



APPLICATION FOR BUSINESS CERTIFICATE AS A DISMANTLER OF MOTOR VEHICLES OR SALVAGE POOL OPERATOR

CERTIFICATE NUMBER WR2007

EXPIRATION DATE

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

ORIGINAL RENEWAL

LEGAL NAME OF APPLICANT (OWNER, PARTNERSHIP, LLC OR CORPORATION NAME) HAROLD M MILNE & CARL H MILNE OREGON REGISTRY NUMBER (IF LLC OR CORPORATION)

BUSINESS NAME OF APPLICANT (IF ASSUMED BUSINESS NAME OR TRADE NAME) LOOP HI-WAY TOWING OREGON REGISTRY NUMBER (IF USING ASSUMED BUSINESS NAME OR TRADE NAME) BUSINESS TELEPHONE () (503) 663-3111

MAIN BUSINESS LOCATION (STREET AND NUMBER) CITY ZIP CODE COUNTY 28609 S.E. Orient Dr. Gresham 97080 Mult

MAILING ADDRESS CITY STATE ZIP CODE 28609 S.E. Orient Dr. Gresham OR. 97080

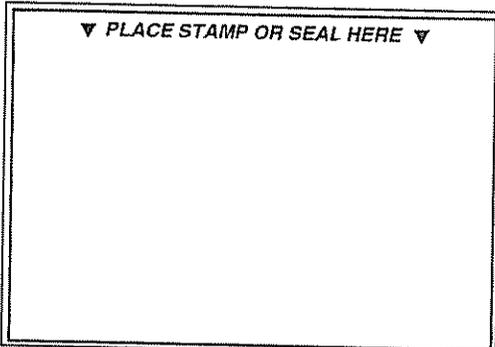
CHECK ORGANIZATION TYPE: Individual Partnership LLC Corporation: If corporation, list the state under whose law business is incorporated:

a) THE DIMENSIONS OF THE PROPERTY ON WHICH THE BUSINESS IS LOCATED ARE ft. X ft. b) ORS 822 115(4) requires applicants to file a description of the location of the dismantling yard Accordingly, please file a plat map or other description of the location of the premises

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 dismantling 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 dismantling business; 3 You will not store any vehicles or vehicle parts or conduct the dismantling business outside of the building, enclosure or barrier; 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.

LOCAL GOVERNMENT APPROVAL (CITY / COUNTY) By signing this application you are authorizing a dismantler business to be conducted at the location listed on Line 3 of this application If a dismantler business cannot be conducted at that location, 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 COUNTY HAS: A) APPROVED THE APPLICANT AS BEING SUITABLE TO ESTABLISH, MAINTAIN OR OPERATE A MOTOR VEHICLE DISMANTLING BUSINESS (ORIGINAL APPLICATIONS ONLY) B) DETERMINED THAT THE LOCATION OR PROPOSED LOCATION MEETS THE REQUIREMENTS FOR THAT LOCATION UNDER ORS 822 110 C) DETERMINED THAT THE LOCATION DOES NOT VIOLATE ANY APPLICABLE PROVISION OF ORS 822 135 D) APPROVED THE LOCATION AND DETERMINED THAT THE LOCATION COMPLIES WITH ANY REGULATIONS ADOPTED BY THE JURISDICTION UNDER ORS 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.

NAME TITLE PHONE NUMBER SIGNATURE DATE X Harold M Milne

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.

11	OREGON REGISTERED AGENT NAME <i>None</i>		TELEPHONE NUMBER ()	
12	OREGON REGISTERED AGENT STREET ADDRESS	CITY	STATE	ZIP CODE
13	OREGON REGISTERED AGENT MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE

OWNERSHIP INFORMATION

14	PRINT NAME OF OWNER / PARTNER / LLC MEMBER / CORPORATE OFFICER MILNE, CARL H	TITLE PARTNER	RESIDENCE TELEPHONE NUMBER () (503) 663-5462	
15	DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUANCE	
16	RESIDENCE ADDRESS 33915 SE LUSTED RD	CITY GRESHAM	STATE	ZIP CODE 97080
17	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE

18	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 14 ABOVE <i>Carl H. Milne</i>	DATE
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19	PRINT NAME OF OWNER / PARTNER / LLC MEMBER / CORPORATE OFFICER MILNE, HAROLD M	TITLE PARTNER	RESIDENCE TELEPHONE NUMBER () (503) 663-5843	
20	DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUANCE	
21	RESIDENCE ADDRESS 28304 SE ORIENT DR	CITY GRESHAM	STATE	ZIP CODE 97080
22	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE

23	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 19 ABOVE <i>Harold M. Milne</i>	DATE
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24	PRINT NAME OF OWNER / PARTNER / LLC MEMBER / CORPORATE OFFICER	TITLE	RESIDENCE TELEPHONE NUMBER ()	
25	DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUANCE	
26	RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
27	MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE

28	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 24 ABOVE X	DATE
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29 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 dismantler 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.



OREGON CLASS **A**
COMMERCIAL DRIVER LICENSE

16416 Expires **08-05-2010**
MILNE HAROLD MICHAEL

DOB **08-05-1943** Issue Date **08-03-2005**

Endorsements	Sex	Record Created
	M	1960
Restrictions	Height	Weight
D	6'02"	275

MILNE, HAROLD MICHAEL
28304 SE ORIENT DR
GRESHAM, OR 97080



OREGON CLASS **A**
COMMERCIAL DRIVER LICENSE

1164029 Expires **01-01-2010**
MILNE CARL HARVEY

DOB **01-11-1949** Issue Date **01-06-2005**

Endorsements	Sex	Record Created
	M	1960
Restrictions	Height	Weight
BD	6'03"	200

MILNE, CARL HARVEY
13915 SE LUSTED RD
GRESHAM, OR 97080

DISMANTLER CERTIFICATE

WR2007

EFFECTIVE: JANUARY 1, 2006 EXPIRES: DECEMBER 31, 2008

Issued To:

HAROLD M MILNE & CARL H MILNE
DBA: LOOP HI-WAY TOWING
28609 SE ORIENT DR
GRESHAM OR 97080

This business is authorized to engage in buying, selling, or dealing in vehicles for the purpose of dismantling in the state of Oregon under the provisions of ORS 822.110, and to exercise privileges granted by certificate under the provisions of ORS 822.125.

To be valid, this certificate must be prominently posted at the business address listed above and is not valid at any other location. It is not valid if expired, revoked, canceled or suspended, under the provisions of ORS 822.045 and ORS 822.050.

Driver and Motor Vehicle Services
Department of Transportation
Salem, OR 97314

*** ALTERATION, MUTILATION OR ERASURE WILL VOID CERTIFICATE ***



Multnomah County Sheriff's Office

12240 N E GLISAN ST, PORTLAND, OREGON 97230

DAN NOELLE
SHERIFF

(503) 255-3600
TTY (503) 251-2404

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: Milne, Harold M.
Home Address: 28304 S.E. Orient Dr., Gresham 97080
DOB: OR 0243 SSN: 54-56-9405 Sex M Race Caucasian Driver's Lic # 16416 St. OR
Signature: Harold M. Milne

1. Full Name: Milne, Carl H.
Address: 33915 S.E. Lusted Rd, Gresham 97080
DOB: OR 011149 SSN: 54-64-9542 Sex M Race Caucasian Driver's Lic # 1164029 St. OR
Signature: Carl H. Milne

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

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

RECEIVED
DEC 10 2008
BY: _____

FOR OFFICIAL USE ONLY
approve disapprove _____ date _____
Sheriff's Office Recommendation: ✓

Comments:
Harold Milne approved
Carl Milne approved
by: Kimberly Weaver-Gordon 12/10/08
CAPT ELLIOTT 1856Y

DUPLICATE ORIGINAL

SURETY BOND		BOND NUMBER
NOTE: TO BE COMPLETED BY BONDING COMPANY. FAILURE TO ACCURATELY COMPLETE THIS FORM WILL CAUSE DELAY. PLEASE TYPE OR PRINT LEGIBLY WITH INK.		YLI 200603
LET IT BE KNOWN:		
THAT <u>Harold M. Milne and Carl H. Milne</u> <small>(OWNER, PARTNERS, LLC OR CORPORATION NAME)</small>		
DOING BUSINESS AS <u>Loop Hi-Way Towing</u> <small>(ASSUMED BUSINESS NAME IF ANY)</small>		
HAVING PRINCIPAL PLACE OF BUSINESS AT <u>28609 SE Orient Drive, Gresham, OR 97080</u> <small>(ADDRESS, CITY, STATE ZIP CODE)</small>		
WITH ADDITIONAL PLACES OF BUSINESS AT _____ <small>(ADDRESS, CITY, STATE, ZIP CODE)</small>		
STATE OF OREGON, AS PRINCIPAL(S), AND <u>Old Republic Surety Company</u> <small>(SURETY NAME)</small>		
PO Box 231298 Portland, OR 97281-1298 <small>(ADDRESS, CITY, STATE, ZIP CODE)</small>		(503) 245-6242 <small>TELEPHONE NUMBER</small>
A CORPORATION ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF <u>WISCONSIN</u> , 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 \$10,000 FOR THE PAYMENT OF WHICH THE PRINCIPAL(S) AND SURETY JOINTLY AND SEVERALLY BIND THEMSELVES, THEIR RESPECTIVE SUCCESSORS, AND ASSIGNS		
WHEREAS, THE PRINCIPAL(S) IS APPLYING FOR A DISMANTLER CERTIFICATE ISSUED BY THE OREGON DEPARTMENT OF TRANSPORTATION.		
THE CONDITION OF THIS OBLIGATION IS SUCH THAT, WHEN THE ABOVE NAMED PRINCIPAL(S) IS ISSUED A DISMANTLER CERTIFICATE TO CONDUCT A MOTOR VEHICLE DISMANTLING BUSINESS IN THIS STATE, SAID PRINCIPAL(S) MUST 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, THEN AND IN THAT EVENT THIS OBLIGATION TO BE VOID, OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT UNLESS CANCELED PURSUANT TO ORS 742.366(2).		
THIS BOND IS EFFECTIVE AS OF THE DATE THE PRINCIPAL(S) IS ISSUED A DISMANTLER CERTIFICATE BY THE OREGON DEPARTMENT OF TRANSPORTATION UNTIL DEPLETED BY CLAIMS PAID, UNLESS THE SURETY SOONER CANCELS THE BOND. THIS BOND MAY BE CANCELED BY THE SURETY GIVING WRITTEN NOTICE OF SUCH CANCELLATION TO THE DRIVER AND MOTOR VEHICLES DIVISION OF THE OREGON DEPARTMENT OF TRANSPORTATION. THIS BOND SHALL EXPIRE UPON EXPIRATION OF THE DISMANTLER CERTIFICATE, BUT MAY BE RENEWED UPON THE RENEWAL OF THE CERTIFICATE.		
THIS BOND SHALL BE ONE CONTINUOUS OBLIGATION AND THE LIABILITY OF THE SURETY SHALL BE LIMITED TO THE AMOUNT OF THE PENALTY OF THIS BOND REGARDLESS OF WHETHER THIS BOND IS RENEWED OR OTHERWISE CONTINUED IN EFFECT UPON ITS ORIGINAL TERM.		
THIS BOND IS EFFECTIVE <u>January 1st</u> , <u>2009</u> AND EXPIRES <u>December 31st</u> , <u>2011</u> <small>(BOND MUST EXPIRE ON THE LAST DAY OF THE MONTH.)</small> <small>(MONTH, DAY) (YEAR) (MONTH, DAY) (YEAR)</small>		
-- 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 <u>3rd</u> DAY OF <u>September</u> , <u>2008</u> <small>(DAY) (MONTH) (YEAR)</small>		
SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER X		TITLE
SIGNATURE OF SURETY (AUTHORIZED REPRESENTATIVE) X <i>JoAnna C. Schroedl</i>		TITLE JoAnna C. Schroedl Attorney-in-Fact
SURETY'S AGENT OR REPRESENTATIVE MUST COMPLETE THIS SECTION:		PLACE SURETY SEAL BELOW
IN THE EVENT A PROBLEM ARISES CONCERNING THIS BOND, CONTACT:		
NAME <u>Old Republic Surety Company</u>	TELEPHONE NUMBER <u>503-245-6242</u>	
ADDRESS <u>PO Box 231298 Portland, OR 97281-1298</u>		
CITY, STATE, ZIP CODE <u>Portland, OR 97281-1298</u>		
APPROVED BY ATTORNEY GENERAL'S OFFICE		

DUPLICATE ORIGINAL by JCS 12/18/2008

Page 3

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint:

JOANNA C. SCHROEDL, OF PORTLAND, OR

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding \$10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, (other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds), as follows:

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED AN AGGREGATE OF FIVE HUNDRED THOUSAND DOLLARS (\$500,000) ----- FOR ANY SINGLE OBLIGATION, REGARDLESS OF THE NUMBER OF INSTRUMENTS ISSUED FOR THE OBLIGATION.

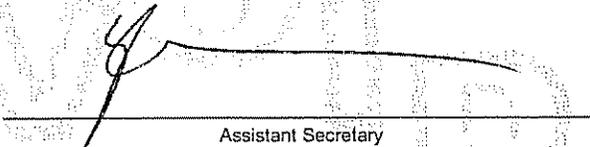
and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This document is not valid unless printed on colored background and is multi-colored. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982. This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18, 1982.

RESOLVED that, the president, any vice-president, or assistant vice president in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

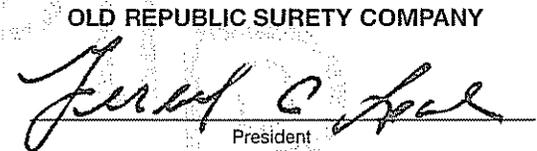
- RESOLVED FURTHER, that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company
- (i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
 - (ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
 - (iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER, that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 6TH day of AUGUST, 2008.


Assistant Secretary

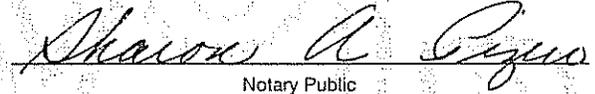


OLD REPUBLIC SURETY COMPANY

President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 6TH day of AUGUST, 2008, personally came before me, GERALD C. LEACH and RICK A. JOHNSON to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say; that they are said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.




Notary Public
My commission expires: 01/18/2009

CERTIFICATE

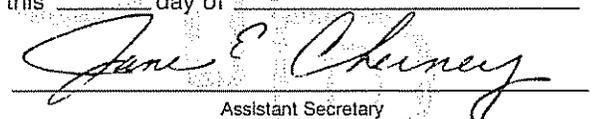
I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

77-1005



Signed and sealed at the City of Brookfield, WI this 3rd day of September 2008

OLD REPUBLIC SURETY COMPANY


Assistant Secretary

28609 SE Orient Dr.
Gresham, OR 97080

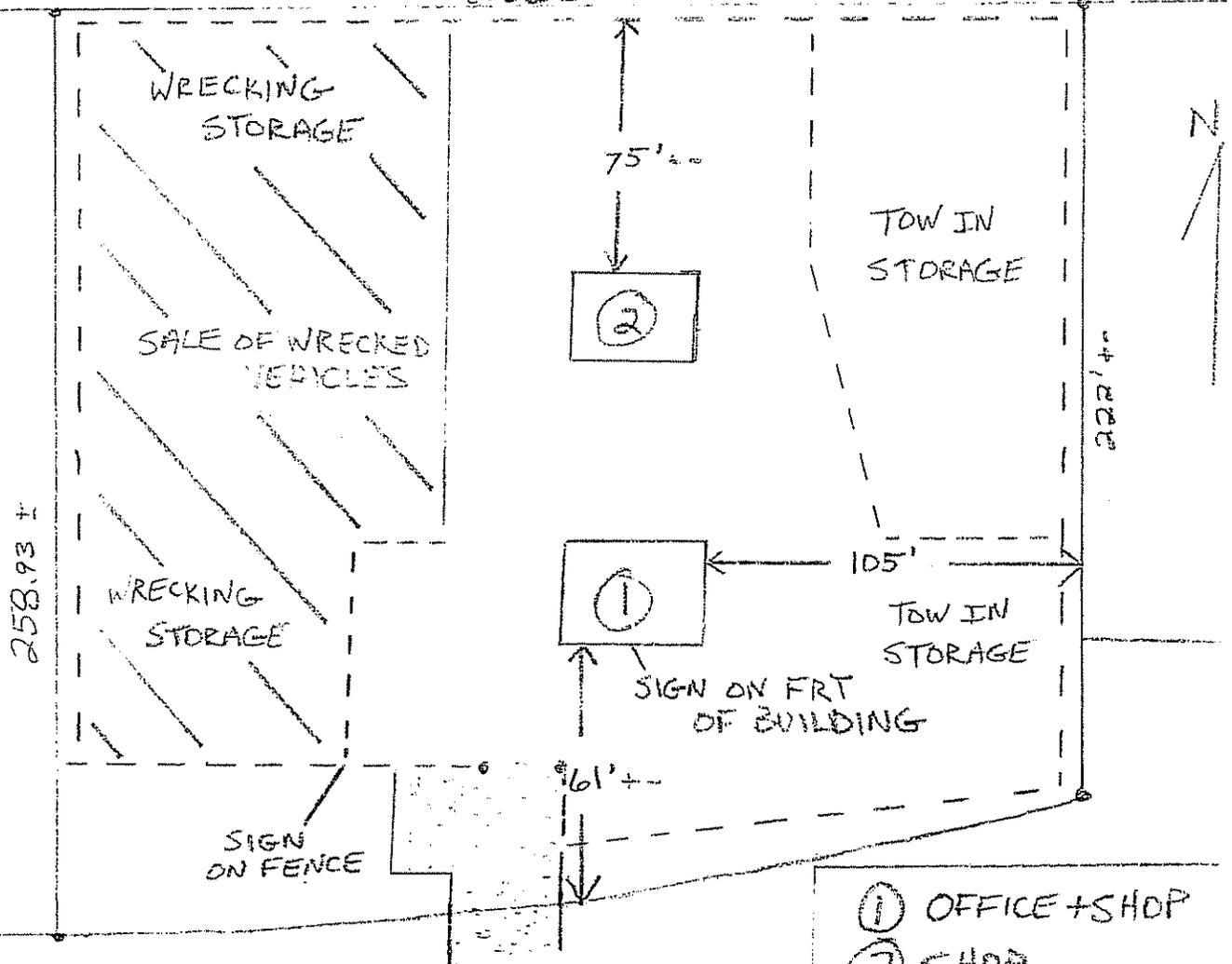
Loop Hi-Way Towing
Site Plan Scale 1" = 50'

30'

POWELL VALLEY RD

30'

288 FT



SIGN ON FENCE

SIGN ON FRT OF BUILDING

- ① OFFICE + SHOP
- ② SHOP
- ☐ DRIVEWAY
- ▨ WRECKING YARD

ORIENT DR.

--- FENCING