



Bill to:
ANCHOR EXPRESS

Invoice Date: 03/02/2024
Invoice #: GL7-0001551
Terms: NET 30
Due Date: 04/02/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/01/2024		2630 Transglobal Dr #102, Louisville, KY 40219, USA - 1500 E Main St, Carmi, IL 62821, USA			
			1	\$519.00	\$519.00

TOTAL
\$500.00

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



Anchor Express, Inc.

630 Supreme Dr. Bensenville IL 60106
email: info@anchorexpressinc.com
TEL# +16306165555 FAX# +16306165556

RATE CON

DECISION
MC-944686
ZIGI FREIGHT INC
CHICAGO, IL
REENTITLED
ZIGI FREIGHT INC
D/B/A ROYAL3 INC

Flight / Voyage: D00390 -Feb/25/24		Way Bill Number: GL7-0001551		Date: Feb/19/2024	File Number: GL7-0001551
Destination: SDF		Prepared By: O			
Pickup Location: DHL AIR LIMITED AIR 2630 Transglobal Drive, Suite 101 Louisville, KY 40219 HRS: 8AM-5PM Telephone: (502) 966-6069		Deliver to (Name and Address): VIBRACOUSTIC US 3564 US Hwy 60 East Industrial Park Morganfield, Kentucky 42437 HRS: 7AM-3PM Telephone: +1 270-389-1954			
Shipper (Name and Address): LOGICALIS GMBH <div>Pick up ASAP Delivery Straight</div>		Consignee (Name and Address): VIBA COUSTIC 1500 EAST MAIN STREET Carmi, IL 62821. HRS: 6AM-4PM			
MARKS AND NUMBERS	QTY	DESCRIPTION	VOL WEIGHT	WEIGHT	
MAWB: 615-33357015 HAWB: GL7-0001551 REF# AEBY133517	9 PCS	STC: Equipment non-haz	Class 70	1,618.00 Kg 3,567.08 Lb	
MAWB: 615-33357015 HAWB: GL7-0001552 REF# AEBY133517	6 PCS	STC: Equipment non-haz	Class 70	817.00 Kg 1,801.18 Lb	
BILL TO: ANCHOR EXPRESS 630 SUPREME DR. BENSENVILLE IL 60106 IN CASE OF QUESTIONS. PLEASE CALL AT 630-616-5555					
TOTAL ▶	PIECES	Total Rate: \$500 Dry Van	VOL WEIGHT	WEIGHT	
	9		Class 70	1,618.00 Kg 3,567.08 Lb	
DELIVERING CARRIER: Zigi Freight, INC DBA Royal 3					
AGENT NOTE: YOU ARE SIGNING FOR: DOCUMENTS AND FREIGHT					

THE GOODS HEREIN DESCRIBED ARE ACCEPTED IN APPARENTLY GOOD ORDER AND CONDITION RECEIVED
BY (PLEASE PRINT) _____

DATE:

TIME:



Anchor Express, Inc.

630 Supreme Dr. Bensenville IL 60106
email: info@anchorexpressinc.com
TEL# +16306165555 FAX# +16306165556

RATE CON

DECISION
MC-944686
ZIGI FREIGHT INC
CHICAGO, IL
REENTITLED
ZIGI FREIGHT INC
D/B/A ROYAL3 INC

Flight / Voyage: D00390 -Feb/25/24		Way Bill Number: GL7-0001552	Date: Feb/19/2024	File Number: GL7-0001552
Pickup Location: DHL AIR LIMITED AIR 2630 Transglobal Drive, Suite 101 Louisville, KY 40219 HRS: 8-5PM Telephone: (502) 966-6069		Destination: SDF		
Shipper (Name and Address): LOGICALIS GMBH		Deliver to (Name and Address): VIBRACOUSTIC US 1500 EAST MAIN STREET Carmi, IL 62821. HRS: 6AM-4PM Telephone: (618) 382-5891 Ext. 221 Jayden Barton		
		Consignee (Name and Address): VIBRACOUSTIC US		

MARKS AND NUMBERS	QTY	DESCRIPTION	VOL WEIGHT	WEIGHT
MAWB: 615-33357015 HAWB: GL7-0001552 REF# AEBY133517 THC PAID ON CARGO BILL TO: ANCHOR EXPRESS 630 SUPREME DR. BENSENVILLE IL 60106 IN CASE OF QUESTIONS. PLEASE CALL AT 630-616-5555	6 PCS SPRINT	STC: Equipment non-haz	Class 70	817.00 Kg 1,801.18 Lb
TOTAL ▶	PIECES	Total Rate: \$500 Dry Van	VOL WEIGHT	WEIGHT
	6		Class 70	817.00 Kg 1,801.18 Lb

DELIVERING CARRIER:

Zigi Freight, INC DBA Royal 3

AGENT NOTE:

YOU ARE SIGNING FOR:

DOCUMENTS AND FREIGHT

THE GOODS HEREIN DESCRIBED ARE ACCEPTED IN APPARENTLY GOOD ORDER AND CONDITION RECEIVED
BY (PLEASE PRINT) _____

DATE:

TIME:



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

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

SERVICE DATE

March 25, 2016

DECISION

MC-944686

ZIGI FREIGHT INC

CHICAGO, IL

REENTITLED

ZIGI FREIGHT INC

D/B/A ROYAL3 INC

On March 21, 2016, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as ZIGI FREIGHT INC, D/B/A ROYAL3 INC.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: March 22, 2016

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division
NC/A



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

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

SERVICE DATE

March 15, 2016

CERTIFICATE

MC-944686-C

U.S. DOT No. 2828543
ZIGI FREIGHT INC
LOMBARD, 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, appearing to read "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

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.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Zigi Freight Inc	
	2 Business name/disregarded entity name, if different from above Royal3 Inc	
	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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 6850 W. 63rd Street 6 City, state, and ZIP code Chicago, IL 60638 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	6		-	2	4	7	0	2	8 6

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ► <i>Nikola Stamenkovic</i>	Date ► 03/05/2021
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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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/17/2023

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): 563-587-5990
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Arch Insurance Company		11150
INSURER B: Wesco Insurance Company		25011
INSURER C: Zurich American Insurance Company of Illinois		27855
INSURER D: Travelers Property Casualty Company of America		25674
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 1531237105**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
A	<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 OTHER:			ZAPKG6140000	11/20/2023	11/20/2024	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 \$
B	<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			WMC1902714-02	3/15/2023	3/15/2024	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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	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 0191180-07	3/15/2023	3/15/2024	<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
D	Cargo Trailer Interchange			QT-660-8N344837-TIL-23	3/15/2023	3/15/2024	Limit/Deductible 250,000/2,500 Limit/Deductible 45,000/1,000

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

CERTIFICATE HOLDER**CANCELLATION**Bee Line Logistics
4566 State Route 11
Ellenburg Depot NY 12935

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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Anchor Express, Inc.

630 Supreme Dr. Bensenville IL 60106
email: info@anchorexpressinc.com
TEL# +16306165555 FAX# +16306165556

RATE CON

DECISION
MC-944686
ZIGI FREIGHT INC
CHICAGO, IL
REENTITLED
ZIGI FREIGHT INC
D/B/A ROYAL3 INC

Flight / Voyage: D00390 -Feb/25/24		Way Bill Number: GL7-0001551		Date: Feb/19/2024	File Number: GL7-0001551
Pickup Location: DHL AIR LIMITED AIR 2630 Transglobal Drive, Suite 101 Louisville, KY 40219 HRS: 8AM-5PM Telephone: (502) 966-6069		Deliver to (Name and Address): VIBRACOUSTIC US 3564 US Hwy 60 East Industrial Park Morganfield, Kentucky 42437 HRS: 7AM-3PM Telephone: +1 270-389-1954		Destination: SDF	
Shipper (Name and Address): LOGICALIS GMBH <div>Pick up ASAP Delivery Straight</div>		Consignee (Name and Address): VIBA COUSTIC 1500 EAST MAIN STREET Carmi, IL 62821. HRS: 6AM-4PM		Prepared By: O	
MARKS AND NUMBERS	QTY	DESCRIPTION		VOL WEIGHT	WEIGHT
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MAWB: 615-33357015 HAWB: GL7-0001552 REF# AEBY133517	6 PCS	STC: Equipment non-haz		Class 70	817.00 Kg 1,801.18 Lb
THE UNDERSIGNED HEREBY ACKNOWLEDGES AND ACCEPTS THE REFERENCED SHIPMENT ON BEHALF OF ANCHOR EXPRESS INC. IT IS AGREED THAT THE CHARGES INDICATED ABOVE INCLUDE ALL COSTS AND FEES IN CONNECTION WITH THE SHIPMENT AS DESCRIBED. A MINIMUM OF \$100000.00 CARGO INSURANCE IS REQUIRED. IN CASE OF NO SHOW AT PICKUP PLACE OR IF LOAD WILL BE CANCELLED OF ANY REASON WITHOUT 24H NOTICE CANCELLATION FEE OF \$300.00 WILL APPLY. DETENTION TIME WILL BE PAID AFTER 3HOURS OF WAITING TIME IN AMOUNT OF \$50.00 PER HOUR. *** PLEASE SET UP MACROPOINT TO : AIRIMPORT@ANCHOREXPRESSINC.COM*** When done send your invoice to this email only : 'ap@anchorexpressinc.com' BILL TO: ANCHOR EXPRESS 630 SUPREME DR. BENSENVILLE IL 60106					
TOTAL ▶	PIECES	Total Rate: \$519 Dry Van		VOL WEIGHT	WEIGHT
	9			Class 70	1,618.00 Kg 3,567.08 Lb
DELIVERING CARRIER: Zigi Freight, INC DBA Royal 3					
AGENT NOTE: YOU ARE SIGNING FOR: DOCUMENTS AND FREIGHT					

THE GOODS HEREIN DESCRIBED ARE ACCEPTED IN APPARENTLY GOOD ORDER AND CONDITION RECEIVED BY (PLEASE PRINT) _____

DATE:

TIME:



Anchor Express, Inc.

630 Supreme Dr. Bensenville IL 60106
email: info@anchorexpressinc.com
TEL# +16306165555 FAX# +16306165556

RATE CON

DECISION
MC-944686
ZIGI FREIGHT INC
CHICAGO, IL
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ZIGI FREIGHT INC
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TOTAL ▶	PIECES	Total Rate: \$500 Dry Van	VOL WEIGHT	WEIGHT
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DELIVERING CARRIER:

Zigi Freight, INC DBA Royal 3

AGENT NOTE:

YOU ARE SIGNING FOR:

DOCUMENTS AND FREIGHT

THE GOODS HEREIN DESCRIBED ARE ACCEPTED IN APPARENTLY GOOD ORDER AND CONDITION RECEIVED
BY (PLEASE PRINT) _____

DATE:

TIME:



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

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

SERVICE DATE

March 25, 2016

DECISION

MC-944686

ZIGI FREIGHT INC

CHICAGO, IL

REENTITLED

ZIGI FREIGHT INC

D/B/A ROYAL3 INC

On March 21, 2016, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as ZIGI FREIGHT INC, D/B/A ROYAL3 INC.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: March 22, 2016

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division
NC/A



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

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

SERVICE DATE

March 15, 2016

CERTIFICATE

MC-944686-C

U.S. DOT No. 2828543
ZIGI FREIGHT INC
LOMBARD, 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

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.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Zigi Freight Inc	
2 Business name/disregarded entity name, if different from above Royal3 Inc	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 6850 W. 63rd Street	Requester's name and address (optional)
6 City, state, and ZIP code Chicago, IL 60638	
7 List account number(s) here (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	6		-	2	4	7	0	2	8 6

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ► <i>Nikola Stamenkovic</i>	Date ► 03/05/2021
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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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/17/2023

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): 563-587-5990
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Arch Insurance Company		11150
INSURER B: Wesco Insurance Company		25011
INSURER C: Zurich American Insurance Company of Illinois		27855
INSURER D: Travelers Property Casualty Company of America		25674
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 1531237105**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
A	<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 OTHER:			ZAPKG6140000	11/20/2023	11/20/2024	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 \$
B	<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			WMC1902714-02	3/15/2023	3/15/2024	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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	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 0191180-07	3/15/2023	3/15/2024	<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
D	Cargo Trailer Interchange			QT-660-8N344837-TIL-23	3/15/2023	3/15/2024	Limit/Deductible 250,000/2,500 Limit/Deductible 45,000/1,000

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

CERTIFICATE HOLDER**CANCELLATION**

Bee Line Logistics
4566 State Route 11
Ellenburg Depot NY 12935

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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Anchor Express, Inc.

630 Supreme Dr. Bensenville IL 60106

email: info@anchorexpressinc.com

TEL# +16306165555 FAX#+16306165556

DELIVERY ORDER

Date: Feb/19/2024		File Number: GL7-0001551	
Flight / Voyager: D00390 -Feb/25/24	Way Bill Number: GL7-0001551	Destination: SDF	Prepared By: O
Pickup Location: DHL AIR LIMITED AIR 2630 Transglobal Drive, Suite 101 Louisville, KY 40219 HRS: 8AM-5PM Telephone: (502) 966-6069		Deliver to (Name and Address): VIBRACOUSTIC US 3564 US Hwy 60 East Industrial Park Morganfield, Kentucky 42437 HRS: 7AM-3PM Telephone: +1 270-389-1954	
Shipper (Name and Address): LOGICALIS GMBH		Consignee (Name and Address): VIBRACOUSTIC US	

MARKS AND NUMBERS	QTY	DESCRIPTION	VOL WEIGHT	WEIGHT
MAWB: 615-33357015 HAWB: GL7-0001551 REF# AEBY133517 THC PAID ON CARGO BILL TO: ANCHOR EXPRESS 630 SUPREME DR. BENSENVILLE IL 60106 IN CASE OF QUESTIONS. PLEASE CALL AT 630-616-5555	9 PCS 9	STC: Equipment non-haz	Class 70	1,618.00 Kg 3,567.08 Lb
TOTAL	PIECES		VOL WEIGHT	WEIGHT
	9		Class 70	1,618.00 Kg 3,567.08 Lb

DELIVERING CARRIER:
Zigi Freight, INC DBA Royal 3

AGENT NOTE:
YOU ARE SIGNING FOR:

DOCUMENTS AND FREIGHT

THE GOODS HEREIN DESCRIBED ARE ACCEPTED IN APPARENTLY GOOD ORDER AND CONDITION RECEIVED

BY (PLEASE PRINT) Brianne Gray - Branna Grey

DATE: TIME:



Anchor Express, Inc.

630 Supreme Dr. Bensenville IL 60106

email: info@anchorexpressinc.com

TEL# +16306165555 FAX# +16306165556

DELIVERY ORDER

Flight / Voyages: D00390 -Feb/25/24		Way Bill Number: GL7-0001552		Date: Feb/19/2024	File Number: GL7-0001552
Destination: SDF		Prepared By: O		Deliver to (Name and Address): VIBRACOUSTIC US 1500 EAST MAIN STREET Carmi, IL 62821. HRS: 6AM-4PM Telephone: (618) 382-5891 Ext. 221 Jayden Barton	
Pickup Location: DHL AIR LIMITED AIR 2630 Transglobal Drive, Suite 101 Louisville, KY 40219 HRS: 8-5PM Telephone: (502) 966-6069		Shipper (Name and Address): LOGICALIS GMBH			
Consignee (Name and Address): VIBRACOUSTIC US		Telephone: (618) 382-5891 Ext. 221 Jayden Barton			
MARKS AND NUMBERS		QTY	DESCRIPTION	VOL WEIGHT	WEIGHT
MAWB: 615-33357015 HAWB: GL7-0001552 REF# AEBY133517 THC PAID ON CARGO SPRINT BILL TO: ANCHOR EXPRESS 630 SUPREME DR. BENSENVILLE IL 60106 IN CASE OF QUESTIONS. PLEASE CALL AT 630-616-5555		6 PCS	STC: Equipment non-haz	Class 70	817.00 Kg 1,801.18 Lb
TOTAL		PIECES 6		Class 70	817.00 Kg 1,801.18 Lb
DELIVERING CARRIER: Zigi Freight, INC DBA Royal 3					
AGENT NOTE: YOU ARE SIGNING FOR: DOCUMENTS AND FREIGHT					

THE GOODS HEREIN DESCRIBED ARE ACCEPTED IN APPARENTLY GOOD ORDER AND CONDITION RECEIVED
BY (PLEASE PRINT) Brenna Grey - Brenna Grey

DATE:

TIME:



Anchor Express, Inc.

630 Supreme Dr. Bensenville IL 60106
email: info@anchorexpressinc.com
TEL# +16306165555 FAX# +16306165556

DELIVERY ORDER

Flight / Voyages: D00390 -Feb/25/24		Way Bill Number: GL7-0001552		Date: Feb/19/2024	File Number: GL7-0001552
Destination: SDF		Prepared By: O		Deliver to (Name and Address): VIBRACOUSTIC US 1500 EAST MAIN STREET Carmi, IL 62821. HRS: 6AM-4PM Telephone: (618) 382-5891 Ext. 221 Jayden Barton	
Pickup Location: DHL AIR LIMITED AIR 2630 Transglobal Drive, Suite 101 Louisville, KY 40219 HRS: 8-5PM Telephone: (502) 966-6069		Shipper (Name and Address): LOGICALIS GMBH			
Consignee (Name and Address): VIBRACOUSTIC US		Consignment (Name and Address): VIBRACOUSTIC US			
MARKS AND NUMBERS	QTY	DESCRIPTION		VOL WEIGHT	WEIGHT
MAWB: 615-33357015 HAWB: GL7-0001552 REF# AEBY133517	6 PCS	STC: Equipment non-haz		Class 70	817.00 Kg 1,801.18 Lb
THC PAID ON CARGO SPRINT		Received @ vibracoustic 3-1-2024 @ 4:30 pm Gosh may unloaded Carla Kewer signed			
BILL TO: ANCHOR EXPRESS 630 SUPREME DR. BENSENVILLE IL 60106 IN CASE OF QUESTIONS. PLEASE CALL AT 630-616-5555					
TOTAL		PIECES		VOL WEIGHT	WEIGHT
		6		Class 70	817.00 Kg 1,801.18 Lb
DELIVERING CARRIER: Zigi Freight, INC DBA Royal 3					
AGENT NOTE: YOU ARE SIGNING FOR: DOCUMENTS AND FREIGHT					

THE GOODS HEREIN DESCRIBED ARE ACCEPTED IN APPARENTLY GOOD ORDER AND CONDITION RECEIVED
BY (PLEASE PRINT) Brenna Grey - Brenna Grey

DATE:

TIME:



Anchor Express, Inc.

630 Supreme Dr. Bensenville IL 60106
 email: info@anchorexpressinc.com
 TEL# +16306165555 FAX# +16306165556

DELIVERY ORDER

Date: Feb/19/2024		File Number: GL7-0001551		
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Shipper (Name and Address): LOGICALIS GMBH		Consignee (Name and Address): VIBRACOUSTIC US		
MARKS AND NUMBERS	QTY	DESCRIPTION	VOL WEIGHT	WEIGHT
MAWB: 615-33357015 HAWB: GL7-0001551 REF# AEBY133517	9 PCS	STC: Equipment non-haz	Class 70	1,618.00 Kg 3,567.08 Lb
THC PAID ON CARGO SPRINT				
BILL TO: ANCHOR EXPRESS 630 SUPREME DR. BENSENVILLE IL 60106 IN CASE OF QUESTIONS. PLEASE CALL AT 630-616-5555				
	PIECES		VOL WEIGHT	WEIGHT
TOTAL	9		Class 70	1,618.00 Kg 3,567.08 Lb
DELIVERING CARRIER: Zigi Freight, INC DBA Royal 3				
AGENT NOTE: YOU ARE SIGNING FOR: DOCUMENTS AND FREIGHT				

THE GOODS HEREIN DESCRIBED ARE ACCEPTED IN APPARENTLY GOOD ORDER AND CONDITION RECEIVED

BY (PLEASE PRINT) Branna Grey - Branna Grey

DATE:

TIME:

Teresa Shreve
3-1-24