

2107 Stonehenge Dr. Greenbrier, TN 37073

Phone: 615-643-3595

Fax: 615-643-3693

Email: sales@alltransservices.com

Thank you for the opportunity to do business together.

Please sign and fax back the Carrier – Broker Agreement, the completed carrier remittance & data sheet, and your authority, insurance, and W-9 (W-8BEN, of course, for Canadian carriers).

Also, please have your insurance company send us a certificate, listing us as certificate holder. Please have them include the cargo deductible on the certificate.

Thank You,

All Trans Services, Inc.

ALL TRANS SERVICES, INC

2107 STONEHENGE DR, GREENBRIER, TN 37073 615-643-3595 615-643-3693

CARRIER REMITTANCE & DATA SHEET

NOTE: We appreciate your taking the time to complete the following information in full to aid our ability to process you invoices:

MC	US DOT _		
Full Legal Company Name			
Physical Address			
City	State	Zip	
Phone	Fax		
REMIT TO COMPANY NAME & .	ADDRESS: (if dif	ferent than above):	
City:	State	Zip	
Receivables Contact:	Phone		
e-mail	fax		
OPERATIONS INFORMATION			
Dispatch Contact:	Phone		
e-mail	fax		
Emergency or after hours contact			
Emergency or after hours phone			
INSURANCE INFORMATION			
Company Name:	Contact		_
Phone	Fax		

You can either submit invoices via regular mail or e-mail to invoices@alltransservices.com either way please include the invoice, rate agreement and original pod or a legible scanned copy.

All Trans Services, Inc. [Broker] and the undersigned [Carrier] Agree as follows:

1. Warranties of parties

Broker warrants that it holds a valid Broker's License No. MC-511325 from the Motor Carrier Board of the Federal Highway Administration and that Broker will have working control over the transportation of the goods it will tender as contemplated in Dixie Midwest Exp. Inc. Ext.—Gen. Commod., 132 M.C.C. 794 (1982). Carrier warrants that it has authority to conduct the operation and that it will serve Broker personally in accordance with its shipping instructions and asserted distinct needs. Carrier agrees that it shall not broker to any other motor carrier and load tendered to it by Broker hereunder, unless Carrier obtains the prior written consent of Broker.

2. Insurance Requirements

Carrier shall maintain minimum coverage of \$100,000 cargo insurance; \$1,000,000 public liability and property damage per incident on each vehicle and statutorily required workers' compensation insurance on its employees evidenced by a certificate of insurance requiring that Broker be provided with thirty (30) days' written notice as to the effective date of any cancellation or material change in said policy(ies). Broker shall be a certificate holder with respect to Carrier's cargo and public liability/property damage policies, which shall be evidenced by certificate of insurance provided to Broker.

3. Carrier Hold Harmless (Broker and Owner)

Carrier agrees to comply with all federal, state, and local laws, rules, regulations and conditions governing its activities hereunder and to indemnify, defend, release, and hold Broker and the Owner of the Property transported [Owner] harmless from and against all liability, costs, and expense for loss of or damage to property and/or injury to or deaths of persons (including, but not limited to, the property and employees of each party hereto) except if caused by the negligence or willfulness of the Broker or the Owner. Carrier warrants that it shall only use competent, able and properly trained drivers, and that all such drivers shall meet all applicable Department of Transportation qualifications, including medical, drug and alcohol standards. Carrier further warrants that all equipment it utilizes for performance hereunder shall meet all applicable state and federal safety requirements and be in good working order. All dry van trailers shall be free of holes in roof, floor, and siding.

4. Carrier Cargo Liability

Carrier shall be liable to the Broker and the Owner for loss or damage to any property transported from the time cargo is loaded upon Carrier's equipment at point of origin, and continues until said cargo is delivered to the designated consignee at destination or at a stop-off. The liability shall be for the full value of the item, which shall be understood to mean the invoice value of the lost or damaged item(s). Claims shall be processed promptly and a settlement by Broker or the Owner shall be binding on the other party.

5. Sub Contracting

<u>Under no circumstances</u> may Carrier tender request for quotations through second party or sub contract the movement of Broker's freight without the prior knowledge and written authorization of the Broker. Should said authorization be forthcoming from the Broker, then the Carrier's agreement with third party must contain the equivalent of the terms set forth within this agreement, and the Broker must be notified as to the name, address, phone and fax numbers, and MC number of the transportation company so sub contracted to move freight. It is agreed that should the Carrier sub contract a load without the prior written consent of the Broker, in contravention of this clause, then the Broker shall have the right to pay the transportation company who actually hauled the freight instead of Carrier. Upon contravention of this clause, Carrier waives the right to pursue legal action in the collection of payment from Broker, shipper or consignee, for such unauthorized movement.

6. Rates, Charges, and Payments

Carrier and Broker will negotiate a certain rate for each load which shall be confirmed via a Rate Agreement, which shall be prepared by Broker and acknowledged by Carrier. Broker shall pay all lawful freight charges within thirty (30) days after Broker's receipt of any original Bill(s) of Lading along with freight bill and sufficient proof of delivery. Carrier agrees to release and waive any claim against the Owner for freight charges, and agrees to seek payment for freight charges from Broker only.

7. Series of Shipments

Broker agrees to offer to Carrier a series of shipments during the term of this agreement, the specific number of which shall be determined by the availability of Carrier's equipment and loads tendered to Broker by Owner. Broker has the right to hire additional carriers from time-to-time to meet its obligation to Owners.

8. Independent Contractor Relationship

The relationship of the Carrier to the Broker shall, at all times, be that of an independent contractor.

9. Entire Agreement and Modifications

This Agreement, which supersedes and cancels any prior Agreement, constitutes the entire agreement between the parties and may not be modified or amended or a breach waived unless accomplished in writing.

10. Non-Compete

Carrier shall not solicit business directly from any shipper, consignee, or customer of broker where the business was first tendered to Carrier by Broker while this agreement is in effect and for one hundred and eighty days (180) thereafter.

11. Environment and Discrimination

The provisions herein will not result in an adverse effect on the quality of the human environment and operations will be conducted in compliance with all relevant statutes, regulations, and Executive Orders dealing with discrimination.

12. Arbitration

Any dispute arising over the interpretation or application of this Agreement which cannot be resolved by the parties will be submitted to final and binding arbitration under the Commercial Arbitration Rules of the ADR Council, Inc. of Lenexa, Kansas at a point agreed upon by the parties or, if no agreement can be reached, in Springfield, Tennessee.

13. Term of Agreement

This Agreement, which will be governed by the laws of the State of Tennessee, shall remain in effect for a period of one year from date, and from year to year thereafter, subject to cancellation upon thirty (30) days written notice.

The Parties, by authorized representatives, have signed this Agreement on the date and location indicated (to which notices will be given) and it shall be effective on the date agreed to by Carrier.

Broker	Carrier
All Trans Services, Inc. 2107 Stonehenge Dr.	Carrier Name: Address:
Greenbrier, TN 37073	DOT. No.:
By: (please print) TERRY D. HALL	By: (please print)
Signature: Terry Dell	Signature:
Dated:	Dated:



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). Name is required on this line; do not leave this line	blank.							NAME OF COLUMN TWO STREET STATE
e 2.	Business name/disregarded entity name, if different from above								
Print or type See Specific Instructions on page	Check appropriate box for federal tax classification; check only one of the following seven boxe Individual/sole proprietor or C Corporation S Corporation Partnersh single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=p Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate the tax classification of the single-member owner.	oartnership) ▶_	rust/es e abov		Exen code	ain entituctions npt pay mption f e (if any	les, not on page ee code from FA	des apply individu je 3): e (if any) ATCA rep	als; see
ecific	Address (number, street, and apt. or suite no.)	Reque	ster's	name	and ac	idress (optiona	al)	
See Sp	City, state, and ZIP code								
	List account number(s) here (optional)								
Par									
backu reside entitie	our TIN in the appropriate box. The TIN provided must match the name given on line 1 withholding. For individuals, this is generally your social security number (SSN). Howe alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For it is your employer identification number (EIN). If you do not have a number, see Howe page 3.	ever, for a r other	Or	cial se	curity	numbe	-		
	the account is in more than one name, see the instructions for line 1 and the chart or	page 4 for	-	ploye	rident	ificatio	n num	ber	
	es on whose number to enter.								
Par	l Certification								
	enalties of perjury, I certify that:								
	number shown on this form is my correct taxpayer identification number (or I am wait								
Se	not subject to backup withholding because: (a) I am exempt from backup withholding ice (IRS) that I am subject to backup withholding as a result of a failure to report all in inger subject to backup withholding; and	g, or (b) I have terest or divid	e not dends	been s, or (d	notifie) the	ed by t IRS ha	the Inte is noti	ernal Re fied me	evenue that I am
3. la	a U.S. citizen or other U.S. person (defined below); and								
	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA re								
becau intere gener instru	ation instructions. You must cross out item 2 above if you have been notified by the e you have failed to report all interest and dividends on your tax return. For real estate paid, acquisition or abandonment of secured property, cancellation of debt, contribu ly, payments other than interest and dividends, you are not required to sign the certifi ions on page 3.	transactions tions to an in	s, item idividu	n 2 do ual ret	es no ireme	t apply	y. For angem	mortga ent (IRA	ge N), and
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.

Form W-8BEN

(Rev. February 2014)

Department of the Treasury Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

▶ For use by individuals. Entities must use Form W-8BEN-E.

▶ Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben. ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NO	T use this fo	rm if:			Instead, use Form:
• You a	re NOT an in	dividual			W-8BEN-E
• You a	re a U.S. citi	zen or other U.S. person, including a reside	ent alien individual		W-9
• You a (other	re a benefici	al owner claiming that income is effectively all services)	connected with the conduct of	of trade or business	s within the U.S.
• You a	are a benefici	al owner who is receiving compensation fo	r personal services performed	in the United State	es 8233 or W-4
					W-8IMY
Part	1 Iden	tification of Beneficial Owner (se	e instructions)		
1		ividual who is the beneficial owner	o modulation,	2 Country of	citizenship
				AND	
3	Permanent	residence address (street, apt. or suite no.,	or rural route). Do not use a F	P.O. box or in-care	e-of address.
	City or town	, state or province. Include postal code wh	nere appropriate.		Country
4	Mailing add	ress (if different from above)			
	City or towr	n, state or province. Include postal code wh	nere appropriate.		Country
5	U.S. taxpay	er identification number (SSN or ITIN), if re	quired (see instructions)	6 Foreign tax	x identifying number (see instructions)
7	Reference n	number(s) (see instructions)	8 Date of birth (MM-DD)-YYYY) (see instru	ctions)
Part	II Clai	m of Tax Treaty Benefits (for cha	pter 3 purposes only) (se	ee instructions)	
9	I certify that	the beneficial owner is a resident of		within t	he meaning of the income tax treaty
	between the	e United States and that country.			
10		es and conditions (if applicable - see insti			
	of the treaty	y identified on line 9 above to claim a	% rate of wit	hholding on (specif	fy type of income):
					··································
	Explain the	reasons the beneficial owner meets the ter	rms of the treaty article:		
Part	III Cer	tification			
Under p	penalties of per	jury. I declare that I have examined the information of perjury that:	on on this form and to the best of r	ny knowledge and be	slief it is true, correct, and complete. I further
٠	I am the indi	vidual that is the beneficial owner (or am authoriz s form to document myself as an individual that is	ed to sign for the individual that is	the beneficial owner) oreign financial institu	of all the income to which this form relates or ution,
•		named on line 1 of this form is not a U.S. person,		3	
٠		to which this form relates is:			
	(a) not effect	ively connected with the conduct of a trade or bu	usiness in the United States,		
	(b) effectively	connected but is not subject to tax under an ap	plicable income tax treaty, or		
	(c) the partner	er's share of a partnership's effectively connected	d income,		
•		named on line 1 of this form is a resident of the tr tates and that country, and	eaty country listed on line 9 of the	form (if any) within the	e meaning of the income tax treaty between
•		ansactions or barter exchanges, the beneficial or			
	any withhold	, I authorize this form to be provided to any withf ling agent that can disburse or make payments o cation made on this form becomes incorrect.	of the income of which I am the ber	eipt, or custody of the reficial owner. I agree	income of which I am the beneficial owner or that I will submit a new form within 30 days
Sign	Here	Signature of beneficial owner (or indiv	vidual authorized to sign for benefic	cial owner)	Date (MM-DD-YYYY)
					n egg i a la l
Management desired in the		Print name of signer		Capacity in which a	cting (if form is not signed by beneficial owner)

ALL TRANS SERVICES, INC.

2107 STONEHENGE DR., GREENBRIER, TN 37073

	FAX COVER SHEET				
TO:	FROM:				
Agent	Agent Operations				
COMPANY:	DATE:				
PHONE NUMBER:	PHONE CAS CAS 2505				
	615-643-3595				
FAX NUMBER:	FAX 615-643-3693				
RE:	TOTAL NO. OF PAGES INCLU	UDING COVER:			
Insurance certificate					
☐ URGENT	☐ FOR REVIEW	☐ PLEASE REPLY			
NOTES/COMMENTS: Please send an insurance certif	icate for:				
		—listing			
All Trans Services Inc. 210	Stonehenge Dr., Greenbrier, TN 37	ETT I MET, DATE MATERIAL PERSON, TOWNS AND AND SPATIES.			
	CLUDE THE CARGO DEDUCTIE				
load together, and I need this c	ertificate before I can send them their l	load communation.			
Please fax the certificate to 615	5-643-3693, or email to sales@alltrans	services.com			
If you need more information,	please feel free to give me a call.				
Thanks,					

ALL TRANS SERVICES, INC.

sales@alltransservices.com

REFERENCES & OTHER COMPANY DATA

Mailing Address:

2107 Stonehenge Dr. Greenbrier, TN 37073

DOT 2233541 Telephone Number: 615-643-3593 Fax Number: 615-643-3693 MC 511325 EIN 04-3794821 Contacts: Jamie Blair, President

Brent Hall, Vice-President

Bank Reference:

Farmers and Merchants Bank Contact: Kathy Harris, Branch Manager

2286 Highway 41 South Phone: 615-643-6122 Greenbrier, TN 37073

Credit References:

Transcore DAT RTS Financial (for several carriers)

9300 Metcalf Ave. Acct. # 685904-208991 Overland Park, KS 66212 Phone: 800-547-5417

Fax request to: 503-672-5108 Contact: Toni / Chap Phone: 913-890-6623

D & S Factors LLC (for several carriers) JP Transportation 2518 Oxford State Rd. PO Box 1210

Middletown, OH 45042 Fruitland, ID 83619 Contact: Credit Dept. Contact: Lee

Phone: 330-239-0291 Phone: 208-452-1902

Transport Continental, Inc.

Contact: Sonia Rodriguez Phone: 800-444-7695, ext. 1203

PO Box 609 Pharr, TX 78577

Form (Rev. December 2014)
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.

	1 Name (as shown on your income tax return). Name is required on this line; do not	leave this line blank.											
	ALL TRANS SERVICES, INC												
2	2 Business name/disregarded entity name, if different from above												
ge													
on pa	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or							4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
pe	single-member LLC						Exempt payee code (if any)						
ctic	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or						Everation from EATCA reporting						
nt o							code (if any)						
Prin	☐ Other (see instructions) ▶				(Арр	les to acc	counts m	aintain	ed outside	the U.S.)			
- jiji	5 Address (number, street, and apt. or suite no.)	Requ	ester's	name	and a	ddress	(optio	onal)					
bec	2107 STONEHENGE DR												
S	6 City, state, and ZIP code												
Se	GREENBRIER, TN 37073												
	7 List account number(s) here (optional)												
Par	Taxpayer Identification Number (TIN)												
	your TIN in the appropriate box. The TIN provided must match the name g		So	cial s	ecurity	/ numl	ber						
	up withholding. For individuals, this is generally your social security number												
	ent alien, sole proprietor, or disregarded entity, see the Part I instructions of		1	1 1		-		-					
entitle	es, it is your employer identification number (FIN). It you do not have a num	her see How to get a											
	es, it is your employer identification number (EIN). If you do not have a num n page 3.	ber, see How to get a	or										
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TIN or Note.	n page 3.		Em	i	Г	T		T		1			
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Purpose of Form

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- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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- 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.



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

400 7th Street SW Washington, DC 20590

SERVICE DATE February 04, 2005

LICENSE

MC-511325-B ALL TRANS SERVICES, INC GREENBRIER, TN

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a broker, arranging for transportation of freight (except household goods) by motor vehicle.

This authority will be effective as long as the broker maintains 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 applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Angeli Sebastian, Chief Information Systems Division

1. p. 1

BPO

BOND NO: 201308Z13Z3	ACCT LOCID: 100110000
N. A.	Page 1 of 2
	Liberse No.: MC - B11326
Property Broker's Surety Bonds under 49 U.S.C.	rane
makenish mineria a matash manan anima un mianat	
KNOW ALL MEN BY THESE PRESENTS, THAT WE ALL TRANS SERVICES INC	
Properly a gast Name 2107 STONEMENGE DR GREENBRIER IN 27073	
Preside! Astrosa	
as PRINCIPAL (hereinafter called Principal), and AMERICAN ALTERNATIVE	MSURANCE CORPORATION . a Surety Name
corporation, or a Risk Retention Group established under the Liability Risk	Retention Act of 1986, Public Law 99-563, created
and existing under the laws of the State of New Rempshire Surely that marchon	(nereinafter eaueo Surety) are held and firmly
bound unto the United States of America in the sum of \$475.000 fo	"which payment well and truly to be made, we baid
ourseives and our hairs, executors, administrators, successors, and assign	to foliative and an experience where an experience
WHEREAS, the Principal is or intends to become a Broker pursuant to the and regulations of the Federal Motor Carrier Safety Administration (FMC protection of motor carriers and shippers, and has elected to file with the safety of the carriers and shippers.	SAT relating to insurance or other security for the
responsibility and the supplying of transportation subject to the 100 Tem agreements, or arrangements therefore, and	rination Act of 1995 in accordance with contracts.
WHEREAS this bond is written to assure compliance by the Principal as motor vehicle with 49 U.S.C. 13906(b), and the rules and regulations of the protection of motor carriers and shippers, and shall inure to the bywhom the Principal may be legally liable for any of the damages herein de-	the FMCSA, relating to insurance or other security tensifit of any and all motor carners or shippers to
NOW. THEREFORE, the condition of this obligation is such that if the Principal shippers by motor vehicle any sum or sums for which the Principal may failure faithfully to perform, fulfill, and carry out all contracts, agreements, a bond is in affect for the supplying of transportation subject to the ICO Te Principal by the FMCSA, then this obligation shall be void, otherwise to ren	De held legally liable by reason of the Principal's and arrangements made by the Principal white this smination Act of 1995 under floense issued to the
The liability of the Surety shall not be discharged by any payment or sursuch payment or payments shall amount in the aggregate to the penal obligation hereunder exceed the amount of said penalty. The Surety agree of all suits filed, judgements rendered, and payments made by said Surety	ty of the bond, but in no event shall the Surety's es to furnish written notice to the FMCSA forthwith
This bond is effective the 22 day of August . Date Month	2013 . 12:01 a.m., standard time at the
address of the Principal as stated herein and shall continue in force until to the Surety may at any time cancel this bond by written notice to the cancellation to become effective thirty (30) days after actual racallot of said	eminated as hereinafter provided. The Principal or a FMCSA at its office in Washington, DC, such
The Surety shall not be liable hereunder for the psyment of any damages any contracts, agreements, undertakings, or arrangements made by the P termination of this bond as herein provided, but such termination shall no payment of any such damages ensing as the result of contracts, agreems supplying of transportation prior to the date such termination becomes effective.	Principal for the supplying of transportation after the or affect the liability of the Surety hereunder for the only, or arrangements made by the Principal for the

	BOND NO:	20130821323
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ACCT LCC (C): 199119999

The receipt of this filling by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified on the face of this form, and that such company is qualified to make this filing under Section 387.315 of Title 49 of the Code of Tederal Regulations.

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

ALL TRANS SERVICES INC

Principal Netre (Company, Individual, etc.)

JAMIE BLAIR
Printed or Typed Name of Signer

PRESIDENT

Matthew J. Zehner

AMERICAN ALTERNATIVE INSURANCE CORPORATION

MATTHEW L. ZEHNER

Diamond Broker Program - Plan Description

Qualifications: The Broker/Brokerage maintains an "A" credit score and experience factor with Truckstop.com®. The Broker/Brokerage establishes a surety bond through McGriff, Seibels and Williams and Roanoke Trade Services, Inc. The Broker/Brokerage is in good standings with both the F.M.C.S.A. and Truckstop.com.

Diamond Broker Services

Advertising and Marketing: Truckstop.com will attach a red diamond next to each load the participating Broker/Brokerage post on truckstop.com identifying their Level I participation. This designation is made available to all Carriers using the website. Carriers have the option to sort available loads by diamonds. When sorted, loads with red diamonds will be listed at the top of the load list in the order of the number of diamonds. At the freight details page a bond logo is attached identifying the bond and repeating the assurances given the bond. The following assurances are provided to Carriers on your behalf:

This Brokerage is a participating member of the Diamond Broker program at Level I (highest level). Truckstop.com gives the following assurances:

- This Brokerage consistently maintains an "A" credit score and has a proven record with Truckstop.com of meeting or exceeding industry standards.
- ITS Financial Services verifies the BMC-84 bond current and in full compliance with all F.M.C.S.A. regulations.
- At the time this load was posted there are no valid claims filed on this bond.

Compliance and Administration: ITS Financial Services, LLC assures your surety bond or trust fund will be established and maintained in full compliance with F.M.C.S.A. regulations. Unlike some others, we do not offer bond funding schemes known to be not in compliance with F.M.C.S.A. regulations.

Claims and Notification: Claims and inquiries are handled by ITS Financial Services, LLC and Roanoke Trade Services, Inc. in compliance with Titles 49, 19 and related regulations. Our staff has processed over 45,000 carrier non-payment complaints in the last nine years. We will use this experience to first attempt a successful resolution without paying from the bond. In the event a filed claim appears to be valid, ITS Financial will notify the Broker and provide copies of all documentation collected. The Broker will be provided ample time to respond. No claims will be processed without first giving the Broker both notice and an opportunity to respond.

Credit Monitoring and Consulting: ITS Financial Services will monitor your current credit score electronically and notify you of any event(s) that are negatively affecting your credit score with Truckstop.com. Our credit experts will offer consultation and advice on protecting and improving your score. An annual credit review is available to participating members at no additional cost.

Bond Details

- Surety bond offered through McGriff, Seibels and Williams / Roanoke Trading Services by an AM Best "A" rated carrier.
- No Financial Statements required.
- Electronic bond filing with the F.M.C.S.A.
- Bond is continuous until canceled.
- Annual premium due upon acceptance and prior to Diamond Broker / Bond anniversary date.

I understand and agree to the terms and conditions outlined in the above description.

2 Blay / President

Date



Diamond Broker Program



ITS Financial Services

All Trans Services, Inc.

Is a participating member of the

Truckstop.com Diamond Broker Program

Meeting all performance, credit and bonding requirements



Valid through August of 2017 – MC 511325