

U.S. Department of Transportation Federal Motor Carrier Safety Administration 1200 New Jersey Ave., S.E. Washington, DC 20590

SERVICE DATE January 31, 2014

CERTIFICATE MC-852188-C U.S. DOT No. 2465686 SIG LOGISTICS, LLC AUSTELL, GA

This Certificate is evidence of the carrier's authority to engage in transportation as a common 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). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Jeffrey L. Secrist, Chief

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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.

CMO



RTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/25/2016

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). MICHAEL METZGER Transportation Ins Specialists PHONE (A/C, No, Ext): 501-232-2502 E-MAIL MICHAEL @TRA FAX (A/C, No): 870-565-9731 3065 Hwy 367, Ste 10 Cabot AR 72023 E-MAIL ADDRESS: MICHAEL@TRANSINSUSA.COM INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Berkshire Hathaway INSURED **INSURER B:** S1G LOGISTICS LLC INSURER C: 6821 BRIDGEWOOD DR INSURER D : **AUSTELL GA 30168** INSURER E INSURER F **CERTIFICATE NUMBER: 1587123199 COVERAGES 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. ADDL SUBR LIMITS TYPE OF INSURANCE **POLICY NUMBER** COMMERCIAL GENERAL LIABILITY **FACH OCCURRENCE** \$ \$ CLAIMS-MADE OCCUR PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG POLICY LOC \$ OTHER: COMBINED SINGLE LIMIT \$1,000,000 1/27/2016 1/27/2017 **AUTOMOBILE LIABILITY** 03TRM005301-03 (Ea accident) BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE \$ HIRED AUTOS AUTOS (Per accident) \$ IIMBREI I A I IAB **EACH OCCURRENCE** \$ OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE \$ DED RETENTION \$ PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT CARGO PHYSICAL DAMAGE 100,000 LIMIT 1000 DED 03TRM005301-03 03TRM005301-03 1/27/2016 1/27/2017 1/27/2016 1000 DED 1/27/2017 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 2007 FREIGHTLINER VIN# 1FUJA6CK97LX26426 VALUE \$34,000 COMP/COLL 1000 DED 2007 WABASH VIN# 1JJV532W83L848745 VALUE \$10,700 COMP/COLL 1000 DED CANCELLATION **CERTIFICATE HOLDER**

FOR INSURANCE PURPOSES ONLY

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

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Form W-9

(Rev. Asgust 2013) Department of the Treasury Internal Revenue Service

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) | | | | | | | | | |
|---|--|--------------------------------|---------------------------------------|------------------------|--|-----------------|----------------------|----------------|-------------|--|
| Print or type Specific instructions on page 2. | S1G LOGISTICS LLC Business name/diarregarded entity name, # different from above | | | rahalaan dib Aligertee | • | | | | | |
| | Check appropriate box for federal less classification: Individual/ante proprietor C Corporation S Corporation Partnership Trust/estate | | | | Examptions (see instructions): Exampt payer code (if any) Examption from FATCA reporting | | | | | |
| | ☐ Other (see instructions) ► | | | | code (i any) | | | | | |
| | Address (number, street, and apt. or suite no.) 6821 BRIDGEWOOD DR | name | and ad | dness (o | pilona | 9 | | ********* | | |
| S. Sec. | City, state, and ZIP code AUSTELL GA 30168 | | | | | | | | | |
| | List account number(s) here (optional) | | | | | | | | | |
| | Taxpayer Identification Number (TIN) | | akad ma | | and and a | | | | | |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" is to avoid backup withholding. For individuals, this is your social security number (SSN). However, for 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 | | | | | | | | | | |
| | | | Employer identification number | | | | | | 1 | |
| number to enter. | | 4 | 6 | - 4 | 2 1 | 3 | 7 9 | 8 | | |
| Pa | Certification | | · · · · · · · · · · · · · · · · · · · | | | | A | | ALMS TO | |
| | er penalties of perjury, I certify that: | | | | | | | | | |
| | The number shown on this form is my correct taxpayer identification number (or I am waiting for | | | | | | | | | |
| S | am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest to longer subject to backup withholding, and |) i have not or dividends | been , or (c | ngtifie c) the (| d by th RS has | e Inte notif | emeli Fle ied me | wenu shat ! | ie Spren | |
| 3, 1 | am a U.S. citizan or other U.S. parson (delined below), and | | | | | | | | | |
| 4. Ti | he FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting | ig is correct | | | | | | | | |
| beca | bilication instructions. You must cross out item 2 above if you have been notified by the IRS to ause you have failed to report all interest and dividends on your tax return. For real estate trans- rest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to enally, payments other than interest and dividends, you are not required to sign the certification, | actions, iten o an individu | n 2 do vel rel | ies noi | t apply. | For | moregiae and (IPA | je), and | d | |

General Instructions

U.S. person

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

Puture developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

instructions on page 3.

Sign

Here

A person who is required to the an information return with the IRS must obtain your correct taggayer identification number (TM) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, 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 affent, 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).
 - 2. Certify that you are not subject to backup withholding, or
- Claim examption from backup withholding if you are a U.S. exampt payer. 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

11201

 Certify that FATCA code(s) entered on this form (If entry) indicating that you are exampt from the FATCA reporting, is consect.

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 atjen.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- · An estate fother than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Perherships that conduct a trade or business in the United States are generally required to pay a withholding text under section 1446 on any fursign partners' where of effectively connected treatile treatile fooms 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 text. 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 from W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



February 01, 2016

STEPHEN GREEN S ONE G (S1G) LOGISTICS LLC 6821 BRIDGEWOOD DR AUSTELL, GA 30168

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT

The Standard Carrier Alpha Code of SOGG has been assigned to:

S ONE G (S1G) LOGISTICS LLC 6821 BRIDGEWOOD DR AUSTELL, GA 30168 MC-852188 US DOT- 2465686

This Alpha Code will apply only to the company name shown above through June 30, 2017. Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal which must be promptly returned together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address below. If you participate in the Bureau of Customs & Border Protection ACE, AMS, CAFES, FAST or PAPS programs, it is your responsibility to ensure that a copy of this letter is forwarded (email preferred) to the following address:

CBP SCAC Processing Bureau of Customs and Border Protection 8444 Terminal Road, Beauregard (A-105.5) Lorton, VA 22079 AMS.SCAC@DHS.GOV

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, tariffs, etc.

NOTICE: Assignment of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810



15910 S. Highway 169 Olathe, KS 66062 www.tafs.com

PH: (877) 898-9797 FAX: (913) 393-6171 tafs@tafs.com

Date: February 24, 2015

Subject: Letter of Release

Attn: Accounts Payable

TAFS, Inc. is no longer factoring the invoices due for services performed by S1G Logistics LLC, MC #852188. Please direct all payments to:

S1G Logistics LLC 6821 Bridgewood Drive Austell, GA 30168

If you need further information, please feel free to call TAFS, Inc., at (913)-393-6170 or S1G Logistics LLC at 770-361-8565.

Sincerely,

Josh Goode - Director

TAFS, Inc.

Ph: (913) 393-6170 Fax: (913) 393-6171