



Bill to:
TQL (TOTAL QUALITY LOGISTICS)
PO BOX 799,
MILFORD,
OH,
45150

Invoice Date: 08/02/2023
Invoice #: 25050700
Terms: NET 30
Due Date: 09/02/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/27/2023		1800 City Ave N, Ripley, MS, USA - 3232 Lee Highway, Weyers Cave, VA 24486, USA			
			1	2000	2000

TOTAL
2000

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



TQL RATE CONFIRMATION FOR PO# 25050700

FIND YOUR NEXT LOAD BY VISITING
CARRIERDASHBOARD.TQL.COM

TO ENSURE PROMPT PAYMENT, SUBMIT THIS RATE CONFIRMATION, COMPLETE BOL(S)/POD, RECEIPTS AND OTHER APPLICABLE PAPERWORK WITHIN 24 HOURS OF DELIVERY TO CINVOICES@TQL.COM. FOR OTHER OPTIONS, SEE NEXT PAGE.

TQL CONTACT INFO

Name	Phone	Email	Fax
Scott Spearow	800-580-3101 x50408	sspearow@TQL.com	5136884828

CARRIER CONTACT

Office Staffed 24/7

MC#/DOT#	Name	Phone	Terms	Fax
086875 / 3119062	Brz (il)	708-303-5150	28DAYS	630-485-0000

Address

COMPASS FUNDING SOLUTIONS PO BOX 205154 DALLAS, TX 75320-5154

Dispatcher	Driver	Truck #	Trailer #
shawn	alex, oscar	905	305793

LOAD INFORMATION

Rate	Type	Unit	Quantity	Total
\$2,000.00	Line Haul	Flat	1	\$2,000.00

Rates that are based on weight or count will be calculated from the quantities loaded.

Total: \$2,000.00 USD

Mode	Trailer Type	Trailer Size	Linear Feet	Temperature	Pallet/Case Count	Hazmat	Load Requirements
FTL	Van Team	48 ft or 53 ft			0 pallets/22 cases	Non-Hazardous	
Special Temp Instructions						LxWxH	

Pick-up Location	Date	Time
Ripley, MS	7/27/2023	FCFS 08:00 to 18:00

Commodities:

Pick Up #	Quantity	Unit	Commodity	Notes
1	1	Truckload	Absorbents	

Delivery Location	Date	Time
Weyers Cave, VA	7/28/2023	FCFS 08:00 to 14:00

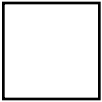
CARRIER RESPONSIBLE FOR

Unloading	None w/ valid unloading receipt	Pallet Exchange	None	Estimated Weight	45000
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Note to Carrier

LATE FEES APPLY FOR MISSED DELIVERY* *NO LIFTGATES
RECEIVER END DETENTION- MUST HAVE EXIT GATE PASS OR A PICTURE OF IT WITH THE IN/OUT TIMES TO PROVIDE EVIDENCE TO CUSTOMER //NO EXIT GATE PASS TIMES THEN NO UNLOADING DETENTION!!! ALL BOLs MUST BE SUBMITTED IN ORDER TO GET PAID!!!! WHEN DELIVERING TO C&S, EXIT GATE TIMES MUST BE PROVIDED TO GET PAID! LUMPER RECEIPTS MUST BE SUBMITTED WITH 24 HOURS





If this box is checked, Carrier is required to mail original paperwork to TQL at the below address.

CARRIER INVOICE #

FOR STANDARD MAIL

TQL
PO Box 799
Milford, OH 45150

OVERNIGHT DELIVERY

TQL
1701 Edison Drive
Milford, OH 45150

QUICK PAY

If your default payment terms are not Quick Pay and you would like Quick Pay on this load, please check one of the boxes below. Send your invoice to the Quick Pay email or fax listed below or via one of the document scanning options.

☐ 1 Day Quick Pay 5%

☐ 7 Day Quick Pay 3%

METHODS TO SUBMIT PAPERWORK

Submit completed and signed paperwork within 24 hours of delivery.

EMAIL

Quick Pay - Quickpay@tql.com
Standard - cinvoices@tql.com

DOCUMENT SCANNING

[TQL Carrier Dashboard](#) - Send paperwork
for FREE via our web and mobile app

FAX

Quick Pay - 513-688-8895
Standard - 513-688-8782

TRANSFLO Express allows you to scan and send invoices
and POD's to TQL for \$3.50 from participating truck stops.

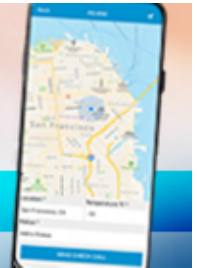
TQL must approve all accessorial terms/charges in advance and in writing. Payment of detention is determined on a load-by-load basis. Unauthorized charges will not be paid. Detention payment does not begin for at least 3 hours unless otherwise agreed to in writing. To qualify for additional compensation, the Carrier MUST notify TQL at least 30 minutes before beginning detention time and when arriving-on-time/departing from all shippers/receivers (unless the shipper/receiver will notate check in/out times on the paperwork).



BOOK SELECT LOADS ONLINE WITH BOOK IT NOW
ON TQL CARRIER DASHBOARD

SIGN IN >

USE TQL TRACKING
TO CUT DOWN ON CHECK CALLS



THIS IS AN AGREEMENT BETWEEN TQL AND CARRIER. CARRIER SHALL HAUL THE LOAD AT THE RATE ABOVE. CARRIER SHALL CALL TQL FOR LOAD INFORMATION. IF LOAD IS CHANGED OR CANCELED BY TQL, NO "TRUCK ORDER NOT USED" WILL BE PAID UNLESS TQL HAS PROVIDED THE CARRIER WITH LOAD DETAILS (PICK-UP NUMBER, SHIPPER NAME/ADDRESS AND DRIVER INFORMATION SHEET) AND APPROVED THE CARRIER TO BEGIN DRIVING TOWARDS THE PICK-UP LOCATION. THE SAFE, LEGAL AND PROPER OPERATION OF CARRIER SUPERSEDES ANY REQUEST, DEMAND, PREFERENCE, INSTRUCTION OR INFORMATION PROVIDED BY TQL OR ITS CUSTOMERS WITH RESPECT TO ANY SHIPMENT. IF ANY EMPLOYEE OF TQL OR ITS CUSTOMER REQUESTS, DEMANDS, OR INSTRUCTS CARRIER TO TAKE ANY ACTION THAT VIOLATES ANY LAW, CARRIER SHALL REFUSE TO TRANSPORT THE LOAD AND IMMEDIATELY CONTACT TQL BEFORE TAKING ANY FURTHER ACTION. CARRIER AGREES THAT WHEN IT CHOOSES TO TRANSPORT A LOAD IT DOES SO ON ITS OWN VOLITION, EXERCISING ITS OWN DISCRETION WITHOUT COERCION OR UNDUE INFLUENCE BY ANY INDIVIDUAL OR ENTITY. **CARRIER OR ITS AGENT CERTIFIES THAT ANY TRU EQUIPMENT FURNISHED WILL BE IN COMPLIANCE WITH INUSE REQUIREMENTS OF CALIFORNIA'S TRU REGULATIONS. THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE BROKER/CARRIER AGREEMENT SIGNED BY THE CARRIER AND TQL. THIS AGREEMENT IS AN ADDENDUM TO THE BROKER/ CARRIER AGREEMENT. THIS RATE CONFIRMATION IS INCLUSIVE OF ALL CHARGES.

IF THIS SHIPMENT RELATES TO A GOVERNMENT OR QUASI-GOVERNMENT CONTRACT (WHICH MAY INCLUDE, WITHOUT LIMITATION, FEDERAL, STATE, MUNICIPAL, OR POSTAL CONTRACTS), THEN THE SHIPMENT IS SUBJECT TO THE NOTICES AND COMPLIANCE REQUIREMENTS FOUND AT [HTTPS://WWW.TQL.COM/GOVERNMENT-CONTRACTOR-NOTICES.PDF](https://www.tql.com/government-contractor-notices.pdf) OR A HARD COPY WILL BE PROVIDED UPON WRITTEN REQUEST TO COMPLIANCE@TQL.COM.

BY SIGNING THIS DOCUMENT, THE CARRIER AND ITS DRIVER AGREE THAT THEY MAY LEGALLY RECEIVE SMS (TEXT) MESSAGES ORIGINATING FROM TQL. RESPONDING TO OR READING A TQL SMS MESSAGE WHILE DRIVING A TRUCK OR MOTOR VEHICLE CAN CAUSE SERIOUS INJURY, DEATH, OR PROPERTY DAMAGE TO YOU OR OTHERS. DO NOT READ OR REPLY TO A MESSAGE UNLESS YOUR VEHICLE IS STATIONARY AND PARKED. THE CARRIER, DRIVER, AND ANY OTHER EMPLOYEE AND/OR AGENT FOR CARRIER ASSUME ALL RESPONSIBILITY FOR ABIDING BY THESE INSTRUCTIONS AND AGREE THAT THEY WILL COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO: RECEIVING, READING AND/OR SENDING SMS MESSAGES, PHONE CALLS, AND/OR ANY OTHER INFORMATION TO OR FROM THE BROKER. CARRIER AGREES TO INDEMNIFY AND HOLD TQL HARMLESS TO THE FULLEST EXTENT PERMITTED BY LAW FOR ANY AND ALL CLAIMS OF ANY NATURE ARISING OUT OF OR RELATING TO THE HAULING OF THIS LOAD, THE VIOLATION OF THE TERMS OF THE BROKER-CARRIER AGREEMENT OR THIS RATE CONFIRMATION.

For Publix Deliveries: Deliveries must arrive on time, drivers may not deliver earlier than their assigned delivery date. Delivery outside of assigned date and time may be subject to fee penalties or delayed payment.

Additional Carrier Requirements:



T Q Y L



- Carrier must arrive on time for delivery to qualify for detention. Detention is 4 hours free, \$30/hour, capping at \$240, which then turns into a \$250 Layover if loaded the next morning. Must have in/ out times signed by ship/rec on BOLs, Not by driver or disp. Strictly enforced! Must have PODS turned in within 24hrs after delivery. Cellphone picture is acceptable. OTHERWISE LOADS DO NOT PAY DETENTION
- Carrier must scale weight listed on rate confirmation otherwise carrier will be rejected at shipper with no TONU.
- Drivers are **REQUIRED** to check in and check out at scale house at the shipper.
- For loads at the **Thomasville, GA** location, Drivers are **REQUIRED** to have a scale ticket when they check in at the onsite Scale House.
- Drivers are **REQUIRED** to obtain a valid BOL before leaving the shipper.
- Drivers **SHOULD** verify if the details on the BOL they are given match the tender for the load they accepted.
- Drivers are **REQUIRED** to arrive on time to the tendered pick-up appointment, if an appointment is required.
- Tracking must be accepted.
- Load cannot go to the driver's home or be left unattended.
- Driver(s) must back up against a wall or pole to ensure the doors cannot be opened any time a stop is to be made, and one driver must maintain line of sight with the trailer doors at all times

Vaccination Requirements for loads delivering to Canada:

U.S. and other foreign truckers entering Canada must be fully vaccinated or will be denied entry. Unvaccinated Canadian drivers to show a negative, molecular Covid-19 test taken 72 hours prior to reaching the border before they are allowed entry.

If a driver arrives at the border and does not meet the vaccination requirements, they will be denied entry and carrier will be responsible for all charges associated with redelivery.

Late Fees Addendum:

Late delivery may result in non-payment of freight charges, and special damages as a consequence of being late may apply. This includes, but is not limited to, freight charges for expedited shipments, packaging materials, additional labor charges, storage charges, spoiled product, loss of sale, the expense of any additional equipment, service, or alternate transportation arrangements that need to be utilized as a result of late delivery.

For Menards Deliveries:

On Time Shipments - Shipments not received 98% complete by the PO due date are not tolerable and will be addressed per occurrence. An occurrence is defined at a line item level and will be enforced as follows:

Fine for Late Shipments: 1-2 days late includes weekends: No Fine

3-7 days late: 10% of the dollar value of the late quantity

8-14 days late: 15% of the dollar value of the late quantity

15 days late or more: 25% of the dollar value of the late quantity

The following is a schedule of expected late fees for common receivers please take notice of your assigned receiver and their associated late fees:

Late Fee

Receiver

\$200

Pet Club

\$250

Amazon | Associated Growers of New England | Associated Wholesale Grocers | Brookshire Grocery | C&S Wholesale Grocers | Central



Pet Sacramento | Delta Warehouse | Demoulas Supermarket | Discount Drug Mart | Food 4 Less | Gelsons Markets DC | General Trading
| Giant Eagle | H.E. Butt | H.T. Hackney Company | Harris-Teeter | Hy-Vee Foods | Ingles Markets | Jewel-Albertsons | Nash Finch
Company | Nuggel/F4L Whse | OK Grocery | Pet Supermarket Inc. | Piggly Wiggly | Pitco Foods | Rocky View Business Park | Save-a-Lot
| Schnucks Market inc. | Shaws Wells Grocery/Albertsons | Sherwood Foods | SpartanNash | Super Stores industries (SSI) | UNFI |
United Supermarkets, LTD | W Lee Flowers | Wakefern - grocery Allentown | Wakefern Food Corporation | Wegmans Market | Winco
Foods | Woodmans Certo

\$300

Bashas' Inc. | Do It Best Corp |Kroger Company | Supervalu-Harrisburg | Supervalu | Supervalu-Champaign Div | Supervalu Florida-Main
| Supervalu Stores | Wal-Mart | Weis Markets, Inc.

\$350

Affiliated Foods inc. | Ture Value Company | URM Warehouses | Sheppard Redistribution Inc. | The Home Depot Pro | The Parts House

\$400

ACE Hardware | Adusa Distribution | Food Lion | Karsdale | K-Vat Food City Dist. Cntr. | Walgreens | Menards

\$450

MGI Distribution Center

\$500

Albertsons Distribution | Albertsons Safeway inc. | Bozzuto's | Martin Grove Warehouse | Adelphia Container/DBA Brenner Envir Inc.

TQL PO# 25050700

Carrier Representative Signature

*By electronically signing below and acknowledging acceptance, I confirm I have the authority to act
on behalf of, and bind the undersigned individual and/or entity and have agreed to the terms

Name* S/ **Shawn Popovic**





DRIVER/CARRIER INFORMATION SHEET TQL PO# 25050700

Pickup Dates
7/27/23

Delivery Dates
7/28/23

TQL CONTACT INFO

Name	Phone	Email	Fax
Scott Spearow	800-580-3101 x50408	sspearow@TQL.com	5136884828

CARRIER CONTACT

Name	Dispatcher	Driver
Brz (il)	shawn	alex

LOAD INFORMATION

Mode	Trailer Type	Trailer Size	Temperature	Pallet/Case Count	Hazmat	Load Requirements
FTL	Van Team	48 ft or 53 ft		0 pallets/22 cases	Non-Hazardous	

Special Temp Instructions

CARRIER RESPONSIBLE FOR

Unloading	None w/ valid unloading receipt	Pallet Exchange	None	Estimated Weight	45000
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PICKUPS

Shed	City	State	Zip	PU#	Date	Time
OIL DRI CORPORATION (RIPLEY, MS)	Ripley	MS	38663	690464	7/27/2023	FCFS 08:00 to 18:00
Information: Oil Dri Corporation 1800 City ave. north Ripley, MS NO REEFERS ON MENARD LOADS COMING OUT OF RIPLEY PLEASE DO NOT USE Co Rd 73, it is a dead end and you will get stuck.						
Commodities:						
Quantity	Unit	Commodity	Notes			
1	Truckload	Absorbents				

DROPS

Consignee	City	State	Zip	Delivery PO	Date	Time
TRINITY TURF (WEYERS CAVE,VA)	Weyers Cave	VA	24486	0016872	7/28/2023	FCFS 08:00 to 14:00
Information: 3232 Lee Highway Weyers Cave VA 24486						



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Carrier

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\$300

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\$350

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\$400

ACE Hardware | Adusa Distribution | Food Lion | Karsdale | K-Vat Food City Dist. Cntr. | Walgreens | Menards



\$450

MGI Distribution Center

\$500

Albertsons Distribution | Albertsons Safeway inc. | Bozzuto's | Martin Grove Warehouse | Adelphia Container/DBA
Brenner Envir Inc.

TQL PO# 25050700

THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE BROKER/CARRIER
AGREEMENTS SIGNED BY THE CARRIER AND TQL. THIS AGREEMENT IS AN
ADDENDUM TO THE BROKER/CARRIER AGREEMENT. THIS DOCUMENT IS ONLY FOR
INFORMATIONAL PURPOSES.



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>
Number	Street	Suite No.
<u>CHICAGO</u>	<u>IL</u>	<u>60630-2825</u>
City	ZIP Code	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.

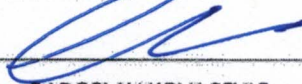
Sincerely,

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 PHONE (A/C, No, Ext): 888-785-4677 E-MAIL ADDRESS: certificates@cottinghambutler.com	FAX (A/C, No): 563-587-5866
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

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Request for Taxpayer Identification Number and Certification

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

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

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.