PM-26 (Rev. 10/84)

INTERSTATE COMMERCE COMMISSION

SERVICE DATE

CERTIFICATE

No. MC-180672*

SEP 27 1991

B. T. TRUCKING, INC. Broadview, IL

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier by motor vehicle.

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 1043); the designation of agents upon whom process may be served (49 CFR 1044); and tariffs or schedules (49 CFR 1312). The carrier shall also render reasonably continuous and adequate service to the public. Failure to meet these conditions will constitute sufficient grounds for the suspension, change, or revocation of this authority.

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

For common carriers with irregular route authority: Any irregular route authority authorized in this Certificate may not be tacked or joined with your other irregular route authority unless joinder is specifically authorized.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

Sidney L. Strickland, Jr. Secretary

(SEAL)

NOTE: If there are any discrepancies regarding this document, please notify the Commission within 30 days.





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

MICHAEL J IRWIN
PRESIDENT
ST TRUCKING INC
BLUE TRUNDER TRUCKING INC
2600 S 25TH AVE SUITE K
BROADVIEW. IL 60155

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

April 24, 2008

In raply refer to: Your USDOT No.: 32043S Review No.: 627153/CR

Dear MICHAEL J IRWIN:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on April 17, 2008. A SATISFACTORY rating indicates that your dompany has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

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:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
3250 EXECUTIVE PARK DRIVE
SPRINGFIELD, IL 62703
Telephone No.: 217-492-4608

William A. Quede

Associate Administrator for Enforcement

Willinfonde

and Program Delivery

Form W = 9 (Rev. December 1988) Department of the Treesury Intomat Revenue Service

Request for Taxpayer Identification Number and Certification

Give this form to the requester, Do NOT send to IRS.

Address (number and street) - P-600 S. 25 th AVE, SUITE K City, state, and ZIP-code - BROADY (EW, 14 60155	List account number(s) here (optional)
Taxpayer Identification Number	Part II For Payees Exempt From Backup Withholding (See
Enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification and the continuation of the co	Instructions)
	Requester's name and address (optional)
Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter. [Employer identification number is a page 2 for guidelines on whose number to enter.]	

(1) The pumber shown on this form is my correct taxpeyer identification number (or Lam vaiting for a number to be issued to me), and

(2) 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 fallure to report all interest or dividence, or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement arrangement (IRA), and payments other than interest and dividends).

Certification Instructions.—You must cross out Item (2) above if you have been notified by IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. (Also see Signing the Certification under Specific instructions, on page 2.)

Please Sign Here

Signature >

President

Date + 5-/-07

Instructions

(Section references are to the Internal Revenue Code.)

Purpose of Form.—A person who is required to hie an information return with IRS must obtain your correct texpayer identification number (TIN) to report income paid to you, fell estate transactions, mortgage interest you paid, the ecquisition or abandonment or secured property or contributions you made to an individual retirement arrangement (IRA). Use Form W-9 to turnish your correct TIN to the requester (the person asking you to furnish your TIN), and, when applicable, (1) to certify that the TIN you are furnishing is correct (or that you are welling for a number to be issued). (2) to certify that you are not subject to backup withholding, and (3) to claim exemption from backup withholding if you are an exempt payee. Furnishing your correct TIN and making the appropriate certifications will prevent cartain payments from being subject to the IDS of the IDS

-Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form.

How To Obtain a TIN.—If you do not have a TIN, apply for one immediately. To apply, get Form SS-5. Application for a Social Security Number Card (for individuals) from your local office of the Social Security Administration, or Form SS-4, Application for Employer Identification Number (for businesses and all other antificat), from your local Internal Revolue Service office.

To complete Form W-9 if you do not have a TIN, write "Applied For" in the space for the TIN in Part I, sign and date the form, and give it to the requester. Generally, you will then have 60 days to obtain a TIN and furnish it to the requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable, will begin

and continue until you formen your TIN to the requester. For reportable interest or dividend payments, the payer must exercise one of the tollowing options concerning backup withholding during this 60-day period. Under option (1), a payer must backup withhold on any withdrawais you make from your account after 7 business days after the requester receives this form back from you. Under option (2), the payer must backup withhold on any reportable interest or dividend payments made to your account, regardless of whether you make any withdrawals. The backup withholding under option (2) must begin no later than 7 business days after the requester receives this form back. Under option (2) the payer is required to refund the amounts withheld if your cartified TIN is received within the 60-day period and you were not subject to backup withholding during that period. Note: Writing "Applied For" on the form means that you have already applied for a TIN OR that you intend to apply for one in the near future.

As soon as you receive your TiN, complete another Form W-2, include your TiN, sign and date the form, and give lit to the requester. What is Backup Withholding?—Persons making certain payments to you are required to withhold and pay to IRS 20% of such payments under certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalities, nonamplayee compensation, and

do not include real estate transactions.

If you give the requester your correct TIN, make the appropriate certifications, and report all your taxable interest and dividends on your tax leturn, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding.

certain payments from fishing boat operators, but

(1) You do not furnish your TIN to the requester, or

(2) IRS notifies the requester that you furnished an incorrect TIN, or

- (3) You are notified by IRS that you are subject to backup withholding because you falled to report all your interest and dividends on your tax return (for interest and dividend accounts only), or
- (4) You fall to certify to the requester that you are not subject to backup withholding under (3) above (for interest and dividend autouris opened after 1983 only), or
- (5) You tall to certify your TIN. This applies only to interest, dividend, broker, or barter exchange accounts opened after 1983, or broker accounts considered inactive in 1983.

For other payments, you are subject to backup withholding only if (1) or (2) above applies.

Certain payoes and payments are exemptifrom a backup withholding and Information reporting. See Payers and Payments Exemptifrom Backup Withholding, below, and Exampt Payers and Payments under Specific Instructions, on page 2, if you are an exempt payee.

Payees and Paymonts Exempt From Backup Withholding.—The following is a list of payees exempt from backup withholding and for which no information reporting is required. For interest and dividends, all fixted payees are exempt except item (9). For broker transactions, payees listed in (1) through (13), and a person registered under the investment Advisors Act of 1940 who regularly acts as a broker are exempt. Paymons subject to reporting under sections 6041 and 6041A are generally exempt from backup withholding only if made to payees described in items (1) through (7), except that a corporation that provides medical and health care services or bills and collects payments for such services is



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/27/2015

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 PERPENENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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). CONTACT PRODUCER HNI Truck Group PHONE (A/C, No, Ext): 847-330-5000 FAX (A/C, No): 847-705-1075 1621 Colonial Parkway ADDRESS: tgcerts@hni.com NAIC# INSURER(S) AFFORDING COVERAGE ΙL 60067 Inverness 23817 INSURER A: Illinois National Insurance Company 19437 INSURER B : Lexington Insurance Company INSURED B.T. Trucking, Inc. 14184 B.T. Trucking, Inc. dba Blue Thunder Trucking, Inc. INSURER C : Acuity INSURER D Rysoti, Inc. 2600 S. 25th Avenue INSURER E : 60155 ll. Broadview INSURER F : **REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES** 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

REPORT TYPE OF INSURANCE INSR WYD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) NSR LTR FACH OCCURRENCE GENERAL LIABILITY \$ 1,000,000 K56081 09/06/16 DAMAGE TO RENTEU PREMISES (Ea occurrence) С 09/06/15 \$ 100,000 COMMERCIAL GENERAL LIABILITY MED EXP (Any one person) \$ 5,000 CLAIMS-MADE | X | OCCUR PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG 5 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY | MBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ 1,000,000 (Ea accident) TP9881042-04 07/01/15 07/01/16 Α BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) 2 PROPERTY DAMAGE NON-OWNED \$ (Per accident) HIRED AUTOS AUTOS S χ Autos UMBRELLA LIAB EACH OCCURRENCE OCCUR s AGGREGATE PYCESS LIAB CLAIMS-MADE \$ RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICE/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ (Mendatory in NH) il yeş, deşcribe unde E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS below \$100,000 10/01/15 |10/01/16 LIMIT PER VEHICLE 012-945-293 В MOTOR TRUCK CARGO DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) This certificate supersedes any previously issued certificates. Mechanical Breakdown Coverage Included. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE ***********Proof of Coverage*********** THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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