

COMBINED EXPRESS, INC

DELAWARE VALLEY SHIPPERS, INC

www.combinedexpress.com

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To:

Pages:

Date:

Email:

CARRIER SET UP

Following are:

1. Motor Carrier Contract, please initial every page.
2. W-9
3. Please provide your carrier profile; Federal Tax Id #, Contacts, DOT/MC #s, Services, delivery and pick up points of interest, equipment. Credit and bank information
4. Please provide a certificate of insurance naming Combined Express as a certificate holder.

Please **fax 215 633 6436**

Or email (operations@combinedexpress.com)

If you have any questions please contact operations at:
operations@combinedexpress.com or call 800 777 0458

Rocco Boccuti ext. 117

Chris Cucchi ext. 114

MOTOR TRANSPORTATION CONTRACT

This contract is entered into as of the date set forth in the closing paragraph of this Contract, and is made by and between _____, headquartered in _____, a motor carrier licensed by the Interstate Commerce Commission, herein called "Trucker, and Combined Express, Inc. incorporated in the State of Delaware, herein called "CXI."

RECITALS

- A. Trucker desires to transport freight for hire under a contractual arrangement with CXI. The purpose of such arrangement is for Trucker to provide transportation services as a contract carrier licensed by the Interstate Commerce Commission, herein called "ICC".
- B. CXI, a licensed Interstate Commerce Commission broker, desires to contract the motor contract carrier services of Trucker in order to transport the freight of its customers between points in the United States.
- C. The arrangement herein contemplates that Trucker will provide transportation services for CXI and its customers at the direction of CXI, and that charges for such services will be invoiced directly to CXI pursuant to this Contract.

TERMS AND CONDITIONS

1. PERMIT NECESSITY: Trucker will have in place prior to commencing services pursuant to this Contract a permit issued by the ICC. Such permit will authorize Trucker to transport general commodities on a nationwide basis either for the account of CXI or for the account of such generic class which would include CXI for the duration of this Contract.
2. DURATION: The terms and conditions of this Contract commence on the date of this contract or on such later date that the ICC shall have issued to Trucker a permit enabling Trucker to perform under this Contract. This Contract shall continue for a period of one (1) year thereafter and shall be renewed automatically for durations of an additional year under the same terms and conditions unless the Contract is canceled by either party by the giving of at least thirty (30) days' written notice to the other party sent by registered mail prior to the end of the Contract term.
3. CONTRACTUAL COMMITMENT: It is the express intent of the parties that this Contract shall govern all shipments tendered to Trucker by CXI and that the published rates filed with the Interstate Commerce Commission shall not apply to any CXI shipment.
4. DEDICATED EQUIPMENT AND SPECIALIZED SERVICES: Trucker agrees to provide specialized services (with any additional charges for such services to be set forth in Exhibit A, to CXI, such services to include, but not be limited to, special rates as set out in

Exhibit A, special credit provisions, protective service, spotting of equipment, specially trained drivers, after-hours service, direct route service, multiple pick-up and stop-off service, in-route service, and such other house trucker type services which may be required by CXI.

5. BILATERAL COMMITMENT: CXI agrees to tender a continuing series of shipments Truckers moving to, from, or between facilities of CXI or its customer or its customer's suppliers or customers, in each of the United States, in quantities of not less than five truckloads per year.
6. TRUCKER'S SERVICE STANDARD: Trucker will provide reasonable transportation services pursuant to this Contract. Trucker will accept tender of shipments as directed by CXI, and load, transport, unload and deliver such shipments promptly and efficiently. Each shipment shall be evidenced by a uniform motor carrier bill of lading, or other receipt containing substantially similar terms and conditions. Such bill of lading or receipt is to be signed by Trucker and will show the kind and quantity of commodities received and delivered by Trucker at the loading and unloading points. To the extent that this Contract is inconsistent with the terms and conditions of a uniform motor carrier bill of lading or other receipt, this Contract shall prevail.
7. TRUCKER'S RATES AND CHARGES: All shipments under this Contract shall be transported in accordance with those rates agreed upon with load confirmation and signed by both parties. Any change made must be agreed upon and signed by both of the parties. The time limit for instituting suit to recover overcharges or undercharges shall be six (6) months from the date shown on the bill of lading. Should Trucker overcharge CXI pursuant to this Contract and collect such overcharge, CXI shall have the right to place Trucker on notice of such overcharge, after which Trucker must follow procedures as set forth in Title 49, Code of Federal Regulations, section 1008, in existence at the time this Contract is signed. Such notification, however, shall not be a condition precedent to the filing of a lawsuit by CXI against Trucker for recovery of such overcharge.
8. CXI'S OBLIGATIONS: Trucker and CXI agree that CXI shall be responsible for the payment of all of Trucker's rates and charges under this Contract. Trucker agrees it shall not invoice CXI's customers for any charges. CXI agrees to pay Trucker's rates and charges within thirty days; provided however, that in the event payment is not received within thirty days, Trucker will not assess interest or impose any penalty, including loss of discount, on CXI, and any reference to any interest or penalties contained on freight bills or other shipping documents will not apply to CXI.
9. INVOICE PROCEDURE: Trucker shall invoice directly to CXI and CXI shall pay directly to Trucker. Trucker shall not invoice any customer of CXI for transportation performed pursuant to this Contract. Trucker agrees that CXI customers are considered third-party beneficiaries of this Contract and that such customers may rely upon this Contract to prevent recovery by Trucker against the customer for any charges for shipments which were transported under this Contract.
10. CONFIDENTIAL INFORMATION: Information regarding CXI, the customers of CXI, and the terms and conditions of this Contract is considered to be confidential business information of CXI. CXI has secured the good will of its customers. Trucker will treat all matters relating to the business of CXI, or its customers, as confidential business

information and entrusted to Trucker solely for its use in performing services under this Contract. Such information will not be divulged in any way to any person except as is necessary for Trucker to carry out its obligations under this Contract.

11. NONCOMPETITION: For the term of this Contract and for nine (9) consecutive months after termination of this Contract for whatever reason, Trucker will not directly or indirectly solicit or serve, or aid in soliciting or serving, any company who is now or during the term of this Contract becomes a customer of CXI except pursuant to the terms and conditions of this Contract.
12. COMMON CARRIER LIABILITY: Trucker shall be liable to CXI or its customers, or their assigns for the full actual loss, damage, or injury to freight occurring while in the possession or under the control of Trucker pursuant to this Contract or resulting from Trucker's performance of or failure to perform the services provided herein. All liability standards and burdens of proof are governed by the common law applicable to common carriers and by 49 U.S.C. sections 11707 and 10730. The above sections of the United States Code will apply unless contrary to the terms and conditions hereunder, in which event this Contract shall prevail.
13. TRUCKER'S RESPONSIBILITIES: Trucker's liability begins when it signs the bill of lading or receipt and there is nothing further for CXI or its customer or the bill of lading consignor or consignee to do in tendering the freight to Trucker. Trucker's liability as a common carrier shall end when it receives a signed delivery receipt from the proper named consignee (not an imposter) and nothing remains to be done by Trucker to deliver the shipment to the consignee. When a shipment is refused by the consignee, or Trucker is unable to deliver it for any reason, Trucker's liability as a warehouseman shall not begin until Trucker has placed the shipment in a public warehouse or in its terminal or storage facility under reasonable security and written notice has been given CXI.
14. NOTICE OF CLAIM: The time limit for filing a claim based upon loss, damage, injury or delay to freight against Trucker shall be nine (9) months from date of delivery or after reasonable time for delivery has elapsed. This time limit shall be satisfied by the mailing of a claim by CXI, CXI's customer, parties to the bill of lading, or the beneficial owner of the freight within that time limit. All claims will be filed and resolved in accordance with the ICC's regulations in Title 49, Code of Federal Regulations, section 1005, in existence as of the time this Contract is signed.
15. STATUTE OF LIMITATIONS AND LEGAL FEES: The time limit for instituting suit based on loss, damage, injury or delay to freight pursuant to this Contract shall be two (2) years and a day from the date the claimant and CXI receive a written disallowance from Trucker. If Trucker shall overcharge CXI and if claimant, CXI or its customer is successful in recovering the overcharges, or if claimant, CXI or its customer is successful in recovering for loss, damage or delay to the freight, in a court of law or through arbitration, such plaintiff shall be entitled to recover reasonable attorney fees in addition to other costs and interest from the date of delivery or scheduled delivery as determined by the court or arbitration body.
16. INDEPENDENT CONTRACTOR: In the performance of transportation service hereunder, Trucker shall be an independent contractor and not an agent or employee of CXI or its customers. Trucker, at its own expense, will furnish suitable trucks, tractors and

semitrailers to comply with this Contract, and to assume all costs, expenses and liabilities incident to the transportation of shipments, including all costs of fuel and insurance, and all expenses and liabilities incident to or arising out of the maintenance, repair or operation of the equipment.

17. INDEMNIFICATION AND INSURANCE: Trucker shall indemnify and hold harmless CXI and its customers from and against all loss, damage, expense, actions, and claims for injury to persons (including injury resulting in death) and damage to property arising out of or in connection with Trucker's loading, handling, transportation, or unloading of the freight hereunder, except loss, damage, expense, actions and claims resulting from the sole negligence of CXI or its customers. Trucker shall procure and maintain, at the expense of Trucker, liability insurance with a reputable and financially responsible insurance carrier properly insuring Trucker against liability and claims (a) for injuries to persons (including injuries resulting in death), in an amount, in the case of each casualty, of not less than \$1,000,000.00; (b) for damage to property, in an amount not less than \$100,000.00 with respect to each accident; and (c) for loss of or damage to freight, in an amount not less than \$300,000.00 with respect to each shipment. Trucker shall name CXI as an additional insured on such insurance. Trucker shall furnish to CXI written certificates obtained from each insurance carrier showing that such insurance has been procured and is being properly maintained, and that the premiums therefore are paid, specifying the name of the insurance carrier, the policy number, and the expiration date. Such insurance policies shall provide that, in the event of cancellation, written notice of such cancellation shall be given to CXI at least thirty (30) days prior to such cancellation. See Exhibit A for sample certificate of insurance.

Carrier agrees to provide any insurance coverage's required by any government body for the types of transportation and related services specified in load confirmation communications received from Broker. All insurance required by this Agreement must be written by an insurance company having a Best's rating of "B+" VII or better and must be authorized to do business under the laws of the state(s) or province(s) in which Carrier provides the transportation and related services as specified in load confirmation communications received from Broker. Carrier's insurance shall be primary and required to respond and pay prior to any other available coverage. Carrier agrees that Carrier, Carrier's insurer(s), and anyone claiming by, through or under Carrier shall have no claim, right of action, or right of subrogation against Broker, its affiliates, or its Customer based on any loss or liability insured under the insurance stipulated herein.

...
(d) Commercial General Liability insurance, in a limit of not less than US\$1,000,000 per occurrence, (e) Worker's Compensation insurance in the amounts required by statute, and Employer's Liability insurance with limits not less than US\$500,000 per occurrence, and (f) if Carrier provides Transportation Services for hazardous materials under DOT regulations, public insurance required for the commodity transported under 49 C.F.R § 387.7 and 387.9 (or successor regulations thereto). Carrier shall, prior to providing transportation and related services pursuant to this Agreement, name Broker, as a certificate holder. When Carrier provides Transportation Services that involve origins and destinations solely within Canada, Carrier shall be current in its remittances to the appropriate Worker's Compensation Board of the Carrier's province, shall provide a certificate issued by the appropriate Worker's Compensation Board of the Carrier's province certifying that the Carrier is not delinquent and is current in its remittances to that authority, and shall have such other insurance or higher coverage limits required by applicable Canadian national or provincial law or regulation. If Carrier is self-insured, a certificate of the state in which the transportation services are to be performed must be

furnished by such state agencies directly to Broker. Insurance will meet or exceed the requirements of federal, state and/or Provincial regulatory bodies having jurisdiction over Carrier's performances pursuant to this agreement.

18. PREMATURE CANCELLATION BY CXI: If a petition in bankruptcy is filed by Trucker, or if Trucker is adjudicated as bankrupt, or if Trucker makes a general assignment for the benefit of creditors, or if a receiver is appointed on account of the insolvency of Trucker, CXI may, without prejudice to any other right or remedy, terminate this Contract after giving Trucker at least five (5) days' prior written notice of such termination. If Trucker should refuse or fail to supply satisfactory and lawfully qualified personnel or proper equipment, or should fail to make prompt payment for materials or labor, or disregard laws, ordinances or the instructions of CXI or its customers, or otherwise be guilty of a violation of any provision of this Contract, CXI may give Trucker written notice that Trucker has thirty (30) days to correct such failure, refusal or violation. Should Trucker not correct such deficiency within the thirty (30) days, CXI may terminate this Contract on five (5) days' notice without prejudice to any other right or remedy which CXI may have.
19. LIENS: Trucker shall not permit any encumbrance or lien arising out of acts of or claims against CXI or its customers to be entered, levied or to exist upon goods transported under this Contract, including but not limited to a lien for freight charges which may be due for that particular shipment or any prior shipment. Trucker shall remove such lien or encumbrance immediately after becoming aware of the existence thereof.
20. SUCCESSORS AND ASSIGNS: This Contract shall be binding upon the successors and assigns of the respective parties hereto; provided, however, that neither Trucker nor CXI may assign this Contract or any rights (except rights of recovery for overcharges or loss, damage or injury to property) hereunder without prior written consent of the other.
21. DIVISIBILITY: This Contract is divisible. If any provision is held to be violative of any law or regulation, or is unenforceable for any reason, such illegality shall not affect the remaining portions of this Contract, which shall remain in full force and effect.
22. APPLICATION OF LAW: This is a Pennsylvania Contract and shall be construed in accordance with the laws of the State of Pennsylvania. The parties agree that any disputes arising under this Contract shall be litigated in the State of Pennsylvania. For that purpose, both parties agree to submit to the venue and jurisdictional requirements of the Pennsylvania state or federal courts.
23. COUNTERPARTS: This Contract may be executed in any number of identical counterparts, and each such counterpart shall be deemed a duplicate original hereof.
24. RE-BROKER: Carrier will not re-broker, assign or interline the shipments hereunder without prior written consent of the Broker. If Carrier breaches this provision, Broker shall have the right of paying the monies it owes Carrier directly to the delivering Carrier, in lieu of payment to Carrier. Upon Broker's payment to delivering Carrier, Carrier shall not be released from any liability to Broker under this agreement. In addition to the indemnity

obligation reflected in this agreement the Carrier will be liable for consequential damages for violation of this clause of the agreement.

25. **SAFETY RATING:** Carrier shall endeavor to maintain a satisfactory U.S. DOT safety rating.

Carrier Moving Perishables. Carrier warrants that the carrier will inspect or hire a service representative to inspect a vehicle's refrigeration or heating unit at least once each month. Carrier warrants that they shall maintain a record of each inspection of refrigeration or heating unit and retain the records of the inspection for a least one year. Copies of these records must be provided upon request to the carrier's insurance company and Broker.

Carrier warrants that they will maintain adequate fuel levels for the refrigeration or heating unit and assume full liability for claims and expenses incurred by the Broker or the shipper for failure to do so.

The carrier must provide their cargo insurance carrier with all records that relate to a loss and permit copies and abstracts to be made from them upon request.

The following rules shall apply: (a) Destination market value for lost or damaged cargo, no special or consequential damages unless by special agreement; (b) Claims will be filed with Carrier by Shipper; (c) claims notification procedures will be followed in accordance with *procedure described in 49 C.F.R. 370.1-11.*

IN WITNESS WHEREOF, the parties have signed this Contract on the date last below written:

Dated: _____

COMBINED EXPRESS, INC.

TRUCKER

By: _____

By: _____

WITNESS

By : _____

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
OR	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

1. 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
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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
 - I—A common trust fund as defined in section 584(a)
 - J—A bank as defined in section 581
 - K—A broker
 - L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
 - M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ³
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ¹
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



Combined Express, Inc.

Delaware Valley Shippers, Inc.

Carrier Profile Information Sheet

Company Name:							
Address:				State:		Zip Code:	
City:				Dispatcher Phone #:			
Dispatcher Name: (Required for Daily Load Availability List)							
Dispatcher eMail:							
Local Phone #:				Toll Free #:			
Fax #:				After Hours #:			
MC #:				FID:		Type/Authority:	
Additional Terminal Locations:							
Address:				Address:			
City:		State:		City:		State:	
		Zip Code:				Zip Code:	
Dispatcher eMail:				Dispatcher eMail:			
Dispatcher Phone #:				Dispatcher Phone #:			
Type of Equipment: Please indicate how many units you have of each type below and whether they are air ride units.							
Van 48'x102				Van 53' x 102			
Reefer 48'x102				Reefer 53'x102			
Flatbed				Stepdeck			
Pallet Jacks:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Safety Rating:			
Run:							
Primary Empty Lanes:							
Satellite Tracking:		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what type:			
Drivers have cell phones or pagers		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, which one?			
Any Team Drivers		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, how many?			
Drop Trailer Capabilities:		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, locations:			
Certifications:							
TSA Certified		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what is your Security Coordinator's name/contact info?			
		Name:		Contact Info:			
SmartWay Certified		<input type="checkbox"/> Yes <input type="checkbox"/> No					
C-TPAT Certified		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, #:			
PIP Certified		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, #:			
To facilitate timely payment, please include the following:							
Accounting Contact:							
Phone Number:							

FM-25
(Rev. 10/84)

INTERSTATE COMMERCE COMMISSION

SERVICE DATE

LICENSE

NOV 1 1985

MC-184326

COMBINED EXPRESS, INC.
Elmwood Park, NJ

This License is evidence of the applicant's authority to engage in operations as a broker.

This authority will be effective as long as the broker maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043) and the designation of agents upon whom process may be served (49 CFR 1044). Applicant shall also render reasonably continuous and adequate service under this authority. 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 will be, attached to this privilege.

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

By the Commission.

JAMES H. BAYNE
Secretary

(SEAL)

MC-184326

To operate as a broker of general commodities (except household goods), between points in the United States.

COMBINED EXPRESS, INC

3685 MARSHALL LANE
BENSALEM PA 19020
215 633 1535 / 800 777 0458

CREDIT INFORMATION

Combined Express, Inc
3685 Marshall Lane
Bensalem, PA 19020
In business since 1985
Ph: 215-633-1535 ext 127
Fax: 215-633-6812

DOT #2213185 FED ID #22 2603057
SCAC: CXIB ICC#184326
DUNS #17-288-1419
PA Dept of Revenue #1000435872 req. 2013
President/CEO – Mark Kraeuter
Contact: Daniel Crosby
Email: dcrosby@combinedexpress.com

BUSINESS REFERENCES

CR England
PO Box 952407
St. Louis, MO 63195
800-338-0571
Julie Torres

West Side Transport
4201 16th Ave SW
Cedar Rapids, IA 52409-9129
800-373-2957

AMA Transportation
PO Box 939
Nutting Lake, MA 01865
800-322-3210

A One Express
3131 Roeding Road
Ceres, CA 95307
888-725-7442
Larry Curtis

Tri Modal Distribution
2011 E. Carson St.
Carson, CA 90810
310-522-5506

Prime Inc.
PO Box 11048
Springfield, MO 65808
Jacki Gariglietti
800-848-4560

BANK INFORMATION

M&T Bank
1650 Market St
One Liberty Place Suite 3150
Philadelphia, PA 19103

Phone: 215-419-6584
Fax: 215-419-6579
Contact: Richard Ellis III
Acct# 9857592696

LAW OFFICES
GROVE, JASKIEWICZ AND COBERT
SUITE 400
1730 M STREET, NORTHWEST
WASHINGTON, D.C. 20036-4517

(202) 298-2800

FAX WEBSITE
(202) 298-1370 www.gjacobert.com

March 13, 2003

Federal Motor Carrier Safety Administration
Insurance Division
Suite 600
400 Virginia Avenue, S.W.
Washington, D.C. 20024

Re: Combined Express, Inc.
MC 184326

Gentlemen:

The purpose of this letter is to request that you change your records to reflect the following change of address.

Address: Combined Express, Inc.
3685 Marshall Lane
Ben Salem, Pennsylvania 19020

Telephone: 215/633-1535
Facsimile: 215/633-6812

Should you have any additional questions, don't hesitate to contact us.

Sincerely,


Robert L. Cops

cc: Bill Boothby, Via Facsimile: 215/633-6812

MEMBER, EURO-AMERICAN LAWYERS GROUP

ASSOCIATED OFFICES:

ATHENS, BARCELONA, BRUSSELS, BUDAPEST, CHICAGO, GOTTINGEN, DUBLIN, EDINBURGH, GENEVA, GLASGOW, KINE, KINY,
LIMASSOL, LISBON, LOUVIANA, MADRID, LONDON, LOS ANGELES, LUXEMBOURG, MADRID, MANCHESTER, MILAN, MOSCOW,
NEW YORK, OSLO, PARIS, PRAGUE, SANTA ROSA, STOCKHOLM, TALLINN, TARTU, TILBURG

FMCSA Motor Carrier

USDOT Number: 2213185
Docket Number: MC184326
Legal Name: COMBINED EXPRESS, INC.
DBA (Doing-Business-As) Name



Addresses

Business Address: 3685 MARSHALL LN
BENSALEM, PA 19020
Business Phone: (215) 633-1535 Business Fax: Fax: (215) 633-6812
Mail Address: 3585 MARSHALL LN
BENSALEM, PA 19020
Mail Phone: Mail Fax: Undeliverable Mail: NO

Authorities:

Common Authority:	INACTIVE	Application Pending:	NO	
Contract Authority:	INACTIVE	Application Pending:	NO	
Broker Authority:	ACTIVE	Application Pending:	NO	
Property:	YES	Passenger:	NO	Household Goods: NO
Private:	NO	Enterprise:	NO	

Insurance Requirements:

BIPD Exempt:	NO	BIPD Waiver:	NO	BIPD Required:	\$750,000	BIPD on File:	\$0
Cargo Exempt:	NO			Cargo Required:	NO	Cargo on File:	NO
BOC-3:	YES			Bond Required:	YES	Bond on File:	YES

Process Agents designated by carrier.

Comments: FILED FOR GENERAL COMMODITY AUTH. IN 48 STATES IN SUB 1

Active/Pending Insurance:

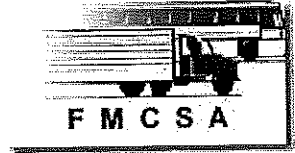
Form: 84	Type: SURETY	Posted Date: 10/04/2013
Policy/Surety Number: 39BSBGH4563	Coverage From: \$0	To: \$75,000*
Effective Date: 10/01/2013	Cancellation Date:	

Insurance Carrier: HARTFORD FIRE INSURANCE COMPANY
Attn: PLEASE CONTACT YOUR LOCAL AGENT
Address: ONE HARTFORD PLAZA
HARTFORD, CT 06115 US
Telephone: (860) 547 - 5000 Fax:

* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

FMCSA Motor Carrier

USDOT Number: 2213185
Docket Number: MC184326
Legal Name: COMBINED EXPRESS, INC.
DBA (Doing-Business-As) Name

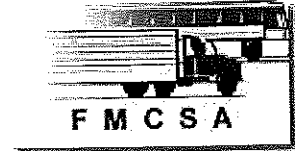


Rejected Insurances:

Form:	Type:	Coverage From:	\$0	To:	\$0
Policy/Surety Number:		Rejected:			
Received:					
Rejected Reason:					

FMCSA Motor Carrier

USDOT Number: **2213185**
Docket Number: **MC184326**
Legal Name: **COMBINED EXPRESS, INC.**
DBA (Doing-Business-As) Name



Insurance History:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: 133 619168		Coverage From	\$0	To: \$1,000,000	
Effective Date From: 10/01/1994		To: 04/01/2000	Disposition: Replaced		

Insurance Carrier: UNITED STATES FIRE INSURANCE CO.
Attn: TO REPORT A CLAIM CALL 888-890-1500
Address: 305 MADISON AVE.
MORRISTOWN, NJ 07962-1973 US
Telephone: (973) 490 - 6000 Fax: (973) 490 - 6448

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: BA 2001772-024		Coverage From	\$0	To: \$1,000,000	
Effective Date From: 04/01/2000		To: 03/22/2002	Disposition: Cancelled		

Insurance Carrier: HIGHLANDS INSURANCE CO.
Attn: ANDREA SEUREN
Address: P.O. BOX 6426, 1000 LENOX DR.
LAWRENCEVILLE, NJ 08648 US
Telephone: (800) 288 - 8898 Fax: (609) 219 - 1780

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: CAT0010029-00		Coverage From	\$0	To: \$2,000,000	
Effective Date From: 03/31/2002		To: 07/05/2002	Disposition: Cancelled		

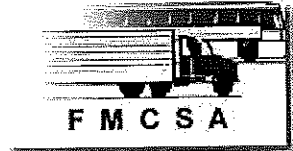
Insurance Carrier: NATIONAL INTERSTATE INSURANCE COMPANY
Attn: CARA MATHIS
Address: 3250 INTERSTATE DRIVE
RICHFIELD, OH 44286 US
Telephone: (800) 929 - 1500 Fax: (330) 659 - 8901

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: CAT0010029-00		Coverage From	\$0	To: \$1,000,000	
Effective Date From: 07/05/2002		To: 04/03/2003	Disposition: Cancelled		

Insurance Carrier: NATIONAL INTERSTATE INSURANCE COMPANY
Attn: CARA MATHIS
Address: 3250 INTERSTATE DRIVE
RICHFIELD, OH 44286 US
Telephone: (800) 929 - 1500 Fax: (330) 659 - 8901

FMCSA Motor Carrier

USDOT Number: **2213185**
Docket Number: **MC184326**
Legal Name: **COMBINED EXPRESS, INC.**
DBA (Doing-Business-As) Name



Insurance History:

Form: 34	Type: CARGO				
Policy/Surety Number: 321-072808-5	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 10/01/1994	To: 04/01/2000	Disposition: Replaced			

Insurance Carrier: **UNITED STATES FIRE INSURANCE CO.**
Attn: **TO REPORT A CLAIM CALL 888-890-1500**
Address: **305 MADISON AVE.**
MORRISTOWN, NJ 07962-1973 US
Telephone: **(973) 490 - 6000** Fax: **(973) 490 - 6448**

Form: 34	Type: CARGO				
Policy/Surety Number: 6615071	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 04/01/2000	To: 03/31/2002	Disposition: Replaced			

Insurance Carrier: **FEDERAL INSURANCE CO.**
Attn: **STEPHEN D. JACOBSON, AUTO TEAM MANAGER**
Address: **15 MOUNTAIN VIEW ROAD, BOX 1615**
WARREN, NJ 07059 US
Telephone: **(908) 903 - 2000** Fax: **(908) 903 - 2027**

Form: 34	Type: CARGO				
Policy/Surety Number: CGT0010029-00	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 03/31/2002	To: 05/08/2002	Disposition: Cancelled			

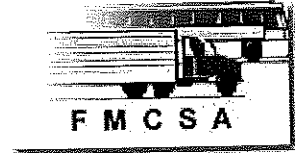
Insurance Carrier: **NATIONAL INTERSTATE INSURANCE COMPANY**
Attn: **CARA MATHIS**
Address: **3250 INTERSTATE DRIVE**
RICHFIELD, OH 44286 US
Telephone: **(800) 929 - 1500** Fax: **(330) 659 - 8901**

Form: 34	Type: CARGO				
Policy/Surety Number: 13 MS JY1127	Coverage From	\$0	To:	\$5,000 *	
Effective Date From: 03/31/2009	To: 03/31/2010	Disposition: Replaced			

Insurance Carrier: **HARTFORD FIRE INSURANCE COMPANY**
Attn: **PLEASE CONTACT YOUR LOCAL AGENT**
Address: **ONE HARTFORD PLAZA**
HARTFORD, CT 06115 US
Telephone: **(860) 547 - 5000** Fax:

FMCSA Motor Carrier

USDOT Number: 2213185
Docket Number: MC184326
Legal Name: COMBINED EXPRESS, INC.
DBA (Doing-Business-As) Name



Insurance History:

Form: 34	Type: CARGO	Coverage From	\$0	To:	\$5,000 *
Policy/Surety Number: 790007144		To: 03/31/2009	Disposition: Replaced		
Effective Date From: 03/31/2009					

Insurance Carrier: ONEBEACON AMERICA INSURANCE COMPANY
Attn: JAN NEWEY
Address: 1051 TEXAS ST
SALEM, VA 24153 US
Telephone: (781) 332 - 7356 Fax:

Form: 34	Type: CARGO	Coverage From	\$0	To:	\$5,000 *
Policy/Surety Number: CIM 0337939		To: 05/23/2013	Disposition: Cancelled		
Effective Date From: 03/31/2010					

Insurance Carrier: ACADIA INSURANCE COMPANY
Attn: JANE GORDON
Address: ONE ACADIA COMMONS, P. O. BOX 9010
WESTBROOK, ME 04098 US
Telephone: (800) 870 - 1170 Fax: (207) 771 - 8091

Form: 84	Type: SURETY	Coverage From	\$0	To:	\$10,000 *
Policy/Surety Number: 00083444089		To: 09/06/2000	Disposition: Replaced		
Effective Date From: 07/24/1989					

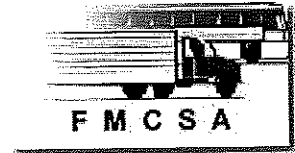
Insurance Carrier: INTERNATIONAL FIDELITY INSURANCE COMPANY
Attn: JILLIAN MENDEZ
Address: 1 NEWARK CENTER
NEWARK, NJ 07102 US
Telephone: (973) 624 - 7200 Fax:

Form: 84	Type: SURETY	Coverage From	\$0	To:	\$10,000 *
Policy/Surety Number: 39BSBAN3655		To: 06/20/2012	Disposition: Cancelled		
Effective Date From: 09/06/2000					

Insurance Carrier: HARTFORD FIRE INSURANCE COMPANY
Attn: PLEASE CONTACT YOUR LOCAL AGENT
Address: ONE HARTFORD PLAZA
HARTFORD, CT 06115 US
Telephone: (860) 547 - 5000 Fax:

FMCSA Motor Carrier

USDOT Number: 2213185
 Docket Number: MC184326
 Legal Name: COMBINED EXPRESS, INC.
 DBA (Doing-Business-As) Name



Insurance History:

Form: 84	Type: SURETY	Coverage From	\$0	To:	\$10,000 *
Policy/Surety Number: 39BSBGH4563		Effective Date From: 06/20/2012	To: 10/01/2013	Disposition: Replaced	

Insurance Carrier: HARTFORD FIRE INSURANCE COMPANY
 Attn: PLEASE CONTACT YOUR LOCAL AGENT
 Address: ONE HARTFORD PLAZA
 HARTFORD, CT 06115 US
 Telephone: (860) 547 - 5000 Fax:

Form: 84	Type: SURETY	Coverage From	\$0	To:	\$75,000 *
Policy/Surety Number: 39BSBGH4563		Effective Date From: 10/01/2013	To: 10/01/2013	Disposition: Replaced	

Insurance Carrier: HARTFORD FIRE INSURANCE COMPANY
 Attn: PLEASE CONTACT YOUR LOCAL AGENT
 Address: ONE HARTFORD PLAZA
 HARTFORD, CT 06115 US
 Telephone: (860) 547 - 5000 Fax:

* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
0	PROPERTY BROKER	GRANTED	11/01/1985
1	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	05/19/1989 REVOKED 05/30/2003
1	MOTOR PROPERTY COMMON CARRIER	GRANTED	05/19/1989 REVOKED 07/26/2002

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

FMCSA Motor Carrier

USDOT Number: 2213185

Docket Number: MC184326

Legal Name: COMBINED EXPRESS, INC.

DBA (Doing-Business-As) Name



Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason
CONTRACT	04/29/2003	05/30/2003	VOLUNTARY REVOCATION
COMMON	06/04/2002	07/26/2002	INVOLUNTARY REVOCATION