ATTACHMENT #32(A)

ADDITIONAL CAPRICORN VEHICLES CALIFORNIA REGISTRATION DOCUMENTS

(50 Pages)

VIN # 3CES5J12755101398

MVDINQ.VIN. MVDINQ18-- LAST RECORD AVAILABLE
3CES5J12755101398

01/04/2008
TEXAS DEPARTMENT OF TRANSPORTATION
VEHICLE TITLES AND REGISTRATION DIVISION

LIC T07628 OCT/2008 OLD # -NONE- N/A EWT 27520 GWT 35520
MOTOR BUS PLT, STKR REG CLASS 21 $ 389.74 DALLAS CNTY
TITLE 05732439414163539 ISSUED 12/11/2007 ODOMETER N/A REG DT 11/30/2007
YR:2005 MAK:VOLV MODL: BDY STYL:BU VEH CLS:BUS SALE PRC: $0.00
VIN: 3CES5J12755101398 BODY VIN:
PREV OWN SAME,LOS ANGELES,CA
OWNER CAPRICORN BUS LINES INC,,239 COMSTOCK ST,,DALLAS,TX,75208
PLATE AGE: 0 LAST ACTIVITY 12/11/2007 RLSGRP OFC: 297
REMARKS RELEASE OF PERSONAL INFO RESTRICTED .REGISTRATION PURPOSES ONLY.

TITLE AND REGISTRATION VERIFICATION

CP 39919

January 03, 2008 SafeStat Release
Contains data as of December 21, 2007
Updated Monthly

US DOT #: 1366683 MC #: 519270 Carrier Name: INTERNATIONAL CHARTER SERVICES... Carrier Operation:**INTERSTATE**Other FMCSA Websites: Select a Link

Driver SEA Report

Click on the underlined text below for an explanation of how an indicator or measure was calculated.

Driver SEA Value: 35.11

View Methodo

Compliance Review Results (within 18 months)		Driver Inspection Results (within 30 months)		Moving Violation Results * (within 30 months)	
Measures and Indicators					
Driver Review Indicator (DRI)	Insuf. data	Driver Inspection Indicator (DII)	35.1	Moving Violation Indicator (MVI)	Insuf.
Driver Review Measure (DRM)	Insuf. data	Driver Inspection Measure (DIM)	0.067	Moving Violation Measure (MVM)	Insuf.
Summary Event Data					
Date of Review	None	Number of Driver Inspections	104	Number of Moving Violations	
Number of Critical Violations		Number of OOS Inspections	3	Number of Drivers	
Number of Acute Violations		Number of Inspections w/OOS Order Violation	0		
		Driver OOS Rate (DOR)	0.029		
View Detail Data		New Reports! All Driver Inspections		View Detail Data	

Click on the underlined column headings to resort data records.
To view the OOS violation description click on the underlined number in the Driver OOS Violations column.

NEW Click on a record # for a Detailed Inspection Report

Driver Inspections
(within 30 months)

Download Data

	Inspection Date	Report State	Report Number	Inspection Level	Unit Description	VIN Number	Unit License Number	Unit License State	Driver OOS Violations
1	11/27/2007	US	1297000203	3	BUS	3CES5J12755101398	CP89919	CA	0
2	11/20/2007	US	1133004550	2	BUS	3CER8J22X55103537	279RJ7	MX	0
3	11/19/2007	US	1126005168	2	BUS	3N9NG5JA42T002345	475RJ7	MX	0
4	11/14/2007	US	1010004481	2	MOTOR COACH	2CES5J12655101425	440RJ7	MX	0
5	10/17/2007	US	1133004435	2	MOTOR COACH	3N9NG5JA63T002347	474RJ7	MX	0
6	10/10/2007	US	1136004710	2	MOTOR COACH	3BEK4X2C523531755	474RJ7	MX	0
7	9/16/2007	US	1129003211	2	MOTOR COACH	3CES5J12655101425	CP89920	CA	0

US DOT #: 1366683 MC #: 519270 Carrier Name: INTERNATIONAL CHARTER SERVICES... Carrier Operation:**INTERSTATE** Other FMCSA Websites: Select a Link

Vehicle SEA Report

How do I correct my data? Print Ready Version ?He

Click on the underlined text below for an explanation of how an indicator or measure was calculated.

Vehicle SEA Value: 18.76

View Methodo

Compliance Review Results (within 18 months)		Vehicle Inspections Results (within 30 months)	
Measures and Indicators			
Vehicle Review Indicator (VRI)	Insuf. data	Vehicle Inspection Indicator (VII)	
Vehicle Review Measure (VRM)	Insuf. data	Vehicle Inspection Measure (VIM)	(
Summary Event Data			
Date of Review	None	Number of Vehicle Inspections	
Number of Critical Violations		Number of OOS Inspections	
Number of Acute Violations		Vehicle OOS Rate (VOR)	(
View Detail Data		New Reports! All Vehicle Inspections	

Click on the underlined column headings to resort data records.
To view the OOS violation description click on the underlined number in the Vehicle OOS Violations column.

NEW, Click on a record # for a Detailed Inspection Report

Vehicle Inspections
(within 30 months)

Download Data

	Inspection Date	Report State	Report Number	Insp. Level	Unit Description	VIN Number	Unit License Number	Unit License State	Vehicle OOS Violations
1	11/20/2007	US	1133004550	2	BUS	3CER8J22X55103537	279RJ7	MX	0
2	11/19/2007	US	1126005168	2	BUS	3N9NG5JA42T002345	475RJ7	MX	0
3	11/14/2007	US	1010004481	2	MOTOR COACH	2CES5J12655101425	440RJ7	MX	0
4	10/17/2007	US	1133004435	2	MOTOR COACH	3N9NG5JA63T002347	474RJ7	MX	0
5	10/10/2007	US	1136004710	2	MOTOR COACH	3BEK4X2C523531755	474RJ7	MX	0
6	9/16/2007	US	1129003211	2	MOTOR COACH	3CES5J12655101425	CP89920	CA	0
7	6/27/2007	US	0949005018	2	MOTOR COACH	2PCH33419T1011313	T87430	TX	0
8	6/7/2007	TX	074E0AQK07	2	BUS		474RJ7	TA	0

CALIFORNIA IRP VEHICLE DATA – SCHEDULE C

TYPE OF APPLICATION- *IMPORTANT*: Read instructions and code tables on the reverse of this form before completing this schedule. Schedule A/B form must be submitted if any carrier information has changed.

☐ New/Original IRP Application: Must attach Schedule A/B with full demographics information.

☐ State Addition - Must Attach Schedule A/B ☐ Vehicle Deletion(s) Only ☐ Vehicle Weight Increase

☐ Replacement Credentials: check type ☐ License Plate ☐ Cab Card Only ☐ License Sticker(s) only

☐ Renewal: Use this form to list fleet vehicles to be renewed and/or deleted *only if* no renewal notice was received from DMV. Must attach Schedule A/B form.

☒ Vehicle Addition(s) Only ☐ Concurrent Vehicle Addition(s)/Deletion(s) Indicate sequential supplement # **SUPPLEMENT NUMBER 001**

DMV OCCUPATIONAL LICENSE NUMBER	FLEET NUMBER	ENTER EFFECTIVE DATE OF IRP REGISTRATION	APPLICATION YEARS	IRP ACCOUNT NUMBER
RS63824	001	5/18/07	☒ Current Year Only ☐ Current and Subsequent Year	PEND 900 N

FULL REGISTRANT NAME

CAPRICORN BUS LINES INC.

Declared Jurisdictional Weights – "X" the following boxes as applicable: ☐ Maximum Weight All Jurisdictions ☐ Maximum weight all jurisdictions except as shown below ☐ Identical weights for all Vehicles listed as shown below except vehicles (X) indicated in Column 1 and entered on the reverse of this form.

AL 50000	AB	AZ 50000	AR 50000	BC	CA 50000	CO 50000	CT 50000	DE 50000	DC 50000	FL 50000	GA 50000	ID 50000	IL 50000
IN 50000	IA 50000	KS 50000	KY 50000	LA 50000	ME 50000	MB	MD 50000	MA 50000	MI 50000	MN 50000	MS 50000	MO 50000	MT 50000
NE 50000	NV 50000	NL	NB	NH 50000	NJ 50000	NM 50000	NY 50000	NC 50000	ND 50000	NS	OH 50000	OK 50000	ON
OR 50000	PA 50000	PE	QC	RI 50000	SK	SC 50000	SD 50000	TN 50000	TX 50000	UT 50000	VT 50000	VA 50000	WA 50000
WV 50000	WI 50000	WY 50000											

1 WGT Except	2 Action D = Delete A = Add	3 Replacement Equipment #	4 New IRP License Number (DMV Use Only)	5 Prior Juris.	6 Prior License Plate Number	7 Equipment Number	8 Year Model	9 Make	10 Full Vehicle Identification Number
☐	A		CP89919			1398	2005	VOLVO	3CESJ12755101398
☐	A		CP89920			1425	2005	VOLVO	3CESJ12665101425
☐					Temp:258642	Der: 01360017			
☐					Stkr:P080717-18				

NIF

Continue data for each vehicle listed below

11 Body Type	12 Vehicle Axles	13 Maximum Combined Axles	14 Bus Seats	15 Fuel	16 CA Weight Indicator	17 CA GVW Or CGW	18 Unladen Weight	19 Factory List Price	20 Latest Purchase Price	21 Date of Purchase	22 CA Code for # Months	23 Lessor Name and Address
BS	3	3	50	D	G	50000	28000	35000	35000	5/07	8	
BS	3	3	50	D	G	50000	28000	35000	35000	5/07	8	

Declaration: The undersigned declares, under penalty of perjury under the laws of the State of California that the information entered on both sides of this form is true and correct.

TITLE	DATE	DAYTIME TELEPHONE NUMBER
AGENT	5/18/07	(562) 437-4447

RS63824

151 MAY 22 2007 E

CALIFORNIA IRP VEHICLE DATA-SCHEDULE C

Combined Gross Weight Exceptions

Equipment #_____ Equipment #_____

AL	AB	AZ	AR	BC	CA	CO	CT	DE	DC	FL	GA	ID	IL
IN	IA	KS	KY	LA	ME	MB	MD	MA	MI	MN	MS	MO	MT
NE	NV	NL	NB	NH	NJ	NM	NY	NC	ND	NS	OH	OK	ON
OR	PA	PE	QC	RI	SK	SC	SD	TN	TX	UT	VT	VA	WA
WV	WI	WY											

Equipment #_____ Equipment #_____

AL	AB	AZ	AR	BC	CA	CO	CT	CE	DC	FL	GA	ID	IL
IN	IA	KS	KY	LA	ME	MB	MD	MA	MI	MN	MS	MO	MT
NE	NV	NL	NB	NH	NJ	NM	NY	NC	ND	NS	OH	OK	ON
OR	PA	PE	QC	RI	SK	SC	SD	TN	TX	UR	VT	VA	WA
WV	WI	WY											

Fees

	CA Weight Fees		CA Reg. Fee		CA CMV Fee		CA CTIP Fee		CA VEH. LIC. FEES		Total CA Fees		Foreign Jurisdictional Fees		Totals Across
Equipment #	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	
1398	693		56		122		3		152		1025		*1145*		1025
1425	693		56		122		3		152		1025				1025
Totals Down	1386		112		244		6		304		2050		*1145*		2050

IMPORTANT: Apportioned fees for the current year for all qualified IRP jurisdictions must be paid with this application. Customers that are Unable to compute apportioned fees for the foreign IRP jurisdictions must submit 100% of the California fees that would be due or interstate Registration. Applications submitted after October 1 of the current year, must be accompanied by fees for the subsequent year if the vehicle(s) Registered on this application will continue to be operated in your fleet beyond December 31. Please refer to the IRP Customer Handbook. Chapter 7. for instructions on computing California fees.

DMV copy of Self issue Permits used for these vehicles must be attached to this application.

Total Fees	2050
California Mileage Percentage	59%
Total California Apportioned Fees	1210
Total Foreign Jurisdiction Fees	*506*
IRP Application Fee	2
California Credential Fees	4
Grand Total Fees	1772

DMV Use Only

Original Applications:	*Renewal Applications:*	Supplemental Applications	REG 2126 ISSUED EXP DATE
• Schedule A/B Attached • Proof of Business Address Attached (rent mortgage receipt) • Reg. 522 Attached • VIN(S) Verified • FHVUT Verified or Exemption Attached	• Schedule A/B Attached • Proof of Insurance Attached • FHVUT Verified or Exemption Attached • Agreement to Maintain Records Attached	• FHVUT Verified or Exempt • VIN(S) Verified • Clean R60 VIN printouts DC SNIF ROH	AFFIX DMV DATE STAMP HERE

RS63824 ACCOUNT #: CAPRICORN BUS LINES INC.

Atn. Sr. P[illegible]ño
De: Sr. F[illegible]res

C889919
#1398

VO[illegible]O
Volvo Buses [illegible]éxico

CARTA FACTURA

VOLVO BUSES DE MEXICO, S.A. DE C.V.
Lago de Guadalupe 289,
Fracc. Ind. Cartagena,
54900 Tultitlán, Edo. de Méx.
Tel. 5864 3700 Fax. 5864 3750

No. 2550
FECHA: 20/ABRIL//05

Por medio de la presente hacemos constar, bajo protesta de [illegible]rdad, que hemos vendido a:

NOMBRE J.BALTAZA[illegible]DRES GARCIA

DIRECCIÓN DEMOCRACIA ORIE[illegible]o. 132 COL. 20 DE NOVIEMBRE

CIUDAD GUADALUPE, N.L. [illegible]C. FOGJ 620105 CP0

C.P.67170

UN AUTOBUS NUEVO

MARCA	MODELO	AÑO	[illegible]	MOTOR No.	SERIE No.
VOLVO	9300 4X2	2005	PAN[illegible]MICO	016692	3CES5J12755 101398

La factura correspondiente queda en nuestro po[illegible]a que su importe sea totalmente cubierto.

CLAVE VEHICULAR: 2100903
PESO BRUTO VEHICULAR: 17,600 kg.
DIMENSIONES: LARGO: 12,200 m.m.
ANCHO: 2,600 m.m.
ALTURA: 3,400 m.m.

PRECIO DE LA UNIDAD:

IMPORTE:	$	186,654.32 USD
IVA 15%:	$	27,999.15 USD
TOTAL:	$	214,652.47 USD

ATENTA[illegible]E

VOLVO BUSE[illegible]ÉXICO
R.F.C. VBM-[illegible]6L1

Luis
214-277-
2653

CP09920
#1425

AUTOBUSES

[redacted]

FLORES CHARTER Y TOURS, S. A. DE C. V.
R.F.C.: FCT000306-UK8
AV. MADERO No. 3513 COL. ACERO
MONTERREY, N. L.
TELS.: 8191-0097 8191-0099
FAX: 8355-0468

FACTURA 23012

SE EXPIDE EN: MONTERREY, N. L.

NOMBRE: MANUEL DE JESUS FLORES GARCIA
DOMICILIO: AVE. BENITO JUAREZ # 510 PTE
CIUDAD: GUADALUPE, N.L.
R.F.C.: TEL.

DIA	MES	AÑO
02	06	2005

CANT.	CONCEPTO	P. UNIT.	IMPORTE
1	AUTOBUS MARCA VOLVO MODELO 9300 TIPO PANORAMICO MODELO 9300 4X2 AÑO 2005 MOTOR 015702 SERIE 3CES5J126651 1425		

(CIENTO SESENTA Y CINCO MIL SETECIENTOS VEINTIOCHO DOLARES 00/100)

SUBTOTAL $	165,728 00
I.V.A $	
TOTAL $	165,728 00

[redacted]

servicio gráficos.
Impreso por: Rafael Felipe Marque Nava Folio No [illegible] Sello [illegible]
Mpio., N. L. C.P. 67180 Tel./Fax: 8393-2603 R.F.C. [illegible] [illegible] EN LA
PRIMA DE INTERNET DEL DIA: 18 JUNIO 2002 IMPRESO [illegible] ABRIL 2003
VIGENCIA: DE SEPTIEMBRE 2005 FOLIO: DEL 23,001 AL 23,400
NUMERO DE AUTORIZACION DEL SISTEMA DE CONTROL DE IMPRESION: [illegible]

La reproducción no autorizada de este documento constituye un delito en los términos de las disposiciones fiscales.

XR 2005
50 seats

STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

CONTROL # A 258642

NOT OFFICIAL UNTIL VALIDATED AND DATE STAMPED BY CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

FOR DEPARTMENT USE ONLY

CALIFORNIA IRP
TEMPORARY REGISTRATION AUTHORIZATION

NAME: CAPRICORN BUS LINES INC.

ADDRESS: 5415 BROADWAY AVE | CITY: LOS ANGELES | CA | ZIP: 90037

This IRP carrier has made application and paid fees to register the (number) 2 vehicle(s) listed herein on their California based fleet. This temporary IRP operating authority is valid for operation only in the states shown below at the qualified gross/combined gross weights listed next to each jurisdiction. This permit expires on the month and day circled below. The vehicles shown on this form were included in the following application:

IRP ACCOUNT NUMBER: PEND | ☐ Original ☐ Renewal ☒ Supplement Number 001 | EFFECTIVE DATE 5-18-2007

PLATE #	EQUIPMENT #	YR.	MAKE	VIN (LAST 6)	PLATE #	EQUIPMENT #	YR.	MAKE	VIN (LAST 6)
CP89919	1398	2005	VOLVO	101398					
CP89920	1425	2005	VOLVO	101425					

STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT
AL	50000	DE	50000	ME	50000	NV	50000	OH	50000	SK	
AB		FL	50000	MB		NF		OK	50000	TN	50000
AK		GA	50000	MD	50000	NB		ON		TX	50000
AZ	50000	ID	50000	MA	50000	NH	50000	OR	50000	UT	50000
AR	50000	IL	50000	MI	50000	NJ	50000	PA	50000	VT	50000
BC		IN	50000	MN	50000	NM	50000	PE		VA	50000
CA	50000	IA	50000	MS	50000	NY	50000	QC		WA	50000
CO	50000	KS	50000	MO	50000	NC	50000	RI	50000	WV	50000
CT	50000	KY	50000	MT	50000	ND	50000	SC	50000	WI	50000
DC	50000	LA	50000	NE	50000	NS		SD	50000	WY	

DMV USE ONLY

DMV OFFICE DATE STAMP, SEQUENCE, AND AMOUNT OF FEES PAID: IRPUER 013600017 #2 $1772.00

USE INK TO CIRCLE THE MONTH, DAY, AND YEAR THIS PERMIT EXPIRES.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1 2	3 4 5	6 7	8 9 10	11 12	13 14 15	16 17 18	19 20	21 22	23 24 25	26 27	28 29 30 31
2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013

WRITTEN EXPIRATION DATE: 7-18-2007

THIS PERMIT, OR A PHOTOCOPY, MUST BE VISIBLE FROM OUTSIDE THE VEHICLE WHEN IT IS UNATTENDED.

Written and circled dates must match exactly. Alterations, erasures, strikeovers, or changes of any kind void this permit.

REG 2126 IRP (REV. 1/2003)

CALIFORNIA IRP VEHICLE DATA – SCHEDULE C

TYPE OF APPLICATION- *IMPORTANT*: Read instructions and code tables on the reverse of this form before completing this schedule. Schedule A/B form must be submitted if any carrier information has changed.

☐ New/Original IRP Application: Must attach Schedule A/B with full demographics information.

☐ State Addition - Must Attach Schedule A/B ☐ Vehicle Deletion(s) Only ☐ Vehicle Weight Increase

☐ Replacement Credentials: check type ☐ License Plate ☒ Cab Card Only ☐ License Sticker(s) only

☐ Renewal: Use this form to list fleet vehicles to be renewed and/or deleted *only if* no renewal notice was received from DMV. Must attach Schedule A/B form.

☐ Vehicle Addition(s) Only ☐ Concurrent Vehicle Addition(s)/Deletion(s) Indicate sequential supplement # **SUPPLEMENT NUMBER DUP**

DMV OCCUPATIONAL LICENSE NUMBER	FLEET NUMBER	ENTER EFFECTIVE DATE OF IRP REGISTRATION	APPLICATION YEARS	IRP ACCOUNT NUMBER
RS63824	001	10/15/07	☐ Current Year Only ☐ Current and Subsequent Year	900N

FULL REGISTRANT NAME

CAPRICORN BUS LINES INC.

Declared Jurisdictional Weights – "X" the following boxes as applicable: ☐ Maximum Weight All Jurisdictions ☐ Maximum weight all jurisdictions except as shown below ☐ Identical weights for all Vehicles listed as shown below except vehicles (X) indicated in Column 1 and entered on the reverse of this form.

AL	AB	AZ	AR	BC	CA	CO	CT	DE	DC	FL	GA	ID	IL
IN	IA	KS	KY	LA	ME	MB	MD	MA	MI	MN	MS	MO	MT
NE	NV	NL	NB	NH	NJ	NM	NY	NC	ND	NS	OH	OK	ON
OR	PA	PE	QC	RI	SK	SC	SD	TN	TX	UT	VT	VA	WA
WV	WI	WY											

1 WGT Except	2 Action D = Delete A = Add	3 Replacement Equipment #	4 New IRP License Number (DMV Use Only)	5 Prior Juris.	6 Prior License Plate Number	7 Equipment Number	8 Year Model	9 Make	10 Full Vehicle Identification Number
☐					CP89909	3737	2005	VOLVO	3CER8J22X5510353 7
☐					CP89919	1398	2005	VOLVO	3CES5J1275510139 8
☐					CP89920	1425	2005	VOLVO	3CES5J1266510142 5
☐					TEMP:295862	STR:		DER: 1360092	

Continue data for each vehicle listed below

11 Body Type	12 Vehicle Axles	13 Maximum Combined Axles	14 Bus Seats	15 Fuel	16 CA Weight Indicator	17 CA GVW Or CGW	18 Unladen Weight	19 Factory List Price	20 Latest Purchase Price	21 Date of Purchase	22 CA Code for # Months	23 Lessor Name and Address

Declaration: The undersigned declares, under ~~penalty of~~ perjury under the laws of the State of California that the information entered on both sides of this form is true and correct.

SIGNAT	TITLE	DATE	DAYTIME TELEPHONE NUMBER
X	AGENT	10/15/07	(562) 437-4447

RS63824

13 OCT 22 2007 A F 0003 $48– 5151 / OCT 17 200722

CALIFORNIA IRP VEHICLE DATA-SCHEDULE C

Combined Gross Weight Exceptions

Equipment #_____ Equipment #_____

AL	AB	AZ	AR	BC	CA	CO	CT	DE	DC	FL	GA	ID	IL
IN	IA	KS	KY	LA	ME	MB	MD	MA	MI	MN	MS	MO	MT
NE	NV	NL	NB	NH	NJ	NM	NY	NC	ND	NS	OH	OK	ON
OR	PA	PE	QC	RI	SK	SC	SD	TN	TX	UT	VT	VA	WA
WV	WI	WY											

Equipment #_____ Equipment #_____

AL	AB	AZ	AR	BC	CA	CO	CT	CE	DC	FL	GA	ID	IL
IN	IA	KS	KY	LA	ME	MB	MD	MA	MI	MN	MS	MO	MT
NE	NV	NL	NB	NH	NJ	NM	NY	NC	ND	NS	OH	OK	ON
OR	PA	PE	QC	RI	SK	SC	SD	TN	TX	UR	VT	VA	WA
WV	WI	WY											

Fees

	CA Weight Fees		CA Reg. Fee		CA CMV Fee		CA CTIP Fee		CA VEH. LIC. FEES		Total CA Fees		Foreign Jurisdictional Fees		Totals Across
Equipment #	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	
Totals Down															

IMPORTANT: Apportioned fees for the current year for all qualified IRP jurisdictions must be paid with this application. Customers that are Unable to compute apportioned fees for the foreign IRP jurisdictions must submit 100% of the California fees that would be due or interstate Registration. Applications submitted after October 1 of the current year, must be accompanied by fees for the subsequent year if the vehicle(s) Registered on this application will continue to be operated in your fleet beyond December 31. Please refer to the IRP Customer Handbook. Chapter 7. for instructions on computing California fees.

DMV copy of Self issue Permits used for these vehicles must be attached to this application.

Total Fees	
California Mileage Percentage	
Total California Apportioned Fees	
Total Foreign Jurisdiction Fees	
IRP Application Fee	
California Credential Fees	
Grand Total Fees	48

DMV Use Only

Original Applications:	*Renewal Applications*:	Supplemental Applications	REG 2126 ISSUED EXP DATE
• Schedule A/B Attached • Proof of Business Address Attached (rent mortgage receipt) • Reg. 522 Attached • VIN(S) Verified • FHVUT Verified or Exemption Attached	• Schedule A/B Attached • Proof of Insurance Attached • FHVUT Verified or Exemption Attached • Agreement to Maintain Records Attached	• FHVUT Verified or Exempt • VIN(S) Verified • Clean R60 VIN printouts	AFFIX DMV DATE STAMP HERE

RS63824 ACCT# 900N CAPRICORN BUS LINES INC

STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

CONTROL # A- 295862

NOT OFFICIAL UNTIL VALIDATED AND DATE STAMPED BY CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

FOR DEPARTMENT USE ONLY

CALIFORNIA IRP
TEMPORARY REGISTRATION AUTHORIZATION

NAME: CAPRICORN BUS LIENS INC.

ADDRESS: 5415 BROADWAY AVE | CITY: LOS ANGELES | CA | ZIP: 90037

This IRP carrier has made application and paid fees to register the (number) 2 vehicle(s) listed herein on their California based fleet. This temporary IRP operating authority is valid for operation only in the states shown below at the qualified gross/combined gross weights listed next to each jurisdiction. This permit expires on the month and day circled below. The vehicles shown on this form were included in the following application:

IRP ACCOUNT NUMBER: 900N | ☐ Original ☐ Renewal ☒ Supplement Number DUP | EFFECTIVE DATE: 10-15-07

PLATE #	EQUIPMENT #	YR.	MAKE	VIN (LAST 6)	PLATE #	EQUIPMENT #	YR.	MAKE	VIN (LAST 6)
CP89919	1398	2005	VOLVO	101398					
CP89920	1425	2005	VOLVO	101425					

STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT
AL	50000	DE	50000	ME	50000	NV	50000	OH	50000	SK	
AB		FL	50000	MB		NF		OK	50000	TN	50000
AK		GA	50000	MD	50000	NB		ON		TX	50000
AZ	50000	ID	50000	MA	50000	NH	50000	OR	50000	UT	50000
AR	50000	IL	50000	MI	50000	NJ	50000	PA	50000	VT	50000
BC		IN	50000	MN	50000	NM	50000	PE		VA	50000
CA	50000	IA	50000	MS	50000	NY	50000	QC		WA	50000
CO	50000	KS	50000	MO	50000	NC	50000	RI	50000	WV	50000
CT	50000	KY	50000	MT	50000	ND	50000	SC	50000	WI	50000
DC	50000	LA	50000	NE	50000	NS		SD	50000	WY	50000

DMV USE ONLY

DMV OFFICE DATE STAMP, SEQUENCE, AND AMOUNT OF FEES PAID: IRP DER 01360092 #2 $48.00

USE INK TO CIRCLE THE MONTH, DAY, AND YEAR THIS PERMIT EXPIRES.

JAN		FEB		MAR		APR		MAY		JUN		JUL		AUG		SEP		OCT		NOV		DEC	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	

WRITTEN EXPIRATION DATE: 12-15-07

THIS PERMIT, OR A PHOTOCOPY, MUST BE VISIBLE FROM OUTSIDE THE VEHICLE WHEN IT IS UNATTENDED.

Written and circled dates must match exactly. Alterations, erasures, strikeovers, or changes of any kind void this permit.

REG 2126 IRP (REV. 1/2003)

STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

CONTROL # A 295861

NOT OFFICIAL UNTIL VALIDATED AND DATE STAMPED BY CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

FOR DEPARTMENT USE ONLY

CALIFORNIA IRP
TEMPORARY REGISTRATION AUTHORIZATION

NAME **CAPRICORN BUS LINES INC.**

ADDRESS **5415 BROADWAY AVE** CITY **LOS ANGELES** CA **90037**

This IRP carrier has made application and paid fees to register the (number) 1 vehicle(s) listed herein on their California based fleet. This temporary IRP operating authority is valid for operation only in the states shown below at the qualified gross/combined gross weights listed next to each jurisdiction. This permit expires on the month and day circled below. The vehicles shown on this form were included in the following application:

IRP ACCOUNT NUMBER 900N DUP.

☐ Original ☐ Renewal ☒ Supplement Number

EFFECTIVE DATE 10-15-07

PLATE #	EQUIPMENT #	YR.	MAKE	VIN (LAST 6)	PLATE #	EQUIPMENT #	YR.	MAKE	VIN (LAST 6)
CP89909	3737	2005	VOLVO	103537					

STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT
AL	45000	DE	45000	ME	45000	NV	45000	OH	45000	SK	
AB		FL	45000	MB		NF		OK	45000	TN	45000
AK		GA	45000	MD	45000	NB		ON		TX	45000
AZ	45000	ID	45000	MA	45000	NH	45000	OR	45000	UT	45000
AR	45000	IL	45000	MI	45000	NJ	45000	PA	45000	VT	45000
BC		IN	45000	MN	45000	NM	45000	PE		VA	45000
CA	45000	IA	45000	MS	45000	NY	45000	QC		WA	45000
CO	45000	KS	45000	MO	45000	NC	45000	RI	45000	WV	45000
CT	45000	KY	45000	MT	45000	ND	45000	SC	45000	WI	45000
DC	45000	LA	45000	NE	45000	NS		SD	45000	WY	45000

DMV USE ONLY

DMV OFFICE DATE STAMP, SEQUENCE, AND AMOUNT OF FEES PAID: IRP OER 01360092 #2 $48.00

USE INK TO CIRCLE THE MONTH, DAY, AND YEAR THIS PERMIT EXPIRES:

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1 2	3 4 5	6 7	8 9 10	11 12	13 14 15	16 17	18 19 20	21 22	23 24 25	26 27 28	29 30 31
2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013

WRITTEN EXPIRATION DATE 12-15-07

THIS PERMIT, OR A PHOTOCOPY, MUST BE VISIBLE FROM OUTSIDE THE VEHICLE WHEN IT IS UNATTENDED.

Written and circled dates must match exactly. Alterations, erasures, strikeovers, or changes of any kind void this permit.

REG 2126 IRP (REV. 1/2003)

VIN # 3CER8G12185120994

CALIFORNIA APPORTIONED CAB CARD

EXPIRES	PLATE NO.	DATE REG.	SUPP. NO.	MAKE	YR. MDL.
12/31/2007	CP89962	12/01/2007	003	VOLV	2008

ACCT. NO.	EQUIP. NO.	VIN	TYPE
900N	0000994	3CER8G12185120994	BS

UNLADEN WT.	AX.	QAX	ST.	MP.	PURCHASE PRICE	PURCHASE DATE
28000	3	0	50	D	$326782	11/01/2007

TYPE CARRIER
FOR HIRE

REGISTRANT/LESSEE

CAPRICORN BUS LINES INC

5415 BROADWAY AVE
LOS ANGELES CA 90037

OWNER/LESSOR

This vehicle described has been registered in the state of California and other jurisdictions shown. Cab cards and plates must be surrendered upon deletion from the fleet. **THIS VEHICLE IS NON-TRANSFERABLE**

REG. 499 (REV. 10/95)

THE ORIGINAL CAB CARD ONLY WILL BE RECOGNIZED BY IRP JURISDICTIONS

JURISDICTIONAL WEIGHTS		JURISDICTIONAL WEIGHTS		JURISDICTIONAL WEIGHTS	
AL	QUAL	MI	QUAL	TN	050000
AZ	050000	MN	050000	TX	050000
AR	050000	MS	QUAL	UT	050000
CA	050000	MO	050000	VT	050000
CO	QUAL	MT	050000	VA	028000
CT	035500	NE	038000	WA	050000
DE	050000	NV	050000	WV	035500
DC	050000	NH	050000	WI	035500
FL	028000	NJ	050000	WY	050000
GA	050000	NM	050000	**	******
ID	050000	NY	050000		
IL	050000	NC	028000		
IN	050000	ND	050000		
IA	050000	OH	050000		
KS	050000	OK	000050		
KY	QUAL	OR	050000		
LA	QUAL	PA	QUAL		
ME	050000	RI	050000		
MD	050000	SC	028000		
MA	050000	SD	038000		
**	******	**	******		

PLEASE NOTE

Jurisdictional weights for Canadian provinces are in kilograms

For buses, the number of seats may be identified in the jurisdictional weights area

CALIFORNIA IRP VEHICLE DATA – SCHEDULE C

TYPE OF APPLICATION- ***IMPORTANT*****: Read instructions and code tables on the reverse of this form before completing this schedule. Schedule A/B form must be submitted if any carrier information has changed.**

☐ New/Original IRP Application: Must attach Schedule A/B with full demographics information.

☐ State Addition - Must Attach Schedule A/B ☐ Vehicle Deletion(s) Only ☐ Vehicle Weight Increase

☐ Replacement Credentials: check type ☐ License Plate ☐ Cab Card Only ☐ License Sticker(s) only

113 DEC 07 2007 BE

☐ Renewal: Use this form to list fleet vehicles to be renewed and/or deleted ***only if*** no renewal notice was received from DMV. Must attach Schedule A/B form.

☒ Vehicle Addition(s) Only ☐ Concurrent Vehicle Addition(s)/Deletion(s) Indicate sequential supplement # **SUPPLEMENT NUMBER 003**

DMV OCCUPATIONAL LICENSE NUMBER	FLEET NUMBER	ENTER EFFECTIVE DATE OF IRP REGISTRATION	APPLICATION YEARS	IRP ACCOUNT NUMBER
RS63824	001	12/1/07	☒ Current Year Only ☐ Current and Subsequent Year	900N

FULL REGISTRANT NAME

CAPRICORN TRANSPORTATION INC.

Declared Jurisdictional Weights – "X" the following boxes as applicable: ☐ Maximum Weight All Jurisdictions ☐ Maximum weight all jurisdictions except as shown below ☐ Identical weights for all Vehicles listed as shown below except vehicles (X) indicated in Column 1 and entered on the reverse of this form.

AL 50000	AB	AZ 50000	AR 50000	BC	CA 50000	CO 50000	CT 50000	DE 50000	DC 50000	FL 50000	GA 50000	ID 50000	IL 50000
IN 50000	IA 50000	KS 50000	KY 50000	LA 50000	ME 50000	MB	MD 50000	MA 50000	MI 50000	MN 50000	MS 50000	MO 50000	MT 50000
NE 50000	NV 50000	NL	NB	NH 50000	NJ 50000	NM 50000	NY 50000	NC 50000	ND 50000	NS	OH 50000	OK 50000	ON
OR 50000	PA 50000	PE	QC	RI 50000	SK	SC 50000	SD 50000	TN 50000	TX 50000	UT 50000	VT 50000	VA 50000	WA 50000
WV 50000	WI 50000	WY 50000											

1 WGT Except	2 Action D = Delete A = Add	3 Replacement Equipment #	4 New IRP License Number (DMV Use Only)	5 Prior Juris.	6 Prior License Plate Number	7 Equipment Number	8 Year Model	9 Make	10 Full Vehicle Identification Number
☐	A		CP89962			994	2008	VOLVO	3CER8G121851209 94
☐									
☐					Temp:295879	DER: 1360104			
☐					Stkr:R080792				

DCS NIF

Continue data for each vehicle listed below

11 Body Type	12 Vehicle Axles	13 Maximum Combined Axles	14 Bus Seats	15 Fuel	16 CA Weight Indicator	17 CA GVW Or CGW	18 Unladen Weight	19 Factory List Price	20 Latest Purchase Price	21 Date of Purchase	22 CA Code for # Months	23 Lessor Name and Address
BS	3	3	50	D	G	50000	28000	326782	326782	11/07	1	

Declaration: The undersigned declares, under penalty of perjury under the laws of the State of California that the information entered on both sides of this form is true and correct.

SIGNATU	TITLE	DATE	DAYTIME TELEPHONE NUMBER
X	AGENT	12/1/07	(562) 437-4447

RS63

C/C 11880 Bura Ha East

113 DEC 19 2007 AF #318 113 DEC 31 2007 AF 0146 $11.00 #318

CALIFORNIA IRP VEHICLE DATA-SCHEDULE C

Combined Gross Weight Exceptions

Equipment #_____ Equipment #_____

AL	AB	AZ	AR	BC	CA	CO	CT	DE	DC	FL	GA	ID	IL
IN	IA	KS	KY	LA	ME	MB	MD	MA	MI	MN	MS	MO	MT
NE	NV	NL	NB	NH	NJ	NM	NY	NC	ND	NS	OH	OK	ON
OR	PA	PE	QC	RI	SK	SC	SD	TN	TX	UT	VT	VA	WA
WV	WI	WY											

Equipment #_____ Equipment #_____

AL	AB	AZ	AR	BC	CA	CO	CT	CE	DC	FL	GA	ID	IL
IN	IA	KS	KY	LA	ME	MB	MD	MA	MI	MN	MS	MO	MT
NE	NV	NL	NB	NH	NJ	NM	NY	NC	ND	NS	OH	OK	ON
OR	PA	PE	QC	RI	SK	SC	SD	TN	TX	UR	VT	VA	WA
WV	WI	WY											

Fees

	CA Weight Fees		CA Reg. Fee		CA CMV Fee		CA CTIP Fee		CA VEH. LIC. FEES		Total CA Fees		Foreign Jurisdictional Fees		Totals Across
Equipment #	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	
994	96		56		122		3		159		436		57		436
Totals Down	96		56		122		3		159		436		57		436

IMPORTANT: Apportioned fees for the current year for all qualified IRP jurisdictions must be paid with this application. Customers that are Unable to compute apportioned fees for the foreign IRP jurisdictions must submit 100% of the California fees that would be due or interstate Registration. Applications submitted after October 1 of the current year, must be accompanied by fees for the subsequent year if the vehicle(s) Registered on this application will continue to be operated in your fleet beyond December 31. Please refer to the IRP Customer Handbook. Chapter 7. for instructions on computing California fees.

DMV copy of Self issue Permits used for these vehicles must be attached to this application.

Total Fees	436
California Mileage Percentage	59%
Total California Apportioned Fees	257
Total Foreign Jurisdiction Fees	57
IRP Application Fee	2
California Credential Fees	2
Grand Total Fees	318

DMV Use Only

Original Applications:
- Schedule A/B Attached
- Proof of Business Address Attached (rent mortgage receipt)
- Reg. 522 Attached
- VIN(S) Verified
- FHVUT Verified or Exemption Attached

Renewal Applications:
- Schedule A/B Attached
- Proof of Insurance Attached
- FHVUT Verified or Exemption Attached
- Agreement to Maintain Records Attached

Supplemental Applications
- FHVUT Verified or Exempt
- VIN(S) Verified
- Clean R60 VIN printouts

REG 2126 ISSUED EXP DATE

AFFIX DMV DATE STAMP HERE

RS63824 ACCT# 900N CAPRICORN BUS LINES INC.

Señor Concesionario

CARTA FACTURA

VOLVO BUSES DISTRIBUIDORA DE MEXICO, S.A. [redacted]
Lago de Guadalupe 286
Fracc. Ind. Cartagena
54600 Tlalnepantla, Edo. de Méx.
Tel. 50003700 Fax. 50003776

NO. 14

FECHA: 24 OCTUBRE/07

Por medio de la presente hacemos constar, bajo protesta de decir verdad, que nuestra unidad a

NOMBRE J. BALTAZAR FLORES GARCIA Y/O T[redacted]MO CAPRICORNIO, S.A. DE C.V.

DIRECCION DEMOCRACIA ORIENTE No. 132 [redacted]C DE NOVIEMBRE

CIUDAD GUADALUPE, N.L. R.F.C. FOGJ 520105 CP0

C.P. 67170

UN AUTOBUS NUEVO

MARCA	MODELO	AÑO	[redacted]	MOTOR No.	SERIE No.
VOLVO	9700 6X2	2008	PA[redacted]MICO	619569	3CER8G1218 5120894

La factura correspondiente queda en trámite por [redacted] que su importe sea totalmente cubierto.

CLAVE VEHICULAR: 2100802
PESO BRUTO VEHICULAR: 28,500 KGS.
DIMENSIONES: LARGO: 13.700 MTS.
ANCHO: 2.600 MTS.
ALTURA: 3.710 MTS.

PRECIO DE LA UNIDAD:
IMPORTE $ 2,841,590.43USD.
IVA 15%: $ 426,238.57 USD.
TOTAL $ 3,267,829.00 USD

ATENTA[redacted]E

VOLVO BUSES DISTRIBUIDO[redacted]MEXICO, S. A. DE C.V.
R.F.C. VBD[redacted]ZIA

STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

CONTROL # A 295897

NOT OFFICIAL UNTIL VALIDATED AND DATE STAMPED BY CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

FOR DEPARTMENT USE ONLY

CALIFORNIA IRP
TEMPORARY REGISTRATION AUTHORIZATION

NAME: CAPRICORN BUS LINES INC.

ADDRESS: 5415 BROADWAY AVE. CITY: LOS ANGELES CA ZIP: 90037

This IRP carrier has made application and paid fees to register the (number) 1 vehicle(s) listed herein on their California based fleet. This temporary IRP operating authority is valid for operation only in the states shown below at the qualified gross/combined gross weights listed next to each jurisdiction. This permit expires on the month and day circled below. The vehicles shown on this form were included in the following application:

IRP ACCOUNT NUMBER: 900N ☐ Original ☐ Renewal ☒ Supplement Number 003 EFFECTIVE DATE: 12-01-2007

PLATE #	EQUIPMENT #	YR.	MAKE	VIN (LAST 6)	PLATE #	EQUIPMENT #	YR.	MAKE	VIN (LAST 6)
CP89962	994	2008	VOLVO	120994					

STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT
AL	50000	DE	50000	ME	50000	NV	50000	OH	50000	SK	|
AB	|	FL	50000	MB	|	NF	|	OK	50000	TN	50000
AK		GA	50000	MD	50000	NB	|	ON	|	TX	50000
AZ	50000	ID	50000	MA	50000	NH	50000	OR	50000	UT	50000
AR	50000	IL	50000	MI	50000	NJ	50000	PA	50000	VT	50000
BC	|	IN	50000	MN	50000	NM	50000	PE	|	VA	50000
CA	50000	IA	50000	MS	50000	NY	50000	QC		WA	50000
CO	50000	KS	50000	MO	50000	NC	50000	RI	50000	WV	50000
CT	50000	KY	50000	MT	50000	ND	50000	SC	50000	WI	50000
DC	50000	LA	50000	NE	50000	NS	|	SD	50000	WY	50000

ZP

DMV USE ONLY

DMV OFFICE DATE STAMP, SEQUENCE, AND AMOUNT OF FEES PAID: IRP DFR 01360118 #2 $318.00

USE INK TO CIRCLE THE MONTH, DAY, AND YEAR THIS PERMIT EXPIRES.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1 2 3 4 5	6 7 8 9 10	11 12 13 14	15 16 17	18 19 20	21 22 23	24 25 26	27 28 29	30 31			
2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013

WRITTEN EXPIRATION DATE: 12-31-2007

THIS PERMIT, OR A PHOTOCOPY, MUST BE VISIBLE FROM OUTSIDE THE VEHICLE WHEN IT IS UNATTENDED.

Written and circled dates must match exactly. Alterations, erasures, strikeovers, or changes of any kind void this permit.

REG 2126 IRP (REV. 1/2003)

BARATTA ENTERPRISES, INC. 11880

DMV/FEES		12/3/2007	
State Fees:IRP DMV Fees	SUPPL 3 CAPRICORN BUS LINES INC.		318.00

Bank of America - B.E. SUPPL 3 CAPRICORN BUS LINES INC 318.00

R6387275DIH4V 3CER8G12185120994
DATE: 02/05/08 TIME: 08:59
REG VALID FROM: 12/31/06 TO 12/31/07
LIC#:CP89962 YRMD:08 MAKE:VOLV BTM :BU VIN :3CER8G12185120994
REG :CAPRICORN BUS LINES INC, 5415 BROADWAY AVE CITY:LOS ANGELES
C.C.:19
RCID:01/19/08 LOCD:G
TYPE:83 POWR:D AXLE:3 WGHT:28000 VEH :51 BODY:B ACCT:900N CLAS:MA
*-YR:07 EQP#:0000994
GVW:H CERT IND:C OPERATING WGHT:50000 WGT IND:G
CERTIFICATION DATE:12012007
REC STATUS:
01/11/08 MA CLASS VEHICLE VALUE: 326782

NO MAILING ADDRESS

THIS RECORD DOES NOT REFLECT OWNERSHIP INFORMATION - USE VIN INQUIRY

CLEARANCE INFORMATION RECORDS:

OFFICE	WORK DATE	TECH/ID	SEQ #	VALUE	FICHE DATE	TTC
151	01/11/08	01	0003	00000.00	00/00/00	A5G

END

State of California
DEPARTMENT OF MOTOR VEHICLES
I certify under penalty of perjury that this document is a true and correct printout of the vehicle registration data contained within the data processing equipment of this Department.

Executed on 2/5/08 at Sacramento, California

By D. Hammond
Communication Programs Division
Information Services Branch

STATE OF CALIFORNIA DMV DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

CONTROL # A 295897

NOT OFFICIAL UNTIL VALIDATED AND DATE STAMPED BY CALIFORNIA DEPARTMENT OF MOTOR VEHICLES
DMV VALIDATED
002 DEC 01 2007
DEPT. OF MOTOR VEHICLES
FOR DEPARTMENT USE ONLY

CALIFORNIA IRP
TEMPORARY REGISTRATION AUTHORIZATION

NAME: CAPRICORN BUS LINES INC.

ADDRESS: 5415 BROADWAY AVE. CITY: LOS ANGELES CA ZIP: 90037

This IRP carrier has made application and paid fees to register the (number) 1 vehicle(s) listed herein on their California based fleet. This temporary IRP opera authority is valid for operation only in the states shown below at the qualified gross/combined gross weights listed next to each jurisdiction. This permit expires on the m and day circled below. The vehicles shown on this form were included in the following application:

IRP ACCOUNT NUMBER: 900N ☐ Original ☐ Renewal ☒ Supplement Number 003 EFFECTIVE DATE: 12-01-2007

PLATE #	EQUIPMENT #	YR.	MAKE	VIN (LAST 6)	PLATE #	EQUIPMENT #	YR.	MAKE	VIN (LAST 6)
CP89962	994	2008	VOLVO	120994					

STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT
AL	50000	DE	50000	ME	50000	NV	50000	OH	50000	SK	|
AB	|	FL	50000	MB	|	NF	|	OK	50000	TN	50000
AK		GA	50000	MD	50000	NB	|	ON	|	TX	50000
AZ	50000	ID	50000	MA	50000	NH	50000	OR	50000	UT	50000
AR	50000	IL	50000	MI	50000	NJ	50000	PA	50000	VT	50000
BC	|	IN	50000	MN	50000	NM	50000	PE	|	VA	50000
CA	50000	IA	50000	MS	50000	NY	50000	QC		WA	50000
CO	50000	KS	50000	MO	50000	NC	50000	RI	50000	WV	50000
CT	50000	KY	50000	MT	50000	ND	50000	SC	50000	WI	50000
DC	50000	LA	50000	NE	50000	NS	|	SD	50000	WY	50000

DMV OFFICE DATE STAMP, SEQUENCE, AND AMOUNT OF FEES PAID: DMV USE ONLY IRP ORDER 01360118 #2 $318.00
USE INK TO CIRCLE THE MONTH, DAY, AND YEAR THIS PERMIT EXPIRES.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31										
2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013

WRITTEN EXPIRATION DATE: 12-31-2007

THIS PERMIT, OR A PHOTOCOPY, MUST BE VISIBLE FROM OUTSIDE THE VEHICLE WHEN IT IS UNATTENDED.

Written and circled dates must match exactly. Alterations, erasures, strikeovers, or changes of any kind void this permit.

REG 2126 IRP (REV. 1/2003)

VI-30 (11/04)

13733754

OUT OF STATE
IDENTIFICATION CERTIFICATE

FOR A MOTOR VEHICLE LAST REGISTERED OR TITLED IN SOME OTHER STATE OR COUNTRY

VEHICLE YEAR	MAKE	BODY STYLE
2008	VOLVO	BUS

MANUFACTURER'S VEHICLE IDENTIFICATION NUMBER: 3CER8612185120994

NAME OF STATE OR COUNTRY IN WHICH LAST REGISTERED	YEAR OF LICENSE	LICENSE NUMBER
N/A	N/A	N/A

INSPECTION CERTIFICATE NO. U021154 67

ODOMETER READING 375848

INDIVIDUAL PRESENTING VEHICLE

LAST NAME

FIRST NAME

TYPE OF ID PRESENTED

STATE ISSUED ID OR DL ☐ STATE ☐ MILITARY ID ☐ PASSPORT ☐

ID NUMBER

NOT ACCEPTABLE WITH ERASURES OR ALTERATIONS

STATEMENT OF INSPECTOR

I, the undersigned duly appointed inspector, hereby certify that I have physically examined the manufacturer's vehicle identification number of the motor vehicle described above.

DATE 110607

INSPECTOR'S SIGNATURE

STATION NUMBER 2P12933

STATION NAME N+H Truck Repair

–NOTICE TO OUT OF STATE OWNER–

This form must be attached to your application for Texas Certificate of Title at the time you purchase Texas License plates from county Tax Assessor-Collector. This inspection is required by law.

CUSTOMER COPY

[redacted]

[redacted]

DATOS GENERALES

CENTRO	FECHA	HORA	SM	TS	IV	PAGO DERECHOS	PAGO MULTA
4650	22-SEP-2007	16:24	2	I	01		

No. 880725

DATOS DEL PROPIETARIO (MARCA: MPSI-MEXIC SERIE: 00000465)

NOMBRE	C.P.	EDO.	DEL.
BALTAZAR FLORES GARCIA	67170	19	001

DOMICILIO	MUNICIPIO
DEMOCRACIA No. 132, 20 DE NOVIEMBRE	GUADALUPE NL

IDENTIFICACION DEL VEHICULO

PLACAS	NUMERO DE SERIE	MARCA-MOD.	SUBMARCA
E/T	3CER8G12185120994	299-2008	

COMB.	SERV.	VERIFICACION	SABR.	M.MOT	T.MOT	POT	DEB.	N.M.P.	REGISTRO
2	03	06	3	2	500	503			

CENTRO DE VERIFICACION S.P.F.
NARVAEZ Y RIVERA
Av. 1.27 S.C.T. No. 718.604.650

CENTRO DE VERIFICACION SABR
NARVAEZ Y RIVERA
TECNICO No. 718.604.650
CONDOMINIO COMERCIAL COLON LOCAL 30 AV. INDUSTRIALENTI
MONTERREY, NUEVO LEON TEL. [illegible] Y [illegible]

CO	HC	CO2	O2	NOX
0.00	0	0.0	0.0	

CRUCERO

CLAVE APROBADO FIRMA

COTEJO

TECNICO FECHA 22/09
FECHA

ESTE DOCUMENTO ES COPIA FIEL Y EXACTA DEL ORIGINAL QUE OBRA EN NUESTROS ARCHIVOS

[redacted]

Insurgentes Sur # 1685-15°
Col Guadalupe Inn C.P. 01020
Del. Alvaro Obregón. México, D.F.
Tel. 53-22-82-00

ANA COMPAÑÍA DE SEGUROS S.A. DE C.V.

POLIZA DE SEGURO AUTOMOVILES

Nombre y Dirección del Asegurado		Endoso	Certificado	No. Poliza
TRANSPORTES CAPRICORNIO		ENDOSO A	226854	599625
	No. Poliza 599625	Inciso No	Uso	Servicio
AV. MADERO No. 3513 ORIENTE		0008	T. SPF PASAJERO	SPF PAS.
ACERO		RFC	No. Cliente	Cobertura
C.P. 64580 MONTERREY, N.L.	A: * 01709	TCA051021Q13	396812	RESP.CIVIL

Tipo	Carga	Descripcion
AUTOBUSES		AUTOBUS VOLVO

Clave	Modelo	Capacidad	Color	Placas	Serie	No. Motor
AS000004	2006	46 PASJ			3CER8G12185120994	

DESCRIPCION

CLAUSULAS Y CONDICIONES ESPECIALES

CLAUSULA ADICIONAL DE TRIPULANTES : EN FORMA ADICIONAL A LA COBERTURA DEL CHOFER, QUEDARAN AMPARADOS LOS EMPLEADOS DEL TRANSPORTISTA QUE SE ENCUENTREN VIAJANDO EN LA UNIDAD (CHOFER ADICIONAL, SOBRECARGO O CUALQUIER PERSONA QUE SE DEMUESTRE SER EMPLEADO DE LA EMPRESA TRANSPORTISTA) BAJO LASMISMAS CONDICIONES DE COBERTURA QUE UN VIAJERO.

CLAUSULA ADICIONAL DE ENROLAMIENTO: NO IMPORTANDO EL CORTE DEL BOLETO, SE PODRAN USAR INDISTINTAMENTE LAS UNIDADES DE LAS EMPRESAS TRANSPORTISTAS INVOLUCRADAS EN EL ENROLAMIENTO DE EMPRESAS, SI ASI FUERA NECESARIO Y QUEDARA CUBIERTA LA RESPONSABILIDAD CIVIL DEL VIAJERO, LO ANTERIOR SIEMPRE YCUANDO EXISTA POLIZA QUE AMPARE LA UNIDAD UTILIZADA Y CUENTE CON LOS MISMOS TERMINOS Y CONDICIONES DE LA POLIZA DE LA UNIDAD QUE ORIGINALMENTE EMITIO LOS BOLETOS.
RESPONSABILIDAD CIVIL VIAJERO

ESTA COBERTURA AMPARA COMO LIMITE UNICO Y COMBINADO LOS SIGUIENTES CONCEPTOS.

FALLECIMIENTO Y GASTOS FUNERARIOS:	HASTA 3,160 DSMGVDF P/PASAJERO
LESIONES E INCAPACIDADES.	HASTA 3,160 DSMGVDF P/PASAJERO
EQUIPAJE	HASTA 20 DSMGVDF P/PASAJERO

LOS LIMITES DE LOS CONCEPTOS ANTERIORES NO SON ACUMULABLES

LA COMPAÑIA SE OBLIGA EN ESTA COBERTURA A CUBRIR POR CONCEPTO DE INDEMNIZACION DE PERDIDA DE EQUIPAJE, EL IMPORTE EQUIVALENTE A VEINTE SALARIOS MINIMOS GENERALES VIGENTES EN EL DISTRITO FEDERAL AL MOMENTO DEL SINIESTRO, POR CADA PIEZA DE EQUIPAJE Y HASTA UN MAXIMO DE TRES PIEZAS POR PASAJERO. PARA EL RECLAMO DE ESTE BENEFICIO SERA INDISPENSABLE QUE EL USUARIO PRESENTE EL COMPROBANTE QUE AMPARE LA DOCUMENTACION O REGISTRO DE LA PIEZA DE EQUIPAJE CONFORME A LAS POLITICAS DEL TRANSPORTISTA PARA TAL EFECTO.

USO TRANSPORTE S P F

Agente: 01709 JOSE CALDERON ALVARADO

36 30 51 72

EN TESTIMONIO DE LO CUAL ANA COMPAÑÍA DE SEGUROS FIRMA LA PRESENTE EN MÉXICO, D.F. A 04 DE OCTUBRE DE 2007

ESTE DOCUMENTO Y LA NOTA TÉCNICA QUE LO FUNDAMENTA ESTAN REGISTRADOS ANTE LA C.N.S.F. DE CONFORMIDAD CON LO DISPUESTO EN EL ART. 36 DE LA LEY GENERAL DE INSTITUCIONES Y SOCIEDADES MUTUALISTAS DE SEGUROS, POR REGISTRO NUM. CNSF-S0080-0610-2006, DE FECHA 30 DE NOVIEMBRE DE 2006.

9a0204930077f3c1f914C0

ORIGINAL - ASEGURADO

Firma del Funcionario

Av. Insurgentes Sur # 1886 Pi
Col. Guadalupe Inn C.P. 01020
Del. Alvaro Obregón, México, D.F.
Tel. 53-22-82-00

ANA COMPAÑÍA DE SEGUROS S.A. DE C.V.

POLIZA DE SEGURO AUTOMOVILES

Nombre y Dirección del Asegurado	Endoso	Certificado	No. Póliza
TRANSPORTES CAPRICORNIO	ENDOSO A	226854	599625
AV. MADERO No. 3513 ORIENTE — No. Póliza 599625	Inciso No.	Uso	Servicio
ACERO	0008	T. SPF PASAJERO	SPF PAS.
C.P. 64580 MONTERREY, N.L. — A: * 01709	RFC	No. Cliente	Cobertura
	TCA051021G13	398912	RESP.CIVIL

Duración	Desde Día	Mes	Año	Vigencia a las	Hasta Día	Mes	Año	Fecha de Expedición Día	Mes	Año	Moneda	Forma de Pago	Subsecuentes	
247	04	10	2007	12 Hrs.	07	06	2008	04	10	2007	NACIONAL	ANUAL	Inicial	$0.00
													Subsec	$0.00

Prima Neta	Bonificación	Recargos	Gastos	I.V.A.	Prima Total
$4,260.21	$0.00	$0.00	$204.00	$669.63	$5,133.84

ANA COMPAÑÍA DE SEGUROS S.A. DE C.V. asegura, de conformidad con las Cláusulas de esta póliza y Condiciones Generales de la misma durante la vigencia establecida, el vehículo descrito a continuación, contra los riesgos que mas adelante aparecen y que figuran con límite de responsabilidad máxima o en su caso con la anotación de Amparado.

Tipo	Carga	Descripcion
AUTOBUSES		AUTOBUS VOLVO

Clave	Modelo	Capacidad	Color	Placas	Serie	No. Motor
AS000004	2008	46 PASJ			3CER8G12185120994	

	Coberturas Amparadas	Deducible	Límite máximo de Responsabilidad	Prima
3	RESPONSABILIDAD CIVIL L.U.C.	100 **	10,000 **	$3,047.38
4	GASTOS MEDICOS AL CONDUCTOR		$ 60,000 POR EVENTO	$126.68
6	DEFENSA JURIDICA Y ASISTENCIA LEGAL		AMPARADO	$211.47
16	R.C. VIAJERO		3,160 **	$2,076.28

** Dias de salario minimo general vigente en el Distrito Federal

- Desc. Técnico $1,201.60
Prima Neta $4,260.21

Agente: 01709 JOSE CALDERON ALVARADO 36 30 51 72 Registro.

EN TESTIMONIO DE LO CUAL ANA COMPAÑÍA DE SEGUROS FIRMA LA PRESENTE EN MÉXICO, D.F. A 04 DE OCTUBRE DE 2007

ESTE DOCUMENTO Y LA NOTA TECNICA QUE LO FUNDAMENTA ESTAN REGISTRADOS ANTE LA C.N.S.F. DE CONFORMIDAD CON LO DISPUESTO EN EL ART. 36 DE LA LEY GENERAL DE INSTITUCIONES Y SOCIEDADES MUTUALISTAS DE SEGUROS, POR REGISTRO NUM. CNSF-S0089-0619-2006 DE FECHA 30 DE NOVIEMBRE DE 2006

Firma del Funcionario

COPIA - AVISO VENCIMIENTO

28

Insurgentes Sur # 1685 15°
Col. Guadalupe Inn C.P. 01020
Del. Alvaro Obregón, México D.F.
Tel. 53-22-83-00

ANA COMPAÑÍA DE SEGUROS S.A. DE C.V.

POLIZA DE SEGURO AUTOMOVILES

Nombre y Dirección del Asegurado		Endoso	Certificado	No. Póliza
TURISMO CAPRICORNIO, SA DE CV		ENDOSO 8	385062	599625
Y/O J. BALTAZAR FLORES GARCIA	No. Póliza 599625	Inciso No.	Uso	Servicio
AV. MADERO No. 3513 ORIENTE		0008	T. SPF PASAJERO	SPF PAS.
ACERO		RFC	No. Cliente	Cobertura
C.P. 64580 MONTERREY, N.L.	A: * 01709	TCA051021G13	396912	RESP CIVIL

Tipo	Carga	Descripcion
AUTOBUSES		AUTOBUS VOLVO

Clave	Modelo	Capacidad	Color	Placas	Serie	No. Motor
AS000001	2008	48 PASJ			3CER8G12186120804	

DESCRIPCION

POR MEDIO DEL PRESENTE SE HACE CONSTAR QUE SE MODIFICA EL CONDUCTOR HABITUAL DE LA UNIDAD AMPARADA A QUEDAR COMO APARECE EN LA CARATULA DE ESTE ENDOSO.
LOS DEMAS TERMINOS Y CONDICIONES QUEDAN SIN ALTERACION ALGUNA.
POR MEDIO DEL PRESENTE SE HACE CONSTAR QUE SE MODIFICAN LOS DATOS DEL CONTRATANTE DE LA POLIZA A QUEDAR COMO APARECE EN LA CARATULA DE ESTE ENDOSO.

LOS DEMAS TERMINOS Y CONDICIONES QUEDAN SIN ALTERACION ALGUNA.

Agente: 01709 JOSE CALDERON ALVARADO 36 30 51 72

EN TESTIMONIO DE LO CUAL ANA COMPAÑÍA DE SEGUROS FIRMA LA PRESENTE EN MEXICO, D.F. A 22 DE OCTUBRE DE 2007

ESTE DOCUMENTO Y LA NOTA TÉCNICA QUE LO FUNDAMENTA ESTAN REGISTRADOS ANTE LA C.N.S.F. DE CONFORMIDAD CON LO DISPUESTO EN EL ART. 36 DE LA LEY GENERAL DE INSTITUCIONES Y SOCIEDADES MUTUALISTAS DE SEGUROS, POR REGISTRO NUM. CNSF-S0089-0619-2006. DE FECHA 30 DE NOVIEMBRE DE 2006

COPIA - AVISO VENCIMIENTO

Firma del Funcionario

00-500 (Rev.1-07/12)

DIESEL FUEL INTERSTATE TRUCKER TAX

This license is based on your compliance with the Texas Motor Fuels Tax Law. This license may be revoked for any violation of the law or Comptroller's rules. You may not engage in further business if this license is revoked.

Taxpayer number: 1-20-2040887-3

Effective date: 02/01/2007

Legal site: TEX. TAX CODE ANN. ch. 162.

THIS LICENSE IS NON-TRANSFERABLE. *PLEASE READ REVERSE SIDE.*

EXPIRES ON: 12/31/2007

Taxpayer name and mailing address

INTERNATIONAL CHARTER SERVICES INC
207 ARCHER ST
HOUSTON TX 77009-5417

SUSAN COMBS
Comptroller of Public Accounts

Detach here and display your license only.

IS THE INFORMATION PRINTED ON THIS LICENSE CORRECT?

If your license is correct, DO NOT return this form.

If your license contains incorrect information, you may use this form to:

- correct your taxpayer name, and/or mailing address;
- provide us with your new Federal Employer's Identification Number (FEIN);
- notify us that you are no longer in business and provide the date of your last business transaction.

COMPLETION INSTRUCTIONS

To make corrections to your license information using this form:

- enter the taxpayer name and taxpayer number shown on the license;
- indicate the required corrections by entering ONLY the information that has changed in the appropriate space(s);
- enter the date of your last business transaction if you are no longer in business;
- sign and date the form;
- mail the form to COMPTROLLER OF PUBLIC ACCOUNTS
  111 E. 17th Street
  Austin, TX 78774-0100

FUELS TAX QUESTIONS? CALL US 1-800-252-1383

Keep this license until you receive a corrected license.

NOTE: *This license cannot be used if there has been a change of ownership. For this change and to obtain a new license, please contact your local Comptroller's field office or call 1-800-252-1383 toll free nationwide, or in Austin, 512/463-4600. If you're calling from a Telecommunications Device for the Deaf (TDD), the toll-free number is 1-800-248-4099, or in Austin 512/463-4621.*

You have certain rights under Chapters 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at the address or toll-free number listed on this form.

DIESEL FUEL INTERSTATE TRUCKER TAX
Taxpayer name shown on the license

INTERNATIONAL CHARTER SERVICES INC
Taxpayer number shown on the license

1-20-2040887-3

Correct taxpayer name

Phone number (area code and number)

Correct mailing address

City | State | ZIP Code | Federal Employer Identification Number

If you are no longer in business, enter the date of your last business transaction.

sign here — Taxpayer or authorized agent | Date

06-300
(Rev.1-07/12)

DIESEL FUEL INTERSTATE TRUCKER TAX

This license is based on your compliance with the Texas Motor Fuels Tax Law. This license may be revoked for any violation of the law or Comptroller's rules. You may not engage in further business if this license is revoked.

Taxpayer number
1-20-2040887-3

Effective date
02/01/2007

Legal site: TEX. TAX CODE ANN. ch. 162.

THIS LICENSE IS NON-TRANSFERABLE. ***PLEASE READ REVERSE SIDE.***

Taxpayer name and mailing address

INTERNATIONAL CHARTER SERVICES INC
207 ARCHER ST
HOUSTON TX 77009-5417

EXPIRES ON:
12/31/2007

Susan Combs
SUSAN COMBS
Comptroller of Public Accounts

Detach here and display your license only.

IS THE INFORMATION PRINTED ON THIS LICENSE CORRECT?

If your license is correct, DO NOT return this form.

If your license contains incorrect information, you may use this form to:

- correct your taxpayer name, and/or mailing address;
- provide us with your new Federal Employer's Identification Number (FEIN);
- notify us that you are no longer in business and provide the date of your last business transaction.

COMPLETION INSTRUCTIONS

To make corrections to your license information using this form:

- enter the taxpayer name and taxpayer number shown on the license;
- indicate the required corrections by entering ONLY the information that has changed in the appropriate space(s);
- enter the date of your last business transaction if you are no longer in business;
- sign and date the form;
- mail the form to COMPTROLLER OF PUBLIC ACCOUNTS
  111 E. 17th Street
  Austin, TX 78774-0100

FUELS TAX QUESTION? CALL US
1-800-252-1383

Keep this license until you receive a corrected license.

NOTE: ***This license cannot be used if there has been a change of ownership. For this change and to obtain a new license, please contact your local Comptroller's field office or call 1-800-252-1383 toll free nationwide, or in Austin, 512/463-4600. If you're calling from a Telecommunications Device for the Deaf (TDD), the toll-free number is 1-800-248-4099, or in Austin 512/463-4621.***

You have certain rights under Chapters 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at the address or toll-free number listed on this form.

DIESEL FUEL INTERSTATE TRUCKER TAX
Taxpayer name shown on the license

INTERNATIONAL CHARTER SERVICES INC
Taxpayer number shown on the license

1-20-2040887-3

Correct taxpayer name

Phone number *(Area code and number)*

Correct mailing address

City | State | ZIP Code | Federal Employer Identification Number

If you are no longer in business,
enter the date of your last business transaction.

sign here ▶ Taxpayer or authorized agent | Date

Comptroller use only
XXMMCH
XXMAST
Master name correction
Master mailing address change
Master phone number add/change
XXSTAT
OOS/Inactive
OOS date

CRETARIA DE COMUNICACIONES Y TRANSPORTES

DIRECCION GENERAL DE AUTOTRANSPORTE FEDERAL

0647414

0647414

TARJETA DE CIRCULACION
SERVICIO PUBLICO FEDERAL

FED. J620105CP0

PLACAS 441HU9

RE O RAZON SOCIAL: PASAJE
BALTAZAR FLORES GARCIA

NUMERO

DEMOCRACIA 132 OTE

CODIGO POSTAL 00000

NTE DE NOVIEMBRE

ETARIO DEL VEHICULO
BALTAZAR FLORES GARCIA

NOMICO **********

MARCA: VOLVO
MODELO: 2008
CLASE: AUTOBUS
COMBUSTIBLE: DIESEL

8G12185120994

59

PESO VEHICULAR: 27.00Ton
No. DE EJES: 3
No. DE LLANTAS: 8

GRAL

LITROS	TONELADAS	PERSONAS	ALTO	ANCHO	LARGO
*****	*****	48	3.71	2.60	13.70

CIDAD

354262 TIPO DE SUSPENSION 138062

ECCIONAL: ATICA
EJE MOTRIZ: NEUMATICA
EJE ARRASTRE: **********

O DE RUTA: FOGJ620105CP0/3

FECHA LIMITE DE SUSTITUCION DEL VEHICULO: 31/12/9999

LUGAR Y FECHA DE EXPEDICION: SAN LUIS POTOSI, S.14/12/2007

0S574051L71822004P

**** ******* ******* ******* ******* ******* ******* ******

NUEVO LAREDO, TAMPS - MONTERREY, N.L. - MATEHUALA, S.L.P. - SAN LUIS POTOSI, S.L.P.********** **********

SECRETARIA DE COMUNICACIONES Y TRANSPORTES SAN LUIS POTOSI

SAN LUIS POTOSI, S.L.P. 14 DIC. 2007
JEFE DEL DEPTO. DE AUTOTRANSPORTE FEDERAL

ING. MANUEL A. ALCOCER LEOS

DGAF-N03

CARTA FACTURA

VOLVO BUSES DISTRIBUIDORA DE MEXICO, S.A. DE C.V.
Lago de Guadalupe 289,
Fracc. Ind. Cartagena,
54900 Tultitlán, Edo. de Méx.
Tel. 50903700 Fax. 50903778

NO. 28

FECHA: 28/NOVIEMBRE/07

Por medio de la presente hacemos constar, bajo protesta de decir verdad, que hemos vendido a:

NOMBRE J. BALTAZAR FLORES GARCIA Y/O TURISMO CAPRICORNIO, S.A DE C.V

DIRECCION *DEMOCRACIA ORIENTE No. 132 COL. 20 DE NOVIEMBRE*

CIUDAD GUADALUPE, N.L. **R.F.C.** FOGJ620105CP0

C.P. 67170

UN AUTOBUS NUEVO

MARCA	MODELO	AÑO	TIPO	MOTOR No.	SERIE No.
VOLVO	9700 6X2	2008	PANORAMICO	619559	3CER8G1218 5120994

La factura correspondiente queda en nuestro poder hasta que su importe sea totalmente cubierto.

CLAVE VEHICULAR: 2100902
PESO BRUTO VEHICULAR: 26,500 KGS
DIMENSIONES: LARGO: 13.700 MTS.
ANCHO: 2.600 MTS.
ALTURA: 3.710 MTS.

PRECIO DE LA UNIDAD:
IMPORTE : $ 2,841,590.43 MN.
IVA 15% : $ 426,238.57 MN.
TOTAL : $ 3,267,829.00 MN.

ATENTAMENTE

EDUARDO TORAN ALVAREZ.
GERENTE ADMINISTRATIVO DE VENTAS.
VOLVO BUSES DISTRIBUIDORA DE MEXICO, S.A. DE C.V.
R.F.C. VBD0612043IA

VOLVO

No.

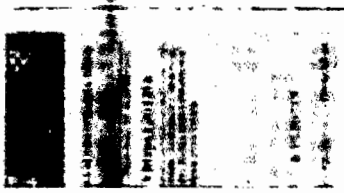
FACTURA 8A

CLIENTE	CONSIGNATARIO	CONTROL No.
		FECHA

CLIENTE	ZONA	NO RQ. PED.	PEDIDO CLIENTE	FOLIO PED.	FECHA PEDIDO	TIPO VENTA	CONDICIONES DE PAGO

EMBARCADO POR	FECHA EMBARQUE	TALON No.

CANTIDAD	No. DE PARTE	DESCRIPCION	PRECIO UNITARIO	IMPORTE



Volvo Autos Distribuidora de México, S.A. de C.V.

Insurgentes Sur # 1685-15°
Col. Guadalupe Inn C.P. 01020
Del. Alvaro Obregón, México, D.F.
Tel. 53-22-82-00

ANA COMPAÑÍA DE SEGUROS S.A. DE C.V.

POLIZA DE SEGURO AUTOMOVILES

Nombre y Dirección del Asegurado	Endoso	Endoso No	No. Póliza
TRANSPORTES CAPRICORNIO	ENDOSO A	226854	599625
No. Póliza 599625	Inciso No.	Uso	Servicio
AV. MADERO No. 3513 ORIENTE	0000	T. SPF PASAJERO	SPF PAS.
ACERO	RFC	No. Cliente	Cobertura
C.P. 64580 MONTERREY, N.L. A: * 01709	TCA051021G13	396912	RESP.CIVIL

Duración	Desde			Vigencia	Hasta			Fecha de Expedición			Moneda	Forma de Pago	Subsecuentes	
	Día	Mes	Año	a las	Día	Mes	Año	Día	Mes	Año				
247	04	10	2007	12 Hrs.	07	06	2008	04	10	2007	NACIONAL	ANUAL	Inicial	$0.00
													Subsec	$0.00

Prima Neta	Bonificación	Recargos	Gastos	I.V.A.	Prima Total
$8,520.42	$0.00	$0.00	$408.00	$1,339.26	$10,267.68

ANA COMPAÑÍA DE SEGUROS S.A. DE C.V. asegura, de conformidad con las Cláusulas de esta póliza y Condiciones Generales de la misma durante la vigencia establecida, el vehículo descrito a continuación, contra los riesgos que mas adelante aparecen y que figuran con límite de responsabilidad máxima o en su caso con la anotación de Amparado.

Tipo	Carga	Descripción
AUTOBUSES		CERTIFICADO PARA COLECTIVIDAD , ESTA POLIZA AMPARA 2 INCISOS

Clave	Modelo	Capacidad	Color	Placas	Serie	No. Motor

Coberturas Amparadas	Deducible	Límite máximo de Responsabilidad
3 RESPONSABILIDAD CIVIL		SEGUN ESPECIFICACION ADJUNTA
4 GASTOS MEDICOS AL CONDUCTOR		SEGUN ESPECIFICACION ADJUNTA
5 DEFENSA JURIDICA Y ASISTENCIA LEGAL		SEGUN ESPECIFICACION ADJUNTA
16 R.C. VIAJERO		SEGUN ESPECIFICACION ADJUNTA

Agente: 01709 JOSE CALDERON ALVARADO 36 30 51 72 Registro: 68163

EN TESTIMONIO DE LO CUAL ANA COMPAÑIA DE SEGUROS FIRMA LA PRESENTE EN MEXICO, D.F. A 04 DE OCTUBRE DE 2007

ESTE DOCUMENTO Y LA NOTA TÉCNICA QUE LO FUNDAMENTA ESTAN REGISTRADOS ANTE LA C.N.S.F. DE CONFORMIDAD CON LO DISPUESTO EN EL ART. 38 DE LA LEY GENERAL DE INSTITUCIONES Y SOCIEDADES MUTUALISTAS DE SEGUROS, POR REGISTRO NUM. CNSF-S0080-0619-2006, DE FECHA 30 DE NOVIEMBRE DE 2006.

COPIA - AVISO VENCIMIENTO

Firma del Funcionario

[redacted]

DATOS GENERALES

CENTRO	FECHA	HORA	SM	TS	IV	PAGO DERECHOS	PAGO MULTA
4650	22-SEP-2007	16:24	2	I	01		

No. 6307725

DATOS DEL PROPIETARIO (MARCA: MPSI-MEXIC SERIE: 00000465)

NOMBRE	C.P.	EDO.	DEL.
BALTAZAR FLORES GARCIA	67170	19	001

DOMICILIO	MUNICIPIO
DEMOCRACIA No. 132, 20 DE NOVIEMBRE	GUADALUPE NL

IDENTIFICACION DEL VEHICULO

PLACAS	NUMERO DE SERIE	MARCA-MOD.	SUBMARCA	CLASE
E/T	3CER8G12185120994	299-2008	.	B-2 (

COMB.	SUB.	M.MOT	T.MOT	POT	DES.	L.M.P.	RESULTADO	PROM.
2	03	06	3	2	500	503	1.27	0.16

CENTRO SERV. VERIFICACION
NARVAEZ Y RIVERA
CIUDADANO GONZALEZ
MONTERREY, NUEVO LEON
CLAVE A P R O

.65C

	CO	HC	CO2	O2	NOX
ESTRANGENTI	0.00	0	0.0	0.0	
CRUCERO					

PLACAS

FECHA

CVE-3 (Rev. 12/03)

TX06850ABT04

TXDPS COMMERCIAL VEHICLE ENFORCEMENT **CP#:**

LEVEL: 3

- [x] ARREST TKT
- [x] COM. VEH.
- [ ] ACCIDENT
- [x] CDL
- [ ] 9 - 15 PASS. FOR HIRE
- [x] 16 PASS. FOR HIRE
- [ ] 16 PASS. NOT FOR HIRE
- [x] SCHEDULE
- [ ] CHARTER

SP PROG: [x] INTERSTATE [ ] INTRASTATE

CONSTRUCTION ZONE [ ] YES [x] NO [ ] OCCUPIED

[ ] FIXED [x] ROADSIDE

SCALE HOUSE

[ ] ALCH [ ] DS [ ] SW [ ] TE

DATE: 10/20/2006 TIME: 10:18PM COUNTY: VICTORIA HWY: (2) US-0059 IN VICTORIA CO. (6 M.P.#: 630

LESSEE/MC: USDOT#:

ADD/CITY/ST/ZIP: ICC/MC#:

OWNER: INTERNATIONAL CHARTER SERVICE, INC. TXDOT#: 006002866C

ADD/CITY/ST/ZIP: 207 ARCHER HOUSTON TX 77009 PHONE#: 7136927117

OPERATOR: RACE/SEX: DOB: MED CARD:

ADD/CITY/ST/ZIP: D.L.#: STATE: TX

VEH SEARCH: [ ] YES [x] NO REASON FOR STOP: [ ] WARN [ ] CITATION [ ] INSPECTION CONTRABAND LOCATED: [ ] YES [ ] NO

TYPE OF SEARCH: [ ] CONSENT [ ] PC [ ] INC. TO ARREST [ ] INVENTORY TYPE OF CONTRABAND: [ ] DRUGS [ ] WEAPONS [ ] CURRENCY [ ] OTHER

1	BU	OTHR	BF-11	279RJ7	MX

X

SIGNATURE:

[x] I HEREBY PROMISE TO APPEAR AT THE TIME AND PLACE DESIGNATED IN THIS NOTICE. (THIS IS NOT A PLEA OF GUILTY)

X OO

[x] COPY RECEIVED BY

GROSS WEIGHT: GROUP WEIGHT:

YOU ARE HEREBY NOTIFIED TO APPEAR

JUDGE: TOM EASTLAND COURT: JP PCT./PLACE: 4/0

PHONE: (361) 573-5073 ON/BEFORE 15-Nov-2006 AT 10:00AM

ADDRESS: 104 TEAKWOOD STE 3 VICTORIA TX 77901

LOAD DISP#:

PERMIT #:

RG WT #1 GVWR #1

RG WT #2 GVWR #2

SEAL #'S REMOVED:	DEPT. SEAL #; INSTALLED	CVSA DECAL-TT	CVSA DECAL-ST	CVSA DECAL-ST

SHIPPING #:	1	CONSIGNOR:	INTERNATIONAL	CONSIGNEE:	INTERNATIONAL
COMMODITY:	PASSENGER	ORIGIN:	HOUSTON TX	DESTINATION:	MONTERREY MX

HM CATEGORY	CODE	RQ?	HW?	PLACARDS REQ?
NA				[ ]

SPEC. TANK

R									
	AX 1	AX 2	AX 3	AX 4	AX 5	AX 6	AX 7	AX 8	
L									

ALLEGED SPEED

SPEED LIMIT

RADAR CAL.

TICKET	VIOL. CITE #	Unit No.	OOS Y/N	OOS DISP	POST ACC	VIOLATIONS DISCOVERED
						DRIVER:PLEASE COMPLY WITH DIRECTIONS ON BACK SIDE OF THIS FORM
Yes		1				OPERATE UNREGISTERED MOTOR VEHICLE -

VEHICLE/DRIVER OUT OF SERVICE NOTICE

[ ] VEHICLE Pursuant to authority contained in TRC Chapter 644 I hereby declare "Out of Service" the vehicle/s with defects followed by "YES" in the Out of Service column of this report. No person shall remove the out of service stickers applied to these vehicles or operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition, or proper operating authority has been obtained.

[ ] DRIVER Pursuant to authority contained in TRC Chapter 644 I hereby notify and declare the driver named on this report Out of Service. No motor carrier shall permit or require driver to drive or operate any motor vehicle until.

OOS DISPOSITIONS
A. Repaired at Scene / Obtained Oper. Auth.
B. Towed/Escorted to Repair Service
D. Other
U. Unknown
W. Driver OOS

SEE CONTINUATION SHEET TROOPER COMMENTS:

VIN 103537 BUS HAS ONLY MEXICO PLATES TO TX PERMIT OR REGISTRATION.

X

COPY RECEIVED BY

[ ] Log Book Exemption

INSPECTED BY:	ID/REGION/DISTRICT/AREA	TIME COMPLETED	REPORT PREPARED BY:	MASIEL, PEDRO
MASIEL, PEDRO .	05116 3 A 03	10:34PM	REFERRAL ID	
CHARGES FILED BY: MASIEL, PEDRO 05116 3A03			BRAKES INSPECTED BY:	

36

(Rev. 8/05)

ANY ENTRIES IN THE VIOLATIONS' SECTION OF DRIVER'S COPY, WHERE THERE IS "YES" IN THE TICKET BOX, INDICATES CHARGES FILED AGAINST THE DRIVER. THIS WILL REQUIRE CONTACTING THE JUDGE FOR APPROPRIATE DISPOSITION.

JUDGE INFORMATION IS IN HEAVY BORDERED BOX ON DRIVER'S COPY.

PAYMENTS FOR FINES SHOULD BE SENT TO THE COURT LISTED ON THE DRIVER'S COPY. DO NOT SEND PAYMENTS TO TX DPS/MCB.

CERTIFICATION OF REPAIRMAN

I CERTIFY THAT THE REQUIRED REPAIRS SHOWN IN THE "OUT OF SERVICE" COLUMN ON THE OTHER SIDE OF THIS CERTIFICATE HAVE BEEN SATISFACTORILY COMPLETED.

SIGNATURE OF REPAIRMAN:	NAME OF SHOP (GARAGE):	REPAIR WORK COMPLETED	
		DATE:	TIME:

MOTOR CARRIER CERTIFICATION OF ACTION TAKEN

I CERTIFY THAT ALL VIOLATIONS NOTED UPON THIS REPORT HAVE BEEN CORRECTED AND ACTION HAS BEEN TAKEN TO ASSURE COMPLIANCE WITH THE MOTOR CARRIER SAFETY REGULATIONS INSOFAR AS THEY ARE APPLICABLE TO MOTOR CARRIERS AND DRIVERS.

SIGNATURE OF CARRIER OFFICIAL:	TITLE:	DATE:

ATTENTION DRIVER: This report must be furnished to the motor carrier whose name appears on this report.

ATTENTION DRIVER: TRC Chapter 644, Revised Statutes, requires the Motor Carrier to execute the above certification and return this report to:

MOTOR CARRIER BUREAU
TEXAS DEPARTMENT OF PUBLIC SAFETY
PO BOX 4087
AUSTIN TX 78773-0521

IMPORTANT MESSAGES

Any enforcement actions taken against you and any subsequent court actions are intended to secure compliance with the traffic laws and all other users of the highways. Failure to comply with your written promise to appear in court as made on this citation will constitute a separate offense with which you may be charged and result in warrants being issued for your arrest. Failure to appear in court or failure to satisfy a judgement ordering payment of a fine and cost in the manner ordered by the court may result in the denial of renewal of your driver's license.

"A second or subsequent conviction of failure to maintain financial responsibility will result in the suspension of your driver license and motor vehicle registration unless you file and maintain proof of financial responsibility with the Department of Public Safety for two (2) years from the date of conviction. The Department may waive the requirements to file proof of financial responsibility if you file satisfactory evidence with the Department showing that at the time this citation was issued the vehicle was covered by a liability insurance policy or that you were otherwise exempt from the requirements to provide evidence of financial responsibility.

You may be able to require that this charge be dismissed by successfully completing a driving safety course or a motorcycle operator training course. You will lose that right if, on or before your appearance date, you do not provide the court with notice of your request to take the course. This article does not apply to an offense committed by a person who holds a commercial driver's license.

"A conviction of an offense under a traffic law of this state or a political subdivision of this state may result in the assessment on your driver's license of a surcharge under the Driver Responsibility Program."

A request for an out-of-service review, regarding operating authority, must be made in writing and forwarded to the manager of the Motor Carrier Bureau. If requested, a review will be scheduled and conducted by the manager of the Motor Carrier Bureau or the director's designee within 10 days of the issuance of the out-of-service order. A request for review should be addressed to the Texas Department of Public Safety, Motor Carrier Bureau, P.O. Box 4087, Austin, TX 78773-0521 or may be sent by facsimile transmission to (512) 424-5712 or via electronic mail at *MotorCarrierBureau@txdps.state.tx.us.* The Department may conduct the review by telephone conference call.

To obtain a TxDOT Motor Carrier Insurance Certificate or Single State Registration - contact the Texas Department of Transportation at 1-800-299-1700 or visit their website at *www.dot.state.tx.us.*

To obtain a USDOT Number contact the Federal Motor Carrier Safety Administration at 1-800-832-5660 or visit their website at *www.fmcsa.dot.gov/factsfigs/formspubs.htm.*

TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO.
800-876-3350

COMPANY
LINCOLN GENERAL INSURANCE CO

POLICY NUMBER
LPA103122-02

EFFECTIVE DATE
10/18/2007

EXPIRATION DATE
01/18/2008

YEAR
2008

MAKE/MODEL
Volvo

VEHICLE IDENTIFICATION NUMBER
3CER8G12185120994

AGENCY
N.A.C.R.M
NORTH AMERICAN COACH RISK MGT.
P.O. BOX 414
LOMETA, TEXAS , TX 76853

AGENCY PHONE NO.
(800)469-4318

INSURED
INTERNATIONAL CHARTER SERVICES, INC.
207 ARCHER
HOUSTON, TEXAS 77009

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the Specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

SPANISH TRANSLATION

TRADUCCION DE ESPANOL

Texas Liability Insurance Card
Keep this card.

IMPORTANT: This card or a copy of your insurance policy must be shown when you apply for or renew your:

- motor vehicle registration
- driver's license
- motor vehicle safety inspection sticker.

You also may be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to $1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of $15 per day).

ACORD 50 TX (2/99)

© ACORD CORPORATION 1991

Tarjeta de Seguro de Responsabilidad de Texas
Guarde esta tarjeta.

IMPORTANTE: Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- registro de vehículo de motor
- licencia para conducir
- etiqueta de inspección de seguridad para su vehículo.

Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide.

Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta $1,000, suspensión de su licencia para conducir y de su registro de vehículo de motor, y la retención de su vehículo por un periodo de hasta 180 días (a un costo de $15 por día).

Use this format for a single sided fold up version.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 05/22/2007

Serial # 100759

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER

NORTH AMERICAN COACH RISK MGT. INC.
PO BOX 414
LOMETA, TEXAS 76853
(800)469-4318

INSURED

INTERNATIONAL CHARTER SERVICES, INC.
207 ARCHER
HOUSTON, TEXAS 77009

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: LINCOLN GENERAL INSURANCE CO	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	$
		CLAIMS MADE / OCCUR				MED EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
						GENERAL AGGREGATE	$
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC				PRODUCTS - COMP/OP AGG	$
A		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$ 5,000,000
		ANY AUTO					
		ALL OWNED AUTOS	LPA103122-02	05/20/07	05/20/08	BODILY INJURY (Per person)	$
		X SCHEDULED AUTOS					
		HIRED AUTOS				BODILY INJURY (Per accident)	$
		NON-OWNED AUTOS					
		X UNINSURED MOTORIST	55,000			PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	$
		OCCUR / CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE					$
		RETENTION $					$
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS / OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
A		PHYSICAL DAMAGE	LPA103122-02	05/20/07	05/20/08	DEDUCTIBLE : 5,000 COMP . & COLLISION	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

INSURED VEHICLES: 2000 DINA VIN: 002478
EFFECTIVE : 05/20/07 THRU 10/20/07 ONLY: 2005 VOLVO VIN: 01425 , 2005 VOLVO VIN: 03537 , 2005 VOLVO VIN: 01398 , 1998 PREVOST VIN: 11313 & 2003 NEOBUS VIN: 31756

CERTIFICATE HOLDER

TO WHOM IT MAY CONCERN

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE BRENDA ANDERSON

© ACORD CORPORATION 1988

VIN # 33CER8G12385120995

R638/275DIH4V 3CER8G12385120995
DATE: 02/05/08 TIME: 08:58
REG VALID FROM: 12/31/06 TO 12/31/07
LIC#:CP89952 YRMD:07 MAKE:VOLV BTM :BU VIN :3CER8G12385120995
REG :CAPRICORN BUS LINES INC, 5415 BROADWAY AVE CITY:LOS ANGELES
C.C.:19
RCID:11/14/07 LOCD:G
TYPE:83 POWR:D AXLE:3 WGHT:28000 VEH :51 BODY:B ACCT:900N CLAS:MA
*-YR:07 EQP#:0001995
GVW:H CERT IND:C OPERATING WGHT:50000 WGT IND:G
CERTIFICATION DATE:10152007
REC STATUS:
11/06/07 MA CLASS VEHICLE VALUE: 264200

NO MAILING ADDRESS

THIS RECORD DOES NOT REFLECT OWNERSHIP INFORMATION - USE VIN INQUIRY

CLEARANCE INFORMATION RECORDS:

OFFICE	WORK DATE	TECH/ID	SEQ #	VALUE	FICHE DATE	TTC
151	11/06/07	03	0012	00000.00	00/00/00	ASG

END

State of California
DEPARTMENT OF MOTOR VEHICLES
I certify under penalty of perjury that this document is a true and correct printout of the vehicle registration data contained within the data processing equipment of this Department.

Executed on 2/5/08 at Sacramento, California

By D. Hammon
Communication Programs Division
Information Services Branch

STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

LAW ENFORCEMENT/GOVERNMENT REQUEST FOR VEHICLE OR VESSEL REGISTRATION INFORMATION

593195

VERBAL INFORMATION
- [ ] Address
- [ ] Status
- [ ] DL/ID #
- [ ] Other

- [x] **RUSH**
Reason: INVESTIGATION
Number of Requests: 2
- [ ] History
- [ ] Law Search
- [ ] FAX Only #
- [ ] FAX/Mail
Comments:

- [ ] Pick Up
- [x] Mail
- [ ] Express Mail
Courier Name
Account #:
Physical Address
City/State
Zip

REQUESTER CODE/ORI	BADGE/ID/DL NUMBER	SSN VERIFIED	TELEPHONE NUMBER	EXTENSION
		[ ]	(310) 380-5459	

AGENCY NAME	NATL TRANS SAFETY BOARD
REQUESTER	GARY VAN ETTEN
ADDRESS	1515 W 190TH ST STE 555
CITY	GARDENA
STATE	CA
ZIP	90248 -

RECEIVED BY	MVDIH1
DATE	2/5/2008
TIME	8:54 AM

MAKE	VEHICLE/VESSEL LICENSE	YEAR/MODEL	INFORMATION REQUESTS:	
VOLV	CP89952		[x] Vehicle or Vessel Current Record	[ ] Vehicle or Vessel History
NAME: CAPRICORN BUS LINES INC		VEHICLE VIN/VESSEL HIN NUMBER: 3CER8G12385120995	[x] Certify	(History includes current yr + 3 prior)
ADDRESS		ENGINE NUMBER	[ ] Owner As Of MM DD YY	or Target year:

MAKE	VEHICLE/VESSEL LICENSE	YEAR/MODEL	INFORMATION REQUESTS:	
VOLV	CP89962		[x] Vehicle or Vessel Current Record	[ ] Vehicle or Vessel History
NAME: CAPRICORN BUS LINES INC		VEHICLE VIN/VESSEL HIN NUMBER: 3CER8G12185120994	[x] Certify	(History includes current yr + 3 prior)
ADDRESS		ENGINE NUMBER	[ ] Owner As Of MM DD YY	or Target year:

DMV USE ONLY

42

CALIFORNIA IRP VEHICLE DATA – SCHEDULE C

TYPE OF APPLICATION- *IMPORTANT*: Read instructions and code tables on the reverse of this form before completing this schedule. Schedule A/B form must be submitted if any carrier information has changed.

☐ New/Original IRP Application: Must attach Schedule A/B with full demographics information.

☐ State Addition - Must Attach Schedule A/B ☐ Vehicle Deletion(s) Only ☐ Vehicle Weight Increase

☐ Replacement Credentials: check type ☐ License Plate ☐ Cab Card Only ☐ License Sticker(s) only

☐ Renewal: Use this form to list fleet vehicles to be renewed and/or deleted ***only if*** no renewal notice was received from DMV. Must attach Schedule A/B form.

☒ Vehicle Addition(s) Only ☐ Concurrent Vehicle Addition(s)/Deletion(s) Indicate sequential supplement # **SUPPLEMENT NUMBER 002**

DMV OCCUPATIONAL LICENSE NUMBER	FLEET NUMBER	ENTER EFFECTIVE DATE OF IRP REGISTRATION	APPLICATION YEARS	IRP ACCOUNT NUMBER
RS63824	001	10/15/07	☐ Current Year Only ☐ Current and Subsequent Year	900N

FULL REGISTRANT NAME

CAPRICORN BUS LINES INC.

Declared Jurisdictional Weights – "X" the following boxes as applicable: ☐ Maximum Weight All Jurisdictions ☐ Maximum weight all jurisdictions except as shown below ☐ Identical weights for all Vehicles listed as shown below except vehicles (X) indicated in Column 1 and entered on the reverse of this form.

AL 50000	AB	AZ 50000	AR 50000	BC	CA 50000	CO 50000	CT 50000	DE 50000	DC 50000	FL 50000	GA 50000	ID 50000	IL 50000
IN 50000	IA 50000	KS 50000	KY 50000	LA 50000	ME 50000	MB	MD 50000	MA 50000	MI 50000	MN 50000	MS 50000	MO 50000	MT 50000
NE 50000	NV 50000	NL	NB	NH 50000	NJ 50000	NM 50000	NY 50000	NC 50000	ND 50000	NS	OH 50000	OK 50000	ON
OR 50000	PA 50000	PE	QC	RI 50000	SK	SC 50000	SD 50000	TN 50000	TX 50000	UT 50000	VT 50000	VA 50000	WA 50000
WV 50000	WI 50000	WY 50000											

1 WGT Except	2 Action D = Delete A = Add	3 Replacement Equipment #	4 New IRP License Number (DMV Use Only)	5 Prior Juris.	6 Prior License Plate Number	7 Equipment Number	8 Year Model	9 Make	10 Full Vehicle Identification Number
								NEOBU	→ ABDR PROVIDED BY CPD HELPDESK PER HILDA
☐	A		CP89951			1755	2003	NBOBUS	3BBK4X2C52353175755
☐	A		CP89952			1995	2007	VOLVO	3CER8G12385120995
☐					Temp:258642	Der: 01360017			
☐					Stkr:P080717-18				

Continue data for each vehicle listed below

11 Body Type	12 Vehicle Axles	13 Maximum Combined Axles	14 Bus Seats	15 Fuel	16 CA Weight Indicator	17 CA GVW Or CGW	18 Unladen Weight	19 Factory List Price	20 Latest Purchase Price	21 Date of Purchase	22 CA Code for # Months	23 Lessor Name and Address
BS	3	3	43	D	G	50000	28000	150000	150000	1/04	3	
BS	3	3	48	D	G	50000	28000	264200	264200	9/07	3	

Declaration: The undersigned declares, under penalty of perjury under the laws of the State of California that the information entered on both sides of this form is true and correct.

TITLE	DATE	DAYTIME TELEPHONE NUMBER
AGENT	10/15/07	(562) 437-4447

RS63824

113 OCT 22 2007 A F 0002 $1136

5151 / OCT 17 200722

CALIFORNIA IRP VEHICLE DATA-SCHEDULE C

Combined Gross Weight Exceptions

Equipment #_____ Equipment #_____

AL	AB	AZ	AR	BC	CA	CO	CT	DE	DC	FL	GA	ID	IL
IN	IA	KS	KY	LA	ME	MB	MD	MA	MI	MN	MS	MO	MT
NE	NV	NL	NB	NH	NJ	NM	NY	NC	ND	NS	OH	OK	ON
OR	PA	PE	QC	RI	SK	SC	SD	TN	TX	UT	VT	VA	WA
WV	WI	WY											

Equipment #_____ Equipment #_____

AL	AB	AZ	AR	BC	CA	CO	CT	CE	DC	FL	GA	ID	IL
IN	IA	KS	KY	LA	ME	MB	MD	MA	MI	MN	MS	MO	MT
NE	NV	NL	NB	NH	NJ	NM	NY	NC	ND	NS	OH	OK	ON
OR	PA	PE	QC	RI	SK	SC	SD	TN	TX	UR	VT	VA	WA
WV	WI	WY											

Fees

	CA Weight Fees		CA Reg. Fee		CA CMV Fee		CA CTIP Fee		CA VEH. LIC. FEES		Total CA Fees		Foreign Jurisdictional Fees		Totals Across
Equipment #	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	
1755	260		56		122		3		171		611		*598*		611
1995	260		56		122		3		429		529				529
Totals Down	520		112		244		6		600		1140		*598*		1140

IMPORTANT: Apportioned fees for the current year for all qualified IRP jurisdictions must be paid with this application. Customers that are Unable to compute apportioned fees for the foreign IRP jurisdictions must submit 100% of the California fees that would be due or interstate Registration. Applications submitted after October 1 of the current year, must be accompanied by fees for the subsequent year if the vehicle(s) Registered on this application will continue to be operated in your fleet beyond December 31. Please refer to the IRP Customer Handbook. Chapter 7. for instructions on computing California fees.

DMV copy of Self issue Permits used for these vehicles must be attached to this application.

Total Fees	1140
California Mileage Percentage	59%
Total California Apportioned Fees	673
Total Foreign Jurisdiction Fees	*457*
IRP Application Fee	2
California Credential Fees	4
Grand Total Fees	**1136**

DMV Use Only

Original Applications:	***Renewal Applications:***	**Supplemental Applications**	**REG 2126 ISSUED EXP DATE**
• Schedule A/B Attached • Proof of Business Address Attached (rent mortgage receipt) • Reg. 522 Attached • VIN(S) Verified • FHVUT Verified or Exemption Attached	• Schedule A/B Attached • Proof of Insurance Attached • FHVUT Verified or Exemption Attached • Agreement to Maintain Records Attached	• FHVUT Verified or Exempt • VIN(S) Verified • Clean R60 VIN printouts	**AFFIX DMV DATE STAMP HERE**

RS63824 ACCT# 900N CAPRICORN BUS LINES INC

Reg. under Capricorn Bus Lines

AUTOBUSES SALTILLO PARRAS, S. A. DE C. V.

CENTRAL DE AUTOBUSES
PERIF. LUIS ECHEVERRIA Y LIBERTAD COL. BELLA VISTA
TEL./FAX (844) 417-15-09 Y 417-00-43
C.P. 25070 SALTILLO, COAHUILA
R.F.C. ABP-711011-HA4

FACTURA
Nº 639

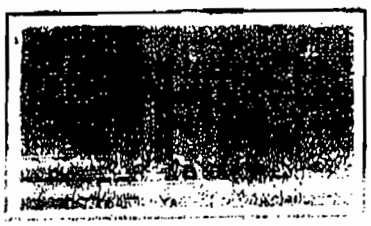
NOMBRE: JOSÉ RAÚL MOLANO LÓPEZ
DIRECCION: LIBERTAD # 2481 COL. BELLAVISTA
CIUDAD: SALTILLO, COAH. C.P. 25060 R.F.C. MOLR540513 FK3

SALTILLO, COAH. A.

DIA	MES	AÑO
04	10	04

CANTIDAD	DESCRIPCION	P. UNITARIO	IMPORTE
	VENTA DE UN AUTOBÚS MARCA NEOBÚS NO, AÑO 2003, USADO EN LAS CONDICIONES EN LAS QUE SE ENCUENTRA.		$ 1,794,929.18
	NÚMERO DE SERIE DE CARROCERÍA: 3N9N05JA63T002347		
	NÚMERO DE MOTOR: 8012053		
	NÚMERO DE NIV Y CHASIS: 3BBK4X2C523531755		
	CLAVE VEHICULAR ANTE LA SECRETARÍA DE HACIENDA Y CRÉDITO PÚBLICO: 2360303		
	3BBK4X2C523531755		

LA REPRODUCCIÓN NO AUTORIZADA, ESTÁ CONTRAVENIR CONSTITUYE UN DELITO EN LOS TÉRMINOS DE LAS DISPOSICIONES FISCALES



IMPRESO POR:
IMPRESORA MEER NARRO S. A.
MUTUALISTA PTE. No. 320 SALTILLO, COAH.
TEL. (844) 410-90-33
HELG. SHOP NAM-930918-DB1
AUT. EN LA PÁGINA DE INTERNET
DEL SAT 08/03/02

APROBACIÓN DEL SISTEMA DE CONTROL DE PROVEEDORES CONTRIBUYENTES

SUBTOTAL	$ 1,794,929.18
IVA	$ —
TOTAL	$ 1,794,929.18

CARTA FACTURA

No. 1441

Fecha 04/08/97

PR[redacted]R

VOLVO BUSES DISTRIBUIDORA DE MEXICO, S.A. DE C.V.
LAGO DE GUADALUPE NO. 289
FRACCIONAMIENTO INDUSTRIAL CARTAGENA
TULTITLAN MEX
54900 MEXICO
TEL. 50 90 27 00
FAX.

Por medio de la presente hacemos constar, bajo protesta de decir verdad [redacted] vendido a:

C[redacted]

TURISMO CAPRICORNIO, S.A. DE C.V.
FRANCISCO I. MADERO ORIENTE
No. 3513-A COL. ACERO
MONTERREY N.L.
64580 MEXICO
R.F.C. TCA 951021 QI3

DE[redacted]ON

MARCA	MODELO	A[redacted]	TIPO	MOTOR	No. SERIE
VOLVO	9700 6X2	20[redacted]	[redacted]ANORAMICO	B13560	3CER8G12385120995

CLAVE VEHICULAR:
2100902

PESO BRUTO VEHICULAR:	26,500 KGS.	IMPORTE	$	2,841,590.43	MN
LARGO:	13.700 MTS.	IVA 15%	$	426,238.57	MN
ANCHO:	2.600 MTS.	TOTAL	$	3,267,829.00	MN
ALTURA:	3.710 MTS.				

3CER8G12385120995

Acep[redacted]

VOVO BUSES DISTRIBUI[redacted] MEXICO, S.A. DE C.V.
R.F.C. V[redacted]4G6

La factura correspondiente queda en nuestro poder [redacted] su importe por [redacted] efectivo.

○ USDOT Number ○ MC/MX Number ◉ Name

Enter Value: CAPRICORN BUS LINE

Search

Company Snapsh

CAPRICORN BUS LIN
USDOT Number: 1618

ID/Operations | Inspections/Crashes | Safety Rating | Insurance

Other Informati for this Carrie

- SafeStat Resul
- Licensing & Insurance

Carriers: If you would like to update the following ID/Operations information, please complete and submit form MCS-150 which can be obtained online or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's DataQs system.

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance then what is captur in the Company Snapshot. To obtain a CSP please visit the CSP order page or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to **SAFER General Help**.

The information below reflects the content of the FMCSA management information systems as of 10/23/2007.

Entity Type:	**Carrier**		
Out of Service (Interstate Only):	**No**	**Out of Service Date:**	**None**
Legal Name:	**CAPRICORN BUS LINES**		
DBA Name:			
Physical Address:	**12 VEENSTRA HOUSTON, TX 77022**		
Phone:	**(713) 692-2501**		
Mailing Address:	**12 VENNSTRA HOUSTON, TX 77022**		
USDOT Number:	**1618407**	**State Carrier ID Number:**	
MC or MX Number:	**597998**	**DUNS Number:**	**--**
Power Units:	**1**	**Drivers:**	**1**
MCS-150 Form Date:	**03/14/2007**	**MCS-150 Mileage (Year):**	**131,040 (2007)**
Operation Classification:			

X Auth. For Hire	Priv. Pass.(Non-business)	State Gov't
Exempt For Hire	Migrant	Local Gov't
Private(Property)	U.S. Mail	Indian Nation
Priv. Pass. (Business)	Fed. Gov't	

Carrier Operation:

Interstate	Intrastate Only (HM)	X Intrastate Only (Non-HM)

Cargo Carried:

General Freight	Liquids/Gases	Chemicals
Household Goods	Intermodal Cont.	Commodities Dry Bulk
Metal: sheets, coils, rolls	X Passengers	Refrigerated Food
Motor Vehicles	Oilfield Equipment	Beverages
Drive/Tow away	Livestock	Paper Products
Logs, Poles, Beams, Lumber	Grain, Feed, Hay	Utilities
Building Materials	Coal/Coke	Agricultural/Farm Supplies
Mobile Homes	Meat	Construction
Machinery, Large Objects	Garbage/Refuse	Water Well
Fresh Produce	US Mail	

ID/Operations | Inspections/Crashes | Safety Rating | Insurance

Inspection results for 24 months prior to: 10/23/2007

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to Inspections | for further information.

Inspections:

Inspection Type	Vehicle	Driver	Hazmat
Inspections	0	0	0
Out of Service	0	0	0
Out of Service %	0%	0%	0%
Nat'l Average % (2005-2006)	23.14%	6.80%	5.39%

Crashes reported to FMCSA by states for 24 months prior to: 10/23/2007

Crashes:

Type	Fatal	Injury	Tow	Total

Crashes	0	0	0	0

ID/Operations | Inspections/Crashes | Safety Rating | Insurance

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating:

The rating below is current as of: 10/23/2007

Review Information:

Rating date:	None	Review Date:	None
Rating:	None	Type:	None

ID/Operations | Inspections/Crashes | Safety Rating | Insurance

For the most current information on the status of operating authority and insurance for this carrier, go to the **FMCSA Licensing & Insurance site**.

SAFER Links

Skip Links | Home | Feedback | Contact | DataQs | FAQ | Accessibility | Privacy Notice | Related Links | Acrob Reader Download

STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

CONTROL # A 295860

NOT OFFICIAL UNTIL VALIDATED AND DATE STAMPED BY CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

FOR DEPARTMENT USE ONLY

CALIFORNIA IRP
TEMPORARY REGISTRATION AUTHORIZATION

NAME: CAPRICORN BUS LIENS INC.

ADDRESS: 5415 BROADWAY AVE | CITY: LOS ANGELES | CA | ZIP: 90037

This IRP carrier has made application and paid fees to register the (number) 2 vehicle(s) listed herein on their California based fleet. This temporary IRP operating authority is valid for operation only in the states shown below at the qualified gross/combined gross weights listed next to each jurisdiction. This permit expires on the month and day circled below. The vehicles shown on this form were included in the following application:

IRP ACCOUNT NUMBER: 900N | ☐ Original ☐ Renewal ☒ Supplement Number 002 | EFFECTIVE DATE: 10-15-07

PLATE #	EQUIPMENT #	YR.	MAKE	VIN (LAST 6)	PLATE #	EQUIPMENT #	YR.	MAKE	VIN (LAST 6)
CP89951	1755	2003	NBOBUS	531755					
CP89952	0995	2007	VOLVO	120995					

STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT
AL	50000	DE	50000	ME	50000	NV	50000	OH	50000	SK	
AB		FL	50000	MB		NF		OK	50000	TN	50000
AK		GA	50000	MD	50000	NB		ON		TX	50000
AZ	50000	ID	50000	MA	50000	NH	50000	OR	50000	UT	50000
AR	50000	IL	50000	MI	50000	NJ	50000	PA	50000	VT	50000
BC		IN	50000	MN	50000	NM	50000	PE		VA	50000
CA	50000	IA	50000	MS	50000	NY	50000	QC		WA	50000
CO	50000	KS	50000	MO	50000	NC	50000	RI	50000	WV	50000
CT	50000	KY	50000	MT	50000	ND	50000	SC	50000	WI	50000
DC	50000	LA	50000	NE	50000	NS		SD	50000	WY	50000

DMV USE ONLY

DMV OFFICE DATE STAMP, SEQUENCE, AND AMOUNT OF FEES PAID: IRP DER 013600091 #2 $1136.00

USE INK TO CIRCLE THE MONTH, DAY, AND YEAR THIS PERMIT EXPIRES.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1 2	3 4 5	6 7 8	9 10	11 12	13 14 15	16 17	18 19 20	21 22	23 24 25	26 27 28	29 30 31
~~2002~~	~~2003~~	~~2004~~	~~2005~~	~~2006~~	2007	~~2008~~	~~2009~~	~~2010~~	~~2011~~	~~2012~~	~~2013~~

WRITTEN EXPIRATION DATE: 12-15-07

THIS PERMIT, OR A PHOTOCOPY, MUST BE VISIBLE FROM OUTSIDE THE VEHICLE WHEN IT IS UNATTENDED.

Written and circled dates must match exactly. Alterations, erasures, strikeovers, or changes of any kind void this permit.

REG 2126 IRP (REV. 1/2003)