. CALFORMAL CORPORATE NUMBER       CZ742033       The Spece for Filling and Discourse): \$2.000         3. Hithere have been any charges to Taingent address of record is a P.O. Box address. See Instructions.       The Spece for Filling and Discourse): \$2.000         0. State, obsc to barbane to filtermethin compatibility to the State of California Secretary of State.       Complete Addresses for the Following (Discourse): \$4.000         0. Street Addresses for the Following CDiscourse: \$4.000       Control State of California Secretary of State.       Control State of California Secretary of State.         0. Street Addresses for the Following Officers (The corporation must be completed of the secretary.       Control State of California Secretary         0. Street Addresses of Californeas (The California Secretary).       <t< td=""></t<></td> | Statement of Information<br>(Donestic Biock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disciousne); 25:00.       FT86694         IMPORTAT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         I. CORPORATE NAME       Autority of State<br>of the State of California         EMPIRE TRANSPORTATION, INC.       AUG-25 2015         I. CORPORATE NAME       C2742033         I. CORPORATE NUMBER       C2742033         I. Order have been any charges to that information file dist the California Secretary<br>of State, or statement of Information file dist the California Secretary<br>of State, or statement of Information file distructures.         I. Mither have been any charges to that information file distructures.       Information file distructures.         I. Mither have been any charges to that information file distructures.       Information file distructures.         I. Mither have been any charges to that information file distructures.       Information file distructures.         I. Mither have been any charges to that information file distructures.       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FT86694         MIPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORMA CORPORTE NUMBER       CZ442033         No Change Statement (Not applicable Pagent address of Facerd is a PO, Box address. Gee Instructions.)       MUG-25 2015         2. CALIFORMA CORPORATE NUMBER       CZ442033         No Change Statement (Not applicable Pagent address of Facerd is a PO, Box address. Gee Instructions.)       MUG-25 2015         1. If there have been any changes to the information file last Bitatement of the applicable Pagent address of Facerd is a PO. Box address. Gen Information file with the California Secretary<br>of State, or a statement of Indepricable Pagent address of Facerd is a PO. Box address. Gen Information file with the California Secretary<br>of State, or a statement of Indepricable Pagent address of Facerd is a PO. Box address.         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                                                                  | Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Discioural): 26:00.       FT86694         IMPORTAT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         I. CORPORATE NAME       Autority of State<br>of the State of California         EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       C2742033         No Change Statement (Not applicable fragent address of record is & P.O. Box address. See Instructions.)       MUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       C2742033         No Change Statement (Not applicable fragent address of record is & P.O. Box address. See Instructions.)       The Box text Files Use California         2. Viting how been any changes to the information contained in the fast Statement of Information filed with the California Statestary<br>of State, or a statement of Information file on address of record is & P.O. Box address.       The Box text Files Use California Statestary         2. 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the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ742033       The Spece for Reg Use Cov         3. 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F786694         IMPORTAT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of Siste<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Spece for Pino Use Corp<br>of State, or thatment of Information conducted in the fast Biatoment<br>of State, or thatment of Information conducted in the fast Biatoment of Information Ride with the California Secretary<br>of State, or thatment of Information conducted in the fast Biatoment of Information Ride with the California Secretary<br>of State, or thatment of Information conducted in the fast Biatoment of Information Ride with the California Secretary<br>of State, or thatment of Information conducted in the fast Biatoment of Information Ride with the California Secretary<br>of State, or thatment of Information conducted in the fast Biatoment of Information Ride with the California Secretary<br>of State, or thatment of Information conducted in the last Biatoment of Information Ride with the California Secretary<br>of State, clear the process of PRINCIPAL BUSINESS OFFICE IN CALIFORNA, F ANY         Complete Addresses for Bio Following (Do not abreviate the name of the city, Itera 4 and 5 cannot be P.O. Boxer.)         4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNA, F ANY       CIY       STATE       ZP COCE         6. MALING ADDRESS OF CONDUCTAL BUSINESS OFFICE IN CALIFORNA, F ANY       CIY       STATE       ZP COCE       STATE       ZP COCE       STATE       ZP COCE                                                                                                                                                                                                                                                                                                       | Statement of Information<br>IDonestic Block and Agricultural Cooperative Corporations)<br>FEES (Filling and Discioure); 256.00.       FT86694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         I. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORMA CORPORATE NUMBER       CZ742033         No Change Statement (bid applicable V spont address of rocord is a PO, Box address. See histocions.)       The State of California         2. CALIFORMA CORPORATE NUMBER       CZ742033       The State of California Secretary of State<br>of the State of California Secretary         3. If there have been any changes to the information file last Blatement of the more ablemant of the applicable V spont address
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F786694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       AUGe-25 2015         2. CALIFORMA CORPORATE NUMBER<br>CATADOS       CATADOS         2. CALIFORMA CORPORATE NUMBER<br>CATADOS       CATADOS         3. How Change Statement (Not applicable if agent address of focord is a PO, Box address. See Instructions)<br>of State or tatament of Information Contained in the fast Statement of Information field with the Colifornia Secretary<br>of State, or tatament of Information Contained in the fast Statement of Information field with the Colifornia Secretary<br>of State, or tatament of advoces to the NM TO.         2. CALIFORMA CORPORATE NUMBER<br>CATADOS       CATADOS         3. If there have been no change in any change in the information contained in the fast Statement of Information field with the Colifornia Secretary<br>of State, or tatament of advoces to the NM TO.         3. If there have been no change in any change in the information contained in the fast Statement of Information field with the Colifornia Secretary<br>of State, check the box and process to the NM.         Complete Addresses for the Following. (Qu not therewiste the nume of the dy, lites affard.         State: Addresses of Convortant, the preference (The corporation must lat base three officers. A comparate ties of the secretary<br>state.         State: Addresses of the Following Officers (The corporation must lat base three officers. A comparate ties for the specific<br>officer may be add, however, the preference (The corporation must lat base three officers. 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F786694         1. CORPORATE ARAME<br>EMPIRE TRANSPORTATION, INC.       Inte office of the Secretary of State<br>of the Site of California         2. CALFORMA, CORPORATE NUMBER<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         3. Idoes the State of California       CZ742033         4. If there have been any chapses to Experient address of neared is a P.O. Box address. See Instructions.       MUG-25 2015         7. 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CORPORATE - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       Inte office of the Secretary of State<br>of the State of California         2. CALFORMAL CORPORATE NUMBER       CZ742033       The Spece for Filling and Discourse): \$22.000         3. MORE TRANSPORTATION, INC.       AUG-25 2015         4. OTHER TRANSPORTATION, INC.       The Spece for Filling and Discourse): \$2.000         9. CALFORMAL CORPORATE NUMBER       CZ742033         10. Others have been any charges to Taingent address of record is a P.O. Box address. See Instructions.       The Spece for Filling and Discourse): \$2.000         2. CALFORMAL CORPORATE NUMBER       CZ742033       The Spece for Filling and Discourse): \$2.000         3. Hithere have been any charges to Taingent address of record is a P.O. Box address. See Instructions.       The Spece for Filling and Discourse): \$2.000         0. State, obsc to barbane to filtermethin compatibility to the State of California Secretary of State.       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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>C2742033       In the office of the Secretary of S<br>of the State of California         3. Mo Change Statement (Not applicable if sgent address of record is a P.O. Box address. See Instructions.)<br>of State, or no statement of Information has been previously filed, this form must be completed in its entiraty.       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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See Instructions.)<br>3. If there have been any changes to the Information contained in the fast Statement of Information filed with the California Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         
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Corporations)<br>FEES (Filling and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the fast Statement of Information filed with the California Security of State, or no statement of Information contained in the fast Statement of Information filed with the California Security Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
Statement of information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disciosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F786694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       In the office of the Secretary of State<br>of the State of California         3. If there have been any changes to the information contained in the fast Statement of information filed with the California Securities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See Instructions.)<br>3. 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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. 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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the last Statement of information filed with the California Security of State.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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If this is an amendment, see instructions.         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         1. CORPORATE NAME       In the office of the Secretary of State of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033         No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)       This Space for Filing Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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If this is an amendment, see instructions.         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         1. CORPORATE NAME       In the office of the Secretary of State of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033         No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)       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If this is an amendment, see instructions.         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         1. CORPORATE NAME       In the office of the Secretary of State of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033         No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)       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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)<br>1. If there have been any observed for the secret is a P.O. Box address. See instructions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    
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See instructions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F786694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       In the office of the Secretary of State<br>of the State of California         No Change Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)       This Spece for Filing Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See Instructions.)<br>1. If there have been any other section of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if sgent address of record is a P.O. Box address. See instructions.)<br>F786694<br>F786694<br>FILED<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. 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| If there has been to charge in connection has been previously filed, this form must be completed in its entirety.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>C27/42033       In the office of the Secretary of State<br>of the State of California         No Change Statement (Not explorable K-control (for the State of California K-file)       This Space for Fileg Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>C27/42033       In the office of the Secretary of State<br>of the State of California         No Change Statement (Not explorable K-control (for the State of California K-file)       This Space for Fileg Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not exclosuble if control (control))<br>C2742033<br>No Change Statement (Not exclosuble if control (control))<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>F786694<br>F1LED<br>In the office of the Secretary of State<br>of the State of California<br>AUG-25 2015<br>This Space for Film Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 
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CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not exclosuble if control (control))<br>C2742033<br>No Change Statement (Not exclosuble if control (control))<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>F786694<br>F1LED<br>In the office of the Secretary of State<br>of the State of California<br>AUG-25 2015<br>This Space for Film Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not exclosible K-control/dom/10/10/10/10/10/10/10/10/10/10/10/10/10/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                
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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>C2742033       This Space for Filing Ues Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F786694         1. 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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER       AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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CALIFORNIA CORPORATE NUMBER       AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the last Statement of Information filed with the California Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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If this is an amendment, see instructions.         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         1. CORPORATE NAME       In the office of the Secretary of State of the State of California         EMPIRE TRANSPORTATION, INC.       AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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If this is an amendment, see instructions.         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         1. CORPORATE NAME       In the office of the Secretary of State of the State of California         EMPIRE TRANSPORTATION, INC.       AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>FILED<br>In the office of the Secretary of State<br>of the State of California<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  
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Corporations)<br>FEES (Filing and Disclosure): \$26.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>FILED<br>In the office of the Secretary of State<br>of the State of California<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disciosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>In the office of the Secretary of State<br>of the State of California<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| C2742033 This Space for Filling Use Only No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.) of State, or no statement of information contained in the last Statement of information filed with the California Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>F1LED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>FILED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>F1LED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>FILED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>FILED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disciosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>FILED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>F126694<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| C2742033 This Space for Filling Use Only No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.) of State, or no statement of information contained in the last Statement of information filed with the California Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>F1LED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>F1LED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>F1LED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>FILED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>F126694<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. 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| 2. CALIFORNIA CORPORATE NUMBER     C2742033     This Space for Filling Use Only     Only     If there have been any changes to the information contained in the last Statement of information filed with the California Secondary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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CORPORATE NAME<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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CORPORATE NAME<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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CORPORATE NAME<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        
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CORPORATE NAME<br>F786694<br>F786694<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            
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Corporations)<br>FEES (Filing and Disciosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>F786694<br>F786694<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disciosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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CORPORATE NAME<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              
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CORPORATE NAME<br>F786694<br>F1LED<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>In the office of the Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. CALIFORNIA CORPORATE NUMBER<br>C2742033  No Change Statement (Not applicable if sgent address of record is a P.O. Box address. See instructions.)  if there have been any changes to the information contained in the last Statement of information filed with the California Secondary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| CORPORATE NAME     EMPIRE TRANSPORTATION, INC.     Control of the State of California     AUG-25 2015     C2742033     This Space for Filling Use Only     This Space for Filling Use Only     This Space for Filling Use Only     of State, or no statement of information contained in the last Statement of Information Filling With the California Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| In the office of the Secretary of State     In the office of the Secretary of State     of the State of California     AUG-25 2015     CZ742033     This Space for Filling Use Only     This Space for Filling Use Only     This Space for Filling Use Only     of State, or no statement of information contained in the last Statement of information filled with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM  1. CORPORATE NAME EMPIRE TRANSPORTATION, INC.  2. CALIFORNIA CORPORATE NUMBER CZ742033  No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)  3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| FEES (Filling and Disclosure): \$25.00.         If this is an amendment, see instructions.         IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME         EMPIRE TRANSPORTATION, INC.         2. CALIFORNIA CORPORATE NUMBER         C2742033         This Space for Filling Use Only         No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)         3. If there have been any changes to the information contained in the last Statement of information filed with the California Space for Filed with the California Space for Filed with the California Space for State, or no statement of information contained in the last Statement of information Space for Filed with the California Space for State, or no statement of information contained in the last Statement of information contained in the last Statement of information filed with the California Space for State of State, or no statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement 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| (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F786694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       In the office of the Secretary of State<br>of the State of California         3. If there have been any changes to the Information contained in the tast Statement of Information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| FEES (Filling and Disclosure): \$25.00.         If this is an amendment, see instructions.         IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME         EMPIRE TRANSPORTATION, INC.         2. CALIFORNIA CORPORATE NUMBER         C2742033         This Space for Filling Use Only         No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)         3. If there have been any changes to the information contained in the last Statement of information filed with the California Space for Filed with the California Space for Filed with the California Space for State, or no statement of information contained in the last Statement of information Space for Filed with the California Space for State, or no statement of information contained in the last Statement of information contained in the last Statement of information filed with the California Space for State of State, or no statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement 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If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F786694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       In the office of the Secretary of State<br>of the State of California         3. If there have been any changes to the Information contained in the tast Statement of Information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F786694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       In the office of the Secretary of State<br>of the State of California         3. If there have been any changes to the Information contained in the tast Statement of Information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F786694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       In the office of the Secretary of State<br>of the State of California         3. If there have been any changes to the Information contained in the tast Statement of Information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F786694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       In the office of the Secretary of State<br>of the State of California         3. 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If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| FEES (Filling and Disclosure): \$25.00.         If this is an amendment, see instructions.         IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME         EMPIRE TRANSPORTATION, INC.         2. CALIFORNIA CORPORATE NUMBER         C2742033         This Space for Filling Use Only         No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)         3. If there have been any changes to the information contained in the last Statement of information filed with the California Space for Filed with the California Space for Filed with the California Space for State, or no statement of information contained in the last Statement of information Space for Filed with the California Space for State, or no statement of information contained in the last Statement of information contained in the last Statement of information filed with the California Space for State of State, or no statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement 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| (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F786694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       In the office of the Secretary of State<br>of the State of California         3. If there have been any changes to the Information contained in the tast Statement of Information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F786694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       In the office of the Secretary of State<br>of the State of California         3. If there have been any changes to the Information contained in the tast Statement of Information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F786694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       In the office of the Secretary of State<br>of the State of California         3. If there have been any changes to the Information contained in the tast Statement of Information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F786694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       In the office of the Secretary of State<br>of the State of California         3. If there have been any changes to the Information contained in the tast Statement of Information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| FEES (Filing and Disclosure): \$25.00.       If this is an amendment, see instructions.         IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State of the State of California         2. CALIFORNIA CORPORATE NUMBER       C2742033       This Space for Filing Use Only         3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary       Secretary of State Statement of Information Contained in the last Statement of Information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| FEES (Filling and Disclosure): \$25.00.         If this is an amendment, see instructions.         IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME         EMPIRE TRANSPORTATION, INC.         2. CALIFORNIA CORPORATE NUMBER         C2742033         This Space for Filling Use Only         No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)         3. If there have been any changes to the information contained in the last Statement of information filed with the California Space for Filed with the California Space for Filed with the California Space for State, or no statement of information contained in the last Statement of information Space for Filed with the California Space for State, or no statement of information contained in the last Statement of information contained in the last Statement of information filed with the California Space for State of State, or no statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement 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| (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>C2742033       AUG-25 2015         3. 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| If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM  1. CORPORATE NAME EMPIRE TRANSPORTATION, INC.  2. CALIFORNIA CORPORATE NUMBER CZ742033  No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)  3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| FEES (Filling and Disclosure): \$25.00.         If this is an amendment, see instructions.         IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME         EMPIRE TRANSPORTATION, INC.         2. CALIFORNIA CORPORATE NUMBER         C2742033         This Space for Filling Use Only         No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)         3. 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| FEES (Filing and Disclosure): \$25.00.       If this is an amendment, see instructions.         IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State of the State of California         2. CALIFORNIA CORPORATE NUMBER       C2742033       This Space for Filing Use Only         3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary       Secretary of State Statement of Information Contained in the last Statement of Information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. 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| (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>2. CALIFORNIA CORPORATE NUMBER<br>C2742033<br>No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)<br>3. If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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If there have been any changes to the information contained in the last Statement of information filed with the California Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| FEES (Filling and Disclosure): \$25.00.         If this is an amendment, see instructions.         IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME         EMPIRE TRANSPORTATION, INC.         2. CALIFORNIA CORPORATE NUMBER         C2742033         This Space for Filling the only         No Change Statement (Not applicable if egent address of record is a P.O. Box address. See instructions.)         3. If there have been any changes to the information contained in the last Statement of information filed with the California Space for Filed with the California Space for Filed with the California Space for State, or no statement of information contained in the last Statement of information Space for Filed with the California Space for State, or no statement of information contained in the last Statement of information contained in the last Statement of information filed with the California Space for State of State, or no statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement of information contained in the last Statement 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| IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>C2742033       AUG-25 2015         3. 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| CORPORATE NAME     EMPIRE TRANSPORTATION, INC.     Control of the State of California     AUG-25 2015     C2742033     This Space for Filling Use Only     This Space for Filling Use Only     This Space for Filling Use Only     of State, or no statement of information contained in the last Statement of Information Filling With the California Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| EXAMPLE TRANSPORTATION, INC.      AUG-25 2015      CZ742033      This Space for Filling Use Only      This Space for Filling Use Only      of State, or no statement of information contained in the last Statement of Information filed with the California Savetime                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 2. CALIFORNIA CORPORATE NUMBER     C2742033     This Space for Filling Use Only     Only     If there have been any changes to the information contained in the last Statement of information filed with the California Secondary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>FILED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>FILED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>FILED<br>In the office of the Secretary of State<br>of the State of California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>F786694<br>FILED<br>In the office of the Secretary of State<br>of the State of California<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. 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Ff this is an amendment, see instructions.         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FT 86694         1. CORPORATE NAME       FILED         EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State of the State of California         AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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Ff this is an amendment, see instructions.         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FT B6694         1. CORPORATE NAME       FILED         IMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State of the State of California         AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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Fthis is an amendment, see instructions.         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FT86694         1. CORPORATE NAME       FILED         EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State of the State of California         AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               
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Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM<br>1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.<br>AUG-25 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5, STREET ADDRESS OF PRINCIPAL BUSINEGS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       FULLED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       In the office of the Secretary of State<br>of the State of California         3. Mo Change Statement (Not applicable if sgent address of record is a P.O. Box address. See instructions.)<br>If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of information contained in the last Statement of Information filed with the California Secretary<br>of State, otack the box and proceed to Item 17.         Complete Address of PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       FULLED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for State of California         No Change Statement (Not applicable If agent address of record is a P.O. Box address. See Instructions.)<br>If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of information contained in the last Statement of Information filed with the California Secretary<br>of State, other the tox and proceed to Item 17.         Complete Address of PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       FULLED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       In the office of the Secretary of State<br>of the State of California         3. Mo Change Statement (Not applicable if sgent address of record is a P.O. Box address. See instructions.)<br>If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information filed with the California Secretary<br>of State, or no statement of Information co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   
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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       AUG-25 2015         3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, check the box and proceed to lism 17.         Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cennol be P.O. Boxes.)         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City         5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY       City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    
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Corporations)<br>FEES (Filing and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       Disclosure): Spece for Filing Use Only         3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of the information contained in the last Statement of Information filed with the California Secretary<br>of State, check the box and proceed to Item 17.         Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cennot be P.O. Boxes.)         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE         5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
Statement of information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F786694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for State of California         No Change Statement of Information contained in the last Galarment of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Galarment of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, oteck the box and proceed to Item 17.         Complete Address of PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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(Filing and Disclosure); \$26.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       AUG-25 2015         3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, check the box and proceed to lism 17.         Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cennol be P.O. Boxes.)         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City         5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY       City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                
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STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY       City       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$26.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       FILED         1. 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| 5, STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       6. 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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Spece for Filing Use Only         No Change Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no estatement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no estatement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no estatement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no estatement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or head been new obtain the last Statement of Information filed with the California Secretary<br>of State, or head proceed to Item 17.         Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannel be P.O. Boxes.)         4. 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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       F1LED         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This space for Filing Use Only         No Change Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)       This space for Filing Use Only         3. If there have been any changes to the Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no extended to liarn 17.         Complete Addresses of PRINCIPAL EXECUTIVE OFFICE       Citry       State         A STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       Citry       STATE       ZIP CODE         5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       Citry       STATE       ZIP CODE         6. 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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of Siste<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of Siste         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Spece for Fing Use Only         No Change Statement (Not applicable if spent address of record is a P.O. Box address. See instructions.)       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STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 
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MALING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>C27/42033       This Space for Fing Use Only         No Change Statement (Not applicable if sgent address of record is a P.O. Box address. See Instructions.)       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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Sacretary of State<br>of the State of California         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>C2742033       This Spece for Filing Use Only         No Change Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)       This Spece for Filing Use Only         3. If there have been any charges to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of information has been previously filed, this form must be completed in its entirety.       If there have been any charges in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information mas been previously filed, this form must be completed in its entirety.         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| Citry     STATE     ZIP CODE       5, STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     Citry     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     Citry     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted lifes on this form must not be altered.)       7. CHIEF EXECUTIVE OFFICER/     ADDRESS     Citry     STATE     ZIP CODE       8. SECRETARY     ADDRESS     Citry     STATE     ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       The Space for Fireg Use Only         No Change Statement (Not applicable if significable of nearrowing the base and complete for the State of California Secretary<br>of State, or no statement of Information has been previously filled this formation filed will the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed will the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed will the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed will the California Secretary<br>of State, or no statement of Information and behaviate the complete Mills the California Secretary<br>of State, or no change in any of the information contained in the last Statement of Information filed will the California Secretary<br>of State, or no change in any of the information contained in the last Statement of Information filed will the California Secretary<br>of State, Oreportarion, IF DIFFERENT THAN ITEM 4         Complete Addresses for the Following (Don to Addresses for the California, EXECUTIVE OFFICE       CITY       STATE       ZIP CODE       STATE       ZIP CODE         STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE       STATE       ZIP CODE       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Only         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Only         3. If Users have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information has been previously filed this formation filed with the California Secretary<br>of State, or no change in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no change in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no change in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no change in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no change in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no change in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or the Following (Do not abbreviate the name of the city. Items 4 and 5 cannol be P.O. Boxes.)         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       The Space for Fing Use Only         No Change Statement (Not applicable if signit address of rocard is a P.O. Box address. See Instructions.)       The Space for Fing Use Only         9. If there has been any change in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information has been previously filed this form must be complete in the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information has been previously filed this form must be complete Mither the California Secretary<br>of State, or host bear on proceed to liter 17.         Complete Addresses for the Following (Do not abbreviate the name of the city, liters 4 and 5 cannol be P.O. Boxes.)         9. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         9. Matters and Complete Addresses of the Following Officers (The corporation must file these fives officers. A comparable title for the specific<br>officer may be added; however, the preprinted titles on must not be altered.)       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        
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F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       C2742033         No Change Statement (Not applicable if egent address of record is a P.O. Box address. See Instructions.)       This Space for Fing Use Orly         9. If there have been any changes to the Information contained in the last Statement of Information Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, check the box and proceed to item 177.         Complete Addresses of record is name of the city. Items 4 and 6 cannot be P.O. Boxes.)       If there is above of PRINCIPAL EXECUTIVE OFFICE         6. MALING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         8. Matter EXECUTIVE OFFICER       ADDRESS       CITY       STATE       ZIP CODE         8. SECHETARY       ADDRESS       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    
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Corporations)<br>FEES (Filing and Disclosure); \$25.00.       F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       C2742033         3. MO Change Statement (Not applicable if egent address of record is a P.O. Box address. See Instructions.)       In the california Secretary<br>of State, or no statement of Information contained in the test Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the fast Statement of Information filed with the California Secretary<br>of State, or no statement of information contained in the fast Statement of Information filed with the California Secretary<br>of State, check the box and proceed to item 17.         Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 6 cannot be P.O. Boxes.)       Item 21P code         4. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP code         5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP code         7. CHEF EXECUTIVE OFFICER       ADDRESS       CITY       STATE       ZIP code         8. SECHETARY       ADDRESS       CITY       STATE       ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$26.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       F786694         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Only         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Only         3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no change in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no change in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no change in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no change in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no change in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no change in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no change in any of the information filed with the California Secretary<br>of the max bas addresses of PRINCIPAL EXECUTIVE OFFICE<br>STATE ZIP CODE         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. 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                            | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$25.00.       F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       C2742033         No Change Statement of Information nucleon filed with the California Secretary<br>of State, or no statement of Information contained in the tast Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the tast Statement of Information Secretary<br>of State, or no statement of Information contained in the tast Statement of Information Secretary<br>of State, or no statement of Information contained in the tast Statement of Information Secretary<br>of State, or no statement of Information contained in the tast Statement of Information Secretary<br>of State, or no statement of Information contained in the tast Statement of Information Secretary<br>of State, check the box and proceed to Item 17.         Complete Addresses for the FOIlowing (Do not abbreviate the name of the city. Items 4 and 6 cannot be P.O. Boxes.)         4. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4         CITY       STATE         STATE       ZIP CODE         Names and Complete Addresses of the Following Officers (The corporation must is these three officers. A comparable title for the specific<br>officer may be added, howaver, the proprinted Wes on this form must not be altered.)         7. Chief EXECUTIVE OFFICE//<br>ADDRESS       CITY       STATE <td>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (Filing and Disclosure): \$25.00.<br/>If this is an amendment, see instructions.<br/>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br/>of the State of California         1. CORPORATE NAME<br/>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br/>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br/>CZ742033       The Spece for Filing Use Only         No Change Statement (Not applicable if sgent address of record is 8 P.O. Box address. See Instructions.)<br/>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br/>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br/>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br/>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br/>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br/>of State, check the box and proceed to liter 17.         Complete Addresses for the Following (Do not abbreviate the name of the city, liters
4 and 6 connot be P.O. Boxes.)<br/>4. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         7. Chief EXECUTIVE</td> <td>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (Filing and Disclosure); \$26.00.       F786694         If this is an amendment, see instructions.       Immediate the secretary of State<br/>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.         2. CALIFORNIA CORPORATE NUMBER       CZ742033         No Change Statement (Not applicable if egent address of record is 8 P.O. Box address. See Instructions.)       If there have been any changes to the Information contained in the last Statement of Information filed with the California Secretary<br/>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br/>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br/>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br/>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br/>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br/>of State, check the box and proceed to liter 17.         Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 6 connot be P.O. Boxes.)         4. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE<!--</td--></td> | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.<br>If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       The Spece for Filing Use Only         No Change Statement (Not applicable if sgent address of record is 8 P.O. Box address. See Instructions.)<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, check the box and proceed to liter 17.         Complete Addresses for the Following (Do not abbreviate the name of the city, liters 4 and 6 connot be P.O. Boxes.)<br>4. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         7. Chief EXECUTIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$26.00.       F786694         If this is an amendment, see instructions.       Immediate the secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.         2. CALIFORNIA CORPORATE NUMBER       CZ742033         No Change Statement (Not applicable if egent address of record is 8 P.O. Box address. See Instructions.)       If there have been any changes to the Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, check the box and proceed to liter 17.         Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 6 connot be P.O. Boxes.)         4. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE </td                                                                                                                                                                                                                                                                                                                                          |
| Citry     STATE     ZIP CODE       5, STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     Citry     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     Citry     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted lifes on this form must not be altered.)       7. CHIEF EXECUTIVE OFFICER/     ADDRESS     Citry     STATE     ZIP CODE       8. SECRETARY     ADDRESS     Citry     STATE     ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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CORPORATE NAME<br>EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Spece tor Filing Use Only         No Change Statement (Not applicable if sgent address of record is 8 P.O. Box address. 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MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       STATE       ZIP CODE         6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                              |
| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted lities on this form must not be altered.)       7. CHIEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       8. SECRETARY     ADDRESS     CITY     STATE     ZIP CODE       9. CHREF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Only         No Change Statement (Not applicable if sepent address of facord is a P.O. Box address. See Instructions.)       This Space for Fing Use Only         3. If there have been any changes to the information contained in the fast Statement of Information Ried with the California Secretary<br>of State, one statement of Information contained in the last Statement of Information Ried with the California Secretary<br>of State, check the box and proceed to lism 17.         Complete Addresses of principal Exercises of PRINCIPAL EXECUTIVE OFFICE       City       State         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City       State       Zip Code         5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City       State       Zip Code         6. MAILING ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City       State       Zip Code         7. Cheff EXECUTIVE OFFICE       City       State       Zip Code         8. SECRETARY       ADDRESS       City       State       Zip Code         9. STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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F786694         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Only         No Change Statement (Not applicable if sgent address of record is a P.O. Box address. See Instructions.)       This Space for Fing Use Only         3. If there have been any changes to the information contained in the fast Statement of Information Rise with the California Secretary<br>of State, one otatament of Information contained in the last Statement of Information Rise with the California Secretary<br>of State, one otatament of Information Contained in the last Statement of Information Rise with the California Secretary<br>of State, check the box and proceed to lism 17.         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MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       State       ZI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Only         No Change Statement (Not applicable if sepent address of focord is a P.O. Box address. See Instructions.)<br>of State, on a statement of Information contained in the fast Statement of Information filed with the California Secretary<br>of State, one a statement of Information contained in the fast Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the fast Statement of Information filed with the California Secretary<br>of State, check the box and proceed to lism 17.         Complete Addresses of PRINCIPAL EXECUTIVE OFFICE       LITY       STATE       ZIP CODE         5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       LITY       STATE       ZIP CODE         5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         7. CHEFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         8. SECRETARY       ADDRESS       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            
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F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.         2. CALIFORNIA CORPORATE NUMBER       C2742033         7. CALIFORNIA CORPORATE NUMBER       C2742033         7. CALIFORNIA CORPORATE NUMBER       C2742033         8. MO Change Statement (Not applicable if sgent address of record is a P.O. Box address. See Instructions.)       This Space for Reg Use Orly         9. If there have been any changes to the Information contained in the last Statement of Information filed with the California Secretary of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary of State, or no statement of Information and the Information contained in the last Statement of Information filed with the California Secretary of State, or no statement of Information and proceed to Itam 17.         Complete Addresses for the Following (Do not abbreviate the name of the city, Items 4 and 5 cannot be P.O. Boxes.)       Items ta been privince CPPCC         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, FANY       CITY       STATE       ZIP CODE         6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    
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Corporations)<br>FEES (Filing and Disclosure); \$25.00.       F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       C27/42033         2. CALIFORNIA CORPORATE NUMBER       C27/42033         3. If there have been any changes to the Information contained in the tast Glatement of Information filed with the California Secretary<br>of State, or no statement of Information nonlined in the tast Glatement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the tast Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the tast Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the tast Statement of Information filed with the California Secretary<br>of State, check the box and proceed to Itam 17.         Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE         5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         6. MALLING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE       EXAMP SCORE         7. Cheff Executive Officer       ADDRESS       CITY       STATE       ZIP                                                                                                                                                                                                                                                                                                                                                                                                                          |
Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$26.00.       FT86694         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Space for Fing Use Only         No Change Statement (Not applicable if sgent address of frocard is a P.O. Box address. See instructions.)       This Space for Fing Use Only         3. 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MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE <t< td=""><td>(Domestic Btock and Agricultural Cooperative Corporations)<br/>FEES (Filing and Disclosure): \$25.00.       F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.         2. CALIFORNIA CORPORATE NUMBER       C2742033         3. MO Change Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)       This Space for Fing Use Only         4. 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MALING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         7. Cheff EXECUTIVE OFFICER/       &lt;</td><td>(Domestic Btock and Agricultural Cooperative Corporations)<br/>FEES (Filling and Disclosure): \$25.00.       F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br/>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Space for Filing Use Only         3. If there have been any charges to the information contained in the last Blatament of information.       This Space for Filing Use Only         4. 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Cheff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              
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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ742033       The office of the Secretary of State<br>of the State of California         3. MO Change Statement of Information has been previously filed, this form must be completed in its entirety.       If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information nate been previously filed, this form must be completed in its entirety.       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Cheff EXECUTIVE OFFICER/       <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Domestic Btock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure): \$25.00.       F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Space for Filing Use Only         3. If there have been any charges to the information contained in the last Blatament of information.       This Space for Filing Use Only         4. If there have been any charges to the information contained in the last Blatament of Information filed with the California Secretary<br>of State, or no statement of information contained in the last Blatament of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, check the box and proceed to item 17.         Complete Addresses for the Following (Do not abbreviate the name of the city). Items 4 and 5 cannot be P.O. Boxes.)       Items to secret any of the information filed with the California Secretary<br>strate         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                      |
| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted lities on this form must not be altered.)       7. CHIEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       8. SECRETARY     ADDRESS     CITY     STATE     ZIP CODE       9. CHREF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure); \$25.00.         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Only         No Change Statement (Not applicable if sepent address of facord is a P.O. Box address. See Instructions.)       This Space for Fing Use Only         3. If there have been any changes to the information contained in the fast Statement of Information Ried with the California Secretary<br>of State, one statement of Information contained in the last Statement of Information Ried with the California Secretary<br>of State, check the box and proceed to lism 17.         Complete Addresses of principal Exercises of PRINCIPAL EXECUTIVE OFFICE       City       State         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City       State       Zip Code         5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City       State       Zip Code         6. MAILING ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City       State       Zip Code         7. Cheff EXECUTIVE OFFICE       City       State       Zip Code         8. SECRETARY       ADDRESS       City       State       Zip Code         9. STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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F786694         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Only         No Change Statement (Not applicable if sgent address of record is a P.O. Box address. See Instructions.)       This Space for Fing Use Only         3. If there have been any changes to the information contained in the fast Statement of Information Rise with the California Secretary<br>of State, one otatament of Information contained in the last Statement of Information Rise with the California Secretary<br>of State, one otatament of Information Contained in the last Statement of Information Rise with the California Secretary<br>of State, check the box and proceed to lism 17.         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MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       State       ZI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Only         No Change Statement (Not applicable if sepent address of focord is a P.O. Box address. See Instructions.)<br>of State, on a statement of Information contained in the fast Statement of Information filed with the California Secretary<br>of State, one a statement of Information contained in the fast Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the fast Statement of Information filed with the California Secretary<br>of State, check the box and proceed to lism 17.         Complete Addresses of PRINCIPAL EXECUTIVE OFFICE       LITY       STATE       ZIP CODE         5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       LITY       STATE       ZIP CODE         5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         7. CHEFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         8. SECRETARY       ADDRESS       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Domestic Btock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.       F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.         2. CALIFORNIA CORPORATE NUMBER       C2742033         7. CALIFORNIA CORPORATE NUMBER       C2742033         7. CALIFORNIA CORPORATE NUMBER       C2742033         8. MO Change Statement (Not applicable if sgent address of record is a P.O. Box address. See Instructions.)       This Space for Reg Use Orly         9. If there have been any changes to the Information contained in the last Statement of Information filed with the California Secretary of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary of State, or no statement of Information and the Information contained in the last Statement of Information filed with the California Secretary of State, or no statement of Information and proceed to Itam 17.         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MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    
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Corporations)<br>FEES (Filing and Disclosure); \$25.00.       F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       C27/42033         2. CALIFORNIA CORPORATE NUMBER       C27/42033         3. 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MALLING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE       EXAMP SCORE         7. Cheff Executive Officer       ADDRESS       CITY       STATE       ZIP                                                                                                                                                                                                                                                                                                                                                                                                                          |
Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$26.00.       FT86694         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Space for Fing Use Only         No Change Statement (Not applicable if sgent address of frocard is a P.O. Box address. See instructions.)       This Space for Fing Use Only         3. 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MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE <t< td=""><td>(Domestic Btock and Agricultural Cooperative Corporations)<br/>FEES (Filing and Disclosure): \$25.00.       F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.         2. CALIFORNIA CORPORATE NUMBER       C2742033         3. MO Change Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)       This Space for Fing Use Only         4. 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MALING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         7. Cheff EXECUTIVE OFFICER/       &lt;</td><td>(Domestic Btock and Agricultural Cooperative Corporations)<br/>FEES (Filling and Disclosure): \$25.00.       F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br/>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Space for Filing Use Only         3. If there have been any charges to the information contained in the last Blatament of information.       This Space for Filing Use Only         4. 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Cheff EXECUTIVE OFFICER/       <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Domestic Btock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure): \$25.00.       F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Space for Filing Use Only         3. If there have been any charges to the information contained in the last Blatament of information.       This Space for Filing Use Only         4. 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STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                      |
| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)       7. CHIEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       8. SECRETARY     ADDRESS     CITY     STATE     ZIP CODE       9. CHREF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have all least one director. Attach additional pages, If necessary.)     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F786694         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Filing Use Only         No Change Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)       Mit Space for Filing Use Only         3. If there have been any changes to the Information contained in the last Statement of Information filed with the California Secretary<br>of State, or to statement to filomethic on contained in the last Statement of Information filed with the California Secretary<br>of State, check the box and proceed to item 17.         Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)       EUTY         4. 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SECRETARY       ADDRESS       CITY       ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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SECRETARY       ADDRESS       City       State       Zip Copie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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CHEF EXECUTIVE OFFICEN       ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        
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| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)       7. CHIEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       8. SECRETARY     ADDRESS     CITY     STATE     ZIP CODE       9. CHREF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have all least one director. Attach additional pages, If necessary.)     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F786694         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Filing Use Only         No Change Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)       Mit Space for Filing Use Only         3. If there have been any changes to the Information contained in the last Statement of Information filed with the California Secretary<br>of State, or to statement to filomethic on contained in the last Statement of Information filed with the California Secretary<br>of State, check the box and proceed to item 17.         Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)       EUTY         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         6. MALING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         7. CHEF EXECUTIVE OFFICE IN CALIFORNIA, IF ANY       CITY       STATE       ZIP CODE         8. SECRETARY       ADDRESS       CITY       ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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F786694         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       MUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Filing Use Only         No change Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)       Mit Space for Filing Use Only         3. 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F786694         If this is an amendment, see instructions.       Introductions.         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       C2742033       This Spece for Fileg Use Only         3. 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Boxec.)         5. STIREET ADDREES OF PRINCIPAL ENECUTIVE OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      
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Corporations)<br>FEES (Filling and Disclosure): \$25.00.       F786694         If this is an amendment, see instructions.       IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.         2. CALIFORNIA CORPORATE NUMBER       C2742033         2. CALIFORNIA CORPORATE NUMBER       C2742033         3. 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STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE                                                                                                                                                                                                                                                                   |
Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$26.00.       F786694         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       MUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>(27742033       This Space to Filing Use Only         No change Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)       This Space to Filing Use Only         3. If there have been any changes to the Information contained in the last Statement of Information filed with the California Secretary<br>of State, check the tox and proceed to lism 17.       This space to Filing Use Only         2. Complete Addresses for the Following (Do not abbreviate the name of the California Secretary<br>of State, check the tox and proceed to lism 17.       State       Zip Copie         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City       State       Zip Copie         5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       State       Zip Copie         6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       State       Zip Copie         7. CHEF EXECUTIVE OFFICEIN       ADDRESS       City       State       Zip Copie         8. SECRETARY       ADDRESS       City       State       Zip Copie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Citry     STATE     ZIP CODE       5.     STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     Citry     STATE     ZIP CODE       6.     MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     Citry     STATE     ZIP CODE       7.     Chief Executive officers, the preprinted likes on this form must not be altered.)     Citry     STATE     ZIP CODE       8.     SECRETARY     ADDRESS     Citry     STATE     ZIP CODE       9.     CHEF FINANCIAL OFFICER/     ADDRESS     Citry     STATE     ZIP CODE       9.     CHEF FINANCIAL OFFICER/     ADDRESS     Citry     STATE     ZIP CODE       9.     CHEF Addresses of All Directors, including Directors Who are Also Officers (The corporation must have al least one     STATE     ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Statement of Information<br>(Domestic Biock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure); \$25.00.       F786694         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         2. CALLFORMA CORPORATE NUMBER<br>EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALLFORMA CORPORATE NUMBER<br>C2742033       This Spece for Fleg Use Orly         3. 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CHEF EXECUTIVE OFFICEIV       ADDRESS       CITY       STATE       ZIP CODE<td>Statement of Information<br/>(Domestic Biock and Agricultural Cooperative Corporations)<br/>FEES (Filing and Disclosure); \$25.00.       F786694         If this is an amendment, see
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CHEF EXECUTIVE OFFICEY       ADDRESS       City       STATE       ZIP CODE</td><td>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (Filling and Disclosure): \$25.00.       F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br/>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br/>C2742033       This Space for Fing Use Oxy         No Change Statament (Not applicable if egent address of record is a P.O. Box address. See Instructions.)       This Space for Fing Use Oxy         3. 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STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALFORNIA, FANY       City       STATE       ZIP CODE         6. MALING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       <t< td=""><td>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (Filling and Disclosure): \$25.00.       F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Sacratary of State<br/>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br/>C2742033       This Space for Fing Use Oxly         No Change Statament (Not applicable if egent address of record is a P.O. Box address. See Instructions.)       This Space for Fing Use Oxly         3. 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M</td> <td>Statement of Information<br/>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (Filing and Disclosure): \$25.00.       F786694         If this is an amendment, see instructions.<br/>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br/>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br/>CZ742033       Tris Spece for Fleg Use Orly         No Change Statement (Not applicable if egent address of record is a P.O. Box address. See Instructions)       Tris Spece for Fleg Use Orly         3. 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| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       7. CHIEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       8. SECRETARY     ADDRESS     CITY     STATE     ZIP CODE       9. CHREF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       Names and Complete Addresses of All Directors, including Directors Who are Also Officers (The corporation must have al least one director. Attach additional pages, if necessary.)     DORESS     CITY     STATE     ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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FT86694         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Sacratary of State<br>of the State of California         1. CORPORATE NAME       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Spece for Fing Use Orly         No Change Statement (Not applicable if spent address of rocard is a P.O. Box address. See Instructions.)       MUG-25 2015         3. If there have been any change to the Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information Secretary<br>of State, or no statement of Information contained in the last Statement of Information Secretary<br>of State, otherk and proceed to Item 17.         Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)       Entry         4. 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SECRETARY       ADDRESS       CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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FT86694         If this is an amendment, see instructions.       IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Sacratary of State<br>of the State of California         1. CORPORATE NAME       CORPORATE NAME       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Spece for Fing Use Orly         No Charge Statement (Not applicable if spent address of rocord is a P.O. Box address. See Instructions.)       This Spece for Fing Use Orly         3. If there have been any charges to the Information contained in the last Statement of Information field with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information Secretary<br>of State, check the scale proceed to lism 17.         Complete Addresses for the Following (Do not abbreviate the name of the city. lisms 4 and 5 cannot be P.O. Boxes.)         4. STREET ADDRESS OF CORPORATION, JE DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         5. STREET ADDRESS OF CORPORATION, JE DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         6. MAUNO ADDRESS OF CORPORATION, JE DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         7. Chief EXECUTIVE OFFICEY       ADDRESS       CITY       STATE       ZIP CODE         8. SECRETARY       ADDRESS       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disciosure): \$25.00.       FT86694         If this is an amendment, see instructions.<br>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Sacratary of State<br>of the State of California         1. CORPORATE NAME       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Spece for Fing Use Orly         No Change Statement (Not applicable if spent address of rocard is a P.O. Box address. See Instructions.)       MUG-25 2015         3. If there have been any change to the Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information Secretary<br>of State, or no statement of Information contained in the last Statement of Information Secretary<br>of State, otherk and proceed to Item 17.         Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)       Entry         4. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN NEM4       CITY       STATE       ZIP CODE         5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN NEM4       CITY       STATE       ZIP CODE         6. MALINO ADDRESS OF CORPORATION, IF DIFFERENT THAN NEM4       CITY       STATE       ZIP CODE         7. CHIEF EXECUTIVE OFFICEN       ADDRESS       CITY       STATE       ZIP CODE         8. SECRETARY       ADDRESS       CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              
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F786694         If this is an amendment, see instructions.       IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Sacratary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       This Space for Flag Use Oxy         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Space for Flag Use Oxy         3. If there have been any charges to the Information contained in the tast Statement of Information filed with the California Secretary<br>of State, or to statement of Information area for an any of the information contained in the last Statement of Information Rised with the California Secretary         If there have been any charges to the Information contained in the last Statement of Information Rised with the California Secretary<br>of State, or to statement of Information abbreviate the name of the cRIs Items of and the with the California Secretary         If there have been any charges to the Information contained in the last Statement of Information Rised with the California Secretary<br>of State, or betatement of Information Rised with the California Secretary         If there have been any charges to the NOX       Complete Addresses of the Following Ob ont abbreviate the name of the CRIs Items of Information Rised with the California Secretary         If there have been any charges of the Following Officers       Citry       STATE       ZIP CODE         If there have been on charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  
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Corporations)<br>FEES (Filling and Disclosure); \$25.00.       F786694         If this is an amendment, see instructions.       IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Sacratary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       This Space for Flag Use Oxy         3. If there have been any charges to the Information contained in the tast Statement of Information filed with the California Secretary<br>of State, or no statement of Information has been providually filed, this form must be completed in its entirety.         If there have been any charges to the Information contained in the tast Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information Rised with the California Secretary         If there have been any charges to the Information contained in the last Statement of Information Rised with the California Secretary<br>of State, or no statement of Information abstrates the name of the city. Item 4 and 5 cannol be P.O. Boxes.)         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. MALING ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, FANY       CITY       STATE       ZIP CODE         6. MALING ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, FANY       CITY       STATE       ZIP CODE         7. CHEFF EXECUTIVE OFFICEN       ADDRESS       CIT                                                                                                                                                                                                                                                                                                                                                                                                                                         |
Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.       FT86694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       CORPORATE NAME       AUG-25 2015         2. CALIFORMA CORPORATE NUMBER<br>CZ742033       This Spece for Fing Use Orly         No Change Statement (Not applicable if spent address of record is a P.O. Box address. See Instructions.)       This Spece for Fing Use Orly         3. If there have been any changes to the Information contained in the last Statement of Information field with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information Secretary         If of state, or no statement of Information contained in the last Statement of Information Secretary<br>of State, check the box and proceed to Item 17.         Complete Addresses or Prancoreal executive OfFice IN CALIFORNA, EANY       CITY       STATE       ZIP CODE         5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         6. MAULING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         7. Chief Executive OFFICEY       ADDRESS       CITY       STATE       ZIP CODE         8. SECRETARY       ADDRESS       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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F7/86694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       C2742033       This Space for Filing Use Only         3. If there have been any charges to the Information contained in the tast Statement of Information filed with the California Secretary<br>of State, or no statement of Information as been providently likel, this form must be completed in its entirety.       If there have been any charges to the Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br>of State, check the box and proceed to later 17.         Complete Addresses of the Following (Do not abbreviate the mane of the cly, Items 4 and 5 cannol be P.O. Boxes.)       If the second to later the Information filed with the California Secretary<br>of State.         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     
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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       This Space for File Que Oxy         3. If there have been any changes to the Information contained in the last Statement of Information Ass been providentiation and proceed to Information filed with the California Secretary<br>of State, or no statement of Information has been providentiation contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City       STATE       ZIP CODE         5. of Street Addresses of FRO CORPORATION, IF DIFFERENT THAN ITEM 4       City       STATE       ZIP CODE         5. of TREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       City       STATE       ZIP CODE         6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       City       STATE       ZIP CODE         7. CHEF EXECUTIVE OFFICE/V       ADDRESS       City       STATE       ZIP CODE         8. SECRETARY       ADDRESS       City       STATE       ZIP CODE         9. OFFICER       ADDRESS       City <td< td=""><td>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (Filling and Disclosure): \$25.00.       F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br/>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       C2742033       This Space for Filing use Oxy         No Change Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)       This Space for Filing use Oxy         3. If there have been any changes to the Information contained in the last Statement of Information filed with the California Secretary<br/>of State, or no statement of Information has been providually filed, this form must be completed in its entirety.       If there have been any changes to the Information contained in the last Statement of Information filed with the California Secretary<br/>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br/>of State, or no statement of Information contained in the last Statement of Information filed with the California Secretary<br/>of State, check the box and proceed to lism 17.         Complete Addresses of the Following (Do not abbreviate the name of the city, terms 4 and 5 cannot be P.O. Boxes.)         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       DITY       STATE       ZIP CODE         5. GTIREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE       STATE       ZIP CODE</td></td<>                                                                                                                                                                                                                                                                                                                                                | (Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filling and Disclosure): \$25.00.       F786694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       C2742033       This Space for Filing use Oxy         No Change Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)       This Space for Filing use Oxy         3. If there have been any changes to the Information contained in the last Statement of Information filed with the California Secretary<br>of State, or no statement of Information has been providually filed, this form must be completed in its entirety.       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GTIREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                             |
| STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5.     STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       6.     MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.}       7.     CHEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       8.     SECRETARY     ADDRESS     CITY     STATE     ZIP CODE       9.     CHEF FINANCAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       Names and Complete Addresses of All Directors, including Directors Who are Also Officers (The corporation must have al least one director. Attach additional pages, If necessary.)     10. NAME     ADDRESS     CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.       FT86694         If this is an amendment, see instructions.       IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Orly         No Change Statement (Not applicable if sepant address of record is a P.O. Box address. See instructions.)       MuG-25 2015         3. of Statement (Not applicable if sepant address of record is a P.O. Box address. See instructions.)       Mug-25 2015         4. More has been any changes to the informatilian contained in the fast Statement of Information filed with the California Secretary<br>of State, or no statement of Information contained in the fast Statement of Information filed with the California Secretary<br>of State, or no entage in any of the information contained in the fast Statement of Information filed with the California Secretary<br>of State, or no entage in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no entage in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, or no entage in any of the information contained in the last Statement of Information filed with the California Secretary<br>of State, one of the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)         5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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FT86694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Orly         No Change Statement (Not applicable if spent address of record is a P.O. Box address. See instructions.)       MuG-25 2015         3. Of Change Statement (Not applicable if spent address of record is a P.O. Box address. See instructions.)       This Space for Fing Use Orly         4. 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STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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FT86694         If this is an amendment, see instructions.       IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Orly         No Change Statement (Not applicable if sepant address of record is a P.O. Box address. See instructions.)       MuG-25 2015         3. of Statement (Not applicable if sepant address of record is a P.O. Box address. See instructions.)       Mug-25 2015         4. 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OHEF EXECUTIVE OFFICEIN       ADDR                                                                                                                                                                                                                                                                                                                                                                                                            |
| STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5.     STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       6.     MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.}       7.     CHEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       8.     SECRETARY     ADDRESS     CITY     STATE     ZIP CODE       9.     CHEF FINANCAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       Names and Complete Addresses of All Directors, including Directors Who are Also Officers (The corporation must have al least one director. Attach additional pages, If necessary.)     10. NAME     ADDRESS     CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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Corporations)<br>FEES (Filling and Disclosure); \$25.00.       F786694         If this is an amendment, see instructions.       IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER       C2742033       This Space for Filing Use Only         3. If there have been any changes to the Information contained in the test Statement of Information filed with the California Secretary<br>of State, or to statement of Information contained in the test Statement of Information filed with the California Secretary         2. If there have been any changes to the Information contained in the last Statement of Information filed with the California Secretary         3. If there have been any changes to the Information contained in the last Statement of Information filed with the California Secretary         3. 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OHEF DERCUTIVE OFFICE//<br/>ADDRESS       CITY       STATE       ZIP CODE         8. SECRETARY       ADDRESS       CITY</td> <td>(Domestic Stock and Agricultural Cooperative Corporations)<br/>FEES (Filling and Disclosure): \$25.00.       F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br/>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br/>of the State of California         2. CALIFORNIA CORPORATE NUMBER       C2742033       The Spece for file of the California         No Change Statement (Not applicable if spent address of record is a P.O. Box address. See Instructions.)       This Spece for File of the California Secretary         3. 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SECRETARY       ADDRESS       CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 
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CHEF EXECUTIVE OFFICE N       ADDRESS       City       STATE       ZIP CODE         8. SECRETARY       ADDRESS       City       STATE       ZIP CODE         9. 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FT86694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of Siste<br>of the State of California         1. CORPORATE NAME       CALIFORNIA CORPORATE NUMBER       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER       CZ742033       This Spece for Ring Use Orly         3. If there have been no charge to the Information contained in the hast Statement of Information filed with the California Secretary<br>of State, or textament of Information contained in the hast Statement of Information filed with the California Secretary<br>of State, other the tox and proceed to lise m17.         Complete Addresses for the Following (Do not abbreviate the name of the city, Items 4 and 5 cannot be P.O. Boxes.)       State         4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. 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| STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       7. CHIEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       8. SECHETARY     ADDRESS     CITY     STATE     ZIP CODE       9. CHREF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9. CHREF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9. CHREF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       10. 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STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         5. 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FT86694         IF this is an amendment, see instructions.       IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of Siste<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Spece for Flag Use Orly         3. Of Charge Statement (Not applicable If spent address of record is 8 P.O. Box address. See instructions.)       MUG-25 2015         3. If there have basen any charges to the Information contained in the last Statement of Information flad with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information Bide with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information flad with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information Bide with the California Secretary<br>of State, or no statement of Information contained in the last Statement of Information flad with the California Secretary<br>of State, or no statement of Issen and proceed to Itsm 17.         Complete Addresses for the Following (Do not abbreviate the name of the city, Items 4 and 6 cannot be P.O. Boxes.)       Item EXP CODE         4. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CTY       STATE       ZIP CODE         5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CTY       STATE       ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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FT86694         If this is an amendment, see instructions.       IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of Siste<br>of the State of California         1. CORPORATE NAME       CORPORATE NAME       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Spece for Florg Use Orly         3. Of Change Statement (Not applicable If spent address of record is e P.O. Box address. See Instructions.)       MUG-25 2015         3. 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STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         5. STREET ADDRESS OF CORPORATION, IF DIFFER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          
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F786694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Exect to Filing Use Only         3. 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STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE       CITY       STATE       ZIP CODE         5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         6. MAULING ADDRESS OF CORPORATION, IF DIFFERENT T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               
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CHEF EXECUTIVE OFFICEY       ADDRESS <td>(Domestic Btock and Agricultural Cooperative Corporations)<br/>FEES (Filing and Disclosure): \$25.00.       F7.86694         If this is an amondment, see instructions.       ImPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br/>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br/>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br/>CZ742033       The Space for Filing Use Oxly         No Charge Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)       The Space for Filing Use Oxly         3. 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MAULING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         7. OHEF EXECUTIVE OFFICE/       ADDRESS       CITY       STATE       ZIP C</td>                                                     | (Domestic Btock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.       F7.86694         If this is an amondment, see instructions.       ImPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       In the office of the Secretary of State<br>of the State of California         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       The Space for Filing Use Oxly         No Charge Statement (Not applicable if agent address of record is a P.O. Box address. See Instructions.)       The Space for Filing Use Oxly         3. 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F786694         IMPORTANT- READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Spece for Filing Use Oxy         3. 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MAULING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         7. OHEF EXECUTIVE OFFICE/       ADDRESS       CITY       STATE       ZIP C                                                                                                                                                                                                                                                                                                                                                                                                |
| STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY     CITY     STATE     ZIP CODE       5. STREET ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CITY     STATE     ZIP CODE       Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)       7. CHIEF EXECUTIVE OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       8. SECRETARY     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9. CHEF FINANCIAL OFFICER/     ADDRESS     CITY     STATE     ZIP CODE       9. 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NAME     ADDRESS     CITY     STATE     ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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FT86694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Oxy         No Charge Statement (Not applicable if spant address of record is a P.O. Box address. See instructions.)       MuG-25 2015         3. If Statement (Not applicable if spant address of record is a P.O. Box address. See instructions.)       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FT86694         If this is an amendment, see instructions.       IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         1. CORPORATE NAME       EMPIRE TRANSPORTATION, INC.       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Oxy         No Charge Statement (Not applicable if spant address of record is a P.O. Box address. See instructions.)       MuG-25 2015         3. If Statement (Not applicable if spant address of record is a P.O. Box address. See instructions.)       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STREET ADDRESS OF CORPARATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         6. MALING ADDRESS OF CORPARATION, IF DIFFERENT THAN ITEM 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        
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Statement of Information<br>(Domestic Stock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.       FT86694         IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM       In the office of the Secretary of State<br>of the State of California         I. CORPORATE NAME       AUG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This FORM         No Change Statement (Not applicable if spent address of record is a P.O. Box address. See Instructions.)       MuG-25 2015         2. CALIFORNIA CORPORATE NUMBER<br>CZ742033       This Space for Fing Use Oxy         No Change Statement (Not applicable if spent address of record is a P.O. Box address. See Instructions.)       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CHEF EXECUTIVE OFFICE/V       AD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Domestic Btock and Agricultural Cooperative Corporations)<br>FEES (Filing and Disclosure): \$25.00.       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MALING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         6. MALING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4       CITY       STATE       ZIP CODE         7. CHEF EXECUTIVE                                                                                                                                                                                                                                                                                                                                                                                                 |
| CHTY     STATE     ZIP CODE       5.     STREET ADDRESS OF PRINCIPAL BUSINEGS OFFICE IN CALIFORNIA, IF ANY     CHTY     STATE     ZIP CODE       6.     MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4     CHTY     STATE     ZIP CODE       7.     Markes and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)     CHTY     STATE     ZIP CODE       7.     CHEF EXECUTIVE OFFICER/     ADDRESS     CHTY     STATE     ZIP CODE       8.     SECRETARY     ADDRESS     CHTY     STATE     ZIP CODE       9.     CHEF FINANCIAL OFFICER/     ADDRESS     CHTY     STATE     ZIP CODE       Names and Complete Addresses of All Directors, including Directors Who are Also Officers (The corporation must have al least one altered.)     STATE     ZIP CODE       9.     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NAME     ADDRESS     CITY     STATE     ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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CHEF EXECUTIVE OFFICE//       ADDRESS       CI                                                                                                                                                                                                                                                                                                                                                                                                                                           |

# 2/42033

ENDORSED - FILED In the office of the Secretary of State of the State of California

APR 1 2 2005

#### ARTICLES OF INCORPORATION

OF

#### Empire Transportation, Inc.

I

The name of the corporation is Empire Transportation, Inc.

Π

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

III

The name and address in the State of California of this corporation's initial agent for service of process is: George Salmas, Esq. c/o SALMAS LAW GROUP 1880 Century Park East

Suite 420 Los Angelès, CA 90067

ΓV

This corporation is authorized to issue only one class of shares of stock; and the total number of shares which this corporation is authorized to issue is 100,000.

V

The liability of the directors of the corporation for monetary damages shall be eliminated to the fullest extent permissible under California law.

VI

The corporation is authorized to indemnify the directors and officers of the corporation to the fullest extent permissible under California law.

Dated: April 12, 2005

Frances Severe, Incorporator



# State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

EMPIRE TRANSPORTATION, INC.

FILE NUMBER:C2742033FORMATION DATE:04/12/2005TYPE:DOMESTIC CORPORATIONJURISDICTION:CALIFORNIASTATUS:ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 30, 2013.

DEBRA BOWEN Secretary of State

NP-25 (REV 1/2007)

SJA

CEIVF



# II. Experience

#### A. Firm Background

Established in 1968, Empire Transportation is Southern California's premier locally and minority owned passenger transportation company. Empire is a California S Corporation and all of its outstanding shares are owned by Miguel A. Oliver and Bertha Aguirre who serve as Chief Executive Officer and President/Chief Operating Officer respectively. This owner/operator situation brings major benefits to our clients, including:

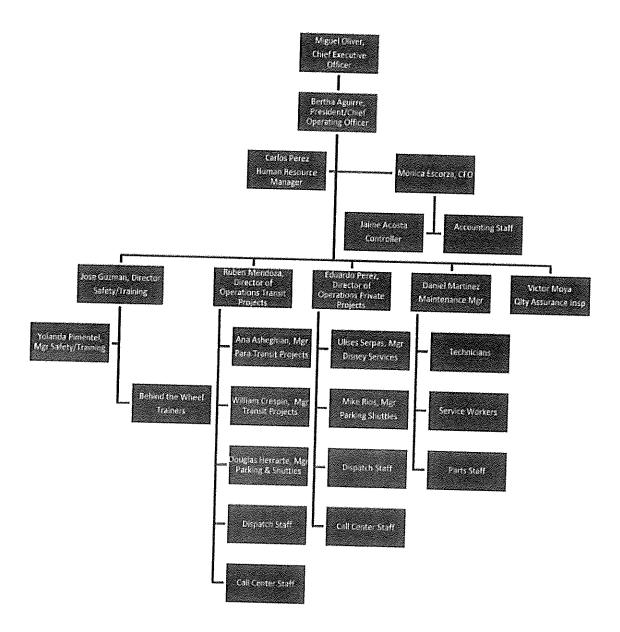
- → Empire can move rapidly to make any decision or commitment necessary to meet the needs of our clients.
- → Our staff wastes no time with the endless corporate meetings that are endemic to most national companies.
- Ownership is contagious: the proximity of our shareholders to the management team allows our managers to function as extensions of the company ownership because they know the owners and their values intimately.

Empire is a local company, headquartered in Bellflower, California therefore there are no separate divisions. Rather project staff has and will continue to have direct access to the company principals. And since the company principals are locally based, the principals know the details of this operation in real time. As part of this ownership atmosphere and the pride of ownership, no portion of this or other services are done by subcontractors.



# B. Organizational Structure

1. Firm Organization Chart



Firm Experience

Page 2 of 17

DPW RFQ



#### 2. Project Organization Chart

We at Empire are very proud to have highly experienced and energetic managers that excel in both service types, transit and paratransit. These managers are Ana Asheghian and Ruben Mendoza. Mr. Mendoza worked directly on the Los Angeles County Department of Public Works Sunshine project. Mrs. Asheghian is the current project manager assigned to the Los Angeles County Department of Public Works Whittier and East Los Angeles Dial-a-Ride program. Both of them have a proven record of providing efficient and honest service to the Department of Public works. Resumes of key corporate officers and key project managers can be found beginning at page 5 of this section.

- Ana Arredondo currently works as the assigned Project Manager for the Whittier and East Los Angeles Dial-A-Ride programs. She successfully supervises the customer service call center, the dispatching department as well as the operators. She developed established a rewarding professional relationship with the DPW's assigned manager to these contract. Adding to her vast transit experience, she also has worked for Empire as the Assistant General Manager for the Riverside Transit operations where she showed her ability to multi-task and maintain a solid operation. Ms. Arredondo is very experienced with the reporting requirements for this project as well as all the operating procedures since she worked on this project for a period of three years. She has attended the MTA NTD reporting seminar. In addition holds the Transit Paratransit Management Certificate from University of the Pacific.
- Ruben Mendoza is very familiar with fixed route systems. He managed the Sunshine Shuttle Service for DPW. He is also responsible for the successful service implementations for the City of Lawndale fixed-route service and the City of Bellflower fixed-route and dial-a-ride service. He is also responsible for all of the NTD reporting requirements for these two projects and has attended the MTA NTD reporting seminar. In addition he is a Certified Community Transit Manager. During his employment with Southland Transit, Ruben was the dedicated Project Manager to the Burbank Local Transit.

Working with Ana and Ruben on the implementation of projects are several other Empire managers.

- Support for our paratransit dispatchers will be coordinated by **Mary Segura**, Empire's Paratransit Dispatch Supervisor. Mary is an experienced transit/paratransit professional who learned her trade as a dispatcher and dispatch supervisor for Dial-a-Ride Services in the Los Angeles County area. She currently provides dispatch support for our DPW's Dial-a-Ride programs.
- **Rafael Cordero** will function as the Dispatch Supervisor for Transit Projects. He is an experienced supervisor and has been with Empire for the past 4 years. He

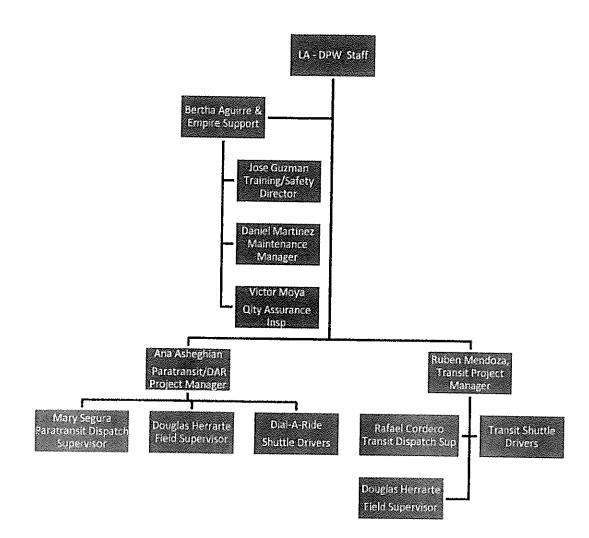


currently provides support to our City of Bellflower fixed-route service as well as other private fixed-route contracts.

- **Douglas Herrarte** will functions as field supervisor and primary behind the wheel trainer. Douglas has been with Empire for the past 15 years. He is an experienced Manager who will be responsible for our on-road driver evaluations, on time performance evaluations and for behind the wheel training.
- Jose Guzman is Empire's long time Director of Safety and Training. He is a Transportation Safety Institute certified instructor and is also certified to teach all elements of the National Safety Council defensive driving course.
- **Daniel Martinez** is Empire's vehicle maintenance manager and is responsible for our 228 vehicle fleet. The fleet includes 74 vehicles fueled by either compressed natural gas or propane and he is highly adept at the practices and procedures required for successful maintenance of vehicles operating on alternate fuels.



# **Project Organization Chart**



#### 3. Resumes

The resumes for key personnel and corporate managers follow.

Firm Experience

Page 5 of 17

DPW RFQ



# Miguel Oliver, Chief Executive Officer

# **Professional Profile**

Senior Executive with proven experience in all aspects of building a highly successful, customer focused, passenger transportation company.

- Management Development
- Quality Assurance
- Facility Acquisition
- Banking/financial relationships
- Active Corporate Citizenship
- Marketing and Customer Retention
- Safety/Risk Management
- Strategic Planning
- Vehicle Selection and Purchasing
- Building effective service partnerships
- **Professional Accomplishments**

# Strategy Development/Implementation

- Developed the growth strategy that has tripled the size of the company
- Built accountability systems to maintain control over far flung operations
- Move the company strongly into alternative fuels
- Designed the Kaiser purchasing and inventory systems that are still used to this day
   Opened major new company mediate in the table
- Opened major new company markets in the higher education sector
   Established the facility inferent matching
- Established the facility infrastructure to support expansion
- Set the example for the entire team in positioning the company as a high quality service partner for clients where quality of service matters

### **Financial Management**

- Established financial reporting systems to assess project by project results
- Established banking relationships that have supported the company through its growth
- Established cost effective insurance relationships built on effective risk management
- Built maintenance controls to ensure effective maintenance at sustainable cost
- Established strong vendor partnership with preeminent bus sales firm in region
- Coached program managers to take ownership of financial controls in their area

#### Team Building

- Established the program manager system to ensure project control over wide area
- Recruited top quality financial manager to provide feedback to managers
- Established succession planning to insure long term success of Empire
- Brought in new talent at appropriate times to support company's development
- Mentored every one of our program managers in building effective client partnerships

#### Work History

Chief Executive Officer	Empire Transportation, Inc.	2011-Present
President & CEO Dir. Central Support Services	Empire Transportation, Inc.	1998 – 2011
	Kaiser Permanente	1970- 1998
Co-Founder	Empire Parking Services	1968 – 1970



# Bertha Aguirre, President/Chief Operating Officer

# **Professional Profile**

Senior Transportation Operations Executive with proven experience leading a team of transportation professionals providing high quality transportation services to multiple clients.

- Transportation Operational Control
- **Customer Relations**
- Seasonal/Event Transportation
- **Campus Shuttles**

- Quality Assurance
- Safety/Risk Management
- Adult Special Needs Transportation
- Non Emergency Medical Transportation

# Professional Accomplishments

#### **Operational Excellence**

- Delivered 30% productivity improvement with new dispatch software
- Achieved consistent year to year decreases in accident frequency
- Developed effective management structure for multi site supervision
- Attained 100% compliance with CHP, DOT, DMV and PUC requirements

#### Service Implementation

- Exceeded client expectations on every new project •
- Recruited new program managers to handle service growth
- Developed specific performance standards to insure effective start ups .
- Developed aggressive recruiting/training programs to staff new projects

#### **Customer Relations**

- Established high level communications with clients to insure our responsiveness .
- Insured that clients received timely and accurate reporting
- Intervened personally to handle sensitive investigations or reporting
- Developed effective driver training programs to improve passenger service

### Work History

ducation		1000 - 1990
Accounting Coordinator	Classical Building Arts, Inc.	1993 – 1996
Customer Service/	Empire Transportation, Inc.	1996 - 2011
Chief Operation Ost	province of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	2011-Present
President/Chief Operating Officer	Empire Transportation	

#### Education

Business Administration/		
Accounting	Cal State Los Angeles & UCLA	
2		1991-1996



# Ana Arredondo, Proposed Project Manager

# **Professional Profile**

Highly experienced and energetic manager of community transit and paratransit projects, including very high level experience with demand responsive systems. Experience includes successful service at every level from reservations through scheduling/dispatching, to operations/regional management and

- . Expert software user
- Teaching basic dispatch skills
- Experience with mobile data
- Service implementation planning
- Optimizing productivity .

### Accident/Incident response coordination Handling challenging passengers

- Counseling drivers on service problems
- Dispatch & driver motivation/cooperation
- Managing effective reporting systems

### **Professional Accomplishments Operations Management**

- Delivered superior service to six of Los Angeles County projects serving unincorporated areas including Whittier Dial-A-Ride.
- Successfully implemented and enforced procedures at L.A. Metro, Division 95 that resulted in the key categories measured exceeding Metro's internal performance.
- Experience in successfully managing all aspects of operations in both demand response and

# Control of Dispatch and Call Center Operations

- Supervised and gave guidance for the successful start up and implementation of multiple ٠ municipal dial-a-rides in LA County.
- Able to elevate and maintain a passenger per hour that exceeded contractual demand both in West Covina, Alhambra and Pico Rivera Dial a Ride. **Customer Service**
- Provided effective investigation/feedback to clients regarding service defects.
- Improved on time performance in multiple and diverse dial-a-ride projects

#### Work History

Assistant Gen. Mgr.	Empire Transportation	2010 5
Project Manager	Southland Transit	2012 - Present
Assistant Gen. Mgr	Southland Transit	2010 - 2012
Customer Service Team Leader	Southland Transit	2005 - 2010
Customer Center Rep.	Southland Transit	2002 - 2005
gaan g	oodimand fransit	2001 - 2002
Education		
Bachelor of Arts	Cal State Los Angeles	
Transit Paratransit Management	University of the Pacific	2006
Certificate		2009



# Ruben Mendoza, Proposed Project Manager

# **Professional Profile**

Highly experienced manager of community transit projects, including very high level experience with demand responsive systems. Experience includes successful service at every level from reservations through scheduling/dispatching, to operations/regional management and reporting. Key skills include:

- Expert software user ŧ
- Teaching basic dispatch skills .
- Experience with mobile data
- Service Implementation planning
- Optimizing productivity

#### Accident/Incident response coordination Handling challenging passengers

- Counseling drivers on service problems
- Dispatch & driver motivation/cooperation
- Managing effective reporting systems

# **Professional Accomplishments**

# **Operations Management**

- Delivered superior service to a diverse group of clients including several municipalities and Access Services, the CTSA for Los Angeles County.
- Successfully implemented NTD reporting procedures throughout his company's LA County community transit projects.
- Managed multiple special needs transportation projects Regional Centers. **Control of Dispatch Operations**
- Responsible for the successful implementation of automated routing systems for multiple municipal dial-a-rides in LA County.
- Designed the scheduling approach that improved years of poor performance in the Riverside ۰ Transit Agency ADA system leading to the best performance ever.
- Headed the new project team that corrected long-standing problems with the Access Services West Central area by delivering its highest ever on-time performance. **Customer Service**

- Eliminated "VIP" approach at ASI in favor of better service for all passengers.
- Provided effective investigation/feedback to clients regarding service defects.
- Improved on time performance in multiple and diverse dial-a-ride projects, including major accomplishments for two large ADA systems at RTA and ASI.

#### Work History

- -

Director of Operations	Empire Transportation, Inc.	
Director of Operations	Southland Transit	2009 - Present
Area General Manager		2007 - 2009
Dispatch Team Leader	Southland Transit	2002 - 2007
	Southland Transit	2000 - 2001
Supply Administrator	United States Marine Corps	1996 - 2000



# Jose Guzman, Safety Training Manager

# **Professional Profile**

Experienced Transportation safety and training professional with proven experience recruiting and training courteous safety-aware drivers. Demonstrated skills in all of the following areas.

**Commercial Driver Requirements** 

- **Classroom Driver Instruction**
- Behind the Wheel Training
- Accident Investigation

- **OSHA Reporting and Compliance**
- Administration of the Pull Notice Program Drug/Alcohol Program Management
- Driver Refresher Training

# **Professional Accomplishments**

# Service Implementation

- Trained all required drivers for every company start up
- Planned and conducted the training to support alternate fuel implementation
- Conducted required background checks of all new drivers and staff
- Managed multiple re-starts of campus shuttles on rotating calendars

# **Regulatory Compliance**

- Worked closely with CHP & PUC Inspectors to insure full compliance
- Conducted all required harassment training •
- Managed pull notice program without any inspection defects
- Successfully maintained all required driver training records

#### Safety/Training

- Insured that all accident/incident investigations are accomplished in a timely manner ٠
- Conducted all driver classroom training for the company
- Provided behind the wheel training both directly and through delegated trainers
- Coordinated with external resources for required management training

# Work History

Safety/Training Mgr	Empire Transport	
Office Manager	Empire Transportation	2004 – Present
Field Supervisor	Empire Transportation	1990 – 2004
*	Empire Transportation	1988 – 1990

# **Education/Certificates**

**Multiple Training Certifications** 

National Safety Council Instructor, TMA Passenger Assistance Course, Transportation Safety Institute Certified Instructor, Crisis Prevention Certified Instructor, CTA Certified Safety Coordinator, Certified Administrator - DMV CDL Program, Pull Notice Administration, Terminal Inspection Requirements, Substance Abuse Recognition and Prevention, Red Cross First Ald/CPR Instructor



# Daniel Martinez, Fleet Maintenance Manager

# **Professional Profile**

Experienced transportation fleet maintenance manager with a proven record for providing safe, clean, attractive and reliable vehicles for operations. Demonstrated skills in all of the following areas,

- . Shop Scheduling
- **Technician Training** •
- **Computerized Engine Diagnostics**
- Purchasing/Inventory Control
- Maintenance Reporting ٠
- Alternate Fuel Technologies
- Warranty Management
- **Regulatory Compliance**

# **Professional Accomplishments**

- Service Implementation
- Handled new vehicle inspection/get ready for multiple new projects .
- Coordinated design, production and application of vehicle decals/wraps .
- Coordinated warranty coverage with manufacturers and modifying entities ٠
- Installed all required special equipment (examples: fareboxes, cameras, head signs) **Control of Service Operations**
- ٠
- Provides immediate, on-line response to vehicle problems
- Dispatches maintenance resources to respond to problems in the field .
- Coordinates preventive maintenance to support vehicle availability ٠
- Insures readiness and adequacy of spare vehicle resources **Technical Leadership**
- ٠
- Insured availability of computerized diagnostic tools for technicians .
- Built fully compliant air conditioning maintenance program
- Established technical documentation to support warranty claims
- Designed installation program for on board security cameras

## Work History

64-3-4

Maintenance Manager Maintenance Manager Maintenance Manager Assistant Maint. Mgr. Education/Certificates	Empire Transportation, Inc. Southland Transit, Inc. MV Transit, Inc. First Transit, Inc.	2011 - Present 2009 - 2011 2006 - 2009 2005 - 2006
Associate of Occupational Studies De Diesel and Industrial Technology	egree in Automotive/	Universal Technical Institute

Transit Engines, Transit Brakes, Transit Suspension/Steering, Transit Electric, Transit Climate Control, School Bus Brakes

ASE



# Mary Segura, Paratransit Dispatch

# **Professional Profile**

Experienced passenger transportation dispatcher with a proven record for providing effective service scheduling, operational control and customer service support. Key areas of capability

- **Driver Scheduling** .
- Use of Automated Dispatch Tools ٠
- **Providing Transit Information**
- **Direct Driver Supervision**
- Accident/Incident Response Coordination
- Handling Customer Calls
- **Preparing Operational Reporting** ¢
- Training of Dispatch Staff

# **Professional Accomplishments**

# Use of Dispatch Tool

- Expert user of DDS dispatch tools for Access Services ٠
- Key member of team converting Access to StrataGen Automated Dispatching
- Managed conversion of Empire systems to RouteMatch Automated Dispatching

# **Control of Service Operations**

- Managed hundreds of drivers in three different areas for Access Services ۰
- Managed dispatch portion of a new taxi start up on the Westside. .
- Handled all dispatch facets of service implementation for City of Bellflower

### **Customer Service**

- Over 10 years of experience handling transportation customer calls
- Experienced in use of information systems to provide information to passengers
- Trained dozens of customer service agents to provide transportation information

# Work History

Dispatcher Project Administrator	Empire Transportation All Yellow Taxi	2010 - Present
Dispatch Supervisor	Global Paratransit	2007 – 2010 2003 – 2007
Dispatcher	United Paratransit	1999 – 2003

### Training

StrateGen Automated Dispatching – RouteMatch Automated Dispatching DDS Taxi Dispatch System – TSS ATBOS Reporting System for ASI



# Rafael Cordero, Transit Dispatch

# **Professional Profile**

- 8 Behind the Wheel Training
- Driver Counseling/Coaching
- **Customer Reporting**

#### Mobile data devices

- Accident/Incident Investigation
- Service Monitoring

# **Professional Accomplishments**

### Service Implementation

- Developed and implemented protocols for staff in handling dispatch issues. .
- Developed new training procedures to incorporate changes in securing wheelchairs . .
- Conducted all new driver interviews for the 108 driver North Los Angeles Regional Center Service.

# **Control of Service Operations**

- Provided oversight for all transit/paratransit operations in unincorporated North Los Angeles .
- Provided all project reporting for multiple Contracts including NTD reporting Handled daily roll out supervision for the several contracts operated in the San Fernando Valley

#### Safety/Training

- Assisted In behind the wheel training for Empire's new contracts
- Conducted accident/incident investigations and resulting re-training ¢
- Trained driver on use of mobile data tools to enhance reporting
- Trained drivers on best practices to keep accurate and timely reporting

#### Work History

Supervisor	Empiro Troponente V	
Supervisor	Empire Transportation Keolis	08/2012 - Present
Supervisor	Diversified	2011 - 08/2012
	Transportation	2009 - 2011
Lead Dispatcher	Diversified Transportation	2008-2009
Education/Certificates		
Certified Instructor	Transportation Safety	2008
NTD Reporting	Institute LACMTA Seminar	
		2009



# Victor Moya, Quality Assurance Inspector

# **Professional Profile**

Experienced problem-solving oriented manager within the transportation industry with a proven record for evaluating all aspects of a transportation program as well as providing professional advice to improve the areas found to be deficient. Demonstrated skills in all of the following areas.

- Professional Conduct Policy
- On Road Evaluation
- Safe Work Habits

- Customer Service and Sensitivity Training
- Accident/Incident Investigation
- Service Monitoring
- ADA Customer Care Training

# **Professional Accomplishments**

#### **Quality Control**

- Key contributor to the development and establishment of a comprehensive Quality
   Assurance Program at Empire
- Responsible for Customer Service and Accounts Executive training at UPS.
- Fully responsible for the job performance and safety of a team of 150 drivers at UPS.

# **Customer Service and Compliance**

- Ensured compliance with a comprehensive Customer Service Program developed for the Call Center and Dispatch Departments at UPS
- Enforced strict professional conduct procedures at UPS
- Responsible for safety compliance as Area Manager for UPS

### Employee Coaching/Counseling

- Emphasis in developing a Trust and Team approach at Empire
- Responsible for developing a Dispute Resolution Program at UPS
- Worked with drivers to improve commitment to schedules that resulted in improved ontime delivery rates and a marked increase in efficiency at UPS

#### Work History

Quality Assurance Inspector	Empire Transportation	2009 - Present
Area Supervisor Account Executive	UPS	2009 - Present 2002 - 2009
Dispatch/Call Center Supervisor Distribution Ctr. Supervisor	UPS UPS UPS	1999 - 2002 1992 - 1999 1988 - 1992
Education/Certificates B.S. in Marketing and Business Admin	Cal State LA	1985-1990

Firm Experience

DPW RFQ



# C. Service Experience

Empire Transportation, Inc. provides high quality fixed route and demand responsive services to some of Southern California's most prestigious, quality centered organizations such as Los Angeles County Department of Public Works. These clients have chosen Empire to meet their transportation needs because of our reputation for providing transportation services that are consistent with the client's own high standards. Our success has come from working with each client to clearly understand their specific needs and then design a specific transportation program to satisfy those needs. Every client, large or small receives the same commitment to an individual customized level of excellent service from Empire.

We strongly believe that our references demonstrate that we not only "get it" as far as skills, practices and procedures necessary to operate diverse services but also that we honor our commitment to all of our customers.

- At RTA, Empire is the first company to have completed the initial term of two years and the three-one year options for the Fixed Route services in good standing. We operate and maintain a mixed fleet of 79 vehicles that service a high volume of passengers in harsh weather conditions. Empire has been awarded this contract for an additional 5 year term.
- At Disney we operate Type VII and Type VIII CNG powered vehicles on a highly intense 24/7 schedule where maintaining vehicle spacing is critical to customer satisfaction of the Disney cast members. We have been providing this service for nine years. After a lengthy procurement process, our contract was renewed in 2014. The new contract calls for an initial term of seven years with two-one year options. It is very unusual for The Walt Disney Company to issue such contract terms. Empire has earned their valued trust by meeting the commitment of improving service in every measurable category.
- AltaMed Health Services has been our customer since 1996. Empire provides service to eight different centers covering a large part of Los Angeles and Orange Counties. The success of this program is based in instant communication between drivers, dispatchers, program managers and end-users. Any concerns or issues are addressed promptly.
- Whittier and East Los Angeles Dial-a-Ride Programs. Empire has been successfully running both programs since 2013. We service the Los Angeles County unincorporated areas in Whittier and East Los Angeles. As with other customers, efficiency, transparency and communication between Empire and DPW are key to a well running operation.
- ✓ In 2009, Empire began expanding into municipal fixed routes and dial-a-ride services. With our RTA contracts, City of Bellflower and unincorporated areas of Los Angeles County we have instituted reporting standards to meet those of NTD's.



# D. References.

Disneyland Reso	)řť	
Address:		
Contact Person:	1313 S. Harbor Blvd, Anaheim, CA 92802 Mark Hatfield	
Telephone:	<u>mark.hatfield@disney.com</u> 714.781.1828	
Length of Service:		
Type of Service:		
· )pe of beinde.	Fixed Route Shuttle Service – 365 Day	Disneyland
Fleet:	Operation	Tuendiana
	28 Type VII and VIII Medium Transit	
Revenue Hours:	venicles - CNG Powered	
	123,140	
Riverside Transit	Agency	
Address:	1825 Third Street	
•	Riverside, CA 92507	
Contact Person:	Virginia Werly	
	vwerly@riversidetransit.com	
Telephone:	951-565-5184	
Length of Service:	2011 to the present	
Type of Service:	County Fixed-Route Service	
Fleet:	Mixed Fleet of Trolley, Thomas, Type II	Riverside Transit Agency
	and Type VII Buses	
Revenue Hours:	156,000	
City of Bellflower		
Address:	16600 Civic Ctr. Dr, Beliflower, CA 90706	
Contact Person:	ru vieliana	
<b></b> <i>i</i> .	pmellana@bellflower.org	
Telephone:	562.804.1424	
Length of Service:	July 1, 2010 to the present	City of Bellflower
Type of Service:	Fixed Route & Dial-a-ride	Dening together
Fleet:	6 Transit Vehicles	
Revenue Hours:	8,500	
AltaMed		
Address:		
	1040 Camfield, Los Angeles, CA 90040	
Contact Person:	warco waninez	
Tolophan	marcmartinez@la.altamed.org	
Telephone:	323.558.7626	
Length of Service:	2001 to the present	AltaMed
Type of Service	Demand Responsive Service	
Fleet:	44 Cutaway Paratransit Vehicles	neally Services
Revenue Hours:	68,208	

Firm Experience

Page 16 of 17

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DPW RFQ

EMPIRE

DPW = Sunshine S	
Address:	900 South Freemont Ave, Alhambra, CA
	91803
Contact Person:	Vanessa Rachal
Telephone:	vrachal@dpw.lacounty.gov
	626.458.5960
Length of Service:	2011 to 2014 PUBLIC WORKS
Type of Service:	Fixed Route
Fleet:	2 EZ Rider Transit Vehicles
Revenue Hours:	6,972
Addas as	ngeles and Whittier Dial-a-Ride
Address:	900 South Freemont Ave, Alhambra, CA
	91803
Contact Person:	Jordan Catanese
	JCatanese@dpw.lacounty.gov
Telephone:	
relephone.	626.458.3964
	PUBLIC WORKS
Length of Service:	July, 2013 to the present
Type of Service:	Dial-a-Ride
Fleet:	15 Wheelchair Minivans and 2 Wheelchair
	Buses
Revenue Hours:	22,356
Revenue Hours:	22,356

# D. Minimum Mandatory Requirements Met

Empire meets each and every one of the minimum mandatory requirements as set forth in the Request for Qualifications Part 1.1 and Form PW-19. This is shown fully throughout our proposal.

The three years of experience providing Fixed-Route and Dial-A-Ride services are explained fully in this section, and we invite County staff to contact our clients to confirm our ability to perform and meet and exceed client expectations.

Empire's CHP inspections for the prior thirteen (13) months have been attached at Tab III, Work Plan. Our commitment to maintaining our client's vehicles as well as our own is an essential part of our service.



# III. Work Plan

Successful and efficient Fixed Route and Dial-A-Ride programs are based in the ability of the operator to recognize the most important areas of the service that need to be carefully organized and addressed. For example, for a fixed-route program it is critical to have systems in place to check and manage on-time performance as well as to have an efficient maintenance team that keeps reliable and safe vehicles on the road. For a Dial-a-Ride program it is extremely important to minimize the scheduling peaks and valleys. This is achieved by establishing a well trained and technologically equipped Dispatching department that works very closely with the Call Center. By these statements, we are not forgetting about forming a strong team of drivers and supervisors in addition to a well maintained fleet. The following are the different components of our work plan:

#### A. Staffing Plan

#### 1. Organization

The following table is a **sample** of the detailed disclosure of the labor resources allocation previously provided for a project. Often times, we assign additional resources such as dispatch and road supervision support for any operation during all hours that vehicles are in revenue service but on the required form LW-8 only the dedicated positions are noted because those positions are already in place at Empire and need not be charged to a project. Note that Empire is at all time cognizant of the LA County requirement for all staff to be full time. Any position shown as less than full time on the LW-8 reflects cost sharing of positions between this project and other Empire projects. In following pages you will find a detailed Staffing Plan.

1		The second of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		
	#of			Hours
Position	Positions		Annual	Charged to
Driver		Duties	Hours	Project
Project Mgr	10	Operate transit vehicles on route	22,005	22,005
	1	Overall project direction	2,080	1,560
Field Supvr	<u> </u>	On road supervision & training	2,080	2,080
Maintenance Manager		Overall vehicle maintenance direction	2,080	0
Mechanics	11	Repair & Preventive Maintenance	22,880	2,080
Service Worker	4	Bus Cleaning	8,736	and a second second second second second second second second second second second second second second second
Safety/Training Manager	l	Classroom training, supervise behind the wheel trainers	2,080	2,340 0
Qlty Assurance Inspector	1	Monitors adherence to Quality Assurance Program	2,080	0
Dedicated Dispatchers	2	Monitor service performance, coordinate emergency response	4,160	4,160
Reservationists	2	Call takers, input data in Routematch, Customer Service	4,160	4,1600
President & COO	I	Coordinate implementation, handle service escalation issues	2,080	0

Work Plan



# 2. Staff Position & Tasks

# a. Project Manager

In any transportation service, an experienced hands-on manager with the ability to motivate her/his staff is extremely important. In Ana Arredondo and Ruben Mendoza the Department will have Managers that can hit the ground running since they have already worked on this service and in this capacity. The Project Managers have a multitude of duties but we believe that the key elements of the job are:

- Selecting drivers that are committed to passenger satisfaction and safety. Providing orientation and training to our staff so that they know how to provide
- Insuring that we give our drivers a clean, fully functional vehicle for daily service.
- Intervening rapidly when there are any signs that an employee is not able to provide quality service.
- Providing rapid and comprehensive investigation of any accidents, incidents or
- Providing operational reports to insure that our client has all of the information required to effectively monitor our service.
- Insuring that our reporting meets the audit standards for the MTA voluntary NTD reporting system or any report as required by the Department.
- Insuring the all the requirements as set forth in the RFP for the call center, productivity levels, customer service and complaints resolution are met and when possible exceeded.

#### b. Drivers

# **Driver Trainee Selection**

Our goal is to retain existing employees that are familiar with the system and customers. If the active drivers meet the criteria described below and they are in good standing with the Department, they will be given priority in the hiring process.

Every applicant seeking to become an Empire driver must submit an original H-6 Department of Motor Vehicles printout (dated within 7 working days of the application date) along with his/her application. The printout provides invaluable information regarding an applicant's driving experience and infractions.

The Empire Safety & Training Manager is responsible for the final selection of applicants seeking to be driver trainees, based upon consideration of the individual's application, interview and motor vehicle record. However, at a minimum Empire will not employ those whose record displays any of the following:

Work Plan



- 1. 2 or more points for moving violations within the previous 3 years.
- 2. DUI, or Reckless Driving within the previous 10 years.
- 3. Suspended or revoked drivers license due to moving violations, unless overturned and such information is identified on the record.
- 4. Other criminal activity as described below:
  - a. Conviction of a crime pursuant to which the applicant is required to register as a sex offender under Section 290 of the Penal Code or conviction of a felony involving violence against persons.

  - b. Conviction during the preceding 7 years of any one of the following:
    - ✓ an offense relating to the use, sale, possession or transportation of narcotics or addictive or dangerous drugs; ✓ an act involving force, violence, threat or intimidation against persons;
    - ✓ an sexual offense;

    - $\checkmark$  an act involving moral turpitude, including fraud or intentional dishonesty for
    - ✓ an offense involving the solicitation or agreement to engage in or engagement
  - c. A record of habitual or excessive use or addiction to intoxicating beverages, narcotics or dangerous drugs.
- d. Conviction at any time of the following Vehicle Code sections:
  - ✓ 20001 Hit and Run resulting in injury or death ✓ 20003 - Hit and Run - failure to identify yourself to police or victim – injury

  - ✓ 20004 Hit and Run death failure to report to police or CHP ✓ 23104 - Reckless driving- causing injury

  - ✓ 23153 Driving while under the influence of alcohol or drugs causing injury



# Driver Training Requirements

Once chosen for training, trainees undergo training based on the following curriculum. A full copy of the Empire Safety Training Program can be found in the Appendix. Only upon satisfactory completion of the curriculum will a driver be released for service as an Empire driver. At a minimum, the following subjects are taught as part of the required driver training.

Subject Area	Trainee has no CDL or Passenger Endorsement	Trainee has CDL and Passenger Endorsement
Classroor	n Instruction	
Empire Orientation and Policies	2 Hours	2 Hours
National Safety Council Defensive Driving Course	8 Hours	6 Hours
Transportations Safety Institute Bus Operator Training	8.5 Hours	
Emergency Management/ Accident/Incident Procedures	4.5 Hours	2 Hours
Mobile Communications	3 Hour	3 Hour
Substance abuse/Alcohol Abuse Awareness	2 Hours	1 Hour
Customer Service/Passenger Relations/Confidentiality	3 Hours	1 Hour
Illness and Injury Prevention – Includes Bio-Hazard	2 Hours	1 Hour
Sexual Harassment Prevention Pre and Post Trip Inspection	2 Hours	2 Hours
	4 Hours	
Paratransit, ADA & Sensitivity,	eel Instruction	
Wheelchair Securement	4 Hours	4 Hours
Behind the Wheel Training & Testing Note: will depend on the progress of the trainee and type of vehicle.	20 - 40 Hours	4 - 8 Hours
Route/Service Familiarization Note: Will depend on complexity of the service and navigation requirements.	8 - 32 Hours	8 – 32 Hours
Total Training Hours	70 - 115 Hours	34 - 62 Hours

Note – Many contracts require CPR/First Aid Certification. This course will be provided after completion of the above curriculum to drivers on services requiring it.

Work Plan



#### Refresher Training

Empire conducts an ongoing schedule of refresher training courses. Normally, these are held once a month, for a minimum period of one hour. To maintain a position at Empire all employees, such as drivers assigned to a Department of Works project are required to attend at least eight refresher classes a year. Every staff member is required to participate in the location safety program meetings.

#### **Background Checks**

All Empire drivers will undergo a criminal background check before being assigned to revenue service.

#### <u>Tasks</u>

After a driver has completed all the training and the background checks, and has been put on service, their duties are to drive the routes in a safe manner, in compliance with the schedule, and providing courteous service to the riders. Additionally each driver is expected to communicate with the project manager, supervisor and dispatch if any issues or questions arise. Each driver is expected to manage fares and maintain the required reporting so that our project reporting complies with NTD and contract standards.

#### c. Maintenance Personnel

Our Safety and Training Policy includes standards for the initial training of maintenance personnel. We require that maintenance personnel who operate a vehicle on a public roadway must have a license applicable to the vehicles operated. Additionally all maintenance personnel undergo a minimum of 20 hours of original driver training including company orientation and policy, defensive driving, hazardous material handling, dealing with blood borne pathogens, sexual harassment, body mechanics, emergency procedures and drug and alcohol policy requirements.

We also recognize that the growing complexities of servicing transit fleets require ongoing training. Today's vehicles include complex computer systems and advanced cutting-edge engine technologies. In such an environment it is a challenge to keep the maintenance staff current with industry changes. As quality maintenance is an essential element of service quality we are committed to the continual training and upgrading of our maintenance employees' skills. We use multiple sources for mechanic training including the courses and resources offered by the manufacturers, vendors, as well as the National Institute for Automotive Service Excellence (ASE), the Service Technicians Society, and the Transportation Safety Institute. The company has established financial incentives for technicians who attain ASE certifications. We also identify training sources and work with the maintenance staff to arrange their schedule to attend training or study for certifications they need to further enhance their maintenance skills. After a member of staff develops a new expertise through training, she or he is asked to share that information and expertise with the other employees.

Work Plan



### <u>Tasks</u>

The job tasks for maintenance staff fall in the following areas:

- Performing preventive maintenance inspections.
- Diagnosing observed or reported problems with vehicles.
- Repair or replacement of parts or subsystems to return vehicle performance to OEM standards.
- Performing their duties with their safety and the safety of co-workers always uppermost in their minds.
- Insuring that hazardous and/or polluting substances are handled in accordance with professional practice and legal requirements.

#### d. Supervisors

Supervision of drivers in service comes from three primary sources:

- Our project managers spend time in the field, not only at the office, and are an integral element of our operations monitoring. The Project Manager is also directly responsible for the accuracy and integrity of project reporting as well as maintaining and improving the services productivity level with the highest level of customer service possible.
- The Field Supervisor provides direct, on site supervision of our service operations on a daily basis. They also ensure that drivers are relieved on schedule for legally required breaks and further, that these reliefs are accomplished without causing service delays.
- The Dispatch Center maintains positive control of service operations throughout the service day, as drives are required to report any service delays throughout the day.
- The Call Center is the first point of contact for the stakeholders that is why it is key to maintain a high level of customer service. It is also important for the reservationists to have the knowledge and ability to provide accurate information as well as traveling time options which will allow us to maximize the resources at hand.

#### <u>Tasks</u>

Effective dispatchers, reservationists and field supervisors are critical to the success of a Fixed-Route and Dial-A-Ride projects. Their principal role is in supporting drivers in order to provide a team atmosphere and shared commitment to service quality. The most important tasks are:

- Communicating with drivers to insure they understand that the best way to protect all the parties involved in any situation is to make quick and accurate reports about any problem they encounter.
- Monitoring driver performance to provide a reminder that late service or poor service will be noticed and dealt with.

Work Plan



- Insuring that drives take the breaks that are legally required. This is not only a state law mandate but it is proven to improve driver's productivity.
- Providing rapid support when drivers need emergency resources.
- Provide and record accurate information to and from the requesting party in order to insure a smooth scheduling and service.

#### e. Office Staff

Existing staff in our office in Bellflower handles the counting of fares and recording of fares, as well as the deposit of funds in the bank. Staff there also processes payroll, handles human resources, pays vendors and renders accurate billings to our clients. Note that Empire adheres to best practices in the area of fare handling and billings in that the staff who count fare receipts are not in any way involved with either the billing of service or the reconciliation of expected fares to actual fares.

#### B. Communication Plan

# **Mobile Communications**

Empire provides two forms of mobile communication between drivers, dispatch and supervisors. The most basic will be through the use of a Sprint push to talk device. The device provides better coverage than any radio system, and is allowed by State law as long as it is not used as a cell phone or for texting. We will also provide an MDT that will be installed in the vehicle. The MDT will have GPS capabilities as well as the ability to communicate in real time with our scheduling program, RouteMatch. This device will also have cell phone capabilities as a backup plan in case of failure of the two-way radio network. The use of the cell phone capability will be in case of emergencies only. We have a zero tolerance policy for cellular phone use and texting while driving and we enforce it aggressively, including through the use of our video surveillance system that can be installed on the vehicles with the Department's approval.

# Scheduling Software

Our company decided to find a software, outside the widely known provider, that had all the same tools available as well as reporting capabilities at a lesser cost. RoutMatch met this criteria. We have been running RoutMatch since 2009 for our customers and the satisfaction level from both sides is very high. In the Appendix you will find detailed information for RoutMatch as well as sample of some of the reports produced.

### **Internet Connections**

Our company has provided internet connections and individual e-mail addresses to our principals, and project managers for a long time. Each manager and supervisor has an individual e-mail address, which allows direct communication between the manager and the client. The e-mails can be seen either on the managers computer in the office, or through the smart phone phone each carries with them.

# Communication via Dispatch Office

Calls regarding a Fixed-Route or Dial-a-Ride Service will proceed through the dedicated call center office at our Bellflower facility. We maintain and support the toll-free numbers required by the Department. In handling such calls the reservationists as well as dispatch employees will have access to general information regarding the service and the capability of taking calls regarding complaints, or to connect the caller with the appropriate manager or supervisor to handle incident or accident calls. The call center and dispatch office have full ability to connect callers to the appropriate supervisor or manager as required.

County staff will also have available, in addition to the dispatch and office line, the cell phone numbers of the Project Manager, and the Company's President.

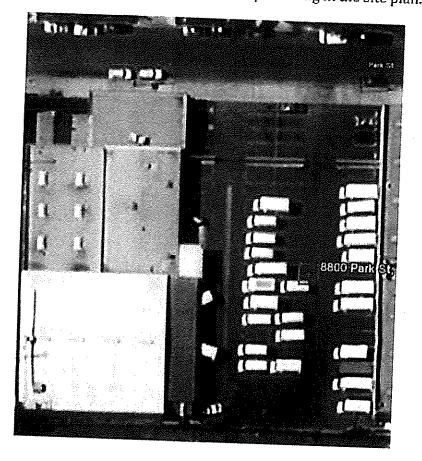
Work Plan



# C. Storage & Maintenance Facility

One of our main goals is to provide a proposal that is not only operationally compliant but also cost effective. Once a contract has been awarded, we identify locations that meet all the requirements as set forth in an RFP and that are close to the service area. This allows us to minimize the accumulation of miles for deadheading and in turn reduces the cost of vehicle maintenance and fuel. The Department's approval must be given to the proposed location. Having said that, we have two facilities available for storage. One is our corporate office located at 8800 Park Street in Bellflower (shown in the picture below). The second facility is located at 8701 Park Street in Bellflower (shown in the following pages). There is sufficient space at either facility to accommodate the County vehicles. Both lots have a security fence and are lighted. The distance from the initially proposed facilities to any given point within the County's different service areas is approximately 15 miles.

The corporate site provides over 10,000 square feet of enclosed maintenance space (large building at bottom left) and almost 12,000 feet of office, training and multipurpose space in the buildings just above the shop building in the site plan.

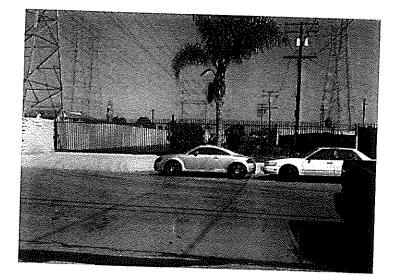


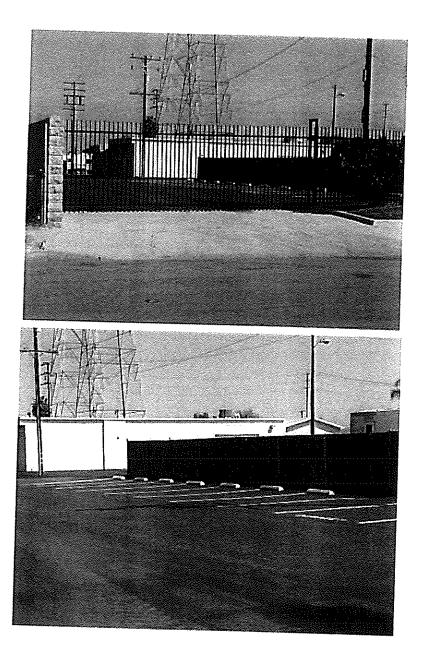


The second facility has capacity to store approximately 40 additional vehicles. It is located within a 3 minute walk from our corporate office. Below is the aerial picture before improvements.



The following are pictures after the improvements to the property.





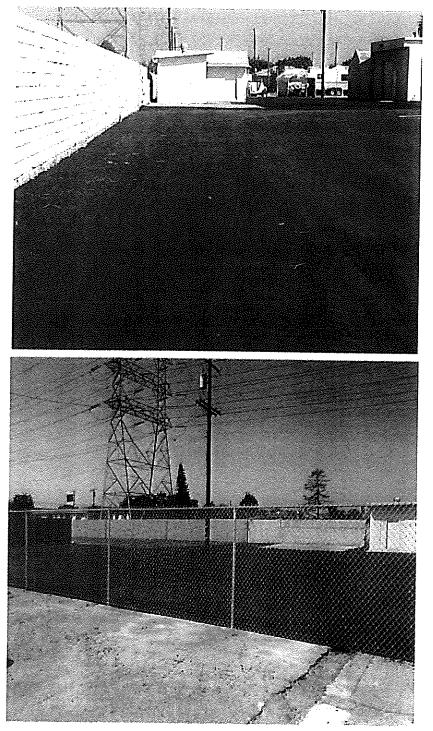
Work Plan

Page 11 of 20

DPW RFQ

EMPIRE







# Equipment

Our corporate facility is fully equipped to provide maintenance for any the Department service vehicles. The following major maintenance equipment is already in place.

- Full shop compressed air system and all associated hoses and plumbing
- All required air tools, ¾ drive and above
- Lighted high pressure vehicle wash rack with fully permitted wash water recovery/recycling
- Hoists for all sizes of equipment serviced
- 10 ton Vehicle support stands
- **5** ton Vehicle support stands
- 10 ton air/hydraulic rolling floor jack
- 20 ton air service jack
- ½ ton air/hydraulic Transmission jack
- 2000# Engine hoist
- 20 ton hydraulic press
- 7249 suspension ball joint service kit
- Heavy duty tire machine
- Computerized tire balancer
- Professional brake service station, including full refinishing capability
- Refrigerant recovery/service machine
- A/C refrigerant analyzer
- Nitrogen A/C system leak test system
- Ultra violet A/C leak detection kit
- Hydra krimp A/C hose repair kit
- Engine diagnostic scan tool systems for all engines serviced
- Combustible gas detector
- Battery/Charging system analyzer
- Cooling system pressure test kit
- 400 amp battery charger
- Wire/aluminum mig welder
- Gas welding torch set
- Aqueous parts washing tank
- Self contained emergency response service trucks

# Administrative/Training/Dispatch Space

Our facility is already providing space for each of these key functions and has more than adequate space to add the personnel required to support this service. We relocated our dispatch center into newly constructed space. This change provided significantly more space for both dispatch and the administrative/clerical offices. We have plenty of space to accommodate this proposed operation.



# Fueling

Our facility does have on-site fueling capability for propane that will accommodate some of the vehicles owned by the Department. We also have a corporate account with Arco for the gasoline powered vehicles. Drivers have a fuel card with pin that allows them to fuel vehicles at any Arco facility throughout Southern California.

# D. Maintenance Plan

### Mission Statement

The Maintenance Department's primary mission is to effectively and efficiently provide safe, clean, reliable, and comfortable vehicles for use by its drivers and the passengers they serve and to do so in accordance with California Highway Patrol Motor Carrier requirements as well as the requirements levied by the Federal Government upon DOT motor carriers. This principles apply to all vehicles operated by Empire regardless CHP regulations.

### Graduated Preventive Maintenance Program

The emphasis of Empire's maintenance program is preventive rather than reactive maintenance. A strong preventive maintenance program effectively reduces overall maintenance costs by decreasing the number of road calls and the high cost of unpredictable repairs caused by reactive maintenance. Empire uses a graduated preventive maintenance program (PM) that is based on the manufacturer's recommendations and modified based on our experience and the local conditions we deal with in our individual services. Solid PM practices maximize useful life, are cost efficient over the life of the vehicle, and ensures that our vehicles remain in safe operating condition.

Empire has an aggressive preventive maintenance program that schedules bus inspections based on a variety of categories. A PM schedule is developed for each type or group of vehicles we operate. The PM schedule established is based upon usage and vehicle type. The schedule is progressive. Each successive PM includes a higher level of maintenance inspection activity. Vehicles are inspected based on mileage and time. In addition, each vehicle receives an annual comprehensive inspection.

Our maintenance staff continually reviews our practices to identify potential improvements to the program. This assures optimum benefits from the scheduled inspections. This is especially necessary in the area of understanding brake wear. There can be significant differences between similar vehicles in different model years and it is critical that technicians understand the expected wear cycle so that brakes are serviced based on inspections rather than degraded performance noticed by drivers.

Work Plan



#### **On-time Inspection Variance**

The allowable variance with all preventive maintenance inspections is a minus 500 miles to a plus 300 miles. Any inspection completed within this parameter is considered on time. Each sub-fleet has its own specific PM schedule. In the case of the Department's vehicles the schedule is built around the requirements set out in the County Maintenance Program.

#### **Preventive Maintenance Inspections**

### **Driver Daily Vehicle Inspection**

Prior to putting a vehicle into service the driver is required to perform a detailed pretrip inspection of their assigned vehicle. Any defects or concerns are noted on the Daily Vehicle Inspection Report (DVIR), a copy of which is attached in the Appendix. In order to better comply with Federal DOT requirements, we have organized these forms into a booklet of three part forms which contains the approximately a month of driver inspections. The booklet is attached securely to the vehicle so that it cannot be misplaced.

The driver reviews the prior form, signs at the bottom and then completes the current day's form before placing the vehicle into service. If the driver checks the unsatisfactory box, the vehicle must be examined by the maintenance department before it can be placed into service. At the end of the day the driver is required to initial the post trip inspection box to insure that the federally required post trip inspection is accomplished. The top two copies of the DVIR form for the day are torn out of the book and turned in to dispatch with the driver's daily paperwork.

If there are defects the top copy of the DVIR are forwarded to the maintenance department, the second copy is retained in the office to evidence compliance with inspection requirements. The DVIR is reviewed by the Lead Mechanic on the shift. Repairs are prioritized to ensure that all safety related defects are completed before the vehicle goes into service again. In no case will any service defect, with the exception of only non-safety or cosmetic, be allowed to persist past the date of the next regularly scheduled preventive maintenance inspection. The DVIR booklets are changed at the time of the PMI-A inspection. Booklets are retained on file in the maintenance department to evidence compliance with CHP and Federal DOT requirements for pretrip inspections.

Drivers are thoroughly trained in pre-trip inspection requirements and are not allowed in revenue service until they can demonstrate full proficiency in conducting the appropriate inspection for the type or types of vehicles they will be called upon to operate. The effective performance of these inspections is a major item of emphasis for our service monitors. Drivers are also expected to leave their vehicle broom clean at the end of the day with all refuse removed.



## **I** Inspection

The I inspection that is required in the DPW maintenance program encompasses the same points that are covered by our pre-trip inspection form with the exception of the inspection of the engine accessory drive and the measurement of drive belts. The principal difference is that the I inspection is to be conducted by a qualified and ASE certified technician. To document the I inspection we will have the technician conduct the inspection right on one of the DVIR forms in the DVIR log and adding a notation on the condition of the accessory drive and the drive belts. This methodology will insure that the record of the I inspection will be retained as a permanent part of the record.

### J/A Inspection

The J/A Preventive Maintenance Inspection (PMI-J/A) is performed at intervals of 30 calendar days or 3,000 miles, whichever come first, thus meeting or exceeding both the manufacturer's recommendations and the DPW specifications. The inspection is conducted using a form, which is designed specifically for the type of equipment being maintained, in this case a propane powered integrated transit coach. Note that this form includes inspection of all key subsystems, including brake wear, climate control performance, charging system condition and wheelchair lifts as well as all other services required by the manufacturer.

#### "B" Inspection Service

This a DPW required inspection, conducted at 8 months or 24,000 miles, whichever comes first, that includes a J/A Inspection plus all of the additional items specified in the DPW maintenance program contained in Exhibit J.

### "C" Inspection Service

This a DPW required inspection, conducted at 16 months or 48,000 miles, whichever comes first, that includes a J/A Inspection and a C Inspection plus all of the additional items specified in the DPW maintenance program contained in Exhibit J.

#### **Additional Service**

At every third "C" service, conducted at 48 months or 144,000 miles, whichever comes first, the services specified in the DPW program will be added.

#### **Oil Samples**

Oil samples for engines and transmissions are to be taken at 500 miles in advance of the J/A and B services. County staff will be notified seven days in advance of the sampling so that staff can be present if desired.

#### **Brake Inspection**

At each inspection the technician provides an estimate of the percentage of depth remaining on the brake shoes. This allows the Maintenance Manager at the facility to schedule the brake service in a way that directly addresses the wear rate on each axle.

Work Plan



Normally the Manager is able to schedule the brake inspection at the same time the vehicle will be down for a PMI-J/A or higher inspection thereby reducing vehicle down time.

In every case the brake drums will be resurfaced after which a measurement will be taken, and recorded on the repair order, using a brake micrometer to insure that the drum will continue to meet minimum wear requirements throughout the wear cycle of the new shoes. Drums and shoes will be replaced with approved OEM quality components. Wheel bearings will be cleaned and inspected before re-assembly. Oil and grease seals will not be reused on re-assembly.

Since wear rates can vary significantly between front and rear axles it is not necessary that brakes on both axles be disassembled at the same time. No single wheel brake repairs will be undertaken. If for some reason one brake on an axle requires repair (due to a leaking seal for example) the other brake on that axle will be renewed as well.

#### **Engine Service**

Empire no longer uses a "tune up" service. There is a regular change of spark plugs and wires as required by the DPW program but the rest of the engine maintenance is accomplished using computer diagnostics whenever a "check engine" light is encountered. We ensure that each maintenance facility has updated computer diagnostic software for each type and series of engine that is maintained.

### **Air Conditioning**

Empire does not do seasonal air conditioning "campaigns" as we believe the climate controls need to work year around. AC output is monitored on every J/A inspection and through the DVIR process with a diagnostic process indicated if optimal performance is not evidenced on these inspections. We insure that condenser coils are free of airflow impediments on each and every inspection.

## Wheelchair Lifts and Securements

Evidence of inspection and maintenance programs for wheelchair lift equipment, wheelchair ramps and securement devices is a major item of emphasis for modern transit service. We have incorporated all of the manufacturer's recommended steps into the DVIR and the PMI-A so that checks required by the manufacturer at 10 and 150 cycles are performed as required. Four point tie down and lap/shoulder belt equipment is also inspected at each PMI-A.

# Authorize, Direct, and Control Maintenance Activities and Costs

The Maintenance Manager is responsible for developing the PM schedule for the vehicle fleet and ensuring that all PM activities are completed in a timely manner and consistent with the manufacturer's recommendations.



Each day the Maintenance Manager prints and reviews the PM Tracking report to identify which vehicles are due or coming due for Preventive Maintenance. Most regular PM inspections will be accomplished on the second maintenance shift where removal of the vehicle from service will not detract from operational capability. The Maintenance Manager will also review the vehicle history to determine whether there are any low priority DVIR reports that should be resolved during the inspection.

The work is then assigned to a Preventive Maintenance Technician who performs the PM and completes the appropriate PM inspection form. The technician is provided with complete instructions on how to perform the PM and is required to follow those instructions to completion. In addition to open DVIR Reports the technician will accomplish minor repairs such as light bulbs and the securing of fasteners etc. during the PM process.

Other needed repairs may be identified during the PM inspection. Any out of service items or repairs that could affect the reliability of the vehicle are accomplished before the vehicle is returned to service. Other repairs will also be accomplished before the vehicle is returned to service if parts and maintenance time are available and the vehicle is not required immediately for service. The overall objective is to put the vehicle back in service with no deferred maintenance.

# Identify, Track, and Record Maintenance Activities and Costs

Empire uses a system of manual and computerized forms and reports to schedule and perform preventive/preservation maintenance (PM) and repairs to its fleet of vehicles. These documents include:

- Work orders
- Service orders
- Purchase orders
- Parts requests
- PM Tracking report
- PM Inspection forms (these vary based on type of vehicle and level of PM to be performed)

After the Maintenance Manager identifies which vehicles are due for PM, a work order is prepared that describes the work to be done, the account codes to be charged, and instructions as to which level of PM is to be performed. All the PM labor and costs are captured under the PM code on the work order. When there is a PM write-up, a new work order or multiple work orders are then generated listing those repairs. All repair labor and parts are charged to the work orders under the specific coding applicable to the individual repairs. The required parts and supplies are assembled by the Manager or Shift and charged to the work order.



## **Road Failures**

The performance standard for road failures is to have a shop response vehicle en route to the location within five minutes of the report. During this time we will also get the Maintenance Manager or Lead Mechanic on the radio with the driver to insure that any minor problem can be immediately resolved (lift door not closed all the way, tire wedged against the curb so the key won't turn etc.)

If no vehicle is available in the field a supervisor or extra driver will be dispatched with a replacement vehicle while a technician goes to the scene with a fully equipped shop truck. Moving the replacement vehicle to the field with a technician is avoided except when there is absolutely no other choice (late evening shift, etc.)

The Maintenance Manager will prepare a report identifying the cause of the road failure and make an initial judgment as to causation and/or preventability. These reports will be provided to both the training department and general management to assist in developing an appropriate response, whether that be in improved driver training or maintenance procedures.

### Warranty Recovery System

Empire operates a warranty recovery program to ensure that cost of parts and repairs on warranty-covered items are recovered.

### Failed Components

Parts and components that may have failed prematurely are returned to the Maintenance Manager who researches the original installation date, miles of usage on the failed component, and the vendor it was originally purchased from. If the part or component is covered by a warranty, it is returned to the vendor.

### <u>Return to Manufacturer/Vendor</u>

Authorization for warranty return and labor claims, if applicable, are obtained from the manufacturer or vendor. Information is supplied to the vendor on the circumstances of the failure, if known. The item is then returned to the vendor warranty department for repair or replacement. Often vendors will simply allow the parts to be stored at our location until the claim is resolved, at which time they can be discarded. Empire retains copy of the warranty claim form for tracking purposes.

### Vehicle Cleaning

DPW has a high standard for vehicle cleaning that requires washing every other day and daily whenever the vehicle is operating in rainy conditions. We have full crew of service workers that will enable us to comply with this requirement in either circumstance.

# E. ADA Compliance

A vehicle with an inoperative lift and air conditioning problems needs to be removed from service immediately. We will in all cases be able to replace a vehicle with these problems within 30 minutes. We have conducted deadheading studies from our



Bellflower facility to different points within the service and we were able to confirm that the time requirement can be met. If any lift passengers are stranded by an inoperative lift we will commit to serving those passengers within 30 minutes of the service failure. In addition, the Road Supervisor will be assigned a 8 passenger plus 2 wheelchair van which will allow us to immediately dispatch him should the drive from base be longer that the stated time limits due to heavy traffic conditions.

# F. CHP Inspections

On the Appendix you will find Empire's last three CHP inspections, which were all marked "Satisfactory". The most recent was done in May 2016.

# G. Transit Security Plan

A full copy of Empire's Transit Security Plan can be found in the Appendix. The plan was developed based on the information provided by the FTA. If the department feels that some parts do to meet the requirements, the required modifications will be immediately incorporated.



# IV. Quality Assurance

Empire's philosophy is to view our company as an extension of our client's standards in quality of service. When we are awarded a contract we approach it as if we had become another of their departments. We place a big emphasis in learning and understanding the core of our customer base in order to deliver the best service possible. We have internal and external procedures in place that provide a check and balance system throughout the organization. The areas that we concentrate on are as follows:

# Driver Selection, Training and Monitoring: A detailed description of the hiring criteria and training program is described in the

- attached work plan. Monitoring of drivers is done in several tiers: a) On the road supervision carried out by the dedicated Road Supervisor.
- b) Use of technological means such as MDT equipped with GPS capabilities. This allows us to evaluate, in real time, the drivers' adherence to the schedule as
- allows us to evaluate, in real time, the drivers' adherence to the schedule as well as data input.
- c) Passenger feedback, with the Department's authorization, can be done over the phone when requesting service or via written surveys.
- d) Mystery shoppers. We schedule random pickups in which our Quality Assurance Inspector himself is transported. We get a written report from him identifying areas for improvement as well as areas of excellence. We provide the driver with this feedback without identifying its actual source.

# 2) Call Center and Dispatching Department:

These two departments are the heart of the operation. The main areas where we evaluate, for quality control purposes, are:

- a) Their ability to use the technological resources at hand.
- b) Their ability to maintain and improve on the required parameters as set forth in the RFP.
- c) Their ability to assist and support drivers in emergency or break-down situations.
- d) Their ability to defuse and control a potentially negative encounter with passengers.
- e) Their ability to resolve complaints in a professional, efficient and courteous manner.

These departments are continuously evaluated by the Project Manager. We also conduct individual employee evaluations on a semi-annual basis or more frequently, if needed.

With the Department's authorization, we can also mail surveys to randomly selected passengers to get feedback on these departments performance.



#### 3) Vehicle Maintenance and Cleanliness:

Vehicle maintenance and safety are of the utmost importance. We have provided a detailed description of our maintenance program in the work plan. Even though the vast majority of the vehicles assigned to this contract do not fall under CHP regulations, we do follow and meet their requirements. We keep vehicle maintenance files and conduct preventive maintenance inspections as required by federal and state regulations. Our Safety and Training Manager conducts random file reviews periodically comparing the physical file and the reports as produced by our vehicle maintenance software. Any deficiencies noted are brought up to the Maintenance Manger and the President of the company for immediate resolution.

Empire has its own car wash department at the proposed facility in Bellflower as well as a mobile unit that can be activated in case of an emergency situation. The vehicles will be washed, interior and exterior, every other day or as needed. The drivers are responsible for picking up any trash left behind between pick up. The drivers are also responsible for checking the vehicle cleanliness as part of their pretrip inspection. They are required to report any irregularities to the Project Manager. The reported concerns will be addressed on the spot. The Project Manager will conduct daily inspections of vehicles to insure that the established cleanliness standards are being met. The Road Supervisor will also include checks for cleanliness as part of their review process.

#### 4) Safety and Training:

Empire has developed a very comprehensive training program. The training program in place was one of the most important factors to be accepted as part of a captive insurance program. We are proud to say that our training program is not only well written but also strictly adhered to. As a company, we place a lot of effort on accident prevention. We have an in-house claims adjustor that works very closely with our Safety and Training Department as well as our insurance carrier in order to get an objective assessment of the incidents/accidents at hand. This approach has allowed us to implement preventive steps throughout the company. While accidents can and will happen, our continual goal is to be completely accident free and our primary emphasis is always on accident avoidance. As a condition of remaining members of the captive program, we go through an extensive annual audit performed by a third party that is selected and hired by our insurance carrier. The audit covers all areas of the operation. They inspect the maintenance shop looking for potential OSHA violations. They inspect numerous records including, but not limited to, mechanics' files, vehicle files, driver files, incident/accident reports, and training records. We have never failed one of these inspections.

We also have access to resources from the insurance carrier to have a third party conduct evaluations on contracts individually. We have taken advantage of this option on numerous occasions and requested evaluation of several contracts. We



would certainly avail ourselves of this option for this service, if awarded the contract.

This is a summary of the steps taken by Empire regarding Quality Assurance. The resume of the Quality Assurance Inspector can be found in the experience section of the proposal. If awarded the contract, a Quality Assurance Program tailored specifically to these services will be submitted for the Department's review and approval.



# V. Financial Resources & Insurance

## **Financial Statements**

Our 2014 and 2015 financial statements can be found in a sealed envelope contained in the proposal notebook marked "original". We ask that our financial statements be afforded the maximum confidentiality possible and that they only be circulated to those individuals who will be involved with assessing our ability to meet the financial requirements for delivering on this project. Our 2015 financial statements are in the process of being reviewed by an outside CPA firm. They are not ready to be submitted along the RFQ but will be ready when an IFB is issued.

There are no existing liens or encumbrances against the company that would endanger our ability to perform on this contract. Additionally Empire and its principals are not involved in any pending litigation that might change that status. Nor is the company facing or considering bankruptcy, pending site closures, merger or labor disputes.

We would be delighted to make available to staff both our outside CPA and the Bank Officer responsible for our account should there be any questions at all about our ability to provide the necessary financial support for the shuttle operation.

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<ol> <li>This Declaration is given in s incomplete, or deceptively unre his/her judgment shall be final.</li> </ol>	isponsive statem	osa ior a Con enis in connec	frect with The Stion with Dids j	County of Lo proposal are	s Angeles. The Propos made, the Proposal ma	er further 1y be roje	ncknowledge cted at the Di	es thet if any false, misleading, irector's sole judgment and
2. Name of Service; Em	pire Transpo	xtation, In	<b>c</b> .				artin edition (1000)	
	~~~~~~		DECLAR	RANT INFOR	MATION	**************************************		<del></del>
	tha Aguirre	the second second second second second second second second second second second second second second second s						
4. I Am duly vested with the aut			vents for and c	on behall of U	ie Proposer(s).	************		αντήμα μέταν το μεταλομού ποληματική πολογοριατική το ματοποριού ματική ματοποριού ματική πολογοριατική ματοπο Τα προγραφία ματοποριατική ματοποριατική πολογοριατική πολογοριατική ματοποριού ματοποριού ματοποριατική ματοπορ
5. My Tille, Capacity, Or Relation	nship to the Prop	oser(s) is:	President	& C.O.O.			₩₩₽¥₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	na na mangané kalènan kané kalènan kané kalènan kané kané kané kané kané kané kané k
			PROPOS	SER INFOR	MATION	analisisti di alla alla di alla di alla di alla di alla di alla di alla di alla di alla di alla di alla di alla		ан на на на на на на на на на на на на н
6. Proposer's full legal name:	Empire Tra	Construction of the second second second second second second second second second second second second second	window and the state of the sta	-		Telephu	one No.: 56	2.529.2676
Physical Address (NO P.O. B	0X): 8800 P	ark Street	, Bellflowe	r, CA 907	706	Mobile	No.: 562.	.529.2220
e-mail: baguirre@emptransportation.com Fax No.: 562.529.2220							9,2220	
County WebVen No.: 13735101 IRS No.: 27-0121666 Business License No.:						No.:		
7. Proposar's ficilious business	name(s) or dba	(s) (if any);			and a subsection of the	â., <u>,,,,,,,,,,,,,,,,,,,,</u> ,,,,,,,,,,,,,,,		an 45.4.000 Me
County(s) of Registration: State: Year(s) became DBA:								
and a second s	8. The Proposer's form of business entity is (CHECK ONLY ONE):							
Solo proprietor Name of Proprietor:								
A corporation:	Corporation's		of business:	8800 Pa	irk Street, Bellflov	wer, CA	90706	
T	State of Incorp	oralion: C	alifomia				Year Incorp	poraled: 2005
Non-profit corporation with the CA Allomey G	cerlilied under li General's Registry	RS 501(c) 3 a of Charilable	nd registered Trusts	President/ Secretary				
A general partnership	• •		Names of p		ĸ ₩₩30mmQTML7#837432754888449,482%9764975978497597463599944449994449999444	No 3		n a dha na ann an an ann an ann ann ann ann a
A limited parlnership:				neral partner	•		• ••••••••••••••••••••••••••••	978-9782.49;45;49;45;46;46;4;4;46;4;4;4;4;4;4;4;4;4;4;4;4
A joint venture of:	9 77 - 19 19 19 19 19 19 19 19 19 19 19 19 19		********	int venturers			1948-1993 - Januar State, January	
A limited liability comp	any:		Name of ma	mom uniperv	ber:	04		990000°0000000000000000000000000000000
9. The only persons or firms intere	sled in this prop	usal as princip		** **				***************************************
Hans(s) Empire Transportati		124		••	Pixes 562.529.2	676	······	Fai 562.529.2220
Skeel 8800 Park Street		^{Ciy} Bellf	Nower		State CA			² ¹ 90706
Nasa(s)		Tau			Phane			30700 Fa
Stect	in er statet att de la sen de la de la de la sen a sen	Сйу	8000 A		State			Ža
10. Is your fam wholly or majority o If yes, name of parent firm:		bsidlary of an	olher finn? (160 т	es 	60000000000000000000000000000000000000		
11. Has your firm done business u Name(s): Name(s):			the last five ye	1375? K o	Yes II yes, Year of name Year of name	: change:	t the other ne	wne(s):
12. Is your firm involved in any per if yes, indicate the associated com	ipany's name: 🔤	· · · · ·		Yes				na a na ann an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna Anna Anna A
13. Proposer acknowledges that if may be released. The overlap	any false, mislea	ding, incomple	sie, or deception	vely unrespor	sive statements in con	nection w	ith this propo	sal are made, the proposal
may be rejected. The evaluation at 14. I am making these representation information and belief.	an actor i i is icitati i	11: 022 0168 61	1222 143 163 164 1	RIECIOUS SCIE	Winniant and the Dise	none o luvi	amoni oholi h	n Entral
I declare under penalty of perjury u	nder the laws of t	California ihak	tie ahova iak	umalion le le	le and correct	teritikani mina ang kantakan da		
Signature of Proposer or Authorized		3J	0	~ ~ ~		T	Date: na	
	a Aguirre, F	President	8 C.O.A	>	1991 - La - Hilly yn 1991 (m. 1977) anwr ag arwr 19	······	Jaio, UK	5/13/16

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COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM APPLICATION FOR EXCEPTION AND CERTIFICATION FORM

This contract is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program) (Los Angeles County Code, Chapter 2.203). All contractors and subcontractors must complete this form to either (1) request an exception from the Program requirements or (2) certify compliance. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the bidder or proposer is excepted from the Program.

Contraction of the second second second second second second second second second second second second second s			
Company Name:	Empire Transportation, Inc.		an an an an an an an an an an an an an a
Company Address:	8800 Park Street		
City: Bellflower		Slate: CA	Zip Code: 90706
Telephone Number:	562.529.2676		
(Type of Gonds or S	nrvices): Fixed- Route and Di-	al-a-Rida Services Provider	

(Type of Goods or Services): Fixed- Route and Dial-a-Ride Services Provider

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (you must attach documentation to support your claim). If the Jury Service Program applies to your business, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, sign and date this form.

Part I: Jury Service Program Is Not Applicable to My Business

 \square

X

My business does not meet the definition of "contractor," as defined in the Program as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract/purchase order itself will exceed \$50,000). I understand that the exception will be lost, and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.

My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exemption will be lost, and I must comply with the Program If the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees, including full-time and part-time employees, and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

My business is subject to a Collective Bargaining Agreement that expressly provides that it supersedes all provisions of the Program. ATTACH THE AGREEMENT.

Part II: Certification of Compliance

My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, or my company will have and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Prini Name:	Tillo:
Bertha Aguirre	President & C.O.O.
Signature:	Dale:
	06/13/2016

PROPOSED CONTRACT FOR: Empire Transportation, Inc. SERVICE BY PROPOSER <u>Notice of Request for Statement of Qualifications for Fixed Route and Dial-a-Ride Services (2016-SQPA001</u> PROPOSAL DATE: 06/15/2016				ļ			
	ortation, Ir ent of Qual	nc. lifications fr	or Fixed Ro	ute and Di	al-a-Ride S	ervices (2(16-SQPA001
This information must include all work undertaken in the State of California by the proposer and any partnership, joint venture, or corporation that any principal of the proposer participated in as a principal or owner for the last five calendar years and the current calendar year prior to the date of proposal submittal. Separate information shall be submitted for each particular partnership, joint venture, corporation that any principal of explanation shall be submitted for each partnership, joint venture, corporate, corporate or explanation of date which the proposer would like taken into consideration in evaluating the safety record. An explanation must be attach any additional information surrounding any and all fatalities.	lifornia by the alendar yean enture, corpo teration in ev	e proposer al s and the cur rate, or indiv aluating the s	nd any parine rrent calendar idual propose iafely record.	arship, joint v r year prior to ar. The propi An explanat	enture, or co the date of baser may att ion must be t	rrporation the proposal sut ach any addi attached to th	the State of California by the proposer and any partnership, joint venture, or corporation that any principal of or the last five calendar years and the current calendar year prior to the date of proposal submittal. Separate thership, joint venture, corporate, or individual proposer. The proposer may attach any additional information aken into consideration in evaluating the safety record. An explanation must be attached to the circumstances
5 CALENDAR YEARS PRIOR TO CURRENT YEAR	YEARS PRI	OR TO CUR	RENT YEAR				
2	2011	2012	2013	2014	2015	Total	Current Year
1. Number of contracts.	19	51	24	3	ç	001	
2. Total dollar amount of Contracts (in thousands of dollars).	10/77	111000		J	5	0	\$
3. Number of fatalities.		40077	81.057	22421	22743	110713	10264
4. Number of lost workday cases.	-	>		0	0	-	0
	ო	7	4	ത	ę	43	¢.
 Number of lost workday cases involving permanent transfer to another job or termination of employment. 	N	3	2J	4		2 5	, c
Number of lost workdays.	276	747	206	. Fac	r č	1-	v
The above information was compiled from the records that are available to me at this time, and I declare under penalty of perjury that the information is true and	ble to me at	this time, an	d I declare ur	der penalty	of perjury the	1/2/2/ at the informa	46 ation is true and
Bertha Aguirre	49	f					
warne or Proposer or Authorized Agent (print)	Signature		h		and and and a second second second second second second second second second second second second second second		Date Date

FORM PW-4.1	ooser and/or any partnership, r years. Separate information additional information and/or 's drivers' safety record. An	abase (NTD) reportable bus owing Federal Transportation			Five-Year Average	8412240 14	0.20	0.14 0.002	of perjury that the						
VFETY RECORD	bus operations related work undertaken within the State of California by the Proposer and/or any partnership, of the Proposer participates in as a principal or owner during the last five-calendar years. Separate information riship, joint venture, corporate, or individual Proposer. Proposer mey attach any additional information end/or r would like taken into considerationby the County in evaluating the Proposer's drivers' safety record. An esturrounding any and all fatelities within the last five-calendar years.	its total number of National Transit Dal /e-calendar years. The NTD uses the foll	ition. \$7,500, including all damage (transit and nontransit) resulting from the accident . service bus (operating in or out of revenue service).	o Current Year	2013 2014 2015	8716420 9001719 9000416 17 20 18	0 0 018 018		t this time and I declare under penalty	Sinnahura		PUC Permit Number and Classification	562.529.2676	Telephone Number	
CONTRACTOR'S DRIVER SAFETY RECORD	operations related work undertaken he Proposer participates in as a princ p, joint venture, corporate, or individ ould like taken into considerationby surrounding any and all fatalities withi	ber of Bus Revenue Service Miles, atalities, if any, for each of the last fiv	tion. \$7,500, including all damage (transit and nontransit service bus (operating in of out of revenue service).	Five-Calendar Years Prior to Current Year	ŀ	7216412 8126232 6 10	0.08 0.15	0	rom records that are available to me a the limitations of those records.					. <u></u>	
	The requested information must include all bus operations related work undertaken within the State of California by the Proposer and/or any partnership, foint venture, or corporation that any principal of the Proposer participates in as a principal or owner during the last five-calendar years. Separate information shall be submitted for each particular partnership, joint venture, corporate, or individual Proposer. Proposer may additional information explanation of the data, which the Proposer would like taken into consideration by the County in evaluating the Proposer's drivers' safety record. An explanation must be attached for circumstances surrounding any and all fatalities within the last five-calendar years.	The Proposer shall provide below its total number of Bus Revenue Service Miles, its total number of National Transit Database (NTD) reportable bus accidients and fires, and its total number of bus faisities, if any, for each of the tast five-calendar years. The NTD uses the following Federal Transportation Authority's definition of a reportable accident:	 Injuries requiring immediate medical attention. Property damage equal to or greater than \$7,5 All nonarson fires that occur in a revenue service. 		1 Tria Bus Davanus Milas	 2 Total Number of NTD Reportable Accidents 3 Total Number of Fatalities 		5 Kate of Fatalities/100,000 Bus Revenue A	The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the limitations of those records.	Empire Transportation. Inc Name of Proposer	8800 Park St	Address	. Bellflower, CA 90706		

CONFLICT OF INTEREST CERTIFICATION

ะทั้งสามักกรุโรครถอบกรรฐกรีกราวีกลามีกรุโรครอาการ ไม่มีสามาร์สามาร์สามาร์สามาร์สามาร์สามาร์สามาร์สามาร์สามาร์สา

1,	Bertha Aguirre
	🗖 sole owner
	General parlner
	C managing member
	President, Secretary, or other proper title)
of	Empire Transportation, Inc.

Name of proposer

make this certification in support of a proposal for a contract with the County of Los Angeles for services within the scope of Los Angeles County Code, Section 2.180.010, which provides as follows:

Contracts Prohibited. A. Notwithstanding any other section of this code, the county shall not contract with, and shall reject any bid or proposal submitted by, the persons or entities specified below, unless the board of supervisors finds that special circumstances exist which justify the approval of such contract.

- 1. Employees of the County or of public agencies for which the board of supervisors is the governing body;
- Profit-making firms or businesses in which employees described in subdivision 1 of subsection A serve as officers, principals, partners, or major shareholders;
- Persons who, within the immediately preceding 12 months, came within the provisions of subdivision 1 of subsection A, and who:
 - (a) Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - (b) Participated In any way in developing the contract of its service specifications; and
- Profit-making firms or businesses in which the former employees described in subdivision 3 of subsection A, serve as officers, principals, partners, or major shareholders.

I hereby certify I am informed and believe that personnel who developed and/or participated in the preparation of this contract do not fall within scope of the Los Angeles County Code, Section 2.180.010, as cited above. Furthermore, that no County employee whose position in the County enables him/her to influence the award of this contract, or any competing contract, and no spouse or economic dependent of such employee is or shall be employed in any capacity by the Contractor herein, or has or shall have any direct or indirect financial interest in this contract. I understand and agree that any falsification in this Certificate will be grounds for rejection of this Proposal and cancellation of any contract awarded pursuant to this Proposal.

I certify under penalty of perjury under the laws of California that the foregoing is true and correct.

Slaned

Date_____06/13/2016

PROPOSER'S REFERENCE LIST

PROPOSER NAME: Empire Transportation, Inc.

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PROPOSED CONTRACT FOR: __Notice of Request for Statement of Qualifications for Fixed Route and DAR Services

Provide a comprehensive reference list of all contracts for goods and/or services provided by the Proposer during the previous three years. Please verify all contact names, telephone and fax numbers, and e-mail addresses before listing. Incorrect names, telephone and/or fax numbers, or e-mail addresses will be disregarded. Use additional pages if required.

A. COUNTY OF LOS ANGELES AGENCIES

All contracts with the County during the previous three years must be listed.

SERVICE: Did A Dida SERVICE DATES:	
Link 2013 to date	SERVICE: Dial-A-Ride SERVICE DATES: July, 2013 to date
DEPT/ DISTRICT: Whittlier DAR, Department of Public Works, L.A. Count	U DEPT/DISTRICT: ELA DAR, Department of Public Works, L.A. County
CONTACT: Jordan Catanese	CONTACT: Jordan Catanese
TELEPHONE: 626.458.3964	TELEPHONE:
FAX:	626.458,3964 FAX:
E-MAIL:	E-MAIL:
JCatanese@dpw.lacounty.gov	JCatanese@dpw.lacounty.gov
SERVICE: SERVICE DATES:	SERVICE: SERVICE DATES:
DEPT/ DISTRICT: Sunshine Shuttle Department of Public Works, L.A. County	DEPT/DISTRICT:
CONTACT: Vanessa Rachal	CONTACT:
TELEPHONE: 626.458.5960	TELEPHONE:
FAX:	FAX.
E-MAIL: vrachal@dpw.lacounly.gov	E-MAIL:
B. OTHER GOVERNMENTAL AGENCIES A	ND PRIVATE COMPANIES
SERVICE: SERVICE DATES: 2011 to date	SERVICE: SERVICE DATES
AGENCY/ FIRM: Riverside Transit Agency	AGENCY/ FIRM
ADDRESS: 1825 Third Street, Riverside, CA 92507	AltaMed Health Services
CONTACT: Virginia Werly	1040 Camfield Ave, Los Angeles, CA 902040 CONTACT:
TELEPHONE:	Marco Martinez TELEPHONE:
951,565,5184 FAX:	323.558.7626 FAX:
E-MAIL:	
werly@riversidetransit.com	E-MAIL: marcmartinez@la.altamed.org
SERVICE: SERVICE DATES:	
AGENCY/ FIRM; City of Date	SERVICE: SERVICE DATES: 2006 to date AGENCY/ FIRM:
ADDRESS:	ADDRESS:
16600 Civic Center Dr. Bellflower, CA 90706 CONTACT:	1313 S. Harbor Blvd. Anabelm CA 92802
PJ Mellana	CONTACT: Mark Hatfield
TELEPHONE: 562.804.1424	TELEPHONE: 714.781.1828
FAX:	FAX:
E-MAIL; pmellana@bellflower.org	E-MAIL:
	mark.hatfield@disney.com

PROPOSER'S EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATION

Proposer's Name Empire Transportation, Inc.

Address 8800 Park Street, Bellflower, CA 90706

Internal Revenue Service Employer Identification Number 27-0121666

In accordance with Los Angeles County Code, Section 4.32.010, the Proposer certifies and agrees that all persons employed by it, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all antidiscrimination laws of the United States of America and the State of California.

1.	The proposer has a written policy statement prohibiting any discrimination in all phases of employment.	YES NO
2.	The proposer periodically conducts a self-analysis or utilization analysis of its work force.	YES NO
З.	The proposer has a system for determining if its employment practices are discriminatory against protected groups.	YES NO
4.	Where problem areas are identified in employment practices, the proposer has a system for taking reasonable corrective action to include establishment of goals and timetables.	YES . NO

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Proposer	Empire Transportation, Inc.	
Authorized n	presentative Bertha Aguirre	
Signature	BKC:	Dalo 06/13/2016

FORM PW-9

Request for Local Small Bu	siness Ente	ty of Los A rprise (SBI inization Ir	ngeles 5) Preference F Iformalion For	Program Con m	sideration a	nd 🚛 a 🖓			
All proposers responding to the Reques consideration of the proposal.	l for Propos	als must c	complete and re	eturn this for	m for prope	r			
FIRM NAME: Empire Transportation, Inc.				- # - #		······································			
My County (WebVen) Vendor Number	1919910								
I. LOCAL SMALL BUSINESS ENTERPR	ISE PREFE	RENCE PR	OGRAM:		······································	······			
As Local SBE, certified by the County Local SBE Preference.	Local SBE Preference.								
Attached is a copy of Local SBE certification issued by the County.									
 <u>FIRM/ORGANIZATION INFORMATION</u>: The Int award, contractor/vendor will be selected with disability. 	formation reque out regard to a	ested below is race/elinnicity,	for stalistical purpo , color, religion, so	oses only. On An ex, nelional orig	ial analysis and jin, age, sexua	consideration of I orientation, or			
Business Structure: 🔲 Sole Proprietorsh	ip 🖸 Parlne	ership		D Nonprofit	G Franchise				
Other (Please Specify):									
Total Number of Employees (including owner	s): ₄₅₁	anna an tha ann ann an tha ann an tha ann an tha ann an tha ann an tha ann an tha ann an tha ann an tha ann an	an an an an an an an an an an an an an a	779 CANENGO & COLOMANNA ANA ANA ANA ANA ANA ANA ANA ANA AN	&~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
Race/Ethnic Composition of Firm. Please dis	stribute the abo	ve lotal numb	er of Individuals Inte) the following c	elegories:	· · · · · · · · · · · · · · · · · · ·			
Race/Ethnic Composition	Ownors/P Associate		Mana	jers	Staff				
	Malé	Female	Male	Female	Male	Female			
Black/African American					31	63			
Hispanic/Latino	1	1	13	5	185	83			
Aslan or Pacific Islander					3	4			
American Indian			10.042		1	2			
Filipina					6	1			
White			* <u>I</u>		40	12			

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please Indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino		Asian or Pacific Islander	American Indian	Filipino	White
Men	%	70	%	*	%	%	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Women	%	30	%	%	%	%	%

IV. <u>CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES</u>: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Explration Date
City of Los Angeles	MBE				None(see attached)
SCMSDC	MBE				11/2016

V. <u>DECLARATION</u>: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signeture:	1µa:	Data:
LAA .	President & COO	06/13/16
LOCAL SHE FIRM URGANIZATION FORM DOC OAAC Rev 09/20/07 PW F	av 11/27007	

CALSBE-FIRM-ORGANIZATION FORM DOC OAAC Rev. 09/20/07 PW Rev. 11/27/07

BOARD OF PUBLIC WORKS MEMBERS

> VALERIE LYNNE SHAW PRESIDENT

ELLEN STEIN VICE PRESIDENT

JANICE WOOD PRESIDENT PRO-TEMPORE

> RONALD LOW COMMISSIONER

YOLANDA FUENTES COMMISSIONER

JAMES A. GIBSON EXECUTIVE OFFICER

Ms. Bertha Aguirre Empire Enterprises, Inc. 606 Centinela Avenue Inglewood, CA 90302

CITY OF LOS ANGELES



JAMES K. HAHN MAYOR JOHN L. REAMER, JR. INSPECTOR OF PUBLIC WORKS AND DIRECTOR BUREAU OF CONTRACT ADMINISTRATION 221 N FIGUEROA ST, SUITE 700 LOS ANGELES, CA 90012 (213) 580-1382

OFFICE OF CONTRACT COMPLIANCE 500 S SPRING ST, SUITE 1300 LOS ANGELES, CA 90014 (213) 847-6480

http://www.tacity.org/bca

April 1, 2005 File No. - 10623 Expiration Date - 4/2008 Ethnicity - Hispanic American Phone No. - (310) 674-4877

RE: MINORITY BUSINESS ENTERPRISE (MBE) CERTIFICATION APPROVAL

Dear Ms. Aguirre:

Based on a thorough review of the submitted documents and pursuant to the provisions of the Department of Transportation (U.S.D.O.T.) Rules and Regulations 49 CFR, Part 26, we are pleased to inform you that your firm has been certified as a **Minority Business Enterprise (MBE)** and has been placed in the City of Los Angeles DBE/MBE/WBE directory as a firm specializing in:

NAICS Code	Description
485999	All other Transit and Ground Passenger Transportation

You may review your firm's information in the City of Los Angeles DBE/MBE/WBE database at www.lacity.org/bca.

This certification is valid for three (3) years from the date of this letter. If after three (3) years you wish to be certified by the City of Los Angeles and have not received recertification documents, please contact this office. If there are any changes in ownership, control, or work category of your firm during the certification period, you are required to notify this office of those changes in writing. Also, please include your file number on each page of correspondence relating to these matters.

The City reserves the right to withdraw this certification if at any time it is determined certification was knowingly obtained by false, misleading or incorrect information. The City also reserves the right to request additional information and/or conduct on site visits at any time during the certification period to verify any documentation submitted with your application. By accepting certification, the firm of **Empire Enterprises**, **Inc.** hereby consents to the examination of its books, records and documents by the City.

AN EQUAL OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER

Empire Enterprises, Inc. April 1, 2005 Page 2

Should you have any questions, please contact Angela de la Rosa at (213) (847-5574 or e-mail at adelaros@bca.lacity.org.

Sincerely,

ngela de la Rosa for

HELMUT PEINDL, Certification Manager Office of Contract Compliance Bureau of Contract Administration

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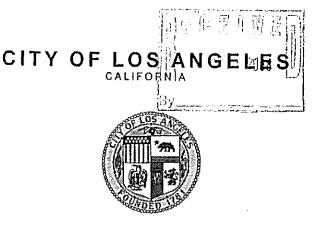
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Bureau of CONTRACT ADMINISTRATION 1149 South Broadway, Suite 300 Los Angeles, CA 90015

(213) 847-1922

http://bca.lacity.org

Ms. Bertha Aguirre Empire Transportation, Inc. 8800 Park Street Bellflower, CA 90706

June 16, 2008 File No.-10623 Ethnicity-Hispanic American Phone #-310/674-4877

RE: MINORITY BUSINESS ENTERPRISE (MBE) RECERTIFICATION

Dear Ms. Aguirre:

Thank you for submitting your recertification package to our office on 4/1/08. Your application will be processed as soon as possible. Although your MBE Certification was due for renewal on 4/1/08, it will not expire on that date. Your certification will continue in good standing beyond that date until your firm is officially decertified by this office. Your certification status can be verified at any time by visiting <u>http://bca.lacity.org</u> or by calling the Centralized Certification Administration at (213) 847-1922.

Sincerely,

HELMUT PEINDL, Certification Manager Office of Contract Compliance Bureau of Contract Administration

C. IER DEVELOPMENT COUNCIL 2930: 485999	assification System (NAICS)	SC03250	Certificate Number	Clinic Morez	Virginia Gomez, President	ral to view the entire profile: http://nmsdc.org	lopment Council, Inc.®	
THIS CERTIFIES THAT THIS CERTIFIES THAT Empire Transportation, Inc. NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(NMSD(N	 Description of their product/services as defined by the North American Industry Classification System (NAICS) 			gouer Wight-Lacy		By using your password (NMSDC issued only), authorized users may log into NMSDC Central to view the entire profile: http://nmsdc.org	Certify, Develop, Connect, Advocate, \star MBEs certified by an Affiliate of the National Minority Supplier Development Council, Inc.®	
* Nationally certified by the: SOUTHE	* Description of the	11/01/2015	Issued Date	11/01/2016	Expiration Date	By using your password (NMSDC iss	* MBEs certifie	

GAIN and GROW EMPLOYMENT COMMITMENT

As a threshold requirement for consideration for contract award, Proposer shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall email: <u>GAINGROW@dpss.lacounty.gov</u> and <u>BSERVICES@wdacs.lacounty.gov</u>.

Proposers unable to meet this requirement shall not be considered for contract award.

Proposer shall complete all of the following information, sign where indicated below, and return this form with their proposal.

A. Proposer has a proven record of hiring GAIN/GROW participants.

_____YES (subject to verification by County)

MO NO

B. Proposer is willing to provide DPSS with all job openings and job requirements to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Proposer is willing to interview qualified GAIN/GROW participants.

YES NO

C. Proposer is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

YES _____NO ____N/A (Program not available)

Signature	Title
Eirm Nama	FREDIDEN. COO
Firm Name	Date
TIMPIEZ WAT SPORTATION /ML	1 7/ 5// 8

TRANSMITTAL FORM TO REQUEST AN <u>RFSQ</u> SOLICITATION REQUIREMENTS REVIEW

A Solicitation Requirements Review must be received by the County within ten business days of issuance of the solicitation document

Proposer Name: Empire Transportation, Inc.	Date of Request:
Project Title:	Project No.
RFSQ for Fixed-Route and Dial-a-Ride Services	2016-SQPA001

A Solicitation Requirements Review is being requested because the Proposer asserts that they are being unfairly disadvantaged for the following reason(s): (check all that apply)

- □ Application of Minimum Requirements
- □ Application of Evaluation Criteria
- Application of Business Requirements
- Due to unclear instructions, the process may result in the County not receiving the best possible responses

I understand that this request must be received by the County within ten business days of issuance of the solicitation document.

For each area contested, Proposer must explain in detail the factual reasons for the requested review. (Attach additional pages and supporting documentation as necessary.)

Request submitted by:	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩
(Name)	(Title)
Fol	County use only
Dale Transmittal Received by County:	Date Solicitation Released:
Reviewed by:	
Results of Review - Comments:	₩₩₩₩₽₩₩₩₩₩₩₽₩₽₩₽₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩
Date Response sent to Proposer:	

NO

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CHARITABLE CONTRIBUTIONS CERTIFICATION

Empire Transportation, Inc.

Company Name

8800 Park Street, Bellflower, CA 90706

Address

1.0327

27-0121666

Internal Revenue Service Employer Identification Number

N/A

California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundralsers for Charitable Purposes Act, which regulates those receiving and raising charitable contributions.

CERTIFICATION	YES	NO
Proposer or Contractor has examined its activities and determined that it does not how receive or raise charitable contributions regulated under California's Supervision or Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.	<u>(</u> √)	()

Proposer or Contractor Is registered with the California Registry of () Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

OR

Signature

06/13/16 Date

YES

¹ Bertha Aguirre, President & COO Name and Title (please type or print)

TRANSITIONAL JOB OPPORTUNITIES PREFERENCE APPLICATION

COMPANY NAME:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Empire Transportation, Inc.		
COMPANY ADDRESS:		₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩
8800 Park Street		
city: Bellflower	STATE: CA	ZIP CODE: 90706

I am not requesting consideration under the County's Transitional Job Opportunities Preference Program.

I hereby certify that I meet all the requirements for this program:

- □ My business is a nonprofit corporation qualified under Internal Revenue Services Code Section 501(c)(3) and has been such for three years (attach IRS Determination Letter).
- I have submitted my three most recent annual tax returns with my application.
- □ I have been in operation for at least one year providing transitional job and related supportive services to program participants.
- □ I have submitted a profile of our program; including a description of its components designed to help the program participants, number of past program participants, and any other information requested by the contracting department.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct.

PRINT NAME:	TITLE:
Bertha Aguirre	President & COO
SIGNATURE	DATE:
L Ll.	06/13/16

REVIEWED BY COUNTY:

and

SIGNATURE OF REVIEWER	APPROVED	DISAPPROVED	DATE

PROPOSER'S LIST OF TERMINATED CONTRACTS

PROPOSER'S NAME: Empire Transportation, Inc.

Proposer has not had any contracts terminated in the past three years.

Proposer must list all contracts that have been terminated within the past three years. Terminated contracts are those contracts terminated by an agency or firm before the contract's expiration date. If a contract(s) was terminated, please attach an explanation on a <u>separate sheet</u>, whether the termination was at the fault of the Proposer or not. Any and all terminated contracts should be accompanied with an explanation. It should be noted that contracts that naturally expired need not be listed. The County is only seeking information on

SERVICE:	TERMINATING DATE:	DED HOM			
	LINNING DATE.	SERVICE:	TERMINATING DATE:		
NAME OF TERMINATING FIRM		NAME OF TERMINA	NAME OF TERMINATING FIRM		
ADDRESS OF FIRM		ADDRESS OF FIRM			
CONTACT PERSON:		CONTACT PERSON:			
TELEPHONE: FAX:		TELEPHONE;			
		FAX:			
E-MAIL:		E-MAIL:			
SERVICE:	TERMINATING DATE:	SERVICE:	TERMINATING DATE:		
NAME OF TERMINATI	NG FIRM	NAME OF TERMINATI	NG FIRM		
ADDRESS OF FIRM		ADDRESS OF FIRM			
CONTACT PERSON:	10	CONTACT PERSON:			
TELEPHONE:		TELEPHONE:			
FAX:	антан жала жалан калан кал Калан калан кал	FAX:			
E-MAIL:		E-MAIL;			
	2KS:	DATE: 06/13/16			

PROPOSER'S PENDING LITIGATIONS AND JUDGMENTS

Proposer's Name: Empire Transportation, Inc.

Proposer and/or principals are not currently involved in any pending litigation; are not aware of any threatened litigation where they would be a party; and have not had any judgments entered against them within the last five years as of the date of proposal submission.

Proposer and/or principals of the Proposer must list below (use additional pages if necessary) all pending litigation, threatened litigation, and/or any judgments entered against them within the fast five years as of the date of proposal submission.

A.
Pending Litigation

Threatened Litigation

Judgment (check one)

- 2. Name of Litigation/Judgment:
- 3. Case Number:
- 4. Court of Jurisdiction:
- 5. Please provide a statement describing the size and scope of the pending/threatened litigation or judgment (use additional page if necessary):

B.
Pending Litigation

Threatened Litigation

Judgment (check one)

- 2. Name of Litigation/Judgment:
- 3. Case Number:
- 4. Court of Jurisdiction:
- 5. Please provide a statement describing the size and scope of the pending/threatened litigation or judgment (use additional page if necessary):

Signature of Proposer: _____ Date: ____06/13/16

PROPOSER'S INSURANCE COMPLIANCE AFFIRMATION

FIXED ROUTE AND DIAL-A-RIDE TRANSIT SERVICES (2016-SQPA001)

Empire Transportation, Inc.

Proposer's Name

8800 Park Street, Bellflower, CA 90706

Address

100

If awarded the contract: Proposer <u>will</u> comply with the insurance coverage provisions set forth in Exhibit B, Section 5, Indemnification and Insurance Requirements, of this Request for Proposals, and Proposer <u>will</u> procure, maintain, and provide the County with proof of insurance coverage in the coverage amounts and types specified in Exhibit B, Section 5, throughout the entire term of the proposed contract, without interruption or break in coverage.

If you check this box, your proposal will be determined nonresponsive and your proposal will be disqualified. Proposor will not comply with the insurance coverage provisions set forth in Exhibit B, Section 5, Indemnification and insurance Requirements, of this Request for Proposals, and Proposer will not procure, maintain, and provide the County with proof of insurance coverage in the coverage amounts and types specified in Exhibit B, Section 5, throughout the entire term of the proposed contract, without interruption or break in coverage.

Signature of Proposer: _ Date: 06/13/16

CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

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The Proposer certilles that:

র্	It is familiar with the terms of the County of Los Angeles Defaulted Prop Program, Los Angeles County Code, Chapter 2.206.	erty Tax	Reduction
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To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code, Section 2.206.020.E, on any Los Angeles County property tax obligation.

The Proposer/Bidder/Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

-OR-

I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code, Section 2.206.060, for the following reason:

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name: Bertha Aguirre	Title: President & COO
Signalure:	Date: 06/13/16

REQUEST FOR DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PREFERENCE PROGRAM CONSIDERATION FORM

INSTRUCTIONS: All proposers/bidders responding to this solicitation must complete and return this form for proper consideration of the proposal/bld.

In evaluating bids/proposals, the County will give preference to businesses that are certified by the State of California as a Disabled Veteran Business Enterprise (DVBE) or by the Department of Veterans as a Service Disabled Veteran-Owned Small Business (SDVOSB) consistent with Chapter 2.211 of the Los Angeles County Code.

Vendor understands that in no instance shall the disabled veteran business enterprise preference program price or scoring preference be combined with any other County preference program to exceed 8 percent in response to any County solicitation.

Information about the State's DVBE certification regulations is in the California Code of Regulations, Title 2, Subchapter 8, Section 1896 et seq., and is also available on the California Department of General Services Office of Disabled Veteran Business Certification and Resources Website at http://www.pd.dgs.ca.gov.

Information on the Veteran Affairs Disabled Business Enterprise certification regulations may be found in the Code of Federal Regulations, 38CFR 74, and is also available on the Veterans Affairs Website at: <u>http://www.vetbiz.gov</u>.

- I AM NOT a DVBE certified by the State of California or a Service Disabled Veteran-Owned Small Business with the Department of Veteran Affairs.
- I AM certified as a DVBE with the State of California or a Service Disabled Veteran-Owned Small Business with the Department of Veteran Affairs as of the date of this proposal/bid submission and I request this proposal be considered for the DVBE Preference.

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Name of Firm: Empire Transportation, Inc.	County Webven No. 13735101
	Title: President & COO
Authorized Signature:	Date: 06/13/16

SIGNATURE OF REVIEWER	APPROVED	DISAPPROVED	DATE
		[

PROPOSER'S COMPLIANCE WITH THE MINIMUM REQUIREMENTS OF THE RFSQ

FIXED ROUTE AND DIAL-A-RIDE TRANSIT SERVICES (2016-SQPA001)

PROPOSER MUST CHECK A BOX IN EVERY SECTION

Important Note: The information on this form is subject to verification and may not be used for scoring purposes.

Completing this form by itself without including detailed narrative in your proposal to support the minimum mandatory requirement of this RFSQ, any inconsistencies or inaccuracy in the information provided in this form, or this form and your proposal, may subject your proposal to disqualification or other actions, at the sole discretion of the County.

At the time of proposal submission, Proposer must meet the following Minimum Mandatory Requirements:

No Subcontractors will be allowed to fulfill any of the following Minimum Requirements.

- 1. The Proposer must have a minimum of three years of experience providing the same or similar fixed route or paratransit services for governmental or social service agency(les).
 - Yes. Proposer does meet the experience requirement stated above. (In addition to responding on this form, as specified in Part I, Section 2.A.5, Experience, please provide a detailed narrative in your proposal to validate this minimum mandatory requirement for scoring of your proposal in this category).

Proposer Name	Dates of Experience (MIh/Yr to MIh/Yr)	Type of Transit Service	Detail Description of Services/Experience	Page Number*
Empire Transportation, Inc	2001 to date	Fixed Route & DAR Services	For detailed information please see Section II-Experience	15-17

List the page number in the proposal containing the proposer's experience.

No. Proposer does not meet the experience requirement stated above.

Page 1 of 2

2. The Proposer must provide copies of all "Satisfactory" California Highway Patrol Safety Compliance Inspections (or passed all reinspections) of the Proposer's maintenance facilities or terminals to be used for the proposed contract for the prior three 13-month Inspections (California Vehicle Code 34501[c]).

Services and the service of the serv

Yes. Proposer does meet the minimum mandatory requirement stated above and has received a "Satisfactory" rating on the CHP's Safety Compliance Inspections (or passed all reinspections) of the Proposer's maintenance facilities or terminals to be used for the proposed contract for the prior three 13-month inspections.

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- Proposer has received an "<u>Unsatisfactory</u>" rating on the CHP's Safety Compliance Inspections of the Proposer's maintenance facilities or terminals to be used for the proposed contract for the prior three 13-month inspections, however, has remedied the problem by means of receiving a "Conditional" or "Satisfactory" rating within the CHP's 120-day reinspection period and/or recieved a "Conditional" rating and upgraded to a "Satisfactory" rating within the CHP's 180-day reinspection period as evidenced by the CHP Safety Compliance Inspection reports attached to proposal.
- □ No. Proposer does not meet the minimum mandatory requirement stated above. Proposer has received an "Unsatisfactory" rating and <u>did not</u> upgrade the rating to a "Conditional" or "Satisfactory" within the CHP's 120-day reinspection periods and/or received a "Conditional" rating and <u>did not</u> upgrade the rating to "Satisfactory" within the CHP 180-day reinspection period, whether on the initial inspection or the CHP reinspection, the Proposer will have falled this criteria.

Proposer declares under penalty of perjury that the information stated above is true and accurate. Proposer further acknowledges that if any false, misleading, incomplete, or deceptivoly unresponsive statements in connection with this proposal are made, the proposal may be rejected at the sole discretion of the County.

Signature	Title President & COO
Firm Name	Date
Bertha Aguirre	06/13/16

FORM PW-20	PRIMARY oduced in order	DESIGNATION
STATEMENT OF EQUIPMENT FORM AND DIAL-A-RIDE TRANSIT SERVICES (2016-SQPA001) tion, Inc. eliftower, CA 90706	STATE BELOW THE INFORMATION FOR ALL EQUIPMENT THAT WILL BE DEDICATED AND/OR DESIGNATED PRIMARY BACKUP TO THIS SERVICE Please list one (1) item per line; DO NOT submit an equipment list in your own format. This form may be reproduced in order to list all equipment.	LUNUMBER CONDITION SEATINO FUEL LOCATION ULINUMBER OF OF OF OF COUPMENT EQUIPMENT SEATINO SEATINO SEATINO FOULE EQUIPMENT EQUIPMENT SEATINO SEATINO FEOULIPMENT EQUIPMENT BOD TED DESIGNATION FFORDATEM BOD 18/2 WUC CNG TBD DENOVIND FFORDATEM GOD 28 Uniebded TBD DENOVIND FFORDATEME GOOD 28 CNG TBD DENOVIND AVAILABLE O BE ASSIGNED TO PROJECTS. EMPIRE S FLEET CONSISTS OF 135 VEHICLES S THE SPECIFICATIONS LISTED IN AN RFP, THEY WILL BE PURCHASED. DENOVIND ATHE SPECIFICATIONS LISTED IN AN RFP, THEY WILL BE PURCHASED. TBD DENOVIND DENOVIND
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FOR FIXED ROUTE Empire Transporta 8800 Park Street, Bi 562.529.2676	ATION FO	2011 1 2011 1 2012 2013 2 2012 5 2012 5 2013 1 2 2013 1 2 2014 1 2
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PROPOSER'S NAME: ADDRESS: TELEPHONE:	STATE BELOW THE INFORMATION FOR AL BACKUP TO THIS SERVICE Please list one (1) item per line; DO NOT sul to list all equipment.	MAKE OF EQUIPMENT Startrans EL Dorado EL Dorado Startrans EL Dorado
PROPOSER'S ADDRESS: TELEPHONE:	STATE B BACKUP Please lis to list all	TYPE OF EQUIPMENT MAKE OF MAKE OF EQUIPMENT MAKE OF MACE OF EQUIPMENT MAKE OF EQUIPMENT SERVA Minibus Startrans E-450 2011 1FDFE4 Minibus Startrans E-450 2013 1FDFE4 Minibus ELBorado E-450 2012 1FDAFE Minibus ELBOrado E-450 2012 1FDAFE OF DIFFERENT SIZES. IF NONE OF THESE VEHICLES MEET OF DIFFERENT SIZES. IF NONE OF THESE VEHICLES MEET

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COUNTY OF LOS ANGELES LIVING WAGE PROGRAM

APPLICATION FOR EXEMPTION

The contract to be awarded pursuant to the County's solicitation is subject to the County of Los Angeles Living Wage Program (LW Program) (Los Angeles County Code, Chapter 2.201). Contractors and subcontractors must apply individually for consideration for an exemption from the LW Program. To apply, Contractors must complete and submit this form with supporting documentation to the County after the Mandatory Proposers Conference by the due date set forth in the solicitation document. Upon review of the submitted Application for Exemption, the County department will determine, in its sole discretion, whether the contractor and/or subcontractor is/are exempt from the LW Program.

Company Name: Empire Transp	oortation, Inc.	an fan am sinne an altan Charleman an an Saing yn araf	949-9940399 volume 8-4945-4	ан тараа на тара	
Company Address: 8800 Park Stro	eet		64	، «« المَّالَةَ المَّالَةَ المَّالَةَ المَّالَةَ المَّالَةَ المَّقَانَةَ المَّقَانَةَ المَّقَانَةَ المَّقَانَ	
City: Stato; CA		Zip Code: 90706			
Telephone Number: 562.529.2676	Facsimile Number: 562.529.2220			Address: guirre@emptransportation.com	
Awarding Department:			~	Contract Term:	
Type of Service:				na na na na na na na na na na na na na n	
Contract Dollar Amount:			1995-699-998-999-999-999-999-999-999-999-999	Contract Number (If any):	
My business has received an aggrogate sum of less than \$25,000 during the preceding 12 months under one or more Proposition A contracts and/or cafeteria services contracts, including the proposed contract amount				Yes No	

I am requesting an exemption from the LW Program for the following reason(s) (attach all documentation that supports your claim to this form). Please check all that apply:

My business is subject to a bona fide Collective Bargaining Agreement (attach agreement); AND

Π

- the Collective Bargaining Agreement expressly provides that it supersedes all of the provisions of the Living Wage Program; **OR**
- the Collective Bargaining Agreement expressly provides that it supersedes the following specific provisions of the Living Wage Program (I will comply with all provisions of the Living Wage Program not expressly superseded by my business' Collective Bargaining Agreement):

I declare under penalty of perjury under the laws of the State of California that the information herein Is true and correct.

DOMENT LIALING	
PRINT NAME:	TITLE:
SIGNATURE:	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	DATE:

**COUNTY OF LOS ANGELES** 

# ACKNOWLEDGMENT AND STATEMENT OF COMPLIANCE FOR LIVING WAGE ORDINANCE AND CONTRACTOR NONRESPONSIBILITY DEBARMENT

The undersigned individual is the owner or authorized agent (Agent) of the business entity or organization ("Firm") identified below and makes the following statements on behalf of his or her Firm.

The Agent is required to check each of the following two boxes:

LIVING WAGE ORDINANCE:

The Agent has read the County's Living Wage Ordinance (Los Angeles County Code, Section 2.201.010 through 2.201.100), and understands that the Firm is subject to its terms.

CONTRACTOR NON-RESPONSIBILITY AND CONTRACTOR DEBARMENT ORDINANCE:

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The Agent has read the County's Determinations of Contractor Nonresponsibility and Contractor Debarment Ordinance (Los Angeles County Code Section 2.202.010 through 2.202.060), and understands that the Firm is subject to its terms.

#### LABOR LAW/PAYROLL VIOLATIONS:

A "Labor Law/Payroll Violation" includes violations of any federal, state or local statute, regulation, or ordinance pertaining to wages, hours or working conditions such as minimum wage, prevailing wage, living wage, the Fair Labor Standards Act, employment of minors, or unlawful employment discrimination.

History of Alleged Labor Law/Payroll Violations (Check One):

The Firm HAS NOT been named in a complaint, claim, investigation or proceeding relating to an alleged Labor Law/Payroll Violation which involves an incident occurring within three (3) years of the date of the proposal; OR

The Firm HAS been named in a complaint, claim, investigation or proceeding relating to an alleged Labor Law/Payroll Violation which involves an incident occurring within three (3) years of the date of this proposal. (I have allached to this form the required Labor/Payroll/Debarment History form with the pertinent information for each allegation.)

History of Determinations of Labor Law (Payroll Violations (Check One):

There HAS BEEN NO determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation; OR

There HAS BEEN a determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation. I have attached to this form the required Labor/Payroll/Debarment History form with the pertinent information for each violation (including each reporting entity name, case number, name and address of claimant, date of incident, date claim opened, and nature and disposition of each violation or finding.) (The County may deduct points from the proposer's final evaluation score ranging from 1% to 20% of the total evaluation points evaluate with the targest deductions occurring for undisclosed violations.)

#### HISTORY OF DEBARMENT (Check one):

 $\checkmark$ 

The Firm HAS NOT been debarred by any public enlity during the past ten (10) years; OR

The Firm HAS been debarred by a public entity within the past ten (10) years. Provide the pertinent information (including each reporting entity name, case number, name and address of claimant, date of incident, date claim opened, and nature and disposition of each violation or finding) on the attached Labor/Payroll/Debarment History form.

I declare under penalty of perjury under the laws of the State of California that the above is true, complete and correct.

owner and another orginal are	Print Name and Tille
	Bertha Aquirre, President & COO
Print Name of Firm	Date
Empire Transportation, Inc.	06/13/16

# COUNTY OF LOS ANGELES LIVING WAGE PROGRAM

# LABOR/PAYROLL/DEBARMENT HISTORY

The Firm must complete and submit a separate form (make photocopies of form) for each instance of (check the applicable box below):

An alleged claim, Investigation, or proceeding relating to an alleged Labor Law/Payroll Violation for an Incident occurring within the past three years of the date of the proposal.

A determination by a public entity within three years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation.

A debarment by a public entity listed below within the past ten years.

Print Name of Firm:	Print Name of Owner:
Empire Transportation, Inc.	Corporation
Print Address of Firm:	Owner's/AGENT's Authorized Signature:
8800 Park Street	
City, Stale, Zip Code	Print Name and Tillo:
Bellflower, CA 90706	Bertha Aguirre, President & COO

Public Entity Name	Labor Commissioner, Department of Industrial Relations				
Public Entity	Strept Address: 300 Oceangate, Suite 302				
Address:	City, State, Zip: Long Beach, CA 90802				
Case Number/Date	Case Number: 05-62617EE				
Claim Opened:	Date Claim Opened: 2014				
	Name: Martha Solis				
Name and Address	Street Address;				
of Claimant:	City, State, Zip:				
Description of Work: (	Description of Work: (e.g., Janitorial)				
	Dispatch Department Supervisor				
	Alleged that she was denied her lunch before the fifth hour of work.				
Description of Allegation and/or					
Violation:					
Disposition of					
Finding: (attach	Company presented all the pertinent documentation and the case was				
disposition letter) (e.g., Liquidated	settled.				
Damages, Penalties, Debarment, etc.)					

Additional Pages are attached for a total of _____ pages. PNASPUBICONTRACTICONTRACTION FORMSIREPITOF-FROPA-10-2-00.DOCDOC PW Rev. 12/2003

Direct any correspon LABOR COMMISS Department of Indu Division of Labor S 300 Oceangate, Sui Long Beach, CA 9 Tel: (562) 590-504	SIONER, STATE ( istrial Relations tandards Enforcen te 302 (0802	ient	SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL OF THE SEAL O
PLAINTIFF:	Martha Solis	۰	CALIFORNIN
DEFENDANT:	Empire Transpo 8800 Park Ave Bellflower, CA	ortation, Inc., a California Corporation 90706	L
State Case Number 05 - 62617 EE		NOTICE - INVESTIGA	TION COMPLETED

We have completed our investigation of the complaint made by the plaintiff shown above.

This is to advise you that no further action is contemplated by this office and we are closing our file.

This case is been settled. Therefore, we are closing our file.

HAN AN ZAG

Date: 4/30/2015

Esther

Esther Espinoza [/] 562-590-5456

za / Deputy Labor Commissioner

Notice - Investigation Completed

# COUNTY OF LOS ANGELES LIVING WAGE PROGRAM LABOR/PAYROLL/DEBARMENT HISTORY

The Firm must complete and submit a separate form (make photocopies of form) for each instance of (check the applicable box below):

An alleged cialm, investigation, or proceeding relating to an alleged Labor Law/Payroll Violation for an incident occurring within the past three years of the date of the proposal.

A determination by a public entity within three years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation.

A debarment by a public entity listed below within the past ten years.

Print Name of Firm:	Print Name of Owner:
Empire Transportation, Inc.	Corporation
Print Address of Firm	Owner's/AGENT's Authorized Signature:
8800 Park Street	-
City, State, Zip Code	Print Nemo and Tillo:
Bellflower, CA 90706	Bertha Aguirre, President & COO

Public Entity Name	Labor Commissioner, Department of Industrial Relations		
Public Entity	Street Address: 300 Oceangate, Suite 302		
Address:	City, State, Zip: Long Beach, CA 90802		
Case Number/Date	Case Number: 05-66278 LP		
Claim Opened:	Date Claim Opened: 2015		
	Name: Hector Chavez		
Name and Address	Stroot Addross:		
of Claimant:	City, State, Zip:		
Description of Work: (			
	Mechanic		
	Alleged he was denied the required breaks and lunch times.		
Description of Allegation and/or			
Violation:			
Disposition of			
Finding: (attach disposition letter)	Company presented all the pertinent documents and the case was settled.		
(e.g., Liquidated Damages, Penalties,			
Debarment, etc.)			

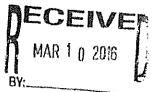
Additional Pages are attached for a total of _____ pages. PASPUBICONTRACTICONTRACTING FORMSIRFFITCF-PROPA-10-2-06.DOCDOC PW Rev. 12/2002

State Case Number 05 - 66278 LP	r	NOTICE - INVESTIG	ATION COMPLETED
DEFENDANT:	Empire Transpo 8800 Park Stree Bellflower, CA		
PLAINTIFF:	Hector Chavez		CALIFORNIA
Department of Ind Division of Labor 300 Oceangate, Su Long Beach, CA Tel: (562) 590-50	SSIONER, STATE ( lustrial Relations Standards Enforcen aite 302	ient	STATISTICS OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF TH

We have completed our investigation of the complaint made by the plaintiff shown above.

This is to advise you that no further action is contemplated by this office and we are closing our file.

The case was settled and the defendant submitted full payment of the settlement amount to the plaintiff. The case is therefore closed.



Date: 3/7/2016

Lilia Pance

Lilia Ponce 562-590-5455 Deputy Labor Commissioner

# **GUIDELINES FOR ASSESSMENT OF PROPOSER LABOR LAW/PAYROLL VIOLATIONS**

COUNTY DETERMINATION		RANGE OF DEDUCTION		
Proposer Name: Empire Transportation, Inc.	(Deduction is taken from the maximum evaluation points available)			
Contracting Department:				
Department Contact Person:				
Phone:				
-	Proposer Fully Disclosed	Proposer <i>Did Not</i> Fully Disclose		
MAJOR	8 - 10%	16 - 20%		
County determination, based on the Evaluation Criteria, that proposer has a record of very serious violations.*	Consider investigating a finding of proposer non- responsibility**	Consider investigating a finding of proposer non- responsibility**		
SIGNIFICANT	4 - 7%	8 - 14%		
County determination, based on the Evaluation Criteria, that proposer has a record of significant violations.*		Consider investigating a finding of proposer non- responsibility**		
MINOR	2 - 3%	4 - 6%		
County determination, based on the Evaluation Oriteria, that proposer has a record of relatively minor violations.*				
INSIGNIFICANT	0 - 1%	1 - 2%		
Counly determination, based on the Evaluation Criteria, that proposer has a record of very minimal violations.*		· · · · · · · · · · · · · · · · · · ·		
NONE	0	N/A		
County determination, based on the Evaluation Criteria, that proposer does not have a record of violations.*				

Assossment Criteria

A 'Labor Lew/Payroll Violation' includes violations of any Federal, State or local statute, regulation or ordinance * portaining to wages, hours, working conditions such as minimum wage, prevailing wage, living wage, the Fair Labor Standards Act, employment of minors, or unlawful employment discrimination. The County may deduct points from a proposer's final evaluation score only for Labor Law/Payroll Violations with disposition by a public entity within the past three years of the date of the proposal.

The assessment and determination of whether a violation is major, significant, minor, or insignificant and the assignment of a percentage deduction shall include, but not be limited to, consideration of the following criteria and variables:

- D Accuracy in self-reporting by proposer
- D Health and/or safety impact
- ū Number of occurrences
- D Identified patterns in occurrences
- Dollar amount of lost/delayed wages
- Assessment of any fines and/or penalties by public entities
- Proportion to the volume and extent of services provided, e.g., number of contracts, number of employees, Ω. number of locations, etc.

** County Code Title 2, Chapter 2.202.030 sets forth criteria for making a finding of contractor non-responsibility which are not limited to the above situations.

GUIDELINES FOR ASSESSMENT OF PROPOSER 7/25/01

	FORM LW-7
<b>PROPOSER'S EMPLOYEE BENEFITS</b>	
Proposer: Empire Transportation, Inc.	949-0000000 199-000 0000000000000000000000
Name of Proposer's Health Plan: Kaiser Permanente	Date: 06/13/16
Medical Insurance/Health Plan:	
Employer Pays \$_0Employee Pays \$_482.56_Total Mo. Premium \$_482.56_	_
Annual Deduclible Employee \$ <u>1,500</u> Family \$ <u>3,000</u>	
Coverage ( $$ ) <u> </u>	
Dental Insurance:	
Employer Pays \$ Employee Pays \$36.45 Total Mo. Premium \$36.45	
Life Insurance:	
Employer Pays \$0Employee Pays \$15.00_Total Mo. Premium \$15.00_	
Vacation:	
Number of Days and	
Any increase after $2$ years of employment, number of days or hours $3$	-
Sick Leave:	
Number of Days and	
Any increase after years of employment, number of days or hours0	_
Holidays:	
Number of Days per year	
Retirement:	
Employer Pays \$0Employee Pays \$0Total Premium \$0	

The contractor selected through this RFSQ process will be requir	
requirements. The objective of this questionnaire is to determine tuses and the internal controls in place to ensure compliance with order to appropriately evaluate this area (Part 1, Section 4.D, Evaluate processes and the steps associated with those processes.	The contractor selected through this RFSQ process will be required to comply with the State and Fair labor regulations and record keeping requirements. The objective of this questionnaire is to determine the appropriateness, scope, and suitability of the procedures the Proposer uses and the internal controls in place to ensure compliance with State and Federal labor regulations and record keeping requirements. In order to appropriately evaluate this area (Part 1, Section 4.D, Evaluation Criteria), it is critical that the Proposer submit a detailed description of the processes and the steps associated with those processes.
Answer all questions thoroughly and in the same sequence as provided below. If a question is why such question is not applicable. Provide additional details to ensure a clear picture of the F this questionnaire, the term Proposer includes the business entity that will provide the p timesheet, pay check, and pay stub that show deduction categories as requested in this form.	Answer all questions thoroughly and in the same sequence as provided below. If a question is not applicable, indicate with "N/A" and explain why such question is not applicable. Provide additional details to ensure a clear picture of the Proposer's processes and controls. As used in this questionnaire, the term Proposer includes the business entity that will provide the proposed services. Attach a sample copy of timesheet, pay check, and pay stub that show deduction categories as requested in this form.
ADDITIONAL PAGES MAY BE ATTACHED OR RESF IDENTIFY EACH RESPONSE BY TH	AGES MAY BE ATTACHED OR RESPONSES CAN BE PROVIDED IN A SEPARATE DOCUMENT. IDENTIFY EACH RESPONSE BY THE CORRESPONDING QUESTION NUMBER.
QUESTION RESPOND HER	RESPOND HERE OR ATTACH NUMBERED RESPONSES IF MORE SPACE NEEDED.
TRACKING HOURS WORKED Clocks in and out	Hours worked are tracked using a database program called TimeForce. Each employee clocks in and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above and out electronically either using a web-anabled mobile above above and out electronically either using a web-anabled mobile above
1.1 How does the Proposer track employee hours with internet acc actually worked? managers can ear	with internet access. The schedule for each employee is also built into the database so that managers can easily note potential errors in punches. These time nunches are reviewed
1.2 Where do the Proposer's employees report to work at the beginning of their shift? At the work location or at a central site with travel to the worksite?daily by the manager for cach as to ensure that employees h as to ensure that employees h represent to the corrected in a timely manner.	daily by the manager for each employee to ensure the accuracy of the hours worked as well as to ensure that employees have clocked in and out correctly and that missed punches are corrected in a timely manner.
1.3 If the employees report to a central site with travel to the worksite, when does the Proposer consider the employee's shift to have started? At a central site or upon arrival at the work location?	
	Form LW-9 Page 1 of 6

FORM LW-9 WAGE AND HOUR RECORD KEEPING FOR LIVING WAGE CONTRACTS

2. REPORTING TIME	We have no employees who report to work and then travel to their worksite All
How does the Proposer know employees actually reported to work and at what time? For example, sign-in sheets, computerized check in, call-in system, or some other method?	employees begin their shift on-site where the revenue vehicle is parked for their work location.
3. RECORDS OF ACTUAL TIME WORKED	3.1 All records created and documenting hours wonly of his an amolecce and documenting hours.
3.1 What records are created to document the beginning and ending times of employee's actual work shifts?	electronically according to the times the employee clocks in and out. When an employee enters a time-punch, they will enter their employee ID and the number of the contrast them and the number of the contrast them are produced.
3.2 What records are maintained by the Proposer of actual time worked?	processing. The server will time-stamp the punch and process the numbers to determine the identity of the employee and of the contract. Once processing is
3.3 Are the records maintained daily or at another interval (indicate the interval)?	complete, the server sends the information back to the device from which the employee entered the information and shows them the time for their
3.4 Who creates these records (e.g. employee, supervisor, or office staff)?	information.
3.5 Who checks the records, and what are they checking for?	3.2 All records related to hours worked are stored electronically on the server hosting TimeForce and backed up as with all other server data. In addition a hard
3.6 What happens to those records?	copy is given to the employee at the end of a pay cycle by the employee's manager. The employee signs the time sheet or identifies errors, which are then
3.7 Are they used as a source document to create Proposer's payroll?	investigated by the manager.
3.8 ATTACH COPIES OF THESE RECORDS.	3.3 The electronic records are maintained automatically in real-time by the server. The hard copies are printed at the end of each semi-monthly pay period and filed at our main office.
	3.4 The initial creation of the electronic records is, as previously mentioned, performed by the server based on information submitted by the employee.
	3.5 The records produced by the server are checked for accuracy daily by the manager responsible for the employee. At the conclusion of the pay period, a timecard is printed from TimeForce for each employee and given to them for
	Form LW-9 Page 2 of 6

	review. If the employee has any issues with missed time, forgotten punches, etc. or sees another problem he or she is able to raise the issue with their manager prior to their check being generated. Once the employee has reviewed the timecard, and signed it, the time card is returned to their manager.
	3.6 At the conclusion of every pay period, each manager checks the final day for each employee during that pay period and verifies the accuracy of the semi-monthly period per employee. This is accomplished by marking the verification checkbox in the web browser-based interface. TimeForce then indicates that the record was reviewed and verified and provides the name of the manager who performed the verification. Verifications occur after the printed timecard has been returned with the employee's signature.
	3.7 Once verified the records are imported into QuickBooks and used as the basis for every employee's paycheck.
4. OTHER RECORDS USED TO CREATE PAYROLL (IF ANY)	
4.1 If records of actual time worked are not used to create payroll, what is the source document that is used?	As described previously, all records pertaining to hours are based solely on hours worked and are created primarily on information submitted to TimeForce by the employee themselves. Timecards are printed and signed by the employee prior to
4.2 Who prepares and checks the source document?	issuance of their paycheck
4.3 Does the employee sign it?	
4.4 Who approves the source document, and what do they compare it with prior to approving it.	
5. BREAKS	Meal periods are built into each employee's schedule. The employees clock out and in directly on their Sprint phono and the information is a second to be information in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec
5.1 How does the Proposer know that employees take mandated breaks and meal breaks (periods)?	available for audit. In transit service there is a relief driver who takes over the vehicle to make these lunch breaks available. These reliefs are also downmented on trive
5.2 Does the Proposer maintain any written supporting documentation to validate that the breaks actually	sheets. In terms of other breaks, the California State Labor Board has accepted the make up time in the transit schedule as available break time as long as the employee
	Form LW-9 Page 3 of 6

occurred?	has the ability to attend to nersonal needs during these noriseds
5.3 If so, who prepares, reviews, and approves such documentation?	Payroll entries are made directly by the worker and audited by the supervisor and payroll coordinator. Worker then approves the final time cheet in writing
6. HOW PAYROLL IS PREPARED	
6.1 Discuss how the Proposer's payroll is prepared and how the Proposer ensures that employee wages are appropriately paid.	The hours maintained and entered into TimeForce for every employee can be accessed by the payroll department at all times. After verification by the managers,
6.2 How are the employee paid (e.g. manually issued check, automated check, or combination of methods)?	The payrou department imports the hours worked into QuickBooks from TimeForce. The payroll department makes any necessary entries into employee records with regard to required deductions (such as wage garnishments, changed tax status, etc.)
6.3 If by check, do they receive a single check for straight time and overtime or are separate payments made?	applicable to the period and verifies the data prior to check issuance. The payroll department then processes the information and creates checks. For those employees who use direct deposit, the information is submitted to the employee's bank and a
6.4 What information is provided on the check (e.g., deductions for taxes, etc.)?	check stub is printed and delivered to the employee. Checks for employees who are not enrolled in direct deposit have their check delivered to them by their manager. Every employee will receive a single check reflecting hours worked at straight waves
6.5 ATTACH A COPY OF A PAY CHECK AND PAY CHECK STUB THAT SHOWS SHOWS DEDUCTION CATEGORIES (COVER UP OR BLOCK OUT BANK ACCOUNT INFORMATION AND ANY ANY EMPLOYEE INFORMATION).	and overtime wages. All deductions and wages are itemized on the check stub A copy of two pay checks with the applicable "Time Card" which explains the basis for the pay are attached to this form.
7. MANUAL PAYROLL SYSTEM	
7.1 If the Proposer uses a manual payroll system, describe the steps the person preparing the payroll takes to create a check, starting from the source document through the issuance of a check.	We do not use a manual payroll system.
7.2 If the employee has multiple wage rates (ie., County's Living Wage rate for County work and the Proposer's standard rate for other non-County work) how does the person preparing the payroll calculate total wages paid?	
	Form LW-9 Page 4 of 6

<ol> <li>AUTOMATED PAYROLL SYSTEM</li> <li>AUTOMATED PAYROLL SYSTEM</li> <li>If the Proposer uses an automated payroll system or contracts for such automated payroll services to an outside firm, describe the steps taken to prepare the payroll.</li> <li>If the employee has multiple wage rates (i.e. County set of the</li> </ol>	As described previously we use the automated system TimeForce for recording an employee's hours. Checks are issued in-house using the import of TimeForce information into Quick Books. At this time, should any employee work at multiple rates during a work week. over
m	time is paid based on the higher of the rates.
<ol> <li>TRAVEL TIME</li> <li>9.1 How is travel time during an employee's shift paid?</li> </ol>	9.1 Travel time is rarely an issue, as drivers report to a regular work place and begin the driving assignment from that location.
<ul><li>9.2 At what rate is such travel time paid if the employee has multiple wage rates?</li><li>9.3 Discuss how the Proposer calculates the day's</li></ul>	9.2 Due to the rare occurrence of travel time, should it occur the travel time is paid at regular rate.
wayes for each situation described in the following two examples: a. During a single shift, an employee works three hours at a work location under a County Living Wage contract, then travels an hour to another	9.3 County staff employees are not assigned to work for other services on a regular basis. Should there be a shortage of drivers and a County worker is assigned to temporarily cover on another service, the employee would be paid at their regular County Living Wage rate. Only in the case of an employee who is
	permanently transferred to another service either by request of the employee or County staff, would the employee's wage rate be changed.
b. During a single shift, an employee works three hours at a work location under a County Living Wage contract, then travels an hour to another work location to work four hours, where they are also paid the County's Living Wage rate.	We do not have the situations described in 9.3.a or 9.3.b.
	Form LW-9 Page 5 of 6

<ol> <li>OVERTIME</li> <li>IO.1 How does the Proposer calculate overtime wages?</li> <li>IO.2 What if the employee has multiple wage rates?</li> </ol>	There are two earnings statements with time sheets attached. The first reflects a driver who has a C license and non-exempt employees. C drivers, like almost all employees in California, are subject to daily overtime, ie. overtime after eight hours worked in a day. The Total Hours, broken down by day show the daily allowed and then the overtime hours per day. The earnings statement again shows the hours paid at regular rate, and then separately the hours paid at 1.5x rate.
	The second earnings statement is for a driver with a B license. These drivers are an exception to daily overtime as set forth in the Transportation Wage Order. The exception is necessary due to the fact that the B license and the hours worked by B license drivers are subject to federal law and the regulation of the USDOT. As such A and B license drivers are paid overtime AFTER 40 hours worked in a week. Therefore on the attached time sheet, the employee's 8.5 hours on a Monday are all shown as regular hours, but on Friday when the employee 8 hours, 7.5 show as regular and .5 show as over time. This is because on that Friday the employee went over the allowed 40 hours in the week.
Print Name: Bertha Aguirre	Company: Empire Transportation, Inc.
Signature:	. Date: 06/13/16

Form LW-9 Page 6 of 6

Empire a ransportation, and. -

Department: BASE

Gower, Erica R.

ר זה כ האגי

Date Range: 5/16/2016 - 5/31/2016

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59 50				41.00 41.00 41.00	Regular Hours Overtime 1
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		8.25	8.00 0.25	8.25 19.00 41.0	91.75 R
		8.25 8.25	8.00 0.25	8.25 48.75 4	<b></b>
			8.00	8.25 50.75	<b>Total Worked Hours</b> Grand Total Hours
	2 6 5 5 92 93 93 63 5 1 1 1 5 6 7 9 9 9 9 9 9 9 9 9 9 - 3 5 6 6 6 6 69 9 9 9 9 9 5 7 7 9 9 9 1 1			8.00 50.75	Total Worked Hour Grand Total ମିଷ୍ଧାର
	의 제 제작되는 작품은 가 이 가격 전 가 작품은 가 - 이 전 가슴 가 작품은 가 - 이 전 가슴 가슴 가 있는	8.25	8.00 0.25	8.25 5 51.00	
				42.75 42.75	State of California, that the es worked, including all
ËR		8.00	8.00 0.00	8.00 50.75	of Calif ked, in
			8.00 0.00	8.00 50.75	
Mec 2 4 6 2 4			8,00 2,25	10.25	ry in th at all tin
	<ul> <li>All All All All All All All All All All</li></ul>		8.00 0.25	8.25 48.50	of perju and the
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Date	Punches	Total Hours	neg OTI Department	<b>BASE</b> Worked Last & Days	I certify, under the penalty of perjury in the foregoing times are correct and that all time meal periods, are referred herein

Employee Signature: Date: 42116

6/2/2016 http://empireapps/qqest/report/Timecard/Report.asp?BID=5& EmployeeType=0& AllowGroupResults=1&AutoSaveChanges=1&... Empire Transportation, Inc. 8800 Park Street Bellflower,CA 90706

Erica R. Gomez

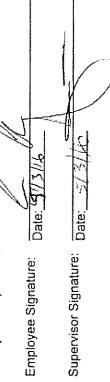
Employee Pay Stub	Ch	ieck number:	: 060702347		Pay Period: 05/1	6/2010 - 05/31/2016	ſ	Pay Date: 06/07/201	6
Employee					SSN	Status (Fed/State)		Allowances/E	xtra
Erica R. Gomez,					141_65	Single/Single		Fed-6/0/CA-6/0	)
Earnings and Hours	Qty	Rate	Current	YTD Amount	Paid Time Off		Earned	YTD Used	Available
Clerical Hourly Wage Clerical OT Wage Holiday Pay - Clerical HW Holiday Hourly Wages Clerical D.T. Wage Clerical Vacation Sick Pay	88.00 3.75 8.00	19.00 28.50 19.00	1,672.00 106.88 152.00	17,617.75 1,432.15 152.00 304.00 9.50 1,368.00 304.00	Sick Vacation		0.00		48.00 -8.00
	99.75		1,930.88	21,187,40					
Deductions From Gross			Current	YTD Amount					
Medical Post-Tax			-3.37	-37.07					
Taxes			Current	YTD Amount					
Medicare Employee Addi Tax Federal Withholding Social Security Employee Medicare Employee CA - Withholding CA - Disability Employee		****	0.00 -104.00 -119.51 -27.95 -22.04 -17.34	0.00 -438.00 -1,311.32 -306.68 -106.13 -190.35					
		*******	-290.84	-2,352.48					
Adjustments to Net Pay			Current	YTD Amount					
Medical Pre-Tax			-52.83	-581.13					
Net Pay			1,583.84	18,216.72					

Empire Transportation, Inc., 8800 Park Street, Bellflower,CA 90706

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COLIS, CESAR											Date F	ange:	4/16/20	Date Range: 4/16/2016 - 4/30/2016	1/2016	
Department: Whittier Dial-A-Ride	I-A-Ride										Supe	rvisor: .	Asheghi	Supervisor: Asheghian, Ana Angelica	Angelic	ញ
	Sat	Sun	Моп	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri		15 Day
Date	16	17	<del>1</del> 8	19	20	21	22	23	24	25	26	27	28	29	30	Total
		08:15		06:00	05:57	00:20	05:57		08:15	05:57	06:30	06:00	06:30	06:03		
		11:30		11:15	10:15	10:57	11:15		11.30	10:00	10:18	10:27	10:30	11:00		
runcies		12:00		11:45	10:45	11:30	11:45		12:00	10:33	11:15	10:57	11:00	11:30		
		15:15		16:06	14:30	15:30	16:03		16:06	16;09	16:12	16:15	16:36	14:33		
Total Hours		6.50		9,60	8.05	7,95	9.60		7.35	9.65	8.75	9.75	9.60	8,00		94.80
Reg		6.50		8.00	8.00	7.95	8,00		7.35	8.00	8.00	8,00	8.00	8,00		85.80
OTI		0.00		1,60	0.05	00'0	1.60		0.00	1.65	0.75	1.75	1,60	0.00		9.00
Department																
Whittier Dial-A-Ride		6.50		9.60	8.05	7.95	9.60		7.35	9.65	8.75	9.75	9.60	8.00		94.80
Worked Last 8 Days	42.35	48.85	43.15	52.75	51.70	50.35	50.55	41.70 49.05	49.05	52.20	60.95		62.65		53.10	
:				•			Ľ	tal Wor	Total Worked Hours	115	94.80		Regular Hours	ours		85.80
I certify, under the penalty of perjury in the State of California, that the Grand Total Hours forenoing times are correct and that all times worked including all	ulty of p rertand	erjury i 1 that a	In the S	tate of (	Californ d inclus	lia, that ding all	the G	and Tol	al Hour	5	94.80	]	Overtime 1	ەكەسىيە بۇ يېزىغۇرىغانىيە تەكەنلەر قايانىيە يەلىيە تەكەرىپ يېسىلەر قەرىپ	andı, dağınış ve ve satilik der Medine der	9.00
meal periods, are reflected herein.	ted her	Ĕ.	2													
	and the second															



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Empire Transportation, Inc. 8800 Park Street Bellflower,CA 90706

#### Cesar Colis

Employee Pay Stub	C1	eck number	05062315	andrah maanu dilabaa aanaay eessaar	Pay Period: 04/16/2016 - 04/30/2016		Pay Date. 05/06/201	6
Employee					SSN			
Cesar Coas,					448_94			
Earnings and Hours	Qty	Rate	Current	YTD Amount	Paid Time Off	Earned	YTD Used	Available
Driver Hourly Wage Driver OT Hourly Wage Holiday Hourly Wages Training Hourly Wages Driver Vacation Wages Hourly Birthday Wages Sick Pay Skipped Meal Period	85.80 9.00	11.84 17.78	1,015.87 159.84	8,624.52 987.30 189.44 11.84 94.72 94.72 226.88 82.88	Sick Vacation	0 00 0.00		-39.00 -8.00
	94.80		1,175.71	10,292.30				
Taxes			Current	YTD Amount				
Medicare Employee Addi Tax Federal Withholding Social Security Employee Medicare Employee CA - Withholding CA - Disability Employee			0.00 -65.00 -72.89 -17.05 -9.97 -10.58 -175.49	0.00 -533.00 -638.12 -149.24 -77.60 -92.63 -1,450.59				
let Pay			1,000.22	8,801.71				

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GOMEZ, LYDIA											Date F	Range:	4/16/20	16 - 4/3(	//2016	
Department: East LA Dial-A-Ride	al-A-Ridi	¢)									Supe	rvisor:	Asheah	Supervisor: Asheohlan, Ana Angelica	Angeli	۲ د
	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	, T L	Sat	15
Date	16	17	18	<del>,</del> 0	20	5	22	23	24	25	26	27	28	29	30	1°
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			16-24	16-20	16-12	10.00	16-06			4 5.40	07-07			ĩ		

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	Sat	Sun	Mon	Tue	Wed	Thu	Fi	Sat	Sun	Mon	Tue	Wed	Thu	.с Ц	Sat	15 Dav
Date	16	17	18	19	20	2	22	23	24	25	26	27	28	29	30	Total
à			07:12	07:12	07:12	07:12	06:42			06:43	07:12	06:42	07:12	07-12	2 }	
Durchae		08:09	10:45	10:30	10:30	10:30	10:46			10:16	4111	10:00	10:15	10:45		
		14:09	11.15	11:00	11:00	11:00	11:16			10:47	11:44	10:59	Ц т т			
			16:24	16:32	16:18	15:20	16:06			15:46	16:43	15:32	16:20	15:34		
Total Hours		7.00	8.70	8.83	8.60	7.63	8.90			8.53	9.02	7.85	8.13	7.87		91.07
Reg		1.00	8.70	8,83	8,60	7.63	6.23			8.53	9.02	7.85	8 13	6 47		81 00
071		6,00	00.00	0.00	00.00	0.00	2.67			0.00	00.0		0000	1 40		
Department											2	)				
East LA Dial-A-Ride Absences		7.00	B,70	8.83	8,60	7.63	8.90			8.53	9.02	7.85	8.13	7.87		91.07
Skipped Meal Period		1.00														100
Worked Last 8 Days	43.98	43.98 49.98 58.68	58.68	59.07	58.55	57.07	56.68	48.67	48.67	51,20	51.52	50.53	50.07	50.30	41.40	
I certify, under the penalty of perjury in the State of California, that foregoing times are correct and that all times worked. including al	ualty of p prrect an	erjury i d that a	n the St II times	tate of ( worke	Californ d. înclu	la, that ding all	the Pa	Total Worked Hours Paid Absences	red Hou	ទ	90.07 1.00		Regular Hours Overtime 1	ours	son, of entry is handless interactions and	81.00 10.07
meal periods, are reflected herein	cted her	ela	$\left( \right)$			5	5				70.12					

foregoing times are correct and that all times worked, including all meal periods, are reflected hereign Supervisor Signature: Date: 5/3//4 Days Sec Employee Signature;

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Page 2 of 4

Empire Transportation, Inc. 8800 Park Street Belfflower,CA 90706

## Lydia Gomez

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Employee Pay Slub	Ch	eck number:	05082390		Pay Period: 04/16/2016 - 04/30/2016		Pay Date: 05/06/201	3
Employee					SSN			
Lydia Gomez,					£\$\$_2¥			
Earnings and Hours	Ory	Rate	Current	YTD Amount	Paid Time Off	Earned	YTD Used	Available
Driver OT Hourly Wage Driver Hourly Wage Skipped Meal Period Ho8day Hourly Wages Training Hourly Wages Driver Vacation Wages Sick Pay	10.07 80.00 1.00	17.76 11.84 11.84	178.78 947.20 11.84	1,709.70 8,969.04 118.40 189.44 11.84 54.27 94.72	Sick Vacation	0.00 0.00		-56.00 -36.58
_	91.07		1,137.82	11,147.41				
Taxes			Current	YTD Amount				
Medicare Employee Addi Tax Federal Withholding Social Security Employee Medicare Employee CA - Withholding CA - Disability Employee			0.00 -137,00 -70.55 -16.50 -21,99 -10.24 -256.26	0.00 -1,369.00 -691.14 -161.64 -237.33 -100.33 -2,559.44			,	
Net Pay			881.54	8,587.97				

Empire Transportation, Inc. -

Page 5 of 11

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MARTINEZ,
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UUTIERREZ MARTINEZ, NOEMI	8										0.00					
Department: Whittier Dial-A-Ride	<b>Dial-A-Rid</b>	Ð										Valige:	4/10/24	Superior: Achorhor 24/30/2016	0/2016	
Date	Sat 16	Sun 17	Mon 18	Tue 19	Wed 20	Thu 24	Fri 23	Sat	Sun	Mon	Tue	Wed	Thu	Tue Wed Thu Fri Sat 1	a Angell Sat	ca 15 Day
Punches			06:30 10:30	06.31 11:01	06:30 11:40	06:25 09:51	06:32 11:15	3	<b>*</b>	06:00	06:04 10:15	27 06:15 10:30	28 06:30 10:32	29 06:30 10:50	30	Total
Total Hours			14:59 7 98	15:16 8 23	15:24 8 40	15:00	16:19			15:35	14:51	11:01 15:02	15.03	11:20 16:18		
Reg			7.98	0.23 0.23	8.40	0,00 8.08	8.20 7,30			9.08 9.08	7.78 7.78	8.27 8.27	8.05 P.05	0.30 9		84.47
0T1 Department			0.00	0.00	0.00	00.0	1.98			0.00	0.00	0.00	0.00	0.02 2.48		80.00 4.47
City of Belfflower			i i	8.23			9.28									17 HO
Worked Last 8 Days	42.37	42.37 42.37	7.98 50,35	50,53	8.40 50.67	8.08 51.58	49.97	49.97 41,98 41,98	41.98	9.08 51.07	7.78 50.87	8.27 50.90	8.05 50.55	9.30 51.77	42.48	66.95
I certify, under the penalty of perjury in the State of California, that the Grand Total Worked Hours	nalty of p	berjury	in the S	tate of	Califorr	lia, that	the O	Total Worked Hours Grand Total Hours	ked Hou	IIS S	84.47 84.47		Regular Hours Overtime 1	ours		80.00
mod noriode are referred to the				aylow .	s worked, including all	ang all	- Owner - Property	merile Doman großen Auffred 1 October 1000			AND CONTRACTOR OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIGNATION OF A DESIG	_! ~\			and dependence and being and the second second second second second second second second second second second s	



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Empire Transportation, Inc. 8800 Park Street Bellflower,CA 90706

# Noemi Gutierrez Martinez

Employee Pay Stub	Cł	neck number	05082412	ndenne villene enemen skriptet belever	Pay Period: 04/16/2016 - 04/30/2016		Pay Date: 05/06/201	3
Employee					5SN			
Noemi Gutlerröz Martinez,					548_5T			
Earnings and Hours	Qty	Rate	Current	YTD Amount	Pald Time Off	Earned	YTD Used	Available
Driver Hourly Wage Driver OT Hourly Wage Hollday Hourly Wages Training Hourly Wages Driver Vacation Wages Health Insurance (Company p Sick Pay Skipped Meal Period	80.00 4.47	11.84 17.76	947,20 79,32	8,768,15 388,94 189,44 11,84 189,44 75 00 94,72 11,84	Sick Vacation	0.00 0.00		-144.00 -176.00
Taxes	84,47		1,026.52 Current	9,729.37 YTD Amount				
Medicare Employee Addi Tax Federal Withholding Social Security Employee Medicare Employee CA - Withholding CA - Disability Employee			0.00 0.00 -63.64 -14.89 -12.10 -9.23 -99.86	0.00 -717.00 -603.22 -141.08 -130.49 -87.56				
Net Pay			-99.66 926.66	-1,679.35 8,050.02				



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# APPENDIX

, STATE OF CALL		LICLANAN CAT	701	ri-									Page	1 ofp	aces
SAFETY					TERMINAL Yes			UMBER 32691		FILE CODE		COUNT		BED	
TERMINA					INAL TYPE	J No	coc		- 1		5940		19		
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REQUIREMENTS MAINTENANCE	VIOL	MAINTENAI	VCE PROGRAI	<u>a n</u>	RIVER REC	CORDS		EQUIPMEN			DOUS MAT		T	TERMINAL	**************************************
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California Highway Patrol         VS       US DOT # 2731988       Legal: EMPIRE TRANSPORTATION INC Operating (DBA):         MC/MX #:       State #: 326916       Federal Tax ID:27-0121666 (EIN)         Review Type: Non-ratable Review - Special Study       Scope:       Terminal       Location of Review/Audit: Company facility in the U. S.       Territory: C         Operating (DBA):       Location of Review/Audit: Company facility in the U. S.       Territory: C         Operating Types       Intersistic Intrastate       Business: Corporation Gross Revenue:       for year ending:         Campany Physical Address:       Basiness:       Corporation for year ending:       Territory: C         Bell FLOWER, CA 90706       Contact Name:       JOSE GUZMAN Phone numbers: (1) 562-529-2676       fax         Bell Address:       Bessenger, Business       Other: INTRASTATE         Carrier Classification Private Passengers       Other: Mobile repair tools         Equipment       Owned Term Leased Trip Leased 0       Owned Term Leased Trip Leased 0       Owned Term Leased Trip Leased 0         Yower units used in the U.S: 100       Does carrier framsort placardable quantities of HM? No Is an HM Permit required?       N/A         Driver Information       Inter       Inter       Average trip leased drivers/month: 0 0       Owned Term Leased Trip Leased 0       Ound Term Leased Trip Leased 0       Ound Te	r		-		-	c	alifornia F	Hiahv	av Patrol						
Constrained       Operating (DBA):         MC/MX #:       State #: 326916       Federal Tax ID:27-0121666 (EIN)         Review Type:       Non-HM       Location of Review/Audit: Company facility in the U. S.       Territory: C         Operation Types       Interstate Intrastate       Location of Review/Audit: Company facility in the U. S.       Territory: C         Operation Types       Interstate Intrastate       Business: Corporation       for year ending:         Cargo Tank:       N/A       Gross Revenue:       for year ending:         Cargo Tank:       N/A       Gross Revenue:       for year ending:         Company Physical Address:       B800 PARK ST       BELLFLOWER, CA 90706         Contact Name:       JOSE GUZMAN       Phone numbers: (1) 562-529-2676       (2)       Fax         E-Mail Address:       Googo PARK ST       BELLFLOWER, CA 90706       Earrier Classification         Carrier Classification       Private Passengers       Other: INTRASTATE       Carrier Classification         Private Passengers       Other: Mobile repair tools       Googo 0       0       0         Yan, 9-15       22       0       0       Minibus, 16+       50       0       0         Yan, 9-15       22       0       0       Minibus, 16+       50       0<		US DOT	#	Legal: EN	<b>MPIR</b>				dy r unor						
MC/MX #:       State #: 326916       Federal Tax ID:27-0121666 (EIN)         Review Type: Non-ratable Review - Special Study       Location of Review/Audit: Company facility in the U. S.       Territory: C         Operation Types       Interstate Intrastate       Business: Corporation       Gross Revenue:       for year ending:         Cargo Tank:       N/A       N/A       Business:       Gross Revenue:       for year ending:         Company Physical Address:       Bestiness:       Corporation       Gross Revenue:       for year ending:         BelLIFLOWER, CA 90706       Contact Name:       JOSE GUZMAN       Phone numbers: (1) 562- 529-2676       (2)       Fax         Company Mailing Address:       B800 PARK ST       BelLIFLOWER, CA 90706       E-Mail Address:       Gross Revenue:       Fax         Carrier Classification       Private Passenger, Business       Other: INTRASTATE       Gross 0       Govened Term Leased Trip Leased         Passengers       Other: Mobile repair tools       Guyperate tools       Govened Trip Leased Trip Leased       Govened Trip Leased Trip Leased         Truck       1       0       0       Minibus, 16+       50       0       0         Company Mailing Address:       22       0       0       Minibus, 16+       50       0       0         Ca		2731988		Operating	a (DE	A):		41140							
Review Type: Non-ratable Review - Special Study         Sope: Terminal Location of Review/Audit: Company facility in the U. S. Territory: C         Operation Types Interstate Intrastate         Carrier: N/A Non-HM Business: Corporation         Grarter: N/A Non-HM Business: Corporation         Grarter: N/A N/A         Carrier: N/A N/A         Carrier: N/A N/A         Company Physical Address:         Bable FLOWER, CA 90706         Contact Name: JOSE GUZMAN         Phone numbers: (1) 562-529-2676 (2)         Fax         Company Mailing Address:         BBLLFLOWER, CA 90706         Carrier Classification         Private Passenger, Business         Other: INTRASTATE         Carrier Classification         Private Passengers         Other: Mobile repair tools         Equipment         Owned Term Leased Trip Leased         Truck 1       0         Minibus, 16+ 50       0         Owned Term Leased Trip Leased         Truck 1       Owned Term Leased Trip Leased	MC/MX #:						Fadaral	Tay I		. /	·····				
Scope:       Terminal       Location of Review/Audit: Company facility in the U. S.       Territory: C         Operation Types       Interstate Intrastate       Business: Corporation       For year ending:         Cargo Tank:       N/A       N/A       Gross Revenue:       for year ending:         Company Physical Address:       Business: Corporation       for year ending:       Shipper: N/A         B300 PARK ST       BELLFLOWER, CA 90706       Contact Name:       JOSE GUZMAN         Phone numbers:       (1) 562-529-2676       (2)       Fax         Company Mailing Address:       B800 PARK ST         B800 PARK ST       BELLFLOWER, CA 90706         Carrier Classification       Private Passenger, Business         Private Passenger, Business       Other: INTRASTATE         Cargo Classification       Passengers         Passengers       Other: Mobile repair tools         Equipment       0       0         Van, 9-15       22       0       0         Ower units used in the U.S. 100       Ose carrier transport placardable quantities of HM? No       Is an HM Permit required?       N/A         Driver information       Inter Intra       Average trip leased drivers/month: 0       10         < 100 Miles:	Review Ty	/pe: Non-				rial Study	i cuciai		127-0121000	(EIN)					
Operation Types       Interstate       Interstate       Territory: C         Carrier:       N/A       Non-HM       Business: Corporation       For year ending:         Shipper:       N/A       N/A       Gross Revenue:       for year ending:         Company Physical Address:       Business:       Corporation       Gross Revenue:       for year ending:         B800 PARK ST       BELLFLOWER, CA 90706       Edition       Fax       E-Mail Address:         Company Malling Address:       Boo PARK ST       BELLFLOWER, CA 90706       Fax         Carrier Classification       Private Passenger, Business       Other: INTRASTATE         Cargo Classification       Passengers       Other: Mobile repair tools         Equipment       0       Minibus, 16+       50       0         Van, 9-15       22       0       0       Minibus, 16+       50       0       0         Obse carrier transport placardable quantities of HM?       No       Is an HM Permit required?       N/A       N/A	Scope:				ope	-	/m /								
Carrier       N/A       N/A       N/A       Gross Revenue:       for year ending:         Cargo Tank:       N/A       N/A       Gross Revenue:       for year ending:         Cargo Tank:       N/A       Gross Revenue:       for year ending:         Company Physical Address:       B800 PARK ST       BELLFLOWER, CA 90706         Contact Name:       JOSE GUZMAN       Phone numbers: (1) 562- 529-2676       (2)       Fax         Phone numbers:       (1) 562- 529-2676       (2)       Fax       Fax         Company Malling Address:       B800 PARK ST       BELLFLOWER, CA 90706       Easification         Private Passenger, Business       Other: INTRASTATE       Cargo Classification         Private Passengers       Other: Mobile repair tools       Equipment         Truck       1       0       0       Minibus, 16+       50       0       0         Yan, 9-15       22       0       0       0       0       0       0       0       0         Does carrier transport placardable quantities of HM?       No       Is an HM Permit required?       N/A       0       0       0         Otiver information       Inter       Intra       Average trip leased drivers/month: 0       1       1       0		·····		ata Intra	- 6 - 6 -		of Review.	//Audi	t: Company fa	acility h	n the U	. S.	Tei	rritory: (	)
Shipper:     N/A     N/A     Gross Revenue:     for year ending:       Cargo Tank:     N/A     Gross Revenue:     for year ending:       Company Physical Address:     8800 PARK ST     BELLFLOWER, CA 90706       Contact Name:     JOSE GUZMAN     Phone numbers: (1) 562-529-2676     (2)       Fax     Fax     Company Malling Address:     8800 PARK ST       BELLFLOWER, CA 90706     Company Malling Address:     8800 PARK ST       B800 PARK ST     BELLFLOWER, CA 90706     Fax       Carrier Classification     Private Passenger, Business     Other: INTRASTATE       Passengers     Other: Mobile repair tools     Equipment       Van, 9-15     22     0     0       Van, 9-15     22     0     0       Ower units used in the U.S.: 100     0     0       Does carrier transport placardable quantities of HM?     No       Is an HM Permit required?     N/A       Inter     Intra       < 100 Miles:		And the owner of the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the owner, the o				1									
Cargo Tank:     N/A     Tor Year ending:       Company Physical Address:     8800 PARK ST       BELLFLOWER, CA 90706     Contact Name:     JOSE GUZMAN       Phone numbers: (1) 562-529-2676     (2)     Fax       E-Mail Address:     Company Malling Address:     8800 PARK ST       BELLFLOWER, CA 90706     E-Mail Address:     Easenger       Carrier Classification     Private Passenger, Business     Other: INTRASTATE       Passengers     Other: Mobile repair tools     Equipment       Owned Term Leased Trip Leased     Owned Term Leased Trip Leased       Truck     1     0     0       Mainbus, 16+     50     0     0       Ower units used in the U.S.: 73     o     0     0       ercentage of time used in the U.S.: 100     Does carrier transport placardable quantities of HM? No     Is an HM Permit required?     N/A       Driver Information     Inter Intra     Average trip leased drivers/month: 0     Total Drivers: 56	1				-F31V	Groce Paul	Corporati	on							
Company Physical Address:         8800 PARK ST         BELLFLOWER, CA 90706         Contact Name:       JOSE GUZMAN         Phone numbers: (1) 562-529-2676       (2)         F-Mail Address:         Company Malling Address:         B800 PARK ST         BB00 PARK ST         BELLFLOWER, CA 90706         Carrier Classification         Private Passenger, Business         Other: Mobile repair tools         Equipment         Van, 9-15       22         0       0         Van, 9-15       22         0       0         Owned in the U.S.: 73         ercentage of time used in the U.S.: 73         ercentage of time used in the U.S.: 70         Does carrier transport placardable quantities of HM?         N/A         Driver Information         Inter       N/A         Avorage trip leased drivers/month: 0         < 100 Miles:						GIUSS REL	/enue;			for y	ear en	ding:			
8800 PARK ST         BELLFLOWER, CA 90706         Contact Name:       JOSE GUZMAN         Phone numbers:       (1) 562-529-2676       (2)         F-Mail Address:         Company Malling Address:         8800 PARK ST         BELLFLOWER, CA 90706         Carrier Classification         Private Passenger, Business       Other: INTRASTATE         Carge Classification         Passengers       Other: Mobile repair tools         Equipment       0       0         Van, 9-15       22       0       0         Van, 9-15       22       0       0         Owned Inthe U.S.: 73       ercentage of time used in the U.S.: 73       ercentage of time used in the U.S.: 100         Does carrier transport placardable quantities of HM?       No       Is an HM Permit required?         N/A       N/A       N/A         Driver Information       Inter Intra       Average trip leased drivers/month: 0         < 100 Miles:															
BELLFLOWER, CA 90706         Contact Name:       JOSE GUZMAN         Phone numbers:       (1) 562-529-2676       (2)         F-Mail Address:         Company Mailing Address:         8800 PARK ST         BELLFLOWER, CA 90706         Carrier Classification         Private Passenger, Business         Other: INTRASTATE         Cargo Classification         Passengers         Other: Mobile repair tools         Equipment         Van, 9-15       22         0       0         Van, 9-15       22         0       0         o       0         o       0         Owned in the U.S.: 73         ercentage of time used in the U.S.: 100         Does carrier transport placardable quantities of HM?         N/A         Driver Information         Inter Intra         < 100 Miles:	-		Addre	SS:		·	-								
Contact Name:       JOSE GUZMAN         Phone numbers: (1) 562- 529-2676       (2)       Fax         E-Mail Address:       Fax         Company Malling Address:       8800 PARK ST         BBLLFLOWER, CA 90706       BELLFLOWER, CA 90706         Carrier Classification       Private Passenger, Business         Private Passengers       Other: INTRASTATE         Cargo Classification       Passengers         Passengers       Other: Mobile repair tools         Equipment       0       0         Van, 9-15       22       0       0         Van, 9-15       22       0       0         Ower units used in the U.S.: 100       Oos carrier transport placardable quantities of HM? No       Is an HM Permit required?       N/A         Driver Information       Inter Intra       Average trip leased drivers/month: 0       Total Drivers: 58			90706												
Phone numbers: (1) 562- 529-2676 (2)       Fax         E-Mail Address:       Company Mailing Address:         B800 PARK ST       BELLFLOWER, CA 90706         Carrier Classification       Private Passenger, Business         Plote Passenger, Business       Other: INTRASTATE         Cargo Classification       Passengers         Passengers       Other: Mobile repair tools         Equipment       Owned Term Leased Trip Leased         Van, 9-15       22       0         Van, 9-15       22       0         ower units used in the U.S.: 73       ercentage of time used in the U.S.: 73         ercentage of time used in the U.S.: 100       Pose carrier transport placardable quantities of HM? No         Is an HM Permit required?       N/A         Driver Information       Average trip leased drivers/month: 0         < 100 Miles:	1														
E-Mail Address: Company Malling Address: 8800 PARK ST BELLFLOWER, CA 90706 Carrier Classification Private Passenger, Business Other: INTRASTATE Cargo Classification Passengers Other: Mobile repair tools Equipment Owned Term Leased Trip Leased Truck 1 0 0 Minibus, 16+ 50 0 0 Van, 9-15 22 0 0 ower units used in the U.S.: 73 ercentage of time used in the U.S.: 100 Does carrier transport placardable quantities of HM? No Is an HM Permit required? N/A Driver Information Average trip leased drivers/month: 0 <pre></pre>			JOS	E GUZMA	٨N										
Company Malling Address:         8800 PARK ST         BELLFLOWER, CA 90706         Carrier Classification         Private Passenger, Business       Other: INTRASTATE         Cargo Classification         Passengers       Other: Mobile repair tools         Equipment       Owned Term Leased Trip Leased         Van, 9-15       22       0         ower units used in the U.S.: 73       Outhout the U.S.: 100         Does carrier transport placardable quantities of HM?       No         Is an HM Permit required?       N/A         Driver Information       Average trip leased drivers/month: 0         Inter       58         Total Drivers: 58	Phone nur	nbers: (1	1) 562-	529-2676	5	(2)			Fax						
8800 PARK ST BELLFLOWER, CA 90706         Carrier Classification Private Passenger, Business         Other: INTRASTATE         Cargo Classification Passengers         Other: Mobile repair tools         Equipment         Owned Term Leased Trip Leased         Van, 9-15       22       0       0         Owned Term Leased Trip Leased         Own															
BELLFLOWER, CA 90706         Carrier Classification         Private Passenger, Business       Other: INTRASTATE         Cargo Classification         Passengers       Other: Mobile repair tools         Equipment       Owned       Term Leased       Owned       Term Leased       Trip Leased         Van, 9-15       22       0       0       Minibus, 16+       50       0       0       0         Owner units used in the U.S.: 73       ercentage of time used in the U.S.: 100       Does carrier transport placardable quantities of HM?       No       Is an HM Permit required?       N/A         Driver Information       Inter       Intra       Average trip leased drivers/month: 0       Total Drivers: 58       Total Drivers: 58	Company N	lailing Ac	Idress	• •									2)-01-1-1- <b>1-1</b> -1-1-1-1-1-1-1-1-1-1-1-1-1-1-	••••••••••••••••••••••••••••••••••••••	
Carrier Classification       Other: INTRASTATE         Passengers       Other: Mobile repair tools         Equipment       Owned Term Leased Trip Leased       Owned Term Leased Trip Leased         Truck       1       0       0       Minibus, 16+       50       0       0         Van, 9-15       22       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0											4444-4-4444))((+44444444444444)(+(+++)	*****			
Private Passenger, Business       Other: INTRASTATE         Cargo Classification       Passengers       Other: Mobile repair tools         Equipment       Owned       Term Leased       Trip Leased       Owned       Term Leased Trip Leased         Truck       1       0       0       Minibus, 16+       50       0       0         Van, 9-15       22       0       0       Minibus, 16+       50       0       0       0         ower units used in the U.S.: 73       ercentage of time used in the U.S.: 100       Does carrier transport placardable quantities of HM?       No       No       N/A       N/A       Driver Information         Inter       Intra       Average trip leased drivers/month: 0       Total Drivers: 58       Total Drivers: 58	BELLFLOW	/ER, CA 9	90706												
Private Passenger, Business       Other: INTRASTATE         Cargo Classification       Passengers       Other: Mobile repair tools         Equipment       Owned       Term Leased       Trip Leased       Owned       Term Leased Trip Leased         Truck       1       0       0       Minibus, 16+       50       0       0         Van, 9-15       22       0       0       Minibus, 16+       50       0       0       0         ower units used in the U.S.: 73       arcentage of time used in the U.S.: 100       Does carrier transport placardable quantities of HM?       No       No       Average trip leased drivers/month: 0       N/A         Inter       Intra       Average trip leased drivers/month: 0       Total Drivers: 58       Total Drivers: 58	Carrier Clas	sification	1			*****									
Classification       Other: Mobile repair tools         Equipment       Owned Term Leased Trip Leased       Owned Term Leased Trip Leased         Truck       1       0       0       Minibus, 16+       50       0       0         Van, 9-15       22       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0				iness		Other	INTRAST	ATE		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·				
Equipment       Owned Term Leased Trip Leased       Owned Term Leased Trip Leased         Truck       1       0       0       Minibus, 16+       50       0       0         Van, 9-15       22       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	Cargo Class	ification			Nora	01101,		MIE							**************************************
Equipment       Owned Term Leased Trip Leased       Owned Term Leased Trip Leased         Truck       1       0       0       Minibus, 16+       50       0       0       0         Van, 9-15       22       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	Passeng	ers		C	)ther:	Mobile rep:	air tools		1	·····		·····			
Huck     1     0     0     Minibus, 16+     Outside Trip Leased       Van, 9-15     22     0     0       ower units used in the U.S.: 73     ower units used in the U.S.: 73       ercentage of time used in the U.S.: 100       Does carrier transport placardable quantities of HM?     No       Is an HM Permit required?     N/A       Inter     Intra       < 100 Miles:	Equipment		**************************************	**************************************				······		******					
Mddk     1     0     0     Minibus, 16+     Other       Van, 9-15     22     0     0     0       ower units used in the U.S.: 73     ower units used in the U.S.: 73     0     0       ercentage of time used in the U.S.: 100     0     0     0       Does carrier transport placardable quantities of HM?     No     0     0       Is an HM Permit required?     N/A     0     0       Inter     Intra     Average trip leased drivers/month: 0     0       < 100 Miles:			0	wned T	erm l	eased Tri	n Leased		1979 Sana a canto Sata a canto da canto		~			:	
val. 9-15     22     0     0       ower units used in the U.S.: 73     0     0       ercentage of time used in the U.S.: 100     0     0       Does carrier transport placardable quantities of HM?     No       Is an HM Permit required?     N/A       Driver Information     N/A       < 100 Miles:		-		1		0			linibus, 16+	949-955 der andere 940 der dar ander	Owne	d lern			
ercentage of time used in the U.S.: 100 Does carrier transport placardable quantities of HM? No Is an HM Permit required? N/A Driver Information Inter Intra <100 Miles: 58 >= 100 Miles: 58						0	0				0	0	U		0
Does carrier transport placardable quantities of HM? No Is an HM Permit required? N/A Driver Information Inter Intra < 100 Miles: 58 >= 100 Miles: 58	ower units us ercentage of	sed in the ' time use	U.S.: 1 d in the	73 > U.S · 10	n										
Is an HM Permit required? N/A Driver Information Inter Intra <100 Miles: 58 >= 100 Miles: 58	Does carrie	r transpo	rt plac	ardahle	-	fition of LIN	ām								
Driver Information     N/A       Inter     Intra       < 100 Miles:	ls an HM Pe	rmit requ	lired?		quaii	uues of rip									
Inter Intra < 100 Miles: 58 >= 100 Miles: 58 Average trip leased drivers/month: 0 Total Drivers: 58				hanna an 1997 - a ann 1997 - a an 1997		······	N/A		*****	-					
< 100 Miles: 58 >= 100 Miles: 58 Total Drivers: 58			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		1	······································			Naminum 2010 (1995)	0					
>= 100 Miles: 58 Total Drivers: 58	< 400.1		inter			Average tri	p leased c	driver	s/month: 0						
				58											
	- 1401	vines:													
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Page 1 of 2 Capri 6.8,9.3									O6LKM4CA	39DA	A				

Q	EMPIRE TRANSPORTATION INC - Terminal U.S. DOT #: 2731988	State #: 326916	Review Date 05/03/2016
	Pa	art A	
QU	ESTIONS regarding this report may be directed to th	e Southern Division	۲۳۹۹ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۱۳۳۳ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ -
NO	or Carrier Safety Unit at: 437 North Vermont Ave Los Angeles, CA 9004 (323) 644-9557		
		with safety compliance at this terminal.	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -
erson(s)	Interviewed	with safety compliance at this terminal.	
Name: J Name:	DSE GUZMAN	Title: COMPLIANCE SUPERVISOF Title:	t
			88000000000000000000000000000000000000
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Capri 6.8.9.3

	MPIRE TRANSPORTA	TION INC - Terminal			~	Review Dal
	I.S. DOT #: 2731988		Sta	te #: 326916		05/03/2016
		Part B V	olations			
1	Primary: 13CCR12	13(5)(1)		T		
STATE	CFR Equivalent: 3		Discovered	Checked 450	Drivers In Violation 1	Vehicles Checke 15
Example Ana Vargas D	<u>DL# was on</u>	aintain a record of duty stal om work within 12 consecu duty more than 12 hours a	uve hours.	neet the exem	plion requirer	
2 STATE	Primary: 13CCR12 CFR Equivalent: 39		Discovered 1	Checked 1	Drivers/ In Violation	Vehicles Checke 14
Example Unit # 250	aubaequent driver,	re that daily vehicle inspec t (DVIR) indicated the low (				
afety Fitness Total Mi	Rating Information: les Operated ble Accidents	500,000 0	Number of Vel OC Number of Vehicles	DS Vehicle (M	d (CR): 14 ICMIS): 0	
	safety rating is : Thi	s Review is not	Rated.			
				*****	9999 - Andrea State (1999) 1999 - Andrea State (1999) 1999 - Andrea State (1999)	Mendon constanti in diversi and and a
/2016 11:30:19 AM	1	Page 1 of	1 OGLKM4CA39I		C	apri 6.8.9.3

	EN U.	APIRE TRANSPORTATION INC - S. DOT #: 2731988	Terminal	Cł.	ate #: 326916	Review D
1.						05/03/201
		rait o Kequi	rements and	/or Recommenda	itions	
1. Re	equire drive	vers to complete a record of duty s contained in 13 CCR 1212(e)are n	tatus when all th	e provisions of the 10	0 air-mile radius drive	
			ot met.			
		``				
					<b>,</b>	
016 11:3	30:45 AM	*****	Page 1 of 1	O6LKM4CA39		Capri 6.8.9.3

Reason not Rated: Special Study     Study Code: CA       the safety fitness     Study Code: CA       the safety fitness     Yes - Intrastate       of hazardous materials?     Not Applicable       Special Study Information:     Special Study Information:       CA # - 326916     FCN - 245940	EMPIRE TRANSPORTATION INC - Termina U.S. DOT #: 2731988	al			S	itate #	: 3269	16			eview Dat 5/03/2016
3       395       397       398       399       171       172       173       177       178       180         Reason not Rated: Special Study       Study Code: CA         the safety fitness part A, AND does it vehicle? Yes - Intrastate of hazardous materials? Not Applicable         Special Study Information:         CA# - 326916 90706         CA# - 326916 90706         Special Study Information:         CA# - 326916 90706         Special Study Information:         Upload Authorized: Yes No Authorized by: Date:         Uploaded ty:       Date:         Uploaded:       Yes No         Failure Code:		Part (	0								۰
Reason not Rated: Special Study       Study Code: CA         the safety fitness oppart A, AND does it vehicle?       Yes - Intrastate         of hazardous materials?       Not Applicable         RVISOR       Special Study Information:         CA# - 326916       Special Study Information:         B0706       FCN - 245940         is been rated Satisfactory at this time.         Upload Authorized:       Yes         Visor       Date:         Uploaded:       Yes         Value:       Uploaded:         Yes       No         Filture Code:       Yes	Reason for Review: Other Planned Action: Compliance Monitoring	TOUR B	IUS INS	PECT	ΓΙΟΝ				*************		
the safety fitness part A, AND does it vehicle? Yes - Intrastate of hazardous materials? Not Applicable Special Study Information: RVISOR CA # - 326916 30706 FCN - 245940 as been rated Satisfactory at this time. Is been rated Satisfactory at this time.	Parts Reviewed Certification: 325 382 383 387 390 391 392 393 395	5 396	397	398	399	171	172	173	177	178	180
uppart A, AND does it       Yes - Intrastate         of hazardous materials?       Not Applicable         Special Study Information:       RVISOR         CA # - 326916       Special Study Information:         00706       FCN - 245940         as been rated Satisfactory at this time.       Special Study Information:         Upload Authorized:       Yes       No         Authorized by:       Date:       Date:         Uploaded:       Yes       No         Failure Code:       Vertifier Line	Prior Reviews Prior Prosecutions Re 7/9/2015 6/18/2014 6/19/2013	ason no	t Rated:	:Spec	ial Stu	ıdy	ξ	Study	Code:	CA	
Special Study Information:         RVISOR         CA# - 326916         90706       FCN - 245940         as been rated Satisfactory at this time.         Upload Authorized:       Yes         Authorized by:       Date:         Uploaded:       Yes         Value       Yes         Value       Yes	<u>Unsat/Unfit Information</u> Is the motor carrier of passengers subject to the sa procedures contained in 49 CFR part 385 subpart A transport passengers in a commercial motor vehicle Does carrier transport placardable quantities of has Unsat/Unfit rule:	, AND do ie?	oes it	lls?					n an	- 69 - 61 - 61 - 61 - 62 - 63 - 64 - 64 - 64 - 64 - 64 - 64 - 64	Singlindu Jones and generations
CA # - 326916 B0706 FCN - 245940 Its been rated Satisfactory at this time. Upload Authorized: Yes No Authorized by: Date: Uploaded: Yes No Failure Code:	Corporate Contact: JOSE GUZMAN Corporate Contact Title: COMPLIANCE SUPERVISO			1.4		······		Inform	ation:		
Authorized by: Date: Uploaded: Yes No Failure Code:	Terminal Address: 8800 Park St., Bellflower, Ca 90706 Rating Information: In accordance with 13 CCR 1233, this terminal has been MAINTENANCE PROGRAM VIOLATIONS: See Part B.					ne.					
Authorized by: Date: Uploaded: Yes No Failure Code:	DRIVER RECORDS VIOLATIONS: All current and on file at this time										
Authorized by: Date: Uploaded: Yes No Failure Code:	HOURS OF SERVICE VIOLATIONS: See Part B.										
Authorized by: Date: Uploaded: Yes No Failure Code:		[ <u>]</u>			-				-		
Uploaded: Yes No Failure Code:					1:	Yes			+n.		
			-	-	Yes		No			ode:	
		Verifie	d by:								
		Uploa	ded:	-	Yes		No	Fai	ilure C	0	de:

	· · · · · · · · · · · · · · · · · · ·			VEHICI		ON REPO	RT	inSPECT 1.0.86
G G Pl In	lendale, ( hone: (32 ternation	Central A CA 91203 3) 644-95 ally Accr	venue, #4 557		HP407F/343A	Inspection Start: 6:00 Inspection	lumber: CAA1 on Date: 05/02 0 AM PD En on Level: V - T ection Type: N	33370165 /2016 d: 6:30 AM PD etminal Inspection
EMPIRE TRANSF 8800 PARK ST BELLFLOWER, C. USDOT: 2731988 MC/MX#:	'ORTATIC A. 90706	ON INC	: (562)529-		Driver: License#: Date of Birth: CoDriver:			State:
State#: 326916	01455	Γαλ#;			License#: Date of Birth:			State:
Location: BELLFL Highway: County: LOS ANG				Milepo Origin Destin	st: Sh	ipper: N/A		ding: N/A
VEHICLE IDENTIF Unit Type Make Ye 1 BU FORD 20	ar State	Plate 5P83398	Equipment 162	JD	VIN 0XE45S91HB0600	<u>GVWR</u> 09 14050	CVSA Existing	CVSA#
BRAKE ADJUSTM Axle # 1 Right N/A Left N/A Chamber HYDR	2 N/A N/A	ma Lyn (dd Co'r rugno Co'r Llangar		99990000000000000000000000000000000000		9999999999999999999999999999999999999		
VIOLATIONS No vi	olations w	vere disco	vered		*******			
HazMat: No HM tra	nsported					Placard:		Care a Transfer
Special Checks: N	o data for	special c	hecks					Cargo Tank:
State Information: Beat/Sub Area: S44 25; Pre-Cleared Veh	; Bus Typ ticle: N; P	e: 1; File UC: 2150	Code Num )7; Regulat	iber: 24 ed Vehi	5940; Fuel Type cle: Y; Veh #1 1	: G; Odon vpe: 10	ieter: 295047;	Passenger Capacity:

Report Prepared By: S. M. Middlebrooke

<u>Badge #:</u> A13337

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	Glendale, Phone: (3) Internatio	Central / CA 91203 23) 644-9 nally Acc	Patrol Venue, #41 557	0	E EXAMINATI 1P407F/343A	Report N Inspectio Start: 6:3 Inspectio	umber: CAA1 n Date: 05/02 0 AM PD En n Level: V - T ction Type: N	/2016 I <b>d:</b> 7:00 A Terminal In	MPD
EMPIRE TRANS 8800 PARK ST BELLFLOWER, USDOT: 273198 MC/MX#:	CA, 90706		: (562)529-2	676	Driver: License#: Date of Birth CoDriver: License#:		dennen and den	<b>M</b> , (* 1630 an an an an an an an an an an an an an	State:
State#: 326916 Location: BELL Highway: County: LOS AN	IGELES			Vilepo Drigin: Destin:		ipper: N/A	Bill of La Cargo: N	ding: N/A	State:
VEHICLE IDENT Unit Type Make 1 BU FORD	Year State	Plate	Equipment II 299	2 1FD	<u>VIN</u> XE05567DB299	<u>GVWR</u> 12 14050	CVSA Existing		l
BRAKE ADJUST Axle # 1 Right N/A Left N/A Chamber HYDF	<u>2</u> N/A N/A							944	
VIOLATIONS:No	violations	were disc	overed						
HazMat: No HM t	ransported		,		**************************************	Placard:		Caroo T	
Special Checks:	No data fo	r special c	hecks	•••••				Cargo Ta	ank:
State Information Beat/Sub Area: Sv 4; Pre-Cleared V	44. Bus Tv	pe: 1; File PUC: 215(	Code Numb )7; Regulate	er: 245 d Vehi	i940; Fuel Type cle: Y; Veh #1	: G; Odom Ivpe: 10: W	eter: 294744; /C Passenger	Passenge	er Capacity:

Report Prepared By: S. M. Middlebrooke

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<u>Badge #:</u> A13337

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DRIVER	R/VEHICLE EXAMINATIO	DN REPORT	inSPECT 1.0.86
California Highway Patrol 411 North Central Avenue, # Glendale, CA 91203 Phone: (323) 644-9557 Internationally Accredited A		Report Number: CAA1 Inspection Date: 05/02/ Start: 7:00 AM PD En Inspection Level: V - To HM Inspection Type: N	/2016 d: 7:30 AM PD erminal Inspection
EMPIRE TRANSPORTATION INC 8800 PARK ST BELLFLOWER, CA, 90706 USDOT: 2731988 Phone#: (562)525 MC/MX#: Fax#:	Driver: License#: Date of Birth: 9-2676 CoDriver:	annot to de minimum a construction and the second second second second second second second second second second	State:
MC/MX#: Fax#: State#: 326916 Location: BELLFLOWER Highway: County: LOS ANGELES	License#: Date of Birth; Milepost: Sh Origin: N/A Destination: N/A	Ipper: N/A Bill of La	State:
VEHICLE IDENTIFICATION		Cargo: N/	/A
Unit         Type         Make         Year         State         Plate         Equipment           1         BU         FORD 2011         CA         274NA         263		GVWR CVSA Existing 36 14500	CVSA#
BRAKE ADJUSTMENTS Axle# <u>1</u> 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR			
VIOLATIONS:No violations were discovered	999 / Million - Commercial Control Administration of Control Control Control Control Control Control Control Co	**************************************	
lazMat: No HM transported	₩	Placard:	Cargo Tank:
Special Checks: No data for special checks			
State Information: Beat/Sub Area: S44; Bus Type: 1; File Code Nu	Imber: 245940: Fuel Type	2. 6' Odomatar: 172152:	Passager Cares'

20; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10

Report Prepared By; S. M. Middlebrooke

<u>Badge #:</u> A13337

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DRIVER/VEHICLE EXAMINATI	ON REPORT	inSPECT 1.0.86
California Highway Patrol 411 North Central Avenue, #410 Glendale, CA 91203 Phone: (323) 644-9557 Internationally Accredited Agency CHP407F/343A	Report Number: CAA133 Inspection Date: 05/02/2 Start: 7:30 AM PD End Inspection Level: V - Ter HM Inspection Type: No	016 : 8:00 AM PD minal Inspection
EMPIRE TRANSPORTATION INC     Driver:       8800 PARK ST     License#:       BELLFLOWER, CA, 90706     Date of Birth       USDOT: 2731988     Phone#: (562)529-2676       MC/MX#:     Fax#:		State:
State#: 326916 Date of Birth Location: BELLFLOWER Milepost: St	: Ipper: N/A	State:
County: LOS ANGELES Origin: N/A Destination: N/A	Bill of Lad Cargo: N/A	
VEHICLE IDENTIFICATION Unit Type Make Year State Elate Equipment JD VIN 1 BU FORD 2011 CA 111FL 266 1FDFE4F56BDA462	GVWR CVSA Existing	CVSA#
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR		
VIOLATIONS:No violations were discovered	######################################	
HazMat: No HM transported	Placard:	Cargo Tank:
Special Checks: No data for special checks		
State Information: Beat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Typ 20; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1	e: G; Odometer: 117763; F Type: 10	Passenger Capacity:

Report Prepared By: S. M. Middlebrooke

<u>Badge #:</u> A13337

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BELLFLOWER, CA, 90706     Date of Birth:     State:       USDOT: 2731988     Phone#: (562)529-2676     CoDriver:       MC/MX#:     Fax#:     License#:     State:       State#: 326916     Date of Birth:     License#:     State:       Location: BELLFLOWER     Milepost:     Shipper: N/A       Highway:     Origin: N/A     Bill of Lading: N/A       County: LOS ANGELES     Destination: N/A     Cargo: N/A       //EHICLE IDENTIFICATION     Jult     Type Make Year State     Plate       Jult     Type Make Year State     Equipment ID     VIN     GVWR       AKE ADJUSTMENTS     Axle #     1     2       Right     N/A     N/A     N/A       Chamber     HYDR     N     Steering gear box leaking at bottem       MOLATIONS     Intervented     Placard:     Cargo Tank:       pecial Checks: No data for special checks     Placard:     Cargo Tank:	411 North Central Avenue, #410       Inspection Date: 05/02/2016         Glendale, CA 91203       Start: 8:00 AM PD         Phone: (323) 644-9557       Inspection Level: V - Terminal Inspection         Internationally Accredited Agency CHP407F/343A       HM Inspection Type: None         EMPIRE TRANSPORTATION INC       Driver:         BS00 PARK ST       License#:       State:         BELLFLOWER, CA, 90706       Date of Birth:       State:         USD07: 2731988       Phone#: (562)529-2676       CoDriver:       State:         State#: 326916       Date of Birth:       State:         Octation: BELLFLOWER       Milepost:       Shipper: N/A         Gigmus:       Origin: N/A       Bill of Lading: N/A         Ounty: LOS ANGELES       Destination: N/A       Cargo: N/A         ZHICLE IDENTIFICATION       Milepost:       Shipper: N/A         Jill Type Make Year State       Equipment ID       VIN         GSRAKE ADJUSTMENTS       State index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index index ind	DRIVERA	/EHICLE EXAMINATI	ON REPORT	inSPECT 1.0.86
B800 PARK ST       License#:       State:         BELLFLOWER, CA, 90706       Date of Birth:       Date of Birth:         BUSDOT: 2731988       Phone#: (562)529-2676       CoDriver:         MC/MX#:       Fax#:       License#:       State:         State:       State:       Date of Birth:       State:         Location: BELLFLOWER       Milepost:       Shipper: N/A       Bill of Lading: N/A         County: LOS ANGELES       Destination: N/A       Cargo: N/A         Zender:       Date of Birth:       CVSA Existing       CVSA #         All Type Make Year State       Plate       Equipment ID       VIN       GVWR       CVSA Existing       CVSA #         1 BU CHEV 2008       CA 8V75568       250       1GBE5V1G98F406176       19500       BRAKE ADJUSTMENTS         State#       1 2       Right       N/A       N/A       Chargo: Tank:       Placard:       Cargo: Tank:         Pocial Checks: No data for special checks       N       N Steering gear box leaking at boltem       16       Cargo: Tank:         Pecial Checks: No data for special checks       tate Information:       eat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: 6; Odometer: 175728; Passenger Capacity: 6; Pre-Cleared Vehicle: N, PUC; 21507; Regulated Vehicle: Y, Veh #1 Type: 10       Dursuant to Section 24004 C	BB00 PARK ST       License#:       State:         BELLFLOWER, CA, 90706       Date of Birth:       Date of Birth:         DSDDT: 2731988       Phone#: (562)529-2676       CoDriver:         WC/MX#:       Fax#:       License#:       State:         State:       State:       Date of Birth:       State:         Location: BELLFLOWER       Milepost:       Shipper: N/A       Bill of Lading: N/A         County: LOS ANGELES       Destination: N/A       Cargo: N/A         Zender:       Date of Birth:       CVSA Existing       CVSA #         All type Make Year State       Plate       Equipment.ID       VIN       GVWR       CVSA Existing       CVSA #         1       BU CHEV 2008       CA 8V75568       250       1GBE5V1G98F406176       19500       BRAKE ADJUSTMENTS         Skiele #       1       2       Right       N/A       N/A       Chargo Tank:         PoloATIONS       Eclian       Type Unit QQS       Citation # VerifyCrash Violations Discovered       232(A) CCR       1       N       N       Stering gear box leaking at boltem       16         IazMat: No HM transported       Placard:       Cargo Tank:       pecial Checks: No data for special checks       10       15/210/210/210/210/210/21/21/20/21/21/21/20/21/21/21/21/21/21/21/	411 North Central Avenue, #4 Glendale, CA 91203 Phone: (323) 644-9557 Internationally Accredited Age		Inspection Date: 05. Start: 8:00 AM PD Inspection Level: V	/02/2016 End: 8:30 AM PD - Terminal Inspection
State#: 326916     Date of Birth:     State:     State:       Location: BELLFLOWER     Milepost:     Shipper: N/A       Highway:     Origin: N/A     Bill of Lading: N/A       County: LOS ANGELES     Destination: N/A     Cargo: N/A       //EHICLE IDENTIFICATION     Jill Type Make Year State     Plate       1     BU CHEV 2008     CA 8V75558     250     1GBE5V1G98F406176       3RAKE ADJUSTMENTS     Xxle #     1     2       Right     N/A     N/A       Chamber     HYDR     HYDR       MOLATIONS     edian     N       State:     1     2       Right     N/A     N/A       Chamber     HYDR HYDR       MOLATIONS     edian     N       State:     1     0QS       Gitation #     VorifyCrash Violations Discovered       232(A) CCR     S     1       N     N     Steering gear box leaking at boltom       16     IazMat:     No HM transported     Placard:     Cargo Tank:       pecial Checks:     No data for special checks     Edian:     175728; Passenger Capacity:       6; Pre-Cleared Vehicle: N, PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10     Irsuant to Section 24004 CVO, violations recorded on this SafelyNet Inspection Report must be corrected pilor to redispatch. Violati	State#: 326916       Date of Birth:       State:       State:         Jost of Birth:       Cocation: BELLFLOWER       Milepost:       Shipper: N/A         Highway:       Origin: N/A       Bill of Lading: N/A         County: LOS ANGELES       Destination: N/A       Cargo: N/A         //EHICLE IDENTIFICATION       ///       Milepost:       State:         //EHICLE IDENTIFICATION       ///       GVWR CVSA Existing       CVSA #         1       BU CHEV 2008 CA 8V75558       250       1GBE5V1G98F406176       19500         BRAKE ADJUSTMENTS       State:       1       2         Namber       HYDR HYDR       N/A       Chamber       1         Pocial       N       N       Statering gear box leaking at bottom       16         IazMat: No HM transported       Placard:       Cargo Tank:       2         pecial Checks: No data for special checks       1       Type: G: Odometer:       175728; Passenger Capacity:         S; Pre-Cleared Vehicle: N, PUC; 21507; Regulated Vehicle: Y; Veh #1 Type: 10       Irsuant to Section 24004 CVO, violations recorded on this SafetyNet Inspection Report must be corrected pilor to redispatch. Violations marked out of rivice must be corrected pilor to redispatch. Violations marked out of rivice must be corrected pilor to redispatch. Violations marked out of rivice must be corrected pilor to A COPY IN THE VEHICLE	8800 PARK ST BELLFLOWER, CA, 90706 USDOT: 2731988 Phone#: (562)529-2	License#: Date of Birth 2676 CoDriver:	;	
//EHICLE IDENTIFICATION         Jnit Type Make Year State       Plate       Equipment ID       VIN       GVWR       CVSA Existing       CVSA #         1       BU CHEV 2008       CA       8V75558       250       1GBE5V1G98F406176       19500         BRAKE ADJUSTMENTS       Axie #       1       2       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3	//EHICLE IDENTIFICATION         Init Type Make Year State       Plate       Equipment ID       VIN       GVWR       CVSA Existing       CVSA #         1       BU CHEV 2008       CA       8V75558       250       1GBE5V1G98F406176       19500         BRAKE ADJUSTMENTS       Ave #       1       2       1       1       1       2         Note #       1       2       2       1       1       1       2         Note #       1       2       2       1       1       2         Night       N/A       N/A       Ave #       1       2         Note #       1       0000       Citation #       VerifyCrash Violations Discovered         232(A) CCR       S       1       N       N       Steering gear box leaking at bottom         No       N       N       Steering gear box leaking at bottom       10         Audit: No HM transported       Placard:       Cargo Tank:         pecial Checks: No data for special checks       tate Information:       24/Sub Area:       S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 175728; Passenger Capacity:       5; Pre-Cleared Vehicle: N; PUC; 21507; Regulated Vehicle: Y; Veh #1 Type: 10       Insuent to Section 24004 CVC, violations recorded on the ightway. For your conven	State#: 326916 Location: BELLFLOWER Highway:	Date of Birth Milepost: Sh Origin: N/A	ipper: N/A Bill of	Lading: N/A
Axle #       1       2         Right       N/A       N/A         Arithmet       N/A       N/A         Left       N/A       N/A         Chamber       HYDR       HYDR         MOLATIONS       Image: Arithmetic and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	Axie #       1       2         Right       N/A       N/A         eft       N/A       N/A         chamber       HYDR       HYDR         MOLATIONS       Calibrian       Yerify Crash Yiolations Discovered         232(A) CCR       S       1       N       N       Steering gear box teaking at bottom         Mile       N       N       Steering gear box teaking at bottom       Placard:       Cargo Tank:         Image: table of the constraints       Pecial Checks: No data for special checks       Placard:       Cargo Tank:         pecial Checks: No data for special checks       tate Information:       eat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 175728; Passenger Capacity: S; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10       Image: Transment to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of travice must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE         VIII. ALL VOLATIONS ARE CLEARED. This document should WOL To for your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE			GVWR CVSA Exist	
Image: Section       Type       Unit       OOS       Citation #       VerifyCrash       Violations Discovered         232(A) CCR       S       1       N       N       N       Steering gear box leaking at bottom         16       Placard:       Cargo Tank:         Image: Section 2006       Placard:       Cargo Tank:         Image: Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of privice must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE	action       Type       Unit       OOS       Citation #       VerifyCrash       Violations Discovered         232(A) CCR       S       1       N       N       N       Steering gear box leaking at bottom         Mage: Steering gear box leaking at bottom         Placard:       Cargo Tank:         Pacard:       Cargo Tank:         Pacard:       Cargo Tank:         Pecial Checks: No data for special checks         tate Information:         eat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 175728; Passenger Capacity:         S; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10       Insurant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of invice must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE         VTIL ALL VIOLATIONS ARE CLEARED. This document should how to for your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE	Right N/A N/A eft N/A N/A			
pecial Checks: No data for special checks tate Information: eat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 175728; Passenger Capacity: 6; Pre-Cleared Vehicle: N; PUC; 21507; Regulated Vehicle: Y; Veh #1 Type: 10 ursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of rvice must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE NTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forged to the cert foreing and the result of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of the term of term of the term of the term of term of the term of term of the term of the term of the term of the term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of term of te	pecial Checks: No data for special checks tate Information: eat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 175728; Passenger Capacity: 5; Pre-Cleared Vehicle: N; PUC; 21507; Regulated Vehicle: Y; Veh #1 Type: 10 arsuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of wrice must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE VTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forged to the end for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest for the rest	/IOLATIONS iection Type Unit QQS Citation # VerifyCra 232(A) CCR S t N N N 016	ash Violations Discovered J Steering gear box leakin	g at bollom	
tate Information: eat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 175728; Passenger Capacity: 6; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10 ursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of prvice must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE NTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forguded to the court for plus REPORT OR A COPY IN THE VEHICLE	tate Information: eat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 175728; Passenger Capacity: 6; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10 insuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of invice must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE VTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be formed to the cert foreitors of the context of the temperated on the temperated to the cert foreitors.	lazMat: No HM transported		Placard:	Cargo Tank:
eat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 175728; Passenger Capacity: 6; Pre-Cleared Vehicle: N; PUC; 21507; Regulated Vehicle: Y; Veh #1 Type: 10 ursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of rivice must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE NTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forged to the court for large and the result for large and the test of the section of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of test of te	eat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 175728; Passenger Capacity: 5; Pre-Cleared Vehicle: N; PUC; 21507; Regulated Vehicle: Y; Veh #1 Type: 10 irsuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of rvice must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE VTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forged to the correct for long section of the VEHICLE.	pecial Checks: No data for special checks		, 1999 Marson and an an an ann an ann an ann an ann an	антанан калан калар тайыш такал калар боролого калар такал такал такал такал такал такал такал такал такал так
NTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be for averaged to the source for averaged and the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the sourc	VTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the source for a provide the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of t	o, Fre-oleared Vehicle, N, PUG, 21507; Regulat	ed Vehicle: Y; Veh #1	Type: 10	
		NTIL ALL VIOLATIONS ARE CLEARED. This document sho			
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Report Prepared By: S. M. Middlebrooke

<u>Badge #:</u> A13337

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					/cnic	LE EXAMINATIO	ON REPOR	RT	inSPECT 1.0.
	411 N Glend Phone	orth C ale, C e: (32:	Highway Pa Central Ave CA 91203 3) 644-9557 ally Accred	nue, #4′		CHP407F/343A	Inspection Start: 8:30 Inspection	umber: CAA133 n Date: 05/02/2 DAM PD End n Level: V - Ter ction Type: No	016 : 9:00 AM PD minal Inspection
EMPIRE TRAN 8800 PARK ST BELLFLOWER <b>USDOT:</b> 27319	, CA, 9	0706	Phone#: (5	62)529-	2676	Driver: License#: Date of Birth CoDriver:			State:
MC/MX#: State#: 326916 Location: BELI			Fax#:		Milep	License#: Date of Birth:	ipper: N/A		State:
Highway: County: LOS A					Origi	n: N/A nation: N/A	uhharr uwu	Bill of Lad Cargo: N/A	
VEHICLE IDEN Jnit Type Make				uipment	D	VíN	GVMD	CVSA Existing	CVSA #
1 BU FORD	2006	CA E		238		BSS31176DB098	96 9100	CVOA EXISTING	CVSA#
1 BU FORD BRAKE ADJUS Xxle # 1 Right N/, eft N/,	2006 TMEN 2 A N/ A N/	CA E TS A A					96 9100		
1         BU FORD           BRAKE ADJUS         Axle # 1           Axle # 1         1           Right N//         Axle N//           .eft N//         N//           Chamber HYE         YIOLATIONS           iection         7465(B)(2) VC	2006 TMEN 2 A N/ A N/	CA 8 TS A A DR	3W82662	238 VerifyCri	1F		96 9100		
1         BU FORD           BRAKE ADJUS           Axle #         1           Right         N//           .eft         N//           Chamber         HYE           /IOLATIONS         Section           7465(B)(2) VC         301	2006 TMEN 2 A N/ A N/ DR HYI Type Ur	CA 8 TS A A DR III <u>OO</u> I	3W82662	238 VerifyCrn N t	1F nsh Viol V Axle	BSS31L76DB098	96 9100 Iow 4/32 inch	(repaired at scene)	
1 BU FORD BRAKE ADJUS Axle # 1 Right N/, Left N/, Chamber HYE /IOLATIONS	2006 <b>TMEN</b> 2 A N/ A N/ DR HYI Type Ur S 1 S 1	CA 8 TS A DR DR III <u>OO</u> N N	3W82662	238 VerifyCri N f	1F nsh Viol V Axle	BSS31L76DB098	96 9100 Iow 4/32 inch	(repaired at scene) I (repaired at scene	

10; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10

Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

Report Prepared By: S. M. Middlebrooke

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-		Glendale, CA Phone: (323) International	ntral Avenue, † 91203 644-9557 y Accredited A		HP407F/343A	Inspection Start: 9:00 / Inspection	nber: CAA13 Date: 05/02/2 AM PD Enc Level: V - Te ion Type: No	2016 I: 9:30 AM I Iminal Insp	PD ection
	EMPIRE TRAN 8800 PARK ST BELLFLOWER USDOT: 27319	, CA, 90706	INC 10ne#: (562)52	9-2676	Driver: License#: Date of Birth CoDriver:		Gaaaaaaa, ahaa		ate:
	MC/MX#: State#: 326916 Location: BELI Highway: County: LOS A	LFLOWER	ax#:	Milepo Origin Destin	License#: Date of Birth ost: Sh	: Dipper: N/A	Bill of Lad	ling: N/A	ate:
	VEHICLE IDEN Unit Type Make	TIFICATION	late Equipme 15820 103	nt ID	<u>VIN</u> 3SS31S8XHC178	<u>GVWR C</u> 996 9300	Cargo: N// VSA Existing	A CVSA #	
:	BRAKE ADJUS Axle# 1 Right N// Left N// Chamber HYE	2 A N/A				anning and design and an of a free design of the second second second second second second second second second			
ş	VIOLATIONS Section 1242(A) CCR	Type Unit OOS S 1 N	Cilation # Verify N	Crash Viola N Fire	tions Discovered extinguisher indicat	ng discharged (r	epaired at scene	)	n an
	HazMat: No HM	transported				Placard:		Cargo Tan	k:
5	Special Checks	: No data for sp	ecial checks			hannange Mallina on or a reading		<b>.</b>	
E 1	State Informatic Beat/Sub Area: 8 14; Pre-Cleared	S44; Bus Type: Vehicle: N; PU	e, e loor, nogu	acca ven		IVDE: 10			
F s U	Pursuant to Section 2 ervice must be corre INTIL ALL VIOLATIC ORM TO THE CALL	24004 CVC, violatio acted before the ve	ns recorded on this hicle is operated or D. This document	s SafetyNet	Inspection Report r	nust be correcte	f prior to redispa S REPORT OR nce procedures,	tch. Violations A COPY IN TH DO NOT RET	marked out of IE VEHICLE URN THIS

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DRIVER/VEHICLE EXAMIN	ATION REPORT	inSPECT 1.0.
California Highway Patrol 411 North Central Avenue, #410 Glendale, CA 91203 Phone: (323) 644-9557 Internationally Accredited Agency CHP407F/34	Report Number: CAA Inspection Date: 05/0 Start: 9:30 AM PD E Inspection Level: V - 3A HM Inspection Type: I	2/2016 nd: 10:00 AM PD Ferminal Inspection
EMPIRE TRANSPORTATION INCDriver:8800 PARK STLicense#BELLFLOWER, CA, 90706Date of BUSDOT: 2731988Phone#: (562)529-2676MC/MX#:Fax#:	: irth:	State:
State#: 326916 Date of B	•	State:
Location:         BELLFLOWER         Milepost:           Highway:         Origin:         N/A           County:         LOS ANGELES         Destination:         N/A	Shipper: N/A Bill of La Cargo: N	ading: N/A I/A
VEHICLE IDENTIFICATION Unit Type Make Year State Plate EquipmenLID VIN 1 BU CHEV 2001 CA 8W30805 145 1GAHG39R511	GVWR CVSA Existing	CVSA#
BRAKE ADJUSTMENTS Axle # 1 2 Right Left Chamber		
VIOLATIONS:No violations were discovered		
HazMat: No HM transported	Placard:	Cargo Tank:
Special Checks: No data for special checks		
State Information: Beat/Sub Area: S44; Bus Type: 2; File Code Number: 245940; Fuel 14; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh	Type: G; Odometer; 365959 #1 Type: 10	; Passenger Capacity;

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DRIVER/VEHICLE EXAMINAT	TION REPORT inSF	PECT 1.0.86
California Highway Patrol 411 North Central Avenue, #410 Glendale, CA 91203 Phone: (323) 644-9557 Internationally Accredited Agency CHP407F/343A	Report Number: CAA133370174 Inspection Date: 05/02/2016 Start: 10:00 AM PD End: 10:30 AM Inspection Level: V - Terminal Inspec HM Inspection Type: None	
EMPIRE TRANSPORTATION INCDriver:8800 PARK STLicense#:BELLFLOWER, CA, 90706Date of BirtUSDOT: 2731988Phone#: (562)529-2676CoDriver:	Sta	te:
MC/MX#:Fax#:License#:State#: 326916Date of BirtLocation: BELLFLOWERMllepost:Highway:Origin: N/ACounty: LOS ANGELESDestination: N/A	Shipper: N/A Bill of Lading: N/A	te:
VEHICLE IDENTIFICATION           Unit Type Make Year State         Plate         Equipment ID         VIN           1         BU FORD 2011         CA         8256596         262         1FDFE4FS9BDA44	Cargo: N/A <u>GVWR CVSA Existing</u> CVSA# 6235 14500	******
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR		
of frame fail	in axle # 2 and rear bumper bent and broken at wel	d to right side
HazMat: No HM transported	Placard: Cargo Tank	
Special Checks: No data for special checks		
State Information:		*************************

Beat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 108375; Passenger Capacity: 14; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10; WC Passenger Capacity: 2

Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked cut of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

Report Prepared By: S. M. Middlebrooke

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411 North Glendale, 0 Phone: (32 Internation	3) 644-9557 ally Accredited /	#410 Agency CHP407F/343	Inspection Dat Start: 10:30 AN	I PD End: 11:00 AM PD
EMPIRE TRANSPORTATIO 8800 PARK ST BELLFLOWER, CA, 90706 USDOT: 2731988	Phone#: (562)52	Driver: License#: Date of Bi 29-2676 CoDriver:		State:
MC/MX#: State#: 326916 Location: BELLFLOWER Highway:	Fax#:	License#: Date of Bi Milepost:	Shipper: N/A	State:
County: LOS ANGELES		Origin: N/A Destination: N/A	E	Bill of Lading: N/A Cargo: N/A
VEHICLE IDENTIFICATION         Unit       Type Make Year State         1       BU FORD 2011       CA         BRAKE ADJUSTMENTS       Axie #       1       2         Axie #       1       2       Right       N/A       N/A         Left       N/A       N/A       Chamber       HYDR       HYDR	Plate Equipm 918HN 267		<u>GVWR CVS/</u> 46240 14500	A Existing CVSA #
VIOLATIONS:No violations v	vere discovered			
HazMat: No HM transported			Placard:	Cargo Tank:
Special Checks: No data for	special checks	÷	******	
State Information: Beat/Sub Area: S44; Bus Tyr 4; Pre-Cleared Vehicle: N; F	e: 1; File Code N	umber: 245940; Fuel 7	ype: G; Odometer:	157935; Passenger Capacity:

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DRIVER/VEHICLE EX	AMINATION REPORT inSPECT 1.0.86
California Highway Patrol 411 North Central Avenue, #410 Glendale, CA 91203 Phone: (323) 644-9557 Internationally Accredited Agency CHP407	Report Number: CAA133370176 Inspection Date: 05/02/2016 Start: 12:00 PM PD End: 12:30 PM PD Inspection Level: V - Terminal Inspection /F/343A HM Inspection Type: None
BELLFLOWER, CA, 90706 Date	er: nse#: State: of Birth: river:
01-1-H 000010	nse#: State: e of Birth: Shipper: N/A Bill of Lading: N/A N/A Cargo; N/A
VEHICLE IDENTIFICATION Unit Type Make Year State Plate Equipment ID	VIN <u>GVWR CVSA Existing</u> <u>CVSA #</u> 5L63HA97724 11500
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR	
VIOLATIONS Section Type Unit QOS Citation # VerifyGrash Violations D 1248 CCR S 1 N N Battery hold	scovered down missing
HazMat: No HM transported	Placard: Cargo Tank:
Special Checks: No data for special checks	
State Information: Beat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; 20; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y	Fuel Type: G; Odometer: 222901; Passenger Capacity: ; Veh #1 Type: 10

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Report Prepared By: S. M. Middlebrooke

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• •	DRIVER/VEHIC	LE EXAMINATI	ON REPORT	inSPECT 1.0.86
411 North Co Glendale, C/ Phone: (323) International	) 644-9557 Ily Accredited Agency (	CHP407F/343A	Inspection Date Start: 1:00 PM F	r: CAA133370178 a: 05/02/2016 PD End: 1:30 PM PD el: V - Terminal Inspection
	Phone#: (562)529-2676 Fax#: Milep Origi	Driver: License#: Date of Birth CoDriver: License#: Date of Birth post: Short n: N/A nation: N/A	: lipper: N/A B	State: State: ill of Lading: N/A argo: N/A
	Plate Equipment ID	VIN DFE4FS2BDA462	GVWR CVSA	**************************************
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR				
VIOLATIONS Section Iype Unit OOS 1232(C) CCR S 1 N		lations Discovered leak at rear of transm	lission extension hous	sing
HazMat: No HM transported	······································		Placard:	Cargo Tank:
Special Checks: No data for s	special checks		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
State Information: Beat/Sub Area: S44; Bus Type 16; Pre-Cleared Vehicle: N; PL Pursuant to Section 24004 CVC, violat		nicie. Y, ven #1	Type: 10; WC Pa	ssenger Capacity: 2
service must be corrected before the v UNTIL ALL VIOLATIONS ARE CLEAR FORM TO THE CALIFORNIA HIGHW/	ED This document should NO	ay. For your conveni T be forwarded to the	nust be corrected prio ence, KEEP THIS RE e court for clearance p	r to redispatch. Violations marked out of PORT OR A COPY IN THE VEHICLE procedures. DO NOT RETURN THIS
		·		
<u>Report Prepared By:</u> S. M. Míddlebrooke	<u>Badge #:</u> A13337	Copy Receiv	ed By:	
			11 E   1 E E E	N 20 N N 20 N N N N N N N N N N N N N N
Χ	x		0273	1988 CA CAA133370178

EMPIRE TRANS 8800 PARK ST BELLFLOWER, USDOT: 273196 MC/MX#: State#: 326916 Location: BELL Highway: County: LOS AN VEHICLE IDENT Unit Type Make 1 BU FORD BRAKE ADJUST Axle # 1 Right N/A Left N/A Chamber HYDI VIOLATIONS Section II 399(D) CCR	88 Phone: Fax#: FLOWER NGELES TIFICATION Year State Plate 2007 CA 0593041 TMENTS 2 N/A	Avenue, #410 13 5557 credited Agency ( #: (562)529-2676 Miler Origi Desti	Driver: License#: Date of Birth: CoDriver: License#: Date of Birth:	Inspection Data Start: 1:30 PM I Inspection Lev HM Inspection : : : : : : : : : : : : : : : : : : :	PD End: 2:00 PM PD el: V - Terminal Inspection Type: None State: State: ill of Lading: N/A argo: N/A
8800 PARK ST BELLFLOWER, USDOT: 273198 MC/MX#: State#: 326916 Location: BELL Highway: County: LOS AN VEHICLE IDENT Unit Type Make 1 BU FORD 1 BU F	CA, 90706 B8 Phone; Fax#: FLOWER NGELES IVFICATION Year State Plate 2007 CA 0593041 TMENTS 2 N/A N/A N/A R HYDR	Miler Origi Desti	License#: Date of Birth: CoDriver: License#: Date of Birth: Dost: Sh in: N/A Ination: N/A	: hipper: N/A C	State: State: ill of Lading: N/A argo: N/A
Highway: County: LOS AN VEHICLE IDENT Unit Type Make 1 BU FORD BRAKE ADJUST Axle # 1 Right N/A Left N/A Chamber HYDI VIOLATIONS Section I 1232(A) CCR	NGELES TIFICATION Year State Plate 2007 CA 0593041 TMENTS 2 N/A N/A R HYDR	Origi Desti	in: N/A Ination: N/A VIN	GWR CVSA	argo: N/A
Unit Type Make 1 BU FORD BRAKE ADJUST Axle # 1 Right N/A Left N/A Chamber HYDI VIOLATIONS Section I 399(D) CCR 1232(A) CCR	Year State Plate 2007 CA 0593041 TMENTS 2 N/A N/A R HYDR		VIN FDXE45S07DB323	<u>GVWR</u> <u>CVSA</u> 305 14050	Existing <u>CVSA #</u>
Axle #         1           Right         N/A           Left         N/A           Chamber         HYDI           VIOLATIONS         Section           Section         I           399(D) CCR         1232(A) CCR	2 N/A N/A R HYDR				₩ 4 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
Section T 399(D) CCR 1232(A) CCR	vpe Unit OOS Citatio				
	S 1 N S 1 N	N N Lef	lations Discovered t turn signal indicator reel chair lift not deplo	inoperative bying	
HazMat: No HM t	-			Placard:	Cargo Tank:
Special Checks:	No data for special	checks			***
ursuant to Section 24 ervice must be correct	44; Bus Type: 1; Fil /ehicle: N; PUC: 218 4004 CVC, violations rec	orded on this SafetyNe	t Inspection Report m	Type: 10; WC Pa nust be corrected prio	285590; Passenger Capacity: ssenger Capacity: 3 r to redispatch. Violations marked out of PORT OR A COPY IN THE VEHICLE
ORM TO THE CALIF	NS ARE CLEARED, THE FORNIA HIGHWAY PATE	s document should NO ROL.	T be forwarded to the	e court for clearance p	PORT OR A COPY IN THE VEHICLE procedures. DO NOT RETURN THIS

Badge #: A13337

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Copy Received By:



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DRIV	/ER/VEHICLE EXAMINAT	ON REPORT	inSPECT 1.0.86
California Highway Patro 411 North Central Avenue Glendale, CA 91203 Phone: (323) 644-9557 Internationally Accredited	e, #410	Report Number: CAA13337 Inspection Date: 05/02/201 Start: 2:00 PM PD End: 2: Inspection Level: V - Termi HM Inspection Type: None	0180 6 30 PM PD
EMPIRE TRANSPORTATION INC 8800 PARK ST BELLFLOWER, CA, 90706 USDOT: 2731988 Phone#: (562) MC/MX#: Fax#:	Driver: License#: Date of Birti 529-2676 CoDriver: License#:		State:
State#: 326916 Location: BELLFLOWER Highway: County: LOS ANGELES	Date of Birth	i: hipper: N/A Bill of Lading Cargo: N/A	State:
	ment ID <u>VIN</u> 302 1FDXE45S67DB29	GVWR CVSA Existing C	VSA#
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR			
VIOLATIONS Section Type Unit QOS Citation # Ver 1232(A) CCR S 1 N /001	rifyCrash <u>Violations Discovered</u> N N Wheel chair lift not dep	oying	
HazMat: No HM transported	*******	Placard: Car	rgo Tank:
Special Checks: No data for special checks	3	ar bannan samma geliga banna samma geliga animana sama sayan sana sa an an an an an an an an an an an an an	
State Information: Beat/Sub Area: S44; Bus Type: 1; File Code 12; Pre-Cleared Vehicle: N; PUC: 21507; Re	Number: 245940; Fuel Tyj gulated Vehicle: Y; Veh #1	e: G; Odometer: 306192; Pas Type: 10; WC Passenger Car	senger Capacity:
Pursuant to Section 24004 CVC, violations recorded on service must be corrected before the vehicle is operated UNTIL ALL VIOLATIONS ARE CLEARED. This docume FORM TO THE CALIFORNIA HIGHWAY PATROL.	this SafetyNet Inspection Report	must be corrected prior to redispatch.	Violations marked out of
		στα στα παραγοριβάλου ματα παι τη θηθηθηματική που του το ματο του που του που του του του του του του του του Το ποι του παραγοριβάλου ματα παι του θηθηθηματικό που του του ματο του που του του του του του του του του του	
Report Prepared By:     Bade       S. M. Middlebrooke     A133       XX     X		ved By: 02731988 CA CA	A133370180

CHP 343D (Rev. 2-99) OPI 062	eport contains CONFIDENTIAL pages.	Pages	of
EMPIRE TRANSPORTATION INC	CA NUMBER	LOC. CODE	SUBAREA
STREET ADDRESS, CITY, STATE, ZIP CODE	3269	000	S44
8800 PARK ST, BELLFLOWER, CA 90706	PHONE NUMBER	PARE	
CARRIER REPRESENTATIVE	562-529-26	576	
JOSE GUZMAN	TITLE	TIME IN	TIME CUT
INSPECTION LOCATION (IF OTHER THAN THE CARRIER'S PRINCIPAL PLACE OF BUSINESS)	SAFETY MA	NAGER	
8800 PARK ST, BELLFLOWER, CA 90706	U.S. DOT NUMBER	R MC NUMBER	L
On this date, the above named motor carrier was inspected by the carrier's compliance with the following requirements:	27319 California Highway Patrol. The	88 inspection evalual	N/A ted the
REMARKS			
Carrier is enrolled in a random controlled substance and GAMINO & ASSOCIATES	alcohol testing program w	rith:	
525 W. BRADLEY EL CAJON, CA 92020	·		
P: 619-334-2145			
a result of the inspection noted above this carries was assisted to			
a result of the inspection noted above, this carrier was assigned a c plies only to carrier requirements - Terminals are rated separately.	· · · · · · · · · · · · · · · · · · ·	ACTORY This	s rating
ING HISTORY NUMBER OF RECORDS NUMBER OF CHI	345 SUSPENSE DATE	CMP 100D	s rating
ING RISTORY NUMBER OF RECORDS NUMBER OF CHI INSPECTED VIOLATIONS ISSUE S 2 S 3 S 4 S 40	2345 SUSPENSE DATE LED Auto		5 rating
ING HISTORY NUMBER OF RECORDS NUMBER OF CHI S 2 S 3 S 4 S 40 0 0	2 345 SUSPENSE DATE	CHP 1000 COLUMN NO.	5 rating
ING HISTORY NUMBER OF RECORDS NUMBER OF RECORDS NUMBER OF RECORDS NUMBER OF CHI INSPECTED VIOLATIONS ISS CELED BY (MAME) ID N	2 345 SUSPENSE BATE LED Auto None	CMP 1000 COLUMN NO. CARRIER TYPE	•••
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ING RISTORY     NUMBER OF RECORDS INSPECTED     NUMBER OF RECORDS VIOLATIONS     CHI ISS CONTINUES OF RECORDS       SECTED BY (MAME)     NUMBER OF RECORDS     NUMBER OF VIOLATIONS     CHI ISS CONTINUES       AIDDLEBROOKE     40     0       MIDDLEBROOKE     A1       Celifornia Vehicle Code and the California Code of Regulations. I understand that is them     Division Motor Carrier Safety Unit Supervisor at     323-644-9557       ER REPRESENTATIVE'S PRIME     TITLE	Suspense uate     Auto     Auto     None     None     Ween     Sass     Auto     None     None     Will be corrected in accore     may request a review of an unsalisfa     within 5 calendar days of the ra	CARRIER TYPE	Bus     rovisions     ng (he
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ING RISTORY       NUMBER OF RECORDS INSPECTED       NUMBER OF RECORDS VIOLATIONS       CHI ISSECTED         S       2       S       3       S       4       S       CHI VIOLATIONS       ISSECTED         AIDDLEBROOKE       MOTOR CARRIER CERT       ID N       A1         MIDDLEBROOKE       MOTOR CARRIER CERT       A1         reby certify that all violations recorded hereon and on the attached pages 2 through a California Vehicle Code and the California Code of Regulations. I understand that is       323-644-9557         IER REPRESENTATIVE'S PRIMERONAME       TITLE         SE GUZMAN       TITLE	Suspense uate     Auto     Auto     None     None     Ween     Sass     Auto     None     None     Will be corrected in accore     may request a review of an unsalisfa     within 5 calendar days of the ra	CHP 1000 COLUMN NO. CARRIER TYPE CARRIER TYPE Truck [ fance with applicable pr ctory rating by contacting.	Bus     rovisions     ng (he

				Calif	ornla Hig	hway Patrol		
	US DOT	# Le	gal: EMPIRI	E TRANSPOR	TATION IN	IC		
	2731988		- erating (DE					
MC/MX #:			#: 326916	********	ederal Ta	k ID:27-0121666 (	EIN)	
Review T	vpe: Non-	ratable R	eview - Spe					
Scope:	Tern			-	Review/A	udit: Company fac	sility in the LLS	Territory: C
Operation	Types	Interstat	e Intrastate			iun: oompuny iu		Territory, O
	Carrier:	N/A	Non-HM	Business: C	orporation			
SI	hipper:	N/A	N/A	Gross Rever			for year ending:	
Cargo	o Tank:	N//	Ą				,	
Company	Physical	Address	•					
8800 PAF	KST						9564Common and a common contraction and a common contraction and a common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the common contraction of the com	
BELLFLO	WER, CA	90706						
Contact M	lamor	IOCE						
Phone nu			GUZMAN	(0)		_		
E-Mail Ad		1) 002- 0	23-2070	(2)		Fax		
Company		ddraee:			·····			
8800 PAR BELLFLO		90706						
Carrier Cla								
	e Passen		1855	Other: II	NTRASTA	TE		
Cargo Cla				Other. II		1 -		
Passe		1	Othe	r: MOBILE ME	CHANIC			######################################
Equipmen		***	****					
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Truck			1	0	0	Minibus, 16+	50	0 0
Van, 9	-15		22	0	0			
² ower units ² ercentage			*					
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ls an HM I					N/A			
Driver Info	rmation			********				
		Inter	Intra	Average 4-1-			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9999 Nobel Communication (Company and Communication Communication) (Communication) (Company and Communication)
< 10	0 Miles:		321	werage trip		rivers/month: 0 Total Drivers: 32	4	
	0 Miles:					CDL Drivers: 32	. 1	
			<u> </u>			OUL Drivers:		



C	EMPIRE TRANSPORTATION INC - Terminal U.S. DOT #: 2731988	State #: 326916	Review Date 05/11/2016
	Part A	· · · · · · · · · · · · · · · · · · ·	1
QU Mo	ESTIONS regarding this report may be directed to the South to Carrier Safety Unit at:	ern Division	
	437 North Vermont Ave Los Angeles, CA 9004 (323) 644-9557		
	This TERMINAL REVIEW deals only with sa	ifety compliance at this terminal.	
Person(s)	Interviewed		
Name: J	OSE GUZMAN	Title: SAFETY MANAGER	
Name:		Title:	



Ø	EMPIRE TRANSPORTATI U.S. DOT #: 2731988	ON INC - Terminal	State #: 326916	Review Date 05/11/2016					
	Part B Violations								
Safety Fitness Rating Information:       OOS Vehicle (CR): 0         Total Miles Operated       500,000       Number of Vehicle Inspected (CR): 0         Recordable Accidents       0       OOS Vehicle (MCMIS): 0         Number of Vehicles Inspected (MCMIS): 0       Number of Vehicles Inspected (MCMIS): 0									
Your propo	our proposed safety rating is :								
	This	Review is n	ot Rated.						

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EMPIRE TRANSPORTATION INC - Terminal U.S. DOT #: 2731988	State #: 326916	Review Date 05/11/2016
Part B Requirements and/o	or Recommendations	1

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1. Forms and publications are available at the CHP internet website at: http://www.chp.ca.gov/publications/index.html

C	EMPIRE TRANSPORTATION INC - Term U.S. DOT #: 2731988	inal			s	itate #:	32691	16			leview Date: 5/11/2016
		Part (	С								·
	n for Review: Other ed Action: Compliance Monitoring	CSAT									
	Reviewed Certification: 182 383 387 390 391 392 393	395 396	397	398	399	171	172	173	177	178	180
Prior R 7/9/201 6/18/20 6/19/20	5 14	Reason no	ot Ratec	1:Spe	cial Sti	Jdy	S	tudy (	Code: (	CA	
ls the n proced transpo Does ca	<u>Unfit Information</u> notor carrier of passengers subject to the ures contained in 49 CFR part 385 subpar ort passengers in a commercial motor veh arrier transport placardable quantities of Jnfit rule:	t A, AND di icle?	oes it	ials?	Yes - I Not Ap						
	ate Contact: JOSE GUZMAN ate Contact Title: SAFETY MANAGER	*****					e itudy l	nform	ation:		
Terminal Rating Ir In accord	Name: Empire Transportation CA # - 326 Naddress: 8800 Park St., Bellflower, Ca 907( nformation: dance with 13 CCR 1233, this carrier has bee ROGRAM VIOLATIONS: ds are current and on file at this time.	)6	FCN - 2 tisfactor			e,					
		Auth Uplo	ad Auti orized aded: ied by:	by:	ed: Yes	Yes	No	Fa	ite: ilure C ate:	ode:	
1/2016 8:11:5	7 AN	Page 1 of 1								Сар	ri 6.8.9.3

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL CARRIER INSPECTION [] This report contains CONFID CHP 343D (Rev. 2-99) OPI 062	ENTIAL pages,	Pages	1 of	
CARRIER NAME	CANUMBER	LOC. CODE	SUBAREA	
EMPIRE TRANSPORTATION INC	326916	550	S44	
STREET ADDRESS, CITY, STATE, ZIP CODE	PHONE NUMBER	DATE	1	
8800 PARK ST, BELLFLOWER, CA 90706	562-529-2676	07/0	09/15	
CARRIER REPRESENTATIVE	TITLE	TIME IN	TIME OUT	
JOSE GUZMAN	SAFETY MANAGER			
INSPECTION LOCATION (IF OTHER THAN THE CARRIER'S PRINCIPAL FLACE OF BUSINESS)	U.S. DOT NUMBER	MC NUMBER	1	
8800 PARK ST, BELLFLOWER, CA 90706	N/A	N/A		
On this date, the above named motor carrier was inspected by the California Highwa carrier's compliance with the following requirements:		ion evaluate	d lhe	
REMARKS	######################################			
Carrier is enrolled in a random controlled substance and alcohol testing	program with:			

GAMINO & ASSOCIATES 525 W. BRADLEY EL CAJON, CA 92020 P: 619-334-2145

As a result of the inspection noted above, this carrier was assigned a compliance rating of SATISFACTORY . This rating									
applies only to carrier require	ments - Terminals are	rated separately	/.		0.11017017	<u>vivi</u> .	maraung		
RATING HISTORY	NUMBER OF RECORDS	NUMBER OF	CHP 345	SUSPENSE DATE		CHP 10CD			

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		- 0		~	INSPECTED 1	VIOLATIONS	ISSUED	Auto	COLUMN NO.	
	2 <u> </u>	3 <u>S</u>	4	<u> </u>	40	0	[LJ .]	None		
INSPECTED BY	(NAME)					5	ID NUMBER		CARRIER TYPE	
S.MIDDLE	EBRO	OKE				•	A13337		Truck	🗹 Bus
					МОТС	OR CARRIER C	ERTIFICATIO	N		
I hereby cert	lify that a	ll violati	ons	recorde	d hereon and on the atta	iched pages 2 throu	iah i	will be corrected in accordan	ce with applicabl	e provisions
Southern	ma ven		e an	d ine C	alifornia Code of Regula	tions. I understand	lhat I may reques	a review of an unsalisfacto	ry rating by cont	acting the
	úreúres				afety Unit Supervisor at	323-644-95	157 within	5 calendar days of the rating	J,	
CARRIER REPR	ESENTATI	VE'S PRIN	TEDI	NAME			TITLE	-	DRIVER LICENSE NUL	ABER AND STATE
JOSE GU		/	/				SAFE	ETY MANAGER		
CARRIER REPRI	ESENTATI	VESEGN	ATUR	\$7			CURRENT CARRIER	RATING	DATE	
		for	Ľ	2			SA	TISFACTORY	07/0	9/15
	1	/ /				Destroy previous edit	ions			C343-D 10-99,35.8

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SAFETY COMPLIANCE REPORT/			NEM.			A NUMBER FILE CODE NUMB 326916 37970F				MBER COUNTY CODE EED				
TERMINA	L RECO	RD UPDA	TE	however	Yes		co		- 1	3797 GRAM(S) IL			30	
CHP 343 (Re					Trud			T	in rhui	JRAM(5) E	DCATIO	N CODE	E	SUBAREA
TERMINAL NAME	-							<u>' L</u>			1	670		05
Empire Tra	ansportatio	on Inc									TE			V/AREA CODE)
TERMINAL STREE	ET ADDRESS (	NUMBER, STREE	T, CITY, ZIP CODI	5)							1		/14-/8	1-1359
300 W Kate	ella Ave A	naheim C/	A 92802											
8800 Park	SS (NUMBER, S	STREET, CITY, ST	TATE, ZIPCODE) (I	F DIFFER	ENTFROM	ABOVEJ	INSPECTIO	LOCATION	(NUMB	ER, STREET, O	TY OR	COUNTY		
	or pealioy	ver CA 907	06									•		
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		California Highy	lay Patrol		
US DOT # 2731988	Legal: EMPIR Operating (DE	E TRANSPORTATION INC			Page 2 of 12
MC/MX #:	State #: 326916		D:27-0121666 (EI	NI)	
Review Type: Non-rate	ble Review - Spe	cial Study			
Scope: Terminal		Location of Review/Aud	th Company facilit	vin the U.O.	<b>.</b>
Operation Types Inte	rstate Intrastate		tt. Company facili	y in the U.S.	Territory: E
Carrier: N/A					
Shipper: N/A	N/A	Gross Revenue:	fc	r year ending:	
Cargo Tank:	N/A			n year enanig.	*
Company Physical Add	iress:	-			
8800 PARK ST BELLFLOWER, CA 907			<u></u>		
Contact Name: 1	Jlises Serpas	**************************************			
Phone numbers: (1) 7	14-781-1359	(2) 310-345-2159	<b>"</b>		
E-Mail Address:		( <b>z</b> ) 310-345-2159	Fax		
Company Mailing Addr	ess:		······································		
8800 PARK ST					
BELLFLOWER, CA 907	06				
· ·					
Carrier Classification Private Passenger,	Pusinges	1 00			78
		Other: T Bus			**************************************
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	EMPIRE TRANSPORTATION INC U.S. DOT #: 2731988	C - Terminal State #:	Review Date: 326916 05/20/2016
		Part A	Page 3 of 12
Qui Moi	estions regarding this report may be o tor Carrier Safety Unit at:	directed to the Border Division	
	9330 Farnham Street San Diego CA 92123-1216 (858) 650-3655		
	This TERMINAL REVI	EW deals only with safety compliance at th	ls terminal.
Name: U	Interviewed lises Serpas ertha Aguirre	Title: Terminal Man Title: Vice President	ager

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Capri 6.8.9.3

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	EMPIRE TRANSPORTAT U.S. DOT #: 2731988	FION INC - Terminal	State #: 326916	Review Da
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	,	EMPIRE TRANSPORTATION INC - Terminal	Review Date:
ļ		U.S. DOT #: 2731988 State #: 326916	05/20/2016
		Part B Requirements and/or Recommendations Page 5 of	12
1.	Title 1: The tra from s from a of any vehicle Code ( School the puj of the s	lowing information is provided as information to tour bus operators engaged in, or considering ortation of school pupils. B of the California Code of Regulation (CCR) Section 1201(t) defines pupil transportation: insportation of any pupil enrolled in a public or private school at or below the twelfth-grade level to or chool in a school bus, to or from a school activity in a school bus or School Pupil Activity Bus (SPAB), school to a non-school related activity within 25 miles of the school in a youth bus, or the transportation student enrolled in a community college to or from the community college or a college activity, in a designated as a school bus by resolution of the governing board pursuant to 545(g) California Vehicle VC), and certified by the department. related activities are any events conducted for the educational, social, or recreational development of bils, sanctioned, authorized, or arranged by a public or private school, or any officer, employee, or agent school. This type of transportation requires the use of a school bus, or SPAB (under contractual tent with a school).	
	related are rec carrier availab Carrier Pupil A Bus, or apropri 294D fi Carrier Unlawf and/or Bill 636 eny car 13 CCF	ly vehicles other than a school bus authorized by law to transport school pupils to/from school or school activities are identified in subsections (a) – (k) of Section 545 VC. Drivers of these authorized vehicles uired to have additional training, special licensing and criminal background checks. In addition to and equipment requirements, driver qualifications are discussed in a CHP manual (HPH 82.7) which is le for purchase at any CHP Division headquarters or Area office, for \$5 plus applicable sales tax. s who intend to use vehicles to transport school pupils to and from school related activities under the ctivity Bus (PAB) exception in 545(k) VC must submit a completed CHP 294D, Youth Bus, Pupil Activity General Public Paratransit Vehicle (GPPV) Inspection Application (Revised 1-10), along with the ate fee of \$75 for each PAB, prior to inspection by the Department. Motor carriers may obtain the CHP om the Department's internet Web site (www.chp.ca.gov), local Area offices, or field Division Motor Safety Units (MCSU).	
,	The ca	rier has been provided a copy of the following documents:	
	· CHP I · CHP I	nformation Bulletin dated 9-19-2006, Transportation of School Pupils to School Related Activities nformation Bulletin dated 12-3-2008, Assembly Bill 830 – School Pupil Transportation	
	Carrier	Representative: Ulises Serpas / Terminal Manager	
	Carrier	Representative (signature) U. Serpos Date 5/20/2016	
2.	13 CCR	1233.5. Change of Address.	
	be mad	otor carrier subject to the provisions of this chapter shall notify the department in writing of any of address or cessation of regulated activity at any of the carrier's terminals. Such notification shall a within 15 days of the change and shall be forwarded to:	
	Border I 9330 Fa	ia Highway Patrol Division Motor Carrier Safety Unit rnham Street go CA 92123-1216	
		•	

5/20/2016 1:49:59 PM

Page 1 of 1 07F6KRCA8HIAA

Capri 6.8.9.3

	EMPIRE TRANSPORTATION INC - Terminal U.S. DOT #: 2731988		S	State #:	32691	6			view Date /20/2016
	P	art C					Page	e 6 of 1	2
	on for Review: Other T B ed Action: Compliance Monitoring	lus							
	Reviewed Certification: 382 383 387 390 391 392 393 395	396 397 3	398 399	171	172	173	177	178	180
Prior 6/26/2 6/10/2 6/10/2	2015 2014	on not Rated	Special S	tudy	S	itudy (	Code:	CA	
Is the proce trans Does	<u>VUnfit Information</u> motor carrier of passengers subject to the safet dures contained in 49 CFR part 385 subpart A, A port passengers in a commercial motor vehicle? carrier transport placardable quantities of hazar VUnfit rule:	ND does it	als?	Intrast					
Corpo	orate Contact: Bertha Aguirre	<u> </u>		pecial		Inform	nation	:	
Corpo Rema	prate Contact Title: Vice President Operations	<u></u>							
Termir PUC F	nal Name: Empire Transportation Inc CA # - 3269 nal Address: 300 W Katella Ave Anaheim CA 9280 Request CHP Inspection / Recommendation	•	9706				·		
-	) Information: ordance with 13 CCR 1233, this terminal has been re	ated Satisfact	orv at this	time.					
	I on this inspection, approval for PUC operating auth								
		Upload Aut Authorized Uploaded: Verified by	lhorized: by: Ye	Ye	s No	F	Date:	o Code	:

DRIVER/VEHICLE EXAMINATION REPO	DRT Page 7 of 12 InSPECT 1.0.86
9330 Farmam Street         Inspect           San Diego, CA 92123         Start: 8           Phone: (858) 650-3600         Inspect           Internationally Accredited Agency CHP407F/343A         HM Insp	Number: CAA086309849 fon Date: 05/19/2016 02 AM MT End: 9:00 AM MT fon Level: V - Terminal Inspection pection Type: None
EMPIRE TRANSPORTATION INC       Driver:         8800 PARK ST       License#:         BELLFLOWER, CA, 90706       Date of Birth:         USDOT: 2731988       Phone#: (562)529-2676       CoDriver:	State:
MC/MX#:     Fax#:     License#:       State#: 326916     Date of Birth:       Location: ANAHEIM     Milepost:     Shipper: N       Highway:     Origin: N/A     Origin: N/A       County: ORANGE     Destination: N/A	/A Bill of Lading: N/A Cargo: N/A
VEHICLE IDENTIFICATION Unit Type Make Year State Plate Equipment ID VIN GVW 1 BU CHAM 2008 CA 8R03005 183 1GBJ5V1G28F406812 2600	R CVSA Existing CVSA #
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR	алан ад ушин дааг ин нааг жай даагуу и улин ал нин улин тоо орондай кинип тоо на фереклагия на улин бай бай кини
VIOLATIONS:No violations were discovered	
HazMat: No HM transported Placar	i: Cargo Tank:
Special Checks: No data for special checks	
State Information:	

Beat/Sub Area: 670; Bus Type: 1; File Code Number: 379706; Fuel Type: CNG; Odometer: 375652; Passenger Capacity: 34; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 11

Report Prepared By: L. Clemens

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<u>Badge #:</u> A08630

Copy Received By:



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			DRIVER/	VEHICL	E EXAMINATI	ON REPORT	-		ge 8 of 12 ECT 1.0.86
@HP		ham Stree b, CA 9212 58) 650-36 nally Accre	et 3 00	ency Cł	IP407F/343A	Inspection Start: 11:43 Inspection	nber: CAA08 Date: 05/19/2 AM MT En Level: V - Te lion Type: No	016 d: 12:41 PM minal Inspec	MT tion
EMPIRE TRAN 8800 PARK ST BELLFLOWER USDOT: 27319 MC/MX#:	r R, CA, 90706	)	(562)529-	2676	Driver: License#: Date of Birth CoDriver:	••••••••••••••••••••••••••••••••••••••		Stat	-
State#: 326916 Location: ANA Highway: County: ORAN	HEIM	ι α <i>κτ</i> .		Milepo Origin: Destini		: hipper: N/A	Bill of Lad Cargo: N//		e:
VEHICLE IDEN Unit Type Make 1 BU THOP	TIFICATIO	Plate	Equipment 185		<u>VIN</u> 3J5V1GX8F4061	<u>GVWR</u> C	VSA Existing	CVSA #	
BRAKE ADJUS Axle# 1 Right N/ Left N/ Chamber HYI	2 A N/A								
VIOLATIONS:N	lo violations	were disco	overed			******			
HazMat: No HM	1 transported	d			и май и на на дарити (1,11,2 столо на поло 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Placard:		Cargo Tank	Newson
Special Checks	s: No data fe	or special o	hecks						
Charles Ist						- to man a sub-section of the section			
State Informati Beat/Sub Area: 34; Pre-Cleared	670; Bus Ty	/pe: 1; File PUC: 215	Code Nun 07; Regula	nber: 37 ited Veh	9706; Fuel Typ icle: Y; Veh #1	e: CNG; Odc Type: 11	ometer: 40042	1; Passenge	Capacity:
Beat/Sub Area:	670; Bus Ty	/pe: 1; File PUC: 215	Code Nun 07; Regula	nber: 37 Ited Veh	9706; Fuel Typ icle: Y <b>;</b> Veh #1	e: CNG; Odc Type: 11	ometer: 40042	1; Passengei	· Capacity:
Beat/Sub Area:	670; Bus Ty	/pe: 1; File PUC: 215	Code Nun 07; Regula	nber: 37 ited Veh	9706; Fuel Typ icle: Y; Veh #1	e: CNG; Odc Type: 11	ometer: 40042	1; Passenge	Capacity:
Beat/Sub Area:	670; Bus Ty	vpe: 1; File PUC: 215	Code Nun 07; Regula	nber: 37 Ited Veh	9706; Fuel Typ icle: Y; Veh #1	e: CNG; Odc Type: 11	ometer: 40042	1; Passenger	Capacity:
Beat/Sub Area:	670; Bus Ty	/pe: 1; File PUC: 215	Code Nun 07; Regula	nber: 37 ited Veh	9706; Fuel Typ icle: Y; Veh #1	e: CNG; Odc Type: 11	ometer: 40042	1; Passenge	Capacity:
Beat/Sub Area:	670; Bus Ty	/pe: 1; File PUC: 215	Code Nun 07; Regula	nber: 37 ited Veh	9706; Fuel Typ icle: Y; Veh #1	e: CNG; Odc Type: 11	ometer: 40042	1; Passenger	Capacity:
Beat/Sub Area:	670; Bus Ty	/pe: 1; File PUC: 215	Code Nun 07; Regula	nber: 37 ited Veh	9706; Fuel Typ icle: Y; Veh #1	e: CNG; Odd Type: 11	ometer: 40042	1; Passenge	Capacity:
Beat/Sub Area:	670; Bus Ty	/pe: 1; File PUC: 215	Code Nun 07; Regula	nber: 37 ited Veh	9706; Fuel Typ icle: Y; Veh #1	e: CNG; Odc Type: 11	ometer: 40042	1; Passenger	Capacity:
Beat/Sub Area:	670; Bus Ty	/pe: 1; File PUC: 215	Code Nun 07; Regula	nber: 37 Ited Veh	9706; Fuel Typ icle: Y; Veh #1	e: CNG; Odc Type: 11	ometer: 40042	1; Passenge	Capacity:
Beat/Sub Area:	670; Bus Ty	/pe: 1; File PUC: 215	Code Nun 07; Regula	nber: 37 ited Veh	9706; Fuel Typ icle: Y; Veh #1	e: CNG; Odc Type: 11	ometer: 40042	1; Passenger	Capacity:
Beat/Sub Area:	670; Bus Ty	/pe: 1; File PUC: 215	Code Nun 07; Regula	nber: 37 Ited Veh	9706; Fuel Typ icle: Y; Veh #1	e: CNG; Odd Type: 11	ometer: 40042	1; Passenge	Capacity:
Beat/Sub Area:	670; Bus Ty	/pe: 1; File PUC: 215	Code Nun 07; Regula	nber: 37 ited Veh	9706; Fuel Typ icle: Y; Veh #1	e: CNG; Odc Type: 11	ometer: 40042	1; Passenger	Capacity:
Beat/Sub Area:	670; Bus Ty	/pe: 1; File PUC: 215	Code Nun 07; Regula	nber: 37 ited Veh	9706; Fuel Typ icle: Y; Veh #1	e: CNG; Odc Type: 11	ometer: 40042	1; Passenge	Capacity:
Beat/Sub Area:	670; Bus Ty	/pe: 1; File PUC: 215	Code Nun 07; Regula	nber: 37 ited Veh	9706; Fuel Typ icle: Y; Veh #1	e: CNG; Odc Type: 11	ometer: 40042	1; Passenge	· Capacity:
Beat/Sub Area:	670; Bus Ty	/pe: 1; File PUC: 215	Code Nun 07; Regula	nber: 37 ited Veh	9706; Fuel Typ icle: Y; Veh #1	e: CNG; Odc Type: 11	ometer: 40042	1; Passenger	Capacity:

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<u>Badge #:</u> A08630

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DRIVER/VEHICLE EXAMINATION REPORT	Page 9 of 12 inSPECT 1.0.86
California Highway Patrol 9330 Farnham Street San Diego, CA 92123 Phone: (858) 650-3600 Internationally Accredited Agency CHP407F/343A California Highway Patrol Inspection Date: 05/19/2016 Start: 7:03 AM MT End: 8:01 A Inspection Level: V - Terminal Ir HM Inspection Type: None	MMT
EMPIRE TRANSPORTATION INC     Driver:       8800 PARK ST     License#:       BELLFLOWER, CA, 90706     Date of Birth:       USDOT: 2731988     Phone#: (562)529-2676       MC/MX#:     Fax#:       State#: 326916     Date of Birth:	State: State:
Location: ANAHEIM     Milepost:     Shipper: N/A       Highway:     Origin: N/A     Bill of Lading: N/A       County: ORANGE     Destination: N/A     Cargo: N/A	
VEHICLE IDENTIFICATION Unit Type Make Year State Plate Equipment ID VIN GVWR CVSA Existing CVSA 1 BU STAR 2009 CA 8S86044 233 1GBE5V1G29F400382 26000	
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR	, ,
VIOLATIONS Section Type Unit OOS Citation # VerifyCrash Violations Discovered 24252(A) VC S 1 N N N Left rear marker lamp inoperative~393.9(a)	HSSNErnettallagen/delannettallagen/andlogen/
HazMat: No HM transported Placard: Cargo T	ank:
Special Checks: No data for special checks	
State Information: Beat/Sub Area: 670; Bus Type: 1; File Code Number: 379706; Fuel Type: LPG; Odometer: 307151; Passer 24; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 11; WC Passenger Capacity	nger Capacity:
Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violati service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT H FORM TO THE CALIFORNIA HIGHWAY PATROL.	ons marked out of
Report Prepared By:         Badge #:         Copy Received By:           L. Clemens         A08630	
X X 02731988 CA CAA086	309850

DRIVER/VEHICLE EXAMINAT	ION REPORT	Page 10 of 12 inSPECT 1.0.86
California Highway Patrol 9330 Farnham Street San Diego, CA 92123 Phone: (858) 650-3600 Internationally Accredited Agency CHP407F/343A	Report Number: CAA0863098 Inspection Date: 05/19/2016 Start: 6:04 AM MT End: 7:02 Inspection Level: V - Terminal HM Inspection Type: None	51 AM MT
EMPIRE TRANSPORTATION INCDriver:8800 PARK STLicense#:BELLFLOWER, CA, 90706Date of BirtlUSDOT: 2731988Phone#: (562)529-2676MC/MX#:Fax#:	1:	State:
State#: 326916 Date of Birth		State:
Location: ANAHEIM         Milepost:         S           Highway:         Origin: N/A         Origin: N/A           County: ORANGE         Destination: N/A	hipper: N/A Bill of Lading: N Cargo:	I/A
VEHICLE IDENTIFICATION Unit Type Make Year State Plate Equipment ID VIN 1 BU STAR 2015 CA 44307V1 285 3FRNF6HD0FV718	GVWR CVSA Existing CVS	A.#
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR		
VIOLATIONS:No violations were discovered		
HazMat: No HM transported	Placard: Cargo	Tank:
Special Checks: No data for special checks		
State Information: Beat/Sub Area: 670; Bus Type: 1; File Code Number: 379706; Fuel Typ 39; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #	pe: CNG; Odometer: 36232; Pass I Type: 11	enger Capacity:

<u>Badge #:</u> A08630

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DRIVER/VEHICLE EXAMINATION	REPORT	Page 11 of 12 inSPECT 1.0.86
San Diego, CA 92123 Phone: (858) 650-3600 Internationally Accredited Agency CHP407F/343A	eport Number: CAA08630 spection Date: 05/19/201 tart: 10:44 AM MT End: spection Level: V - Termi M Inspection Type: None	6 11:42 AM MT nal Inspection
EMPIRE TRANSPORTATION INC       Driver:         8800 PARK ST       License#:         BELLFLOWER, CA, 90706       Date of Birth:         USDOT: 2731988       Phone#: (562)529-2676       CoDriver:		State:
MC/MX#:     Fax#:     License#:       State#: 326916     Date of Birth:       Location: ANAHEIM     Milepost:     Shipp       Highway:     Origin: N/A	per: N/A	State:
County: ORANGE Destination: N/A	Bill of Lading Cargo: N/A	<b>j:</b> N/A
VEHICLE IDENTIFICATION Unit Type Make Year State Plate Equipment ID VIN 1 BU STAR 2015 CA 44335V1 287 3FRNF6HD6FV718606	GVWR CVSA Existing C	VSA #
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR		
VIOLATIONS:No violations were discovered		
HazMat: No HM transported P	Placard: Ca	rgo Tank:
Special Checks: No data for special checks		-94 1 GUA.
State Information: Beat/Sub Area: 670; Bus Type: 1; File Code Number: 379706; Fuel Type: 0 39; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 0	CNG; Odometer: 39553; Pi pe: 11	assenger Capacity:

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<u>Badge #:</u> A08630

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DRIVER/VEHICLE EXAMINA	TION REPORT	Page 12 of 12 inSPECT 1.0.86
California Highway Patrol 9330 Farnham Street San Diego, CA 92123 Phone: (858) 650-3600 Internationally Accredited Agency CHP407F/343A	Report Number: CAA086; Inspection Date: 05/19/20 Start: 9:15 AM MT End: Inspection Level: V - Terr HM Inspection Type: Non	)16 10:13 AM MT minal Inspection
EMPIRE TRANSPORTATION INC 8800 PARK ST BELLFLOWER, CA, 90706 USDOT: 2731988 Phone#: (562)529-2676 Date of Birl CoDriver: Date of Birl CoDriver:		State:
State#: 326916 License#: Location: ANAHEIM Milepost:	lh: Shipper: N/A	State:
Highway:         Orlgin: N/A           County: ORANGE         Destination: N/A	Bill of Ladir Cargo: N/A	ng: N/A
VEHICLE IDENTIFICATION Unit Type Make Year State Plate Equipment ID VIN 1 BU STAR 2015 CA 44311V1 290 3FRNF6HDXFV71	GVWR CVSA Existing	CVSA#
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR		
VIOLATIONS:No violations were discovered	₩₩₩₩₽₽₽₽₽₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	ne ne dodd ffian allan maalad y emininal <b>a gorfan gala</b> an an an an an an an an an an an an an
HazMat: No HM transported	Placard: C	argo Tank:
Special Checks: No data for special checks		
State Information: Beat/Sub Area: 670; Bus Type: 1; File Code Number: 379706; Fuel Ty 34; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #	rpe: CNG; Odometer: 36797; 1 Type: 11	Passenger Capacity:

<u>Badge #:</u> A08630

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SAFETY (				NEW TERMINAL INFORMA						LE CODE NUMBER		1		
TERMINA				TERM	Yes NAL TYPE	<u>No</u>			916 DTHER PRO	379700	ATION	<u> </u>	30	
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TERMINAL NAME				1							TELE		MBER (W/	AREA CODE)
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					112.0.01		nw ven.		HWC	2011.		CSAT Yes		
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IGNALS ONNECTING		with Mol	tor Carrier	safety	regula	tions and	rateo n d statu	nainter ites.	lance re	cords, driv	er ro	ecords	for con	npliance
EVICES														
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tereby certify If ovisions of the	Castornia (	Auricie Code	and the Califo	inia Cod	e of Reg	mached pa ulations, 1	iges (2 li understa	nrough and that l	<u> </u>	a pe corrected est a review o	in ac fan u	cordance	with app forv ratio	licable 1 by
macing the M	olor Carner	Safety Unit S	Supervisor at		714-2	88-2603	<u>, wi</u>	ihin 5 ca	lendar day	s of the rating				3 - J
RRENT TERMINAL		CTORY		CABRIER	REPRESEN	TATIVESSIG	NATURE	711.		11 A S	D,	ATE		
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STATE OF CALIFO	ORNIA F CALIFORNIA HIGHWAY PATROL		Page 2 of 8		
CONTINU		DATE	THIS IS A CONTINUATION OF		
	(REV 10-97) OPI 062	06/26/15	СНР 343		
CARRIER NAME			CA NUMBER		
	Empire Transportation Inc		326916		
ADDRESS	300 W Katella Anaheim CA 92802	**************************************	FC NUMBER		
DEMADKS			379706		

REMARKS

13 CCR 1230 The following vehicle was placed out of service :

Bus unit number 186 license 8R03003

Inoperative Left Rear Turn Signal

This vehicle may be returned to highway service only after proper repair of the out of service condition.

Out of Service Condition is not of a long standing nature.

C 343-1 10-99,XL3

							Page 3 of 8
			ER/VEHICLE EX	AMINATION F	REPORT		Aspen 2.14.1.1
	Questions r the teitphon	ighway Patrol	eport may be direct I below.		Report Numb Inspection Di Start: 7:18:00 Inspection Le HM Inspectio	ate: 06/2 AM PT avel: V -	5/2015 End: 8:16:00 AM PT Terminal
EMPIRE TRAN 8800 PARK ST BELLFLOWER USDOT#: MC/MX#: State#: 326916	, CA 90706	Phone#: Fax#:		Driver: License#: Date of Bi CoDriver: License#: Date of Bi	rth:		State: State:
Location: 300 Highway: County: ORAN		ANAHEIM	MilePost: Origin: Destination:	Shi	oper: Bill of La Cargo:	iding:	
VEHICLE IDEN Unit Type Make 1 BU SPEM		<u>Plate #</u> 8R03004	Equipment ID 182 1GE	<u>VIN</u> JJ5V1G08F406730	GVWR CVS	<u>A # CVS/</u>	A Issued # OOS Sticker
BRAKE ADJUS <u>vie # 1</u> Right N/A .efi N/A Chamber HYDI	<u>2</u> N/A N/A						1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -
VIOLATIONS Vio Code 96.5B	<u>Section</u> 1232(C) C	Unit OOS CR 1 N	<u>5 Citation # Verify C</u> N	rash <u>Violations Dis</u> N Excessive oil leaking396.t	and grease on cl	nassis/ste	ering gearbox
lazMat: No HM Special Checks				1000 0000 000 000 000 000 000 000 000 0	Placar	d: No	Cargo Tank:
tate Informatic eat/Sub Area: 67 5-14-15 364,932; us Type: 1;	on: '0; Veh #1 Typ ; Odometer: 3	be: 11; Regulated 39162; File Code		Type: CNG; Pass	enger Capacity:	34; WC F	Passenger Capacity: 0;
DTE: If a citation was mature Of Motor Carri		follow the instructions	listed on the citation.	Title:	io rieloni uls torm to	ine Callorn	
							_ Date:
eport Prepared By CLEMENS	<u>r.</u>	<u>Badge #:</u> A08630	<u>Copy Received By:</u> X		age 1 of 1		

		<b>6% (m. 1</b> )					Page 4 of 8
		DRI	ER/VEHICLE	EXAMINATION	I REPORT	•	Aspen 2.14.1.
	Questions r the teltphor Telephone	lighway Patrol egarding this r ne number liste 1-858-650-3655	eport may be dir d below.	ect	Inspecti Start: 8: Inspecti	Number: CA3 on Date: 06/2 19:00 AM PT on Levei: V - ection Type:	5/2015 End: 9:17:00 AM PT Termina)
EMPIRE TRAN 8800 PARK ST BELLFLOWER USDOT#: MC/MX#: State#: 326916	R, CA 90706	Phone#: Fax#:		Driver: License Date of CoDrive License	Birth: r: #:		State: State:
Location: 300 Highway: County: ORAN	IGE, CA		MilePost: Origin: Destinatio		hipper:	of Lading: go:	
VEHICLE IDEN Unit Type Make 1 BU SPEN		<u>Plate #</u> 8R03003	Equipment ID 186	<u>VIN</u> 1GBJ5V1G98F4065;	<u>GVWR</u> 33 26,000	CVSA # CVS/	A Issued # OOS Slicker
BRAKE ADJUS Axle # 1 Right N/A Left N/A Chamber HYD	2 N/A N/A					анныйн нэлээр олоон орон орон орон орон орон орон ор	
VIOLATIONS	-	······································		nden an	1480 Adama Washing Van Jawa Angela		
Vio Code 393.9	<u>Section</u> 24252(A)	Unit <u>OO</u> VC 1 Y	<u>S</u> <u>Citalion #</u> <u>Verif</u> U	<u>Y Crash</u> <u>Violations I</u> N Left rear tu	<u>Discovered</u> Irn signal lan	np Inoperative	393 9/51
HazMat: No HM			an an an an an an an an an an an an an a	a a cara a fa fa china ali biblioteane anno a dheall ann an ann an fa fan ann an an ann ann		lacard: No	Cargo Tank:
Special Checks		Special Checks.					varyo Talik.
Bus Type: 1;	0; Veh #1 Typ Odometer: 3			i uer Type, GNG, Ma	issenger Capa	acity: 34; WC F	Address: LAST INSP Passenger Capacily: 0;
Unareby declare eac OUT-OF-SERVICE defe	h vehicle with a Y i ects have been rep	n the OOS column of the alred and the vehicle h	a violation section of this as been restored to safe o	report to be OUT-OF-SER	VICE. No person	shall operate such v	ehicle until all
Signature Of Repairer X	<u>د</u>			Facility			Date:
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Signature Of Motor Carr	ler X:		HACO ON THE CABION.	Tille:			Date:
Report Prepared By L. CLEMENS X		<u>Badge #:</u> A08630	Copy Received B	<u>y:</u>	Page 1 of 1	CA	CA3P2K001212

	CHP 407F/:	343A-Aspen	VER/VEHICL			······			pen 2.14.
	California I	Highway Patrol	I			Inspect	Number: CA lion Date: 06/	3P2K001213	
	Questions ;	regarding this ne number list	report may be (	direct		Start: 9	:25:00 AM PT	End: 10:2	1·00 AM
	Telephone	1-858-650-365	ea below.			Inspect	ion Level: V pection Type	- Terminal	
EMPIRE TRAN 8800 PARK ST	ISPORTATIO	ON INC	-	#1	Driver:	***************************************	jpa	- TAUNG	
BELLFLOWER	CA 90706				License#:			5	State:
USDOT#: MC/MX#:		Phone#:			Date of Bir CoDriver:	th:			
State#: 326916	5	Fax#;			License#:			c	4-4-
Location: 300	W KATELLA	ANAHEIM	MilePo	-	Date of Bir			3	tate:
Highway:			Origin:		Ship		l of too alterna		
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VEHICLE IDEN		1		**************************************	*****				
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1 BU SPEM	2009 CA	8S86043	234	1GBE5V1	G29F400382		<u>CVSA# CVS</u>	A Issued # O	<u>JS Sticke</u>
BRAKE ADJUS	TMENTS				1999 - C. C. C. C. C. C. C. C. C. C. C. C. C.				
<u>Axle# 1</u> Right N/A	2								
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/io Code	Section	Unit OC	S Citalian # 14						
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eat/Sub Area: 67(	); Veh #1 Typ	e: 11; Regulater	d Vehicle: Y; Resp Code Number: 3	ponsible Per	son: STARCR				
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its copy of the report is DTE: If a citation was	lor your Informatic Issued, you MUST er X:	<u>Badge #:</u> A08530	ed to take corrective act i listed on the citation.	, ,	Title:	9 1 of 1			

							Page 6 of 8
·			ER/VEHICLE	EXAMINATION	REPORT	ſ	Aspen 2.14.1.1
Ca Qu the	lifornia Hi lestions re teltphon	I3A-Aspen ghway Patrol garding this re number listec -858-650-3655	port may be dir I below.	ect	Inspect Start: 6: Inspect	Number: CA3F ion Date: 06/2 17:00 AM PT ion Level: V - lection Type: I	5/2015 End: 7:15:00 AM PT Terminal
EMPIRE TRANSP 8800 PARK ST BELLFLOWER, C. USDOT#: MC/MX#: State#: 326916		N INC Phone#: Fax#:		Driver: License# Date of B CoDriver: License#	: Irth:		State: State:
Location: 300 W Highway: County: ORANGE	E, CA	ANAHEIM	MilePost Orlgin: Destinati		ipper: Bill	of Lading: go:	
VEHICLE IDENTIF Unit Type Make Yo 1 BU SPEM 20	ear <u>State</u>	<u>Plate #</u> 44308V1	Equipment ID 286	VIN 3FRNF6HD4FV71860	<u>GVWR</u> 5 26,000	CVSA # CVSA	issued # OOS Slicker
BRAKE ADJUSTN Axle # 1 Right N/A Left N/A Chamber HYDR VIOLATIONS : No N	<u>2</u> N/A N/A HYDR	/ere Discovered.					
HazMat: No HM Tr				*******	E	Placard: No	Cargo Tank:
Bus Type: 1;	your Informatic ued, you MUST	n Carriere are require	de tala association of	onsible Person: STAR( ; Fuel Type: CNG; Pa ens for all defects noted. DO Tille:	ssenger Ca	pacity: 39; WC	Passenger Capacity: 0; a Highway Patrol.
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eport Prepared By: CLEMENS		<u>Badge #:</u> A08630	Copy Received	B <u>y:</u>	Page 1 of 1		CA3P2K001210

						Page 7 of 8
	DRIV	ER/VEHICLE EX/	MINATION R	EPORT	•	- Aspen 2.14.1.1
Califo Quest the tel	407F/343A-Aspen ornia Highway Patrol tions regarding this n itphone number lister hone 1-858-650-3655	eport may be direct d below.		Inspecti Start: 11 Inspecti	Number: CA3 on Date: 06/2 :03:00 AM PT on Level: V - ection Type:	P2K001214 5/2015 End: 12:01:00 PM PT Terminal
EMPIRE TRANSPOR 8800 PARK ST BELLFLOWER, CA 9 USDOT#: MC/MX#: State#: 326916			Driver: License#: Date of Bir CoDriver: License#: Date of Bir	th:		State: State:
Location: 300 W KAT Highway: County: ORANGE, C	A •	MilePost: Origin: Destination:		oper: Bill	of Lading: go:	
VEHICLE IDENTIFIC/ Unit Type Make Year 1 BU SPEM 2015	State Plate #	Equipment ID 287 3FRN	<u>VIN</u> F6HD6FV718606	<u>GVWR</u> 26,000	CVSA# CVS/	A Issued # OOS Sticker
Right N/A N Left N/A N Chamber HYDR HY	2 I/A I/A /DR			дан ай 2222-2 Алтан а цараан		
VIOLATIONS: No Viola	and a second second second second second second second second second second second second second second second			*******		
HazMat: No HM Trans				F	lacard: No	Cargo Tank:
Beat/Sub Area: 670; Ver INSP 05-27-15 2,272; O Bus Type: 1; This copy of the report is for your NOTE: If a citation was issued, Signature Of Motor Carrier X:	Linformation Carriers are maying		all defects noted. DO N	senger Ca	pacity: 39; WC	Passenger Capacity: 0;
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Report Prepared By: CLEMENS	<u>Badge #:</u> A08630	<u>Copy Received By:</u> X		aga tof t		CA3P2K001214

				Page 8 of 8
	ER/VEHICLE EXAN	INATION REPOR	Т	Aspen 2.14.1.1
CHP 407F/343A-Aspen California Highway Patrol Questions regarding this re the teltphone number listed Telephone 1-858-650-3655		Inspec Start: 1 Inspec	t Number: CA3P: tion Date: 06/25/ 12:21:00 PM PT tion Level: V - T pection Type: N	2015 End: 1:19:00 PM PT erminal
EMPIRE TRANSPORTATION INC 8800 PARK ST BELLFLOWER, CA 90706 USDOT#: Phone#: MC/MX#: Fax#: State#: 326916		Driver: License#: Date of Birth: CoDriver: License#:		State: State:
Location: 300 W KATELLA ANAHEIM Highway: County: ORANGE, CA	MilePost: Origin: Destination:		ill of Lading: argo:	
VEHICLE IDENTIFICATION Unit Type Make Year State Plate # 1 BU SPEM 2015 CA 44351V1	Equipment ID 288 3FRNF6	<u>VIN GVWR</u> HD8FV718607 26,000		Issued # OOS Sticker
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR				
VIOLATIONS : No Violations Were Discovered.		*/~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		
HazMat: No HM Transported.			Placard: No	Cargo Tank:
Special Checks: No Data for Special Checks.				
State Information: Beat/Sub Area: 670; Veh #1 Type: 11; Regulated INSP 05-27-15 2,233; Odometer: 4599; File Code Bus Type: 1;	Vehicle: Y; Responsible F Number: 379706; Fuel T	Person: STARCRAFT CC ype: CNG; Passenger C	DNV MFR DATE 10 Capacity: 39; WC P	/14; Address; LAST assenger Capacity: 0;
This copy of the report is for your information. Carriers are require NOTE: If a citation was issued, you MUST follow the instructions	d to take corrective actions for all i listed on the citation.	lefects noted. DO NOT return	this form to the California	Highway Patrol.
Signature Of Molor Carrier X:		Tille:		Date:
	,			
Report Prepared By:         Badge #:           L. CLEMENS         A08630           X         A08630	Copy Received By:	Page 1 of 1		CA3P2K001215

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		HIGHWAY DATE	//14	Laurence Tr		0						Page	1 of _ 5	page
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CONTINU	F CALIFORNIA HIGHWAY PATROL	DATE 07/09/15	Page 2 THIS IS A CONTINUATION OF CHP 343
CARRIER NAME	EMPIRE TRANSPORTATION INC	en neuen en  CA NUMBER 326916	
ADDRESS	8800 PARK ST, BELLFLOWER, CA 90706	*****	FC NUMBER 245940

#### MAINTENANCE PROGRAM VIOLATIONS:

13 CCR 1215(f) Carrier does not repair defect(s) reported on the driver's daily vehicle condition reports, and attest to the repair by signing or having an authorized agent sign the reports. Defects or deficiencies reported on drivers' daily vehicle condition reports that are likely to affect the safe operation of the motor vehicle or combination are required to be repaired prior to returning to operation. The motor carrier or an authorized agent shall certify on the report that necessary repairs have been completed prior to the vehicle returning to operation.

Unit # 251 drivers DVIR indicated defective door: 05-06-15, 05-07-15, 05-08-15 Unit # L-205 drivers DVIR indicated vehicle alignment issues: 06-23-15, 06-24-15, 06-25-15, 06-26-15

## DRIVER RECORDS VIOLATIONS:

Due to carrier having two types of operations (Tour Bus / Basic Bus) driver records were inspected in conjunction with the annual tour bus terminal inspection. Driver records meet all the requirements for basic bus operation.

#### **<u>RATING:</u>**

13CCR 1233 Terminal is rated SATISFACTORY at this time.

#### **CHANGE OF ADDRESS:**

13CCR 1233.5 Carrier is required to notify the department of any change of address or cessation of regulated activity at any of the carrier's terminals. Carrier shall notify the department in writing within 15 days of the change and shall be forwarded to:

#### California Highway Patrol

## COMMERCIAL RECORDS UNIT

#### P.O. BOX 942898

#### SACRAMENTO, CA. 94298-0001

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HazMat: No HI	M Transported.				***************************************						Placard: I		Cargo	
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Report Prepared SEAN MIDDLEBF X	<u>By:</u> ROOKE		ladge / A1333	7	<u>Copy Recei</u>	ved By	E		Page	e 1 of 1		CA	CA3P140	01150

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CHP 407F/343 California Hig Questions reg the telephone (323) 644-955	hway Patrol jarding this re number listed	port may be di d below.	rect	Inspect Start: 6 Inspect	Number: CA3F Ion Date: 07/09 45:00 AM CT ion Level: V - 1 pection Type: 1	9/2015 End: 7:15:00 AM CT Terminal
EMPIRE TRANSPORTATION 8800 PARK ST BELLFLOWER, CA 90706 USDOT#: MC/MX#: State#: 326916 Location: 8800 PARK ST Highway: County: LOS ANGELES, CA	Phone#: Fax#:	MilePos Origin: I Destina		lh: per: Bil	l of Lading: rgo:	State: State:
VEHICLE IDENTIFICATION Unit Type Make Year State 1 BU CHEV 2010 CA	<u>Plate #</u> 1358267	Equipment ID L-205	<u>VIN</u> 1GB9G5AGXA1104524		CVSA# CVSA	Alssued # OOS Sticker
BRAKE ADJUSTMENTS       Axle #     1     2       Right     N/A     N/A       Left     N/A     N/A       Chamber     HYDR     HYDR		*****			n m	
VIOLATIONS : No Violations We	ere Discovered.		**************************************			on the second second second second second second second second second second second second second second second
HazMat: No HM Transported.				ļ	Placard: No	Cargo Tank:
Special Checks: No Data for S	pecial Checks.					
State Information: Beat/Sub Area: S44; Veh #1 Type Capacity: 12; WC Passenger Cap	11. Regulated	Vehicle: Y: Odor	neter: 107154; File Code	Number:		ype: LPG; Passenger
Signaturo Of Repairer X:		****	Facility:			_ Dale:
This copy of the report is for your information NOTE: If a citation was issued, you MUST :	<ul> <li>Carriers are require ollow the lost uctions</li> </ul>	ed to take corrective ac	lique fan all defente - stad - DO M	OT return th	is form to the Californ	ia Highway Patrol.
Signature Of Motor Carrier X:		noted of the citaton,		-		Dale:
	, , ,					
Report Prepared By: SEAN MIDDLEBROOKE X	<u>Badge #.</u> A13337	<u>Copy Received</u>	<u>d By:</u> P	age t of 1	CA	CA3P14001159

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MC/MX#: State#: 32691 Location: 880	6	Fax#:	MilePos	st:	License#: Date of Birt Ship				State:
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BRAKE ADJU Axle# 1 Right N// Left N// Chamber HYE	2 A N/A A N/A		æ	>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
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	is for your information. C as issued, you MUST follo	arriers are require w the instructions	d to take corrective a listed on the citation.	clions for all defer	is noted. DO NO	OT return this	s form to the (	California Highway	Pairci,
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hereby certify ovisions of the mlacting the M	NCN - BIT [] ME(S)) that all viola a California V folor Carrier NL RATING	Yes Yes I N S.MIDDLEBI tions described I fehicle Code and Safety Unit Supe	No ROOKE	MOTOR C recorded on lipe nia Code of Dec 323-6/	attached	ID NUMBER ( CERTIFICAT Dages (2 through understand th within 5 c	5) A133 ION gh16 ) at I may rec	37 , will be correc quest a review	Auto	ance with a	ipplicable ng by
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STATE OF CALIFORNI DEPARTMENT OF CAL	A LFORNIA HIGHWAY PATROL		Page 2
CONTINUAT	ION	DATE	THIS IS A CONTINUATION OF
CHP 343-1 (RE	V 10-97) OPI 062	07-07,07-08,07-09	CHP 343
CARRIER NAME		L	
	EMPIRE TRANSPORTATION INC		CANUMBER
ADDRESS			326916
	8800 PARK ST, BELLFLOWER, CA 90706		FCNUMBER
THE LE THE			245940

REMARKS

#### MAINTENANCE PROGRAM VIOLATIONS:

13 CCR 1215(f) Carrier does not repair defect(s) reported on the driver's daily vehicle condition reports, and attest to the repair by signing or having an authorized agent sign the reports. Defects or deficiencies reported on drivers' daily vehicle condition reports that are likely to affect the safe operation of the motor vehicle or combination are required to be repaired prior to returning to operation. The motor carrier or an authorized agent shall certify on the report that necessary repairs have been completed prior to the vehicle returning to operation.

Unit # 243 drivers DVIR indicated check engine light on: 04-01-15, 04-03-15, 04-06-15, 04-07-15, 04-20-15 Unit # 164 drivers DVIR indicated power steering problem: 05-22-15, 05-23-15, 05-24-15 Unit # 244 drivers DVIR indicated inoperative interior light: 05-15-15, 05-18-15, 05-19-15, 05-20-15, 05-21-15, 05-22-15 Unit # 259 drivers DVIR indicated inoperative turn signal: 04-01-15, 04-02-15 Unit # 251 drivers DVIR indicated defective door: 05-06-15, 05-07-15, 05-08-15

#### **DRIVER RECORDS VIOLATIONS:**

All records are current and on file at this time.

#### RATING:

13CCR 1233 Terminal is rated SATISFACTORY at this time.

#### **CHANGE OF ADDRESS:**

13CCR 1233.5 Carrier is required to notify the department of any change of address or cessation of regulated activity at any of the carrier's terminals. Carrier shall notify the department in writing within 15 days of the change and shall be forwarded to:

California Highway Patrol

#### COMMERCIAL RECORDS UNIT

P.O. BOX 942898

#### SACRAMENTO, CA. 94298-0001

		DRIV	ER/VEHICLE	EXAMINATION R	EPORT		Aspen 2.14.1.1
	Questions re the telephon (323) 644-95	ghway Patrol egarding this re e number liste 57	eport may be di d below.		Inspecti Start: 1: Inspecti	Number: CA3F ion Date: 07/0) 30:00 PM CT ion Level: V - 1 lection Type: 1	7/2015 End: 2:00:00 PM CT Ferminal
EMPIRE TRA 8800 PARK S BELLFLOWEI USDOT#: MC/MX#: State#: 32691	R, CA 90706	N INC Phone#: Fax#:		Driver: License#: Date of Bir CoDriver: License#:			State: State:
Location: 880 Highway: County: LOS	ANGELES, CA	l	MilePos Origin: I Destinal		per: Bill	of Lading: 'go:	
VEHICLE IDE Unit Type Mak 1 BU FOR		<u>Plate #</u> 72628B1	Equipment ID 259	VIN 1FDFE4FS7BDA42091		CVSA# CVSA	Issued # OOS Sticker
BRAKE ADJU Axle # 1 Right N/ Left N/ Chamber HY	. <u>2</u> 'A N/A 'A N/A				, ,		an na an an an an an an an an an an an a
VIOLATIONS	No Violations V	/ere Discovered.		****			
HazMat: No H						lacard: No	Cargo Tank:
Special Check	(s: No Data for						
State Informal Beat/Sub Area: S Passenger Capa	544: PUC: 2150		10 [,] Regulated Va	hicle: Y; Odometer: 1257	750; File C	Code Number: 24	
Signature Of Repaire	r X:	****		Facility:	1725-01-01-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		Dale:
This copy of the report	t is for your informativ	n. Carriers are require follow the instructions	d to take manuality	lions for all defects noted. DO N	IOT relum thi	s form to the Californi	a Highway Patrol.
Signature OI Motor Ca	arrier X			Title:	·		Date:
<u>Report Prepared</u> SEAN MIDDLEBF X		<u>Badqe #;</u> A13337	Copy Received		age 1 of 1		CA3P14001158

DRIV	ER/VEHICLE EXAMINATION R	EPORT	Aspen 2.14.1.1
CHP 407F/343A-Aspen California Highway Patrol Questions regarding this re the telephone number listed (323) 644-9557	d below.	Report Number: CA3P140011 Inspection Date: 07/07/2015 Start: 1:00:00 PM CT End: 1 Inspection Level: V - Termina HM Inspection Type: None	157 1:30:00 PM CT
EMPIRE TRANSPORTATION INC 8800 PARK ST BELLFLOWER, CA 90706 USDOT#: Phone#: MC/MX#: Fax#: State#: 326916 Location: 8800	Driver: License#: Date of Bir CoDriver: License#: Date of Bir MilePost: Shir	rth: rth:	State: State:
Highway: County: LOS ANGELES, CA	Origin: NONE Destination: NONE	pper: Bill of Lading: Cargo:	
VEHICLE IDENTIFICATION Unit Type Make Year State Plate # 1 BU FORD 2009 CA 907HN	Equipment ID VIN 244 1FDFE45S09DA47379	GVWR CVSA # CVSA issued	# OOS Sticker
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR	•		*****
390.21A 27900(A) VC /001 1 N 390.21A 34507.5(B) VC /00 1 N 2	N N Carrier ID nun	ne or trademark required to be visib nber needs to be visible from 50ft	ble from 50ft
HazMat: No HM Transported.		Discords No.	o Tank:
Special Checks: No Data for Special Checks. State Information: Beat/Sub Area: S44; PUC: 21507; Veh #1 Type: 1 CNG; Passenger Capacity: 16; WC Passenger Ca	I0; Regulated Vehicle: Y; Odometer: 1192 apacity: 2; Bus Type: 1;		uel Type:
Signature Of Repairer X:	Facility	Date:	**************************************
This copy of the report is for your information. Carriers are require NOTE: If a citation was issued, you MUST follow the instructions	d to take corrective actions for all defects noted. DO N listed on the citation.	IOT return this form to the California Highway	Patroi.
Signalure Of Motor Carrier X:	. Tile	Date:	
Report Prepared By:     Badge #:       SEAN MIDDLEBROOKE     A13337       X     X	Copy Received By: F	Page 1 of 1	001157

DRIVE	R/VEHICLE EXAMINATION	REPORT	Aspen 2.14.1,1
CHP 407F/343A-Aspen California Highway Patrol Questions regarding this rep the telephone number listed (323) 644-9557	oort may be direct below.	Report Number: CA3P140 Inspection Date: 07/07/201 Start: 12:30:00 PM CT End Inspection Level: V - Term HM Inspection Type: None	5 I: 1:00:00 PM CT Inal
EMPIRE TRANSPORTATION INC 8800 PARK ST BELLFLOWER, CA 90706 USDOT#: Phone#: MC/MX#: Fax#: State#: 326916	Driver: License# Date of B CoDriver License# Date of B	irth: : : irth:	State:
Location: 8800 PARK ST Highway: County: LOS ANGELES, CA	MilePost: Sh Origin: NONE Destination: NONE	lpper: Bill of Lading: Cargo:	
VEHICLE IDENTIFICATION Unit Type Make Year State Plate # 1 BU FORD 2001 CA 6P83397	Equipment ID VIN 163 1FDXE45571HB0600	GVWR CVSA # CVSA Issu 8 14,050	ed # OOS Sticker
BRAKE ADJUSTMENTSAxle #12RightN/AN/ALeftN/AN/AChamberHYDRHYDR	· ·		,
VIOLATIONS : No Violations Were Discovered.	стан малан маладар ули индер стантик мандар булгар состор состор од на тор бул тор состор од на тор бул состор На мала и правити и состор и состор состор состор состор состор од на тор состор состор состор состор состор со	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
HazMat: No HM Transported.			rgo Tank:
	D; Regulated Vehicle: Y; Odometer: 28		); Fuel Type: G;
Signature Of Repairer X: This copy of the report is for your information. Carriers are required NOTE: If a citation we leaved you MUST follow the instruction of	Facility:	Date	
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Signature Of Molor Carrier X:	Tile	Date	
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Report Prepared By:     Badge #:       SEAN MIDDLEBROOKE     A13337       X     X	Copy Received By: X	Page 1 of 1	214001156

		DR	IVER/VEHICLE	EXAMINATION R	EPOR	Г		Aspen 2.14.1.
	California Questions	one number lis	report may be d	lrect	Inspect Start: 12 Inspect	Number: CA3F ion Date: 07/07 2:00:00 PM CT ion Level: V - 1 pection Type: 1	7/2015 End: 12 Terminal	
EMPIRE TRAN 8800 PARK ST BELLFLOWER	r	5		Driver: License#: Date of Bir	-th:	алаараады <i>н ал</i> аан алаан ал	****************	State:
USDOT#: MC/MX#: State#: 32691	-	Phone#: Fax#:		CoDriver: License#: Date of Bir	th:			State:
Location: 880 Highway: County: LOS		CA	MilePos Origin: I Destina			l of Lading: rgo:		
VEHICLE IDEN Unit Type Make 1 BU FORI		Plate #	Equipment ID 237	<u>VIN</u> 1FBSS31L76DB32319	<u>GVWR</u> 9 100	<u>CVSA#</u> CVSA	lssued #	00S Sticker
BRAKE ADJU Axle # 1 Right N// Left N// Chamber HYD	2. A N/A A N/A	ант <u>тан</u> а и слова <b>слова с слова на с</b> ост			9 90 - 9 9 9 90 90 - 90 - 90 - 90 - 90	999) (1999) - 20 (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1999) (1	**********************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
VIOLATIONS:	No Violations	Were Discovere	3 <b>d.</b>			********		******
riaziviat; NO FI	vi i ransportet	1.			1	Placard No	Cargo	Tank:
State Informat	ion: 44: PUC: 21	507; Veh #1 Typ	e: 10; Regulated Ve	hicle: Y; Odometer: 1057				
Signature Of Repairer	X:			Facility:			Date:	
This copy of the report	is for your inform	alian Carriare are my	quired to take corrective as lons listed on the citation.		NOT return th	is form to the Californi	ia Highway Pi	atroi.
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 Report Prepared By:
 Badge #:

 SEAN MIDDLEBROOKE
 A13337

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Copy Received By:



DRIVI	ER/VEHICLE EXAMINATIO	N REPORT	Aspen 2.14.1.1
CHP 407F/343A-Aspen California Highway Patrol Questions regarding this re the telephone number listed (323) 644-9557	port may be direct I below.	Report Number: CA3P1 Inspection Date: 07/07/ Start: 11:30:00 AM CT I Inspection Level: V - Te HM Inspection Type: No	4001154 2015 End: 12:00:00 PM CT erminal
EMPIRE TRANSPORTATION INC 8800 PARK ST BELLFLOWER, CA 90706 USDOT#: Phone#: MC/MX#: Fax#:	CoDri	r: se#: of Birth: ver:	State:
State#: 326916 Location: 8800 PARK ST Highway:	Licen Date o MilePost: Origin: NONE	of Birth: Shipper:	State:
County: LOS ANGELES, CA	Destination: NONE	Bill of Lading: Cargo:	
VEHICLE IDENTIFICATION Unit Type Make Year Slate Plate # 1 BU FORD 2011 CA 100FL	Equipment ID VIN 258 1FDFE4FS5BDA4	<u>GVWR</u> <u>CVSA</u> # <u>CVSA</u> 1 3090 14,500	ssued # OOS Sticker
BRAKE ADJUSTMENTS       Axle #     1     2       Right     N/A     N/A       Left     N/A     N/A       Chamber     HYDR     HYDR			
VIOLATIONS			
390.21A         27900(A) VC /001         1         N           390.21A         34507.5(B) VC /00         1         N	N N Carrier i	is <u>Discovered</u> y name or trademark required to b D number required to be visible fro	e visible from 50ft om 50ft
HazMat: No HM Transported.		Placard: No	Cargo Tank:
Special Checks: No Data for Special Checks. State Information: Beat/Sub Area: S44; PUC: 21507; Veh #1 Type: 1 Passenger Capacity: 12; WC Passenger Capacity:	0; Regulated Vehicle: Y; Odometer; 4; Bus Type: 1;		40; Fuel Type: G;
Signature OI Repairer X:	Facility		Date:
This copy of the report is for your information. Carriers are required NOTE: If a citation was issued, you MUST follow the instructions I		DO NOT return this form to the California I	lighway Patrol.
Signature Of Motor Carrier X:		6: 	Dale:
Report Prepared By:         Badge #:           SEAN MIDDLEBROOKE         A13337	Copy Received By:	Page t of 1	
<b>^</b>	X	CA C	A3P14001154

		DRIV	ER/VEHICLI		REPUR		Aspen 2.1	4.1.1
	CHP 407F/3				Report	Number: CA3	P14001153	
		ghway Patrol		<b>u</b> .	Inspect	ion Date: 07/0	7/2015	
3.58	the telephor	egarding this re le number liste	port may be d	lirect			End: 11:30:00 A	ИСТ
- V -	(323) 644-95		u Delow.		Inspect HM Insp	ion Level: V - pection Type:	Terminal None	
EMPIRE TRA 8800 PARK S	NSPORTATIO	N INC		Driver:	**************************************			000adarraana <b>a</b> jara
BELLFLOWE				License#	•		State:	
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MC/MX#:		Fax#:		CoDriver License#	•		State:	
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Location: 880 Highway:	UU PARK ST		MilePos		ipper:			
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HazMat: No H Special Check State Informat Beat/Sub Area: & Passenger Capa Signature Of Repaire	IM Transported. ks: No Data for tion: S44; PUC: 2150 acity: 14; Bus Ty ar X ut is for your informali	Vere Discovered. Special Checks. 7; Vch #1 Type: pe: 2;	10; Regulated Ve	ehicle: Y; Odometer: 35	8556; File (	Placard: No Code Number: 2	45940; Fuel Type: (	; ;
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HazMat: No H Special Check State Informat Beat/Sub Area: & Passenger Capa Signature Of Repaire This copy of the repoin NOTE: If a citation v	IM Transported. ks: No Data for tion: S44; PUC: 2156 acity: 14; Bus Ty ar X: ar X: was issued, you MUS	Vere Discovered. Special Checks. 17; Veh #1 Type: pe: 2; on. Carriers are require f follow the instructions	10; Regulated Ve ed to take corrective a fisted on the citation.	ehicla: Y; Odometer: 35 Facility: clicns for all defects noted. DC	8556; File ( NOT return th	Placard: No Code Number: 2	45940; Fuel Type: ( Date: Na Highway Patrol,	
HazMat: No H Special Check State Informat Beat/Sub Area: & Passenger Capa Signature Of Repaire This copy of the repoin NOTE: If a citation v	IM Transported. ks: No Data for tion: S44; PUC: 2156 acity: 14; Bus Ty ar X: ar X: was issued, you MUS	Vere Discovered. Special Checks. 17; Veh #1 Type: pe: 2; on. Carriers are require f follow the instructions	10; Regulated Ve ed to take corrective a fisted on the citation.	ehicla: Y; Odometer: 35 Facility: clicns for all defects noted. DC	8556; File ( NOT return th	Placard: No Code Number: 2	45940; Fuel Type: ( Date: Na Highway Patrol,	
HazMat: No H Special Check State Informat Beat/Sub Area; S Passenger Capa Signature Of Repaire This copy of the repo NOTE: If a citation v Signature Of Motor C:	IM Transported. ks: No Data for tion: S44; PUC: 2156 acity: 14; Bus Ty ar X: it is for your informative vas issued, you MUS arrier X:	Vere Discovered. Special Checks. 17; Veh #1 Type: pe: 2; on. Carriers are requin f follow the instructions	10; Regulated Vi ed to take corrective a fisted on the citation.	ehicla: Y; Odometer: 35	8556; File (	Placard: No Code Number: 2	45940; Fuel Type: ( Date: Na Highway Patrol,	
HazMat: No H Special Check State Informat Beat/Sub Area: & Passenger Capa Signature Of Repaire This copy of the repoin NOTE: If a citation v	IM Transported. ks: No Data for tion: S44; PUC: 2156 acity: 14; Bus Ty er X: it is for your informal was issued, you MUS arrier X:	Vere Discovered. Special Checks. 17; Veh #1 Type: pe: 2; on. Carriers are require f follow the instructions	10; Regulated Ve ed to take corrective a fisted on the citation.	ehicla: Y; Odometer: 35	8556; File ( NOT return th	Placard: No Code Number: 2	45940; Fuel Type: ( Date: Na Highway Patrol,	*****
HazMat: No H Special Check State Informat Beat/Sub Area; S Passenger Capa Signature Of Repaire This copy of the repo NOTE: If a citation v Signature Of Motor C:	IM Transported. ks: No Data for tion: S44; PUC: 2156 acity: 14; Bus Ty er X: it is for your informal was issued, you MUS arrier X:	Vere Discovered. Special Checks. 17; Vch #1 Type: pe: 2; on. Carriers are requir follow the instructions	10; Regulated Vi ed to take corrective a fisted on the citation.	ehicla: Y; Odometer: 35	8556; File (	Placard: No Code Number: 2	45940; Fuel Type: ( Date: Na Highway Patrol,	

	DRIV	ER/VEHICLE	EXAMINATION R	EPORT		Aspen 2,14.1.1
California Questions the teleph (323) 644-				Inspecti Start: 10 Inspecti	Number: CA3f on Date: 07/0 0:30:00 AM CT on Level: V - lection Type: I	7/2015 End: 11:00:00 AM CT Terminal
EMPIRE TRANSPORTAT 8800 PARK ST BELLFLOWER, CA 9070 USDOT#: MC/MX#: State#: 326916 Location: 8800 PARK ST Highway: County: LOS ANGELES,	6 Phone#: Fax#:	MilePost: Origin: No Destinatio	DNE	th: oper: Bill	of Lading:	State:
VEHICLE IDENTIFICATIO		Lesunali	DIT: NONE	Cai	rgo:	······
Unit Type Make Year Stat 1 BU FORD 1999 CA	e Plato #	Equipment ID 115	<u>VIN</u> 1FBSS31L5XHC33014		CVSA# CVS/	A lasued # OOS Slicker
BRAKE ADJUSTMENTS           Axie #         1         2           Right         N/A         N/A           Left         N/A         N/A           Chamber         HYDR         HYDR		-	97 - 97 - 98 - 98 - 99 - 99 - 99 - 99 -	979 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	galanina ma'solonini t	••••••••••••••••••••••••••••••••••••••
VIOLATIONS : No Violation	s Were Discovered.					an an an an an an an an an an an an an a
HazMat: No HM Transporte Special Checks: No Data				F	Placard: No	Cargo Tank:
State Information: Beat/Sub Area: S44; PUC: 2 Passenger Capacity: 14; Bus	1507; Veh #1 Type: 5 Type: 2;	10; Regulated Veh	icle: Y; Odometer: 2770	971; File (		
Signature Of Repairer X: This copy of the report is for your inform	nation Carriers ore require	ad to take exclasting a dir	Facility:			Date:
NUTE: If a cliation was issued, you w	IUST follow the instruction:	s listed on the citation.				
Signatore Of Mold Caller A.			Title:			Date:
Report Prepared By: SEAN MIDDLEBROOKE X	<u>Badge #:</u> A13337	Copy Received	By: I	Page 1 of 1		CA3P14001152

		DRIVE	R/VEHICLE	EEXAMIN	NATION RE	PORT			Aspen 2.14.1.1
	California Highv Questions rega the telephone n (323) 644-9557	vay Patrol rding this repo umber listed t		irect		Inspecti Start: 10 Inspecti	on Date: 0 0:00:00 AM on Level: V	7/07/2015 CT End: 10 V - Terminal	
8800 PARK ST BELLFLOWER	- R, CA 90706				Driver: License#: Date of Birt	h:			State:
MC/MX#: State#: 326916	6				CoDriver: License#: Date of Birt	h:			State:
Highway:			Origin:	NONE		Bill		:	
CHP 407F/343A-AspenReport Number: CA3P14001151California Highway PatrolInspection Date: 07/07/2015Questions regarding this report may be directStart: 10:00:00 AM CT End: 10:30:00 AM CTthe telephone number listed below.Inspection Level: V - Terminal(323) 644-9557HM Inspection Type: NoneEMPIRE TRANSPORTATION INCDriver:8800 PARK STLicense#:BELLFLOWER, CA 90706Date of Birth:USDOT#:Phone#:MC/MX#:Fax#:State#: 326916Date of Birth:Location: 8800 PARK STMilePost:State#: 326916Date of Birth:									
CHP 407F/343A-Aspan California Highway Patrol Questions regarding this report may be direct the telephone number listed below.         Report Number: CA3P14001151 Inspection Date: 07/07/07015           EMPIRET TRANSPORTATION INC BRO PARK ST BELLICOWER, CA 90706         Driver: License#: State:         State:           EMPIRET TRANSPORTATION INC BRO PARK ST BELLICOWER, CA 90706         Driver: License#: State:         State:           USDOT#: INC/IXM: Phone#: CoolPrive: License#: State:         State: Date of Birth: CoolPrive: License#: State:         State:           USDOT#: INC/IXM: State: Date of Birth: CoolPrive: License#: State:         State: State: Date of Birth: CoolPrive: State: State: Date of Birth: CoolPrive: State: State: Date of Birth: CoolPrive: License#: State: Date of Birth: CoolPrive: Contry: LOS ANGELES, CA Destination: NOME Curve: I BU FORS 2009 CA 699HN 243 IFDFE46549DA47353 I4_000         State: State: Date of Birth: CoolPrive: State: Date of Birth: Contry: LOS ANGELES, CA Destination: NOME Carrier Downer State: Date of Birth: License#: State: Date of Birth: Contry: LOS ANGELES, CA Destination: NOME Carrier Downer State: Date of Birth: Date of Birth: Contry: LOS ANGELES, CA Destination: NOME Carrier Downer State: Date of Birth: Date of Birth:									
CHP 407F/343A-Aspan California Highway Patrol California Highway Patrol Cuestions regarding this report may be direct the telephone number listed balow.       Report Number: CA3P14001151 Inspection Date: 07/07/2016 Start: 10:00:00 AM CT End: 10:30:00 AM CT Inspection Type: Normalia BMD PARK ST         EMPIRE TRANSPORTATION INC BSOD PARK ST BELLFLOWER, CA 90706       Driver: Licenses#: State:       State: Date of Birth: State:         USDOT#: BELLFLOWER, CA 90706       Date of Birth: COD/Ver: Licenses#: Licenses#: State:       State: State: State: State:         UDIT ME MAKE ST Highway: LOS ANGELES, CA County: LOS ANGELES, CA Destination: NONE       Bill of Lading: County: LOS ANGELES, CA Destination: NONE       Bill of Lading: Cargo:         VEHICLE DENTIFICATION UNIT TME MAKE Year State Highway: 1 BU FORD 2000 CA 893HN       243       IFOFE45848DA47353       14,500         BRAKE ADJUSTMENTS Adie # 1 2 Right NNA N/A Carmon       Chill Charling Cargo: NONE       Bill of Lading: CARGO ASSEC State:       COSS Stocker         MIC CODE BRAKE ADJUSTMENTS Adie # 1 2 Right NOCATONS       Lind DOS Clation # Yeafly Crash Yeafly Crash Yeafly Crash Yeafly Crash Yeafly Crash State:       State: form 50ft 350.21A       2700(A) V OZO 1 N N N Carrier ID mombers not clearly visible from 50ft 350.21A         Special Checks: State Information:       State Information: BeakState Information:       N N Carrier ID mombers not clearly visible from 50ft 350.21A       State Information: State Information:         BeakIns Of House Asks, PMICT You High Type: 10; Regulated Wehter: Y. Odometer: 57444; File Code Number: 345940; Fuel Type:									
CHP 407/7/343A-Aspan California Highway Patrol California Highway Patrol California Highway Patrol California Highway Patrol California Highway Patrol Duestions regarding this report may be direct the telephone number listed below.       Report Number: CASP 14001151 Inspection Date: 07/07/2015 State: 07/07/2015 Direct: 07/07/2015 Di									
State Informati Beat/Sub Area: S	ion: 44; PUC: 21507; \	Veh #1 Type: 10	; Regulated Ve 2; Bus Type: 1	ehicle: Y; Oc	iomeler: 97444				el Type: CNG;
Signalure Of Repairer	X:				_ Facility				
This copy of the report NOTE: If a citation wa	Is for your information. C as issued, you MUST folk	Conters are required to w the instructions lis	to take corrective at ted on the citation.	clions for all defe	ects noted. DO NO	OT return th	is form to the Ca	lifomla Highway I	Patrol.
Signature Of Motor Car	nier X:		745		Tille:			Date:	99999999999999999999999999999999999999
		A13337				age 1 of 1		CA CA3P14	001151

DRIVE	R/VEHICLE EXAMINATION	REPORT	Aspen 2.14.1.1
CHP 407F/343A-Aspen California Highway Patrol Questions regarding this rep the telephone number listed (323) 644-9557	oort may be direct below.	Report Number: CA3 Inspection Date: 07/0 Start: 9:30:00 AM CT Inspection Level: V - HM Inspection Type:	7/2015 End: 10:00:00 AM CT Terminal
EMPIRE TRANSPORTATION INC 8800 PARK ST BELLFLOWER, CA 90706 USDOT#: Phone#: MC/MX#: Fax#: State#: 326916	Driver: License# Date of E CoDriver License#	Sirth: : :	State: State:
Location: 8800 PARK ST Highway: County: LOS ANGELES, CA	Date of E MilePost: Sh Origin: NONE Destination: NONE	lirth: lipper: Bill of Lading: Cargo:	
VEHICLE IDENTIFICATION Unit Type Make Year State Plate # 1 1 BU CHEV 2008 CA 8V75559	Equipment ID VIN 251 1GB25V1GX8F40618	<u>GVWR</u> <u>CVSA</u> # <u>CVS</u> 5 19,500	A Issued # OOS Sticker
BRAKE ADJUSTMENTS       Axle #     1     2       Right     N/A     N/A       Left     N/A     N/A       Chamber     HYDR     HYDR			
VioLATIONS           Vio Code         Section         Unit OOS           392.2RG         5201 VC         1         N           393.45B2         1245(F)(3) CCR /0         1         N           02         02         1245(F)(3) CCR /0         1         N           01         01         01         01         1	N N Axle # 1 rigt chaffing on l N N Axle # 1 left	e plate not visible It hydraulic brake hose from	sition causing hydraulic
HazMat: No HM Transported.	ан са на	Placard: No	Cargo Tank:
Special Checks: No Data for Special Checks. State Information: Beat/Sub Area: S44; PUC: 21507; Veh #1 Type: 10 Passenger Capacily: 26; Bus Type: 1;	D; Regulated Vehicle: Y; Odometer: 24	4631; File Code Number: 2	45940; Fuel Type: G;
Signature Of Repairer X:	Facility:		Delei
This copy of the report is for your information. Carriers are required NOTE: If a citation was issued, you MUST follow the instructions list	I to take corrective actions for all defects noted. DC sted on the citation.	NOT return this form to the Californ	ila Highway Patrol.
Signature Of Motor Carrier X:	Tikle:	۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲	Dale:
Report Prepared By:         Badge #:           SEAN MIDDLEBROOKE         A13337           X         A13337	Copy Received By:	Page 1 of 1	CA3P14001150

	ER/VEHICLE EXAMINATION		<ul> <li>Aspen 2.14.1.1</li> </ul>					
DRIVER/VEHICLE EXAMINATION REPORT       Appen 2.14.1.1         Filterial Highway Patrol       Californial Highway Patrol       Report Number: CASP/4001143         Lideotians regarding this report may be direct the totephone number listed below.       Start: 900.00 AM CT End; 9:30.00 AM CT         Lideotians regarding this report may be direct the totephone number listed below.       Start: 900.00 AM CT End; 9:30.00 AM CT         BBO PARK ST       Direct:       Start: 900.00 AM CT End; 9:30.00 AM CT         BEMPIRE TRANSPORTATION INC       Direct:       Start: 900.00 AM CT         BBO PARK ST       Phone#:       Colonse#:       State:         USDOT:       Phone#:       Colonse#:       State:         USDOT:       Phone#:       Colonse#:       State:         USDOT:       Phone#:       Colonse#:       State:         County: LOS ANCELES, CA       Destination:NONE       Bit of Lading:         County: LOS MOED EXAMPSION       GVORE CVSA# CVSA# CVSA# State:       State:         1       BU FORD 2005       CA ay07403       281       1FDWE35S16HASB041       11,000         1       BU FORD 2005       CA ay07403       281       1FDWE35S16HASB041       11,000         1       BU FORD 2005       CA ay07403       281       1FDWE35S16HASB041       11,000         1								
8800 PARK ST BELLELOWER, CA 90706 USDOT#: Phone#:	Licer Date CoDr	ise#: of Birth: iver:						
State#: 326916 Location: 8800 PARK ST Highway:	Date MilePost: Origin: NONE	of Birth: Shipper: Bill of Lading:	State:					
CHP 407F/343A-Aspen California Highway Patrol Questions regarding this report may be direct the telephone number listed below. (323) 644-9557       Report Number: CA3P 14001149 Inspection Date: 07/07/2015         EMPIRE TRANSPORTATION INC B800 PARK ST USDOT#:       Driver: License#:       Start: 9:00:00 AM CT End: 9:30:00 AM CT Inspection Levol: V - Terminal HM Inspection Type: None         EMPIRE TRANSPORTATION INC B800 PARK ST USDOT#:       Driver: License#:       State:         USDOT#:       Phone#:       CoDriver: License#:       State:         USDOT#:       Phone#:       CoDriver: License#:       State:         USDOT#:       Phone#:       CoDriver: License#:       State:         Coation: 8800 PARK ST       MilePost:       State:       State:         County: LOS ANGELES, CA       Destination: NONE       Bill of Lading: County: LOS ANGELES, CA       Destination: NONE       Cargo:         VEHICLE IDENTIFICATION       Vin       GVWR       CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.# CVSA.#								
Unit Type Make Year State Plate #			sued # OOS Sticker					
Axle# <u>1</u> 2 Right N/A N/A Left N/A N/A		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
VIOLATIONS	anananan waran maranan marang sarah sarah sarah na persana sarah sarah sarah sarah sarah sarah sarah sarah sara	му раману и расса ААА Аласа алагуулаа улаа аласа аласа улуу улуу улуу и дирин и жили и руу били били улуу улуу						
Via Code Section Unit OOS								
		Placard: No C	argo Tank:					
State Information:	an an an an an an an an an an an an an a	r: 170638: File Code Number: 2459	Maama), , , , , , , , , , , , , , , , , , ,					
Beat/Sub Area: S44; PUC: 21507; Veh #1 Type: 1 Passenger Capacity: 21; Bus Type: 1;	0; Regulated Vehicle: Y; Odomete		40; Fuel Type: G;					
Signature Of Repairer X:	Facilit	У	ate:					
Signature Of Repairer X: This copy of the report is for your information. Carriers are required NOTE: If a citation was issued, you MUST follow the instructions i	Facilit d to take corrective actions for all defects noted isled on the citation.	Y Di DO NOT return this form to the California Hi	ate: ghway Patrol,					
Signature Of Repairer X: This copy of the report is for your information. Carriers are required NOTE: If a citation was issued, you MUST follow the instructions i	Facilit d to take corrective actions for all defects noted isled on the citation.	Y Di DO NOT return this form to the California Hi	ate: ghway Patrol,					
Signature Of Repairer X: This copy of the report is for your information. Carriers are required NOTE: If a citation was issued, you MUST follow the instructions i	Facilit d to take corrective actions for all defects noted isled on the citation.	Y Di DO NOT return this form to the California Hi	ate: ghway Patrol,					
Signature Of Repairer X: This copy of the report is for your information. Carriers are required NOTE: If a citation was issued, you MUST follow the instructions i	Facilit d to take corrective actions for all defects noted isled on the citation.	y: Di d. DO NOT return this form to the California Hi	ate: ghway Patrol,					
Signature Of Repairer X: This copy of the report is for your information. Carriers are required NOTE: If a citation was issued, you MUST follow the instructions i	Facilit d to take corrective actions for all defects noted isled on the citation.	y: Di d. DO NOT return this form to the California Hi	ate: ghway Patrol,					
EXPLOSE       CHP 407F/343A-Aspen California Highway Patrol usections regarding this report may be direct the telephone number listed below.       Report Number: CA3P14001149 Inspection Date: 07/07/2015         Stat: 90:00.04 MCT       End: 93:00.04 MCT       End: 93:00.04 MCT         MPIRE TRANSPORTATION INC BIGO PARK ST       Driver: Liconsed: State:       State:         SIGO FARK ST       Diver: Liconsed: State:       State:         COMPUTE:       Fax#: COD/Ver: Liconsed: State:       State:         SIGO FARK ST       MilePost: Condic: 8900 PARK ST       State:         Condic: 8900 PARK ST       MilePost: Condic: 8900 PARK ST       State:         Condic: 8900 PARK ST       MilePost: Condic: State:       State:         Condic: 8900 PARK ST       MilePost: NAKE ADJUSTMENTS       State:         State: 10 Condic: 8000 CA       State:       Condite:         Code:								
Signature Of Repairer X: This copy of the report is for your information. Carriers are required NOTE: If a citation was issued, you MUST follow the instructions i	Facilit d to take corrective actions for all defects noted isled on the citation.	y: Di d. DO NOT return this form to the California Hi	ate: ghway Patrol,					
Signature Of Repairer X: This copy of the report is for your information. Carriers are required NOTE: If a citation was issued, you MUST follow the instructions i	Facilit d to take corrective actions for all defects noted isled on the citation.	y: Di d. DO NOT return this form to the California Hi	ate: ghway Patrol,					
Plassenger Capacity: 21; Bus Type: 1;         Signature Of Repairer X:         This copy of the report is for your information. Carriers are required NOTE: If a citation was laqued, you MUST follow the instructions is Signature Of Motor Carrier X:         Signature Of Motor Carrier X:         Bignature Of Motor Carrier X:         Signature Of Motor Carrier X:         Bignature Of Motor Carrier X:         Signature Of Moto	Facilit d to take corrective actions for all defects noted isted on the citation.	Y: Di DO NOT return this form to the Catifornia Hi Ille: Da	ate: ghway Patrol,					

DRIV	ER/VEHICLE EXAMINATION R	REPORT Aspen 2.14.1.1
CHP 407F/343A-Aspen California Highway Patrol Questions regarding this re the telephone number listed (323) 644-9557		Report Number: CA3P14001148 Inspection Date: 07/07/2015 Start: 8:30:00 AM CT End: 9:00:00 AM CT Inspection Level: V - Terminal HM Inspection Type: None
EMPIRE TRANSPORTATION INC 8800 PARK ST BELLFLOWER, CA 90706 USDOT#: Phone#: MC/MX#: Fax#: State#: 326916 Location: 8800 PARK ST Highway: County: LOS ANGELES, CA	Driver: License#: Date of Bin CoDriver: License#: Date of Bin MilePost: Shin Origin: NONE Destination: NONE	rth: State:
VEHICLE IDENTIFICATION Unit Type Make Year State Plate # 1 BU FORD 2009 CA 136FL	Equipment ID VIN 248 1FDFE45S19DA47374	GVWR CVSA # CVSA Issued # OOS Sticker 14,500
BRAKE ADJUSTMENTS <u>Axle # 1 2</u> Right N/A N/A Left N/A N/A Chamber HYDR HYDR		
VIOLATIONS : No Violations Were Discovered.		
HazMat: No HM Transported.		Placard: No Cargo Tank:
Special Checks: No Data for Special Checks.		
State Information: Beat/Sub Area: S44; PUC: 21507; Veh #1 Type: CNG: Bus Type: 1:		317; File Code Number: 245940; Fuel Type:
Signature Of Repairer X:		
This copy of the report is for your information. Carriers are requir NOTE: If a citation was issued, you MUST follow the instruction:	ed to take corrective actions for all defects noted. DO	
Signature Of Motor Carrier X:		Date:
Report Prepared By:     Badge #:       SEAN MIDDLEBROOKE     A13337       X     A13337	Copy Received By:	Page 1 of 1 CA CA3P14001148

the telephone num (323) 644-9557 EMPIRE TRANSPORTATION INC 8800 PARK ST BELLFLOWER, CA 90706 USDOT#: Phone MC/MX#: Fax State#: 326916 Location: 8800 PARK ST Highway: County: LOS ANGELES, CA VEHICLE IDENTIFICATION Unit Type Make Year State Plate	y Patrol ng this report may be o ber listed below. e#: c#: MilePc Origin Destin	Driver Licens Date o CoDriv Licens Date o ost: : NONE nation: NONE	Inspection Level: ' HM Inspection Typ :: se#: of Birth: ver: se#: of Birth: Shipper: Bill of Lading Cargo: <u>GVWR</u> CVSA # C	17/07/2015 CT End: 8:30:00 AM CT V - Terminal De: None State: State:
8800 PARK ST BELLFLOWER, CA 90706 USDOT#: Phone MC/MX#: Fax State#: 326916 Location: 8800 PARK ST Highway: County: LOS ANGELES, CA VEHICLE IDENTIFICATION Unit Type Make Year State Plate 1 BU FORD 2001 CA 8L538 BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR	k#: MilePc Origin Destin ⊧# Equipment ID	Licens Date o CoDriv Licens Date o ost: hation: NONE <u>VIN</u>	se#: of Birth: ver: se#: of Birth: Shipper: Bill of Lading Cargo: <u>GVWR</u> CVSA#C	State:
MC/MX#:       Fax         State#: 326916       Iocation: 8800 PARK ST         Location: 8800 PARK ST       Highway:         County: LOS ANGELES, CA       VEHICLE IDENTIFICATION         Unit Type Make Year State       Plate         1       BU FORD 2001 CA       8L538         BRAKE ADJUSTMENTS       Axle #       1       2         Right       N/A       N/A         Left       N/A       N/A         Chamber       HYDR       HYDR	k#: MilePc Origin Destin ⊧# Equipment ID	Licens Date o ost: h: NONE hation: NONE <u>VIN</u>	se#: of Birth: Shipper: Bill of Lading Cargo: <u>GVWR</u> CVSA#C	:
County: LOS ANGELES, CA VEHICLE IDENTIFICATION Unit Type Make Year State Plate 1 BU FORD 2001 CA 8L538 BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR	Origin Destin	n: NONE nation: NONE <u>VIN</u>	Bill of LadIng Cargo: <u>GVWR</u> CVSA#C	
Unit         Type         Make         Year         State         Plate           1         BU         FORD         2001         CA         8L538           BRAKE         ADJUSTMENTS         Axle #         1         2           Right         N/A         N/A         Left         N/A           Chamber         HYDR         HYDR         HYDR	annan annanganangan sanananan annangan sanan			VSA Issued # OOS Slicker
1 BU FORD 2001 CA 8L538 BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR	annan annanganangan sanananan annangan sanan			CVSA Issued # OOS Slicker
Axie # <u>1</u> <u>2</u> Right N/A N/A Left N/A N/A Chamber HYDR HYDR			na 1999 na sena na sena na sena na sena na sena na sena na sena na sena na sena na sena na sena na sena na sena	n addition for an invasion of the state managing addition advantation duration of the second state of the second
	scovered.			
HazMat: No HM Transported.			Discourts \$1.	o Cargo Tank:
Special Checks: No Data for Specia	I Checks.			
State Information: Beat/Sub Area: S44; PUC: 21507; Veh Passenger Capacity: 25; Bus Type: 1;	#1 Type: 10; Regulated		273862; File Code Numbe	
Signature Of Repairer X:		Facility	<	Date:
This copy of the report is for your information. Carri NOTE: If a citation was issued, you MUST follow the Signature Of Motor Carrier X	ne instructions listed on the citation	xi,		

Report Prepared By: SEAN MIDDLEBROOKE

X_

<u>Badge #:</u> A13337

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Page 1 of 1 CA CA3P14001147

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Report Prepared By: SEAN MIDDLEBROOKE

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<u>Badge #:</u> A13337

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Page 1 of 1 CA CA3P14001146



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(323) 644-9557	ay Patrol ding this report may b unber listed below.	e direct	Report Number: CA3 Inspection Date: 07/0 Start: 7:00:00 AM CT Inspection Level: V - HM Inspection Type:	7/2015 End: 7:30:00 AM CT Terminal
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# SAFETY AND TRAINING PROGRAM POLICIES AND PROCEDURES

## SAFETY AND TRAINING PROGRAM POLICIES AND PROCEDURES

# TABLE OF CONTENTS

SECTION	PAGE
1.0 POLICY OBJECTIVE	3
2.0 PURPOSE	3
3.0 APPLICABILITY	3
4.0 INSTRUCTOR QUALIFICATIONS 4.1 CLASSROOM INSTRUCTOR 4.2 BEHIND-THE-WHEEL INSTRUCTOR	4 4 4
5.0 DRIVER TRAINEE SELECTION	4
6.0 TRAINING AREAS AND TIME REQUIREMENTS 6.1 CLASSROOM EVALUATION 6.2 BTW INSTRUCTION	5 6 6
7.0 ONGOING TRAINING. 7.1 REFRESHER TRAINING. 7.2 RE-TRAINING.	8 8 8
8.0 VEHICLE MAINTENANCE PERSONNEL	8
9.0 CUSTOMER SERVICE & COMMUNICATIONS PERSONNEL	8
10.0 SAFETY & TRAINING RECORDS 10.3 TRAINEE PERFORMANCE EVALUATION FORM 10.4 INDIVIDUAL TRAINING LOG	9 10 10
11.0 SAFETY MANAGEMENT 11.1 RENEWAL DATABASE 11.2 SUPERVISION 11.3 RIDE CHECKS	10 10 10 10
12.0 SAFETY STANDARDS 12.1 UNSAFE ACTS 12.2 PREVENTABLE COLLISIONS 12.3 WHEELCHAIR RELATED ACCIDENTS	10 10 11 11
13.0 APPENDIX	11



## SAFETY AND TRAINING PROGRAM POLICY AND PROCEDURE

## 1.0 POLICY OBJECTIVE

Empire Transportation, Inc. (Empire) is committed to delivering safe passenger transportation services to our clients. In meeting this goal it is our policy to:

- Employ qualified and actively involved Safety, Training and Personnel Department (STP) staff who are capable of delivering on our program objectives.
- Provide training that insures every employee enters our active workforce with the skills to be safe and successful in providing outstanding service to our clients.
- 3) Promote an attitude toward safety, which insures that our employees are safety aware while doing their jobs.
- 4) Prohibit employee actions that do not meet the safety standards outlined in this policy.

## 2.0 PURPOSE

The purpose of this policy is to provide STP staff with guidelines and standards for training new and existing employees to meet Empire safety standards, as well as ensure compliance with regulatory and contractual guidelines. This program is not all-inclusive of Empire's STP efforts, but instead defines minimum requirements. Each project is unique and additional areas of training should be included in accordance with local and contractual standards.

## 3.0 APPLICABILITY & ADMINISTRATION

These policies apply to employees responsible for the administration of the program, as well as to employees who undergo Empire training. Every member of management is required to read and become familiar with the requirements of this policy. This policy is not intended to supersede other company policies but to augment them. Thus, Empire employees are governed also by those policies and remain subject to their content.

The STP Manager shall designate at least one Behind-the-Wheel Trainer for the Company. Empire will provide the majority of driver trainee instruction at its Central Training Facility, however, refresher training may be provided at program locations. Individuals appointed to the following positions must become familiar with this program and proficient in the area(s) of training for which they are responsible, as well as the policy's general application.



- STP Manager
- Program Managers
- Classroom Instructors
- Behind-the-Wheel (BTW) Trainers
- Field Supervisors
- Lead Drivers
- Maintenance Managers

The STP Manager shall be responsible for delivering the program to these individuals and ensuring that they understand their duties and obligations under this program.

## 4.0 INSTRUCTOR QUALIFICATIONS

#### 4.1 CLASSROOM INSTRUCTOR

A Classroom Instructor must have the following qualifications:

- A) License and Certification(s), as applicable to the type of vehicles and/or service being taught.
- B) Certification by the Department of Transportation, Transportation Safety Institute, to deliver the curriculum being taught.
- C) Certification by the National Safety Council to teach the defensive driving course.
- 4.2 BTW INSTRUCTOR

Driver trainees shall be instructed and supervised by either a Classroom Instructor, or an Empire certified BTW Trainer. Prior to the driver being released for service, an Empire certified BTW trainer must have delivered the appropriate BTW training and evaluation as specified in this policy. BTW Trainers are those who are trained and certified by the Empire STP Manager to deliver behind-the-wheel training in accordance with the Safety and Training Program.

## 5.0 DRIVER TRAINEE SELECTION

Every EMPIRE driver applicant shall be informed that an original H-6 Department of Motor Vehicles printout (dated within 7 working days of the application date) must be turned in along with his/her application. In addition to being a requirement for Empire employees who are enrolled in the DMV Employer Pull-Notice program, the printout provides invaluable information regarding an applicant's driving experience and infractions. The final decision to hire a Driver Trainee, based upon considerations identified by a motor vehicle record, will be made by a member of the senior Management team, however, at a minimum EMPIRE will not employ those whose record displays the following:



Page 4 of 11

- 1. 2 or more points for moving violations within the previous 3 years.
- 2. DUI, or Reckless Driving within the previous 10 years.
- 3. Suspended or revoked Drivers License due to moving violations, unless overturned and such information is identified on the record.
- 4. Other criminal activity as described below:

a. Conviction of a crime pursuant to which the applicant is required to register as a sex offender under Section 290 of the Penal Code or conviction of a felony involving violence against persons.

- b. Conviction during the preceding seven years of any one of the following:
  - an offense relating to the use, sale, possession or transportation of narcotics or addictive or dangerous drugs;
  - an act involving force, violence, threat or intimidation against persons;
  - ✓ an sexual offense;
  - an act involving moral turpitude, including fraud or intentional dishonesty for personal gain;
  - ✓ an offense involving the solicitation or agreement to engage in or engagement in any act of prostitution.

c. A record of habitual or excessive use or addiction to intoxicating beverages, narcotics or dangerous drugs.

- d. Conviction at any time of the following Vehicle Code sections:
  - ✓ 20001 Hit and Run resulting in injury or death
  - 20003 Hit and Run failure to identify yourself to police or victim -injury or death involved
  - ✓ 20004 Hit and Run death failure to report to police or CHP
  - ✓ 23104 Reckless driving- causing injury
  - 23153 Driving while under the influence of alcohol or drugs causing injury to others.



# 6.0 TRAINING AREAS AND TIME REQUIREMENTS

This section is intended to define the curriculum that will be delivered to drivers before they are released for service at Empire. At a minimum, the following subjects will be taught as part of the required driver training.

	No CDL and	With CDL and				
Subject Area	Endorsement					
Classroom InstructionEmpire Orientation and Policies2 Hours2 HoursNational Safety Council Defensive Driving Course8 Hours6 HoursTransportations Safety Institute Bus Operator Training8.5 Hours6 HoursEmergency Management/ Accident/Incident Procedures4.5 Hours2 HoursMobile Communications1 Hour1 HourSubstance abuse/Alcohol Abuse Awareness2 Hours1 HourCustomer Service/Passenger Relations/Confidentiality3 Hours1 HourIllness and Injury Prevention – Includes Bio-Hazard2 Hours1 HourPre and Post Trip Inspection4 Hours2 HoursBehind the Wheel Instruction4 Hours4 HoursBehind the Wheel Training & Testing Note: will depend on the progress of the20 – 40 Hours4 – 8 Hours						
Empire Orientation and Policies	2 Hours	2 Hours				
	0.1.1					
	8 Hours 6 Hours					
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		2 Hours				
	1 Hour	1 Hour				
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		Hour				
	2 Hours	4.11				
		Hour				
	2 Hours	2 Hours				
Pre and Post Trip Inspection	4 Hours					
Behind the Wh	eel Instruction					
Paratransit, ADA & Sensitivity,	4 Hours	4.11				
		4 Hours				
Behind the Wheel Training & Testing						
Note: will depend on the progress of the	20 – 40 Hours	4 – 8 Hours				
trainee and type of vehicle.						
Route/Service Familiarization						
Note: Will depend on complexity of the	8 - 32 Hours	8 – 32 Hours				
service and navigation requirements.						
Total Training Hours	69 – 113 Hours	32 - 60 Hours				

Note – Many contracts require CPR/First Aid Certification. This course will be provided after completion of the above curriculum to drivers on services requiring it.



## 6.1 CLASSROOM EVALUATION

At a minimum, driver trainees shall be quizzed on each subject taught, and undergo a written examination upon completion of the course. Such testing shall cover critical areas of the subject and course content and reasonably assure that the driver trainee has received adequate instruction to be proficient in these areas. A driver trainee must receive a score of no less than 75 percent on his/her final examination and no less than 75 percent average for all quizzes administered to continue to BTW training. However, any driver trainee receiving a quiz score of less than 75 percent may at the option of the company be allowed to take additional instruction and continue training, rather than be removed. A driver trainee who performs poorly during this process may be removed from training at the discretion of the Classroom Instructor.

## 6.2 BEHIND-THE-WHEEL (BTW) INSTRUCTION

Driver Trainees who successfully complete classroom instruction may continue to BTW training. A driver trainee who does not yet hold a CDL must have in his/her possession a valid and current Interim Commercial License, applicable to the vehicle he/she is being trained in, as well as medical clearance (DL-51a – Medical Card) during all BTW training times. In addition, evidence of a negative pre-employment drug test result must be obtained prior to undertaking BTW Instruction.

BTW instruction shall be organized around the performance requirements of the DMV for certification of commercial drivers. For drivers with existing CDL licensing this will involve:

- ✓ evaluation of performance on each applicable maneuver from Empire's Driver Trainee Performance Appraisal Form with re-training for unsatisfactory or marginal performance on specific maneuvers; and,
- ✓ practical application of the principles taught in the National Safety Council defensive drivers course and the Empire Safety Awareness/Accident prevention program.

For new drivers who are being trained to attain CDL requirements the training will involve:

- ✓ specific training on each applicable maneuver from the Empire Trainee Performance Evaluation Form, followed by a performance test on that maneuver and a final exam which tests all maneuvers in one overall examination of the driver's performance level; and,
- ✓ continual reinforcement, throughout the training, of the practical application of the principles taught in the National Safety Council defensive drivers course and the Empire Safety Awareness/Accident prevention program.

ROUTE/SERVICE FAMILIARIZATION training is a critical step in the overall process. Conduct of this training will vary depending on the service to which the potential driver



will be assigned but will in no instance be less than the eight hour minimum reflected in the table above, or any higher requirements specified in the client contract to which the driver will be assigned.

## 7.0 ONGOING TRAINING

Empire considers continued training to be crucial in maintaining safe operations. Accordingly, ongoing training is provided to ensure drivers and other staff members are continually aware of fundamental safety practices, as well as operational changes.

## 7.1 REFRESHER TRAINING

Empire will conduct an ongoing schedule of refresher training courses. Normally, these are held once a month, schedules permitting, for a minimum period of one (1) hour. To maintain their position at Empire all employees holding a commercial driver's license or driving a non-CDL vehicle on a client contract will be required to attend four annual refresher training sessions. Drivers operating services requiring VTT (Verification of Transit Training) certification will be required to attend eight annual refresher classes. Every staff member is required to participate in the location safety program meetings.

## 7.2 RETRAINING

An employee who is involved in a Preventable Accident, as defined herein, if allowed to continue employment with Empire shall undergo retraining prior to operating any service vehicle. The subjects(s) being re-taught shall be applicable to the nature of the accident, including related subjects. The STP Manager will determine the subject(s) to be taught and the timeframe required in order to ensure the driver is proficient in the area(s) where the failure occurred. Form G shall be used to document driver retraining.

A Preventable Accident is defined as follows: "Any accident that resulted when a driver failed to do everything reasonably possible to avoid it." In any accident, the STP Manager will investigate the circumstances and recommend a preventability determination for approval by a member of the Senior Management Team which is comprised of the President, Chief Operating Officer and Executive Vice President.

## 8.0 MAINTENANCE PERSONNEL

Maintenance personnel who will be required to operate vehicles on public roads shall be provided with driver training to include; Company Orientation and Policy; Defensive Driving; Hazardous Materials; Bloodborne Pathogens; Sexual Harassment; Body Mechanics; Emergency Procedures and; Drug and Alcohol. In addition these employees are required to have licensing as defined below.

## 8.1 MECHANICS

Any maintenance person who operates a vehicle, for parking or other purposes, on or off a public roadway, must have a license applicable to the vehicle he/she operates.



Said License shall include endorsement and respect all license restrictions, as prescribed by the Department of Motor Vehicles.

## 8.2 SERVICE WORKERS

Any service worker who operates a vehicle on a public roadway must have a license applicable to the vehicle he/she operates. A service worker who operates vehicles exclusively for the purpose of washing or parking, within a private facility only, must hold, at minimum, a valid and current Drivers License. Service workers shall be trained to safely operate any vehicle he/she may be required to move.

# 9.0 CUSTOMER SERVICE AND COMMUNICATIONS PERSONNEL

Empire Customer Service and Communications employees fall into two classifications; those whose responsibilities are safety-sensitive and those whose are not. Training for these employees is determined by classification.

## 9.1 SAFETY-SENSITIVE

Safety-sensitive employees include Dispatchers and Program Managers who are in a position to control or direct the movement of passenger transport vehicles. These employees are subject to DOT regulated Drug and Alcohol testing and, their positions require them to have a better understanding of operational safety requirements. In addition to standard customer service and phone etiquette training, safety-sensitive personnel shall be provided with driver training to include; Company Orientation and Policy; Hazardous Materials; Blood borne Pathogens; Empathy and People with Special Needs; Sexual Harassment; Body Mechanics; Emergency Procedures; Drug and Alcohol and; Radio Communications.

## 9.2 Non-Safety-Sensitive

Customer service representatives are not safety-sensitive, as they do not direct the movement of passenger transport vehicles. These employees shall be provided with customer service and phone etiquette training, in addition to policy orientation training, as applicable to the position.

## 10.0 SAFETY AND TRAINING RECORDS

Several forms will be used to document new and ongoing training of Empire employees. Training records required to meet CHP inspection requirements will be maintained at the project location. All other training records will be maintained in the employee personnel file. The STP Manager is responsible for the administration of the Safety and Training Program and holds ultimate responsibility for training record organization and accuracy. Therefore, the following original forms used in the process of training employees will be maintained by or forwarded to the STP Manager for review and distribution.



# 10.1 DRIVER TRAINEE PERFORMANCE EVALUATION (BTW Form)

This form is used to evaluate organize behind-the-wheel training instructions and provide a final evaluation of skills. This form is used for Drivers, as well as maintenance personnel whose positions include operating revenue service vehicles.

## 10.2 INDIVIDUAL TRAINING LOG

All Empire personnel shall have training applicable to their position documented on the Individual Training Log. The Log serves as the primary document to evidence any training received. The STP Manager will maintain this document.

## 11.0 SAFETY MANAGEMENT

## 11.1 RENEWAL DATABASE

The STP Manager will maintain a computer database that clearly identifies renewal dates, and other dates of significance (i.e., Driver Evaluations, etc.), for each Empire employee governed by this program. The database will be updated as required, and will be reviewed at least once per month for the purpose of planning for renewals. The STP Manager will communicate necessary renewals and other significant employee information with project managers each month.

## **11.2 SUPERVISION**

Each Program Manager shall designate the employees responsible (which may include themselves) for ensuring safe vehicle operations, according to the program. Additional supervision may also be required as part of the local contract. The designated individuals will be responsible for completing ride checks in addition to handling project safety standards discussed in section 12 of this program.

## 11.3 RIDE CHECKS

Using Driver Evaluation form, each program shall perform an observed evaluation for each driver at least once a year. This evaluation allows for an objective critique of the drivers ability, as it relates to vehicle operations (i.e., the specifics of his/her job). The Driver Evaluation also may be used for unobserved ride checks, which should be carried out on a random basis to ensure safe vehicle operations in general.

## 12.0 SAFETY STANDARDS

The following standards have been established by Empire to ensure a common understanding of safe vehicle operation, and minimum criteria with regard to unsafe vehicle operations.

## 12.1 UNSAFE ACTS

Unsafe acts will be determined by the observing supervisor or lead driver and will be documented. The employee shall be issued a citation, advising them of the observed unsafe act. An employee who receives a citation may be subject to disciplinary action, up to and including termination.



Safety & Training Program

Page 10 of 11

## 12.2 PREVENTABLE COLLISIONS

The Program Manager, or other designated employee shall investigate each vehicle accident. Such investigation shall include documented factual statements, conclusions and opinions related to the cause of the collision. An employee involved in a Preventable Collision is subject to disciplinary action up to and including termination. See section 7.2 for the definition of a Preventable Accident.

# 12.3 WHEELCHAIR RELATED ACCIDENTS

At no time is a Wheelchair Accident, which is determined to have been preventable, permitted. An employee who is involved in a preventable wheelchair accident may be subject to immediate termination.

## 13.0 APPENDIX

Driver Trainee Performance Evaluation Individual Training Log Driver Evaluation Form Unsafe Act Citation Re-Training Document





# **DRIVER TRAINEE PERFORMANCE EVALUATION**

Driver Trainee Name: _____ Project: _____

Date BTW Started: ______ Service Type: _____

## **EVALUATION PROCEDURE**

This segment consists of a behind-the-wheel evaluation of driving ability and defensive driving skills. The Driver Trainee starts each day with a maximum score available. Points are deducted each time the student obtains a score of less than 4. The maximum score available may fluctuate, as certain areas may not apply to the training session. For that reason the score is formulated on a percentage basis. Scoring instructions are located on page 4 of this booklet.

## MAXIMUM SCORE AVAILABLE

The MSA is based on an allotted total of 4 points for each item scored. Count the amount of items scored and multiply by 4. This number represents your MSA.

	1	Violation 2 - D-	1						
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Behind The Wheel Form

RATINGS

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Uses Mirrors	$\neg$				$\neg$		-	$\neg$	-+	
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Weaving method	-			-	$\neg \uparrow$	$\neg$			$\neg$	
Back up Stall	$\uparrow$	$\neg$		-	$\neg$	+	-+		-	$\neg$
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Stopping distance			-	-		-			+	-
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Complete Stop		+	+	+	+	+			-	

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Keeps head &         eyes moving         Ensures intersection         is clear         Obeys sign/signals         Yields for pedestrians         Yield Right of Way         Freeway Driving         Observes Signs         and Signals         Checks Mirrors         Signals properly         Scans for gap         in Traffic	-	┝─┼	$\neg$				-+	-+	-+	
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is clear       Obeys sign/signals     Image: Clear description of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec		LL	L		<b>.</b>				-	
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Yields for pedestrians       Image: Constraint of Way         Yield Right of Way       Image: Constraint of Way         Freeway Driving       Image: Constraint of Way         Observes Signs       Image: Constraint of Way         and Signals       Image: Constraint of Way         Checks Mirrors       Image: Constraint of Way         Signals properly       Image: Constraint of Way         Scans for gap       Image: Constraint of Way         In Traffic       Image: Constraint of Way			-	_	_					
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Freeway Driving       Observes Signs       and Signals       Checks Mirrors       Signals properly       Scans for gap       in Traffic					-		-	_	_	
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Merges smoothly	Merges smoothly									

Behind The Wheel Form

Page 2 of 7

## **Rural Driving**

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Observes Signs	
and Signals	
Checks Mirrors	
Signals properly	
Speed limit adher.	
Mountain Driving	
Observes Signs	
and Signals	
Checks Mirrors	
Signals properly	
Speed limit adher.	
Curves & Hills	┙┉┙╸╶┠╴┈┠┈┈┠
Signals properly	
Checks Traffic	
Push-pull method	
Merges smoothly	
Approaches curve	
at proper speed	
Positions vehicle	
for curve	
Maintains position	
in curve	
Selects proper	
lane before hill	
Uses correct gear	
Slows when	
approaching crest	
Proper braking proc.	
down hills	
Night Driving	-
Uses High beams	
Properly	
Increases	
following distance	
Light blinded: Looks	
to edge of Road	
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## Railroad Crossing

Mirror Usage		[				
Signal Usage						
Position after stop						
Uses four ways						
Looks & Listens						
Merges into	Actoria			 	L	 
Traffic smoothly						

## **Hostile Weather**

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Uses Headlights										
Uses Wipers										
Increase following										
Distance			T		Τ	Τ				
Looks for Hazards	Τ			Τ	Γ	Τ	Τ		T	
Narrow Streets /	Tr	aff	ic	Ci	rcl	es	<u> </u>			
Continually checks	7									
side clearance		Τ	Τ	Τ	Τ	Τ	Τ	Т	Т	$\square$
Under 15mph	1					- <b>-</b>	<b>k</b>			
on narrow streets		Τ	Т	Ι	T	Ι	Τ	Τ	Τ	Π
Checks for Traffic	T				-	-	ashne as	an <b>d</b> en ma		
over Shoulder			Τ	Τ		Ι	Τ	Т	T	$\square$
Merges only when	T				*****					d
safe to do so		Τ	Γ	Τ	Γ	Τ	Τ	Τ	Τ	Π
Positions vehicle										
in exit lane early								Τ	Т	
Looks for lost or									-	tt
confused Drivers			Ι	Ī		Τ	Τ			$\square$
Bike Racks		********								
Knows proper	]									
method of use		Γ	Ι	Γ		1	Γ		Τ	Π
Able to clearly	1						du			- <b>J</b>
explain rules & proc.							Γ	Τ	Τ	Π
Wheelchair lift o	oer	ati	or	8	Sŧ	eci	ire	em	ien	it
Vehicle position for	1									
boarding/deboarding			Ι				Γ	Τ	Γ	Π
Operation of lift							<b>[</b>		T	
Communicates	Γ						<b></b>			d
to passenger		ſ						Τ	T	
Conventional Sec.								T	Τ	
4 point tie down							<u> </u>	Γ		
Service Stops / B	us	Z	on	es		hanouruu.	<b></b>	<b>L</b>		£
Correct approach									Τ	Π
Signal Use					11042744	-			1	
Stop 3' before sign									Γ	$\square$
6"-12" parallel	Π				*******		helvidede	<b> </b>		
Engages 4-ways								<u> </u>	1	Π
Uses caution with				Anno de Caralanda						L
Passengers in zone								Γ	Γ	Π
Monitors tail swing		****			********		L	h		<b>1</b>
when pulling away								Γ	ľ	Π
Uses door properly									1	
Warns Passenger	Ĺ					4		ha	I	a
of Hazards				Τ	Π					
									4	<u> </u>

Behind The Wheel Form

Page 3 of 7

Date	Instructor Explanation of Violation rating / Comments	Initial
1	Explanation of Violation fating / Comments	
L		
		······································
2		
3		
		1 1
4		
5		
6		
0	•	
7		
8		
9		
10		
		1
:		

Scoring Instructions: Input all of the various ratings in their appropriate boxes for the Day/Session in question. Add all totals from "score" column, multiply total by four (4) and input into box labeled "Maximum Score Available". Add all scores from "calculation" column and input into box labeled "Subtotal". Input violation ratings subtracted from Subtotal into box labeled "Total". Divide Total Score by Maximum Score Available and input percentage into bold box. Transfer percentage to front page for review.

Day/Session #1	Score		Calculation
Total of Below Standard ratings	1	x 2 =	1
Total of Satisfactory ratings		x 3 =	
Total of Good ratings	-	x 4 =	
Subtotal Score			
Total Violation ratings	1	x-1 =	
Total		=	
Maximum Score Available		] =	%
Dou/Consistent/10			
Day/Session #2 Total of Below Standard ratings	Score T	Tun	Calculation
Total of Satisfactory ratings	ļ	x 2 =	
	-	x 3 =	
Total of Good ratings	<u> </u>	x 4 =	
Subtotal Score		=	
Total Violation ratings		x-1 =	_
Total			
Maximum Score Available		=	%
		1	
Day/Session #3	Score		Calculation
Total of Below Standard ratings		x 2 =	
Total of Satisfactory ratings		x 3 =	
Total of Good ratings		x 4 =	
Subtotal Score	I	=	
Total Violation ratings		x-1 =	
Total		E	
Maximum Score Available		=	%
Day/Session #4	<b>A</b>		<b>A A A</b>
Total of Below Standard ratings	Score	x 2 =	Calculation
Total of Satisfactory ratings		x 3 =	
Total of Good ratings			
		x 4 =	
Subtotal Score		=	
Total Violation ratings		x-1 =	
Total		=	
Maximum Score Available		=	%
		-	
Day/Session #5	Score		Calculation
Total of Below Standard ratings		x 2 =	
Total of Satisfactory ratings		x 3 =	
Total of Good ratings		x 4 =	
Subtotal Score		=	
Total Violation ratings	Ī	x-1 =	
Total	l	=	
Maximum Score Available	1	= 1	%
l.	l		70

Behind The Wheel Form

# Day/Session #6

Score

Calculation

Total of Below Standard ratings	x 2 =	
Total of Satisfactory ratings	x 3 =	
Total of Good ratings	x 4 =	N-1001-00-00-00-00-00-00-00-00-00-00-00-0
Subtotal Score		
Total Violation ratings	x-1 =	
Total		
Maximum Score Available	=	%

Day	/Sess	sion	#7	
~				

Day/Session #7	Score	Calculation
Total of Below Standard ratings	x 2 =	
Total of Satisfactory ratings	x 3 =	
Total of Good ratings	x 4 =	
Subtotal Score	=	
Total Violation ratings	x-1 =	-
Total	-	
Maximum Score Available	=	%

Day/Session #8	Score	Calculation
Total of Below Standard ratings	x 2 =	[
Total of Satisfactory ratings	x 3 =	
Total of Good ratings	x 4 =	
Subtotal Score		
Total Violation ratings	x-1 =	
Total	=	
Maximum Score Available	=	%

Day/Session #9	Score	Calculation
Total of Below Standard ratings	x 2 =	T
Total of Satisfactory ratings	x 3 =	
Total of Good ratings	x 4 =	
Subtotal Score		
Total Violation ratings	x-1 =	_
Total		
Maximum Score Available		%

Day/Session #10	Score		Calculation
Total of Below Standard ratings		x 2 =	
Total of Satisfactory ratings		x 3 =	
Total of Good ratings		x 4 =	
Subtotal Score	-	=	
Total Violation ratings		x-1 =	-
Total		=	
Maximum Score Avallable		=	%

Page 5 of 7

# ROUTE TRAINING

	DATE	ROUTE	RUN/SHIFT#	*CHEC	TRAINER
1 2	9494449344964	**************************************			
3					
4	****				
5					
6 7		: 			
8					
9		******			
10					

* Driver Trainee must be signed-off, licensed with applicable endorsements before driving any vehicles in revenue service!

Note: In revenue service is defined as a vehicle in operation with passengers for fare.

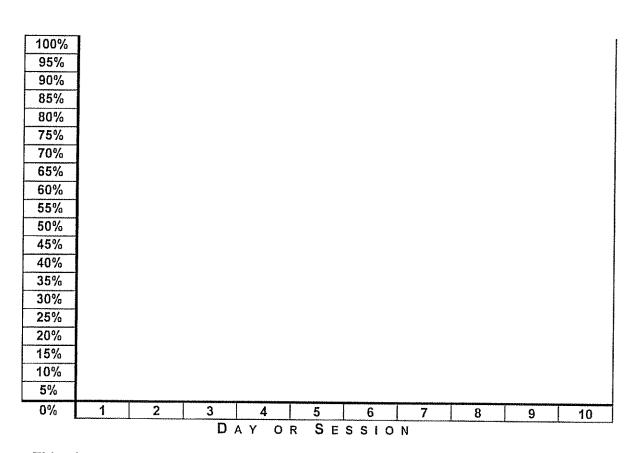
#### COMMENTS Route knowledge

1	
2	
3	
4	
5	
6	
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8	
9	
10	

Behind The Wheel Form

Page 6 of 7

# DRIVER TRAINEE PROGRESS CHART



This chart is used to measure improvement on a progressive level for each Driver Trainee. Using a red ink pen, draw a straight line from preceding percentage scored to current percentage scored. The numbers below the chart represent the current session or day of training in question. If on first day or session, start line at the percentage reached that day on column #1.



### INDIVIDUAL EMPLOYEE TRAINING LOG

NAME

DEPARTMENT

Training Topic	Date training completed	Instructor Name	Posted By



#### **BUS DRIVER EVALUATION**

Driver Name:		Date:	· · · · · · · · · · · · · · · · · · ·		
Start Time:		Finish Time:			-
Vehicle Number:		Driver's License N	lumber:		
Evaluator Name:		Evaluator Signatu	ire:		
Input one of the following scores in a Box. After, rafer to reverse side f instructions. Operator must achiev not less than 75 %. 4 = Good 3 = Sailsfactory 2 = Below Standard -1 = Victation / Retraining Requ Exceptions: A score of less than 3 in E, G, cause for Immediate failure of the raview.	or scoring re a score of stred	ANY CHECKS BELOW WILL RESULT IN Did not follow backing procedure. Feiture to have vaid Chiver's license, DL 5 Improper Body Machanics when securing SCORE ACHIEVED: Check one of the foll GOOD = scored between 90% and 100% SATISFACTORY = scored below 75% a BELOW STANDARD = scored below 75% VICLATION = score does not apply and op	1(a) and require mobility device owing after co- und 90% - Operator req	ed cert.	
PRE-TRIP INSPECTION Score:	%	RIDE CHECK Score:	_%_	WHEELCHAIR CHECK Score:	%
A. Exterior Lights B. Fluid Levels		<ol> <li>Uses seal belt at all times</li> <li>Releases emergency parking brake</li> </ol>		I. Stops proper distance from curb	
C. Boths and Hoses D. Fluid Leaks		Two hand grip on steering wheel     Checks mirrors every 5-8 seconds     Acceleration emotion		0. Engages emergency brake, lift switch	
E. Tires/Wheels/Lugs/Rims F. Springs/Shocks (if applicable) G. Brakes/Drums/Linings		5. Accelerates smoothly     6. Consistently aware of changing road conditions     7. Adequate self-confidence in driving		<ul> <li>Iti, Proper use of lift cover</li> <li>IV. Proper use of lap restraint</li> </ul>	الــــا ۲
H. Doors and Mirrors I. Emergency Reflectors		<ol> <li>Folicitys proper radio procedure.</li> <li>Drives right of roadway whenever possible</li> </ol>		V. Applies brakes of wheekcheir while	
J. Fuel Tanks K. AlmElectrical Lines, Connectors L. Hom		10. Follows proper railsoad crossing procedures 11. Makes proper turns 12. Makes turns at Smph or less		on lift and turns off power on electric powered devices	
M. First Aid Kil N. Brake Systems (checks) O. Gauges		<ol> <li>Naintains proper speed and following distance</li> <li>Approaches traffic signals ready to stop</li> <li>Uses turn signals and flashers correctly</li> </ol>		VI. Applies brakes of wheelchair while on bus and turns off power on electric powerad devices	[]
P. Heater/Defroster/AC. Q. Windows/Windshield/Milpers R. Panel Lights		16. Comes to full stop 17. Correct position after stopping 18. Checks traffic before moving after stopping		VII. Proper lie-down, including knealing to install lie-downs	
ADDITIONAL ITEMS FOR BUSES		<ol> <li>Uses flashers when boarding/deboarding</li> <li>Correct position in bus zones (paratel)</li> </ol>		(failure to properly secure is a violation)	
<ul> <li>A. Fire extinguisher (if required)</li> <li>B. Passenger entry doors</li> <li>C. Emergency Exils</li> </ul>		<ol> <li>Stops vehicle proper distance from cusb</li> <li>Brakes are engaged while loading or unloading</li> <li>Checks passengers before moving vehicle</li> </ol>		VIII.Fotds/unlokds (V) property (Including proper standing position)	
D. Seats/Stanctions/W.C. Lift E. General Interior		24. Opens door after coming to a complete stop 26. Signals traffic in advance when putting out		IX, Raises/lowers lift properly	
F. Wheelchair lift cycle G. W/C Securement devices/restraints H. Interlock devices		<ol> <li>Stops the vehicle smoothly</li> <li>Announces major intersection and transfer points</li> <li>Greets passengers correctly during boarding</li> </ol>		X. Demonstration of manual in use	
·····	·····	30. Collects proper fare/counts passengers correctly			
Examiner's Remarks:					
Driver's Comments:					<u></u>

Driver's Signature:

Distribution: Orig. - Location File; xc: - Employee

Form F -page 1



### **Unsafe Act Citation**

Employee Name:_____ Date:_____

The company has the right to terminate your employment immediately if you have been involved in an unsafe act. In this case we have determined that your actions would not result in immediate termination and instead you are being issued this citation as a warning that you are in violation of the Empire Safety and Training Program policy, as described in Section 12.1 – Unsafe Acts.

This is your _____ warning of violation.

State the date and nature of prior warnings, if applicable.

1.				
2				
As a reminder, further violations may termination.	warrant disciplinary acti	on, up to	and ir	ncluding
Description of Unsafe Act:				
Observing Supervisor:				
Supervisor Signature:				
You are urged to act upon this informa nature of this citation.	tion by correcting any/all	behavior	related	l to the
Employee Comments:				
		•		
Employee Signature:				
Distribution: Original to Employee Perso	onnel File Copy to Locatio	n Training F	ile and Er	nployee

**Unsafe Act Citation** 



## **Retraining Document**

(	Complete	this section	n and provid	e copy to	employee	
Employee Name:				Dat	e:	
You are scheduled	l to receive	e additiona	I training on		as a resul	t of:
Preventable Ac	cident	GFa	ailed Evaluat	tion	Unsafe Act	
You are required to	o report to	(circle one	e) your proje	ct instruc	tor / Central Traini	ng at
	_(time) or	the above	ə date. Failu	ire to atte	end may result in fu	urther
disciplinary action,	up to and	including	termination.			
Complete this	s section d	luring and	following cor	mpletion	of employee re-tra	ining
Subject(s) covered		11 - 1 - 1				
Time spent in Class					e-wheel:	
Instructor Commen	ts:				90.48000 (100)	40
Instructor Signature						
Employee Signatur	e:	1771-111-111-1-11-11-1-1-1-1-1-1-1-1-1-	<b>1411111111111111111111111111111111111</b>	Date:		<b>1743 Februari</b> (* 1990) - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990
Distribution:			ee Personnel raining File a		оуее	

Retraining Form

# System Security and Emergency Preparedness Plan (SSEPP)



### Glossary of Terms

Emergency:	A situation which is life threatening to passengers, employees, or other interested citizens or which causes damage to any transit vehicle or facility or results in the significant theft of services and reduces the ability of the system to fulfill its mission.
Fatality:	A transit-caused death that occurs within 30 days of the transit incident.
Injury:	Any physical damage or harm to a person that requires immediate medical attention and hospitalization.
Safety:	Freedom from danger.
Security:	Freedom from intentional danger
Security breach:	An unforeseen event or occurrence that endangers life or property and may result in the loss of services or system equipment.
Security incident:	An unforeseen event or occurrence that does not necessarily result in death, injury, or significant property damage but may result in minor loss of revenue.
Security threat:	Any source that may result in a security breach, such as vandal or disgruntled employee; or an activity, such as an assault, intrusion, fire, etc.
System:	A composite of people (employees, passengers, others), property (facilities and equipment), environment (physical, social, institutional), and procedures (standard operating, emergency operating, and training) which are integrated to perform a specific operational function in a specific environment.
System security:	The application of operating, technical, and management techniques and principles to the security aspects of a system throughout its life to reduce threats and vulnerabilities to the most practical level through the most effective use of available resources.
System security management:	An element of management that defines the system security requirements and ensures the planning, implementation, and accomplishments of system security tasks and activities.



System security program:	The combined tasks and activities of system security management and system security analysis that enhance operational effectiveness by satisfying the security requirements in a timely and cost-effective manner through all phases of a system life cycle.
Threat:	Any real or potential condition that can cause injury or death to passengers or employees or damage to or loss of transit equipment, property, and/or facilities.
Threat analysis:	A systematic analysis of a system operation performed to identify threats and make recommendations for their elimination or mitigation during all revenue and non-revenue operation.
Threat probability	The probability a threat will occur during the plan's life. Threat probability may be expressed in quantitative or qualitative terms. An example of a threat-probability ranking system is as follows: (a) frequent, (b) probable, (c) occasional, (d) remote, (e) improbable, and (f) impossible.
Threat resolution:	The analysis and subsequent action taken to reduce the risks associated with an identified threat to the lowest practical level.
Threat severity:	A qualitative measure of the worst possible consequences of a specific threat:
	<ul> <li>Category 1 - Catastrophic. May cause death or loss of a significant component of the transit system, or significant financial loss.</li> <li>Category 2 - Critical. May cause severe injury, severe illness, major transit system damage, or major financial loss.</li> <li>Category 3 - Marginal. May cause minor injury or transit system damage, or financial loss.</li> <li>Category 4 - Negligible. Will not result in injury, system damage, or financial loss.</li> </ul>
Unsafe condition or act:	Any condition or act that endangers life or property.
Vulnerability:	Characteristics of passengers, employees, vehicles, and/or facilities that increase the probability of a security breach.



Page 3 of 12

#### Background

The terrible tragedy of September 11, combined with nation's continuing war on terrorism, has created a heightened threat environment for public transportation. In this new environment, the vulnerabilities of public agencies and the communities they serve to acts of terrorism and extreme violence have greatly increased. Threat assessments issued by the Federal Bureau of Investigation (FBI) have consistently placed public transportation at the top of the *critical infrastructure protection agenda*, along with airports, nuclear power plants, and major utility exchanges on the national power grid.

To establish the importance of security and emergency preparedness in all aspects of our organization, Empire Transportation, Inc. has developed this System Security and Emergency Preparedness (SSEP) Program Plan. This SSEP Program Plan outlines the process to be used by our company to assist our transit clients in making informed decisions that are appropriate for our operations, passengers, employees and communities regarding the development and implementation of a comprehensive security and emergency preparedness program.

As a result of this program, we hope to achieve not only an effective physical security program, but also to enhance our coordination with our transit agency clients and local and regional law enforcement agencies. Improved communication will increase their awareness of our resources and capabilities, and improve our readiness to support their efforts to manage community-wide emergencies.

In order to be effective, the activities documented in this SSEP Program Plan focus on establishing responsibilities for security and emergency preparedness, identifying our methodology for documenting and analyzing potential security and emergency preparedness issues, and developing the management system through which we can track monitor our progress in resolving these issues.

#### → Goals

The SSEP Program provides our company with a security and emergency preparedness capability that will:

- ⇒ Ensure that security and emergency preparedness are addressed during all phases of system operation, including the hiring and training of personnel; the procurement and maintenance of equipment; the development policies, rules, and procedures; and coordination with local public safety and community emergency planning agencies
- ⇒ Promote analysis tools and methodologies to encourage safe system operation through the identification, evaluation and resolution of threats and vulnerabilities, and the ongoing assessment of our capabilities and readiness



⇒ Create a culture that supports employee safety and security and safe system operation (during normal and emergency conditions) through motivated compliance with rules and procedures and the appropriate use and operation of equipment

#### → Objectives

In this new environment, every threat cannot be identified and resolved, but we can take steps to be more aware, to better protect passengers, employees, facilities and equipment, and to stand ready to support community needs in response to a major event. To this end, our SSEP Program has five objectives:

- ⇒ Achieve a level of security performance and emergency readiness that meets or exceeds the operating experience of similarly sized companies around the nation.
- Increase and strengthen community involvement and participation in the safety and security of our system.
- ⇒ Develop and implement a vulnerability assessment program, and based on the results of this program, establish a course of action for improving physical security measures and emergency response capabilities.
- ⇒ Expand our training program for employees, volunteers and contractors to address security awareness and emergency management issues.

#### Philosophy

Empire Transportation, Inc. hopes to ensure that, if confronted with a security event or major emergency, our personnel will respond effectively, using good judgment, ensuring due diligence, and building on best practices, identified in drills, training, rules and procedures.

This level of proficiency requires the establishment of formal mechanisms to be used by all personnel to identify security threats and vulnerabilities associated with our operations, and to develop controls to eliminate or minimize them. The SSEP Program also requires process for:

- ⇒ Coordinating with local law enforcement and other public safety agencies to manage response to an incident that occurs on a transit vehicle or affects transit operations, and
- ⇒ Identifying a process for integrating our resources and capabilities into the community response effort to support management of a major event affecting the community.

Empire management expects all employees, especially those working directly with passengers, to support the SSEP Program.



#### **Division of Responsibilities**

#### All Personnel

All Empire employees must understand and adopt their specific roles and responsibilities, as identified in the SSEP Program, thereby increasing their own personal safety and the safety of their passengers, during normal operations and in emergency conditions.

To ensure the success of the SSEP Program, all personnel must participate by:

- ⇒ Immediately reporting all suspicious activity, no matter how insignificant it may seem, to the their immediate manager or dispatcher;
- $\Rightarrow$  Immediately reporting all security incidents
- ⇒ Using proper judgment when managing disruptive passengers and potentially volatile situations
- ⇒ Participation in all security and emergency preparedness training, including drills and exercises
- ⇒ Becoming familiar with, and operating within, all security and emergency preparedness procedures for the assigned work activity
- $\Rightarrow$  Accurately completing all appropriate reports.

#### **Chief Operating Officer**

After insuring coordination with our clients, the Chief Operating Officer (COO) has the overall authority to develop and execute the company's SSEP Program. Ultimate accountability for implementation of the SSEP Program rests with the COO. In addition, the COO is responsible for the following specific activities:

- ⇒ Ensuring that sufficient resources and attention are devoted to the SSEP Program, including:
  - Development of standard operating procedures related to employee security duties;
  - o Development and enforcement of safety and security regulations;
  - Development emergency operating procedures to maximize transit system response effectiveness and minimizing system interruptions during emergencies and security incidents;
  - Provision of proper training and equipment to employees to allow an effective response to security incidents and emergencies.
- ⇒ Development of an effective notification and reporting system for security incidents and emergencies.
- ⇒ Designating a Point of Contact (POC) to manage the SSEP Program for each client agency.
- ⇒ Communicating security and emergency preparedness as top priorities to all employees.



SSEPP

Page 6 of 12

⇒ Developing relations with outside organizations that contribute to the SEPP Program, including local public safety and emergency planning agencies.

#### SSEP Program Points of Contact (POC)

To ensure coordinated development and implementation of the SSEP Program, the COO has designated each Program Manager as the Security and Emergency Preparedness Point of Contact (POC) for development and implementation of the SSEP Program. Each POC, who reports directly to the COO for SSEP purposes, has been granted the authority to utilize resources to develop the SSEP Program and Plan, to monitor its implementation, and to ensure attainment of security and emergency preparedness goals and objectives.

The POC has the responsibility for overseeing the SEPP Program on a daily basis. The POC will be the direct liaison with their operators and dispatchers, regarding the Program. The POC will also serve at the Empire's primary contact with their client agencies and associated public safety authorities. To the extent that liaison is necessary with state and federal agencies, the COO will serve as the lead liaison for the company.

In managing this Program, the POC will:

- ⇒ Be responsible for successfully administering the SSEP Program and establishing, monitoring, and reporting on the system's security and emergency preparedness objectives.
- Review current project safety, security and emergency policies, procedures, and plans, and identifying needed improvements.
- $\Rightarrow$  Develop and implement plans for addressing identified improvements.
- ⇒ Coordinate with local public safety agencies, local community emergency planning agencies, and local human services agencies to address security and emergency preparedness; including participation in formal meetings and committees.
- ⇒ Develop, publish, and enforce reasonable procedures pertinent to agency activities for security and emergency preparedness.
- ⇒ Provide adequate driver training and continuing instruction for all employees (and volunteers and contractors) regarding security and emergency preparedness.
- $\Rightarrow$  Ensure performance of at least one emergency exercise annually.



#### **Supervisors**

Supervisors are responsible for communicating the company's security policies to all employees. For this reason, supervisors must have full knowledge of all security rules and policies. Supervisors must communicate those policies to operations personnel in a manner that encourages them to incorporate SSEP practices into their everyday work. The specific responsibilities of supervisors include the following.

- $\Rightarrow$  Having full knowledge of all standard and emergency operating procedures.
- ⇒ Ensuring that drivers make security and emergency preparedness a primary concern when on the job.
- ⇒ Cooperating fully with the SSEP Program regarding any accident investigations as well as listening and acting upon any security concerns raised by the drivers.
- $\Rightarrow$  Immediately reporting security concerns to the POC.

In addition, when supporting response to an incident, supervisors are expected to:

- ⇒ Provide leadership and direction to employees during security incidents;
- $\Rightarrow$  Handle minor non-threatening rule violations;
- $\Rightarrow$  Defuse minor arguments;
- $\Rightarrow$  Determine when to call for assistance;
- $\Rightarrow$  Make decisions regarding the continuance of operations;
- $\Rightarrow$  Respond to fare disputes and service complaints;
- ⇒ Respond to security related calls with police officers when required, rendering assistance with crowd control, victim/witness information gathering, and general onscene assistance;
- ⇒ Complete necessary security related reports;
- $\Rightarrow$  Take photographs of damage and injuries; and
- $\Rightarrow$  Coordinate with all outside agencies at incident scenes.

#### **Drivers**

In addition to the general responsibilities identified for ALL PERSONNEL, drivers are responsible for exercising maximum care and good judgment in identifying and reporting suspicious activities, in managing security incidents, and in responding to emergencies. Each driver will:

- ⇒ Take charge of a security incident scene until the arrival of supervisory or emergency personnel;
- $\Rightarrow$  Collect fares in accordance with company policy (if applicable);
- $\Rightarrow$  Attempt to handle minor non-threatening rule violations;
- $\Rightarrow$  Respond verbally to complaints;
- $\Rightarrow$  Attempt to defuse minor arguments;
- $\Rightarrow$  Determine when to call for assistance;
- $\Rightarrow$  Maintain control of the vehicle;
- $\Rightarrow$  Report all security incidents to company dispatch;
- $\Rightarrow$  Complete all necessary security related reports; and

EMPIRE

⇒ Support community emergency response activities as directed by company policies and procedures.

#### Other Personnel

Other personnel supporting our operations also have responsibilities for the SSEP Program.

Dispatchers are expected to:

- $\Rightarrow$  Receive calls for assistance
- ⇒ Dispatch supervisors and emergency response personnel
- ⇒ Coordinate with law enforcement and emergency medical service communications centers
- ⇒ Notify supervisory and management staff of serious incidents
- ⇒ Establish on-scene communication
- $\Rightarrow$  Complete any required security related reports
- $\Rightarrow$  Provide direction to on-scene personnel

Mechanics are expected to:

- ⇒ Report vandalism
- ⇒ Report threats and vulnerabilities of vehicle storage facilities
- ⇒ Provide priority response to safety and security critical items such as lighting
- $\Rightarrow$  Maintain facility alarm systems

#### Threat and Vulnerability Identification

The primary method used by our operations to identify the threats to our transit systems and the vulnerabilities of the system is the collection of incident reports submitted by drivers and supervisors and information provided by local law enforcement and contractors.

Information resources include the following:

- Operator incident reports
- Risk management reports
- Bus maintenance reports
- Marketing surveys
- Passengers' letters and telephone calls
- Management's written concerns
- Staff meeting notes
- Statistical reports
- Special requests
- Type of incidents
  - o Crimes against persons
  - o Crimes against property
  - o General incidents
- Disposition of incidents (same as disposition of call for service)



SSEPP

Security testing and inspections may be conducted to assess the vulnerability of the transit system. Testing and inspection includes the following three-phase approach:

- Equipment preparedness to ensure that security equipment is operable and in the location where it belongs
- Employee proficiency To ensure that employees know how and when to use security equipment
- System effectiveness To evaluate security by employing security system exercises.

#### Evaluation

The SSEPP is a "living document" and needs to address issues associated with system security and emergency preparedness on a timely and proactive basis. It is incumbent upon all appropriate Empire personnel to constantly evaluate the effectiveness of the SSEPP as well as implementation. The SSEPP POC's will work with their respective clients to ensure that the SSEPP is evaluated for effectiveness on at least an annual basis. The tools and checklists that follow will provide the basis for conduct of these regular evaluations.

#### **Points of Emphasis**

- 1. *Awareness* Train all security and maintenance personnel to spot suspicious-looking or unfamiliar people or objects.
- 2. *Communication* Teach employees and/or tenants the importance of awareness; encourage them to identify and report anything that appears out-of-the-ordinary.
- 3. *Screening* Develop and implement systems for identifying and controlling visitor access to the building.
- 4. *Inspection* Establish strict procedures for the control and inspection of packages and materials delivered to the building, particularly those intended for critical areas.
- 5. *Procedures* Instruct all personnel, particularly telephone switchboard or reception personnel or Call Center personnel, on what to do if a bomb threat is received.
- 6. *Surveillance* Instruct security and maintenance personnel to routinely check unattended public or open areas, such as rest rooms, stairways, parking garages and elevators.
- 7. Lighting Make sure that all of the facility's access points are well-lit.
- 8. *Systems Awareness* Unexpected interruptions in the building's fire or security systems may not be coincidental; train personnel to identify and address them immediately.
- 9. *Local Authorities* Contact local government agencies to determine their procedures for dealing with bomb threats, search, removal and disposal.
- 10. *Contingency* Assure adequate protection and off-site backup for classified documents, proprietary information, critical records and activities essential to the operation of your business.



#### System Security Considerations

- Security Plan established, which addresses all operations modes and contracted services
- System security responsibilities and duties established
- Personal safety awareness/education programs for passengers and employees and community outreach
- Security equipment regularly inspected, maintained and functionally tested; including personal equipment issued to security personnel
- Contingency SOPs developed; drills and table-top exercises conducted for extraordinary circumstances, including – terrorism (including chemical/ biological agents/ weapons of mass destruction); Riot / Domestic unrest; Catastrophic natural events; and System-wide communications failure
- Planning, coordination, training and mutual aid agreements with external agencies (state, local police, MTA, etc.)
- Security SOPs reviewed on a regular basis and updates made as needed to Security Plan
- Security equipment installed, inspected, and maintained to monitor trespass activities
- Data collection established for all security issues / incidents; analysis performed and recommendations made; document control established, including follow-up
- Security risk/vulnerability assessments conducted, documented and reviewed
- Contingency plans for loss of electrical power and radio or phone communications
- Standard Operating Procedures for critical incident command, control, and service continuation/ restoration
- Security training provided to all staff levels (from front-line "eyes and ears" concept to professional level security training)
- Background checks on employees and contractors (where applicable)
- Regular assessments of employee security proficiencies conducted
- Employees issued quick reference guidelines for security situations
- Emergency contacts list developed / current / and responsibilities for call-outs identified
- Visitor, deliveries and contractor facility access procedures developed / visible identification required
- Security checklists developed and regularly used for verifying status of physical infrastructure and security procedures
- Agency employees identifiable by visible identification and/or uniform
- Policy and procedures in place for facilities key control.



#### SUMMARY

As a transit service contractor, we have a supporting role in the development of an effective SSEPP. The primary responsibility is with our government agency clients. As a result our success will be mixed; some of our clients will ignore the threats which will make our efforts more difficult and less successful. Some of our clients will try to develop plans without our involvement which will make their success less likely. Some of our clients will embrace this effort and welcome your participation which will make the effort the most effective. Our job is to make the effort in every case.



VENIVLE	VEHICLE SAFETY PROGRAM PLAN	COVERED POLICIES AND PROCEDURES	ADDITIONAL ISSUES IN SSEP PROGRAM
SECTION	TTLE		
-	MANAGEMENT COMMITMENT	Safety Policy Statement	<ul> <li>MEMORANDUM AUTHORIZING SYSTEM SECURITY AND EMERGENCY PREPAREDNESS (SSEP) PROGRAM</li> </ul>
7	COMPLIANCE RESPONSIBILITIES	<ul> <li>Chief Operating Officer</li> <li>Drivers, mechanics and others operating agency vehicles (and volunteers)</li> <li>Vehicle Accident Prevention (VAP)</li> <li>Committee</li> <li>Safety incentive program(s)</li> </ul>	<ul> <li>EXPANDED TO ADDRESS SSEP PROGRAM</li> <li>CREATION OF SSEP PROGRAM POINT OF CONTACT (POC)</li> </ul>
ĸ	DRIVERS - INITIAL		<ul> <li>COMMITMENT TO ADDRESS SSEP ISSUES IN UIDING</li> </ul>
	HKT		
		Y Application	
		Y Interviews	
		Physical Requirements	
		A Age	
		Knowledge of English	
		P Driver Licensing	EXPANSION OF NEW HIRE APPLICATION
~~~~~~		Operating Skills	PROCESS TO EMPHASIZE IMPORTANCE OF
	QUALIFICATIONS	 Criminal Record Checks 	SAFETY, SECURITY AND EMERGENCY
		 Ability to perform simple math 	PROCEDURES
		Reasonable knowledge of the service area	
		and ability to read basic maps	
		A road test given by a designated Agency	
		Supervisor is required	
		A written driving skills test is required	

Appendix A Vehicle Safety Program Implications

Empire Transportation, Inc. SSEPP

Appendix A Page 1 of 5

VEHICLE	VEHICLE SAFETY PROGRAM		
	PLAN	COVERED POLICIES AND PROCEDURES	ADDITIONAL ISSUES IN SSEP PROGRAM
SECTION	TTLE		
		Agency Policies and Procedures	
		Federal and State Guidelines and	
		Regulations	
		Pre and Post Trip Inspections	
		> Vehicle Familiarization	
		> Basic Operations and Maneuvering	
	DRIVER	Special Driving Conditions	OLUCITI AVARENEGO, KEPUKING
	INITITAL TRAINING	Y Backing	DUDETCIUUD AUTIVITY, REPUKTS AND
		Bad Weather	DUCUMENIATION, AND PRE AND POST TRIP
		P Boarding and Alighting Passengers	INSPECTIONS
<u></u>		Defensive Driving Course (DDC)	
		Passenger Assistance Training – DRIVE	
		Training	
		> On Road	
		Training - refresher/retraining	
		Evaluation and supervision	
		Motor vehicle record checks	
		Annual physical examination	
4		Safety meetings	
		Seat-belt usage	
		> Discipline/recognition	301EXVISION
		Preventable accidents/injuries	

Appendix A Page 2 of 5

		 Emergency driving procedures Accident causes 	
		 Slippery road surfaces 	
		 Driving at night 	 EXPANSION OF EMERGENCY PROCEDURES
		 Driving through water 	TO INCLUDE ADDITIONAL SECURITY AND
	FNEDGENCY	 Winter driving 	EMERGENCY CONDITIONS
Ľ	DRIVING	 Driving in very hot weather 	EXPANSION OF EMERGENCY PROCEDURES
>	PROCEDITRES	Vehicle breakdowns and unavoidable	TO INCLUDE SUPPORT OF COMMUNITY
		stops	RESPONSE TO A MAJOR EVENT OR
		Vehicle fire/evacuation	EMERGENCY
		P Hold up/robbery	EMERGENCY TRAINING AND EXERCISING
		Natural disasters	
	9	o Tornado	
		 Flood procedures - vehicle 	
		Y General guidelines	
		Y Seat-belts	
Distant-reference		Child safety seats	
		Mobility device securement and passenger	V EXPANSION OF PROCEDURES FOR
ų	PASSENGER	restraint systems	MANAGING UIFFICULI PASSENGERS
5	SAFETY	P Difficult passengers	 CLARIFICATIONS REGARDING FIRST AID AND
		Medical condition	BLOUDBURNE PAIHUGENS/INFECTION
		V First aid	CONTROL
		Bloodborne pathogens/infection control	

Appendix A Page 3 of 5

Cord - EXPANSION OF VEHICLE SECURITY	 EXPANSION OF MAINTENANCE PROCEDURES FOR IDENTIFYING AND DEPODETING VANDALICAL CLEARCICS IN 		PECHNOLOGY OF VEHICLE PROCUREMENT PROCEDURES TO ADDRESS SECURITY TECHNOLOGY		p or
 Venicles & equipment Preventive maintenance Program development Preventive maintenance needs Preventive maintenance program Format for preventive maintenance program for transit vehicles Master vehicle service and repair record – 	 maintenance nistory Preventive maintenance intervals A Level Inspection B Level Inspection 	 C Level Inspection Pre & post trip inspections Emergency equipment on vehicles and 	 Usage Use of emergency equipment on vehicles Vehicle procurement 	 c Exterior visibility o Interior Vehicle security 	 Vehicle safety in and around the shop or yard
	VEHICLES &		~ ~ ~	~	

Appendix A Page 4 of 5

ω	ACCIDENT MANAGEMENT	 Accident documentation packet Accident notification procedures – driver responsibility Accident investigation – management responsibility Accident investigation kit Accident investigation kit Reconstruction & analysis Drug and alcohol tests Media relations and crises communication after an accident 	 ADDITIONAL TOOLS FOR ACCIDENT DOCUMENT PACKET TO ADDRESS SECURITY ADDITIONAL TOOLS FOR MEDIA RELATIONS
6	INSURANCE CLAIMS AND LITIGATION MANAGEMENT	 Dealing with adjusters Dealing with attorneys – ours/theirs 	 ADDITIONAL CONSIDERATIONS FOR COVERAGE
10	DAY TO DAY OPERATIONS MONITORING FOR SAFETY	 Record keeping Keeping informed Websites Publications 	★ ADDITIONAL REPORTS FOR SECURITY- RELATED INCIDENTS

Appendix A Page 5 of 5

Appendix B Bomb Threat Procedures

Bomb Threat Procedures

In recent years the use and threatened use of explosives in our society has increased at an alarming rate. Organizations must prepare a plan of action to respond effectively. This brief provides guidelines that will assist transit agencies in developing a procedure specific to their particular environment.

Steps to Be Considered

When faced with a bomb threat, the primary concern must always be the safety of passengers, employees, and emergency responders. Use of other disaster or emergency procedures do not address all the issues raised by a bomb threat.

For example, in the instance of a fire, effort is directed at evacuating the occupants in a quick and orderly manner. In the case of a bomb threat, if evacuation is initiated, the exit routes and assembly areas should be searched prior to vacating the premises. The potential hazard remains when a building is evacuated before a search has been made. Personnel cannot safely reoccupy the building and resume normal activities until a search has been conducted. Such problems require a procedure with the following steps:

Step 1: Threat Reception
Step 2: Threat Evaluation
Step 3: Search Procedure
Step 4: Locating Unidentified Suspicious Objects
Step 5: Evacuation Procedure
Step 6: Re-occupation of Building
Step 7: Training of Essential Personnel

Step 1: Threat Reception

Telephone Threats (threat to detonate explosive is phoned into system) Caller is the person who placed the device Caller has knowledge of who placed the device Caller wants to disrupt system operation

Written Threats (threat to detonate explosive is written into system) May be more serious than phoned-in threats Written threats are generally more difficult to trace than phoned-in threats

Letter and Package Threats (suspicious package or letter is delivered to agency) These threats serve a variety of purposes, but, generally, they are directed at specific system personnel rather than at the system as a whole.

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Appendix B Page 1 of 9 The personal motivations of the criminal may be more important in these types of threats

Bomb threats are normally transmitted by phone. The person receiving the call should be prepared to obtain precise information, which is included on the Bomb Threat Checklist which should be available to all personnel whose regular job is phone intake.

The caller may provide specific information by answering these questions. Often the type of person making a threat of this nature becomes so involved that they will answer questions impulsively. Any additional information obtained will be helpful to police and explosive technicians.

Step 2: Threat Evaluation

Two basic descriptions of threats can be identified:

- Non-specific threat: This is the most common type of threat, usually with little information given other than, "There is a bomb in your building."
- Specific threat: This threat is given in more detail. Reference is often made to the exact location of the device, or the time it will detonate.

Specific threats should be considered more serious in nature, requiring a more concerted effort in the response. The non-specific threat, however, cannot be ignored. A policy must be developed to respond effectively to both threat levels.

Certain actions should be taken regardless of the threat category:

Notify law enforcement (whether internal transit police and/or security or local law enforcement) Notify management personnel Initiate the search procedure Search before evacuation of personnel (employee search) Scarch after evacuation of personnel (volunteer search)

Notification to internal and/or external law enforcement, security and management personnel should be prompt, and include as much detail as possible. The person who received the threatening call should be available immediately for interviewing. Copies of the completed threat checklist should be readily available to all who may need it.

The appropriate search procedure should be initiated. Searches in the transit environment – as in many other environments – have two major constraints:

Radio communication cannot be used (it may detonate the device)

The environment is specialized, therefore, it cannot be searched effectively by outsiders

To address these concerns, personnel who work in a particular area, or who are responsible for an area, should be used. Not only will these personnel provide a much more thorough search than outside responders, but they are knowledgeable concerning station or facility emergency communication systems, and can access "land line" telephones to manage communications more

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Appendix B Page 2 of 9 effectively during the search. A system that utilizes the employees – after evacuations have been ordered – should always and only use volunteers.

The following criteria help determine what immediate action to take:

Factors favoring a search before the movement of personnel (occupant search):
There is a high incidence of hoax telephone threats
Effective security arrangements have been established
Information in the warning is imprecise or incorrect
The caller sounded intoxicated, amused, or very young
The prevailing threat of terrorist activity is low

Factors favoring movement of personnel before searching (volunteer search):
The area is comparatively open

Information in the warning is precise as to the matters of location, a description of the device, the timing, and the motive for the attack A prevailing threat of terrorist activity is high

Step 3: Search Procedure

Pre-planning and coordination of employces are essential in implementing an effective search of transit premises, particularly for large stations and facilities. A printed facility schematic should be identified for each major transit facility. Wherever possible, the facility should be divided into zones or sections (prior to the actual conduct of the search), and volunteer personnel – familiar with the zone or section – identified to support the search, by shift or position. Back-ups and supporting volunteers should also be identified for each zone or segment. The facility schematics should be available to those responsible for managing bomb threats and searches. Not only will these schematics support identification and assembly of the volunteer search team, but also, as the search is conducted, each area can be "crossed off" the plan as it is searched.

Areas that are accessible to the public require special attention during a search, and may be vitally important if an evacuation is to be conducted. The level of the search should be in a level that relates to the perceived threat level:

An occupant search is used when the threat's credibility is low. Occupants search their own areas. The search is completed quickly because occupants know their area and are most likely to notice anything unusual.

The volunteer team search is used when the threat's credibility is high. The search is very thorough and places the minimum number of personnel at risk. Evacuate the area completely, and ensure that it remains evacuated until the search is complete. Search teams will make a slow, thorough, systematic search of the area.

During the search procedure the question often arises, "What am I looking for?" The basic rule is: Look for something that does not belong, or is out of the ordinary, or out of place. Conduct the search quickly, yet thoroughly, keeping the search time to a maximum of 15 to 20 minutes. Both the interior and exterior of the facility should be searched.

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Appendix B Page 3 of 9 Historically, the following areas have been used to conceal explosive or hoax devices in the transit environment:

Outside Facility Areas	Inside Facility
Trash cans	Ceilings with removable panels
Dumpsters	Overhead nooks
Mailboxes	Areas behind artwork, sculptures and
Bushes	benches
Street drainage systems	Recently repaired/patched segments of
Storage areas	walls, floors, or ceilings
Parked cars	Elevator shafts
Shrubbery	Restrooms
Newspaper Stands	Behind access doors
	In crawl spaces
	Behind electrical fixtures
	In storage areas and utility rooms
	Trash receptacles
	Mail rooms
	Fire hose racks

Depending on the nature of the threat, searches may expand to include transit vehicles. In extremely rare instances, dispatchers have instructed operators on certain bus routes to immediately bring their vehicles to a safe location, unload passengers, and walk-through the vehicle – looking for unidentified packages. In other instances, evacuated vehicles have been met by law enforcement officers, who actually conduct the search, including the vehicle undercarriage and rooftop areas.

Step 4: Locating an Unidentified Suspicious Package

If an unidentified or suspicious object is found, all personnel should be instructed (1) to leave the object in place DO NOT MOVE IT and (2) to report it to central dispatch or the search team leader immediately. The following information is essential:

Location of the object Reason(s) suspected Description of the object Any other useful information – how difficult to secure area, evacuate, nearest emergency exits, etc.

Based on this information, decisions will be made regarding the following:

Removal of persons at risk

Establishment of perimeter control of the area to ensure that no one approaches or attempts to move the object

Activities to establish ownership of the object. (In the event that legitimate property has been left behind in error prior to the bomb threat being received.)

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Appendix B Page 4 of 9 Assignment of someone familiar with the building and the area where the object is located to meet the police/bomb team/fire fighter personnel on their arrival (in the event that they have been called)

Continue implementation of search procedure until all areas have reported to the central control, as there may be more than one unidentified object

While volunteers and public safety personnel are conducting the search, and particularly while they are managing response to a suspicious package, they should keep in mind the following information:

Improvised Explosive Devices (IEDs) and other types of bombs inflict casualties in a variety of ways, including the following:

Blast over pressure (a crushing action on vital components of the body; eardrums are the most vulnerable).

Falling structural material.

Flying debris (especially glass).

Asphyxiation (lack of oxygen).

Sudden body translation against rigid barriers or objects (being picked up and thrown by a pressure wave).

Bomb fragments.

Burns from incendiary devices or fires resulting from blast damage. Inhalation of toxic fumes resulting from fires.

The following are four general rules to follow to avoid injury from an IED:

Move as far from a suspicious object as possible without being in further danger from other hazards such as traffic or secondary sources of explosion

Stay out of the object's line-of-sight, thereby reducing the hazard of injury because of direct fragmentation

Keep away from glass windows and materials that could become flying debris

Remain alert for additional or secondary explosive devices in the immediate area, especially if the existence of a bomb-threat evacuation assembly area has been highly publicized

Step 5: Evacuation Procedure

If an unidentified object is found, a quiet and systematic evacuation from the area should be conducted. Prior to evacuation, all areas used in the evacuation route must be searched: stairwells, corridors, elevators, and doorways. When these areas have been checked, volunteer personnel should be assigned to direct other personnel along the searched exit routes.

As a general guideline, evacuation should be to a minimum distance of 300 feet in all directions from the suspicious package, including the area above and below the site, giving regard to the type of building construction (thin walls, glass) and the size of the suspicious package. Elevators should not be used to evacuate people under normal circumstances. A power failure could leave them trapped in a hazardous area. Attention should be paid to the need for special transportation requirements of persons with disabilities.

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Appendix B Page 5 of 9 The essential task in evacuation procedures is to direct people to quietly leave the premises, using tact and power of suggestion, in an effort to maintain control and avoid panic. Once a complete or partial evacuation has taken place, there must be some form of accounting for all personnel. This may be a difficult task, but a necessary one to ensure the safety of all personnel.

Assembly areas should be pre-selected and well known to personnel. Establish a clearly defined procedure for controlling, marshalling, and checking personnel within the assembly area. If possible, for major transit stations, assembly areas should be coordinated with local police in advance. Assembly areas are selected using the following criteria:

- Locate assembly areas at least 300 feet from the likely target or building (if possible).
- Locate assembly areas in areas where there is little chance of an IED being hidden. Open spaces are best. Avoid parking areas because IEDs can be easily hidden in vehicles.
- Select alternate assembly areas to reduce the likelihood of ambush with a second device or small-arms fire. If possible, search the assembly area before personnel occupy the space.
- Avoid locating assembly areas near expanses of plate glass or windows. Blast effects can cause windows to be sucked outward rather than blown inward.
- Select multiple assembly areas (if possible) to reduce the concentration of key personnel. Drill and exercise personnel to go to different assembly areas to avoid developing an evacuation and emergency pattern that can be used by perpetrators to attack identifiable key personnel.

Step 6: Re-Occupation of Station/Facility

Re-occupation of the building is a decision that must be made by an appropriate management or law enforcement official. If the evacuation was made without a search, the premises should be searched before re-occupation.

Step 7: Training

Any effective threat procedure must be accompanied with an adequate training program. Training the essential personnel should encompass both the preventative and operational aspects of the procedure. Prevention can be accomplished through employee awareness, developing good housekeeping habits, and being on the alert for suspicious items and persons.

Operational training may include lectures by transit police and security instructional staff or guest speakers, in-service training classes, and practical training exercises. Evacuation and search drills should be performed periodically under the supervision of transit police or local law enforcement. Coordination with local law enforcement is particularly important for those small agencies with no internal security.

Conclusion

Considering recent events, it is advisable to consider all threats serious. A well-prepared and rehearsed plan will ensure an effective, quick search with minimal disruption of normal operation. Panic and possible tragedy can be avoided. Appropriate security, heightened employee and passenger awareness, and good housekeeping controls will identify many potential problems.

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Appendix B Page 6 of 9

Bomb Threats

By Phone – If you receive a bomb threat by phone you should

Stay Calm Activate phone recording if available Listen carefully, take notes of exact words Keep the caller talking

Get as much of the following information as possible. It is likely the caller will not give the specifics, but engaging in conversation with the person may cause the caller to reveal things. If possible signal a supervisor, write a note or have a hand signal that will be recognized, in the office to call the police while you're on the line and notify them of what is occurring.

Also listen carefully and take note of any of the following: You are looking for hints about who the person is, where they were when they made the call. If you see caller id write that down immediately.

By Mail -

- Place all papers and envelopes with the threat in a bag or large envelope (clear plastic preferable). Pick it up at the edge.
- Do not handle the letter or envelope unnecessarily. It may contain fingerprints that can be used for evidence. And do not allow anyone else to touch unless senior management authorizes it.
- Preserve the document for the police and fire departments.

After the threat has been received. (By phone or mail)

- Contact the emergency response units. (911)
- Notify the senior manager on site.

The senior manager will determine if the building should be evacuated, and take control of management of the situation.

Do not share everything with everyone. Go immediately to the supervisor or project manager to give them the information. Do not share it with the coworkers around you as you may cause unnecessary panic.

Emprie Transportation, Inc. SSEPP

Appendix B Page 7 of 9

Bomb Threat Checklist

Exact time and date of call:

Exact words of caller:

	1993 Digital daga barang karang ka		
Voice	Accent	Manner Calm	Background Noise
High Pitched	Foreign	Rational	Bedlam
Raspy	Race	Coherent	Music
Intoxicated	Not Local	Deliberate	Office Machines
Soft	Region	Righteous	Mixed
Deep		Angry	Street Traffic
Pleasant	Local	Irrational	Trains
Other	Foreign	Incoherent	Animals
Raspy	Race	Emotional	🗌 Quiet
High Pitched	Not Local	Laughing	Voices
	Region		Airplanes
			Party Atmosphere
Language	Speech	Familiarity with Th	reatened Facility
Excellent	Fast	Much	
🗌 Fair	Distinct	Some	
🗌 Foul	Stutter	None	
Good Good	Slurred		
Poor	Slow		
Other	Distorted		
Pleasant	🗌 Nasal		
Other	🗌 Lisp		
Raspy	Other		

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Appendix B Page 8 of 9

Questions to Ask the Caller

When is the bomb going to explode?

Where is the bomb?

What does it look like?

What kind of bomb is it?

What will cause it to explode?

Did you place the bomb?

Why did you place the bomb?

Where are you calling from?

What is your address?

What is your name?

Observations

If the voice is familiar, whom did it sound like?

Were there any background noises?

Telephone number call received at:

Person receiving call:

Additional Comments:

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Appendix B Page 9 of 9

Appendix C Reporting Criminal Activity

If you observe a crime in progress or behavior that you suspect is criminal, immediately notify dispatch, if you are driving a vehicle, or your supervisor, if you are at a facility. If directed by dispatch or the supervisor, contact local police. Report as much information as possible including:

Activity: What is happening? (Use plain language. Avoid assumptions. Stay with facts.)

Description of Involved People: For each involved person, provide:

- Height
- Weight
- Gender
- Clothing
- Weapons
- Distinguishing characteristics

<u>Location</u>: Describe exactly where the criminal activity is occurring. If the activity is "moving," describe the direction of travel.

Vehicle: If a vehicle is involved, please provide the following:

- Color
- Year
- Make
- Model
- License

DO NOT APPROACH OR ATTEMPT TO APPREHEND THE PERSON(S) INVOLVED.

Stay on the telephone with the police dispatcher and provide additional information as changes in the situation occur, until the first police officer arrives at your location.

Document to be used in training of drivers, dispatch personnel.

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Appendix C Page 1 of 1 EMPIRE TRANSPORTATION, INC.

February 26, 2018

Mr. Eric Fong Los Angeles County Department of Public Works Administrative Services Division – 9th Floor 900 South Fremont Avenue Alhambra, CA 91803-1331

Re: Proposal - East Los Angeles Dial-A-Ride - (2018-PA005)

Dear Mr. Fong:

Thank you for the opportunity to present a proposal for the East Los Angeles Dial-A-Ride Service. We are proud to say that Empire is Southern California's most experienced minority and locally owned transportation company. We have successfully provided shuttle services for over twenty-two years for the elderly and disabled, including our service as the incumbent provider to the Department of Public Works for the East Los Angeles area. We have established rewarding professional relationships with the Department of Public Works, County of Los Angeles, AltaMed and the City of Bellflower, among other customers, by providing the best service with emphasis on quality of care and efficiency.

We understand this procurement process is price driven. As you will see, we are providing a competitive price that will allow us to continue to provide safe, customer service oriented, ADA compliant and transparent services to DPW, County of Los Angeles. We stay away from the practice of providing pricing so low that it will force us to cut corners and as a result jeopardize the safety of the passengers.

We feel that we are the best operator for this contract based on our proven experience, currently established operational infrastructure, facility, and management structure. It has been an honor providing these services to the LA DPW since 2014, and we hope to continue our working relationship for many years to come.

As Co-owner, President, and Chief Operating Officer, I am authorized to submit this proposal and to represent the Company throughout the process. We have made a thorough analysis of Addendum #1, as well as the included specifications, and take no exception to those requirements in our proposal. We look forward to working with DPW staff as the selection process continues.

President & Chief Operating Officer

BRINGING PEOPLE AND PLACES TOGETHER SINCE 1968 8800 Park Street, Bellflower, CA 90706 • 562-529-2676 Ext. 114 • FAX 562-529-2220 • E-Mail <u>baguirre@emptransportation.com</u>

Table of Contents - East LA DAR 2018 PA005



	Proposal Forms	
PW-2	Schedule of Prices	
PW-8	List of Subcontractors	
PW-9	County's Preference Program Consideration and	
	CBE Firm Form	
PW-17	Human Trafficking Policy Certification	
PW-18	Compliance with Minimum Requirements IFB	
PW-19	Statement of Equipment Form	
PW-20	Displaced Transit Employee Declaration	<u> </u>
LW-3	Living Wage Annual Adjustments	
LW-4	Living Wage Acknowledgment & Statement of	
	Compliance/Contractor Non-Responsibility	
	Debarment	
LW-7	Proposer's Employee Benefits	
LW-8	Proposer's Staffing Plan & Cost Methodology	
	Addendum Items	

l.

SCHEDULE OF PRICES FOR EAST LOS ANGELES DIAL-A-RIDE SERVICES (2018-PA005)

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

Item	Description	Hourly Rate	Estimated Annual Hours	Proposed Annual Price (Hourly Rate x Estimated
1.	Rate for County-Owned Service Vehicle	\$ <u>61.81</u> /Hour	9,600	Annual Hours) \$ 593,376.00
2.	Rate for Contractor-Provided Service Vehicle ¹	\$64.38/Hour	200	\$ 12,876.00
	ESTIMATED TO	TAL ANNUAL HOURS	9,800	
		PROPOSED ANI	NUAL PRICE	\$606,252.00

OPTIONAL SUPPLEMENTAL TAXI RATE				
Item	Description	Cost Per Mile	Estimated Annual Miles	Optional Supplemental Taxi Price (Cost Per Mile x Estimated
1.	Supplemental Taxi Rate per Mile – (Optional)	£ 3.78		Annual Mile)
		\$ <u>3.28</u> /Mile	100	\$ 328.00

The optional Supplemental Taxi Rate will not be calculated as part of the Total Proposed Annual Price

	LEGAL NALE OF BIODER	
	Empire Transportation, Inc.	
	SIGTUATIVE OF PERTCH AUTOCIZED TO SUBART BID	
ļ		
ł	TILE OF AUTHCRIZED PERSON	
L	President & COO	DATE
		02/23/2018

¹ We estimate 200 Vehicle Revenue hours for FY 2017-18 in case a County Vehicle is in an accident and is out of service for an extended period of time.

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

ltem	Description	Hourly Rate	Estimated Annual Hours	Proposed Annual Price (Hourly Rate x Estimated
1.	Rate for County-Owned Service Vehicle	\$ <u>62.69</u> /Hour	9,600	Annual Hours) \$ 601,824.00
2.	Rate for Contractor-Provided Service Vehicle ¹	\$64.70/Hour	200	\$
	ESTIMATED TO	TAL ANNUAL HOURS	9,800	
		PROPOSED AN	NUAL PRICE	\$614,764.00

	0	PTIONAL SUPPLEMENTAL	TAXI RATE	
ltem	Description	Cost Per Mile	Estimated Annual Miles	Optional Supplemental Taxi Price (Cost Per Mile x Estimated
1.	Supplemental Taxi Rate per Mile – (Optional)	\$3.28/Mile	100	Annual Mile) \$328.00

The optional Supplemental Taxi Rate will not be calculated as part of the Total Proposed Annual Price

	EGU NAVE OF BIODER
ĺ	Empire Transportation, Inc.
	KINATURE OF ERSAN AUDENTED TO SUBAT BOT
L	TXXU
	IT.E.C. AUTHORIZEOPEASON
L	President & COO 02/23/2018

¹ Contractor-provided vehicles were not used in Fiscal Year 2012. We estimate 200 Vehicle Revenue hours for FY 2017-18 in case a County Vehicle is in an accident and is out of service for an extended period of time.

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

	1				
ltem	Description	Hourly Rate	Estimated Annual Hours	Proposed Annual Price (Hourly Rate x Estimated	
1.	Rate for County-Owned Service Vehicle	\$ <u>63.49</u> /Hour	9,600	Annual Hours) \$ 609,504.00	
2.	Rate for Contractor-Provided Service Vehicle ¹	\$65.00 /Hour	200		
	ESTIMATED TO	TAL ANNUAL HOURS	9,800	\$	
PROPOSED ANNUAL PRI			NUAL PRICE	\$622,504.00	

L	C	PTIONAL SUPPLEMENTAL	TAXI RATE	
ltem	Description	Cost Per Mile	Estimated Annual Miles	Optional Supplemental Taxi Price (Cost Per Mile x Estimated
1.	Supplemental Taxi Rate per Mile – (Optional)	¢ 2.20		Annual Mile)
The or	tional Supplementation	\$\$/Mile	100	\$ 328.00

The optional Supplemental Taxi Rate will not be calculated as part of the Total Proposed Annual Price

	LEGAL NAVE OF BIODER		
	Empire Transportation, Inc.		٦
	SIGNATURE OF PERSON AUTHORIZED TO SUBLAT PRO		ļ
			ĺ
ł	Time or Aumobiose Person	Date	l
L	L President & COO	02/23/2018	
		02/20/2010	È

¹ We estimate 200 Vehicle Revenue hours for FY 2017-18 in case a County Vehicle is in an accident and is out of service for an extended period of time.

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

ltem	Description	Hourly Rate	Estimated Annual Hours	Proposed Annual Price (Hourly Rate x Estimated
1.	Rate for County-Owned Service Vehicle	\$ <u>64.24</u> /Hour	9,600	Annual Hours) \$ 616,704.00
2.	Rate for Contractor-Provided Service Vehicle ¹	\$65.25/Hour	200	\$ 13,050.00
ESTIMATED TOTAL ANNUAL HOURS		9,800		
	PROPOSED ANNUAL PRICE			\$629,754.00

	0	PTIONAL SUPPLEMENTAL	TAXI RATE	
Item	Description	Cost Per Mile	Estimated Annual Miles	Optional Supplemental Taxi Price (Cost Per Mile x Estimated
1.	Supplemental Taxi Rate per Mile – (Optional)	\$3.28/Mile	100	Annual Mile) \$ 328.00

The optional Supplemental Taxi Rate will not be calculated as part of the Total Proposed Annual Price

LEON NOVE OF BICCER	
Empire Transportation, Inc.	
SKANTURE OF PERSON AUTHORIZED TO BUBINT BID	
TITLE OF AUTHORIZED PERSON	Date
President & COO	02/23/2018
	02/23/2018

¹ We estimate 200 Vehicle Revenue hours for FY 2017-18 in case a County Vehicle is in an accident and is out of service for an extended period of time.

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

	TERMS	ANNUAL PRICE FOR
1	EAST LOS ANGELES DIAL-A-RIDE SHUTTLE SERVICE – INITIAL TERM	EACH TERM
2	EAST LOS ANGELES DIAL-A-RIDE SHUTTLE SERVICE	606,252.00
3	OPTION YEAR 1 EAST LOS ANGELES DIAL-A-RIDE SHUTTLE SERVICE –	614,764.00
	OPTION YEAR 2	622,504.00
4	EAST LOS ANGELES DIAL-A-RIDE SHUTTLE SERVICE – OPTION YEAR 3	
	TOTAL PRICE FOR YEARS 1 THROUGH 4	629,754.00
		2,473,274.00
	AVERAGE TOTAL PRICE FOR YEARS 1 THROUGH 4 (TOTAL PRICE FOR YEARS 1 THROUGH 4 ÷ 4 YEARS)	618,318.50

LEGAL NAME OF BIDDER				
Empire Transportation, Inc.				
SIGNATURE OF PERSON AUT/ORIZED TO SUBJET BID				
a				
TITLE CITALTHOP TENSON				
President & COO				
Datt	STATE CONTRACTOR'S LICENSE NUMBER	анар каланар сил калон силина да калана да су калана и изар си калана бар калана калана су силина калана калана Каланар каланар сил калана калана калана калана калана калана калана калана калана калана калана калана калана к		
02/23/2019		LICENSE TYPE		
BIDDER'S ADDRESS:	PUC:TCP-21507, CHP:CA-326916	PUC:Para Transit CHP:Motor Carrier		
8800 Park Street; Bellflower CA 90	0706			
E-Mat				
baguirre@emptransportation.com				
PHONE	Mobile			
562.529.2676	310.562.2241	FACSING 562.529.2220		
P. GepubliService Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract Rehiding Ferrory Contracts/CONTRACTV/nnaiEast LA DAR/2017/JFB - Contract/Rehiding Ferrory Contracts/CONTRACTV/NnaiEast LA DAR/2017/JFB - Contracts/CONTRACTV/NNAICTV/NNAICTV/NNAICTV/NNAICTV/NNAICTV/NNAICTV/NNAICTV/NNAICTV				

Contract Rebidio1 (FBI04,1 FORM PW-2 Sched of Prices doc

LIST OF SUBCONTRACTORS

Proposer is required to complete the following. Any Subcontractors listed must be properly licensed under the laws of the State of California for the type of service that they are to perform, AND THEIR LICENSE NUMBERS MUST BE LISTED HEREIN. Failure to do so may result in delay of the award of contract. Do not list alternate subcontractors for the same service.

 Proposer in providing the requested services will not utilize Subcontractors. Proposer will perform all required services.

Name Under Which Subcontractor Is Licensed	License Number	Address	Specific Description of Subcontract Service
NONE TO BE USED			
		· · ·	
	чанны жүндөрэллэгчий бүрээдолгон арын		

Certification as Minority, Women, Disadvantaged, and Disabled Veteran Business Enterprises: If any of your subcontractor is currently certified as Minority, Women, Disadvantaged, and Disabled Veteran Business Enterprises by a public agency, complete the following and attach a copy of the proof of certification. All Subcontractors listed in the bid/proposal shall be listed below. (make copy of this FORM PW-8.1

	E.												ale.		
	Disabled Vatoran													Late	02/23/2018
	Disadvantaged Business					an y hann an Ar An Anna an An An Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna a		Alexandron and a second s				information is			000
	Women-					and a second second second second second second second second second second second second second second second						that the above	Titla		President & COO
	Mnortty											of California t			
a - Charles and a start	B											s of the State	lignature		
	Local SBE											under the law	Authorized, Signature	Z	VIX K
	Name					n na manana ka Manana	n a se a a anna an an an an an anna ann an an	n a martín de la compañía de la compañía de la compañía de la compañía de la compañía de la compañía de la comp		and a second second second second second second second second second second second second second second second	Declaration: I declare under penalty of perjury under the laws of the State of California that the above information is true and second			··	
	Subcontractor Name			and a second second second second second second second second second second second second second second second		Man-Aliferte a source of Aliferte Aliferte Aliferte Aliferte Aliferte Aliferte Aliferte Aliferte Aliferte Alife		and a second second second second second second second second second second second second second second second			A CANANA AND AND AND A CANANA AND A CANANA AND A CANANA AND A CANANA AND A CANANA AND A CANANA AND A CANANA AND A CANANA AND AND AND AND AND AND AND AND AN	eclare under pe			Empire Transportation, Inc.
		1 N/A	5	3 S	4	5	9	7	ß	6	0	claration: 1 d	IIIII INAME:		Empire I ran
		-		1							10		Ľ	•	- 1

County of Los Angeles Request for County's Preference Program Consideration and CBE Firm/Organization Information Form

 INSTRUCTIONS: Businesses requesting preference consideration must complete and return this form for proper consideration of the proposal. Businesses may request consideration for one or more preference programs. Check all certifications that apply.*

I MEET ALL OF THE REQUIREMENTS AND REQUEST THIS PROPOSAL BE CONSIDERED FOR THE PREFERENCE PROGRAM(S) SELECTED BELOW. A COPY OF THE CERTIFICATION LETTER ISSUED BY THE DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS (DCBA) IS ATTACHED.

Request for Local Small Business Enterprise (LSBE) Program Preference

- Certified by the State of California as a small business and has had its principal place of business located in Los Angeles County for at least one (1) year; or
- □ Certified as a LSBE with other certifying agencies under DCBA's inclusion policy that has its principal place of business located in Los Angeles County and has revenues and employee sizes that meet the State's Department of General Services requirements; and
- Certified as a LSBE by the DCBA.

Request for Social Enterprise (SE) Program Preference

- A business that has been in operation for at least one year providing transitional or permanent employment to a Transitional Workforce or providing social, environmental and/or human justice services; and
- Certified as a SE business by the DCBA.

Request for Disabled Veterans Business Enterprise (DVBE) Program Preference

- Certified by the State of California, or
- Certified by U.S. Department of Veterans Affairs as a DVBE; or
- □ Certified as a DVBE with other certifying agencies under DCBA's inclusion policy that meets the criteria set forth by: the State of California as a DVBE or is verified as a service-disabled veteran-owned small business by the Veterans Administration: and
- □ Certified as a DVBE by the DCBA.

*BUSINESS UNDERSTANDS THAT ONLY ONE OF THE ABOVE PREFERENCES WILL APPLY. IN NO INSTANCE SHALL ANY OF THE ABOVE LISTED PREFERENCE PROGRAMS PRICE OR SCORING PREFERENCE BE COMBINED WITH ANY OTHER COUNTY PROGRAM TO EXCEED FIFTEEN PERCENT (15%) IN RESPONSE TO ANY COUNTY SOLICITATION.

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

DCBA certification is attached.

Name of Firm		County Webven No. Title: Date:				
Print Name:						
Signature:						
Reviewer's Signature	Approved	Disapproved	Date			

FORM PW-9.1 (SUPPLEMENTAL)

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Emp	pire Transportation, Inc.	
	/en) Vendor Number: 13735101	

II. <u>FIRM/ORGANIZATION INFORMATION</u>: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation, or disability.

Business Structure: Sole Proprietorship Partnership Sole Proprietorship Corporation Nonprofit Franchise							
	snip (Partr	iership	Corporation	Nonprofit	Franchise		
Other (Please Specify):							
Total Number of Employees (including own	^{iers):} 483				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Race/Ethnic Composition of Firm. Please	distribute the ab	ove total numbe	r of individuals in	to the following c	ategories:	*****	
Race/Ethnic Composition Owners/Partners/ Associate Partners Managers			St	aff			
	Male	Female	Male	Female	Male	Female	
Black/African American	1	1	12	8	37	65	
Hispanic/Latino			***************************************		181		
Asian or Pacific Islander						86	
American Indian	1				8	4	
Filipino		╄╟			2	0	
					6	1	
White	<u> </u>				50	21	

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino		Asian or Pacific Islander	American Indian	Filípino	White	
Men	%	70 [%]	5	%	%	%	°⁄0	
Women	%	30 %	,	0/ /0	%	%	%	

IV. <u>CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES</u>: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
City of Los Angeles	MBE				None
SCMSDC	MBE				11/20/2019

V. Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	//	Title:	Date:
	$\langle \rangle$	President & COO	02/23/2018
LOCAL SEE-FIRM-ORGANIZ	ATON FORM DOC BOY 10/18/16 DW Dow 10/1	024.0	

LOCAL SEE FIRM-ORGANIZATION FORM.DOC Rev. 10/18/16 PW Rev. 10/18/16

GAIN and GROW EMPLOYMENT COMMITMENT

As a threshold requirement for consideration for contract award, Proposer shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall email: <u>GAINGROW@dpss.lacounty.gov</u> and <u>BSERVICES@wdacs.lacounty.gov</u>.

Proposers unable to meet this requirement shall not be considered for contract award.

Proposer shall complete all of the following information, sign where indicated below, and return this form with their proposal.

A. Proposer has a proven record of hiring GAIN/GROW participants.

_____YES (subject to verification by County)

NO NO

B. Proposer is willing to provide DPSS with all job openings and job requirements to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Proposer is willing to interview qualified GAIN/GROW participants.



C. Proposer is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

YES _____NO ____N/A (Program not available)

Signature	Title Prove (100
Firm Name	Date $\frac{4/5/18}{2}$

ZERO TOLERANCE HUMAN TRAFFICKING POLICY CERTIFICATION

Company Name:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Empire Transportal	tion, Inc.	
Company Address:	an a banan an	
8800 Park Street		
City:	State:	Zip Code:
Bellflower	CA	90706
Telephone Number:	Email Address:	an ann an Anna an Anna ann an Anna ann an Anna ann an Anna ann an Anna ann an Anna ann an Anna ann an Anna ann
562.529.2676	baguirre@emptransportation.com	
Solicitation/Contract forEast Los Ang	geles Dial-A-Ride Services	Services

PROPOSER CERTIFICATION

Los Angeles County has taken significant steps to protect victims of human trafficking by establishing a zero tolerance human trafficking policy that prohibits contractors found to have engaged in human trafficking from receiving contract awards or performing services under a County contract.

[•]Proposer acknowledges and certifies compliance with Exhibit B, Section 1.OO, Compliance with Jounty's Zero Tolerance Human Trafficking Policy, of the proposed Contract and agrees that proposer or a member of his staff performing work under the proposed Contract will be in compliance. Proposer further acknowledges that noncompliance with the County's Zero Tolerance Human Trafficking Policy may result in rejection of any proposal, or cancellation of any resultant Contract, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

Print Name:	Title
Bertha Agujøre	President & COO
Signature:	Date:
	02/23/2018

EAST LOS ANGELES DIAL-A-RIDE SERVICE (2018-PA005) PROPOSER'S COMPLIANCE WITH THE MINIMUM REQUIREMENTS OF THE IFB

BIDDER MUST CHECK A BOX IN EVERY SECTION

- Important Note: The information on this form is subject to verification.
 - Bidder may submit additional documentation in their Bid to supplement this Form PW-18.1.

At the time of bid submission, Bidder must meet the following minimum requirements:

- 1. Bidder must be included in the Qualified Contractor List resulting from the RFSQ for Fixed Route and Dial-A-Ride Transit Services (2016-SQPA001).
 - Yes. Bidder does meet the minimum mandatory requirement stated above.
 - No. Bidder does not meet the minimum mandatory requirement stated above. By checking this box, your Bid submission will be immediately disqualified as nonresponsive.
- 2. Bidder must have a minimum of 3 years of experience providing paratransit services for governmental or social service agency(ies). Subcontracting is not allowed to meet this requirement.
 - \square Yes. Bidder does meet the experience requirement stated above.

	Bidder	Dates of Experience (Mth/Yrs to Mth/Yrs)	Description of Services/Experience
and a second second second second second second second second second second second second second second second	Empire Transportation	07/01/2014 to date	Provide Dial-A-Ride services for the Los Angeles County, Department of Public Works in East Los Angeles

Π No. Bidder does not meet the experience requirement stated above. By checking this box, your Bid submission will be immediately disqualified as nonresponsive.

- 3. Bidder's Project Manager must have a minimum of 3 years of experience paratransit services for governmental or social service agency(ies). Subcontracting is not allowed to meet this requirement.
 - Yes. Bidder's Project Manager does meet the experience requirement stated above.

Name of Bidder's Project Manager	Dates of Experience (Mth/Yrs to Mth/Yrs)	Description of Services/Experience
Ana Asheghian formerly Arredondo	15 years	2005 - 2013 worked for Southland Transit as the Manager assigned to multiple Los Angeles County projects including East Los Angeles DAR. 2013-present AGM for RTA and Manager for ELA DAR

- No. Bidder's Project Manager does not meet the experience requirement stated above. By checking this box, your Bid submission will be immediately disqualified as nonresponsive.
- Bidder's or its Subcontractor's Maintenance Manager must have a minimum of 3 years of experience in maintaining similar fleets of paratransit vehicles, as shown on Exhibit H.1 -County Provided Vehicles.

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Π

Yes. Bidder's or its Subcontractor's Maintenance Manager does meet the experience requirement stated above.

	Name of the Employee	Name: Daniel Martinez	
		Bidder / Subcontractor (check one)	
	Number of Years of Experience Servicing the above type of vehicle	15 years	
	Make of Vehicles Serviced	MV-1, Chevrolet, Ford, Thomas, Aeroelite	
Ĺ	Model of Vehicles Serviced	Minivans, Cutaways. 40' Buses	

Provide a detailed narrative to support above minimum mandatory requirement by providing detailed information to support the number of years and description of service. The proposal may be disgualified, if incomplete or unresponsive statements are made.

Mr. Martinez began his Maintenance Management experience in 2005 with First Transit as an Assistant Maintenance Mgr.

He became Maint. Mgr. for MV Transportation in 2006 and later with Southland Transit in 2009. Mr.Martinez had headed our

Maintenance department since 2011. He holds an Associate Degree in Automotive/Diesel and Industrial Technology from Universal Technical Inst.

He also holds ASE Certifications in Transit Engines, Transit Breaks, Transit Suspension and Steering.

No. Bidder or its Subcontractor's Maintenance Manager does not meet the experience requirement stated above. By checking this box, your Bid Submission will be immediately disqualified as nonresponsive.

Code 34501[c]). If the bidder has not performed services in California, the bidder must provide copies of a similar vehicle, maintenance facilities or terminals inspection for the prior three years by a governmental agency.

1

- Yes. Bidder does meet the minimum mandatory requirement stated above and has received a "<u>Satisfactory</u>" rating on the CHP's Safety Compliance Inspections (or passed all reinspections) of the Bidder's maintenance facilities or terminals to be used for the proposed contract for the prior three 13-month inspections.
- Bidder has received an "<u>Unsatisfactory</u>" rating on the CHP's Safety Compliance Inspections of the Bidder's maintenance facilities or terminals to be used for the proposed contract for the prior three 13-month inspections, however, has remedied the problem by means of receiving a "Conditional" or "Satisfactory" rating within the CHP's 120-day reinspection period and/or received a "Conditional" rating and upgraded to a "Satisfactory" rating within the CHP's 180-day reinspection period as evidenced by the CHP Safety Compliance Inspection reports attached to proposal.
- Bidder has not performed services in California; the bidder has provided copies of a similar vehicle, maintenance facilities or terminals inspection for the prior three years by a governmental agency.
- No. Bidder does not meet the minimum mandatory requirement stated above. Proposer has received an **"Unsatisfactory"** rating and <u>did not</u> upgrade the rating to a **"Conditional"** or **"Satisfactory"** within the CHP's 120-day reinspection periods and/or received a **"Conditional"** rating and <u>did not</u> upgrade the rating to **"Satisfactory"** within the CHP 180-day reinspection period, whether on the initial inspection or the CHP reinspection, the Bidder will have failed this criteria. <u>By checking this box, your Bid</u> submission will be immediately disgualified as nonresponsive.
- 6. Bidder's vehicle(s) must meet or exceed the service vehicle requirements as set forth in Exhibit I, Contractor-Provided Service Vehicle Requirements. If the Bidder does not meet the service vehicle(s) requirement at the time of submission, but fully intends to comply if awarded the contract, the Bidder must provide an affirmative statement that upon start of the contract, the service vehicle(s) will comply with Exhibit I, Contractor-Provided Service Vehicle Requirements.
 - Yes. Bidder does meet the spare service vehicle(s) requirement stated above.
 - Bidder does not meet the spare service vehicle(s) requirement stated above at present, but fully intends to comply if awarded the contract. The Bidder will comply with the spare service vehicle requirements set forth in this IFB. (This commitment is evident by Bidder's detailed plan which describes when and how the Bidder plans to meet the minimum required contractor spare vehicle requirements submitted in the Bid.)

FORM PW-18.1 (SUPPLEMENTAL)

- Bidder does not meet the spare service vehicle(s) requirement stated above at present, but fully intends to comply if awarded the contract. The Bidder will comply with the spare service vehicle requirements set forth in this IFB. (This commitment is evident by Bidder's detailed plan which describes when and how the Bidder plans to meet the minimum required contractor spare vehicle requirements submitted in the Bid.)
- No. Bid's does not meet the spare service vehicle(s) requirement stated above and does not intend to comply. By checking this box, your Bid submission will be immediately disqualified as nonresponsive.
- 7. Bidder has submitted copies of the Bidder's employees' valid State of California Department of Motor Vehicles Class B (with a minimum of a "P" endorsements) commercial driver's licenses, as well as any other required licenses or endorsements required by Federal, State, and local regulations. Subcontracting is not allowed to meet this requirement.
 - Yes. Bidder has submitted copies of the Bidder's employees' valid State of California Department of Motor Vehicles (DMV) Class B (with a minimum of a "P" endorsement) commercial driver's licenses as well as any other required licenses or endorsements required by Federal, State, and local regulations. (In addition to responding on this form, please provide copies of the driver's licenses in your bid and provide the names of the staff assigned to this Contract and indicate type of certification they possess to support this minimum mandatory requirement).

Employee Name	Class of Driver's License	"P" endorsement or Higher (Yes or No
Alfonso Gonzalez	В	Y
Lydia Gomez	В	Y
Heriberto Martinez	В	Y
Dalmiro Cardona	В	Y
Alfonso Gonzalez P	В	Y

 \Box

- Bidder's employee does not meet the commercial driver's licenses requirement stated above at present, but fully intends to comply if awarded the contract.
- No. Bidder did not submit copies of the Proposer's employees' valid State of California Department of Motor Vehicles (DMV) Class B (with "P" endorsement) commercial driver's licenses as well as any other required licenses or endorsements required by Federal, State, and local regulations. By checking this box, your Bid submission will be immediately disgualified as nonresponsive.

- 8. Bidder or its Subcontractor must submit copies of all National Institute for Automotive Service Excellence (ASE) certification in A5 ASE Automobile & Light Truck Brakes Test for all maintenance personnel identified; or Bidder must submit an affirmative statement that all of Bidder's maintenance personnel assigned to this contract, within 12 months of the date of hire or the start of the contract, whichever occurs last, will obtain ASE certification in the A5 ASE Automobile & Light Truck Brakes Test.
 - Yes. Bidder or its Subcontractor does meet the license/certification requirement stated above. In addition to responding on this form, please provide the names of all mechanic staff assigned to this Contract and indicate type of ASE certifications they possess, if any if any on the chart below.

	Mechanics with ASE Certifications	
Employee Name	Types of Certification (List multiple, if applicable)	Directly Employed by the Contractor (Yes or No)
Daniel Martinez	Master Mechanic	Y
		X
Madeureren an		

If the employee does not have ASE Certificate, please indicate N/A.

Bidder or its Subcontractor does not currently employ personnel that meet the requirement, however, Bidder's maintenance personnel assigned to this Contract, within 12 months of the date of hire or the start of the contract, whichever occurs last, will obtain ASE certification in the A5 Automobile & Light Truck Brakes Test.

Complete the chart below. List all mechanic staff assigned to this Contract.

Mechanics Assigned to this Contract					
Employee Name	Types of Certification (List multiple, if applicable)				
Martin Torres					
Juan Rios					

No. Bidder or its Subcontractor's mechanic staff assigned to this Contract does not meet the certification/licensing requirement stated above and the request to affirmative statement will not be provided. By checking this box, your Bid submission will be immediately disqualified as nonresponsive.

Bidder or its Subcontractor shall submit a proof of Section 609 of the Clean Air Act: Motor Vehicle Air Conditioning certification from an EPA approved program or the equivalent ASE Refrigeration Recovery and Recycling Program certification for at least one member of their maintenance personnel identified above.

Yes. Bidder or its Subcontractor does meet the license/certification requirement stated above. (In addition to responding on this form, please submit a copy of the license/certification of mechanic staff assigned to this Contract and indicate type of certification they possess, e.g. MACS or equivalent.)

Employee Name	Type of Certification	Directly Employed by the Contractor (Yes or No)
Daniel Martinez	Sec 609	Y

÷.

No. Bidder or its Subcontractor's mechanic staff does not meet the certification/licensing requirement stated above. By checking this box, your Bid submission will be immediately disqualified as nonresponsive.

Bidder declares under penalty of perjury that the information stated above is true and accurate. Bidder further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the bid may be rejected at the sole discretion of the County.

Signature Title	
	President & COO
Firm Name Date	
Empire Transportation, Ine.	02/23/2018

FORI W-19.1 (SUPPLE....ENTAL)

FOR EAST LOS ANGELES DIAL-A-RIDE SERVICE (2018-PA005) STATEMENT OF EQUIPMENT FORM

Empire Transportation, Inc. PROPOSER'S NAME:

TELEPHONE: ADDRESS:

8800 Park Street; Bellflower CA 90706 562.529.2676

Please list one (1) item per line; DO NOT submit an equipment list in your own format. This form may be reproduced in order to list all STATE BELOW THE INFORMATION FOR ALL EQUIPMENT THAT WILL BE DEDICATED AND/OR DESIGNATED PRIMARY BACKUP TO THIS SERVICE

TON TION	ВАСКИР						
DESIGNATION Checkione	1997 (1997) 1997 - 1997 (1997)						
EOCATION	TBD	JIV. Empire's fleet					
FUEL	CNG	up capa s listed, t				-	
SEATING		in a back					
CONDITION OF EQUIPMENT	Good	to the project meet the spe					
Serial Number	1FDAF5GYDEA64450	tThe vehicle listed above is a sample of vehicles available to be assigned to the project in a back up capacity. Empire's fleet consists of 180 vehicles of different sizes. If none of the vehicles available meet the specifications listed, they will be purchased					
YEAR	2012	icles ava none of					
MODEL	F-450	mple of veh ent sizes. If					
MAKE OF EQUIPMENT	El Dorado	ted above is a sa vehicles of differ					
TYPE OF EQUIPMENT	Minibus	tThe vehicle lis consists of 180					

DISPLACED TRANSIT EMPLOYEE DECLARATION

In accordance with California Labor Code Sections 1070-1074, the County will give a preference to any proposer who declares on this form that they will retain the employees of the prior Contractor and/or Subcontractor. The undersigned declares:

that the Proposer will retain the employees of the prior Contractor and/or Subcontractor for a period of not less than 90 days pursuant to California Labor Code 1070-1074. If this box is checked, the 10 percent preference will be given.

OR

that the Proposer does NOT agree to retain the employees of the prior Contractor or Subcontractor for a period of 90 days pursuant to California Labor Code 1070-1074. If this box is checked, the 10 percent preference will NOT be given.

Signatufe Title President & COO Firm Nam Date Empire Transportation, Incl 02/23/2018

Living Wage Rate Annual Adjustments

The Living Wage Ordinance is applicable to Proposition A and cafeteria services contracts. Employers shall pay employees a Living Wage for their services provided to the county of no less than the hourly rates and effective dates as follows:

Effective Date	Hourly Rate
March 1, 2016	\$13.25
January 1, 2017	\$14.25
January 1, 2018	\$15.00
January 1, 2019	\$15.79

Effective January 1, 2020, the Living Wage rate will be adjusted based on the U.S. Department of Labor, Bureau of Labor Statistics' Consumer Price Index (CPI) for the Los Angeles-Riverside-Orange County Area for the 12-month period preceding July 1 of each year.

The Chief Executive Office (CEO) will issue a memo advising departments of the CPI to be used when determining the Living Wage rate effective January 1, 2020, and every year thereafter.

Instructions to complete PW-2s, Schedule of Prices and LW-8s, Cost Methodology

The Contract's terms and the anniversary of the Living Wage rate increases are not the same dates. For example, the Contract may start from October 1, 2017, and will end September 30, 2018, which covers two different rates of Living Wage.

This means in the same Contract term, for example, the first option term, contractor must adhere to two different rates of Living Wage.

Each Contract term has its own Form PW-2 and Form LW-8.

Important: HOURLY RATE LISTED ON LW-8s MUST BE EITHER THE <u>HIGHER</u> OF THE TWO LIVING WAGE RATE IF CONTRACT TERMS SPANS THROUGH MULTIPLE LIVING WAGE RATE YEARS <u>OR</u> YOU MUST CLEARLY SHOW THE TWO DIFFERENT LIVING WAGE RATES IN THE LW-8s PER EACH YEAR'S RATE.

For example, contractor's term cover from October 1, 2017 to December 31, 2017, the Living Wage rate is \$14.25 and from January 1, 2018 to August 31, 2018, the Living Wage rate is \$15.00, therefore; the Contractor's LW-8 for this period must be \$15.00 or higher or Contractor's LW-8 clearly nows the two rates during those periods.

Each Contract term proposed prices indicated in Form PW-2, Schedule of Prices, must be equal to each Form LW-8.

FORM LW-4.1 (SUPPLEMENTAL)

COUNTY OF LOS ANGELES

ACKNOWLEDGMENT AND STATEMENT OF COMPLIANCE FOR LIVING WAGE ORDINANCE AND CONTRACTOR NONRESPONSIBILITY DEBARMENT

The undersigned individual is the owner or authorized agent (Agent) of the business entity or organization ("Firm") identified below and makes the following statements on behalf of his or her Firm.

The Agent is required to check each of the following two boxes:

LIVING WAGE ORDINANCE:

لمستسيا	

The Agent has read the County's Living Wage Ordinance (Los Angeles County Code, Section 2.201.010 through 2.201.100), and understands that the Firm is subject to its terms.

CONTRACTOR NON-RESPONSIBILITY AND CONTRACTOR DEBARMENT ORDINANCE:

The Agent has read the County's Determinations of Contractor Nonresponsibility and Contractor Debarment Ordinance (Los Angeles County Code Section 2.202.010 through 2.202.060), and understands that the Firm is subject to its terms.

LABOR LAW/PAYROLL VIOLATIONS:

A "Labor Law/Payroll Violation" includes violations of any federal, state or local statute, regulation, or ordinance pertaining to wages, hours or working conditions such as minimum wage, prevailing wage, living wage, the Fair Labor Standards Act, employment of minors, or unlawful employment discrimination.

History of Alleged Labor Law/Payroll Violations (Check One):

The Firm HAS NOT been named in a complaint, claim, investigation or proceeding relating to an alleged Labor Law/Payroll Violation which involves an incident occurring within three (3) years of the date of the proposal; OR

The Firm HAS been named in a complaint, claim, investigation or proceeding relating to an alleged Labor Law/Payroll Violation which involves an incident occurring within three (3) years of the date of this proposal. (I have attached to this form the required Labor/Payroll/Debarment History form with the pertinent information for each allegation.)

History of Determinations of Labor Law /Payroll Violations (Check One):

There HAS BEEN NO determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation; OR

There HAS BEEN a determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation. I have attached to this form the required Labor/Payroll/Debarment History form with the pertinent information for each violation (including each reporting entity name, case number, name and address of claimant, date of incident, date claim opened, and nature and disposition of each violation or finding.) (The County may deduct points from the proposer's final evaluation score ranging from 1% to 20% of the total evaluation points available with the largest deductions occurring for undisclosed violations.)

HISTORY OF DEBARMENT (Check one):

The Firm HAS NOT been debarred by any public entity during the past ten (10) years; OR

The Firm HAS been debarred by a public entity within the past ten (10) years. Provide the pertinent information (including each reporting entity name, case number, name and address of claimant, date of incident, date claim opened, and nature and disposition of each violation or finding) on the attached Labor/Payroll/Debarment History form.

leclare under penalty of perjury under the laws of the State of California that the above is true, complete and correct.

Dwner s/Agant a Aunorized S/gnature	Print Name and Title Bertha Aguirre, President & COO	
Print Name of Firm Control Print Name of Firm Control Print Name of Firm Control Print Pri	Date 02/23/2018	

FORM LW-5

COUNTY OF LOS ANGELES LIVING WAGE PROGRAM LABOR/PAYROLL/DEBARMENT HISTORY

The Firm must complete and submit a separate form (make photocopies of form) for each instance of (check the applicable box below):

An alleged claim, investigation, or proceeding relating to an alleged Labor Law/Payroll Violation for an incident occurring within the past three years of the date of the proposal.

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A determination by a public entity within three years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation.

A debarment by a public entity listed below within the past ten years.

Print Name of Firm:	Print Name of Owner:
Empire Transportation, Inc.	Corporation
Print Address of Firm:	OwpererAgenty's Authorized Signature:
8800 Park Street	Shippen del y Shipheneed dignatare,
City, State, Zip Code	Fint Name and Tille:
Bellflower, CA 90706	^I Bertha Aguirre, President & COO

Public Entity Name	Labor Commissioner, Department of Industrial Relations
Public Entity	Street Address: 300 Oceangate, Suite 302
Address:	City, State, Zip: Long Beach, CA 90802
Case Number/Date	Case Number: 05-62617EE
Claim Opened:	Date Claim Opened: 2014
	Name: Martha Solis
Name and Address	Street Address:
of Claimant:	City, State, Zip:
Description of Work: (•
	Dispatch Department Supervisor
	Alleged that she was denied her lunch before the fifth hour of work.
Description of Allegation and/or	
Violation:	
Disposition of	
Finding: (attach disposition letter)	Company presented all the pertinent documentation and the case was
(e.g., Liquidated	settled.
Damages, Penalties, Debarment, etc.)	

Additional Pages are attached for a total of _____ pages, P:\aspublicontract\contract\contract\log forMs\rfP\tof-propa-10-2-06.DocDoc PW Rev. 12/2002 Direct any correspondence to: LABOR COMMISSIONER, STATE OF CALIFORNIA Department of Industrial Relations Division of Labor Standards Enforcement 3(Creangate, Suite 302 La each, CA 90802 Tel: (562) 590-5048 Fax: (562) 499-6467

Martha Solis



DEFENDANT:

PLAINTIFF:

Empire Transportation, Inc., a California Corporation 8800 Park Ave Bellflower, CA 90706

State Case Number	<u> </u>
)5 - 62617 EE	N

NOTICE - INVESTIGATION COMPLETED

We have completed our investigation of the complaint made by the plaintiff shown above.

This is to advise you that no further action is contemplated by this office and we are closing our file.

This case is been settled. Therefore, we are closing our file.

MAY 0 4 2015 BY:

Date: 4/30/2015

Esther Espinoza / Dej 562-590-5456

noza / Deputy Labor Commissioner

Notice - Investigation Completed

FORM LW-5

COUNTY OF LOS ANGELES LIVING WAGE PROGRAM LABOR/PAYROLL/DEBARMENT HISTORY

The Firm must complete and submit a separate form (make photocopies of form) for each instance of (check the applicable box below):

An alleged claim, investigation, or proceeding relating to an alleged Labor Law/Payroll Violation for an incident occurring within the past three years of the date of the proposal.

nextering to many many the contraction of the state of the test of test of te

A determination by a public entity within three years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation.

A debarment by a public entity listed below within the past ten years.

 $= f_{1} \cdots f_{n}$

Print Name of Firm:	Print Name of Owner:
Empire Transportation, Inc.	
Print Address of Firm:	Ovper's/AGENT's Adihorized Signature:
8800 Park Street	a final and the station of the state of the
City, State, Zip Code	Print Name and Title:
Beliflower, CA 90706	^L Bertha Aguirre, President & COO

Public Entity Name	Labor Commissioner, Department of Industrial Relations
Public Entity	Strent Address: 300 Oceangate, Suite 302
Address:	City, State, Zip: Long Beach, CA 90802
Case Number/Date	Case Number: 05-66278 LP
Claim Opened:	Date Cloim Opened: 2015
	Name: Hector Chavez
Name and Address	Street Address:
of Claimant:	City, State, Zip:
Description of Work: (-
	Mechanic
	Alleged he was denied the required breaks and lunch times.
Description of Allegation and/or	
Violation:	
Disposition of	
Finding: (attach disposition letter)	Company presented all the pertinent documents and the case was settled.
(e.g., Liquidated	
Damages, Penalties, Debarment, etc.)	

Additional Pages are attached for a total of 2 pages. P:\aspublicentracticonte e e e e e e e e e e e e e e e e Direct any correspondence to: LABOR COMMISSIONER, STATE OF CALIFORNIA Department of Industrial Relations Division of Labor Standards Enforcement 300 Oceangate, Suite 302 J Beach, CA 90802 Te.. (562) 590-5048 Fax: (562) 499-6467



Hector Chavez

DEFENDANT:

PLAINTIFF:

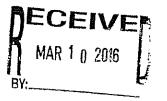
Empire Transportation Inc., a California Corporation 8800 Park Street Bellflower, CA 90706

State Case Number	
05 - 66278 LP	NOTICE - INVESTIGATION COMPLETED
· · ·	

We have completed our investigation of the complaint made by the plaintiff shown above.

This is to advise you that no further action is contemplated by this office and we are closing our file.

The case was settled and the defendant submitted full payment of the settlement amount to the plaintiff.



Date: 3/7/2016

Citia Pence

Lilia Ponce 562-590-5455 Deputy Labor Commissioner

PROPOSER'S EMPLOYEE BENEFITS

	Proposer: Empire Transportation, Inc.		
	Name of Proposer's Health Plan: Kaiser Permanente		
	Medical Insurance/Health Plan:		
	Employer Pays \$0Employee Pays \$578.00_Total Mo. Premium \$_578.00		
	Annual Deductible Employee \$_1,500Family \$_3,000		
	Coverage (√) Hospital Care (In Patient Out Patient) X-Ray and Laboratory Surgery Office Visits Pharmacy Maternity Mental Health/Chemical Dependency, In Patient Mental Health/Chemical Dependency, Out Patient		
	Dental Insurance:		
- inch	mployer Pays \$0Employee Pays \$_40.15Total Mo. Premium \$_40.15	~	
	Life Insurance:		
	Employer Pays \$_0 Employee Pays \$_25.00 Total Mo. Premium \$_25.00	_	
	Vacation:		
	Number of Days and		
	Any increase after 2 years of employment, number of days or hours 3		
	Sick Leave:		
	Number of Days and		
	Any increase after years of employment, number of days or hours0		
	Holidays:		
	Number of Days <u>6</u> per year		
	Retirement:		
	.mployer Pays \$0Employee Pays \$_0Total Premium \$_0		

- Under

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EAST LOS ANGELES DIAL-A-RIDE SERVICE (2018-PA005)

INITIAL TERM (July 1, 2018 - December 31, 2018)

FORM Lv.-3.1

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PROPOSER: Empire Transportation, Inc.

		H	OURS PER DAY	R DAY			HOLIES DED				Γ
(LIST EACH EMPLOYEE SEPARATELY)	SUN M	MON TUI	IE WED	THU	ERI	SAT		(26 x Hrs per wk)	HOURLY WAGE RATF **	ANNUAL COST	
Operator 1	0	8	+	+_	a		5				
Operator 2	u	0) c			•	48	1248	15.00	18.72	18.720.00
Operator 3		,	-		×	0	46	1196	15.00	17 GA	17 940 00
	5	æ	8	8 8	æ	0	40	1040	15 00		
	0	89	80	8 8	8	80	ÅА	arc+			15,000,00
Operator 5	0	8	8	8	R	c		1240	00.61		18,720.00
Road Supervisor	0	8			, .		7	1040	15.00	S 15,60	15,600.00
Dispatchers (2)	7.5	α			5	5	40	1040	15.90	S 16,536,00	36.00
Reservationists (2)	7.5				1 10	20 0	80.5	2093	16.25	s 34,01	34,011.25
Mechanic A	B				0.0	ז ת	80	2080	15.75	32,760.00	50.00
Mechanic C	, a	3 4			5	Σ	16	416	24.00	S 9.98	9.984.00
Commonte (ht - t	•	0	4	4	9	ε	40	1040	21.00	\$ 21,840.00	00.00
COUNTIENTS/NOTES:								F	· · ·		
**Important:HOURLY RATE LISTED ON LW-BS MUST BE FITH	S MUST R	E EITHE	EP THE					100	lotal Annual Salaries	S 201,711.25	11.25
HIGHER OF THE TWO LIVING WAGE RATE YEARS OR YOU	E YEARS C			(1) Vaca	tions, Sid	ck Leave	(1) Vacations, Sick Leave, Holiday			S 640	6 407 04
CLEARLY SHOW THE TWO DIFFERENT LIVING WARE BATES				, (2) Health Insurance ***	h Insural	nce ***					
			יא יחב בעעי	-						6	,
	XALE -				Saxel II	& WDRKI	(a) region laxes & Workers' Compensation	uo		\$ 444 03	10 PJ
				(4) Welfare and Pension	are and F	ension					2
							Total /	Total Annual Employee Benefits (1+2+3+4)	enefits (1+2+3+4)		
				(5) Equit	(5) Equipment Costs	sts					16.00
				(6) Servi	(6) Service and Supply Costs	upply Co	sts			25,997,88	97.88
				(7) Gene	ral and A	dministr	ative Costs flos	(7) General and Administrative Costs Instituance Exponent Outline		2	
				(B) Profit					lýn	\$ 13,534.22	14.22
										S	ŧ
								Total Annual Other Costs (5+6+7+8)	r Costs (5+6+7+8)	s 39.532.10	2.10

								TOTAL	TOTAL ANNUAL PRICE	S 300 180 32	0 33
*											1

All employees shown must be FULL-TIME employees of the proposer, unless exemption to use Part-Time employees has been granted by the County.

** Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program

maintenance laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll Note: This cost methodology is to show, in detail, how the Proposer arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape

taxes; estimated annual allowances for vacation, sick, holiday, health and welfare, and pension. Proposer's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Proposer's annual price as quoted in Form PW-2, Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2, Schedule of Prices, when there is a a discrepancy between the price quoted in Form PW-2. Schedule of Prices, shall prevail.

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the proposal.

Empire Transportation, Inc.

Name of Proposer

Date Signature

EAST LOS ANGELES DIAL-A-RIDE SERVICE (2018-PA005)

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INITIAL TERM FORM Lv. -8.1 (January 1, 2019 - June 30, 2019)

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POSITION/JTTLE .											
			HOUR	HOURS PER DAY	٢		HOUDS BED	Abitital Louise			ſ
(LIST EACH EMPLOYEE SEPARATELY)	SUN	MON	TUE TUE	WEDT	THILER	1 2AT		ANNUAL HOURS		ANNUAL COST	
Operator 1	0	8	+		-+			fund and a			
Operator 2	<u> </u>		γ α	3 0	- -			1248	15.79	5 to 205 do	6
Operator 3	, c	5 @	οα	0 0	0 0			1196	15.79	18 BA4 BA	1 84
Operator 4	c	α			0			1040	15.79	S 16.421 60	9
Operator 5	0	<u>ν</u> α	ο a	0 0	0 0			1248	15.79	S 19.705 92	
Road Supervisor	0) at	α	α	0 0			1040	15.79	S 16.421 60	19
Dispatchers (2)	7.5	0 00	ο α	19 0				1040	15.90	S 16,536,00	8
Reservationists (2)	7.5	16	19		Ŧ		Ø	2093	16.25	S 34,011.25	-25
Mechanic A		c	le	, c				2080	15.79	S 32.843.20	R
Mechanic C		2 0		5.	2		16	416	24.00	S 0.084.00	19
	0	٥	4	4	4	6 8	40	1040	21 00		3
Comments/Notes:									DD 1 7	3 21,840.00	8
**Important:HOURLY RATE LISTED ON I W.AS MILST BE SITHED TUF	LS IN SE		n uan.	Τ				Tot	Total Annuat Salaries	5 . 20F 354 33	ę
HIGHER OF THE TWO LIVING WAGE RATE YEARS OR YOU					Vacations	, Sick Lea	 Vacations, Sick Leave, Holiday 				3
CLEARLY SHOW THE TWO DIFFERENT INVITO WAS DATED				(2)	Health Ins	anenu				* 0,640,62	29
	D WAGE	I KA I II	NHL NI S							и	Γ.
	SALF				Payroll 18	IXES & WOI	(a) Payroll Taxes & Workers' Compensation	uo			1
				(4)	Welfare a.	(4) Welfare and Pension	F			a3,020.49	£
							Total				
							4 1810 1	I VIAL MITUAL EMPLOYEE BENEFITS (1+2+3+4)	lenefits (1+2+3+4)	S 60.271.11	E
				(2)	(5) Equipment Costs	t Costs					1
				(9)	Service ar	(6) Service and Supply Costs	Costs			20.212,645	¥.
			ļ	Ē	Seneral ai	od Adminis	strative Costs (Inst	(7) General and Administrative Costs (Insurance Expense Only)			.
				(8)	(8) Profit					5 13,534.22	.22
										S	Γ.
				+			-	Total Annual Other Costs (5+6+7+8)		S 39.446.24	2
				-				TOTAL	TOTAL ANNUAL PRICE	\$ 306.071.68	B.
* All employees chown must be El H 1 The -											

All employees shown must be FULL-TIME employees of the proposer, unless exemption to use Part-Time employees has been granted by the County.

** Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program

Note: This cost methodology is to show, in detail, how the Proposer arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape

taxes; estimated annual allowances for vacation, sick, holiday, health and welfare, and pension. Proposer's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to discrepancy between the price quoted in Form PW-2, Schedule of Prices, and this cost methodology. Form LW-8, the correctly calculated price indicated in Form PW-2, Schedule of Prices, shall prevail. maintenance laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroli be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Proposer's annual price as quoted in Form PW-2. Schedule of Prices. When there is a

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate

Empire Transportation, Inc. Name of Proposer

Date Signer

ľ.

EAST LOS ANGELES DIAL-A-RIDE SERVICE (2018-PA005)

OPTION YEAR 1 (July 1, 2019 - June 30, 2020)

FORM Lv.-8.2

PROPOSER: Empire Transportation, Inc.

POSITION/TITLE *			HOURS P	OURS PER DAY							
(LIST EACH EMPLOYEE SEPARATELY)	SUN MC	MON T	TUE WED		1 1 1 1 1	SAT	HOURS PER WEEK	ANNUAL HOURS (52 x Hrs per wk)	HOURLY WAGE RATE **	ANNUAL COST	
Operator 1	0	8	+		1_	8	аv				
Operator 2	9	8	В						15.79	, vy	39,411.84
Operator 3	0	8	0 00				40		15,79	S	37,769.68
Operator 4	0) a) a			5	40		15.79	s	32,843.20
Operator 5	0	, œ				Σ	48		15.79	S	39,411,84
Road Supervisor	0	8	2 4			5 0	40		15.79	S	32,843.20
Dispatchers (2)	7.5	ď) a			5 0	40		16.11	\$	33,508.80
Reservationists (2)	7.5	, <u>4</u>	2 <u>4</u>			57 0	80.5	4186	16.46	ф Ф	68,901.56
Mechanic A		2 4	2 0		ũ	J. (80	4160	15.95	\$	66,352.00
Mechanic C	2 8	ь u				β	16	832	24.72	5	20,567.04
	,		-		+	'n	40	2080	21.63	ч У	44,990.40
								Tot	Total Annual Salaries	5	
Iniportant HOUKLY KATE LISTED ON LW-8S MUST BE EITHER THE	-8S MUST B	E ETT	IER THE		atione C	ich l and	(1) Varatione Sick Lania Unitation				4 10,339,350
HIGHER OF THE TWO LIVING WAGE RAT	TE YEARS O	NR YOL	I MUST			ILL LCOV	e, nukuay			ۍ ۲	13,393.32
CLEARLY SHOW THE TWO DIFFERENT LIVING WAGE RATES IN THE LW	VG WAGE R	ATES	IN THE L		(2) Health Insurance **	ance				<i>(</i>)	
BS PER FACH YEAR'S RATE	RATE				rroll Taxe:	s & Work	(3) Payroll Taxes & Workers' Compensation	ion			
				(4) We	(4) Welfare and Pension	Pension					108,315.88
							1.11			A	
				ı i			10[3]	rorar Annual Employee Benefits (1+2+3+4)	senefits (1+2+3+4)	s 12	21,709.20
				(o) Eq.	(2) Equipment Costs	osts				S	40 305 3B
				(6) Ser	(6) Service and Supply Costs	Supply C	osts				00,000,0
				(7) Ger	neral and	Administ	rative Costs (Inc	(7) General and Administrative Costs (Insurance Expense Only)	Inly)		,
				(8) Profit	E.						27,148.86
								Total Annual Other Costs (5+6+3+8)			1
											76,455.24
								TOTAL	TOTAL AMANIAL POICE		
									-	61	614,764.00
* All amployaac shows second by Digits and sec											

All employees shown must be FULL-TIME employees of the proposer, unless exemption to use Part-Time employees has been granted by the County.

** Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angetes County Code Chapter 2.201 - Living Wage Program

taxes; estimated annual allowances for vacation, sick, holiday, health and welfare, and pension. Proposer's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to maintenance laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll Note: This cost methodology is to show, in detail, how the Proposer arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape

discrepancy between the price quoted in Form PW-2, Schedule of Prices, and this cost methodology, Form LW-8, the correctly calculated price indicated in Form PW-2, Schedule of Prices, shall prevail. be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Proposer's annual price as quoted in Form PW-2. Schedule of Prices. When there is a

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the proposal.

Empire Transportation, Inc. Name of Proposer

Date

5

EAST LOS ANGELES DIAL-A-RIDE SERVICE (2018-PA005)

OPTION YEAR 2 (July 1, 2020 - June 30, 2021)

FORM L.V-8.3

PROPOSER: Empire Transportation, Inc.

DOSTIONATE											
			HOUR	HOURS PER DAY	AY						ſ
(LIST EACH EMPLOYEE SEPARATELY)	SUN	MON	TUE	WED	THU FRI	I SAT	WEEK	(52 x Hrs ner wk)	HOURLY WAGE	ANNUAL COST	
Operator 1	0	8	+	œ				hum and a second a	u M		
Operator 2	g	8	α		5 0			2496	15.86	S 39.5P	39.586.56
Operator 3	0	2 00	α	2 a	0 0			2392	15.86	37.92	37, 937, 12
Operator 4	0) E	α	5 a	0 0			2080	15.86	32.99	32 988 80
Operator 5	0				0 0			2496	15.86	39.5P	39.586 56
Road Supervisor			ā	0 0	ci c		•	- 2080	15.86	32 48	32 988 BD
Dispatchers (2)	7.5	b œ	α	- u T	0 0			2080	16,38	S 34.070.40	70.40
Reservationists (2)	7 5	<u>4</u>	74					4186	16.74	S 70.073.64	73.64
Mechanic A	a			0	C.CL D		80	4160	16.22	5 67 A7	10.01
Mechanic C	5		5	5	0	0 8	16	832	74 75		13.20
	5	Q	4	4	ঘ	6 8	40	20801	1111		b7.04
Comments/Notes:				-					CD.12	3 44,990.40	90.40
"Important: HOURLY RATE LISTED ON LW-8S MIST RE FITH	-as mus	TREET	THEP THE					Tot	Total Annual Salaries	5 420 764 52	54 K7
HIGHER OF THE TWO LIVING WAGE RATE YEARS OR YOU	E YEAR	S OR Y			(1) Vacations, Sick Leave, Holiday	Sick Lear	ve, Holiday				
CLEARLY SHOW THE TWO DIFFERENT I WIN	UC MAG			2	(2) Health Insurance ***	urance ***				13,437.30	DE. /
		2			Doursell T					s	•
	RALF			3	Intelface -	xes & Wol	(a) Payroll Taxes & Workers' Compensation	UQ		5 109 242 18	1 a L C
					(+) vendre and Fension	id rensio				8	2
							Total A	Total Annual Employee Benefits (1+2+3+4)	enefits (1+2+3+4)		
				(2)	(5) Equipment Costs	Costs					9,40 1
				(9)	(6) Service and Supply Costs	d Supply (Costs			\$ 52,280.67	10.67
				E	General ar	d Adminis	trating Coole flag	(7) General and Administrative Cocle decimentation		un l	ł
					(B) Droft			urance expense O	nly)	S 27 229 33	6.0
					11011					\$	
							-	Total Annual Other Costs (5+6+7+8)	- Costs (5+6+7+8)	S 70 610 00	000
											3
				-				TOTAL	TOTAL ANNUAL PRICE		T
* 21										52,504.00	4.00
All Althoughers shown much a start and all a start and a start and a start and a start and a start a start and a start											

All employees shown must be FULL-TIME employees of the proposer, unless exemption to use Part-Time employees has been granted by the County.

** Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program

taxes; estimated annual allowances for vacation, sick, holiday, health and welfare, and pension. Proposer's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Proposer's annual price as quoted in Form PW-2. Schedule of Prices. When there is a maintenance laborer, working supervisor, etc.); hours to be worked daily, weekly, and annualty by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll Note: This cost methodology is to show, in detail, how the Proposer arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape

discrepancy between the price quoted in Form PW-2, Schedule of Prices, and this cost methodology, Form LW-8, the correctly calculated price indicated in Form PW-2, Schedule of Prices, shall prevail.

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the proposal.

Empire Transportation, Inc. Name of Proposer

EAST LOS ANGELES DIAL-A-RIDE SERVICE (2018-PA005)

FORM LV--4.4 **OPTION YEAR 3** (July 1, 2021 - June 30, 2022)

-

PROPOSER: Empire Transportation, Inc.

			HUUKS PER UAY	ER UAY			HOURS PER	ANNIAL HOURS			ſ
(LIST EACH EMPLOYEE SEPARATELY)	SUN N	MON	TUE WED		L FRI	SAT	WEEK		RATE	ANNUAL COST	
Operator 1	0	8	8				48		<u>در</u> ر۰		
Operator 2	9	8	В	Я					01'01	n	40,085.76
Operator 3	c	а	, a) œ			0+7		16.05	S	38,415,52
Operator 4		, ,	-			D I	40		16.06	S	33,404,80
Onarator 5	> '	0 0	2	Ð		8	48	2496	16.06	s	40.085.76
Doord Supportion:	5	R	9	8	8	0	40	2080	16.06	S	33 404 BD
	-	8	8	8	8	0	40	2080	16.58	S	00,707,00
Uispatchers (2)	7.5	8	8	16	16 16	6	80.5	41R6	16.05) (04,400.40
Reservationists (2)	7.5	16	16	8	8 15 E		00		CR.01	۵	70,952.70
Mechanic A	8		2 0	, ,			00	4	16.43	S	68,348.80
Mechanic C	2 0	5 0		<u>-</u>		α	16	832	25.08	S	20,866.56
	0	0	4	4	4	8	40	2080	21.95	S	45,656,00
Comments/Notes:								τ ^τ Γ	Total Annual Salariae	· · · · ·	
**Important:HOURLY RATE LISTED ON LIMLAS MILIST BE EITLU	RS MIICT	20171	ובס דנוב	T						0	425,707.10
HIGHER OF THE TWO LIVING WAGE RATE YEARS OP VOL				المتتقد	cations, 5	Sick Leav	Vacations, Sick Leave, Holiday			S	13 653 74
CLEARLY SHOW THE TWO DIFFERENT I WING WAGE BATES I		DA TES			(2) Health Insurance	ance				U	1
					:					0	1
NS PER FACH YEAR'S RATE	RATE			ў́л (г)	iyroli laxe	is & Wor	(3) Payroll Laxes & Workers' Compensation	tion		S	110 683 84
				(8) N	(4) Welfare and Pension	Pension				S	
							Total	Total Annual Employee Benefits (1+2+3+4)	lenefits (1+2+3+4)	S	104 327 ED
				(S) Eq	(5) Equipment Costs	Costs					
				(6) Se	(6) Service and Supply Costs	Supply C	asts	· · · · · · · · · · · · · · · · · · ·		2 2	55.6U4,25
				(7) Ge	neral and	Administ	trative Costs (In:	(7) General and Administrative Costs (Insurance Expense Oply)	nlvi	2	-
				(8) Profit	3fit				16	7	27,303,99
										0	•
								Total Annual Other Costs (5+6+7+8)	r Costs (5+6+7+8)	S	79,709.32
								TOTAL	TOTAL ANNUAL PRICE	- -	629.754.00

All employees shown must be FULL-TIME employees of the proposer, unless exemption to use Part-Time employees has been granted by the County.

-- Living wage rate shall be at the wage rate as set forth in Form L.W-1, Los Angeles County Code Chapter 2.201 - Living Wage Program

Note: This cost methodology is to show, in detail, how the Proposer arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape

taxes; estimated annual allowances for vacation, sick, holiday, health and welfare, and pension. Proposer's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Proposer's annual price as quoted in Form PW-2, Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2, Schedule of Prices, and this cost methodology, Form LW-8, the correctly calculated price indicated in Form PW-2, Schedule of Prices, shall prevail. maintenance laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the proposal.

Empire Transportation, Inc. Name of Proposer

Date

STATE OF CALL		A HIGHWAY PAT	ROI	ALC: NO	TEDIAN		NFORMATIC	~			-				Page	a 1 of	21 pages
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Empire Tra TERMINAL STRE	ansportati	ion Inc.			*******					-2-10100mCumuraum				(562) 5	29-267	76
8800 Park	St. Belific	ower. CA 9	<i>≊1, 011, 2⊮0</i> 0 10706	106: }													***************************************
MAILING ADORE	SS (NUMBER,	STREET, CITY, S	STATE, ZIPCODE) (IF DIFFE	RENT F	ROA	ABOVE)	INSPEC	TION LOC	CATION	(NUM	BER, STREET, (R COUNTY		Millio Contribución de la car	
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EMERGENCY C	ONTACT (NAM	E)				1	DAY TELEPI						NIG	HT TELEPH	ONE NO.	W/AREA	CODE)
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DRIVER HOURS	0	HAZARDOUS N		<u></u> Ио Н	I/M viola	atior	ns noted	CONTAIN No. П				VEHICLES FL/ Vehicles		UT-OF-SEF	VICE Units	r	/a
BRAKES	0	REMARKS	2 1233(9)	(1) C	orrior												
LAMPS & SIGNALS	0		R 1233(a)														
CONNECTING DEVICES	N/A	See att	ached CH Inspectio	1P 343 3n Rei	3, Te nort [,]	erm C/	1inal In 44167	spect	ion R	epor	t Pa	arts A, B	& C	, CHP	407F	/343A	i -
STEERING & SUSPENSION	0	CAA16	7350293,	CAA	1673	50	294, C	AA16	57350	295.	CA	A16735)296	6, CAA	,292, .1673:	50297	,
TIRES & WHEELS	0	CAA16	7350298,	CAA	1673	50	299, C	AA16	7350	300,	CA	A147330	0218	B, CAA	1473	30219	&
EQUIPMENT	3	CAA14	7330220.														
CONTAINERS & TANKS	N/A																
HAZARDOUS MATERIALS	N/A																
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1. Index.

California Highway	Patrol 2
US DOT # Legal: EMPIRE TRANSPORTATION INC	
2731988 Operating (DBA):	
IMC/MX #: 0000 State #: 326916 Federal Tax ID:2	7-0121666 (EIN)
Review Type: Non-ratable Review - Special Study	
Scope: Terminal Location of Review/Audit:	Company facility in the U. S. Territory: C
Operation Types Interstate Intrastate	
Carrier: N/A Non-HM Business: Corporation	
Shipper: N/A N/A Gross Revenue:	for year ending:
Cargo Tank: N/A	
Company Physical Address:	
8800 PARK ST	
BELLFLOWER, CA 90706	
Contact Name:	
Phone numbers: (1) 562- 529-2676 (2)	ax
E-Mail Address:	
Company Mailing Address:	
8800 PARK ST	······································
BELLFLOWER, CA 90706	
Carrier Classification	
Authorized for Hire	
Cargo Classification	
Passengers	
Equipment	
Owned Term Leased Trip Leased	Owned Term Leased Trip Leased
	n, 9-15 3 0 0
Power units used in the U.S.: 51	
Percentage of time used in the U.S.: 100	• • • • • • • • • • • • • • • • • • • •
Does carrier transport placardable quantities of HM? No	
Is an HM Permit required? N/A	
Driver Information	
Inter Intra Average trip leased drivers	/month: 0
	Drivers: 65
>= 100 Miles: CDL	Drivers: 65

"Installation of

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Capri 6.8.10.2

EMPIRE TRANSPORTATION INC - Terminal

U.S. DOT #: 2731988

State #: 326916

3

Part A

Questions regarding this report may be directed to the Commercial Vehicle Section Motor Carrier Safety Unit at:

P.O. Box 94298-0001 Sacramento, CA 94298-0001 (916) 843-3400

This TERMINAL REVIEW deals only with safety compliance at this terminal.

Person(s) Interviewed

Name: Jose Guzman

Name:

Title: Operations Manager Title:

in the second





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EMPIRE TRANSPORTATION INC - Terminal

U.S. DOT #: 2731988

State #: 326916

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Part B Violations

1 STATE	Primary: 13CCR121 CFR Equivalent: 396	.,		Discovered	Checked 1260	Drivers/V In Violation 10	ehicles Checked 1260
defect or defic Example Carrier fails to	rier fails to certify on the iency has been repaired certify on the original di been repaired or that re	e original driver vehic d or that repair is unn iver vehicle inspectic	ecessary before the second sec	ore the vehicle in hists any defection of the hists and th	s operated aga	r deficiency tha ain.	t the
2 STATE	Primary: 34505(a)C\ CFR Equivalent: 396	/C		Discovered	Checked 14	Drivers/V In Violation 3	
Example	ier has exceeded the 4 ier has exceeded the 4 3/17			on bus # 298			
Total Mile	Rating Information: Is Operated Ie Accidents	200,000 0		Number of Ver O(ber of Vehicles	DS Vehicle (M	d (CR): 14 ICMIS): 0	
our proposed s	afety rating is :					<u>*** , e = nomestan de solo Medidado da Sar</u>	atoritano - in dia dia mandri andi
	This	Review is n	ot Rate	d.			

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Part B Requirements and/or Recommendations

 13CCR 1233.5 Carrier is required to notify the Department, in writing, of any change of address or cessation of regulated activity at any of the carrier's terminal. Such notification shall be made within 15 days of the change and shall be forwarded to: CALIFORNIA HIGHWAY PATROL COMMERCIAL RECORDS UNIT P.O. BOX 942898 SACRAMENTO, CA 94298-0001

- 2. Forms and publications are available at the CHP internet website at: http://www.chp.ca.gov/publications/index.html
- 3. Certify on daily vehicle inspection reports that all defects, which could affect the safe operation of vehicles, have been repaired or that repair is unnecessary, before the vehicle is again operated.



	1				···									6	
		'RANSPOR' #: 2731988	FATION II	NC - Ter	minal				S	tate #:	32691	16			eview Da 5/26/2017
<u></u>				<u></u>		Part	C								
	n for Review ed Action:	v: Other Complian	ce Monito	oring	A	nnual	Tour B	us Ins	p						
	Reviewed C 382 383	ertification: 387 390	391 39	2 393	395	396	397	398	399	171	172	173	177	178	180
<u>Prior f</u> 2/27/20 7/26/20		Prior Pros	ecutions		Reas	son no	ot Rate	d:Spe	cial St	udy	S	study (Code:	CA	d <u>'</u>
Is the procee transp Does o	Unfit Inform motor carrie dures contal ort passeng carrier trans	r of passen ned in 49 C ers in a cor	FR part 3 nmercial	85 s ubp motor v	oart A, . vehicle	AND d ?	loes it	rials?	No Not A	nlicot	le.				
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Termina Termina	al Name: Er al Address: 8	npire Transp 3800 Park Si	ortation In . Bellflowe	nc. er, CA 90	0706		CA#- FCN-	24594							
Termina Ratino	al Name: Er al Address: 6 Information: rdance with	800 Park Si	. Bellflowe	er, CA 90			FCN -	24594	40	ime.					
Termina Rating In acco	al Address: 1 Information:	800 Park Si 13 CCR 123	. Bellflowe	er, CA 90 minal has	s been	rated \$	FCN - Satisfa	24594 ctory a	10 at this I	ime.					
Termina Rating In acco On-higi	al Address: { Information: rdance with f nway inspect ENANCE PR	8800 Park Si 13 CCR 123 ions were us	. Bellflowe	er, CA 90 minal has II 0 of 14	s been	rated \$	FCN - Satisfa	24594 ctory a	10 at this I	ime.					
Termina Rating In acco On-high MAINT See Pa DRIVE	al Address: { Information: rdance with f nway inspect ENANCE PR	8800 Park SI 13 CCR 1233 ions were us OGRAM VIC	. Bellflowe 3, this terr ed to fulfil DLATIONS	er, CA 90 minal has II 0 of 14	s been	rated \$	FCN - Satisfa	24594 ctory a	10 at this I	ime.					
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Termina Rating In acco On-high MAINTI See Pa DRIVEN None a HOURS None a ADDITI	al Address: { Information: Information: Information: Name Name ENANCE PR Information ENANCE 800 Park SI 13 CCR 1233 Ions were us OGRAM VIC OGRAM VIC VIOLATION CE VIOLATIC RMATION:	. Bellflowd 3, this terr ed to fulfil DLATIONS IS:	er, CA 90 ninal ha: Il 0 of 14 3:	s been require	rated S	FCN -	24594 ctory a pectio	10 at this I ns.		bus #					
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Part C

Upload Authorized:		Yes	No
Authorized by:	:		Date:
Uploaded:	Yes	No	Fallure Code:
Verified by:			Date:

CHP407F/343A-	INSPECT		DRIVER/V	EHICL	E EXAMINA	ATION REPO	RT		inSPECT 1.0.96
	411 Nort Glendale Phone: (, CA 9120 323) 644-9	Avenue, #41 3		IP407F/343	A	Report Numb Inspection D Start: 7:30 AM Inspection Le HM Inspectio	oer: CAA16 ate: 05/25/ MPD End evel: V - Te	37350290 2017 : 8:00 AM PD erminal
EMPIRE TRAI 8800 PARK S BELLFLOWEF USDOT: 2731 MC/MX#:	T R, CA, 9070 988	6 Phone#	: (562)529-20 562)529-220	576)	Driver: License#: Date of Bi CoDriver: License#:	rth:			State: State:
State#: 326910 Location: BEL Highway: County: LOS /	LFLOWER	ť	n	Ailepo: Drigin: Destina	Date of Bir st:	th: Shipper: N//		ding: N/A	State:
VEHICLE IDEN Unit Type Make 1 BU FORI		Plate	Equipment IC 297		<u>VIN</u> XE45547DB2	<u>GVWR</u> 29939 14050	CVSA Existing	CVSA #	
BRAKE ADJUS Axle # 1 Right N/ Left N/ Chamber HYI	2 A N/A								
VIOLATIONS:N	lo violations	were disc	overed		883.1dm.dn=====40,005,443.Hnisis.end=======a,magae				
HazMat: No HM	l transporte	d				Placard:		Cargo Ta	nk:
Special Checks	s: No data f	or special o	checks			*************	******		***************************************
State Informati Beat/Sub Area: Vehicle: N; Fuel	S44; Odom	eter: 3554(assenger (05; File Code Capacity: 14;	Numb Veh #1	er: 245940; I Type: 10; \	PUC: 21507 NC Passeng	; Regulated Ve er Capacity: 3 ;	hicle: Y; Pi Bus Type	re-Cleared : 2
Report Prepared K. Hardisən	By:		<u>Badge #:</u> A16735		Copy Re	ceived By:			
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CHP407F/343A-In	CHP407F/343A-InSPECT DRIVER/VEHICLE EXAMINATION REPORT				RT	inSPECT 1.0.9	
@HP	411 Nor Glendal Phone:	e, CA 91203 (323) 644-9	Avenue, #410 3 557	cy CHP407F/343	4	Inspection Da Start: 8:00 AM	PD End: 8:30 AM PD vel: V - Terminal
EMPIRE TRAN 8800 PARK ST BELLFLOWER USDOT: 27319 MC/MX#:	, CA, 907	06 Phone#	: (562)529-265		th:		State:
State#: 326916 Location: BELL Highway: County: LOS A	FLOWE	२	0	License#: Date of Bir ilepost: rigin: N/A estination: N/A	th: Shipper: N//	A Bill of Lac Cargo: N/	
VEHICLE IDEN Unit Type Make	TIFICATI Year Sta	ON	Equipment ID 145	<u>VIN</u> 1GAHG39R51114	<u>GVWR</u> 3287 9500	CVSA Existing	CVSA#
BRAKE ADJUS Axle # 1 Right N// Left N// Chamber DIS	2 A N/A A N/A	i					
VIOLATIONS:N	o violatior	ns were disc	overed		00000		
HazMat: No HM	transport	ed			Placard	* *	Cargo Tank:
Special Checks	: No data	for special	checks				
State Informatic Beat/Sub Area: S Type: G; Passen	544; Odol	meter: 3885 city: 15; Vel	27; File Code 1 #1 Type: 10;	Number: 245940; Bus Type: 2	Regulated V	/ehicle: Y; Pre-C	Cleared Vehicle: N; Fuel
Report Prepared	By:		Badge #:	Copy Re	ceived By:	and all the second second second second second second second second second second second second second second s	
K. Hardison	6		A16735 X				

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CHP407F/343A-ins	SPECT	DRIVEF	R/VEHICL	E EXAMINATIO	N REPOR	т	inSPECT 1.0.9
	411 North Glendale, Phone: (3)	Highway Patrol Central Avenue, # CA 91203 23) 644-9557 nally Accredited A		HP407F/343A	 5 	nspection Da Start: 8:30 AM	er: CAA167350292 te: 05/25/2017 PD End: 9:00 AM PD vel: V - Terminal i Type: None
EMPIRE TRAN 8800 PARK ST BELLFLOWER, USDOT: 27319 MC/MX#: State#: 326916	CA, 90706 88			Driver: License#: Date of Birth: CoDriver: License#: Date of Birth:			State: State:
Location: BELL Highway: County: LOS A			Milepo Origin: Destin	st: Shi	pper: N/A	Bill of Lad Cargo: N/	
VEHICLE IDEN [®] Unit Type Make 1 BU FORD		Plate Equipment		VIN SSS31L5XHC330	<u>GVWR</u> 1 14 9100	CVSA Existing	CVSA.#
BRAKE ADJUS Axle # 1 Right N/A Left N/A Chamber HYD	2 \ N/A						
VIOLATIONS Section] 1268(F)(4) CCR	<u>vpe Unii OC</u> S 1 N		Crash Viola N Emer	lions Discovered gency door sign req	uired392.2:	R/S middle doors	
HazMat: No HM	transported				Placard:		Cargo Tank:
Special Checks:	: No data fo	r special checks	3776-18764-1-1875-1875-1875-1875-1875-1875-1875-18	H009669469499494944444444444444444444444			***************************************
State Informatio Beat/Sub Area: S Type: G; Passen	344; Odome	ter: 316140; File Co y: 15; Veh #1 Type:	ode Num 10; Bus	ber: 245940; Re Type: 2	gulated Ve	hicle: Y; Pre-C	leared Vehicle: N; Fuel
Service must be corre	ONS ARE CLE	e vehicle is operated on ARED. This document s	the highway	v. Eor vour convenie	nce KEEPT	HIS PEPORT OR	atch. Violations marked out of A COPY IN THE VEHICLE . DO NOT RETURN THIS
Report Prepared	Bv:	Badge :	<i>#</i> ·	Cony Receiv	ed By:	99999999999999999999999999999999999999	

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Page 1 of 1



CHP407F/343A-InSPECT	DRIVER/VEHIC	LE EXAMINATION REF	ORT	inSPECT 1.0.96
411 North C Glendale, C Phone: (323		CHP407F/343A	Inspection Dat Start: 9:00 AM	PD End: 9:30 AM PD el: V - Terminal
	N INC Phone#: (562)529-2676 Fax#: (562)529-2220	Driver: License#: Date of Birth: CoDriver: License#: Date of Birth:		State: State:
Location: BELLFLOWER Highway: County: LOS ANGELES	Milep Origir Destir	ost: Shipper: N	I/A Bill of Lad Cargo: N/A	
VEHICLE IDENTIFICATION Unit Type Make Year State 1 BU FORD 2006 CA 8	Plate Equipment ID Y07402 282 1Fi	<u>VIN</u> <u>GVW</u> DWE35S36HA58942 1150	R CVSA Existing	CVSA #
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR				
VIOLATIONS:No violations w	ere discovered			999 - 199
HazMat: No HM transported		Placar	d:	Cargo Tank:
Special Checks: No data for	special checks			
State Information: Beat/Sub Area: S44; Odomete Type: G; Passenger Capacity:	ər: 218301; File Code Nun 21; Veh #1 Type: 10; Bus	nber: 245940; Regulated s Type: 1	Vehicle: Y; Pre-C	eared Vehicle: N; Fuel
Report Prepared By: K. Hardisgn	<u>Badge #:</u> A16735	Copy Received By:		

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CHP407F/343A-ir	DRIVER	DRIVER/VEHICLE EXAMINATION REPO						inSPECT 1.0.96		
@HP	California 411 North Glendale, Phone: (3 Internation	Central / CA 9120 23) 644-9	Avenue, # 3 557		HP407F/34	3A		Report Numb Inspection Da Start: 9:30 AN Inspection Le HM Inspection	ate: 05/25 APDEnd evel: V - T	67350294 /2017 I: 10:00 AM PD erminal
EMPIRE TRAN 8800 PARK ST BELLFLOWER USDOT: 27319 MC/MX#: State#: 326916 Location: BELI	, CA, 90706 88	Phone#	: (562)529 562)529-22	20	Driver: License# Date of E CoDriver License# Date of B	irth: : : irth:				State: State:
Highway: County: LOS A				Milepo Origin: Destin:		Shipper	r: N/A	Bill of La Cargo: N/	ding: N/A ⁄A	
VEHICLE IDEN Unit Type Make 1 BU FORD	TIFICATION Year State 2011 CA	l <u>Plate</u> 100FL	Equipmen 258		VIN FE4FS5BD/	<u>G\</u> \43090 14	<u>VWR</u> 4500	CVSA Existing	CVSA #	
BRAKE ADJUS Axle # 1 Right N/A Left N/A Chamber HYD	2 N/A		NA MARANA ANA ANA ANA ANA ANA ANA ANA ANA AN			****				
VIOLATIONS:NO	o violations v	were disc	overed						1974-1994 - Marine Amerika, 1974 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 -	
HazMat: No HM	transported					Plac	card:		Cargo Ta	ink:
Special Checks	: No data fo	r special o	checks							
State Informatic Beat/Sub Area: S Type: G; Passen	44: Odome	ter: 12732 /: 18; Veh	29; File Co 1 #1 Type:	de Numt 10; WC I	per: 245940 Passenger	; Regulat Capacity:	ed Ve 3; Bu	hicle: Y; Pre-C Is Type: 1	Cleared Ve	hicle: N; Fuel
Report Prepared K. Hardison	By:		<u>Badge #</u> A16735	i. 	Copy R	eceived B	<u>ly:</u>	, , , , , , , , , , , , , , , , , , ,	Check Colder and any gγρ € δ de ante ann	

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CHP407F/343A-In:	SPECT		DRIVER/VEH	CLE EXAMINA	TION REPO	RT	inSPECT 1.	- .0.96
	411 North Glendale Phone: (3	, CA 91203 23) 644-9	Avenue, #410 3	CHP407F/343/		Inspection Da Start: 10:00 A	er: CAA167350295 ite: 05/25/2017 M PD End: 10:30 AM vel: V - Terminal	
EMPIRE TRAN 8800 PARK ST BELLFLOWER, USDOT: 273190 MC/MX#: State#: 326916 Location: BELL Highway: County: LOS At	CA, 90706 38 FLOWER	B Phone#	Orig	Driver: License#: Date of Bir CoDriver: License#: Date of Birl post: in: N/A		Bill of Lac Cargo: N/		
VEHICLE IDENT Unit Type Make 1 BU FORD BRAKE ADJUST Axle # 1 Right N/A Left N/A Chamber HYDI	Year <u>State</u> 2007 CA FMENTS 2 N/A	Plate	Equipment ID 301 1	<u>VIN</u> FDXE45S97DB3	<u>GVWR</u> 2304 14050	CVSA Existing	CVSA#	Additionamment
	vpe Unit O(S 1 M			plations Discovered neral maintenance	-396.3 (a)(1): Co	prrosion build up o	n battery's	
HazMat: No HM t	ransported	1	<u>, (),</u>		Placard:		Cargo Tank:	alteriana.
Special Checks:	No data fo	r special c	hecks	***************************************	***************************************			<u></u>
State Information Beat/Sub Area: Section 24 Type: G; Passeng Pursuant to Section 24 service must be care	1: 44; Odome er Capacil 1004 CVC, via ted before th NS ARE CLE	eter: 33932 y: 14; Veh plations recor e vehicle is o ARED. This (8; File Code Nu #1 Type: 10; W ded on this SafetyNi perated on the high focument should NC	et Inspection Report	must be correc	s Type: 2 led prior to redispa	leared Vehicle: N; Fun Itch. Violations marked out A COPY IN THE VEHICLE DO NOT RETURN THIS	
Report Prepared E K. Hardison	•		<u>Badge #:</u> A16735	Copy Rec	eived By:			

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CHP407F/343A-inSI	PECT		DRIVER/VEHI	CLE EXAMIN	ATION REPO	RT	inSPECT 1.0.96
	Glendale, (Phone: (32	Central A CA 91203 3) 644-9	Avenue, #410 B	CHP407F/34:		Inspection Da Start: 10:30 AM	/ PD End: 11:00 AM PD /el: V - Terminal
EMPIRE TRANS 8800 PARK ST BELLFLOWER, (USDOT: 273198 MC/MX#: State#: 326916 Location: BELLF Highway: County: LOS AN	CA, 90706 8 LOWER	Phone#	Orig	Driver: License#: Date of B CoDriver: License#: Date of Bi post: in: N/A ination: N/A	irth:	Bill of Lad	
VEHICLE IDENTI Unit Type Make Y 1 BU FORD 2	IFICATION	Plate 917HN	Equipment ID		<u>GVWR</u> 43093 14500	Cargo: N//	CVSA#
BRAKE ADJUSTAxle #1RightN/ALeftN/AChamberHYDR	MENTS 2 N/A N/A R HYDR						
VIOLATIONS Section IV 1232(A) CCR S /001	pe Unit OO 3 1 N	S Citation	1 <u># VerifyCrash Vic</u> N N Ge	plations Discovere neral maintenanc	<u>d</u> e396.3 (a)(1): C	orrosion on both ba	llery's
HazMat: No HM tr	ansported				Placard:		Cargo Tank:
Special Checks: (No data for	special c	checks			**************************************	
State Information Beat/Sub Area: S4 Type: G; Passenge	4; Odomet	er: 17098 20; Veh	37; File Code Nu #1 Type: 10; W	mber: 245940 C Passenger (; Regulated Ve Capacity: 4; Bi	ehicle: Y; Pre-C us Type: 1	leared Vehicle: N; Fuel
seivice illingi ne folleri	IS ARE CLEA	RED. This	document should NC	VOV HALVAUS PAR	uanianco KEEDJ		tch. Violations marked out of A COPY IN THE VEHICLE DO NOT RETURN THIS
Report Prepared Br K. Hardison	<u>y:</u>		<u>Badge #:</u> A16735	<u>Copy Re</u>	ceived By:		

Page 1 of 1

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CHP407F/343A-ins	SPECT		DRIVER/V	EHICL	E EXAMIN	ATION RE	POR	T		InSPECT 1.0.96
	Glendale, Phone: (3	Central / CA 91203 23) 644-9	Avenue, #41 3		1P407F/343	A	 5 	Report Number Inspection Da Start: 11:00 AM Inspection Lev IM Inspection	te: 05/25/ /IPD En /el: V - To	/2017 d: 11:30 AM PD erminal
EMPIRE TRANS 8800 PARK ST BELLFLOWER, USDOT: 273198 MC/MX#:	CA, 90706	B Phone#	: (562)529-2 62)529-222		Driver: License#: Date of Bi CoDriver: License#:	rth:				State:
State#: 326916 Location: BELL Highway:	FLOWER			Milepo	Date of Bi st:	rth: Shipper:	N/A			State:
County: LOS AN	VGELES		l	Origin: Destina	N/A ation: N/A			Bill of Lad Cargo: N//		
VEHICLE IDENT Unit Type Make 1 BU FORD BRAKE ADJUST Axle # 1 Right N/A Left N/A Chamber HYDI	Year State 2007 CA TMENTS 2 N/A N/A	Plate	Equipment II 302		<u>VIN</u> XE45S67DB	<u>GV</u> 29909 140	<u>NR</u> ()50	CVSA Existing	CVSA#	
VIOLATIONS:No	violations	were disc	overed							· · · · · · · · · · · · · · · · · · ·
HazMat: No HM	transported	ł				Placa	ard:		Cargo Ta	ink:
Special Checks:	No data fo	or special o	checks							
State Informatio Beat/Sub Area: S Type: G; Passeng	44: Odome	eter: 33552 ty: 14; Vet	27; File Code 1 #1 Type: 10	e Numt D; WC I	ber: 245940 Passenger (Regulate Capacity: 3	d Ve 3; Bu	hicle: Y; Pre-C s Type: 2	leared Ve	ehicle: N; Fuel
Report Prepared I K. Hardison	By:	_	<u>Badge #:</u> A16735		<u>Copy Re</u>	ceived By				
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CHP407F/343A-in:	SPECT		DRIVER/VEH	ICLE EXAMINATI	ON REPC	RT	inSPECT 1.0.9
	Glendale, Phone: (3	Central / CA 9120: 23) 644-9	Avenue, #410 3 557	/ CHP407F/343A		Inspection Da Start: 11:30 Al	er: CAA167350298 ite: 05/25/2017 M PD End: 12:00 PM Pl vel: V - Terminal 1 Type: None
EMPIRE TRAN 8800 PARK ST BELLFLOWER, USDOT: 273198 MC/MX#:	CA, 90706	Phone#	: (562)529-2676				State:
State#: 326916		Fax#: (5	62)529-2220	License#: Date of Birth:			State:
Location: BELL Highway: County: LOS A			Orig		ipper: N//	A Bill of Lac Cargo: N/	
VEHICLE IDENT Unit Type Make 1 BU FORD		Plate	Equipment ID 259	<u>VIN</u> 1FDFE4FS7BDA420	<u>GVWR</u> 91 14500	CVSA Existing	CVSA#
BRAKE ADJUS Axle # 1 Right N/A Left N/A Chamber HYD	2 N/A						
VIOLATIONS:No	violations	were disc	overed				
HazMat: No HM	transported				Placard:		Cargo Tank:
Special Checks:	No data fo	or special o	checks		****		антараласынын
State Informatio Beat/Sub Area: S Type: G; Passeng	44; Odome	eter: 17658 y: 20; Veh	55; File Code N #1 Type: 10; V	umber: 245940; Re VC Passenger Cap	gulated V acity: 4; B	ehicle: Y; Pre-C us Type: 1	leared Vehicle: N; Fuel
Report Prepared K. Hardison			<u>Badge #:</u> A16735	<u>Copy Recei</u>			

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CHP407F/343A-inSPECT		ICLE EXAMINATION REPO		17
California Highw 411 North Centra Glendale, CA 912 Phone: (323) 644 Internationally A	ay Patrol Il Avenue, #410 203		Report Numb Inspection Da Start: 12:00 Pl	M PD End: 12:30 PM PD vel: V - Terminal
	e#: (562)529-2676 (562)529-2220 Mile Orig	Driver: License#: Date of Birth: CoDriver: License#: Date of Birth: epost: Shipper: N/A gin: N/A tination: N/A	A Bill of Lac Cargo: N/	
VEHICLE IDENTIFICATION Unit Type Make Year State Plate 1 BU FORD 2011 CA 817UE	Equipment ID		CVSA Existing	CVSA#
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR				
VIOLATIONS:No violations were di	scovered	556-2		
HazMat: No HM transported		Placard	*******	Cargo Tank:
Special Checks: No data for specia	al checks			
State Information: Beat/Sub Area: S44; Odometer: 133 Type: G; Passenger Capacity: 20; V	3744; File Code Nu leh #1 Type: 10; W	umber: 245940; Regulated V /C Passenger Capacity: 4; E	'ehicle: Y; Pre-C lus Type: 1	leared Vehicle: N; Fuel
Report Prepared By: K. Hardisən	<u>Badge #:</u> A16735	Copy Received By:		

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CHP407F/343A-in	SPECT		DRIVER/VE	HICLE EXAMINA	RT	inSPECT 1.0.9	
	Glendale, Phone: (3	Central / CA 91203 23) 644-9	Patrol Avenue, #410 3 557	cy CHP407F/343		Report Numb Inspection Da Start: 12:30 Pl	er: CAA167350300 te: 05/25/2017 M PD End: 1:00 PM PD vel: V - Terminal
EMPIRE TRAN 8800 PARK ST BELLFLOWER, USDOT: 27319 MC/MX#:	CA, 90706 88	i Phone#	: (562)529-267 62)529-220	Driver: License#: Date of Bi 6 CoDriver: License#:	th:		State: State:
State#: 326916 Location: BELL Highway: County: LOS A	FLOWER	,	Mi	Date of Bir	th: Shipper: N/A	Bill of Lac Cargo: N/	ling: N/A
VEHICLE IDEN Unil Type Make 1 BU FORD	TIFICATIO Year State 2007 CA	Plate	Equipment ID 293	VIN 1FDXE45S37DB:	<u>GVWR</u> 32301 14050	CVSA Existing	CVSA #
BRAKE ADJUSAxle #1RightN/ALeftN/AChamberHYD	2 N/A N/A						
VIOLATIONS:No	violations	were disc	overed				
HazMat: No HM	transported	1			Placard:		Cargo Tank:
Special Checks:	No data fo	or special c	checks				
State Informatio Beat/Sub Area: S Type: G; Passeng	44; Odome	eter: 32290 y: 14; Veh	04; File Code № #1 Type: 10;	Number: 245940; WC Passenger C	Regulated V apacity: 3; B	ehicle: Y; Pre-C us Type: 2	leared Vehicle: N; Fuel
Report Prepared K. Hardison	<u>By:</u>		<u>Badge #:</u> A16735	Copy Re	ceived By:		
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CHP407F/343A-in	SPECT		DRIVER/VEH	ICLE EXAMIN	ATION REPO	DRT	inSPECT 1.0.96
	411 North Glendale, Phone: (3	CA 91203	venue, #410	CHP407F/34	3A	Inspection Da Start: 6:00 AM	er: CAA147330218 ite: 05/25/2017 1 PS End: 6:30 AM PS vel: V - Terminal n Type: None
EMPIRE TRAN 8800 PARK ST BELLFLOWER, USDOT: 27319 MC/MX#: State#: Location: BELL Highway:	, CA, 90700 88	3		License# Date of E epost:	Sirth:		State: State:
County: LOS A	NGELES		Orig Des	gin: tination:		Bill of La Cargo:	ding: N/A
VEHICLE IDEN Unit Type Make 1 BU FORD BRAKE ADJUS Axie # 1 Right N// Left N// Chamber HYD	Year State 2007 CA TMENTS 2 A N/A A N/A	Plate	Equipment ID 298	VIN 1FDXE45S47D	<u>GVWF</u> B29908 14500	CVSA Existing	CVSA.#
VIOLATIONS:NO	o violations	were disc	overed				
HazMat: No HM					Placard		Cargo Tank:
Special Checks	: No data f	or special o	checks				
State Information Beat/Sub Area: S #1 Type: 10 Report Prepared G. Harrison	544; Odom	eter: 32937	74; File Code N <u>Badge #:</u> A14733		0; Regulated N Received By:	/ehicle: Y; Pre-(Cleared Vehicle: N; Veh
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CHP407F/343A-inSPECT					20
		VEHICLE EXAMINA	TION REPOR	Т	inSPECT 1.0.96
411 North C Glendale, C Phone: (323	3) 644-9557	10 ency CHP407F/343,	li S Ir	spection Dat tart: 6:30 AM	r: CAA147330219 e: 05/25/2017 PS End: 7:00 AM PS el: V - Terminal Type: None
MC/MX#: State#:	PN INC Phone#: (562)529-: Fax#:	Driver: License#: Date of Bin 2676 CoDriver: License#: Date of Bin			State: State:
Location: BELLFLOWER Highway: County: LOS ANGELES			Shipper: N/A	Bill of Lad Cargo: N//	
VEHICLE IDENTIFICATION Unit Type Make Year State 1 BU FORD 2006 CA 8	Plate Equipment 3Y07403 281	ID VIN 1FDWE35S16HA	<u>GVWR (</u> 58941 14500	VSA Existing	CVSA #
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR				damana (1997), 2007, 2007, 2007, 2007, 2007, 2007, 2007, 2007, 2007, 2007, 2007, 2007, 2007, 2007, 2007, 2007,	
VIOLATIONS:No violations w	/ere discovered			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	
HazMat: No HM transported		₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	Placard:		Cargo Tank:
Special Checks: No data for	special checks	,	7687899 Martinet Constant and an appropriate Continue on the second program (******	
State Information: Beat/Sub Area: S44; Odomete Type: G; Passenger Capacity:	er: 211187; File Coc : 21; Veh #1 Type: 1	de Number: 245940; 10; WC Passenger C	Regulated Vel apacity: 0; Bu	nicle: Y; Pre-C s Type: 2	leared Vehicle: N; Fuel
Report Prepared By: G. Harrison	Badge #: A14733	Copy Re	ceived By:		
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CHP407F/343A-inSPECT		21
California Highway 411 North Central A Glendale, CA 91203 Phone: (323) 644-95	Avenue, #410 557	RT inSPECT 1.0.96 Report Number: CAA147330220 Inspection Date: 05/25/2017 Start: 7:00 AM PS End: 7:30 AM PS Inspection Level: V - Terminal HM Inspection Type: None
EMPIRE TRANSPORTATION INC 8800 PARK ST BELLFLOWER, CA, 90706	Driver: License#: Date of Birth: : (562)529-2676 CoDriver: License#: Date of Birth: Milepost: Shipper: N/A Origin: N/A Destination: N/A	State: State:
VEHICLE IDENTIFICATION Unit Type Make Year State Plate 1 BU FORD 2011 CA 103FL BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A	Equipment ID VIN GVWR 260 1FDFE4FS9BDA43092 14500	CVSA Existing CVSA #
Left N/A N/A Chamber HYDR HYDR VIOLATIONS:No violations were disc		
HazMat: No HM transported	Placard:	Cargo Tank:
Special Checks: No data for special of	checks	
State Information: Beat/Sub Area: S44; Odometer: 1321 Vehicle: N; Fuel Type: G; Passenger (70; File Code Number: 245940; PUC: 21507 Capacity: 20; Veh #1 Type: 10; WC Passeng	; Regulated Vehicle: Y; Pre-Cleared er Capacity: 4 ; Bus Type: 2
Report Prepared By: G. Harrison X	Badge #: Copy Received By: A14733 X	

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SAFETY COMPLIANCE REPORT/ TERMINAL RECORD UPDATE Image: Street Complete Co	GTATE OF CALIF		HIGHWAY PATE	ROL	NEW	TERMINAL	. INFORMATI	א ח	CA NUMBE	R	FILE CODE	NUMBER	COUNT	Page		pages
CH2 34 (Perc 4:0) CP (DR2 T B, 1 SSO S44 TRANUM, MWS TRANSPORTATION INC TRANSPORTATION INC SS2-25/2 - 25	SAFETY	COMPLIA	ANCE REI	PORT/			w7-4									
TERMINIATION Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	TERMINA	L RECO	RD UPDA	TE	I		+		1			LOCATIO		ŀ	SUBARE	A
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CARRIER REPRESENTATIVES PRINTED NAME // / / TITLE DRIVER LICENSE NUMBER/STATE	·····						r/_//	Δ								
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			Ca	ilifornia Hig	hway Patrol			
	US DOT #	Legal: EM	PIRE TRANSPO	RTATION IN	IC			
	2731988	Operating	(DBA):			- <u></u>		
.C/MX #:		State #: 3269	16	Federal Ta:	k ID: 27-0121666 (El	N)		
Review Ty	pe: Non-raf	table Review - S	Special Study					
Scope:	Termina	al	Location o	of Review/Ar	udit: Company facili	ty in the U. S.	Territory	r:C
Operation		erstate Intras						
1	arrier: N/			Corporation	-			
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		N/A			·····			
Company I	Physical Ac	ldress:						
8800 PAR								
BELLFLOV	NER, CA 90)706						
Contact N	ame:	JOSE GUZMA	N					
		562- 529-2676	(2)		Fax			
E-Mail Add	iress:							
Company N	lailing Add	lress:					**************************************	
8800 PARH								
BELLFLOV	VER, CA 90	706						
Carrier Clas								
Private	Passenger,	Business	Other:	INTRASTA	TE			
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Passen	gers	0	ther: Mobile rep	air tools				
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	ermit requi	red?		N/A				
Driver Infor	mation							
	ſı	nter Intra	Average tr	ip leased d	rivers/month: 0			
			· · · ·	•				
) Miles: Miles:	58		1	Total Drivers: 58			

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EMPIRE TRANSPORTATION INC - Terminal

U.S. DOT #: 2731988

State #: 326916

Review Date: 05/03/2016

Part A

QUESTIONS regarding this report may be directed to the Southern Division Motor Carrier Safety Unit at:

437 North Vermont Ave Los Angeles, CA 9004 (323) 644-9557

This TERMINAL REVIEW deals only with safety compliance at this terminal.

Person(s) Interviewed

Name: JOSE GUZMAN Name:

Title: COMPLIANCE SUPERVISOR Title:





EMPIRE TRANSPORTATION INC - Terminal

U.S. DOT #: 2731988

Part B Violations

1 STATE	Primary: 13CCR12	Discovered	Checked	Drivers/V In Violation	Checked					
	CFR Equivalent: 39	5.8(2)		1	450	1	15			
Description Carrier failed to 1212(e). Drive Example Ana Vargas DL	er was not released fro	intain a record of duty st m work within 12 consec luty more than 12 hours	utive hour	S.			ents of			
2 STATE	Primary: 13CCR121 CFR Equivalent: 39	5(b)(1)(C)		Discovered	Checked 1	Drivers/V In Violation				
Description The motor carrier is directed to ensure that daily vehicle inspection reports containing defects or deficiencies are reviewed and signed by the subsequent driver. Example Unit # 250 Drivers daily vehicle inspection report (DVIR) indicated the low oil light on at dash and brake grinding noise from 04-01-2016 to 04-20-2016										
Total Mile	ating Information: s Operated le Accidents	500,000 0		Number of Veh OC ber of Vehicles	OS Vehicle (M	d (CR): 14 CMIS): 0				
Your proposed safety rating is : This Review is not Rated.										

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EMPIRE TRANSPORTATION INC - Terminal

U.S. DOT #: 2731988

State #: 326916

Part B Requirements and/or Recommendations

:

1. Require drivers to complete a record of duty status when all the provisions of the 100 air-mile radius driver exemption, contained in 13 CCR 1212(e)are not met.



	C	1	RE TRA OT #: 1			ON INC	C - Ter	minal				5	State #	: 3269	16			Review Date: 15/03/2016
$\left(\begin{array}{c} \\ \end{array} \right)$									Part	С			<u></u>					•
Ĺ		n for Rev ed Action			ance M	onitorii	ng	1	FOUR	BUS IN	ISPEC	TION						
		Reviewed 382 383		icatio 390	1: 391	392	393	395	396	397	398	399	171	172	173	177	178	180
	<u>Prior F</u> 7/9/201 6/18/20 6/19/20)14	Pr	ior Pro	secuti	ons		Rea	son n	ot Rate	ed:Spe	ecial St	udy	5	Study	Code:	CA	
	Is the r proced transpo Does c Unsat/l	Unfit Info notor car lures con ort passe arrier tra Infit rule ate Conti	rrier of Itained Ingers Insport	passe in 49 in a co placa	CFR pa ommerc rdable	irt 385 cial mo quant	subp	art A, ehicle	AND c ?	loes it		Yes - I Not Ap	oplicab	le				
Ċ	Corpor Remari Termina	ate Cont	act Titl Empire	e: CO	VIPLIAN portatio	NCE S		CA	₹ # - 326	- , -	24594			Study				
	Rating In	nformation dance wit	n:						rated S				ime.					
	MAINTE See Par	NANCE I B.	PROGF	ram Vi	OLATIO	DNS:												
		RECORI																
	HOURS See Part	of Ser\ B.	/ICE VI	IOLATI	ONS:													
											thoriz	ed:	Yes		No			
										norized baded:	-	Yes		No		ate: Allure (Code:	

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Verified by:

Date:

DRIVER/VEHICLE	EXAMINATION	REPORT
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inSPECT 1.0.86

411 North (Glendale, C Phone: (32	3) 644-9557	10 ency CHP407F/343A	Report Number: CAA1 Inspection Date: 05/02 Start: 6:00 AM PD En Inspection Level: V - T HM Inspection Type: N	/2016 d: 6:30 AM PD erminal Inspection
EMPIRE TRANSPORTATIC 8800 PARK ST BELLFLOWER, CA, 90706 USDOT: 2731988	ON INC Phone#: (562)529-	Driver: License#: Date of Birth 2676 CoDriver:		State:
MC/MX#: State#: 326916 Location: BELLFLOWER	Fax#:	License#: Date of Birth: Milepost: Sh	ipper: N/A	State:
Highway: County: LOS ANGELES		Origin: N/A Destination: N/A	• •	ding: N/A
VEHICLE IDENTIFICATION Unit Type Make Year State 1 BU FORD 2001 CA	l <u>Plate Equipment</u> 6P83398 162	<u>ID VIN</u> 1FDXE45S91HB060	GVWR CVSA Existing	CVSA #
BRAKE ADJUSTMENTS Axle# <u>1</u> 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR				
VIOLATIONS:No violations v	vere discovered	aan ah saad ah sa ah sa ah sa dharan ah sa ah sa ah sa ah sa ah sa ah sa ah sa ah sa ah sa ah sa ah sa ah sa ah		**************************************
HazMat: No HM transported			Placard:	Cargo Tank:
Special Checks: No data for	special checks			ann an an the second and the second data and the second as a second a summary specifying the back of a second a
State Information: Beat/Sub Area: S44; Bus Typ 25; Pre-Cleared Vehicle: N; F	be: 1; File Code Nun PUC: 21507; Regula	nber: 245940; Fuel Typ Ited Vehicle: Y; Veh #1	e: G; Odometer: 295047; Type: 10	Passenger Capacity:

No. of the second	<u>Report Prepared By:</u> S. M. Middlebrooke	<u>Badge #:</u> A13337	Copy Received By:	
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			DRIVER	VEHICL	.E EXAMINATIO	ON REPOF	ат	inSPECT 1.0.86
@HP		Central A CA 91203 3) 644-98 ally Accr	venue, #4 557		HP407F/343A	Inspection Start: 6:30 Inspection		2016 d: 7:00 AM PD erminal Inspection
EMPIRE TRAN 8800 PARK ST BELLFLOWER, USDOT: 27319 MC/MX#:	CA, 90706	Phone#:	: (562)529-	-2676	Driver: License#: Date of Birth CoDriver:	s		State:
State#: 326916 Location: BELL Highway: County: LOS A	FLOWER	Fax#:		Milepo Origin Destin		i pper: N/A	Bill of Lac Cargo: N/	
VEHICLE IDEN Unit Type Make 1 BU FORD	Year State	l <u>Plate</u> 05928Y1	Equipment 299		<u>VIN</u> DXE05567DB299	<u>GVWR</u> 12 14050	CVSA Existing	CVSA#
BRAKE ADJUS Axle # 1 Right N// Left N// Chamber HYD	<u>2</u> \							
VIOLATIONS:NO	violations v	were disc	overed			Kotation		
HazMat: No HM	transported	944			антан түрөөсдүүлүүлүн айгаа алы арроурор (нарворогон алаан ал	Placard:		Cargo Tank:
Special Checks	No data fo	r special o	checks	Frédérésénen a a a a a a a a a a a a a a a a a a				
State Informatio Beat/Sub Area: S		pe: 1; File	Code Nun	nber: 24	5940; Fuel Type	e: G; Odon	eter: 294744;	Passenger Capacily:

14; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10; WC Passenger Capacity: 2

leport Prepared By:	
S. M. Middlebrooke	

<u>Badge #;</u> A13337

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DRIVER/VEHICLE EXAMINATION REPORT	inSPECT 1.0.86
California Highway Patrol 411 North Central Avenue, #410 Glendale, CA 91203 Phone: (323) 644-9557 Internationally Accredited Agency CHP407F/343A California Highway Patrol Inspection Date: 05/02/2 Start: 7:00 AM PD End Inspection Level: V - Te HM Inspection Type: No	2016 I: 7:30 AM PD Irminal Inspection
EMPIRE TRANSPORTATION INCDriver:8800 PARK STLicense#:BELLFLOWER, CA, 90706Date of Birth:USDOT: 2731988Phone#: (562)529-2676CoDriver:CoDriver:	State:
MC/MX#: Fax#: License#: State#: 326916 Date of Birth: Location: BELLFLOWER Milepost: Shipper: N/A Highway: Origin: N/A Bill of Lad County: LOS ANGELES Destination: N/A Cargo: N/A	
VEHICLE IDENTIFICATION Unit Type Make Year State Plate Equipment ID VIN GVWR CVSA Existing 1 BU FORD 2011 CA 274NA 263 1FDFE4FS0BDA46236 14500	CVSA #
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR	
VIOLATIONS:No violations were discovered	
HazMat: No HM transported Placard:	Cargo Tank:
Special Checks: No data for special checks	
State Information: Beat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 172152; J 20; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10	Passenger Capacity:

Repo	rt Prepared By:
	Middlebrooke

Badge #:
A13337

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DRIVER/VEHICLE EXAMINATION REPORT			
411 North Central Avenue, #410 Glendale, CA 91203 Phone: (323) 644-9557	Report Number: CAA133370169 Inspection Date: 05/02/2016 Start: 7:30 AM PD End: 8:00 A Inspection Level: V - Terminal Ir HM Inspection Type: None	M PD	
EMPIRE TRANSPORTATION INCDriver:8800 PARK STLicense#:BELLFLOWER, CA, 90706Date of Birth:USDOT: 2731988Phone#: (562)529-2676CoDriver:		State:	
MC/MX#: Fax#: License#: State#: 326916 Date of Birth:		State:	
Location: BELLFLOWERMilepost:ShiHighway:Origin: N/ACounty: LOS ANGELESDestination: N/A	ippér: N/A Bill of Lading: N// Cargo: N/A	A	
VEHICLE IDENTIFICATION Unit Type Make Year State Plate Equipment ID VIN 1 BU FORD 2011 CA 111FL 266 1FDFE4FS6BDA4623	GVWR CVSA Existing CVSA 39 14500	tanan manan katala katala katala katala katala katala katala katala katala katala katala katala katala katala k	
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR		n man an an an an an an an an an an an an a	
VIOLATIONS:No violations were discovered	#2::::::::::::::::::::::::::::::::::::		
HazMat: No HM transported	Placard: Cargo	Tank:	
Special Checks: No data for special checks	NY		
State Information: Beat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type 20; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1	e: G; Odometer: 117763; Passeng Type: 10	er Capacity:	

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Report Prepared By: S. M. Middlebrooke	<u>Badge #:</u> A13337	Copy Received By:	
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DRIVER/VEHICLE EXAMINATION REPORT	inSPECT 1.0.86
California Highway Patrol 411 North Central Avenue, #410 Glendale, CA 91203 Phone: (323) 644-9557 Internationally Accredited Agency CHP407F/343A HM Inspection Type: None	AM PD
EMPIRE TRANSPORTATION INCDriver:8800 PARK STLicense#:BELLFLOWER, CA, 90706Date of Birth:USDOT: 2731988Phone#: (562)529-2676CoDriver:	State:
MC/MX#: Fax#: License#: State#: 326916 Date of Birth: Location: BELLFLOWER Milepost: Shipper: N/A	State:
Highway:Origin: N/ABill of Lading: N/ACounty: LOS ANGELESDestination: N/ACargo: N/A	/A
VEHICLE IDENTIFICATION Unit Type Make Year State Plate Equipment ID VIN GVWR CVSA Existing CVSA 1 BU CHEV 2008 CA 8V75558 250 1GBE5V1G98F406176 19500	\#
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR	
VIOLATIONS Section Type Unit OOS Citation # VerifyCrash Violations Discovered 1232(A) CCR S 1 N N Steering gear box leaking at bottom /016 N N Steering gear box leaking at bottom	*****
HazMat: No HM transported Placard: Cargo	Tank:
Special Checks: No data for special checks	******
State Information: Beat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 175728; Passen 26; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10	ger Capacity:
Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Viol. service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT FORM TO THE CALIFORNIA HIGHWAY PATROL.	

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S. M.	Middlebrooke	

<u>Badge #:</u> A13337

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DRIVER/VEHICLE EXAMINATION REPORT

inSPECT 1.0.86

	411 Nor Glendal Phone: (e, CA 91203 (323) 644-95	venue, #410 557	y CHP407F/343A	Inspection E Start: 8:30 A Inspection L	ber: CAA1333701; pate: 05/02/2016 M PD End: 9:00 evel: V - Terminal on Type: None	AM PD
EMPIRE TRANS 8800 PARK ST BELLFLOWER, USDOT: 27319	SPORTA CA, 907	TION INC D6 Phone#	: (562)529-267	Driver: License#: Date of Birth 76 CoDriver:	99994669-0		State:
MC/MX#: State#: 326916 Location: BELL Highway:		Fax#:	Or	igin: N/A	: ipper: N/A	Bill of Lading: N	State: /A
County: LOS Al VEHICLE IDEN Unit Type Make 1 BU FORD	TIFICATI Year Sta		De Equipment ID 238	vination: N/A <u>VIN</u> 1FBSS31L76DB098	<u>GVWR CV</u> 96 9100	Cargo: N/A SA Existing CVS/	A <i>#</i>
BRAKE ADJUS Axle # <u>1</u> Right N/A Left N/A Chamber HYD	<u>2</u> N/A		n				
VIOLATIONS Section I 27465(B)(2) VC /001 1242(A) CCR	<u>vpe Unit</u> S 1 S 1	OOS Citation N	N N	<u>Violations Discovered</u> Axle#1 left tire worn be Fire extinguisher indicati		•	
HazMat: No HM	transport	ed			Placard:	Cargo	Tank:
Special Checks:	No data	for special of	hecks				*********
State Informatio Beat/Sub Area: S 10; Pre-Cleared \	44; Bus 1	Type: 2; File I; PUC: 215	Code Number 07; Regulated	r: 245940; Fuel Typ Vehicle: Y; Veh #1	e: G; Odomete Type: 10	ar: 207912; Passer	ger Capacity:
				whiet Increation Denset		1000.000.000.000.000.000.000.000.000.00	

Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

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Report Prepared By: S. M. Middlebrooke	<u>Badge #:</u> A13337	Copy Received By:	
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DRIVER/VEHICLE EXAMINAT	ION REPORT	inSPECT 1.0.86
California Highway Patrol 411 North Central Avenue, #410 Glendale, CA 91203 Phone: (323) 644-9557 Internationally Accredited Agency CHP407F/343A	Report Number: CAA13337017 Inspection Date: 05/02/2016 Start: 9:00 AM PD End: 9:30 A Inspection Level: V - Terminal I HM Inspection Type: None	AM PD
EMPIRE TRANSPORTATION INCDriver:8800 PARK STLicense#:BELLFLOWER, CA, 90706Date of Birti		State:
MC/MX#: Fax#: License#: State#: 326916 Date of Birth Location: BELLFLOWER Milepost: S	l: hipper: N/A	State:
Highway: Origin: N/A County: LOS ANGELES Destination: N/A	Bill of Lading: N/A Cargo: N/A	4
VEHICLE IDENTIFICATION Unit Type Make Year State Plate Equipment ID VIN 1 BU FORD 1999 CA 6E15820 103 1FBSS31S8XHC17	<u>GVWR</u> CVSA Existing CVSA 896 9300	#
BRAKE ADJUSTMENTS <u>Axle # 1 2</u> Right N/A N/A Left N/A N/A Chamber HYDR HYDR		
VIOLATIONS Section Type Unit QOS Citation # VerifyCrash Violations Discovered 1242(A) CCR S 1 N N N Fire extinguisher indica	ing discharged (repaired at scene)	
HazMat: No HM transported	Placard: Cargo T	lank:
Special Checks: No data for special checks	Jaigo (
State Information: Beat/Sub Area: S44; Bus Type: 2; File Code Number: 245940; Fuel Typ I4; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1	e: G; Odometer: 333876; Passeng Type: 10	er Capacity:
Purchant to Scotlon 24004 CHO winter and a state		

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Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

<u>Report Prepared By:</u> S. M. Middlebrooke	<u>Badge #:</u> A13337	Copy Received By:	Sense and a sense
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DRIVER/VEHICLE EXAMINATION REPORT				
California Highway Patrol 411 North Central Avenue, #410 Glendale, CA 91203 Phone: (323) 644-9557 Internationally Accredited Agency CHP407F/343A	Report Number: CAA133 Inspection Date: 05/02/2 Start: 9:30 AM PD End Inspection Level: V - Ter HM Inspection Type: No	016 : 10:00 AM PD minal Inspection		
EMPIRE TRANSPORTATION INCDriver:8800 PARK STLicense#:BELLFLOWER, CA, 90706Date of BirtlUSDOT: 2731988Phone#: (562)529-2676CoDriver:		State:		
MC/MX#: Fax#: License#: State#: 326916 Date of Birth	£.,	State:		
Highway: Origin: N/A County: LOS ANGELES Destination: N/A	hipper: N/A Bill of Ladi Cargo: N/A	-		
VEHICLE IDENTIFICATION Unit Type Make Year State Plate Equipment ID VIN 1 BU CHEV 2001 CA 8W30805 145 1GAHG39R511143	<u>GVWR</u> <u>CVSA Existing</u> 3287 9500	CVSA#		
BRAKE ADJUSTMENTS Axle # <u>1</u> 2 Right Left Chamber				
VIOLATIONS:No violations were discovered				
HazMat: No HM transported	Placard: (Cargo Tank:		
Special Checks: No data for special checks	ананын налар алар алар жалар r>Жалар жалар			
State Information: Beat/Sub Area: S44; Bus Type: 2; File Code Number: 245940; Fuel Ty 14: Bre Cleared Vehicle: N: BUC: 21507; Beaulated Vehicle: Area State	pe: G; Odometer: 365959; F	assenger Capacity:		

14; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10

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<u>Badge #:</u> A13337

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DRIVER/VEHICLE	EXAMINATION REPORT inSPECT 1.0.86
California Highway Patrol 411 North Central Avenue, #410 Glendale, CA 91203 Phone: (323) 644-9557 Internationally Accredited Agency CHF	Report Number: CAA133370174 Inspection Date: 05/02/2016 Start: 10:00 AM PD End: 10:30 AM PD Inspection Level: V - Terminal Inspection 407F/343A HM Inspection Type: None
8800 PARK ST BELLFLOWER, CA, 90706	Driver: License#: State: Date of Birth: CoDriver:
MC/MX#: Fax#: L	License#: State: Date of Birth: :: Shipper: N/A I/A Bill of Lading: N/A
VEHICLE IDENTIFICATION Unit Type Make Year State Plate Equipment ID 1 BU FORD 2011 CA 8Z56596 262 1FDFI	<u>VIN GVWR CVSA Existing CVSA #</u> E4FS9BDA46235 14500
BRAKE ADJUSTMENTS Axle # <u>1</u> <u>2</u> Right N/A N/A Left N/A N/A Chamber HYDR HYDR	
of frame	ember between axle # 2 and rear bumper bent and broken at weld to right side
lazMat: No HM transported	Placard: Cargo Tank:
Special Checks: No data for special checks	
State Information: Beat/Sub Area: S44; Bus Type: 1; File Code Number: 2459 14; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicl	40; Fuel Type: G; Odometer: 108375; Passenger Capacity: e: Y; Veh #1 Type: 10; WC Passenger Capacity: 2
	Dection Report must be corrected prior to redispatch Violations marked out at

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Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

(<u>leport Prepared By:</u> S. M. Middlebrooke	<u>Badge #:</u> A13337	Copy Received By:	
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DRIVER/VEHICLE EXAMINATIO	ON REPORT	inSPECT 1.0.86
California Highway Patrol 411 North Central Avenue, #410 Glendale, CA 91203 Phone: (323) 644-9557 Internationally Accredited Agency CHP407F/343A	Report Number: CAA133370175 Inspection Date: 05/02/2016 Start: 10:30 AM PD End: 11:00 Inspection Level: V - Terminal In HM Inspection Type: None	AM PD
EMPIRE TRANSPORTATION INCDriver:8800 PARK STLicense#:BELLFLOWER, CA, 90706Date of Birth:USDOT: 2731988Phone#: (562)529-2676CoDriver:		State:
MC/MX#: Fax#: License#: State#: 326916 Date of Birth:	ipper: N/A Bill of Lading: N/A Cargo: N/A	State:
VEHICLE IDENTIFICATION Unit Type Make Year State Plate Equipment ID VIN 1 BU FORD 2011 CA 918HN 267 1FDFE4FS2BDA462	GVWR CVSA Existing CVSA	#
BRAKE ADJUSTMENTS Axle # <u>1</u> 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR		
VIOLATIONS:No violations were discovered		
HazMat: No HM transported	Placard: Cargo 1	fank:
Special Checks: No data for special checks	**************************************	**************************************
State Information: Beat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Typ 14; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1	e: G; Odometer: 157935; Passeng Type: 10; WC Passenger Capacity	ier Capacity: /: 2

Report Prepared By:	
S. M. Middlebrooke	

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<u>Badge #:</u> A13337

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02731988 CA CAA133370175

DR inSPECT 1.0.86 California Highway Patrol Report Number: CAA133370176 411 North Central Avenue, #410 Inspection Date: 05/02/2016 Glendale, CA 91203 Start: 12:00 PM PD End: 12:30 PM PD Phone: (323) 644-9557 Inspection Level: V - Terminal Inspection Internationally Accredited Agency CHP407F/343A HM Inspection Type: None EMPIRE TRANSPORTATION INC Driver: 8800 PARK ST License#: State: BELLFLOWER, CA, 90706 Date of Birth: **USDOT: 2731988** Phone#: (562)529-2676 CoDriver: MC/MX#: Fax#: License#: State: State#: 326916 Date of Birth: Location: BELLFLOWER Milepost: Shipper: N/A Highway: Origin: N/A Bill of Lading: N/A County: LOS ANGELES **Destination: N/A** Cargo: N/A **VEHICLE IDENTIFICATION** Unit Type Make Year State Plate Equipment ID VIN GVWR CVSA Existing CVSA# BU FORD 2003 CA 1 8X79074 198 1FDWE35L63HA97724 11500 BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR VIOLATIONS Section Type Unit OOS Citation # VerifyCrash Violations Discovered 1248 CCR S 1 Ν Ν N Battery hold down missing HazMat: No HM transported Placard: Cargo Tank: **3pecial Checks:** No data for special checks State Information: Beat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 222901; Passenger Capacity: 20; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10

Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

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S. M. Middlebrooke	A1333
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RIVER/VEHICLE	EXAMINATION	REPORT
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DRIVER/VEHICLE EXAMINATION REPORT inSPECT 1.0.86 California Highway Patrol Report Number: CAA133370178 411 North Central Avenue, #410 Inspection Date: 05/02/2016 Glendale, CA 91203 Start: 1:00 PM PD End: 1:30 PM PD Phone: (323) 644-9557 Inspection Level: V - Terminal Inspection Internationally Accredited Agency CHP407F/343A HM Inspection Type: None **EMPIRE TRANSPORTATION INC** Driver: 8800 PARK ST License#: State: BELLFLOWER, CA, 90706 Date of Birth: **USDOT:** 2731988 Phone#: (562)529-2676 **CoDriver:** MC/MX#: Fax#: License#: State: State#: 326916 Date of Birth: Location: BELLFLOWER Milepost: Shipper: N/A Highway: Origin: N/A Bill of Lading: N/A **County: LOS ANGELES Destination: N/A** Cargo: N/A VEHICLE IDENTIFICATION Unit Type Make Year State Plate Equipment ID VIN GVWR CVSA Existing CVSA # BU FORD 2011 CA 1 102FL 1FDFE4FS2BDA46237 14500 264 **BRAKE ADJUSTMENTS** Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR VIOLATIONS Section Type Unit OOS Citation # VerifyCrash Violations Discovered 1232(C) CCR S 1 Ν N Oil leak at rear of transmission extension housing Ν HazMat: No HM transported Placard: Cargo Tank: Special Checks: No data for special checks State Information: Beat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 131667; Passenger Capacity: 16; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10; WC Passenger Capacity: 2

Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

Leport Prepared By: Badge #: Copy Received By: S. M. Middlebrooke A13337 х



			DRIVER	VEHICI	LE EXAMINAT	ION REPOR	Т	inSPECT 1.0.86
@HP	411 North Glendale, Phone: (33	CA 91203 23) 644-95	/enue, #4 57		HP407F/343A	Inspection Start: 1:30 Inspection	mber: CAA1333 Date: 05/02/20 PM PD End: 2 Level: V - Term tion Type: None	16 2:00 PM PD iinal Inspection
EMPIRE TRAN 8800 PARK ST BELLFLOWER USDOT: 27319	, CA, 90706	Phone#:	(562)529	-2676	Driver: License#: Date of Birth CoDriver:			State:
MC/MX#: State#: 326916	l	Fax#:			License#: Date of Birth			State:
Location: BELI Highway: County: LOS A	FLOWER			Milepo Origin Destir	ost: Sl	n: hipper: N/A	Bill of Ladin Cargo: N/A	g: N/A
VEHICLE IDEN Unit Type Make 1 BU FORD		-	Equipmen 303		<u>VIN</u> DXE45S07DB32	<u>GVWR</u> (305 14050	CVSA Existing	CVSA#
BRAKE ADJUS Axle # 1 Right N// Left N// Chamber HYE	<u>2</u> A N/A			2				
VIOLATIONS Section 699(D) CCR 1232(A) CCR /001	Type Unit OC S 1 N S 1 N	1	N	N Left	t <u>ions Discovered</u> turn signal indicato el chair lift not depl			
lazMat: No HM	transported				**** ********************************	Placard:	Ca	irgo Tank:
Special Checks	: No data fo	r special cl	necks					
State Informatic Beat/Sub Area: S 12; Pre-Cleared	544; Bus Ty	pe: 1; File (PUC: 2150	Code Nur 7; Regula	nber: 24 Ited Veh	15940; Fuel Typ nicle: Y; Veh #1	e: G; Odom Type: 10; W	eter: 285590; Pa /C Passenger Ca	ssenger Capacity: pacity: 3
Pursuant to Section 2 service must be corre	24004 CVC, vio cted before the	olations record e vehicle is op ARED. This d	led on this t perated on t ocument sh	SafetyNet he highwa	Inspection Report	must be correct	ed prior to redispatch	N Violations marked out of COPY IN THE VEHICLE D NOT RETURN THIS

lepo	rt Prepared By:
	Middlebrooke

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<u>Badge #:</u> A13337

Copy Received By:



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DRIVER/VEHICLE EXAMINAT	ION REPORT	inSPECT 1.0.86
California Highway Patrol 411 North Central Avenue, #410 Glendale, CA 91203 Phone: (323) 644-9557 Internationally Accredited Agency CHP407F/343A	Report Number: CAA133370180 Inspection Date: 05/02/2016 Start: 2:00 PM PD End: 2:30 P Inspection Level: V - Terminal In HM Inspection Type: None	MPD
EMPIRE TRANSPORTATION INCDriver:8800 PARK STLicense#:BELLFLOWER, CA, 90706Date of BirthUSDOT: 2731988Phone#: (562)529-2676MC/MX#:Fax#:License#:	1:	State: State:
State#: 326916Date of BirthLocation: BELLFLOWERMilepost:SHighway:Origin: N/ACounty: LOS ANGELESDestination: N/A	n: hipper: N/A Bill of Lading: N/A Cargo: N/A	
VEHICLE IDENTIFICATION Unit Type Make Year State Plate Equipment ID VIN 1 BU FORD 2007 CA 0593141 302 1FDXE45S67DB29	GVWR CVSA Existing CVSA 909 14050	#
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR		
VIOLATIONS Section Type Unit QQS Citation # VerifyCrash Violations Discovered 1232(A) CCR S 1 N N Wheel chair lift not dep /001	loyìng	
HazMat: No HM transported	Placard: Cargo 1	ank:
Special Checks: No data for special checks	анной на от на так на селение на селение на селение селение селение на селение на селение на селение селение с На селение на селение селение на селение на селение селение селение на селение на селение на селение селение се	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
State Information: Beat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Typ 12; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1	be: G; Odometer: 306192; Passeng Type: 10; WC Passenger Capacity	ler Capacity: r: 2

Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

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<u>leport Prepared By:</u> S. M. Middlebrooke	<u>Badge #:</u> A13337	Copy Received By:	
X	x	•	02731988 CA CAA133370180

Second In 1

STATE OF CALIFORNIA					
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL	,,				
CARRIER INSPECTION	This report contains CO	ntains CONFIDENTIAL pages.		of	
CHP 343D (Rev. 2-99) OPI 062 REIER NAME	*******		CA NUMBER	LOC. CODE	SUBAREA
EMPIRE TRANSPORTATION INC			326916	550	S44
STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE NUMBER	DATE	
8800 PARK ST, BELLFLOWER, CA 90706			562-529-2676		
CARRIER REPRESENTATIVE		***************************************	TITLE	TIME IN	TIME OUT
JOSE GUZMAN			SAFETY MANAGER		
INSPECTION LOCATION (IF OTHER THAN THE CARRIER'S PRINCIPAL PLACE	OF BUSINESS;)	U.S. DOT NUMBER	MC NUMBER	
8800 PARK ST, BELLFLOWER, CA 90706		2731988	N/A		
On this date, the above named motor carrier was in carrier's compliance with the following requirements		by the California Higi	hway Patrol. The inspec	tion evaluat	ed the

CONTROLLED SUBSTANCE AND ALCOHOL TESTING PROGRAM [VC 34520 & 49 CFR 382]

OTHER:

REMARKS

- 13 and

Carrier is enrolled in a random controlled substance and alcohol testing program with:

GAMINO & ASSOCIATES 525 W. BRADLEY EL CAJON, CA 92020 P: 619-334-2145

As a result of the inspection noted above, this carrier was assigned a compliance rating of <u>SATISFACTORY</u>. This rating applies only to carrier requirements - Terminals are rated separately.

RAINGHAURT								NUMBER OF RECORDS	NUMBER OF VIOLATIONS	CHP 345 ISSUED	SUSPENSE DATE	CHP 100D COLUMN NO.
1	S	2_	S	3	S	_ 4_	S	40	0		None	
INSPECTED BY (NAME)									ID NUMBER		CARRIER TYPE	
S.MIDDLEBROOKE									A13337		Truck 🗹 Bus	
MOTOR CARRIER CERTIFICATION												
I hereby certify that all violations recorded hereon and on the attached pages 2 through will be corrected in accordance with applicable provisions of the California Vehicle Code and the California Code of Regulations. I understand that I may request a review of an unsatisfactory rating by contacting the Southern Division Motor Carrier Safety Unit Supervisor at 323-644-9557 within 5 calendar days of the rating.												
JOSE GUZMAN							\mathbf{x}			SAF	ETY MANAGER	
CARRIER REPRESENTATIVE'S SOMATURE						ATUF	15/km		***	CURRENT CARRIE	R RATING	DATE
						\angle	ΖΥ			SA	ATISFACTORY	05/11/16
Destroy previous editions C343.D 10-4931.S												

California Highway Patrol											
US DOT # Legal: EMPIRE TRANSPORTATION INC											
2731988 Operating (DBA):											
C/MX #: State #: 326916 Federal Tax ID:27-0121666 (EIN)											
Review Type: Non-ratable Review - Special Study											
Scope: Terminal Location of Review/Audit: Company facility in the U.S. Territory	r: C										
Operation Types Interstate Intrastate											
Carrier: N/A Non-HM Business: Corporation											
Shipper: N/A N/A Gross Revenue: for year ending:											
Cargo Tank: N/A											
Company Physical Address:											
8800 PARK ST											
BELLFLOWER, CA 90706											
Contact Name: JOSE GUZMAN											
Phone numbers: (1) 562- 529-2676 (2) Fax											
E-Mail Address:											
Company Mailing Address:											
8800 PARK ST											
BELLFLOWER, CA 90706											
Carrier Classification											
Private Passenger, Business Other: INTRASTATE											
Cargo Classification											
Passengers Other: MOBILE MECHANIC											
r=quipment											
Owned Term Leased Trip Leased Owned Term Leased Trip Truck 1 0 0 Minibus, 16+ 50 0	Leased										
Van, 9-15 22 0 0											
Power units used in the U.S.: 73											
Percentage of time used in the U.S.: 100	8										
Does carrier transport placardable quantities of HM? No											
Is an HM Permit required? N/A											
Driver Information											

Sec.



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1 1 M 10	11 m

EMPIRE TRANSPORTATION INC - Terminal

U.S. DOT #: 2731988

State #: 326916

Part A

QUESTIONS regarding this report may be directed to the Southern Division Motor Carrier Safety Unit at:

> 437 North Vermont Ave Los Angeles, CA 9004 (323) 644-9557

This TERMINAL REVIEW deals only with safety compliance at this terminal.

Person(s) Interviewed

Name: JOSE GUZMAN Name:

Title: SAFETY MANAGER Title:



0	EMPIRE TRANSPORTATIO	State #: 326916	Review Date: 05/11/2016								
		Part B	8 Violations	1							
Safety Fitness Rating Information: OOS Vehicle (CR): 0 Total Miles Operated 500,000 Number of Vehicle Inspected (CR): 0 Recordable Accidents 0 OOS Vehicle (MCMIS): 0 Number of Vehicles Inspected (MCMIS): 0 Number of Vehicles Inspected (MCMIS): 0											
Your propo	esed safety rating is :										
This Review is not Rated.											
			·								

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- W- M-





State #: 326916

Part B Requirements and/or Recommendations

1. Forms and publications are available at the CHP internet website at: http://www.chp.ca.gov/publications/index.html



				NSPO 273198		ON INC	C - Ter	minal				S	State #	: 3269	16		1	eview Date: 5/11/2016
ſ									Part	С								
L		n for Rev ed Action		Other Complia	ince M	onitorii	ng	C	SAT					<u>.</u>				
		Reviewec 182 383		ficatior 390	a: 391	392	393	395	396	397	398	399	171	172	173	177	178	180
	Prior R 7/9/201 6/18/20 6/19/20	14	Pr	ior Pro	secuti	ons		Reas	son no	ot Rate	:d:Spe	ecial Sti	udy	5	Study (Code: (CA	
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		ate Conta ate Conta					ER					Sp	ecial S	Study	Inform	ation:		
Ć	Termina Rating Ir	s : Name: Address nformation dance wit	: 8800 n:	Park S	it, Bell	flower,	Ca 90	706		FCN -			ie.					
	CSAT PI All record	ROGRAN ds are cu	l VIOL/ rrent ar	ATIONS nd on fil): le at thi	is time												
									Auth Upto	oad Au Iorizec oaded: Ted by	l by:	ed: Yes	Yes	No	Fa	ate: iilure (ate:	Code:	

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORN	BA BIODINAL DATION										Page 1	of <u>5</u> pa	
SAFETY COMPL		<u>рт</u> –	Yes	INFORMATIO	101 0	CA NUMBE	R 916		FILE CODE NUMBER COL			BED	
TERMINAL RECO			ERMINAL TYPE				OTHER PRI	1	LOCATIO		19	IBAREA	
CHP 343 (Rev 6-10) OI	PI 062] Truck	Bus		В		Т	200/110	550	30	S44	
			**************************************	Antonia and a second second second second second second second second second second second second second second			(*************************************		TEI	TELEPHONE NUMBER (W/ AREA CODE)			
EMPIRE TRANSP										5	562-529	-2676	
8800 PARK ST, BI		CA 90706										*	
MAILING ADDRESS (NUMBER	R. STREET, CITY, STATE	E, ZIPCODE) (IF D	IFFERENT FRO	M ABOVE)	INSPECT	ION LOCA	TION (NUM	IBER, STREE	T, CITY OF	R COUNTY)		******	
8800 PARK ST, BE	ELLFLOWER, (8800	PARK	ST, BE	LLFLOV	VER, C	A 9070)6		
HM LIC. NO. HWT	REG. NO. IMS	LIC. NO.	CENSE, FLE					N S BY TYPE	ופח	VERS	In	T FLEET SIZE	
N/A	N/A	N/A	1	N/A		N/A	-		2	6	6	I FLEET SIZE	
EXP. DATE EXP	DATE EXP.	DATE N/A	REG. CT	1	HW VEH.	N 1 7 A	ну с		1	/CSAT		N/A	
CONSOLIDATED TERMINALS		CODE NUMEER (OCATIONS] Yes	No	****	
🗌 Yes 🗹 No	N//	4		· · · · · · · · · · · · · · · · · · ·	1	UN DIGIN		a number	(Use ner	Tarks for Add	alloner FON;)	
EMERGENCY CONTACT (NA	ME)	EMERG	ENCY CON	TACTS (In	Calling	Order	of Prefer	ence)		****			
BERTHA AGUIREE				DAY TELEPH			CODE) 6 EXT	144	NIGI	IT TELEPHI	DNE NO. (W	(I AREA CODE)	
EMERGENCY CONTACT (NA	ME)	004Deexbmbox = ==================================		DAY TELEPH				• • I	NIGH	IT TELEPHO	ONE NO (W	/ AREA CODE)	
JOSE GUZMAN							6 EXT				-		
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	2	MC					REASON FO	DR INSPECTI		res			
Ni	ا المسلم	MX N//	1] MX	N/A		INITIA	L BASIC	BUS	TERMI	NAL INS	SPECTION	
USPECTION FINDINGS	INSPECTION RATII	NGS: S = Satist	DRIVER REC				UR = Unr	ated N/A =	Not Appli	able			
MAINTENANCE	1 UR ₂ S ₃			JURUS			MENT	****	DOUS MAT			TERMINAL	
PROGRAM I DRIVER	1012_0_3_	41	JR 2 S 3	4	1 UR 2	<u> </u>	4		WA ₃ N/			S 3 4	
RECORDS 0	No. 3 Time	e No.	6 Tim	ie	No. 3	Tim	a.	TIME	N/A		TOTAL TIM		
DRIVER 0	HAZARDOUS MATER	RIALS			CONTAIN	ERS/TANK	S	VEHICLES	PLACED O		VICE		
BRAKES 2	REMARKS		lo H/M violatic	ins noted	_{No.} N/	A Time	N/A	Vehicles	<u>N</u>	<u>/A</u>	Units	N/A	
LAMPS &													
SIGNALS 0													
CONNECTING N/A	SEE CHP	343-1 AN	D 407F	ASPEN	ATT	ACHJ	ED						
	1												
	-												
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QUIPMENT 1													
ONTAINERS & N/A	~												
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ISPECTED BY (NAME(S))	E				ID NL	MBER(S)	113120		5	USPENSE I	DATE		
	S.MIDDLEBR				5		A133	37		✓ Auto	·······	None	
baraby cartify that all white	ations donathed !		MOTOR C		ERTIF	ICATIC	N						
hereby certify that all violation of the California Networks of the California Networks Carrier	vehicle Code and t	reon and reco he California (orded on the Code of Rea	attacked p	ages (2 underete	through	<u>5</u>)	, will be co	rrected in	accorda	nce with	applicable	
tacling the Motor Carrier	Safety Unit Super	visor at	323-64	4,5557	with	nin 5 cal	endar da	juest a rev ys of the ra	ew or an ting.	i unsatista	ecory rati	ng by	
JRRENT TERMINAL RATING		CARRI	ER REPRESE	NATIVE'S SIG	11	4		1		ATE	*****		
SATISFA			AD	$\wedge / /$	V	7		\sim			7/9/20	15	
OSE GUZMAN	over of NAME		10	-	TILE	0 A m		NAOTO	3	RIVER LICE	NSE NUMB	ER STATE	
			- Parte	Den		JARE		NAGER					
			/ Destroy	Previous E	ditions						Chp343	0610.xis	

STATE OF CALIFORNIA	ORNIA HIGHWAY PATROL		Page 2			
CONTINUATIO		DATE	THIS IS A CONTINUATION OF			
CHP 343-1 (REV	10-97) OPI 062	07/09/15	CHP 343			
CARRIER NAME			CA NUMBER			
	EMPIRE TRANSPORTATION INC		326916			
ADDRESS	3800 PARK ST, BELLFLOWER, CA 90706	00000mm89999999999999999999999999999999	FC NUMBER			
REMARKS			245940			

MAINTENANCE PROGRAM VIOLATIONS:

<u>13 CCR 1215(f)</u> Carrier does not repair defect(s) reported on the driver's daily vehicle condition reports, and attest to the repair by signing or having an authorized agent sign the reports. Defects or deficiencies reported on drivers' daily vehicle condition reports that are likely to affect the safe operation of the motor vehicle or combination are required to be repaired prior to returning to operation. The motor carrier or an authorized agent shall certify on the report that necessary repairs have been completed prior to the vehicle returning to operation.

Unit # 251 drivers DVIR indicated defective door: 05-06-15, 05-07-15, 05-08-15 Unit # L-205 drivers DVIR indicated vehicle alignment issues: 06-23-15, 06-24-15, 06-25-15, 06-26-15

DRIVER RECORDS VIOLATIONS:

Due to carrier having two types of operations (Tour Bus / Basic Bus) driver records were inspected in conjunction with the roual tour bus terminal inspection. Driver records meet all the requirements for basic bus operation.

RATING:

13CCR 1233 Terminal is rated SATISFACTORY at this time.

CHANGE OF ADDRESS:

13CCR 1233.5 Carrier is required to notify the department of any change of address or cessation of regulated activity at any of the carrier's terminals. Carrier shall notify the department in writing within 15 days of the change and shall be forwarded to:

California Highway Patrol

COMMERCIAL RECORDS UNIT

P.O. BOX 942898

SACRAMENTO, CA. 94298-0001

EMPIRE TRANSPORTATION INC Driver: 8800 PARK ST License#: S	State:
BELLFLOWER, CA 90706Date of Birth:USDOT#:Phone#:CoDriver:MC/MX#:Fax#:License#:	state:
State#: 326916Date of Birth:Location: 8800 PARK STMilePost:Shipper:Highway:Origin: NONEBill of Lading:County: LOS ANGELES, CADestination: NONECargo:	
VEHICLE IDENTIFICATION Unit Type Make Year State Plate # Equipment ID VIN GVWR CVSA # CVSA Issued # O 1 BU CHEV 2008 CA 8V75559 251 1GB25V1GX8F406185 19,500	<u>OS Sticker</u>
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR	
VIOLATIONS Vio Code Section Unit OOS Citation # Verify Crash Violations Discovered C22.2RG 5201 VC 1 N N Front license plate not visible 45B2 1245(F)(3) CCR /0 1 N N Axle # 1 right hydraulic brake hose from caliper worn chaffing on inner fender 393.45B2 1245(F)(3) CCR /0 1 N N Axle # 1 left caliper installed in wrong position causin brake hose to curl and chaffing on inner plastic fender	g hydraulic
HazMat: No HM Transported. Placard: No Cargo Ta	ink:
Special Checks: No Data for Special Checks.	
State Information: Beat/Sub Area: S44; PUC: 21507; Veh #1 Type: 10; Regulated Vehicle: Y; Odometer: 244631; File Code Number: 245940; Fuel Passenger Capacity: 26; Bus Type: 1;	Type: G;
Signature Of Repairer X:	
This copy of the report is for your information. Carriers are required to take corrective actions for all defects noted. DO NOT return this form to the California Highway Patro NOTE: If a citation was issued, you MUST follow the instructions listed on the citation. Signature Of Motor Carrier X:	
Report Prepared By: Badge #: Copy Received By: Page 1 of 1 SEAN MIDDLEBROOKE A13337	

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CA CA3P14001150

DRIVER/VEHICLE	EXAMINATION	REPORT

	Califorr Questic	nia Hij Ins re phon	e number liste	eport may be di d below.	irect		Report Number: CA3P14001159 Inspection Date: 07/09/2015 Start: 6:45:00 AM CT End: 7:15:00 AM C Inspection Level: V - Terminal HM Inspection Type: None					
EMPIRE TR 8800 PARK BELLFLOW	ST		N INC	Driver: License#: Date of Birth:							State:	
USDOT#: MC/MX#: State#: 3269			Phone#: Fax#:			CoDriver: License#: Date of Bir					State:	
Location: 8 Highway: County: LO				MilePos Origin: I Destina	••			l of Ladin rgo:	ıg:			
VEHICLE ID	ENTIFICAT	ION		ana tarin mina ada a n gandara ang ang ang ang ang ang ang ang ang an	tter met Carballe som aldelse manses ses		****				5000CeHurmedenumaan sugaan jahtuutaan kuranga sabaan	
Unit <u>Type Ma</u> 1 BU CH	<u>ake Year S</u> IEV 2010 (<u>Plate #</u> 1358267	Equipment ID L-205	<u>VI</u> 1GB9G5AG	<u>N</u> XA1104524		<u>CVSA #</u>	<u>CVSA</u>	lssued #	<u>OOS Sticker</u>	
Right I	1 2 N/A N/A N/A N/A	k					s					
VIOLATIONS	S : No Violati	ons W	lere Discovered.						*****	-668	*****	
HazMat: No			Special Checks.		*****			Placard:	No	Cargo ⁻	Tank:	
State Inform Beat/Sub Area	ation: : S44; Veh #	1 Typ		Vehicle: Y; Odor /pe: 2;	neter: 10715	4; File Code	Number:	245940; 1	Fuel Ty	pe: LPG;	Passenger	
Signature Of Repa	irer X:					Facility:				Dale:	************	
This copy of the rep NOTE: If a citation	port is for your in: was issued, you	formatio u MUST	n. Carriers are require follow the instructions	ed to take corrective ac i listed on the citation.	tions for all defer	ets noted. DO N	IOT return th	is form to the	California	a Highway Pa	itrol.	

Title:

Signature Of Motor Carrier X:_

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Report Prepared By: SEAN MIDDLEBROOKE

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<u>Badge #:</u> A13337

Copy Received By:



Date:___

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	CHP 407F/34 California Hi Questions re the telephon (323) 644-955	ghway Patr egarding thi e number li	s report may b	e direct		Report I Inspecti Start: 7: Inspecti HM Insp	0 00:00 AM CT			
EMPIRE TRAN 8800 PARK ST BELLFLOWER USDOT#: MC/MX#: State#: 326910	- R, CA 90706 3	N INC Phone#: Fax#:		Driver: License#: Date of Birth: CoDriver: License#: Date of Birth:						
Location: 880 Highway: County: LOS /		A	Origi	Post: in:NONE ination:NON			of Lading	1:		
VEHICLE IDEN Unit Type Make 1 BU CHEV		<u>Plate #</u> 1358266	Equipment I L-204		<u>VIN</u> AG0A1104709	<u>GVWR</u> 14,200	<u>CVSA#</u> (CVSA Issued #	OOS Sticker	
BRAKE ADJUSAxte #1RightN/ALeftN/AChamberHYD	<u>2</u> N/A N/A		3 :							
VIOLATIONS Vio Code 200.21A 21A	<u>Section</u> 27900(A) V 34507 5(B)		OOS <u>Citation #</u> N N	<u>Verify Crash</u> N N N N	<u>Violations Dis</u> Company nan Carrier ID nun	ne or logo		e legible from 5	Oft	
HazMat: No HM	1 A Transported.						Placard: N		Tank:	
Special Checks State Informati Beat/Sub Area: S Capacity: 12; WC	on: 44; Veh #1 Typ	e: 11; Regula	ated Vehicle: Y; C)dometer: 114	440; File Code	Number:	245940; Fu	iel Type: LPG;	Passenger	
Signature Of Repairer	X:				Facility:			Date:	-	

This copy of the report is for your information. Carriers are required to take corrective actions for all defects noted. DO NOT return this form to the California Highway Patrol. NOTE: If a citation was issued, you MUST follow the instructions listed on the citation. Signature Of Motor Carrier X:___ Title: Date:_

Report	Prepared	By:
_	MIDDLEB	

<u>Badge #:</u> A13337

Copy Received By:

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Page 1 of 1 CA CA3P14001160

STATE OF CALIF		HIGHWAY PATF	10L	NEW T	ERMINAL	INFORMATIO	11	CA NUMBER	7	FILE CODE	NUMBE			1 of <u>16</u> pages
SAFETY C				\Box	Yes 🗌] No		326	916	245	5940		19	
TERMINA			TE		NAL TYPE	• •		1		OGRAM(S)	LOCATI	ON CODE 550	S	UBAREA S44
		062			Truck 🗸	Bus		T		B	1		URED /14	044 V/AREA CODE)
		RTATION	INC								1			9-2676
TERMINAL STREE	ET ADDRESS (/	NUMBER, STRE	ET, CITY, ZIP COD	•					****					
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BERTHA A	• • • • •	5)				DAY TELEPI		529-267	-	144	10	IGHI IELEFHI	UNE NO. (WIAREA CODE)
EMERGENCY CO		:)		*******		DAY TELEPI	ICNE NO	D. (W/ AREA	CODE)	*****	N	IGHT TELEPHI	ONE NO. (W/AREA CODE)
JOSE GUZ	MAN							529-267						
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BRAKES	2	REMARKS												
LAMPS B SIGNALS	1													
CONNECTING DEVICES	N/A	SEE C	HP 343-1.	AND	407F	ASPEN	V A T	TACH	ED					
STEERING &	0													
SUSPENSION TIRES &														
WHEELS	0													
EQUIPMENT REQUIREMENTS	8													
CONTAINERS & TANKS	N/A													
HAZARDOUS MATERIALS	N/A								·					
		FEES DUE	CHP 345	Сн	P 100D CO	IL.	1			7-08, 07-0	na	TIME IN		TIME OUT
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1 5 b		1 ¹		-		CARRIER				< +if s				the employed
I hereby certify provisions of the	e California V	/ehicle Code	and the Califo		de of Fe	gulations.	lunde	rstand tha	it I may		eview c	of an unsatis		
nlacting the N		Galety Unit i		CARRIER		544-5857	IGNATU	Within D Ca	alcriudí	uays ut the	raung.	DATE		
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STATE OF CALIFO			Page 2
		DATE	THIS IS A CONTINUATION OF
CONTINUA CHP 343-1 (F	REV 10-97) OPI 062	07- 07, 07-08, 07-09	СНР 343
CARRIER NAME			CA NUMBER
	EMPIRE TRANSPORTATION INC		326916
ADDRE55			FC NUMBER
	8800 PARK ST, BELLFLOWER, CA 90706		245940
REMARKS			

MAINTENANCE PROGRAM VIOLATIONS:

<u>13 CCR 1215(f)</u> Carrier does not repair defect(s) reported on the driver's daily vehicle condition reports, and attest to the repair by signing or having an authorized agent sign the reports. Defects or deficiencies reported on drivers' daily vehicle condition reports that are likely to affect the safe operation of the motor vehicle or combination are required to be repaired prior to returning to operation. The motor carrier or an authorized agent shall certify on the report that necessary repairs have been completed prior to the vehicle returning to operation.

Unit # 243 drivers DVIR indicated check engine light on: 04-01-15, 04-03-15, 04-06-15, 04-07-15, 04-20-15 Unit # 164 drivers DVIR indicated power steering problem: 05-22-15, 05-23-15, 05-24-15 Unit # 244 drivers DVIR indicated inoperative interior light: 05-15-15, 05-18-15, 05-19-15, 05-20-15, 05-21-15, 05-22-15 Unit # 259 drivers DVIR indicated inoperative turn signal: 04-01-15, 04-02-15 Unit # 251 drivers DVIR indicated defective door: 05-06-15, 05-07-15, 05-08-15

DRIVER RECORDS VIOLATIONS:

All records are current and on file at this time.

RATING:

13CCR 1233 Terminal is rated SATISFACTORY at this time.

CHANGE OF ADDRESS:

13CCR 1233.5 Carrier is required to notify the department of any change of address or cessation of regulated activity at any of the carrier's terminals. Carrier shall notify the department in writing within 15 days of the change and shall be forwarded to:

California Highway Patrol

COMMERCIAL RECORDS UNIT

P.O. BOX 942898

SACRAMENTO, CA. 94298-0001

	Questions re	ghway Patrol garding this re e number liste		irect	Inspect Start: 1 Inspect	Number: ion Date: :30:00 PM ion Level pection Ty	07/07/20 CT En : V - Tern	15 d : 2:0 ninal	3 0:00 PM CT
EMPIRE TRAN 8800 PARK ST BELLFLOWER USDOT#:				Driver: License#: Date of Bir	th:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			State:
MC/MX#: State#: 326916	•	Phone#: Fax#:		CoDriver: License#: Date of Bir				×	State:
Highway: County: LOS A		\	MilePos Origin: I Destina			l of Ladin rgo:	g:		
VEHICLE IDEN	TIFICATION								······
Unit <u>Type</u> <u>Make</u> 1 BU FORD	<u>Year State</u> 2011 CA	<u>Plate #</u> 72628B1	<u>Equipment ID</u> 259	<u>VIN</u> 1FDFE4FS7BDA42091		<u>CVSA #</u>	CVSA Issi	ued #	OOS Sticker
BRAKE ADJUSAxle #1RightN/ALeftN/AChamberHYD	<u>2</u> N/A N/A		¢				Golden and San San San San San San San San San San	Фонтански, на колониција, на колониција, на колониција, на колониција, на колониција, на колониција, на колони	
VIOLATIONS : 1	No Violations W	/ere Discovered.	анда аланан калан калан калан калан калан калан калан калан калан калан калан калан калан калан калан калан кал	анан талан талан талан талан тарар тарар тарак талан талак талар тарар тарар тарар тарар тарар тарар тарар тара Тарар тарар 9945-0990-9565 erikundir (setermenses in r	******		Kuffilmiðir er far sem an er er sem s		
HazMat: No HM	-	Special Checks.	1480-1499-1499-1499-1499-1499-1499-1499-149		20000000000000000000000000000000000000	Placard: I	Vo Ca	argo T	Tank:
ate Informati	on: 14; PUC: 2150	7; Veh #1 Type: 1	10; Regulated Ve 2; Bus Type: 1;	hicle: Y; Odometer: 1257	750; File	Code Numl	per: 24594	0; Fue	el Type: G;
Signature Of Repairer 3	< <u>.</u>			Facility:			Dat	e:	0
This copy of the report i NOTE: If a citation wa	s for your informatio s issued, you MUST	n. Carriers are require follow the instructions	ed to take corrective ac fisted on the citation.	tions for all defects noted. DO N	IOT return th	is form to the l			trol

Signature Of Motor Carrier X:

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Report Prepared By: SEAN MIDDLEBROOKE

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<u>Badge #:</u> A13337 Copy Received By:

Page 1 of 1

Date:___

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		ighway Patro egarding this ne number lis	s report may be	e direct		Inspecti Start: 1: Inspecti	on Date: 0 00:00 PM (CT End: 1:3 V - Terminal	
EMPIRE TRAN 8800 PARK ST BELLFLOWER	- -	N INC			Driver: License#: Date of Bir	th:			State:
USDOT#: MC/MX#: State#: 32691(6	Phone#: Fax#:			CoDriver: License#: Date of Bir	th:			State:
Location: 880 Highway: County: LOS /	-	4		Post: n: NONE nation: NON	Ship E	Bill	of Lading	:	
	TIFICATION	600.000.000000000000000000000000000000	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -		endersentleburdssetersetersendernen en en en en en en en en en en en en			1999 - J. J. L. L. L. L. L. L. L. L. L. L. L. L. L.	
<u>Unit Type Make</u> 1 BU FORE	<u>Year State</u> 2009 CA	<u>Plate #</u> 907HN	<u>Equipment IC</u> 244	-	<u>/IN</u> S09DA47379	<u>GVWR</u> 14,500	<u>CVSA#</u> (VSA Issued #	OOS Sticker
Axle # 1 Right N/A Left N/A Chamber HYD	2 A N/A A N/A			,					
VIOLATIONS									
<u>Vio Code</u> 390.21A .21A	• •	<u>Unit (</u> VC /001 1 VC /00 1	<u>OOS</u> Citation # N N	N N	Violations Dis Company nan Carrier ID nun	ne or trade		red to be visible Ile from 50ft	e from 50ft
HazMat: No HM	I Transported.		**************************************		48-4-4-68-4-4-68-68 -69-69-69-69-69-69-69-69-69-69-69-69-69-	F	Placard: N	o Cargo	Tank:
Special Check	s: No Data for	Special Checl					****		
State Informati Beat/Sub Area: S CNG; Passenger	44; PUC: 2150)7; Veh #1 Typ WC Passenge	pe: 10; Regulated er Capacity: 2; Bu	l Vehicle: Y; O is Type: 1;	dometer: 1192	01; File (Code Numbe	ər: 245940; Fu	el Type:
Signature Of Repairer	Х		***		Facility:			Date:	
This copy of the report NOTE: If a citation wa	is for your informat as issued, you MUS	ion. Carriers are re T follow the instruc	equired to take correctiv tions listed on the citati	re actions for all de on.	fects noted. DO N	IOT return th	is form to the C	alifomia Highway P	atrol.
Signature Of Motor Ca					Tille:			Date:	

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<u>Badge #:</u> A13337

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Page 1 of 1

CA CA3P14D01157

	Questions r	ighway Patrol egarding this i ne number list	report may be d ed below.	lirect	Inspect Start: 12 Inspect	ion Date: (2:30:00 PN	CA3P1400115 D7/07/2015 1 CT End: 1:0 V - Terminal pe: None	
EMPIRE TRAN 8800 PARK ST		N INC		Driver:		***************************************		······
BELLFLOWER				License#: Date of Bi				State:
USDOT#:	,	Phone#:		CoDriver:	ETU:			
MC/MX#:	~	Fax#:		License#:				State:
State#: 326916 Location: 880				Date of Bi				
Highway:	U PARK OI		MilePos Origin:		pper:	l of Lading	1.	
County: LOS /	ANGELES, CA	4		ition: NONE		rgo:	j.	
VEHICLE IDEN	TIFICATION				******		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	₩₩₩\$
Unit Type Make		Plate #	Equipment ID	VIN	<u>GVWR</u>	CVSA# (CVSA Issued #	00S Sticker
1 BU FORE	2001 CA	6P83397	163	1FDXE45571HB06008				<u></u>
Axle # 1 Right N/A Left N/A Chamber HYD	N/A N/A R HYDR	Vere Discovered		۰ 				
HazMat: No HN	A Transported.				1	Placard: N	lo Cargo	Tank:
ecial Check	s: No Data for	Special Checks.					<u> </u>	
Scate Informati Beat/Sub Area: S Passenger Capac	44; PUC: 2150	/pe: 1:	: 10; Regulated V	ehicle: Y; Odometer: 288	061; File	Code Numb	er: 245940; Fu	iel Type: G;
Signature Of Repairer	X:			Facility:			Date:	
	is for your informati	on Carders are requi	ired in take corrective a	ctions for all defacts poted DO				
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Page 1 of 1 CA CA3P14001156

	Questions re	ghway Patrol egarding this re e number listed		irect		Inspecti Start: 12 Inspecti	Number: (on Date: 1:00:00 PN on Level: ection Ty	07/07. /I CT V - T	/2015 End: 12: erminal	5 30:00 PM CT
EMPIRE TRAN 8800 PARK ST BELLFLOWER	-				Driver: License#: Date of Bir	th:				State:
USDOT#: MC/MX#: State#: 326910 Location: 8800	-	Phone#: Fax#:	MilePo		CoDriver: License#: Date of Bir	th: oper:				State:
Highway: County: LOS /		Ą	Origin:			Bill	of Ladin go:	g:		
VEHICLE IDEN Unit Type Make 1 BU FORD		<u>Plate #</u> 8W82663	Equipment ID 237		IN 76DB32319	<u>GVWR</u> 9,100	CVSA #	CVSA	issued #	00S Sticker
BRAKE ADJUS Axle # 1 Right N// Left N// Chamber HYD	<u>2</u> , A N/A A N/A									
VIOLATIONS:	No Violations V	Vere Discovered								
HazMat: No H	VI Transported.					ſ	Placard: !	٧o	Cargo	Tank:
ecial Check	s: No Data for	Special Checks.			nu=1111-1111-1111-111-1111-1111-1111-111					
State Informat Beat/Sub Area: S Passenger Capa	44; PUC: 2150		10; Regulated V	/ehicle: Y; Od	iometer: 105	771; File (Code Numi	ber: 24	5940; Fu	iel Type: G;
Signature Of Repairer	X:				_ Facility:	telor valmbos delti del valence dodo una			Date:	
This copy of the report NOTE: If a citation with the second secon	as issued, you MUS	ion. Carriers are requir T follow the instruction:	ed to take corrective a s listed on the citation	actions for all defe	cts noted DO	NOT return th	is form to the	Californi	a Highway P Date:	atrol

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<u>Badge #:</u> A13337

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Page 1 of 1 CA CA3P14001155

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.14.1.1

(the telephone number (323) 644-9557	trol his report may be direct	Report Number: CA3 Inspection Date: 07/(Start: 11:30:00 AM C Inspection Level: V - HM Inspection Type:	07/2015 T End: 12:00:00 PM CT · Terminal
EMPIRE TRANSPORTATION INC 8800 PARK ST)river: icense#:	State:
BELLFLOWER, CA 90706 USDOT#: Phone#: MC/MX#: Fax#: State#: 326916	C	ate of Birth: oDriver: icense#: ate of Birth:	State:
Location: 8800 PARK ST Highway: County: LOS ANGELES, CA	MilePost: Origin: NONE Destination: NONE	Shipper: Bill of Lading: Cargo:	
VEHICLE IDENTIFICATION			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Unit Type Make Year State Plate # 1 BU FORD 2011 CA 100FL	Equipment ID VIN 258 1FDFE4FS5E	<u>GVWR</u> <u>CVSA # CVS</u> 3DA43090 14,500	A Issued # OOS Sticker
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR			
VIOLATIONS Vio Code Section Un 390.21A 27900(A) VC /001 1 (1.21A 34507.5(B) VC /00 1		mpany name or trademark required rrier ID number required to be visible	
HazMat: No HM Transported.		Placard: No	Cargo Tank:
Special Checks: No Data for Special Che	ecks,	••••••••••••••••••••••••••••••••••••••	
State Information: Beat/Sub Area: S44; PUC: 21507; Veh #1 7 Passenger Capacity: 12; WC Passenger Ca	Type: 10; Regulated Vehicle: Y; Odon apacity: 4; Bus Type: 1;	neter: 92811; File Code Number: 24	
Signature Of Repairer X:		Facility	Date:
This copy of the report is for your information. Carriers are NOTE: If a citation was issued, you MUST follow the inst	required to take corrective actions for all defects ructions listed on the citation.	noted. DO NOT return this form to the California	rnia Highway Patrof.
Signature Of Motor Carrier X:		Title:	Date:

Report Prepared By: SEAN MIDDLEBROOKE

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<u>Badge #:</u> A13337

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Page 1 of 1



CA CA3P14001154

	Questions re	ighway Patrol egarding this re le number liste	eport may be di d below.	rect	Inspecti Start: 11 Inspecti	on Date: I:00:00 AM on Level:	CA3P1400115 07/07/2015 // CT End: 11: : V - Terminal / pe: None		
EMPIRE TRAI 8800 PARK S BELLFLOWER	Т	N INC		Driver: License#: Date of Bi				State:	
USDOT#: MC/MX#: State#: 32691	6	Phone#: Fax#:		CoDriver: License#: Date of Birth: MilePost: Shipper:					
Location: 880 Highway: County: LOS		4	Origin: N		Bill	of Ladin rgo:	g:		
VEHICLE IDE	NTIFICATION								
Unit Type Mak 1 BU FOR	<u>e Year State</u> D 2000 CA	<u>Plate #</u> 6E24755	Equipment ID 116	<u>VIN</u> 1FBSS31L2XHC33018	<u>GVWR</u> 3 9,100	<u>CVSA #</u>	CVSA Issued #	<u>OOS Sticker</u>	
BRAKE ADJU Axle# 1 Right N/ Left N/ Chamber HY	<u>2</u> A N/A A N/A								
VIOLATIONS	No Violations V	Vere Discovered.		et elle te ban anna ann an tealth be de an a de anna ann an de bhaile de air ait ann ann an an an an an an ambh Tha ann an ann an ann an ann an ann an ann an a					
HazMat: No H	M Transported.					Placard:	No Cargo	Tank:	
		Special Checks.							
State Informal Beat/Sub Area: 9 Passenger Capa	344; PUC: 2150		10; Regulated Ve	hicle: Y; Odometer: 358	3556; File	Code Num	ber: 245940; Fu	iel Type: G;	
Signature Of Repaire	r X:			Facility:			Date:		
This copy of the repo NOTE: If a citation v	t is for your informali vas issued, you MUS	ion. Carriers are requir T follow the instruction	red to take corrective ac s listed on the citation.	tions for all defects noted. DC) NOT return th	iis form to the	California Highway P	atrol.	

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Report Prepared By: SEAN MIDDLEBROOKE

<u>Badge #:</u> A13337

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Date:___

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	Califori Questic	nia Hig ons re ephone	e number liste	eport may be d d below.	irect	Inspec Start: Inspec	tion Date: 0	CT End: 11: V - Terminal	2 00:00 AM CT
EMPIRE TRAN 8800 PARK ST BELLFLOWEF	Г		IINC		Drive Licen Date	••			State:
USDOT#: MC/MX#: State#: 32691	+		Phone#: Fax#:		CoDr Licen	iver:			State:
Location: 880 Highway: County: LOS				MilePos Origin: Destina			ill of Lading argo:	•	
VEHICLE IDE		TION		1999 - Seren Frankrik, Andrea Stationer, S	"Store a balanda da ante da ante da ante da ante da ante da ante da ante da ante da ante da ante da ante da ant		11.949 male and a second second second second second second second second second second second second second s	₩42.4 8 .489.489.499.499.499.499.499.499.499.499	
<u>Unit Type Make</u> 1 BU FORI			<u>Plate #</u> 6E23925	<u>Equipment ID</u> 115	<u>VIN</u> 1FBSS31L5XHC3	<u>GVWF</u> 33014 9,100	· ·····	VSA Issued #	OOS Sticker
BRAKE ADJU Axle # 1 Right N// Left N// Chamber HYD	<u>2</u> A N// A N//	д Д							
VIOLATIONS:	No Violat	ions W	ere Discovered.				llandarod Markol Michaelo dan sessaman sekataka	******	*******
HazMat: No HI	M Transpo	orted.					Placard: No	Cargo	Tank:
🗋 ecial Check	s: No Da	ata for S	Special Checks.						
Scate Informat Beal/Sub Area: S Passenger Capa	44; PUC	: 2150) Bus Typ	7; Veh #1 Type: be: 2;	10; Regulated V	ehicle: Y; Odomete	r: 277971; File	e Code Numbe	er: 245940; Fu	el Type: G;
Signature Of Repairer	×				Facilit	×		Dale:	
This copy of the report	t is for your in as issued, yo	nformatio ou MUST	n. Carriers are requir follow the instruction:	ed to take corrective a slisted on the citation.	ctions for all defects noted	d. DO NOT return	this form to the Ca	ilifomia Highway P	atrol.

Title:

Signature Of Motor Carrier X:_

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Report Prepared By: SEAN MIDDLEBROOKE

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<u>Badge #:</u> A13337

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Page 1 of 1 CA CA3P14001152

Date:

CHP 407F/343A-Aspen California Highway Patrol Questions regarding this report may be direct the telephone number listed below. (323) 644-9557 CHP 407F/343A-Aspen Inspection Date: Start: 10:00:00 AM Inspection Level: HM Inspection Ty	07/07/2015 ⁄I CT End: 10:30:00 AM CT : V - Terminal
EMPIRE TRANSPORTATION INCDriver:8800 PARK STLicense#:BELLFLOWER, CA 90706Date of Birth:	State:
USDOT#:Phone#:CoDriver:MC/MX#:Fax#:License#:State#: 326916Date of Birth:	State:
Location: 8800 PARK STMilePost:Shipper:Highway:Origin: NONEBill of LadinCounty: LOS ANGELES, CADestination: NONECargo:	g:
VEHICLE IDENTIFICATIONUnit Type Make Year StatePlate #Equipment IDVINGVWRCVSA #1BU FORD 2009CA898HN2431FDFE45S49DA4735314,500	CVSA Issued # OOS Sticker
BRAKE ADJUSTMENTS Axle # 1 2 Right N/A N/A Left N/A N/A Chamber HYDR HYDR	
Vio Code Section Unit OOS Citation # Verify Crash Violations Discovered 200.21A 27900(A) VC /001 1 N N Carrier name or logo required to b 2.21A 34507.5(B) VC /00 1 N N N Carrier ID numbers not clearly vision	
HazMat: No HM Transported. Placard:	No Cargo Tank:
Special Checks: No Data for Special Checks.	
State Information: Beat/Sub Area: S44; PUC: 21507; Veh #1 Type: 10; Regulated Vehicle: Y; Odometer: 97444; File Code Numb Passenger Capacity: 16; WC Passenger Capacity: 2; Bus Type: 1;	
Signature Of Repairer X: Facility:	
This copy of the report is for your information. Carriers are required to take corrective actions for all defects noted. DO NOT return this form to the NOTE: If a citation was issued, you MUST follow the instructions listed on the citation.	e California Highway Patrol.

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<u>Badge #:</u> A13337

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Page 1 of 1



Aspen 2.14.1.1

	CHP 407F/34 California Hi Questions re the telephon (323) 644-956	ghway Patr egarding thi e number li	is report may be	direct		Inspecti Start: 9: Inspecti	Number: CA3 on Date: 07/0 30:00 AM CT on Level: V - ection Type:	7/2015 End: 10: Terminal	
EMPIRE TRAN 8800 PARK S BELLFLOWER	Г				Driver: License#: Date of Bir	th:			State:
USDOT#: MC/MX#: State#: 32691	6	Phone#: Fax#:			CoDriver: License#: Date of Birl	th:			State:
Location: 880 Highway: County: LOS		ł		ost: n: NONE nation: NON	Ship IE	Bill	l of Lading: rgo:		
VEHICLE IDE Unit Type Mak 1 BU CHE		<u>Plate #</u> 8V75559	<u>Equipment ID</u> 251		<u>VIN</u> 1GX8F406185	<u>GVWR</u> 19,500	CVSA # CVS	A Issued #	OOS Sticker
BRAKE ADJU Axle # 1 Right N/ Left N/ Chamber HYI	2 A N/A A N/A								
VIOLATIONS <u>Vio Code</u> 302.2RG .45B2 393.45B2	<u>Section</u> 5201 VC 1245(F)(3) 02 1245(F)(3) 01	1	OOS <u>Citation #</u> N N N	<u>Verify Crash</u> N N N N	chaffing on inr Axle # 1 left ca	plate not v hydraulic ner fender aliper inst	brake hose from	osition cau	sing hydraulic
HazMat: No H	M Transported.					l	Placard: No	Cargo	Tank:
Special Check State Informat Beat/Sub Area: S Passenger Capa	ion: 644; PUC: 2150)7; Veh #1 Ty	cks. ype: 10; Regulated	Vehicle: Y; (Odometer: 2446	331; File	Code Number: 2	245940; Fu	el Type: G;
NOTE: If a citation w	as issued, you MUS	T follow the instru	required to take correctiv actions listed on the citalion	on.					
Report Prepared	By:	Bado	ge #: Copy Rece			Page 1 of 1			
SEAN MIDDLEB	ROOKE	A13	3337						001150

CA CA3P14001150

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	Califo Quest	rnia Hi ions re ephon	e number		•	lirect		Inspecti Start: 9: Inspecti	ion Date: 0 00:00 AM (V - Terminal	19 30:00 AM CT
EMPIRE TRAN 8800 PARK ST BELLFLOWER	-		N INC				Driver: License#: Date of Bir	46			State:
USDOT#: MC/MX#: State#: 326910		0,00	Phone#: Fax#:				CoDriver: License#: Date of Bir				State:
Location: 880	0 PARK	ST			ilePo		Ship	per:			
Highway: County: LOS /		ES CA	λ.			NONE ation: NON	1 F		l of Lading rgo:]:	
[****		1	· •			N Ima	UU	190.		
VEHICLE IDEN	<u>Year</u>	<u>State</u>	Plate #	Equipme	********		VIN		<u>CVSA#</u>	CVSA Issued #	OOS Sticker
1 BU FORD	2006	CA	8Y07403	281		1FDWE3	5S16HA58941	11,500	**************************************	an an an an an an an an an an an an an a	
BRAKE ADJUS Axle # 1 Right N// Left N// Chamber HYD	A N	2 /A /A									
VIOLATIONS											
Vio Code		<u>ction</u> 52(A) ∖		t <u>OOS</u> Citatio N	<u>n#</u> ⊻	<u>/erify</u> <u>Crash</u> N N	<u>Violations Dis</u> Right head lar	<u>covered</u> np inoper	ative		
wazMat: No HI	A Transp	orted.						I	Placard: N	lo Cargo	Tank:
Special Check	s: No D	ata for	Special Che		*****						
State Informati Beat/Sub Area: S Passenger Capad	44; PU(C: 2150 Bus Ty	7; Veh #1 T pe: 1;			/ehicle: Y; (Odometer: 1706	338; File (Code Numb	er: 245940; Fi	uel Type: G;
Signature Of Repairer	X:						Facility:			Date:	
This copy of the report NOTE: If a citation was Signature Of Motor Ca	is issued, y	informati /ou MUS	on. Carriers are I follow the instr	required to take cor uctions listed on the	rective a citation	actions for all d		IOT return th	is form to the C		
			8899 ())) () () () () () () () () () () () (Tille:		***	Date:	

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<u>Badge #:</u> A13337

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Page 1 of 1

CA CA3P14001149

	Californ Questio	iia Hig ns reg phone	number list	report may be di ed below.	rect	Inspecti Start: 8: Inspecti	Number: on Date: 30:00 AM on Level ection Ty	07/07/20 CT Ei : V - Ter	015 n d: 9:0 minal	3 0:00 AM CT
EMPIRE TRAN 8800 PARK ST BELLFLOWER	Γ		INC		Driver: License#: Date of Bil	rth:				State:
USDOT#: MC/MX#: State#: 32691	6	I	^o hone#: Fax#:		CoDriver: License#: Date of Bil	rth:				State:
Location: 880 Highway: County: LOS				MilePos Origin: I Destinat			l of Ladin rgo:	ıg:	10 0 74 - 41-012 - 01-01000	
VEHICLE IDE	NTIFICAT	ΓΙΟΝ					-			
Unit Type Make 1 BU FORI			<u>Plate #</u> 136FL	Equipment ID 248	<u>VIN</u> 1FDFE45S19DA47374	<u>GVWR</u> 14,500	<u>CVSA #</u>	<u>CVSA Is</u>	sued #	OOS Sticker
BRAKE ADJU Axle # 1 Right N/ Left N/ Chamber HYE	<u>2</u> A N//	f f								
VIOLATIONS:	No Violat	ions W	ere Discovered	j			-		Maria	
HazMat: No H	M Transpo	orted.					Placard:	No	Cargo	Tank:
ecial Check	(s: No Da	ata for S	Special Checks							
State Informat Beat/Sub Area: S CNG; Bus Type	S44; PUC	: 2150	7; Veh #1 Type	e: 10; Regulated Ve	ehicle: Y; Odometer: 110	317; File	Code Num	iber: 2459	940; Fu	el Type:
Signature Of Repaire	r X:		2010-01-01-01-01-01-01-01-01-01-01-01-01-		Facility			I	Dale:	······
This copy of the report	rt is for your in	nformatio	n. Carriers are req		ctions for all defects noted. DO					

Title

Signature Of Motor Carrier X:____

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Report Prepared By: SEAN MIDDLEBROOKE

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<u>Badqe #:</u> A13337 Copy Received By:

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Page 1 of 1 CA CA3P14001148

Date:__

	Questions r	lighway Patrol regarding this re ne number liste	irect	Report Number: CA3P14001147 Inspection Date: 07/07/2015 Start: 8:00:00 AM CT End: 8:30:00 AM CT Inspection Level: V - Terminal HM Inspection Type: None						
8800 PARK S BELLFLOWE	•			Lic	ver: ense#: e of Birth	•		- 	<u></u>	State:
USDOT#: MC/MX#: State#: 3269	16	Phone#: Fax#:		Lice	Driver: ense#: e of Birth	:				State:
Location: 88 Highway: County: LOS	00 PARK ST ANGELES, C	A	MilePos Origin: Destina		Shipp	Bill	of Ladin go:	g:		
VEHICLE IDE Unit Type Mal 1 BU FOR		l <u>Plate #</u> 8L53842	Equipment ID 164	<u>VIN</u> 1FDXE45S61H	-	<u>3VWR</u> 14,050	<u>CVSA #</u>	<u>CVSA is</u>	sued #	OOS Sticker
Right N Left N	JSTMENTS 1 2 /A N/A /A N/A DR HYDR									
VIOLATIONS	: No Violations	Were Discovered.								
HazMat: No H	IM Transported	*				F	Placard: 1	No (Cargo	Tank:
ecial Chec	ks: No Data fo	r Special Checks.								
State Informa Beat/Sub Area: Passenger Cap	S44; PUC: 215	07; Veh #1 Type:]ype: 1;	10; Regulated V	ehicle: Y; Odome	eter: 27386	2; File (Code Numl	ber: 2459	940; Fu	el Type: G;
Signature Of Repair	er X:			Fa	cility:			[Date:	
This copy of the repo	ort is for your informa	tion. Carriers are requi	red to take corrective a	ctions for all defects n	oted DO NO	T return th	is form to the	California H	lighway P	atrol.

_____Title:_____

NOTE: If a citation was issued, you MUST follow the instructions listed on the citation.

Signature Of Motor Carrier X:_____

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Report Prepared By: SEAN MIDDLEBROOKE

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<u>Badge #:</u> A13337 Copy Received By:

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Page 1 of 1

CA CA3P14001147

___Date:____

	Questions re	ghway Patrol egarding this re e number liste	Inspec Start: 7 Inspec	Report Number: CA3P14001146 Inspection Date: 07/07/2015 Start: 7:30:00 AM CT End: 8:00:00 AM CT Inspection Level: V - Terminal HM Inspection Type: None				
EMPIRE TRAI 8800 PARK S BELLFLOWER	Г	N INC		Lic	iver: :ense#: te of Birth:			State:
USDOT#: MC/MX#: State#: 32691		Phone#: Fax#:		Lic Da	Driver: ense#: te of Birth:			State:
Location: 880 Highway: County: LOS		Ą	MilePos Origin: I Destina			ill of Ladin argo:	g:	
	NTIFICATION	n-8 a feir a feirin a feirin an ann ann an ann ann ann ann ann ann					•	
Unit Type Mak 1 BU FOR	<u>e Year State</u> D 2006 CA	<u>Plate #</u> 8Y07402	<u>Equipment ID</u> 282	<u>VIN</u> 1FDWE35S36	<u>GVWR</u> HA58942 11,500		CVSA Issued a	# OOS Sticker
BRAKE ADJU Axle # 1 Right N/ Left N/ Chamber HYI	<u>2</u> A N/A A N/A	×						
VIOLATIONS:	No Violations V	Vere Discovered.			80.000ms/2000000000000000000000000000000000			
HazMat: No H	M Transported.					Placard:	No Cargo) Tank:
cial Check	s: No Data for	Special Checks.						
State Informat Beat/Sub Area: S Passenger Capa	544; PUC: 2150		10; Regulated V	ehicle: Y; Odom	eter: 166540; File	Code Num	ber: 245940; F	fuel Type: G;
Signature Of Repaire	r X:			F	acility:		Dale:	
This copy of the report NOTE: If a citation w	t is for your informat as issued, you MUS	ion. Carriers are requir T follow the instruction	ed to take corrective a slisted on the citation.	ctions for all defects i	noted. DO NOT return	this form to the	California Highway	Patrol.

Signature Of Motor Carrier X:___

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Report Prepared By: SEAN MIDDLEBROOKE

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<u>Badge #:</u> A13337

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Page 1 of 1

CA CA3P14001146

Date:____

	CHP 407F/343A-Aspen California Highway Patrol Questions regarding this report may be direct the telephone number listed below. (323) 644-9557						Report Number: CA3P14001145 Inspection Date: 07/07/2015 Start: 7:00:00 AM CT End: 7:30:00 AM CT Inspection Level: V - Terminal HM Inspection Type: None				
EMPIRE TRA 8800 PARK S BELLFLOWE	Т					Driver: License Date of I					State:
USDOT#: MC/MX#: State#: 32691	USDOT#: Phone#:					CoDriver: License#: Date of Birth:					State:
Location: 880 Highway: County: LOS					Post: n:NONE ination:N(l of Ladir rgo:	ig:		
VEHICLE IDE Unit Type Mak 1 BU FOR		<u>e Plate</u>		<u>Equipment II</u> 90		<u>VIN</u> 540S5VHA467	<u>GVWR</u> 74 14,050	<u>CVSA #</u>	CVSA	Issued #	OOS Sticker
BRAKE ADJU Axle # 1 Right N/ Left N/ Chamber HY	1 2 /A N/A /A N/A										
VIOLATIONS Vio Code 73.79	<u>Sectior</u> 1259(A	1) CCR /001		<u>DS</u> Citation#	<u>Verify</u> <u>Cra</u> N N						
riazMat: No H	IM Transporte	ed.						Placard:	No	Cargo	Tank:
Special Chec	ks: No Data	for Specia	Checks.	***************************************							
State Informa Beat/Sub Area: Passenger Capa	S44; PUC: 2		#1 Туре	: 10; Regulated	d Vehicle: Y	; Odometer: 3	28940; File	Code Nurr	iber: 24	15940; Fi	iel Type: G;
Signature Of Repaire	er X:					Facility:				Date:	
This copy of the repo NOTE: If a citation v	ert is for your infor was issued, you N	mation. Carrie	ers are requ e instruction	ired to take correcti ns listed on the cital	ve actions for a lion.	ill defects noted.	00 NOT return t	his form to the	Californ	ia Highway P	atrol.

Signature Of Motor Carrier X:____

Report Prepared By: SEAN MIDDLEBROOKE

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<u>Badge #:</u> A13337

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Page 1 of 1 CA CA3P14001145

_ Date:__

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL CARRIER INSPECTION CHP 343D (Rev. 2-99) OPI 062	This report contains CONFIDENTIAL pages.	Pages _	10f1
CARRIER NAME	CA NUMBER	LOC. CODE	SUBAREA
¹ PIRE TRANSPORTATION INC	326916	550	S44
STREET ADDRESS, CITY, STATE, ZIP CODE	PHONE NUMBER	DATE	
8800 PARK ST, BELLFLOWER, CA 90706	562-529-2676	07/	09/15
CARRIER REPRESENTATIVE	TITLE	TIME IN	TIME OUT
JOSE GUZMAN	SAFETY MANAGER		
INSPECTION LOCATION (IF OTHER THAN THE CARRIER'S PRINCIPAL FLACE OF BUSINES	S) U.S. DOT NUMBER	MC NUMBER	
8800 PARK ST, BELLFLOWER, CA 90706	N/A	n N	J/A
On this date, the above named motor carrier was inspected carrier's compliance with the following requirements:	by the California Highway Patrol. The inspect	ion evaluate	d the

CONTROLLED SUBSTANCE AND ALCOHOL TESTING PROGRAM [VC 34520 & 49 CFR 382]

OTHER:

REMARKS

Carrier is enrolled in a random controlled substance and alcohol testing program with:

GAMINO & ASSOCIATES 525 W. BRADLEY EL CAJON, CA 92020 P: 619-334-2145

As a result of the inspection noted above, this carrier was assigned a compliance rating of SATISFACTORY This rating applies only to carrier requirements - Terminals are rated separately.

RATING HISTC	RY						NUMBER OF RECORDS	NUMBER OF VIOLATIONS	CHP 345 JSSUED	SUSF	PENSE DATE	CHP 100D COLUMN NO
	2_		3_	S	4	S	40	0			Auto None	
INSPECTED BY	Y (NA	ME)							ID NUMBER	1		CARRIER TYPE
S.MIDDLEBROOKE									A13337			Truck 🖌 Bus
							MOTO	R CARRIER (ERTIFICATI	ON	MARANA MARANA MARANA A A MAMPANA MARANA MARANA KA KA KA KA KA KA KA KA KA KA KA KA KA	
of the Califo	ornia	Vehi Divlsi	cle on	Code Moto	e an or Ca	d the C rrier S	ed hereon and on the atta California Code of Regula afety Unit Supervisor at	iched pages 2 thro tions. I understand 323-644-9	that I may reque 557 with	ist a i	be corrected in accordance review of an unsatisfactor alendar days of the rating	ce with applicable provisions ry rating by contacting the I.
JOSE GU	IZN	IAN		/	/				SAF	ΕTY	MANAGER	DRIVER LICENSE NUMBER AND STATE
CARRIER REPR	RESE		e's	SIGN.	ATUR		<u> </u>		CURRENT CARRIE		NG FACTORY	DATE 07/09/15
		/	1	é				Destroy previous ed	ilíons			C343-D 10-99.XL



ASE Certification Status

Daniel Martinez Ontario, CA 91762-6853 ASE ID: ASE-1588-7863

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Created: December 21, 2017 6:42:22 PM

This individual currently has the ASE certification status shown below:



Current ASE Designations

Certificates	Test Series
Master Automobile Technician	A: Auto
Master Transit Bus Technician	H: Transit Bus
School Bus Technician	S: School Bus
Medium/Heavy Truck Technician	T: Medium/Heavy Truck

ASE Certification Details

Test	Description	Expiration Date	Status
A1	Engine Repair	12/31/2022	Current
A2	Automatic Transmission/Transaxle	06/30/2019	Current
AЗ	Manual Drive Train and Axles	12/31/2022	Current
A4	Suspension and Steering	06/30/2022	Current
A5	Brakes	06/30/2022	Current
A6	Electrical/Electronic Systems	12/31/2022	Current
A7	Heating and Air Conditioning	06/30/2019	Current
A8	Engine Performance	06/30/2019	Current
H2	Diesel Engines	06/30/2019	Current
H3	Drive Train and Transmission	06/30/2022	Current
H4	Brakes	12/31/2022	Current
Н5	Suspension and Steering	06/30/2019	Current
H6	Electrical/Electronic Systems	12/31/2022	Current

Page 1 of 2



ASE Certification Status

Daniel Martinez

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Ontario, CA 91762-6853

ASE ID: ASE-1588-7863

Created: December 21, 2017 6:42:22 PM

ASE Certification Details

Test	Description	Expiration Date	Status
H7	Heating, Ventilation, and A/C	06/30/2019	Current
H8	Preventive Maintenance and Inspection	06/30/2022	Current
S4	Brakes	06/30/2022	Current
S5	Suspension and Steering	06/30/2019	Current
T2	Diesel Engines	06/30/2019	Current
Т3	Drive Train	06/30/2019	Current
T4	Brakes	06/30/2022	Current
T5	Suspension and Steering	06/30/2019	Current
T6	Electrical/Electronic Systems	06/30/2017	Expired
T7	Heating, Ventilation, and A/C	06/30/2019	Current
Т8	Preventive Maintenance and Inspection	06/30/2022	Current

To become ASE certified, you must pass an ASE test and have the required amount of relevant hands-on work experience. You can download the Work Experience Form at www.ase.com/expform.

Any expired certification can be reinstated by taking the corresponding recertification test. If you have any questions, please contact us.

Sincerely, ASE Customer Service E-mail: <u>contactus@ase.com</u>

Phone: 1-800-390-6789 Fax: (703) 669-6122



Certificate of Completion

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Universal Technical MARTINEZ, DANIEL has successfully completed the Universal Technical has successfully completed the Universal Technical Institute Refrigerant Recovery & Recycling Certification Program for Section 609 of the CAA

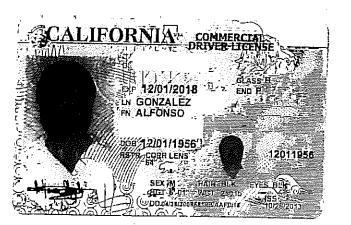
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Certification Number 1-800-859-7249

Date

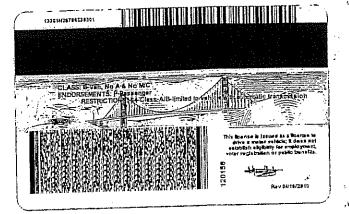




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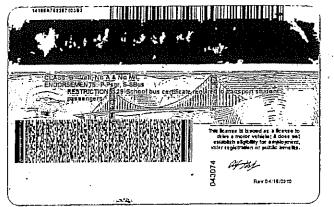


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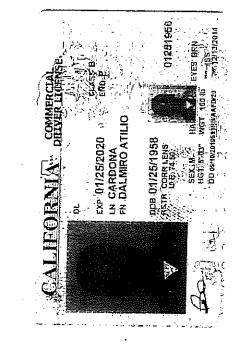
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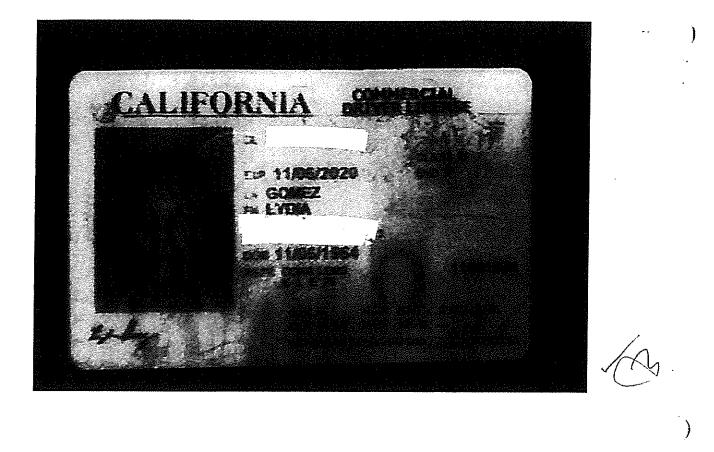
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COMMERCIAL DRIVER LIGENSE CA DL EXP 12/07/2019 DOB 12/07/1968 120710 പപ്പ SEX M HAIR-BOIN EYES BRN HGT-5-08 -WGT-21010 -ISS DD 120112011617EWAAFD11 -A201/201 ł

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