FF000494 CVL FORWARDERS FF000494

### ANNUAL REPORT TO THE

## INTERSTATE COMMERCE COMMISSION

Freight Forwarders (Class B)

1979

Date Due March 31, 1980

ICC-P.O.2040 Annual Report Form

Approved by GAO B-180230 (R0253) Expires 12-31-81

NAME AND ADDRESS OF REPORTING CARRIER (Attach label from front cover on original, copy in full on duplicate)

FF000494 131221 CVL FORWARDERS P.O. BOX 358 SPARKS

2. State whether respondent is an individual owner	r, partnership, corporation, association, etc.	CORPORATION
3. If a partnership, state the names and addresses	of each partner including silent or limited, an	d their interests
Name	Address	Proportion of Interest
NOT APPLICABLE		
4 If a corporation, association or other similar for Date JUNE 9 1975	State of NEVADA	acorporation or organization
Name EUGENE L. DIRKS Name J. VERNON MYRES	Title PRESIDENT Title VICE PRESIDENT SECRETARY-TREASI	

W. R. JOHNSON 5. If respondent is a corporation or association, give for each of its five largest stockholders at close of year the following information

Name	Address	Number of rules to which intitled	
NORMAN E. WILEY	1071 LAUREL LANE, PEBBLE BEACH, CA. 93953	18	
JAMES W SIMMS	2050 DANT BLVD.; RENO, NEVADA 89502	1 18	
W. R. JOHNSON FUGENE L. DIRKS	1201 OAK FOREST TRAIL, EULESS, TEXAS 76039	1 18	

6. Disclose fully any affiliation or connection of the forwarder with any rail, motor, or water carrier, or with any shipper that commonly uses the services of a freight forwarder

NORMAN E. WILEY and J. VERNON MYRES are 50%-50% owners of CONTINENTAL VAN LINES, INC. (MC-29) P. O. BOX 2169, MONTEREY, CA. 93940

7. Give the names of States in which traffic is originated and/or terminated

49 STATES (All excluding ALASKA)

# Schedule 13.-SUMMARY OF FREIGHT LOSS AND DAMAGE CLAIMS

This schedule was adopted by the Commission in No. 35345 (Sub-No. 2) July 1, 1977.

### Approved by GAO Effective 12-23-77

Exclude from this schedule the revenues and claims incurred in connection with freight forwarder services and shipments which have a prior or subsequent movement by air. Line I should show all freight forwarder revenue in Account 501. Line 2 should show the number of claims paid during the year for robbery, theft and pilferage, and other shortage as defined below.

Robbery Failure to deliver all or part of a shipment as the result of stealing, including hijacking, with the use of force or threat of force against a person or persons.

Claims for physical damage to freight in the same or other shipments resulting from robbery should be reported under

Robbery

Theft and Pilferage - Failure to deliver all or part of a shipment as the result of known stealing, or under circumstances indicating the probable cause was stealing, without use of force or threat of force against a person or persons, when it is known the freight was in the carrier's custody. (Note: Claims for physical damage to freight in the same or other shipments resulting directly from theft or pilferage should be reported under Theft and Pilferage.

Other Shortage - Failure to deliver all or part of a shipment for unknown reasons. This includes the unexplained disappearance of all or part of a shipment for reasons other than robbery or theft and pilferage as defined above.

Line 3 should show the number of all other claims paid in full or in part during the year not reported on line 2

Line 4 should include the net dollar amount of claims paid during the year. This includes claims paid in full or paid in part, less amounts recovered from underlying carriers, salvage, insurance, and claim refund cancellations.

Line 5 show the ratio in percentage form (two decimal places).

ine	Item	
No.	(a)	
		591,673
1	Freight revenue (Account 501)	
2	Number of theft related claims paid	
3	Number of other claims paid	67
4	Net dollars paid (See instructions)	5 .00017
5	Claims expense/revenue ratio (line 4 - 1)	The second secon

8. Balance close of year	Total assets 5 19	2,104	; Tota	l liabilities 5 -	10	67,271	
Capital stock 5						. Surplus s 14.832	
9. Give the amount of							
Revenue: From	shippers \$ 649,88	4 Others	5	то	tal \$	649,884	
	Less Transportation					F70 F43	
		der revenue					
Expenses	Total expenses inclu					CC 50A	1
10. State the number of				1			
11. Give a concise statem years, such as transf	ent of important chang er of ownership, leasin	es during the year ng of property an	affecting co d equipmen	mparisons of ret	operations.	financial arrangements,	rious etc.
12. Name, title, telephor		s of the person t	o be contac			TC .	
NAME NURMAN	E. WILEY	7001	TITLE-				
TELEPHONE NUMBER	Charles and the Charles and th	702) rea code)		359-372 (Telephone	ere province de la		-
OFFICE ADDRESS	1205 INDUS	TRIAL WAY,	SPARKS,	NEVADA	894:	31	
OFFICE ADDRESS —		(Street and	number)		(City,	State, and ZIP Code)	
		0	ATH				
State of CALIFORNIA  County of MONTEREY  NORMAN E.	) ss:	icer having contr	ol of the ac	counting of the		nt)	
(Insert here the na		makes oath an	d says that	he is (I)	OF SALES WAS ARREST AND A STATE OF THE SALES	offical title of the affiant)	
of ————	CV	L FORWARDER	S				
		here the exact legal t					
that it is his duty to have so that he has carefully exam so far as they relate to ma that he believes that all or statement of the busi JANUAR	tined the said report an iters of account, been a ther statements of fact of ness and affairs of	d to the best of his accurately taken from contained in the si	s knowledge om the said aid report ar ned respon	and belief the books of account true, and that	entries con nt and are i the said re the perio	tained in the said report his exact accordance therever port is a correct and comp	with:
		NOTARY PUBL	IC	(5	signature of al	mant)	
Subscribed and swoon	to before me, a-	2/1	anners assessed a	-, in and for	the State	add county above nam	ned,
the day of	shirt of the or or or	OFFICIAL SEAL	ly Commiss	on expires -	11/1/12	1 24 1903	
Use an L.S. Impression Scal	NAME NO PROPERTY OF THE PARTY O	CY P. WESST	ER (/3	Sugnature of office	cer authorized	to Administer Oaths)	

#### FOLLOW ALL INSTRUCTIONS CAREFULLY

- 1. Remove the mailing label from the cover and attach the label to the top of page 1 of the report form to be filed. The mailing label should NOT be altered. If the name and address on the mailing label are incorrect, insert your correct name, address, and FF number in the space provided to the left. The carrier mailing address is the company address where correspondence regarding accounting and reporting matters is to be directed, but not the address of any independent auditor or CPA.
- 2. All freight forwarders having average annual gross operating revenues of less than \$100,000 are required to file Form F-2. Three copies of this form shoul he filled out and two copies, the original of which must be the copy containing the mailing label, returned to the Bureau of Accounts, Interstate to Int
- 3. Unless otherwise explained, the carrier should report its entire operations for the year of the report. If operations are for less than a year, the report should so indicate under remarks.
- 4. Full and accurate replies should be made to all items and schedules. Money items should be shown in units of dollars.
- 5. Annual report form F-1 is prescribed for freight forwarders having average annual gross operating revenues of \$100,000 or more.
- 6. Inquiries concerning the reporting requirements or preparation of the report should be addressed to the Bureau of Accounts at the above address.