



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

APPLICATION FOR BUSINESS CERTIFICATE

AS A WRECKER OF MOTOR VEHICLES OR
SALVAGE POOL OPERATOR

CERTIFICATE NUMBER

2426

EXPIRATION DATE

12-31-04

- PLEASE TYPE OR PRINT LEGIBLY WITH INK.
- SEE PAGE 4 FOR INSTRUCTIONS FOR COMPLETING A WRECKER APPLICATION.
- ANY ALTERATION OF LINE 3 VOIDS LOCATION APPROVAL.

FEE: \$150

ORIGINAL RENEWAL

1	LEGAL NAME OF APPLICANT (OWNER, PARTNERSHIP, LLC OR CORPORATION NAME) <u>FRANK MILLER TRUCK WRECKING</u>	OREGON REGISTRY NUMBER (IF LLC OR CORPORATION)	BUSINESS TELEPHONE <u>(503) 283-1797</u>
2	BUSINESS NAME OF APPLICANT (IF ASSUMED BUSINESS NAME OR TRADE NAME) <u>U</u>	OREGON REGISTRY NUMBER (IF USING ASSUMED BUSINESS NAME OR TRADE NAME) <u>N/A</u>	BUSINESS TELEPHONE <u>()</u>
3	MAIN BUSINESS LOCATION (STREET AND NUMBER) <u>15015 NW Mill Rd</u>	CITY <u>Portland</u>	ZIP CODE <u>97231</u>
4	MAILING ADDRESS <u>15015 NW Mill Rd</u>	CITY <u>Portland</u>	STATE <u>Oregon</u>
			ZIP CODE <u>97231</u>

5 CHECK ORGANIZATION TYPE:

Individual Partnership LLC Corporation: If corporation, list the state under whose law business is incorporated: _____

6 What wrecking activities do you intend to perform (as stated in ORS 822.100)?
Check the applicable box(es).

Buy, sell or deal in vehicles for purpose of dismantling, wrecking, disassembling and selling used vehicle components thereof.

Buy, sell or deal in vehicles for purpose of dismantling, wrecking, disassembling or substantially altering the form of motor vehicles.

Sell at wholesale wrecked, dismantled, disassembled, or substantially altered vehicles.

Wrecking, dismantling, disassembling, or substantially altering vehicles including crushing, compacting or shredding.

7 a) THE DIMENSIONS OF THE PROPERTY ON WHICH THE BUSINESS IS LOCATED ARE 196.04 ft. X 240.62 ft.

b) ORS 822.115(4) requires applicants to file a **description of the location** of the wrecking yard. Accordingly, please file a plat map or other description of the location of the premises..

8 By signing this application you are also certifying that:

1. The right of way of any highway adjacent to the area proposed for approval to conduct the wrecking business is used for access to the premises and public parking;
2. You maintain a building or enclosure or other barrier at least six feet high for the purpose of conducting the wrecking business;
3. You will not store any vehicles or vehicle parts or conduct the wrecking business outside of the building, enclosure or barrier except as permitted by ORS 822.135(1) (i) (A) and (B);
4. The business is hidden and adequately screened by the terrain or other natural objects or by plants, fences or other appropriate means so as not to be visible from the main traveled way or the highway except as permitted by ORS 822.135(1) (k) (A), and (B), (C).

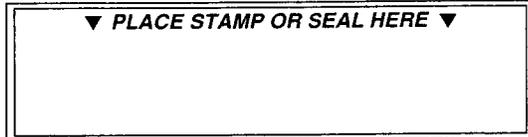
9 LOCAL GOVERNMENT APPROVAL (CITY / COUNTY)

By signing this application you are authorizing wrecker business as defined in Line 5 above, to be conducted at the location listed on Line 2 of this application. **If wrecker business cannot be conducted here, or if any of the conditions below are not met, do not sign this approval.**

I CERTIFY THAT THE GOVERNING BODY OF THE CITY OF _____ HAS:

COUNTY OF _____

- A) APPROVED THE APPLICANT AS BEING SUITABLE TO ESTABLISH, MAINTAIN OR OPERATE A WRECKING YARD OR BUSINESS (ORIGINAL APPLICATIONS ONLY).
- B) DETERMINED THAT THE LOCATION OR PROPOSED LOCATION MEETS THE REQUIREMENTS FOR LOCATION UNDER OREGON REVISED STATUTE 822.110(1).
- C) DETERMINED THAT THE LOCATION DOES NOT VIOLATE ANY APPLICABLE PROHIBITION UNDER OREGON REVISED STATUTE 822.135.
- D) APPROVED THE LOCATION AND DETERMINED THAT THE LOCATION COMPLIES WITH ANY REGULATIONS ADOPTED BY THE JURISDICTION UNDER OREGON REVISED STATUTE 822.140.



I ALSO CERTIFY THAT I AM AUTHORIZED TO SIGN THIS APPLICATION AND AS EVIDENCE OF SUCH AUTHORITY DO AFFIX HEREON THE SEAL OR STAMP OF THE CITY OR COUNTY.

10 NAME _____ TITLE _____ PHONE NUMBER () _____

11 SIGNATURE _____ DATE _____

Complete the section(s) below and sign.

(Be sure to attach a separate sheet to show additional owners.)

- List the primary owner, partners, LLC members or corporate officers below.
- If a member of a limited liability company (LLC) is a corporation, the president must provide information below.
- If a partner of a partnership is a corporation, the president must provide information below.
- If corporation or LLC, then Oregon registered agent name and address required below.

12	OREGON REGISTERED AGENT NAME		TELEPHONE NUMBER ()	
13	OREGON REGISTERED AGENT STREET ADDRESS	CITY	STATE	ZIP CODE
14	OREGON REGISTERED AGENT MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE

OWNERSHIP INFORMATION

15	PRINT NAME OF OWNER / PARTNER / LLC MEMBER / CORPORATE OFFICER <i>Frank Miller</i>		TITLE <i>OWNER</i>	RESIDENCE TELEPHONE NUMBER <i>(503) 429-0273</i>	
16	DATE OF BIRTH <i>5-21-43</i>	DRIVER LICENSE NUMBER <i>1083707</i>	STATE OF ISSUANCE <i>Oregon</i>		
17	RESIDENCE ADDRESS <i>59101 Pebble Creek Rd</i>		CITY <i>Vernonia</i>	STATE <i>OR</i>	ZIP CODE <i>97064</i>
18	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP CODE
19	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 15 ABOVE <i>X Frank Miller</i>			DATE <i>11-11-04</i>	

20	PRINT NAME OF OWNER / PARTNER / LLC MEMBER / CORPORATE OFFICER		TITLE	RESIDENCE TELEPHONE NUMBER ()	
21	DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUANCE		
22	RESIDENCE ADDRESS		CITY	STATE	ZIP CODE
23	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP CODE

24	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 20 ABOVE <i>X</i>			DATE	
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25	PRINT NAME OF OWNER / PARTNER / LLC MEMBER / CORPORATE OFFICER		TITLE	RESIDENCE TELEPHONE NUMBER ()	
26	DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUANCE		
27	RESIDENCE ADDRESS		CITY	STATE	ZIP CODE
28	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP CODE

29	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 25 ABOVE <i>X</i>			DATE	
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30 **Please attach (staple) copies of ALL owners, partners, LLC members or corporate officers official photo ID's (driver license or state issued identification card ONLY). If the residence address on the photo ID is different than the residence address listed on Page 2, submit a statement explaining why the addresses do not match.**

Copy must be legible.

False certification is a Class B misdemeanor under ORS 162.085 and is punishable by six months in jail, a fine of up to \$1,000 or both. In addition, DMV sanctions against you or your wrecker certificate may be imposed. With this in mind... I certify that I am the owner, a partner, an LLC member, or a corporate officer of this business and that all information on this application is accurate and true. I certify that the right of way of any highway adjacent to the location listed above is used for access to the premises and public parking.

SURETY BOND

BOND NUMBER
801881

FAILURE TO COMPLETE THIS FORM WILL CAUSE UNAVOIDABLE DELAY.

LET IT BE KNOWN:

THAT FRANK MILLER
(OWNER, PARTNERS, CORPORATION NAME)

DOING BUSINESS AS FRANK MILLER TRUCK WRECKING
(ASSUMED BUSINESS NAME, IF ANY)

HAVING PRINCIPAL PLACE OF BUSINESS AT 15015 NW MILL RD PORTLAND, OR 97231
(ADDRESS, CITY, STATE, ZIP CODE)

WITH ADDITIONAL PLACES OF BUSINESS AT _____
(ADDRESS, CITY, STATE, ZIP CODE)

STATE OF OREGON, AS PRINCIPAL(S), AND CONTRACTORS BONDING AND INSURANCE COMPANY
(SURETY NAME)

1201 N.E. Lloyd Blvd., Suite 360 Portland, OR 97232. (503) 287-6000
(ADDRESS, CITY, STATE, ZIP CODE) TELEPHONE NUMBER

A CORPORATION ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF Washington AND AUTHORIZED TO TRANSACT A SURETY BUSINESS IN THE STATE OF OREGON, AS SURETY, ARE HELD AND FIRMLY BOUND UNTO THE STATE OF OREGON IN THE PENAL SUM OF \$2,000 FOR THE PAYMENT OF WHICH WE HEREBY BIND OURSELVES, OUR RESPECTIVE SUCCESSORS AND ASSIGN, JOINTLY AND SEVERALLY, FIRMLY BY THESE PRESENTS.

A CONDITION OF THIS OBLIGATION IS SUCH THAT, WHEN THE ABOVE NAMED PRINCIPAL HAS BEEN ISSUED A CERTIFICATE TO CONDUCT, IN THIS STATE, A BUSINESS WRECKING, DISMANTLING AND SUBSTANTIALLY ALTERING THE FORM OF VEHICLES, SAID PRINCIPAL SHALL CONDUCT SUCH BUSINESS WITHOUT FRAUD OR FRAUDULENT REPRESENTATION, AND WITHOUT VIOLATION OF ANY OF THE PROVISIONS OF THE OREGON VEHICLE CODE SPECIFIED IN ORS 822.120(2) THEN AND IN THAT EVENT THIS OBLIGATION TO BE VOID, OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT UNLESS CANCELED PURSUANT TO ORS 743.755.

THIS BOND IS EFFECTIVE January 1 2005 AND EXPIRES December 31 2005 (BOND MUST EXPIRE ON THE LAST DAY OF THE MONTH.)

-- ANY ALTERATION VOIDS THIS BOND --

IN WITNESS WHEREOF, THE SAID PRINCIPAL AND SAID SURETY HAVE EACH CAUSED THESE PRESENTS TO BE EXECUTED BY ITS AUTHORIZED REPRESENTATIVE OR REPRESENTATIVES AND THE SURETY CORPORATE SEAL TO BE HEREUNTO AFFIXED THIS 29 DAY OF September 2004.

SIGNATURE (OWNER/PARTNER/CORPORATE OFFICER) <input checked="" type="checkbox"/> <u>Frank Miller</u>		TITLE <u>owner</u>
SIGNATURE OF SURETY (AUTHORIZED REPRESENTATIVE) <input checked="" type="checkbox"/> <u>Dobi Heller</u>		TITLE <u>Attorney-in-Fact</u>
SURETY'S AGENT OR REPRESENTATIVE MUST COMPLETE THIS SECTION:		PLACE SURETY SEAL BELOW
IN THE EVENT A PROBLEM ARISES CONCERNING THIS BOND, CONTACT:		
NAME CBIC	TELEPHONE NUMBER (503) 287-6000	
ADDRESS 1201 NE Lloyd Blvd., Suite 360		
CITY, STATE, ZIP CODE Portland, OR 97232		
APPROVED BY ATTORNEY GENERAL'S OFFICE		



Limited Power of Attorney

Home Office:
1213 Valley Street
PO Box 9271
Seattle, WA 98109-0271
(206) 628-7200

KNOW ALL MEN BY THESE PRESENTS that CONTRACTORS BONDING AND INSURANCE COMPANY, a corporation duly organized and existing under the laws of the State of Washington, and having its principal office in Seattle, King County, Washington, does by these presents make, constitute and appoint DEBI LEWIS, of Portland, Oregon, its true and lawful Attorney-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver on behalf of the Company any and all bonds and undertakings of suretyship given for any purpose, provided, however, that no Attorney-in-Fact shall be authorized to execute and deliver any bond or undertaking that shall obligate the Company for any portion of the penal sum thereof in excess of \$6,000,000, and provided, further, that no Attorney-in-Fact shall have the authority to issue a bid or proposal bond for any project where, if a contract is awarded, any bond or undertaking would be required with a penal sum in excess of \$6,000,000; and to bind the Company thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary; hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions adopted by the Board of Directors of the CONTRACTORS BONDING AND INSURANCE COMPANY on May 20, 2004:

RESOLVED that the President of the Company is authorized to appoint any person as the Company's true and lawful Attorney-in-Fact with power and authority to execute and deliver on behalf of the Company any and all bonds and undertakings of suretyship given for any purpose, subject to such limits as shall be determined by the President of the Company; provided, however, that no such person shall be authorized to execute and deliver any bond or undertaking that shall obligate the Company for any portion of the penal sum thereof in excess of \$10,000,000, and provided, further, that no Attorney-in-Fact shall have the authority to issue a bid or proposal bond for any project where, if a contract is awarded, any bond or undertaking would be required with penal sum in excess of \$10,000,000. Any Attorney-in-Fact authorized to execute a surety bond or undertaking may also be authorized to execute any consent or other documentation incidental to said bond or undertaking, provided such document does not obligate the Company in excess of the limit set forth above.

RESOLVED FURTHER that the authority of the Secretary of the Company to certify the authenticity and effectiveness of the foregoing resolution in any Limited Power of Attorney is hereby delegated to the following persons, the signature of any of the following to bind the Company with respect to the authenticity and effectiveness of the foregoing resolutions as if signed by the Secretary of the Company: Larry A. Byers, Michael D. Burns, Debbie Kidd, Ann Jenes, Nancy M. Young, Marci A. Houts, Rose A. Thorstenson, Hans Rauth, Mark S. Hewitt, Theresa Smith, Tom Dymont, Pat Dorney, Deanna Davis, JoAnn Johnson, Debi Lewis, James L. Neschke, Cheryl Neschke, Michael K. Neschke. Provided, however, that no such person shall have the authority to certify the authenticity of a resolution or Limited Power of Attorney document which serves to appoint himself as Attorney-in-Fact.

RESOLVED FURTHER that the signatures (including certification that the Power of Attorney is still in force and effect) of the President, Notary Public and person certifying authenticity and effectiveness, and the corporate and Notary seals appearing on any Limited Power of Attorney containing this and the foregoing resolutions as well as the Limited Power of Attorney itself and its transmission, may be by facsimile; and such Limited Power of Attorney shall be deemed an original in all aspects.

RESOLVED FURTHER that all resolutions adopted prior to today appointing the above named as Attorney-in-Fact for CONTRACTORS BONDING AND INSURANCE COMPANY are hereby superseded.

IN WITNESS WHEREOF, CONTRACTORS BONDING AND INSURANCE COMPANY has caused these presents to be signed by its President and its corporate seal to be hereto affixed this 20th day of August, 2004.

CONTRACTORS BONDING AND INSURANCE COMPANY

By: [Signature]
Don Sirkin, President

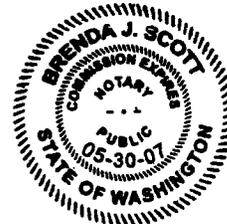


STATE OF WASHINGTON - COUNTY OF KING

On this 20th day of August, 2004, personally appeared DON SIRKIN, to me known to be the President of the corporation that executed the foregoing Limited Power of Attorney and acknowledged said Limited Power of Attorney to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that he is authorized to execute the said Limited Power of Attorney.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

Brenda J. Scott
Notary Public in and for the State of Washington, residing at Seattle



The undersigned, acting under authority of the Board of Directors of CONTRACTORS BONDING AND INSURANCE COMPANY, hereby certifies, as or in lieu of Certificate of the Secretary of CONTRACTORS BONDING AND INSURANCE COMPANY, that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Company, and does hereby further certify that the said Power of Attorney is still in force and effect.

GIVEN under my hand at Portland, OR this 29 day of September, 2004

[Signature]
PoaDS01.14-US08.02004

ALLEN Kathy A

From: BOREN-KING Tammy [tammy.boren-king@co.multnomah.or.us]
Sent: Monday, November 29, 2004 9:11 AM
To: ALLEN Kathy A
Subject: Background Check

Good Morning Kathy,

I have you listed as the person to get in touch with for a background check. I have an applicant who has applied for a renewal to an auto wrecking yard license. One of the requirements for a wrecking yard permit is a background check. The applicant's name is Frank Patrick Miller. His driver's license number is [REDACTED] and his social security number is [REDACTED].

If you are not the correct person, please let me know.

Thanks for your help-

Tammy Boren-King
Multnomah County Land Use Planning
1600 SE 190th Avenue
Portland, OR 97233
PH: 503-988-3043
FAX: 503-988-3389

*Clear
APPROVED 11/29/04*

RECEIVED
MULTNOMAH COUNTY
PLANNING SECTION

04 NOV 29 AM 11:27

RECEIVED

BOREN-KING Tammy

From: ARMSTRACHAN Lauren E
Sent: Monday, November 29, 2004 10:24 AM
To: BOREN-KING Tammy
Subject: RE: Taxes Due?

I CHECKED BOTH ACCOUNTS AND THERE ARE NO TAXES DUE OR OWING. EVEN THE PERSONAL

PROPERTY IS SHOWING PAID.

-----Original Message-----

From: BOREN-KING Tammy
Sent: Monday, November 29, 2004 9:25 AM
To: ARMSTRACHAN Lauren E
Subject: Taxes Due?

Hi Lauren,

I am working on a renewal for an auto wrecking license. One of the requirements is that there be no "personal or real property taxes due and owing." (MCC 15.202(B)(6)). Is this something you can check for me? If not, who should I get in touch with?

The business name is Frank Miller Truck Wrecking owned by Frank Patrick Miller. The property address is 15015 NW Miller Road. The business is on two parcels. They are R97128-0710 and R97128-0230. (2N1W28B- lots 600 and 800).

Thanks a lot for your help-

Tammy Boren-King
Multnomah County Land Use Planning
1600 SE 190th Avenue
Portland, OR 97233
PH: 503-988-3043
FAX: 503-988-3389