

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

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

SERVICE DATE May 19, 2021

CERTIFICATE MC-1189643-C

U.S. DOT No. 3551620
BAM TRANSPORTATION & LOGISTICS LLC
EL PASO, TX

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

Affry L. Stein +

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.

СМО



January 21, 2021

WILLIE LEDEZMA
BAM TRANSPORTATION & LOGISTICS LLC
3812 SPANISH OAK DR
FLOWER MOUND, TX 75028

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT

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

BAM TRANSPORTATION & LOGISTICS LLC 3812 SPANISH OAK DR FLOWER MOUND, TX 75028 MC-1189643 US DOT- 3551620

This Alpha Code will apply only to the company name shown above through June 30, 2022. 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, address or contact information need an update, please notify the National Motor Freight Association, Inc. at customerservice@nmfta.org.

If you participate in the Customs & Border Protection (CBP) ACE program and you have an issue with using your SCAC with ACE, please contact CBP at the following email address: AMSSCAC@cbp.dhs.gov. All SCACs are automatically uploaded to ACE within 24 hours. To participate in the Automated Export System (AES) program, please email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request, along with a copy of the NMFTA SCAC letter, to enable your SCAC for AES. Additional information on CBP's automated programs can be found at: https://www.cbp.gov/trade/automated/getting-started.

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.

Form (Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	1 Name (as shown on your income tax return). Name is required on this line; do no	ot leave this line blank.				20702							
	BAM Transporation & Logistics LLC												
Print or type. ific Instructions on page 3.	2 Business name/disregarded entity name, if different from above												
	TO I DOCK ADDITIONATE DOX TO LEGERALIAX CRASSILICATION OF DELEGIA MILOSE NATIONAL AND						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						
	☐ Individual/sole proprietor or ☐ C Corporation ☑ S Corporation single-member LLC	Trust/est		Exempt payee code (if any)									
	✓ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►												
	another LLC is classified as a single-member LLC that is disregarded from the owner differences the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.												
ecil	☐ Other (see instructions) ▶						(Applies to accounts maintained outside the U.S.)						
See Spec	5 Address (number, street, and apt. or suite no.) See instructions.						and address (optional)						
	3812 Spanish Oak Dr												
32.T.	6 City, state, and ZIP code												
	El Paso, TX 75028												
	7 List account number(s) here (optional)												
Pai	Taxpayer Identification Number (TIN)												
Enter	your TIN in the appropriate box. The TIN provided must match the name	given on line 1 to avoid	u	ial secu	irity n	umbe	r						
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other								-					
entitie	es, it is your employer identification number (EIN). If you do not have a nu	imber, see How to get a	a 🔲					L_					
TIN, later.							er identification number						
Note	If the account is in more than one name, see the instructions for line 1. A per To Give the Requester for guidelines on whose number to enter.	Also see what ivame an	,										
Num	ger 10 Give the nequester for guidelines on whose named to onto		8	5 -	3	8	4	3 8	1	8			
Pai	t II Certification												
Unde	er penalties of perjury, I certify that:												
2. I a Se	e number shown on this form is my correct taxpayer identification number mot subject to backup withholding because: (a) I am exempt from back rvice (IRS) that I am subject to backup withholding as a result of a failure	cup withholding, or (b) I	nave not b	been no	unec	וו עט ג	116 11	ILEI II	al Rev me t	enue hat I am			
	longer subject to backup withholding; and												
3. I a	m a U.S. citizen or other U.S. person (defined below); and e FATCA code(s) entered on this form (if any) indicating that I am exempt	t from FATCA reporting	is correct.										
4. In	fication instructions. You must cross out item 2 above if you have been not	tified by the IBS that you	are current	tlv subi	ect to	back	(up v	vithho	olding	because			
you t	nave failed to report all interest and dividends on your tax return. For real establishment of secured property, cancellation of debt, contribution than interest and dividends, you are not required to sign the certification, but	ate transactions, item 2 cons to an individual retire	not ap ment arrand	piy. Foi gement	(IRA)	, and	gen	erally,	payn	nents			
Sigi		D:	ate ▶	1-1	~ (20	2	/					
Ge	neral Instructions	• Form 1099-DIV (divi	idends, inc	luding	those	e from	n sto	cks	or mu	tual			
Sect	ion references are to the Internal Revenue Code unless otherwise	funds) • Form 1099-MISC (various types of income, prizes, awards, or gross											
note Futu	re developments. For the latest information about developments	 Proceeds) Form 1099-B (stock or mutual fund sales and certain other 											
relat after	ed to Form W-9 and its instructions, such as legislation enacted they were published, go to www.irs.gov/FormW9.	transactions by brokers) • Form 1099-S (proceeds from real estate transactions)											
Pu	rpose of Form	 Form 1099-K (merchant card and third party network transactions) 											
An ir	ndividual or entity (Form W-9 requester) who is required to file an mation return with the IRS must obtain your correct taxpayer	 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) 											
iden	tification number (TIN) which may be your social security number	Form 1099-C (canceled debt)											
(SSN	N), individual taxpayer identification number (ITIN), adoption ayer identification number (ATIN), or employer identification number	 Form 1099-A (acquisition or abandonment of secured property) 											
(EIN), to report on an information return the amount paid to you, or other ount reportable on an information return. Examples of information	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.											
retu	rns include, but are not limited to, the following. orm 1099-INT (interest earned or paid)	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,											

later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/13/2021

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.

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

PRODUCER

CONTACT NAME:

Bore 1200	der City Insurance Services D Golden Key Circle #164 aso, TX 79925	PHONE (A/C, No, Ext): (800) E-MAIL certs@k ADDRESS: Certs@k	X C, No): (915) 206-3619 NAIC #						
INIOI	IDEN		29137							
INSU		INSURER B : Incline Casualty Company								
	Bam Transportation & Logis 13126 Montana Ave	INSURER C :								
	El Paso, TX 79938			INSURER D :						
			INSURER E :							
CO	VERAGES CER	TIEICAT	E NUMBER:	INSURER F:		REVISION NUMBER				
TH IN CI EX	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	S OF IN EQUIRENTAIN POLICIES	ISURANCE LISTED BELOW MENT, TERM OR CONDITION N, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAVE	ON OF ANY CONTRA	CT OR OTHER CIES DESCRIE PAID CLAIMS	RED NAMED ABOVE I R DOCUMENT WITH F BED HEREIN IS SUBJ	FOR THE F	O WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL SUE		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurren	ice) \$			
						MED EXP (Any one pers				
						PERSONAL & ADV INJU	IRY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$			
	POLICY PRO- DTHER:					PRODUCTS - COMP/OP	AGG \$			
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIN	1IT s	1,000,000		
	ANY AUTO UWPGA5191-01			5/12/2021	5/12/2022	BODILY INJURY (Per pe	rson) \$			
	OWNED X SCHEDULED AUTOS					BODILY INJURY (Per ac				
	HIRED NON-OWNED AUTOS ONLY				8-	PROPERTY DAMAGE (Per accident)	cident) \$			
	AUTOS ONLY AUTOS ONLY					(Per accident)	*			
	LIMPRELLALIAR						\$			
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$			
	DED RETENTION \$					PER C	STH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					F. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$			
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE					
5°%	DESCRIPTION OF OPERATIONS below		IDO ANA 44C4	5/40/2004	E 14 0 10 00 0	E.L. DISEASE - POLICY LIMIT				
ti Ti	Cargo		IPGAM-1161	5/12/2021	5/12/2022	1,000 Ded	100,000			
2015	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE INTERNATIONAL# 3HSDJAPR0FN7249 5 INTERNATIONAL# 3HSDJAPR6FN724	903 BT	12-100	ule, may be attached if mo	re space is requi	red)				
CFI	RTIFICATE HOLDER			CANCELLATION						
~ ha!	Certificate as Proof		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 REPRESE	ENTATIVE					
				900 P.772						

BAM Transportation & Logistics LLC Phone: 888-487-1215 3812 Spanish Oak Dr Flower Mound, TX 75028-1377

To whom it may concern:

We are writing to notify you that BAM Transportation & Logistics LLC ("Client"), MC01189643, has assigned its accounts receivable to Apex Capital Corp d/b/a Apex Capital or Apex ("Apex") in connection with certain factoring arrangements between Client and Apex. This assignment includes all presently outstanding and all future accounts owing by you to Client arising from your purchases of goods or services from Client.

Effective immediately, please make and remit all payments directly to Apex at the following address:

Apex Capital Corp P.O. Box 961029 Fort Worth, TX 76161-1029

Until you receive written notice from Apex to the contrary, you must continue to make payments as directed above. If you pay anyone other than Apex without Apex's prior written consent, you will be required by law to pay the accounts again to Apex. Please acknowledge receipt of this notice by signing below.

Sincerely,

BAM Transportation & Logistics LLC

Guillermo Ledezma

Guillermo Ledezma Manager/Member