



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
BUREAU OF TRANSPORTATION AND SAFETY  
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE  
REFER TO OUR FILE

May 8, 2008

JOHN NIEWENHUIS  
VANS DELIVERY SERVICE INC  
2280 TURNER NW  
GRAND RAPIDS MI 49544

Re: Return of Application for Motor Common Carrier of Property  
Bp8CaseID 2038683  
A-2008-2038683

Dear Mr. Niewenhuis:

Your application for Motor Common Carrier of Property is being returned to you along with MoneyGram Money Order # 235 9038 150 in the amount of \$100.00 representing the filing fee for the following reasons:

- Question No. 1 – Corporations, LLCs, and LLPs must be registered with the Pennsylvania Department of State. Call (717) 787-1057 for the necessary forms and information. Pennsylvania corporations are issued a Certificate of Incorporation. Company's incorporated or organized in other states must register with Pennsylvania as a foreign business corporation, foreign LLC, or foreign LLP.

Please resubmit your application, along with the filing fee, after correcting the deficiencies noted above.

Sincerely,

Judy L. Rinehart  
Compliance Specialist  
Motor Carrier Services & Enforcement Division  
Compliance Office

**Pennsylvania Public Utility Commission  
Bureau of Transportation & Safety  
PO Box 3265  
Harrisburg, PA 17105-3265  
(717) 787-3834**

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BUREAU OF  
TRANSPORTATION & SAFETY  
2008 MAR 20 AM 11:09

## Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Van's Delivery Service, Inc.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

\_\_\_\_\_

3. **Physical Address** (do not use PO Box)

2280 Turner NW  
Street Address

Grand Rapids, MI 49544  
City, State and Zip Code

(616) 365-3200  
Telephone Number

Kent County, Michigan  
County

4. **Mailing Address** (if different from Physical Address)

Same as above  
Street Address

\_\_\_\_\_  
City, State and Zip Code

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2008 MAR 11 AM 9:23

A-2008-2038683

512

5. **Attorney** (if applicable)

Andrew Rassi (616) 451-2121  
Attorney's Name & Telephone Number for this Filing

99 Monroe Avenue NW Suite 900, Grand Rapids, MI 49503  
Attorney's Address

6. Does applicant currently hold PA PUC authority? Yes  **No**  (circle one)

If yes, enter current docket number A-00\_\_\_\_\_

7. **Form of Organization** (Check one that applies to this application)

**Individual**

**Partnership** (Attach a copy of a Partnership Agreement and list the names and addresses of ALL partners)

**Corporation, LLC or LLP**

Attach a copy of the Certificate of Incorporation or Certificate of Authority or the foreign corporation registration. Include a list of all officers and titles.

8. **Attachment Checklist**

**For Corporations, LLPs and LLCs Only:**

Date-stamped copy of Certificate of Incorporation, or Certificate of Authority, or registration as a foreign entity.

List of corporate officers/titles and distribution of shares.

**For Partnerships Only:**

Copy of Partnership Agreement, list all partners or members.

**For ALL Applicants:**

- Fictitious Trade Name Registration (if applicable). *N/A*
- Copy of Current Safety Rating (if available).
- Proof of Insurance (See item 5 on instruction sheet).
- Certified check, money order or attorney's check.

9. **Certification**

Applicant certifies that it is not now engaged in any intrastate transportation of property for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

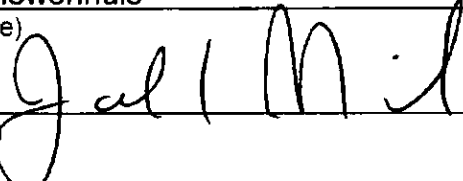
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the Certificate.

**You must sign the following application.**

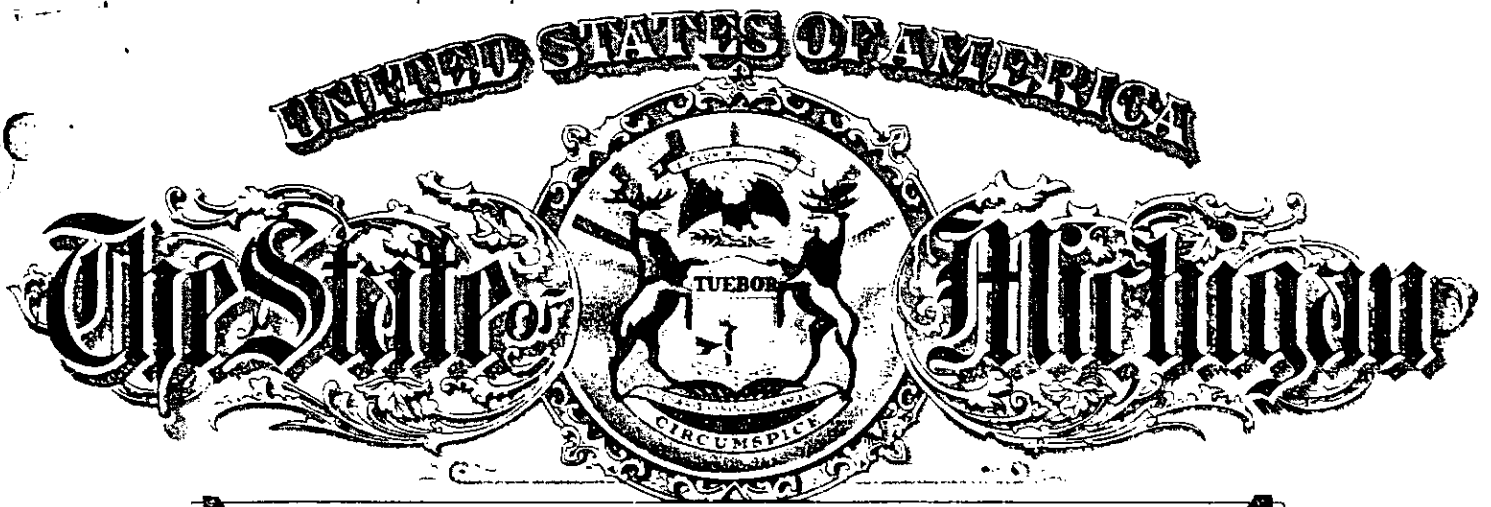
**Verification of Application**

I/we hereby state that the statements made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 Relating to Unsworn Falsification to Authorities.

John Niewenhuis  
(Print Name)  
  
(Signature) 2/27/08  
(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners (if a partnership) or by the President or Secretary (if a corporation).



Michigan Department of Commerce

Lansing, Michigan

*This is to Certify That Articles of Incorporation of*

**WAN'S DELIVERY SERVICE, INC.**

*were duly filed in this office on the 17TH day of NOVEMBER, 19 83,*  
*in conformity with Act 284, Public Acts of 1972, as amended.*

*In testimony whereof, I have hereunto set my  
hand and affixed the Seal of the Department,  
in the City of Lansing, this 17TH day  
of NOVEMBER, 19 83*

*Ralph J. Nelson* Director

425 213

MICHIGAN DEPARTMENT OF COMMERCE--CORPORATION AND SECURITIES BUREAU

**FILED**

Date Received

NOV 10 1983

NOV 17 1983

Administrator

MICHIGAN DEPARTMENT OF COMMERCE  
Corporation & Securities Bureau

EFFECTIVE DATE

Corporation Identification Number

ARTICLES OF INCORPORATION  
(Domestic Profit Corporation)

Pursuant to the provisions of Act 284, Public Acts of 1972, as amended, the undersigned corporation executes the following articles:

ARTICLE I - Name

The name of the corporation is VAN'S DELIVERY SERVICE, INC. ✓

ARTICLE II - Purpose

The purpose or purposes for which the corporation is organized is to engage in any activity within the purposes for which corporations may be organized under the Business Corporation Act of Michigan.

ARTICLE III - Capital

The total authorized capital stock is:

1. Common: 50,000 shares Par value per share: \$1.00.
2. Preferred: None.
3. Pre-emptive Rights of Shareholders. Each shareholder of the corporation shall be entitled to full pre-emptive or preferential rights, as such rights are defined by law, to subscribe for and purchase his/her proportional conversion or option rights, which may be issued at any time by the corporation.

ARTICLE IV - Registered Office

1. The address of the initial registered office is 702 Market Street, S.W., Grand Rapids, Michigan 49503.
2. The mailing address of the initial registered office is the same.
3. The initial resident agent at the registered office is Phil Van Zytveld.

ARTICLE V - Incorporator

The name and residence address of the Incorporator is:

Phil Van Zytveld, 4110 West 38th Street, Grandville, Michigan 49418.

ARTICLE VI - Plan of Reorganization

When a compromise or arrangement or a plan of reorganization of this corporation is proposed between this corporation and its creditors or any class of them or between this corporation and its shareholders or any class of them, a court of equity jurisdiction within the state, on application of this corporation or of a creditor or shareholder thereof, or on application of a receiver appointed for the corporation, may order a meeting of the creditors or class of creditors or of the shareholders or class of shareholders to be affected by the proposed compromise or arrangement or reorganization, to be summoned in such manner as the court directs. If a majority in number representing 3/4 in value of the creditors or class of creditors, or of the shareholders or class of shareholders to be affected by the proposed compromise or arrangement or reorganization, agree to a compromise or arrangement or reorganization of this corporation as a consequence of the compromise or arrangement, the compromise or arrangement and reorganization, if sanctioned by the court to which the application has been made, shall be binding on all the creditors or class of creditors, or on all the shareholders or class of shareholders and also on this corporation.

ARTICLE VII - Action Without Meeting

Any action required or permitted by this act to be taken at an annual or special meeting of shareholders may be taken without a meeting, without prior notice and without a vote, if a consent in writing, setting forth the action so taken, is signed by the holders of all of the outstanding shares.

ARTICLE VIII - Restriction on Transfer of Shares

Any shareholder desiring to sell any of his/her shares in the corporation shall first offer said shares to the corporation and the other shareholders in the following manner:

(1) Such shareholder shall give written notice by first class mail to the president of the corporation of his/her intention to sell such shares. Said notice shall specify the number of shares to be sold, the price per share, and the terms upon which the sale is to be made. The corporation shall have 10 days from the receipt of such notice within which to make its decision to purchase all or any full number of the shares so offered. Such decision may be authorized by the board of directors without any action by the shareholders of the corporation.

For clear copy on both parts, please type or print with ball point pen and press firmly

Form **SS-4**

(Rev. 9-82)  
Department of the Treasury  
Internal Revenue Service

**Application for Employer Identification Number**

(For use by employers and others as explained in the instructions.  
Please read the instructions before completing this form.)  
For Paperwork Reduction Act Notice, see page 2.

OMB No. 1545-0003 Expires 9-30-85

1 Name (True name and not trade name. If partnership, see page 4.) <b>Van's Delivery Service, Inc.</b>		2 Social security no., if sole proprietor	3 Ending month of accounting year <b>September</b>
4 Trade name, if any, of business (if different from item 1)		5 General partner's name, if partnership; principal officer's name, if corporation; or grantor's name, if trust <b>Phil VanZytveld</b>	
6 Address of principal place of business (Number and street) <b>702 Market Street, S. W.</b>		7 Mailing address, if different	
8 City, State, and ZIP code <b>Grand Rapids, MI 49503</b>		9 County of principal business location <b>Kent</b>	
10 Type of organization <input type="checkbox"/> Governmental <input type="checkbox"/> Individual <input type="checkbox"/> Nonprofit organization <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other (specify)		11 Date you acquired or started this business (Mo., day, year) <b>December 1, 1983</b>	
12 Reason for applying <input type="checkbox"/> Started new business <input type="checkbox"/> Purchased going business <input checked="" type="checkbox"/> Other (specify) <b>incorporated existing business</b>		13 First date you paid or will pay wages for this business (Mo., day, year) <b>December 1, 1983</b>	
14 Nature of principal business activity (See instructions on page 4.) <b>short haul trucking</b>		15 Do you operate more than one place of business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16 Peak number of employees expected in next 12 months (If none, enter "0")	Nonagricultural <b>12</b>	Agricultural <b>-0-</b>	Household <b>-0-</b>
18 To whom do you sell most of your products or services? <input checked="" type="checkbox"/> Business establishments (wholesale) <input type="checkbox"/> General public (retail) <input type="checkbox"/> Other (specify)		17 If nature of business is manufacturing, state principal product and raw material used.	
19 Have you ever applied for an identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter name and trade name. Also enter approx. date, city, and State where you applied and previous number if known.		<b>Van's Delivery Service 38-2205691</b>	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, correct, and complete.		Telephone number (include area code)	
Signature and Title ▶ <b>President</b>		Date ▶ <b>11/18/83</b>	
Please leave blank ▶	Geo.	Ind.	Class
			Size
			Reas. for appl.
			<b>Part I</b>

# IMPORTANT

Please read both Instructions and Application carefully. Type or print legibly and complete all applicable items. Incomplete information will delay processing of your application.

1a. KIND OF OWNERSHIP OF THIS BUSINESS (Check applicable box(es))

Individual  
 Husband-Wife  
 Partnership  
 Domestic Corporation  
 Foreign Corporation  
 Trust or Estate (Fiduciary)  
 Joint Stock Club or Investment Co.  
 Social Club or Fraternal Organization  
 Other (Explain)

Registered Partnership  
 Limited Partnership  
 Subchapter S  
 Subchapter S  
 Professional

1b. CONTROLLED GROUP—Is your organization a member of a controlled group? (See Single Business Tax instr. on page 1.)

YES       NO  
 If YES, identify controlling member below and attach schedule of names and acct. nos. of other members.

Name of Controlling Member \_\_\_\_\_

Acct. No. \_\_\_\_\_

2. INDICATE TAXES FOR WHICH YOU WILL BE LIABLE. GIVE DATE THAT LIABILITY WILL BEGIN.

Sales Tax      \_\_\_\_\_ Mo. Day Yr.  
 Use Tax      \_\_\_\_\_ Mo. Day Yr.

Income Tax Withholding      12 01 83  
 \_\_\_\_\_ Mo. Day Yr.

Single Business Tax      12 01 83  
 \_\_\_\_\_ Mo. Day Yr.

3. CORPORATION NAME/DIVISION NAME

Van's Delivery Service, Inc.

4. LIST NAME(S) OF OWNER, ALL PARTNERS OR CORPORATE OFFICERS. (Attach an additional list if necessary.)

A. Name (Last, First, Middle)      Title

Vanzytveld, Phil      Secretary  
President/Treasurer

Residence Address (Number and Street)

4110 West 38th Street, S.W.

(City, State, ZIP)      Residence Telephone Number

Grandville, MI 49418      (616) 534-6826

Social Security Number      Driver License Number      Date of Birth

\_\_\_\_\_      \_\_\_\_\_      July 14, 1931

B. Name (Last, First, Middle)      Title

\_\_\_\_\_      \_\_\_\_\_

Residence Address (Number and Street)

\_\_\_\_\_

(City, State, ZIP)      Residence Telephone Number

\_\_\_\_\_      \_\_\_\_\_

Social Security Number      Driver License Number      Date of Birth

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

C. Name (Last, First, Middle)      Title

\_\_\_\_\_      \_\_\_\_\_

Residence Address (Number and Street)

\_\_\_\_\_

(City, State, ZIP)      Residence Telephone Number

\_\_\_\_\_      \_\_\_\_\_

Social Security Number      Driver License Number      Date of Birth

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

5. BUSINESS, TRADE OR ASSUMED NAME (if used)      Business Telephone Number

\_\_\_\_\_      \_\_\_\_\_

6. LEGAL ADDRESS OF BUSINESS (Where all legal contact by the Department of Treasury may be made)

Number and Street      Business Telephone Number

702 Market Street, S.W.      (616) 245-3727

City, State, ZIP      County      Is this address in the city?

Grand Rapids, MI 49503      Kent       Yes       No

MAILING ADDRESS (Where the Department of Treasury will send all tax forms, if different from 6)

Number and Street, P.O. Box Number, City, State, ZIP

\_\_\_\_\_

7. PHYSICAL LOCATION OF BUSINESS IN MICHIGAN (if different from 6)

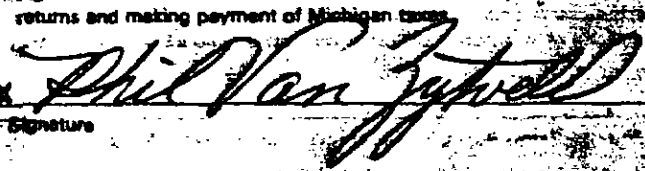
Number and Street, City, State, ZIP

\_\_\_\_\_

Is this address in the city?

Yes       No

8. FEDERAL EMPLOYER IDENTIFICATION NUMBER		IF NONE, IS NUMBER APPLIED FOR? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
HOW MANY PEOPLE WILL YOU EMPLOY THAT ARE SUBJECT TO MICHIGAN INCOME TAX WITHHOLDING?		10	
11. ANTICIPATED MONTHLY WITHHOLDING LIABILITY	<input type="checkbox"/> \$0.00	<input type="checkbox"/> Up to \$100.00	<input checked="" type="checkbox"/> Over \$100.00
12. ANTICIPATED MONTHLY SALES TAX LIABILITY	<input checked="" type="checkbox"/> \$0.00	<input type="checkbox"/> Up to \$100.00	<input type="checkbox"/> Over \$100.00
13. NUMBER OF BUSINESS LOCATIONS IN MICHIGAN (If more than one, attach a list of names and addresses.) One			
14. IF SEASONAL BUSINESS, INDICATE DATES: MONTH BUSINESS OPENS _____ MONTH BUSINESS CLOSURES _____			
15. WILL YOU CLOSE YOUR BOOKS FOR THE YEAR ON DECEMBER 31? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF NO, GIVE CLOSING MONTH AND DAY <u>November 30</u>			
16. ANTICIPATED ANNUAL GROSS RECEIPTS \$ _____	**"GROSS RECEIPTS" MEANS RECEIPTS FROM: (a) Sales of inventory type items; (b) rentals or leases; (c) performance of services, interest, royalties, etc. to the extent derived from business activities.		
17. MAJOR BUSINESS ACTIVITY On the enclosed list of 10 major business codes, find the category that best describes your business. Within that group, find the three-digit code which best describes your principal business activity. Enter the three-digit code at left.  IF YOUR BUSINESS ACTIVITY IS NOT ON THE LIST, OR YOU DO NOT HAVE A LIST, DESCRIBE YOUR BUSINESS ACTIVITY:			
18. DO YOU HAVE A LICENSE TO SELL LIQUOR, BEER OR WINE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
18. IF GASOLINE STATION, GIVE BRAND			
NAME OF DISTRIBUTOR			
ADDRESS OF DISTRIBUTOR			
20. WILL YOU SELL DIESEL FUEL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	21. DO YOU OWN OR LEASE A DIESEL HIGHWAY TRACTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
22. WILL YOU SELL CIGARETTES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHO WILL YOUR CIGARETTE SALES BE TO? <input type="checkbox"/> CONSUMERS <input type="checkbox"/> RETAILERS FOR RESALE <input type="checkbox"/> OTHER		
23. WILL YOU OPERATE A CIGARETTE VENDING MACHINE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHO OWNS THE MACHINE?		
24. REASON FOR THIS APPLICATION <input type="checkbox"/> Started a new business <input type="checkbox"/> Added another location to an existing business <input checked="" type="checkbox"/> Incorporated an existing business		<input type="checkbox"/> Purchased a going business <input type="checkbox"/> Reinstated an old business (Old. Acct. No.) _____ <input type="checkbox"/> Other (Explain) _____	
25. NAME OF THE PREVIOUS OWNER OF THIS BUSINESS Van's Delivery Service		PREVIOUS OWNER'S TAXPAYER ACCOUNT NO. 98-2205691	
26. WILL THE PREVIOUS OWNER REMAIN IN BUSINESS AND MAKE RETAIL SALES AND/OR HAVE EMPLOYEES IN MICHIGAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
27. IF A CORPORATION, GIVE STATE WHERE INCORPORATED <u>Michigan</u>			
IF AN OUT-OF-STATE CORPORATION, ARE YOU REGISTERED WITH THE MICH. DEPT. OF COMMERCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
28. IF A CORPORATION, INDICATE WHICH FEDERAL INCOME TAX RETURNS WILL BE FILED <input checked="" type="checkbox"/> 1120 <input type="checkbox"/> 1120S <input type="checkbox"/> 990C <input type="checkbox"/> 990T <input type="checkbox"/> Other: _____			

30. SUBMIT A FINANCIAL STATEMENT OR COMPLETE PARTS 30A-30D	MICHIGAN ASSETS & LIABILITIES		OUT-OF-STATE ASSETS & LIABILITIES	
	COST	BALANCE OWED	COST	BALANCE OWED
A. Inventory owned				
B. Furniture & fixtures, autos, trucks, machinery & equipment				
C. Buildings & land				
D. Annual rent paid				
31. SIGNATURE OF OWNER — TWO (2) PARTNERS — TWO (2) CORPORATE OFFICERS — AUTHORIZED REPRESENTATIVE				
I hereby declare, under penalty of perjury, that I have examined this application and the statements made and answers given are, to the best of my knowledge and belief, true and complete.				
Signature of officer or owner who controls or is responsible for filing returns and making payment of Michigan taxes		Title	Date	
		President	12/0783	
Signature		Title	Date	
32. IDENTIFICATION OF PREPARER OTHER THAN TAXPAYER				
Name C. Blair Mohny			Telephone Number (616) 451-8251	
Address (Number and Street, City, State, ZIP) 1200 Michigan National Bank Building, Grand Rapids, MI 49503				
33. LICENSE FEE ENCLOSED: \$1.00 (SALES TAX APPLICANTS ONLY. A BOND MAY BE REQUIRED BEFORE LICENSE IS ISSUED.)				
- 0 -				

### READ THIS IMPORTANT INFORMATION

Penalty and interest is added to your amount due if you fail to file your tax return or pay tax due on time. Avoid penalty and interest costs by preparing your returns carefully and filing the return, with full payment, by the due date. Penalty for failure to file or pay tax is five percent of the tax due for each month or part of a month that your return and payment is late. The minimum penalty amount is \$5.00 per month per return. The maximum penalty total is 25 percent of the tax due. A penalty of \$5.00 per day is charged for failure to file an informational return when no tax is due. Interest of at least nine percent per year is charged on any unpaid tax due.

**Delinquent Collections**—The Michigan Department of Treasury may file a tax lien against the taxpayer's real and personal property and issue a tax warrant or levy to seize and sell the taxpayer's property to pay delinquent taxes.

**Successors**—Persons who purchase a business or stock of goods can be held liable for tax debts incurred by the predecessors under various state laws. These laws require a purchaser to withhold purchase money to cover these tax debts. Sufficient purchase money should be withheld until the former owner produces a receipt showing the taxes have been paid, or a certificate stating that no taxes are due.

**Corporate officers** may be held liable for tax debts incurred by their corporations under several of the state tax statutes.



**DOCUMENT WILL BE RETURNED TO NAME AND MAILING ADDRESS INDICATED IN THE BOX BELOW.** Include name, street and number (or P.O. box), city, state and ZIP code.

C. Blair Mohney  
 MOHNEY, GOODRICH & TITTA, P.C.  
 1200 Michigan National Bank Building  
 Grand Rapids, MI 49503

RECEIVED

JAN 26 1984

Mohney, Goodrich & Titta

Telephone: \_\_\_\_\_  
 Area Code 616  
 Number 451-8251

### INFORMATION AND INSTRUCTIONS

1. Submit one original copy of this document. Upon filing, a microfilm copy will be prepared for the records of the Corporation and Securities Bureau. The original copy will be returned to the address appearing in the box above as evidence of the filing.  
 Since this document must be microfilmed, it is important that the filing be legible. Documents with poor black and white contrast will be rejected.
2. This certificate is to be used by a corporation or limited partnership desiring to transact business under an assumed name other than the true name of the corporation or limited partnership.
3. The certificate shall be effective for a period expiring on December 31 of the fifth full calendar year following the year in which it was filed, unless a certificate of termination is filed.
4. The same name may be assumed by two or more corporations participating together in any partnership or joint venture; similarly, the same name may be assumed by two or more limited partnerships participating together in any partnership or joint venture.
5. Item 1 — The true name of a corporation is that contained in its most recent articles of incorporation (as amended or restated) or certificate of authority. For limited partnerships, it is the name contained in its most recent certificate of limited partnership (as amended or restated) or application for registration. If a name was placed in item 1(b) of the application for registration, enter that name. Otherwise, enter the name from item 1(a).
6. Item 2 — Enter the identification number previously assigned by the Bureau. If this number is unknown, leave it blank.
7. Item 3 — If a foreign limited partnership, this address must be that shown in item 6 of the application for registration to transact business in Michigan.
8. If a corporation, this certificate must be signed in ink by the President, Vice-President, Chairperson, or Vice-Chairperson. If a limited partnership, it must be signed in ink by at least one General Partner.
9. FEES: Filing fee (Make remittance payable to State of Michigan) ..... \$10.00
10. Mail form and fee to:  
 Michigan Department of Commerce  
 Corporation and Securities Bureau  
 Corporation Division  
 P.O. Box 30054  
 Lansing, MI 48909  
 Telephone: (517) 373-0493

## Corporate Officers

<b>Name</b>	<b>Title</b>	<b>Shares</b>
Ronald Vanzytveld	President	25000
John E. Nieuwenhuis	Secretary/Treasurer	25000



U.S. Department  
of Transportation

**Federal Motor  
Carrier Safety  
Administration**

APR 05 2001

400 Seventh St., S.W.  
Washington, D.C. 20590  
MARCH 30, 2001

IN REPLY REFER TO:  
YOUR USDOT NO.: 294693  
REVIEW NO.: 00237104/CR

VAN'S DELIVERY SERVICE INC  
VAN'S LOGISTICS SERVICE  
2280 TURNER NW  
GRAND RAPIDS MI 49544-2046

Dear Motor Carrier:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of an onsite compliance review and evaluation of your safety fitness completed on MARCH 28, 2001. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to effect substantial compliance with the Federal Motor Carrier Safety and/or Hazardous Materials Regulations.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact the safety specialist who conducted the review.

Stephen E. Barber  
Acting Director, Office of Enforcement  
and Compliance

USDOT Number    MC/MX Number    Name

Enter Value: 294693

## Company Snapshot

**VAN'S DELIVERY SERVICE INC**

USDOT Number: 294693

**ID/Operations | Inspections/Crashes | Safety Rating | 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.

Other Information for this Carrier	
▼	<a href="#">SafeStat Results</a>
▼	<a href="#">Licensing &amp; Insurance</a>

**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 than what is captured 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 03/01/2008.

<b>Entity Type:</b>	Carrier		
<b>Out of Service (Interstate Only):</b>	No	<b>Out of Service Date:</b>	None
<b>Legal Name:</b>	VAN'S DELIVERY SERVICE INC		
<b>DBA Name:</b>			
<b>Physical Address:</b>	2280 TURNER NW GRAND RAPIDS, MI 49544-2046		
<b>Phone:</b>	(616) 365-3200		
<b>Mailing Address:</b>	P O BOX 630 COMSTOCK PARK, MI 49544-2046		
<b>USDOT Number:</b>	294693	<b>State Carrier ID Number:</b>	
<b>MC or MX Number:</b>	376025	<b>DUNS Number:</b>	01-710-5768
<b>Power Units:</b>	67	<b>Drivers:</b>	55
<b>MCS-150 Form Date:</b>	03/22/2007	<b>MCS-150 Mileage (Year):</b>	3,720,049 (2006)
<b>Operation Classification:</b>			
<input checked="" type="checkbox"/> Auth. For Hire	<input type="checkbox"/> Priv. Pass.(Non-business)	<input type="checkbox"/> State Gov't	
<input type="checkbox"/> Exempt For Hire	<input type="checkbox"/> Migrant	<input type="checkbox"/> Local Gov't	
<input type="checkbox"/> Private(Property)	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Indian Nation	

Priv. Pass. (Business)	Fed. Gov't	
<b>Carrier Operation:</b>		
<input checked="" type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate Only (HM)	<input type="checkbox"/> Intrastate Only (Non-HM)
<b>Cargo Carried:</b>		
<input checked="" type="checkbox"/> General Freight	<input checked="" type="checkbox"/> Liquids/Gases	Chemicals
Household Goods	<input checked="" type="checkbox"/> Intermodal Cont.	Commodities Dry Bulk
<input checked="" type="checkbox"/> Metal: sheets, coils, rolls	Passengers	Refrigerated Food
Motor Vehicles	Oilfield Equipment	Beverages
Drive/Tow away	Livestock	<input checked="" type="checkbox"/> Paper Products
<input checked="" type="checkbox"/> Logs, Poles, Beams, Lumber	Grain, Feed, Hay	Utilities
<input checked="" type="checkbox"/> Building Materials	Coal/Coke	Agricultural/Farm Supplies
Mobile Homes	Meat	<input checked="" type="checkbox"/> Construction
<input checked="" type="checkbox"/> Machinery, Large Objects	Garbage/Refuse	Water Well
Fresh Produce	US Mail	

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

**Inspection results for 24 months prior to: 03/01/2008**

Total inspections: 71

**Note:** Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

**Inspections:**

Inspection Type	Vehicle	Driver	Hazmat
<b>Inspections</b>	<b>51</b>	<b>70</b>	<b>5</b>
<b>Out of Service</b>	<b>9</b>	<b>0</b>	<b>2</b>
<b>Out of Service %</b>	<b>17.6%</b>	<b>0%</b>	<b>40%</b>
<b>Nat'l Average % (2005-2006)</b>	23.14%	6.80%	5.39%

**Crashes reported to FMCSA by states for 24 months prior to: 03/01/2008**

**Crashes:**

Type	Fatal	Injury	Tow	Total
<b>Crashes</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>6</b>

---

**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: 03/01/2008

**Review Information:**

Rating date:	03/29/2001	Review Date:	03/28/2001
Rating:	Satisfactory	Type:	Compliance Review

**[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](#) | [Acrobat Reader Download](#)



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
CORPORATION BUREAU  
206 NORTH OFFICE BUILDING  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722  
WWW.CORPORATIONS.STATE.PA.US/CORP

Van's Delivery Service, Inc.

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 3794887

Delivery Service, Inc  
2280 Turner Ave N.W.  
Grand Rapids, MI 49544

PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU

Application for Certificate of Authority  
(15 Pa.C.S.)

- Foreign Business Corporation (§ 4124)  
 Foreign Nonprofit Corporation (§ 6124)

Name Van's Delivery Service, Inc. Attn: John Nieuwenhuis		
Address 2280 Turner NW		
City Grand Rapids,	State MI	Zip Code 49544

Document will be returned to the name and address you enter to the left.



Commonwealth of Pennsylvania  
CERTIFICATE OF AUTHORITY 3 Page(s)

Fee: \$250



In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations), the undersigned, hereby states that:

1. The name of the corporation is:  
Van's Delivery Service, Inc.

2. Complete only when the corporation must adopt a corporate designator for use in Pennsylvania.  
The name which the corporation adopts for use in this Commonwealth is:  
Van's Delivery Service, Inc.

3. If the name set forth in paragraph 1 or 2 is not available for use in this Commonwealth, complete the following:  
The fictitious name which the corporation adopts for use in transacting business in this Commonwealth is:

\_\_\_\_\_

The corporation shall do business in Pennsylvania only under such fictitious name pursuant to the attached resolution of the board of directors under the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) and the attached form DSCB:54-311 (Application for Registration of Fictitious Name).

4. The name of the jurisdiction under the laws of which the corporation is incorporated is: Kent County, MI

5. The address of its principal office under the laws of the jurisdiction in which it is incorporated is:

2280 Turner NW	Grand Rapids,	MI	49544
Number and street	City	State	Zip

6. The (a) address of this corporation's proposed registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and street	City	State	Zip	County
121 Tri County Drive, Bldg 6	Freedom	PA	15042	Beaver

(b) Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_  
c/o: \_\_\_\_\_

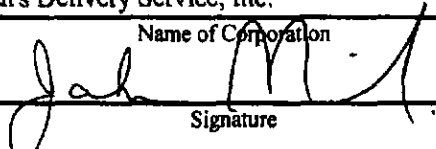
7. Check one of the following:

**Business Corporation:** The corporation is a corporation incorporated for a purpose or purposes involving pecuniary profit, incidental or otherwise.

**Nonprofit Corporation:** The corporation is a corporation incorporated for a purpose or purposes not involving pecuniary profit, incidental or otherwise.

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Application for Certificate of Authority to be signed by a duly authorized officer thereof this 25 day of February, 2008.

Van's Delivery Service, Inc.  
Name of Corporation

  
Signature

John Nieuwenhuis - Chief Operating Officer  
Title

m)^^^

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
BUREAU OF TRANSPORTATION AND SAFETY  
P.O. BOX 3265, HARRISBURG, PA 17105-3265

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Mays, 2008

JOHNNIEWENHUIS  
VANS DELIVERY SERVICE INC  
2280 TURNER NW  
GRAND RAPIDS MI 49544

Re: Return of Application for Motor Common Carrier of Property  
BpSCaseID 2038683  
A-2008-2038683

Dear Mr. Niewenhuis:

Your application for Motor Common Carrier of Property is being returned to you along with MoneyGram Money Order # 235 9038 150 in the amount of \$100.00 representing the filing fee for the following reasons:

- Question No. 1 - Corporations, LLCs, and LLPs must be registered with the Pennsylvania Department of State. Call (717) 787-1057 for the necessary forms and information. Pennsylvania corporations are issued a Certificate of Incorporation. Company's incorporated or organized in other states must register with Pennsylvania as a foreign business corporation, foreign LLC, or foreign LLP.

Please resubmit your application, along with the filing fee, after correcting the deficiencies noted above.

Sincerely,

(Judy L. Rinehart  
Compliance Specialist  
Motor Carrier Services & Enforcement Division  
Compliance Office

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Pennsylvania Public Utility Commission  
Bureau of Transportation & Safety  
PC Box 3265  
Harrisburg, PA 17105-3265  
(717) 787-3834

Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

1.

3.

Legal Name of Applicant (individual, Partnership or Corporation)

Van's Delivery Service, Inc.

2. Trade Name (Attach a copy of fictitious name registration if applicable)

Physical Address (do not use po Box)

2280 Turner NW

Street Address

Grand Rapids, MI 49544

City, State and Zip Code

(616)365-3200

Telephone Number

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03

Kent County, Michigan

County

Mailing Address (if different from Physical Address)

Same as above

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Street Address

City, State and Zip Code

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PUC 189

(Revised 12/05)

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5. Attorney (if applicable)

Andrew Rassi (616) 451-2121

Attorney's Name & Telephone Number for this Filing

99 Monroe Avenue NW Suite 900. Grand Rapids. MI 49503 \_\_\_\_\_

Attorney's Address

6. Does applicant currently hold PA PUC authority? Yes (No) (circle one)

If yes, enter current docket number A-00 \_\_\_\_\_

7. Form of Organization (Check one that applies to this application)

Individual

Partnership (Attach a copy of a Partnership Agreement and list the names and addresses of ALL partners)

Corporation, LLC or LLP

Attach a copy of the Certificate of Incorporation or Certificate of Authority or the foreign corporation registration. Include a list of all officers and titles.

8 Attachment Checklist

For Corporations, LLPs and LLCs Only:

Date-stamped copy of Certificate of Incorporation, or Certificate of Authority, or registration as a foreign entity

List of corporate officers/titles and distribution of shares.

For Partnerships Only:

Copy of Partnership Agreement, list all partners or members.

For ALL Applicants:

Fictitious Trade Name Registration (if applicable). A^/^\

Copy of Current Safety Rating (if available).

Proof of Insurance (See item 5 on Instruction sheet).

Certified check, money order or attorney's check.

PUC 189

-2-

(Revised 12/05)

Certification

Applicant certifies that it is not now engaged in any intrastate transportation of property for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the Certificate.

You must sign the following application.

Verification of Application

I/we hereby state that the statements made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 Relating to Unsworn Falsification to Authorities.

John Niewenhuis  
(Print Name)

H

:xn/o7^

(Signature\*^ J

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners (if a partnership) or by the President or Secretary (if a corporation).

PUC 189

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(Revised 12/05)

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MICHIGAN DEPARTMENT OF COMMERCE—CORPORATION AND SECURITIES BUREAU

FILED

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Date Received

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EFFECTIVE DATE

"?^^^ DEPARTMENT OF COMMERCE

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Corporstion & Securities Bureau

Corporation Identification Number

ARTICLES OF INCORPORATION

(Domestic Profit Corporation)

Pursuant to the provisions of Act 284, Public Acts of 1972, as amended, the undersigned corporation executes the following articles:

ARTICLE I -Name

-----  
The name of the corporation is VAN'S DELIVERY SERVICE, INC. ^ i/

ARTICLE II - Purpose

The purpose or purposes for which the corporation is organized is to engage in any activity within the purposes for which corporations may be organized under the Business Corporation Act of Michigan.

ARTICLE III - Capital

The total authorized capital stock is:

1. Common: 50,000 shares Par value per share: \$1.00.

2. Preferred: None.

3. Pre-emptive Rights of Shareholders. Each shareholder of the corporation shall be entitled to full pre-emptive or preferential rights, as such rights are defined by law, to subscribe for and purchase his/her proportional conversion or option rights, which may be issued at any time by the corporation.

M012-B2

C' ARTICLE IV - Registered Office

1. The address of the initial registered office is 702 Market Street, S.W., Grand Rapids, Michigan 49503.

2. The mailing address of the initial registered office is the same.

3. The initial resident agent at the registered office is Phil Van Zytveld.

ARTICLE V - Incorporator

The name and residence address of the Incorporator is:

Phil Van Zytveld, 4110 West 38th Street, Grandville, Michigan 49418.

ARTICLE VI - Plan of Reorganization

When a compromise or arrangement or a plan of reorganization of this corporation is proposed between this corporation and its creditors or any class of them or between this corporation and its shareholders or any class of them, a court of equity jurisdiction within the state, on application of this corporation or of a creditor or shareholder thereof, or on application of a receiver appointed for the corporation, may order a meeting of the creditors or class of creditors or of the shareholders or class of shareholders to be affected by the proposed compromise or arrangement or reorganization, to be summoned in such manner as the court directs. If a majority in number representing 3/4 in value of the creditors or class of creditors, or of the shareholders or class of shareholders to be affected by the proposed compromise or arrangement or reorganization, agree to a compromise or arrangement or reorganization of this corporation as a consequence of the compromise or arrangement, the compromise or arrangement and reorganization, if sanctioned by the court to which the application has been made, shall be binding on all the creditors or class of creditors, or on all the shareholders or class of shareholders and also on this corporation.

ARTICLE VII - Action Without Meeting

Any action required or permitted by this act to be taken at an annual or special meeting of shareholders may be taken without a meeting, without prior notice and without a vote, if a consent in writing, setting forth the action so taken, is signed by the holders of all of the outstanding shares.

ARTICLE VIII - Restriction on Transfer of Shares

Any shareholder desiring to sell any of his/her shares in the corporation shall first offer said shares to the corporation and the other shareholders in the following manner:

(1) Such shareholder shall give written notice by first class mail to the president of the corporation of his/her intention to sell such shares. Said notice shall specify the number of shares to be sold, the price per share, and the terms upon which the sale is to be made. The corporation shall have 10 days from the receipt of such notice within which to make its decision to purchase all or any full number of the shares so offered. Such decision may be authorized by the board of directors without any action by the shareholders of the corporation.

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(Rev. 9-B2)

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For clear copy on both parts, please type or print with ball point pen and press firmly  
Application for Employer Identification Number

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(For use by employers and other members in the industry.)

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For Paponvork Raduction Act Notlei, %\*\* page 2.

OUB No 1545-0003 tipirit 9-30-85

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J Nam\* (True name and not trade name. If partnership, see page 4.)

Van's Delivery Service, Inc. \_\_\_\_\_

4 Trade name, if any, of business (if different from item 1)

• Address of principal place of business (Number and street)

702 MflrkPt Street. S. W.

• city, State, and ZIP code

Manfl Papids. MT 49503

2 Social security no. if not proprietor

3 End of month of accounting

September

5 (Initial proprietor, if partnership; principal officer, if not)

Phil VanZytveld \_\_\_\_\_

7 Mailing address, if different

9 County of principal business location

Kent

10 Type of organization

LJ Government

D Individual Q Trust

LJ Nonprofit organization

LJ Partnership

[j]C Corporation

Q Other (specify)

12 Reason for applying

Started new

Purchased

going business

Other

incorporated

13 Nature of principal business activity (See instructions on page 4.

short haul trucking

14 Is this an existing business?

16 Peak number of employees

Expected in next 12 months

(If none, enter "0")

17 Nonagricultural

12

Agricultural

-0-

Household

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18 To whom do you sell most of your products or services?

Business I—i General

—i Other

Wholesale I—I public (retail)

1—I (specify)

19 Date you acquired or started this

business (Mo., day, year)

December 1, 1983

20 First date you paid or will pay wages

for this business (Mo., year)

December 1, 1983

21 Do you operate more than one place

of business?

22 If nature of business is manufacturing, state principal product and raw

material used.

23 Have you ever applied for an identification number for this

or any other business? Yes No

If "Yes," enter date and name. Always enter precise date.

Van's Delivery Service 38-2205691

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4110 West 38th Street, S.W.

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Grand Rapids, MI 49503

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MICHIGAN DEPT. OF COWMERCE

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CERTIFICATE OF ASSUMED NAME

For use by Corporations and Llmfted Partnerships

(Please read instructions on reverse side before completing form)

Pursuant to the provisions of Act 284. Public Acts of 1972. as amended (profit corporations), Act 162, Public

Acts of 1982 (non-profit corporations), or Act 213. Public Acts of 1982 (limited partnersfiips). the corporation or

wnrFMwy partnara/KD /n itt^m noA Mblqw exocutes the following cenificate:

^

1. The true r\ame of the corporation or limited partnership is:

^ Van's Delivery Service, Inc.

2. The identification number assigned by the Bureau is:

4 2 5—2 13

3. The location of the corporate registered office maintained is: 702 Market Street, S.

W, or the office at which the limited partnership records Grand Rapids

Michigan 49503

are

(Stfprt A^Mraaa)

(Cttrt

(Stat\*)

(ZIP Coda)

4. The assumed name under which business is to be transacted is:

Van's Delivery Service \*^^

(Signatufv)

Phil VanZyvtv^^^Q^ President

(Typa or Pmnt Hatnt and Tttla)

(Umttad Paftnarahlpi Only — Indicau Nana of Qanaral Paflnw H dtfTafaiH trori parson ^plir>g')

C&S-133 (Rev. 1-BS)

DOCUMENT WILL BE RETURNED TO NAME AND MAILING ADDRESS INDICATED

IN THE BOX BELOW. Include neme, street and number (or

P.O. box), city, state and ZIP code.

^^ 0

-----^.^ci)^-

C. Blair Mohny

MOHNEY, GOODRICH & TITTA, P.C,

1200 Michigan National Bank Building

Grand Rapids, MI 49503

\<^^

^W

Telephone;

Ares Code

616

Number

451-8251

c

INFORMATION AND INSTRUCTIONS

1. Submit one original copy of this rf^—"«»^"- "p°" ^\*"9' « microfilm copy wili be prepared for the records of the Cocjv^"\*\*\*"^^^ Securities Bureau. The original copy will be returned to the address ajjoftori-\*"«tTne box above as evidence of the filing.

Since this document must be microfilmed, it is important that the filing be legible. Documents with poor black and white contrast will be rejected.

2. This certificate is to be used by a corporation or limited partnership desiring to transact business under an assumed name other than the true name of the corporation or limited partnership.

3. The certificate shall be effective for a period expiring on December 31 of the fifth full calendar year following the year in which it was filed, unless a certificate of termination is filed.

4. The same name may be assumed by two or more corporations participating together in any partnership or joint venture; similarly, the same name may be assumed by two or more limited partnerships participating together in any partnership or joint venture.
5. Item 1 — The true name of a corporation is that contained in its most recent articles of incorporation (as amended or restated) or certificate of authority. For limited partnerships, it is the name contained in its most recent certificate of limited partnership (as amended or restated) or application for registration. If a name was placed in item 1(b) of the application for registration, enter that name. Otherwise, enter the name from item 1(a).
6. Item 2 — Enter the identification number previously assigned by the Bureau. If this number is unknown, leave it blank.
7. Item 3 — If a foreign limited partnership, this address must be that shown in item 6 of the application for registration to transact business in Michigan.
8. If a corporation, this certificate must be signed in ink by the President, Vice-President, Chairperson, or Vice-Chairperson. If a limited partnership, it must be signed in ink by at least one General Partner.
9. FEES: Filing fee (Make remittance payable to State of Michigan)..... \$10.00
10. Mail form and fee to:

Michigan Department of Commerce  
 Corporation and Securities Bureau  
 Corporation Division  
 P.O. Box 30054  
 Lansing, MI 46909  
 Telephone: (517) 373-0493

C

Corporate Officers

Name	Title	Shares
Ronald Vanzytveid	President	25000
John E. Nieuwenhuis	Secretary/Treasurer	25000

US. Department  
 of Transportation  
 Federal Motor  
 Vehicle Safety  
 Administration

400 Seventh St., S.W.  
 Washington, D.C. 20590  
 March 30, 2001

IN REPLY REFER TO:

YOUR USDOT NO.: 29-693  
 REVIEW NO.: OO237IOJ4/CR  
 VAN'S DELIVERY SERVICE INC  
 VAN'S LOGISTICS SERVICE  
 2280 TURNER NW  
 GRAND RAPIDS MI 49504-2046

Dear Motor Carrier:

The motor carrier safety rating for your company is:

**SATISFACTORY**

This SATISFACTORY rating is the result of an onsite compliance review and evaluation of your safety fitness completed on MARCH 28, 2001.

A SATISFACTORY rating indicates that your company has adequate safety management controls in place to effect substantial compliance with the Federal Motor Carrier Safety and/or Hazardous Materials Regulations. Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact the safety specialist who conducted the review.

Very truly yours,

Stephen E. Barber  
 Acting Director, Office of Enforcement  
 and Compliance

Office of Enforcement and Compliance, Michigan Department of Commerce

Page 3 of 3

\* USDOT Number :: MC/MX Number

Enter Value: 294693

Name

Search

Company Snapshot

VAN'S DELIVERY SERVICE INC

USDOT Number: 294693

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

Other information

for this Carrier

f SafeStat Results

LJGe\_nsing.&

Insurance

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor earners and the general

public interested in obtaining greater detail on a particular motor carrier's safe^ performance then what is captured

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 03/01/2008.

Entity j:ype: Carrier

Out of Service (Interstate Only): No Out of Service Date: None

UegaLName: VAN'S DELIVERY SERVICE INC

DBA Name:

physical Address: 2280 TURNER NW GRAND RAPIDS, MI 49544-2046

Phone: (616)365-3200

Mailing Address: P O BOX 630 COMSTOCK PARK, MI 49544-2046

USDOT Number: 294693 State Carrier ID Number:

MC or MX Number: 376025 DUNS Number: 01-710-5768

Power Units: 67 Drivers: 55

WCS-150 Form pate: 03122f2007 MCS-150 Mileage (Year): 3,720,049 (2006)

Operation Classification:

X Auth. For Hir Exempt For h Privat0(Prop(e Priv. Pass.( .jjre business) arty)

Migrant U.S. Mail Non- S L Ir tate Gov't ocal Gov't dian Nation

<http://safer.fincsa.dot.gov/query.asp>

3/3/2008

bAf tiK weD - company ISnapshot VAN'fei UNLIVERY SERVICE INC

Page 2 of3

Priv. Pass. (Business) Fed. Gov't

Carrier Operation:

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

Cargo Carried:

X General Freight X Liquids/Gases Chemicals

Household Goods X Intermodal Cont. Commodities Dry Bulk

y Metal: sheets, coois. Passengers Refrigerated Food

rolls Oilfield Equipment Beverages

Motor Vehicles Livestock X Paper Products

Drive/Tow away Grain, Feed, Hay Utilities

y Logs, Poles, Beams. Lumber Coal/Coke Meat Agricultural/Farm Supplies

X Building Materials Garbage/Refuse X Construction

Mobile l-lomes US Mail Water Well

y Machinery, Large Objects

Fresh Produce

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

Inspection results for 24 months prior to: 03/01/2008

Total inspections: 71

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

for further information.

Inspections:

Inspection Type	Vehicle	Driver	Hazmat
Inspections	51	70	5
Out of Service	9	0	2
Out of Service %	17.6%	0%	40%
Nat'l Average % (2005-2006)		23.14%	6.80%
			5.39%

Crashes reported to FMCSA by states for 24 months prior to: 03/01/2008

Crashes:

Type	Fatal	Injury	Tow	Total
Crashes	0	2	4	6

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

<http://safer.fmcsc.dot.gov/query.asp>

3/3/2008

i/vruK weo - company Snapshot VAN'tJ UELIVERY SERVICE INC

Page 3 of 3

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: 03/01/2008

Review information:

Rating date:

Rating:

03/29/2001

Satisfactory

Review Date:

Type:

03/28/2001

Compliance Review

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 | Data | FAQs | Accessibility | Privacy | Related Links | Acrobat

Reader Download

<http://safer.fmcsc.dot.gov/query.asp>

3/3/2008

.->

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

CORPORATION BUREAU

206 NORTH OFRCE BUILDING

P.O. BOX 8722

HARRISBURG, PA 17105-8722

WVAV.CORPORATIONS.STATE.PA.US/CORP

Van's Delivery Service, Inc.

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS

IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT

OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED

ON OUR WEB SITE.

ENTITYNUMBER: 3794887

Delivery Service, Inc

2280Turner AveN.W.

Grand Rapids, MI 49544

Entity tf: 3794887

Date Filed. 03/1QF2008

Pedro A. Corlids

Secretary of the Comfnonweatth

PENNSYLVANIA DEPARTMENT OF STATE

CORPORATION BUREAU

Application for Certificate of Authority

(15 Pa-CS.)

M Foreign Business CoqwtBtion (8 4124)

l-1 Foreign Nonprofit Corporation (\$6124)

Nam

Van's Delivery Service, Inc. Attn: John Nieuwenhuis

Addreu

2280 Turner NW

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Grand Rapids,

State

MI

Fee: \$250

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49544

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Commonwealth of Pennsylvania

CERTIFICATE OF AUTHORITY 3 PaQt{s)

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In compliance with the requirements ofthe applicable provisions of IS Pa.C.S. (relating to cofpoiBlions and unincorporated

associations), the undersigned, hereby states that:

1. The name ofthe corporation is;

Van's Delivery Service, Inc.

2- Complete only when ifte corporaiion must adopt a corporate designator for use in Pennsylvania.

The name which the coqxiralion adopts for use in this Commonwealh is:

Van's Delivery Service, Inc.

3. Ifthe name setforth in paragraph 1 or 2 is not available for use in this Commonwealth. complete the following:

The fictitious name which the corporation adopts for use in transacting business in this CommunweaJth is;

The corporation shall do business in P<ms)lvania only uitder such rictitioua name punuant to the

atliched nsolution ofthe

board ofdiiector? under the applicable provisions of \5 Pa.C.S. (relating to corponitions and

unincorporated associations) and

the attached form DSCB:54-311 (Application for Registration of Fictitious Name).

4. The name of lhc jurisdiclion under the laws of which lhc corporetion is incorporated is: Kent County,

MI

5. The address of its principal office under the laws of the jurisdiclion in which il is incorporated is:

2280 Turner NW

Grand Rapids, MI

49544

Number and street

City  
State  
Zip  
PA DEPT. OF STAT?  
MAR 10 7 00 00 AM '08

11-15-08  
DSCB-15-4124/6124-2

6. The (a) address of this corporation's proposed registered office in this Commonwealth or (b) name of its

commercial registered office provider and the county of venue is:

(a) Number and street	City	State	Zip	County
121 Tri County Drive, Bldg 6	Freedom	PA	15042	Beaver

gO:

(b) Name of Commercial Registered Office Provider

Count>'

7. Check one of the following:

WI Business Corporation: The corporation is a corporation incorporated for a purpose or purposes involving

pecuniary profit, incidental or otherwise.

Nonprofit Corporation: The corporation is a corporation incorporated for a purpose or purposes not involving pecuniary profit, incidental or otherwise.

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Application for Certificate of Authority to be signed by a duly authorized officer thereof this

25 day of February .

2008.

Van's Delivery Service, Inc,

Name of Applicant

Signature

John Ieuwenhuis - Chief Operating Officer

Title