



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

EXPIRATION DATE

- 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>Orient Auto Parts Inc</u>	OREGON REGISTRY NUMBER (IF LLC OR CORPORATION) <u>495683-89</u>	BUSINESS TELEPHONE <u>5031663-1909</u>
2	BUSINESS NAME OF APPLICANT (IF ASSUMED BUSINESS NAME OR TRADE NAME)	OREGON REGISTRY NUMBER (IF USING ASSUMED BUSINESS NAME OR TRADE NAME)	BUSINESS TELEPHONE ()
3	MAIN BUSINESS LOCATION (STREET AND NUMBER) <u>28425 SE Orient Dr.</u>	CITY <u>Gresham</u>	ZIP CODE <u>97080</u>
4	MAILING ADDRESS <u>28425 SE Orient Dr.</u>	CITY <u>Gresham</u>	STATE <u>Or</u>
5	CHECK ORGANIZATION TYPE: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input checked="" type="checkbox"/> 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 500 ft. X 1150 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 COUNTY OF _____ HAS:

- 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.

▼ PLACE STAMP OR SEAL HERE ▼

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 <u>X</u>	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 Frank H. Hilton Jr.		TELEPHONE NUMBER (503) 224-6440	
13	OREGON REGISTERED AGENT STREET ADDRESS 851 SW Sixth Ave Suite 1500		CITY Portland	STATE ZIP CODE OR 97204
14	OREGON REGISTERED AGENT MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP CODE

OWNERSHIP INFORMATION

15	PRINT NAME OF OWNER / PARTNER / LLC MEMBER / CORPORATE OFFICER Jane J. Davis,		TITLE owner	RESIDENCE TELEPHONE NUMBER (503) 631-6851
16	DATE OF BIRTH 6/22/37	DRIVER LICENSE NUMBER 984691	STATE OF ISSUANCE Or.	
17	RESIDENCE ADDRESS 40860 SE Kitzmiller		CITY Eagle Creek	STATE ZIP CODE OR 97022
18	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP CODE

19	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 15 ABOVE X Jane J. Davis			DATE 11/5/04
----	--	--	--	------------------------

20	PRINT NAME OF OWNER / PARTNER / LLC MEMBER / CORPORATE OFFICER Rex M. Davis		TITLE owner	RESIDENCE TELEPHONE NUMBER (503) 663-7466
21	DATE OF BIRTH 5/22/55	DRIVER LICENSE NUMBER 1784307	STATE OF ISSUANCE OR	
22	RESIDENCE ADDRESS 39131 SE Hudson Rd		CITY Sandy	STATE ZIP CODE OR 97055
23	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP CODE

24	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 20 ABOVE X Rex M. Davis			DATE 11/5/04
----	---	--	--	------------------------

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 X			DATE
----	--	--	--	------

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.

04 DEC -3 AM 9:32



Multnomah County Sheriff's Office

DAN NOELLE
SHERIFF

12240 N.E. GLISAN ST., PORTLAND, OREGON 97230

(503) 255-3600
TTY (503) 251-2484

Permission is given for Multnomah County Sheriff's Office to conduct a criminal background investigation in accordance with County Ordinance 723. This permission is given in connection with the operation of a wrecking yard in Multnomah County.

Name or Owner/Manager: DAVIS Rex M.
Home Address: 39131 SE Hudson Rd. Sandy, Or 97055
DOB: 52555 SS# 544721313 Sex M Race W Driver's Lic.# 1784307 St. OR
Signature: Rex M. Davis

1. Full Name: Rex Maynard Davis
Address: 39131 SE Hudson Rd. Sandy, Or 97055
DOB: 52555 SS# 544721313 Sex M Race W Driver's Lic.# 1784307 St. OR
Signature: Rex M. Davis

2. Full Name: June Joyce Davis
Address: 40860 SE Kitzmiller Rd.
DOB: 6/22/27 SS# 541445922 Sex F Race W Driver's Lic.# 9841091 St. OR
Signature: June J. Davis

3. Full Name: _____
Address: _____
DOB / / SS# _____ Sex _____ Race _____ Driver's Lic# _____ St. _____
Signature: _____

FOR OFFICIAL USE ONLY

approve disapprove date

Sheriff's Office Recommendation: _____

Comments: Both subjects are approved -
Leah Goode/29970
Sheriff's Office Records



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 themselves 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 Portranon, this 30th day of September, 2004

[Signature]