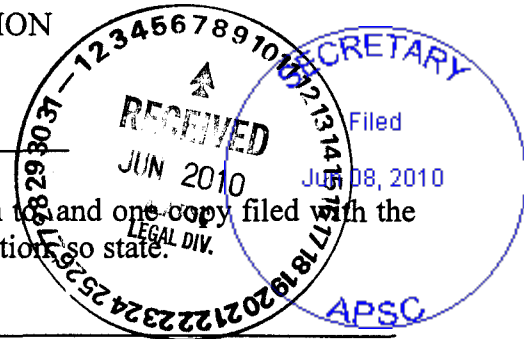


APPLICATION FOR MOTOR CARRIER CERTIFICATE OR PERMIT

Before the
ALABAMA PUBLIC SERVICE COMMISSION
P.O. BOX 304260
MONTGOMERY, AL 36130



This application should be typed, the original, properly signed and sworn to, and one copy filed with the Commission. If any section herein is not applicable to the proposed operation, so state.

I. Application of JAN ERIC OLSEN AND ISABEL M OLSEN

(Name)

DBA MR LIMO

(Trade Name)

PARTNERSHIP

(State whether individual, partnership, corporation, or other form of enterprise)

Whose business address is 420 COLLINWOOD LOOP

(Street)

FOLEY AL 36535

(City)

(State)

(Zip Code)

Telephone No. (251) 9427873 / 6096001

Fax No. () _____

- II. Appropriate authority is applied for to : * X institute a new operation; ___ Extend an existing operation (_____ Cert. No.); ___ change an operation; ___ engage in dual operations as a _____ Common or ___ Contract carrier by motor vehicle, in intrastate commerce over _____ Regular or ___ Irregular routes in the transportation of: (If passengers, so state and indicate if it is desired to transport baggage of passengers in separate vehicle.)

Passengers and their Baggage in Luxury Limousine service (1) Between all points in the counties of Mobile and Baldwin, and

(2) From points in (1) above to all points in Alabama and

(3) From ^{all} points in Alabama to points in (1) above

*JKB
6/3/10*

* Place an "X" in appropriate space to indicate applicable phrase or phrases.

As follows: (Give detailed description of territory, or if appropriate, routes and intermediate and/or off-route points)

- LEAVE FROM ANY POINT IN BALDWIN COUNTY TO ANY PLACE IN MOBILE COUNTY.
- LEAVE FROM ANY POINT MOBILE COUNTY TO ANY PLACE IN BALDWIN COUNTY.
- LEAVE FROM ANY POINT IN MOBILE COUNTY OR BALDWIN COUNTY TO ANY PLACE
IN THE STATE OF ALABAMA.
- LEAVE FROM ANY PLACE IN THE STATE OF ALABAMA TO ANY PLACE IN BALDWIN
OR MOBILE COUNTY.

- III. The proposed operation will be: * X year-round or _____ seasonal between
_____ and _____ Approximately
(Day & Month) (Day & Month)
_____ times each _____; _____ on schedule, _____ not on
(Number) (Day, week, month, year)
schedule, _____ on call.
- IV. Applicant proposes to use approximately 01 motor vehicles in the proposed service
(Number)
described above, of the kind and type described in Appendix "A" hereto attached. (Give detailed
description showing type, make, model, rated capacity and motor number.)
- V. A financial statement, showing in detail applicant's current financial condition, is attached hereto
as Appendix "B".
- VI. The extent, if any, to which the applicant is directly or indirectly affiliated with, controlled by, or
under common control or management with any other carrier subject to Chapter 37-3, Code of
Alabama 1975, is as follows:
- VII. A map showing the proposed operation, also the pertinent portions of applicant's present
authority, if any, is attached as Appendix "C".
- VIII. An executed and dated copy (s) of contract (s) under which applicant proposes to operate is/are
attached hereto as Appendix "D". (Note: Applicants for a permit to operate as a contract carrier
must furnish this information.)

- IX. Attached hereto is CHECK in the amount of \$ 100.00 in payment of
(Check, cash, or otherwise)
application fee as required by the Commission.
- X. Applicant will introduce approximately 01 witnesses at the hearing, and will require
(Number)
approximately 01 hour (s) to present evidence.
(Number)
- XI. Copy of Articles of Incorporation is attached as Appendix "E" or is already on file with the
Alabama Public Service Commission under Docket Number _____.
- XII. Applicant understands that the filing of this application does not, in itself, constitute authority to
operate; will submit such additional information in connection with this application as the
Commission may require; and will comply with the requirements of Chapter 37-3, Code of
Alabama, and the rules and regulations of the Commission made thereunder, as are applicable to
the operations herein proposed.

Applicant's Attorney or Representative: _____

(Address)

(City)

(State)

(Zip Code)

Telephone Number (_____) _____.

* Place an "X" in appropriate space to indicate applicable phrase or phrases.

IV. Appendix "A".

1998 Lincoln Town Car (14 Passengers) Executive Series

VIN # 1LNFB1W0WY627139

OATH

COUNTY OF BALDWIN

STATE OF ALABAMA

JAN ERIC OLSEN

(Name of Affiant)

being duly sworn, states that he files this application as (indicate whether owner, or proprietor, title as officer of applicant corporation or association, member of applicant partnership, or other authorized representative of applicant) OWNER, that in such capacity, he is qualified and authorized to file and verify such application; that he has carefully examined all the statements and matters contained in the application; and that all such statements made and matters set forth therein are true and correct to the best of his knowledge, information, and belief. Affiant further states that the application is made in good faith, with the intention of presenting evidence in support thereof in every particular.

Jan E. Olsen

(Signature of Affiant)

Subscribed and sworn to before me, a ALABAMA NOTARY in and for said

State and County above named, this 27th day of APRIL, 2010.

Maureen B. Sibbree

(Notary Public)

(Seal)

My Commission Expires Dec. 30, 2013

My Commission expires _____.



PERSONAL FINANCIAL STATEMENT

IMPORTANT: Read these directions before completing this Statement.

VISION BANK

Statement as of

4/27/10

- ☐ If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis of repayment of the credit requested, complete only Sections 1 and 3.
- ☐ If you are applying for joint credit with another person, complete all Sections providing information in Section 2 about the joint applicant.
- ☐ If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections, providing information in Section 2 about the person whose alimony, support or maintenance payments or income or assets you are relying.
- ☐ If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete Sections 1 and 3.

SECTION I - INDIVIDUAL INFORMATION

Name JAN ERIC OLSEN
 Address 420 COLLINWOOD LOOP
 City FOLEY State AL Zip 36535
 Position or Occupation BUSINESS OWNER
 Business Name MR LIMO
 Business Address 420 COLLINWOOD LOOP
 City FOLEY State AL Zip 36535
 Res. Phone 251 9427873 Bus. Phone 251 9527873

SECTION II - OTHER PARTY INFORMATION

Name ISABEL OLSEN
 Address 420 COLLINWOOD LOOP
 City FOLEY State AL Zip 36535
 Position or Occupation BANK TELLER
 Business Name PEN AIR CREDIT UNION
 Business Address THE WHARF
 City ORANGE BEACH State AL Zip 36561
 Res. Phone 251 6096001 Bus. Phone 251 2241676

SECTION III - STATEMENT OF FINANCIAL CONDITION

ASSETS SOLELY OWNED (List here only those assets not jointly owned and which you have sole legal title.)	IN DOLLARS (OMIT CENTS)	ALL LIABILITIES & NET WORTH (List all liabilities, joint or otherwise; include all liabilities as co-maker.)	IN DOLLARS (OMIT CENTS)
Cash on Hand and in Banks	\$	Notes Payable to Banks - Secured	\$ 230 000
U.S. Gov't & Marketable Securities --		Notes Payable to Banks - Unsecured	25 000
See Schedule A		Due to Brokers	
Non-Marketable Securities -- See Schedule B		Amounts Payable to Others - Secured	
Securities Held By Broker in Margin Accounts		Amounts Payable to Others - Unsecured	
Restricted or Control Stocks		Accounts and Bills Due	
Real Estate -- See Schedule D		Unpaid Income Tax	
Loans Receivable		Other Unpaid Interest and Taxes	
Automobiles and Other Personal Property		Real Estate Mortgages Payable--See Sched. D & E	
Cash Value-Life Insurance -- See Schedule C		Other Debts	
Other Assets: (Itemize)			
		TOTAL LIABILITIES	\$ 255 000
		NET WORTH (TOTAL ALL ASSETS MINUS TOTAL LIABILITIES)	\$ 22 000
TOTAL ASSETS SOLELY OWNED	\$	TOTAL LIABILITIES AND NET WORTH	\$
JOINTLY OWNED ASSETS (List here assets in which legal title and right to pledge is joint; itemize in Schedules E & F.)	IN DOLLARS (OMIT CENTS)	Source of Income for Year Ended (Include Other Party Income if you are applying for joint credit)	
Cash on Hand and in Banks	\$ 12000	Salary	\$ 48800
U.S. Gov't & Marketable Securities --		Bonuses & Commissions	\$
Non-Marketable Securities		Dividends	
Securities Held By Broker in Margin Accounts		Real Estate Income	6000
Restricted or Control Stocks		Other Income (alimony, child support or separate maintenance need not be revealed if you do not desire the Bank to consider such income in determining your credit worthiness.)	10000
Real Estate	210000		
Loans Receivable		TOTAL INCOME	\$ 64800
Automobiles and Other Personal Property	55000	Contingent Liabilities	
Cash Value-Life Insurance		Do you have any contingent liabilities? If so, describe.	
Other Assets: (Itemize)		NO	
		Liabilities as endorser or guarantor?	\$
		Liabilities on leases or contracts?	\$
		Legal claims?	\$
TOTAL JOINTLY OWNED ASSETS	\$ 277000	Other special debts?	\$
TOTAL OF ALL ASSETS	\$ 277000	Amount of contested income tax liens.	\$

PERSONAL INFORMATION

Do you have a will? If so, name of executor. NO	Are any assets pledged other than described on schedules? If so, describe.
Are you a partner or officer in any other venture? If so, describe. OWNER MR LIMO	Are you a defendant in any suits or legal actions? NO
Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe. NO	Personal bank accounts carried at: VISION BANK, PEN AIR CREDIT UNION
Income tax settled through (date):	Have you been declared bankrupt in the last 14 years? If so, describe. NO

PLEASE COMPLETE THE REVERSE SIDE

Schedule A -- U. S. Government & Marketable Securities

Number of Shares or Face Value (Bonds)	Description	In Name Of	Are these pledged?	Market Value

Schedule B -- Non-Marketable Securities

Number of Shares	Description	In Name of	Are these pledged?	Source of Value	Value

Schedule C -- Life Insurance Carried, Including Group Insurance

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

Schedule D -- Real Estate Solely Owned

Address & Type Of Property	Title in Name of	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

Schedule E -- Real Estate Jointly Owned

Address & Type Of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount
420 COLLINWOOD LN POLY AL	ISABEL & JAN OLSEN	100%	7/01/05	186,000	210,000	2035	\$155,000

Schedule F -- Other Property Jointly Owned

Assets	Value	Names of Joint Owners

Schedule G -- Banks or Finance Companies where credit has been obtained

Name & Address of Lender	Credit in Name of	Secured or Unsecured?	Original date	High Credit	Current Balance
CHASE HOME FINANCING	ISABEL & JAN	Secured	7/01/05	\$166,000	\$154,000
CITIZEN BANK	ISABEL OLSEN	Secured	01/10/07	\$26,000	\$11,000
COMPASS BANK	JAN OLSEN	Secured	04/10/08	\$18,500	\$10,000

The information contained in this statement is provided for the purpose of obtaining or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit.

Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. You are authorized to answer questions about your credit experience with me/us.

Signature (Individual)

Signature (Other Party)

Social Security No.

Date of Birth

Social Security No.

Date of Birth

USE ADDITIONAL SCHEDULES IF NECESSARY

May, 3rd, 2010

To Whom It May Concern:

I have been using Mr. Limo's services with great expectations. When I contact them I was have a quick response to my needs. As in a short ride from A to point B or a last minute decision for a special event, they have always responded in a prompt and professional manner.

I am also very thankful for their ability to meet and take in consideration our budget.

We trust them to incorporate with our business customers as they are taken with high regard, which means a lot to us.

We would not receive these wonderful accommodations with any other Limousine service and sincerely hope that our great relationship with Mr. Limo will not change.

Thank you for you time in this matter.

Sincerely,

Buddy Wright
5-10-10

ELITE MARINE SALES
19924 CHESTNUT DR.
FOLEY, AL. 36535

251-948-8269

April 28th, 2010

To Whom It May Concern:

I have been using Mr. Limo services for quite some time now.

It could be my kid's birthday, a last minute call for a night out or any special occasion, they were always able to meet our needs in a very professional and affordable way.

These are a few reasons why we recommend their services to customers, friends and family and we hope we can keep doing business with them.

Sincerely,

A handwritten signature in black ink, appearing to be 'DLS' followed by a long horizontal flourish.

(251) 609 0831