



Bill to:
INTEGRITY EXPRESS LOGISTICS LLC
4420 COOPER RD SUITE 400,
Cincinnati,
OH,
45242

Invoice Date: 07/24/2023
Invoice #: 1911360
Terms: NET 30
Due Date: 08/24/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/18/2023		1st Street, Eastaboga, AL 36260, USA - 1110 Industrial Blvd, Cameron, TX 76520, USA			
			1	1200	1200

TOTAL
1200

PLEASE NOTE

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below.

Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

COMPASS FUNDING SOLUTIONS LLC

P.O.BOX 205154

DALLAS, TX 75320-5154

Tel: 844-899-8092



Rate Confirmation

IEL PO#: 1911360

Integrity Express Logistics

PO Box 42275 - Cincinnati, OH 45242

Phone: (813) 498-2947 Ext: 2947 - Fax: (866) 652-5028 - Email:

dabaumberger@intxlog.com

7/18/2023 01:06 pm

Load Information

IEL PO#:	1911360	Trailer:	Van	Size:	53 ft	Temp:	DRY
Pick Up:	07/18/23	Delivery:	07/19/23	Weight:	41786		
Miles:	756.90						
Carrier:	BRZ						
MC:	086875			Phone: (708) 303-5150		Fax:	
Driver:	ALEX			Driver Cell:		(972) 748-9582	
Dispatcher:	Shawn			Dispatcher Cell:		708-852-5536	
Estimated Rate (To Truck):	\$USD 1,200.00	Unloading:	\$USD 0.00	Total:		\$USD 1,200.00	
Rate	Description	Quantity	Total				
\$USD 1,200.00	Flat	1.00	\$USD 1,200.00				

(Rates based upon weight or count will be calculated from the quantities loaded.)

Carrier is responsible for **NO** unloading charges

Carrier **IS NOT** responsible for pallet exchange

Pick Ups

Shed:KRONOSPAN LAMINATES Address: 1 KRONOSPAN WAY EASTABOGA, AL 36260

Phone: (256) 741-8755 Date: 07/18/23 Time: 0800-2000 Appt#: 130

P/U # 548893

Commodity: Dry Goods

Pallets: 0

Pieces: 0

Remarks: No Reefers

Deliveries

Shed:AIS Address: 1110 INDUSTRIAL BLVD CAMERON, TX 76520

Phone: Date: 07/19/23 Time: 0700-1430Appt#: 7a Delivery PO: PO60189929

Pallets: 0

Pieces: 0

Special Instructions:

Rate includes 3 hours loading/3 hours unloading.

Driver must call to request and accept Macropoint tracing prior to checking in to the pickup facility for detention requests to be honored.

Failure to allow tracking throughout the load may invalidate detention requests.

Detention is not paid at FCFS facilities except under extreme situations

When emailing paperwork to be processed for payment, it MUST be emailed to accounting@intxlog.com or it will not be processed.

This Rate Confirmation is an agreement between Integrity Express Logistics LLC and the carrier indicated in the above Carrier Information field, and is NOT a dispatch. If load is changed or canceled by Integrity Express Logistics LLC, NO "truck order not used" will be paid unless the driver has been dispatched by the broker at Integrity Express Logistics LLC. Carriers are required to call Integrity Express Logistics for dispatch which includes pick up numbers, name, address and directions to the shipper.

1. GENERAL CARRIER REQUIREMENTS:

- i. CARRIER is responsible for any damage to product or damage to the products container and shortages of freight. CARRIER is responsible for any charges, or claims BROKER is charged pertaining to this shipment.
- ii. Driver is responsible for load and count. Must report product quantities stated on BOL's PRIOR to leaving the shipper. **If Driver is not allowed on dock to verify product count, IEL must be notified PRIOR to driver signing for product and BOL's must be marked by Shipper "Shipper Load and Count"**
- iii. Failure to report any overage, shortage, or damage (damage with pictures) within 2 hours will result in a \$125 fine to CARRIER.
- iv. Any costs incurred by BROKER due to CARRIER being late for pick-up or delivery appointments may be charged to the CARRIER.
- v. Carrier can be charged up to \$250 per day for late arrival to any appointment plus any additional loss due late arrival.
- vi. Drivers are required to check call every day, before 10am EST. Failure to do so can result in a \$125 fine.
- vii. Failure to call IMMEDIATELY on any problems can result in a \$100.00 fine to CARRIER as well as any charges that result from failure to notify BROKER. IEL is available 24/7/365.
- viii. If any accessorial charge is agreed upon, carrier must supply VALID receipt. Failure to do so within 48 hours of delivery can result in no reimbursement. Hand written receipt is NOT VALID.
- ix. Half Loaded/Incomplete loaded trailer can result in a reduced pro-rated payment.
- x. Driver must ensure load is properly secured. Any concerns or requests for additional securements must be made PRIOR to leaving shipper. Carrier will be liable for any damage.
- xi. Loads sealed by the shipper must remain sealed until an authorized person at the receiver breaks the seal. In cases where the seal has been broken by an unauthorized person, the CARRIER becomes FULLY liable for the invoice value to customer or cost whichever is greater, of the product and any other expenses.
- xii. \$35 will be deducted from your invoice for each comcheck issued for a fuel or cash advance.
- xiii. Integrity Express Logistics has the right to offset any claim/s or fee with pending invoices including but not limited to, property damage caused by Carrier at shipper or receiver.
- xiv. Carrier agrees that the driver has enough available hours of service to pick up and drop the tendered load within time frames arranged by Broker/Customer, without violating the FMCSA hours (49 CFR 395).
- xv. Carrier is in compliance with Federal, State and Local safety regulations.
- xvi. A fee of \$7.50 per pallet will be charged on loads that the carrier is responsible to supply pallets for exchange and they do not.
- xvii. All accessorial charges must be pre-approved by the broker. Unauthorized charges may not be paid.
- xviii. Not all detention request will be honored, the Broker must be notified 1 hour before Carrier is requesting detention.

2. REFRIGERATED LOADS:

- i. All refrigerated load must be on CONTINUOUS cycle throughout the trip, unless instructed by the Broker. If reefer unit is not on CONTINUOUS, carrier assumes all risk of product.
- ii. Before loading, ensure reefer unit is properly working and pre-cool trailer to temperature indicated by Rate Con. or Broker.
- iii. Produce loads must have a properly working air chute for proper circulation. The driver is responsible to make sure the chute is not damaged, obstructed or blocked in any way. Driver is responsible to make sure space is provided for circulation.
- iv. Pulp product to ensure product has been pre-cooled. Do not accept any product pulping 3 or more degrees above or below the required temperature stated on rate confirmation. If the temperature on rate confirmation is different than what is on Bill of Lading, notify BROKER immediately before signing the Bill of Lading. By signing the Bill of Lading, CARRIER is responsible for product. Make sure the pulp temperature of the product loaded is marked on the original Bill of Lading and that the driver agrees with that temperature.
- v. When driver signs the Bill of Lading, he/she is confirming that he/she received the correct product and correct count at the proper temperature. Be sure they agree with the information on the Bill of Lading. Your company is responsible.
- vi. CARRIER certifies that any TRU equipment hired or furnished will be in compliance with the in-user requirements of California's TRU regulations.

Please sign and fax or email ALL pages of the rate confirmation.



Don Baumberger

IEL REPRESENTATIVE SIGNATURE

CARRIER REPRESENTATIVE SIGNATURE

* IMMEDIATELY FAX A COPY OF THIS SIGNED CONFIRMATION TO (866) 652-5028

DOT: 3119062

MC: 86875

FEIN: 45 - 5615272

Riki Transportation Inc

DBA

BRZ

8225 Leclair Ave, Burbank, IL 60459

Phone: (708) 303 - 5150

Dispatch:

GEORGE EXT:101
KELLY: 102

Presidents

Riki Kovacevic

Safety

RIKI EXT: 100

Accounting:

RIKI EXT: 100

FORM **BCA 2.10**
ARTICLES OF INCORPORATION
Business Corporation Act

Filing Fee: \$150
Franchise Tax: \$ 25
Total: \$175

File #: **68601339**

Approved By: **KAK**

FILED
JUL 02 2012
Jesse White
Secretary of State

1. Corporate Name: RIKI TRANSPORTATION INC.

2. Initial Registered Agent: ADVANCE LICENSING SOLUTIONS, INC.

First Name	Middle Initial	Last Name
Initial Registered Office: <u>4058 W LAWRENCE AVE</u>		
<u>CHICAGO</u>	<u>IL</u>	<u>60630-2825</u>
City	State	ZIP Code
		<u>COOK</u>
		County

3. Purposes for which the Corporation is Organized:
The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

4. Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
<u>COMMON</u>	<u>1000</u>	<u>100</u>	<u>\$ 1000</u>

NAME & ADDRESS OF INCORPORATOR

5. The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated <u>JULY 02</u>	, <u>2012</u>	<u>1505 KEMBLE ST APT 4</u>
Month & Day	Year	Street
<u>RADOSLAV KOVACEVIC</u>	<u>UTICA</u>	<u>NY</u>
Name	City/Town	State
		<u>13501</u>
		ZIP Code

COMPASS FOUNDING SOLUTION

450 W 55TH ST SUITE 200

COUNTRYSIDE IL 60525

Phone: 844 – 899 -8092

Fax: 888 – 908 – 8002

www.compassfs.net



115 W 55th St, Suite 301, Clarendon Hills, IL 60514 | Ph: (844) 899-8092 | Fax: (888) 908-8002 www.compassfs.net

NOTIFICATION OF ASSIGNMENT

Date: 06/27/2018

Sir/Ma'am:

The purpose of this letter is to inform you that **RIKI TRANSPORTATION INC.** ("Assignor") has assigned its accounts and contracts receivable to Compass Funding Solutions, LLC ("CFS"). Pursuant to the assignment of its accounts and contracts receivable to Compass, we hereby notify you to begin remitting payment on all of Assignor's accounts, now or hereafter existing, exclusively in accordance with the remittance instructions below. This notice shall also unconditionally authorize you to disclose to Compass all information relating to Assignor's accounts.

These instructions shall become effective immediately upon your receipt of this letter and are irrevocable. These payment instructions and the provisions of this letter shall continue in force until your receipt of written notification of termination. Such notification must be signed by CFS and notarized. **PAYMENT TO ANYONE OTHER THAN CFS WILL NOT CONSTITUTE PAYMENT OF YOUR INDEBTEDNESS ON THE ACCOUNTS.** If you have any questions concerning our billings or the remittance of your payments, please contact us at **(844) 899-8092**

The assignment Assignor's account to CFS has been duly recorded under the applicable Uniform Commercial Code provisions and this notification fulfills all notification requirements therein.

The remittance instructions contained herein shall supersede any other remittance instructions you may have previously received, including any other remittance address contained on Assignor's invoices or on your purchase orders.

REMIT PAYMENTS TO:

**COMPASS FUNDING SOLUTIONS LLC
RIKI TRANSPORTATION INC. MC#86875
P.O.Box 205154
Dallas, TX 75320-5154**

If remitting electronically, funds must be sent via wire transfer or ACH using the following instructions:

Account Name:	COMPASS FUNDING SOLUTIONS LLC
Bank Name:	Wells Fargo Bank
Account Number:	4122486202
Routing Number:	121000248

If you wish to claim any adjustments, holdbacks, offsets, reductions, or qualifications with regard to existing accounts or if you claim any such adjustments, holdbacks, offsets, reductions, or qualifications in the future, please notify us immediately in writing of your claim including the specific circumstances relating thereto and/or any supporting documentation you may have.

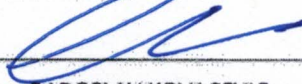
Sincerely,

Company: RIKI TRANSPORTATION INC.

Address: 8225 LECLAIRE AVE.

City, State, Zip: BURBANK, IL 60459

Telephone No.: 973-565-3159

By:  (Signature)

RADOSLAV KOVACEVIC (Printed)

COMPASS FUNDING SOLUTIONS LLC

By:  (Signature)

AMANDA OLIVERAS (Printed)

ACKNOWLEDGED AND ACCEPTED:

(Company Name) _____

(Signature) _____

(Title) _____ (Date) _____

Please fax back to (888) 908-8002 or email to noa@compassfs.net

Riki Transportation Inc

dba

BRZ

8225 Leclair Ave, Burbank, IL 60459

SAFETY PLAN

New Hires: Run Motor Vehicle Record (MVR) prior to consideration for employment. MVR must show valid CDL and no more than 2 moving violations in the previous 3 years and no serious traffic violation as defined in 49CFR 383.51 in past 3 years.

Previous employment verifications will be conducted and driver must be medically qualified preferably with a long-form medical. A negative pre-employment drug test is required prior to performing safety sensitive functions.

Hours-of-Service (HOS): Initial training on HOS conducted at hire. Drivers are required to forward logs within 13 days. Supporting documents (BOL's, fuel) will be checked against logs to ensure integrity.

Violations on road-side inspections will be subject to progressive

discipline. Logs will be retained for 6 months.

Controlled Substance and Alcohol Testing: Zero tolerance policy. All drivers are given a copy of the policy manual with signed receipts retained in their file. Pre-employment, random, and post-accident testing will be conducted pursuant to Federal Motor Carrier Safety Regulations.

Maintenance: Current Annual Inspections are required on all equipment whether leased or owned. Contractors are required to forward proof of any maintenance performed. Drivers are required to conduct pre and post trip inspections with the post trip in written form.

Operating a vehicle placed out-of-service prior to repairs made will result in termination of the driver and/or contractor.

**Safety is our
priority!**

Riki Kovacevic

Safety Manager

Form **BCA-4.15/4.20**

Illinois
Application to Adopt an
Assumed Corporate Name
Business Corporation Act

FILE # **68601339**

Secretary of State
Department of Business Services
Springfield, IL 62756
217-782-9520
www.cyberdriveillinois.com

Filing Fee: **60.00**

Approved: **MAJ**

FILED

Jun 21, 2018

Jesse White
Secretary of State

1. Corporate Name: RIKI TRANSPORTATION INC.

2. State of Incorporation: ILLINOIS

3. Date Incorporated/Qualified: 07/02/2012

4. Corporation intends to adopt and to use the assumed corporate name of:

BRZ

5. The right to use the assumed corporate name shall be effective from the date this application is filed by the Secretary of State until 07/01/2020, the first day of the corporation's anniversary month in the next year evenly divisible by five.

6. The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Date: Jun 21, 2018

Exact Name of the Corporation:
RIKI TRANSPORTATION INC.

RADOSLAV KOVACEVIC

Authorized Officer's Name

PRESIDENT

Title



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

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

SERVICE DATE

May 21, 2018

CERTIFICATE

MC-86875-C

U.S. DOT No. 3119062
RIKI TRANSPORTATION INC
BURBANK, IL

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.

A handwritten signature in black ink, reading "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief
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



June 27, 2018

RADOSLAV KOVACEVIC
RIKI TRANSPORTATION INC
8225 LECLAIRE AVE
BURBANK, IL 60459

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT

The Standard Carrier Alpha Code of **RIKN** has been assigned to:

RIKI TRANSPORTATION INC
8225 LECLAIRE AVE
BURBANK, IL 60459
MC-86875
US DOT- 3119062

This Alpha Code will apply only to the company name shown above through June 30, 2019. 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 Customs & Border Protection (CBP) ACE program and you have any issue with ACE and your SCAC, please contact CBP at the following address:

AMS.SCAC@DHS.GOV
Customs and Border Protection
Attention: SCAC Beauregard, Cube: A-344
1801 N. Beauregard Street
Alexandria, VA 20598-1350

All SCACs are automatically uploaded to ACE within 24 hours.

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/27/2018

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 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 Cottingham & Butler 800 Main St. Dubuque IA 52001	CONTACT NAME: To Request a Certificate	FAX (A/C, No): 563-587-5866	
	PHONE (A/C, No, Ext): 888-785-4677	E-MAIL ADDRESS: certificates@cottinghambutler.com	
INSURED Riki Transportation Inc. 8225 Leclair Ave. Burbank IL 60459	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: National Continental Insurance		10243
	INSURER B: Zurich American Insurance Company		16535
	INSURER C: Lexington Insurance Company		19437
	INSURER D: ACUIITY, A Mutual Insurance Company		14184
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:** 547420611**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			Z87098	5/15/2018	11/20/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CIL 0005477485-8	5/15/2018	3/15/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WC 0191180-02	5/15/2018	3/15/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Cargo Trailer Interchange			6642746802	5/15/2018	3/15/2019	Limit/Deductible Limit 250,000/2,500 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

****FOR INFORMATION ONLY****
PLEASE SEND YOUR CERTIFICATE REQUESTS TO:
Certificates@cottinghambutler.com
OR fax 563-587-5866

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

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 not leave this line blank.

Riki Transportation Inc

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless 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.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

8225 Leclair Ave

6 City, state, and ZIP code

Burbank, IL 60459

7 List account number(s) here (optional)

Requester's name and address (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

4 5 - 5 6 1 5 2 7 2

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 for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

06/27/2018

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.