

P.O. Box 100
Heber City,
Utah
84032



Ph 800.373.1029
Fax
435.657.2960

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SCAC CODE: TIAN

MC # 721277

DOT # 2061716

FID # 21-3107355

Managers and Contact Information

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VP Of Operations
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Fax: 800-239-1895
gregd@transtaff.com

Nancy O'Connor
Billing Manager
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nancyo@transtaff.com

Heather Taylor
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Anna Middleton
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Susan Jorgensen
Controller
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susanj@transtaff.com



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
August 20, 2010

PERMIT
MC-721277-P
TRANSPORTATION INC AGENT GROUP INC
HEBER CITY, UT

This Permit is evidence of the carrier's authority to engage in transportation as a **contract carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

A handwritten signature in black ink, appearing to read "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief
Information Technology Operations Division

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

PMO

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the
 requester. Do not
 send to the IRS.

Name (as shown on your income tax return)
Transporation Inc Agent Group, Inc

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
870 S 300 W

City, state, and ZIP code
Heber City, Utah 84032

List account number(s) here (optional)

Requester's name and address (optional)

*Print or type
 See Specific Instructions on page 2.*

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Employer identification number

2	7	-	3	1	0	7	3	5	5
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶  Date ▶ **8/20/13**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



8601 Monrovia
Lenexa, KS 66215

NOVEMBER 23, 2011

ATTN: Accounts Payable Manager

Effective with the presentation of this letter be advised that **TRANSPORTATION INC AGENT GROUP, INC.** has retained the services of **RTS Financial Service, Inc.** in an effort to give us greater efficiency in our credit and collection departments.

Therefore, effective with presentation of **TRANSPORTATION INC AGENT GROUP, INC.** freight bills, all invoices will be processed through **RTS Financial Service, Inc.**, thus assigning all payments to RTS Financial Service, Inc. All payments must be mailed directly to:

RTS Financial Service, Inc.
PO Box 846142
Dallas, TX 75284-0267
(800) 860-7926

Please promptly notify **RTS Financial Service, Inc.** of any claims, returns, questions, or dispute which may affect payment. If you pay anyone other than **RTS Financial Service, Inc.** without the prior written consent of **RTS Financial Service, Inc.**, you will be required by law to pay the amount again to **RTS Financial Service, Inc.** We ask that you please provide the following information with your payment remittance:

1. The carrier name - "**TRANSPORTATION INC AGENT GROUP, INC.**"
2. The invoice number(s)
3. Individual invoice amount

Your compliance with this notification is greatly appreciated. If you have any questions regarding the program, please do not hesitate to contact **RTS @ 800-860-7926**. This assignment letter may only be revoked by a writing signed by both **RTS FINANCIAL SERVICE, INC.** and **TRANSPORTATION INC AGENT GROUP, INC.**

Sincerely,

Dan Filbin, Operations

RTS FINANCIAL SERVICE, INC

GARY A ALIENGENA

**TRANSPORTATION INC AGENT GROUP,
INC.**

870 South 300 West

Heber City, UT 84032

TIN: 27-3107355

MC: 721277

Please continue to send all 1099 tax forms directly to: **TRANSPORTATION INC AGENT GROUP, INC.**



8601 Monrovia
Lenexa, KS 66215
Tel: 1.888.492.7006
Fax: 913.310.2297
www.RTSFINANCIAL.com

Payment Instructions for RTS Financial Service

Email your remit information to cashapp@rtsfinancial.com.

Bank of America
Kansas City MO 64193
Routing Number # 026009593
Account Number # 003490674221
Swift # BOFAUS3N

ACH instructions

Bank of America
Kansas City MO 64193
Routing # 081000032
Account # 003490674221
Swift # BOFAUS3N

Mail checks:

RTS Financial Service
P.O. Box 846142
Dallas, TX 75284-0267

Physical Address:

RTS Financial Service
8601 Monrovia
Lenexa, KS 66215

**UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2011-2014**

Registrant: TRANSPORTATION INC. AGENT GROUP INC.
Attn: ANNA MIDDLETON
PO BOX 100
HEBER CITY, UT 84032

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 120611 550 005TV Issued: 12/06/2011 Expires: 06/30/2014

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-62, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

P.O. Box 100
Heber City,
Utah
84032



Ph 800.373.1029
Fax
435.657.2960

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November 15, 2011

RE: Workers Comp Exemption

To Whom It May Concern:

Please be advised that Transportation Inc Agent Group, Inc. does not employ drivers to haul goods. Transportation Inc Agent Group, Inc. uses independently contracted drivers, and as such, does not carry Workers' Compensation Insurance coverage for these drivers.

If you have any questions, please feel free to call me at 800-406-9187. My direct fax line is 800-466-7496.

Sincerely,

A handwritten signature in black ink, appearing to read 'Susan L. Jorgensen', written over a horizontal line.

Susan L. Jorgensen, CPA
Controller

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

08/23/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER WORLD INS ASSOC -TINTON FALLS 730 HOPE ROAD TINTON FALLS, NJ 07724 Edward Wargins	Phone: 732-380-0900	CONTACT NAME:	
	Fax: 732-380-0909	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		(INSURER(S) AFFORDING COVERAGE)	NAIC #
		INSURER A : ASPEN SPECIALTY	10717
		INSURER B : LEXINGTON INS CO	19437
		INSURER C : AIG	524126
		INSURER D :	
		INSURER E :	
		INSURER F :	

INSURED
TRANSPORTATION INC AGENT GROUP
INC
PO BOX 100
HEBER CITY, UT 84032

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR / WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		300109010013	09/01/2013	09/01/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		300109010013	09/01/2013	09/01/2014	COMBINED SINGLE LIMIT (Per occurrence) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A					W/C STAT-LTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	MOTOR TRUCK CARGO		MAAQFU12	10/20/2012	10/20/2013	CARGO LMT 250,000
A	TRAILER INTERCHNGE		MAAQFU12	10/20/2012	10/20/2013	CARGO DED 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

A: CARGO REEFER BREAKDOWN DEDUCTIBLE \$2500
 A: TRAILER INTERCHANGE LIMIT: 40,000 DEDUCTIBLE: 1,000
 B: PHYSICAL DAMAGE EFF 1/30/13-14 POL #025032045 COMP/COLL DED \$1,000

CERTIFICATE HOLDER**CANCELLATION**

SAMPLEC SAMPLE CERTIFICATE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Edward Wargins