Zigi Freight Inc. dba Royal 3, Inc. 6850 W. 63rd St. Chicago, IL 60638

January 12, 2024

RE: Employee Verification Requests for Byron Foley from Fedex Ground.

To whom it may concern:

As of December 12, 2023 I have made the following attempts to contact Fedex Ground in order to verify Byron Foley's employment there.

The first attempt was made on December 28, 2023 when I sent a request at 901-263-0139 which was recommended by safety person when I reached out through phone to their office.

On January 4, 2024 I re-sent request completing the second attempt and on January 8, 2024 I have made a third and final attempt. A formal response from Fedex Ground was never received.

Sincerely,

Diana Baranda

To:

Fax: (901) 263-0139

FAX

From

Sofija Mitic

Phone	(630) 485-7370 * 402	Phone	
Fax	16305662119	Fax	(901) 263-0139

DATE 01/08/2024

Pages including cover sheet: 2

NOTE

ofija Mitic	Fax: 16305662119	То:	Fax: (901) 263-0139	Page: 2 of 2 01/08/2024 6:49
				RFORMANCE HISTOR
O.	Roya	1,0.	REC	ORDS REQUEST
e e	nym	Sinc.	- (CONFIDENTIAL -
Company: F	EDEX GROUND PACKAGE S	STEM INC (USDOT 26575	²⁾ <i>Phone:</i> (412) 747-8482	<i>Date:</i> 12/12/2
Address: 10	00 FEDEX DRIVE CO	RAOPOLIS, PA 15	108 Fax:	
dates of any a completion un connection wil	nd all alcohol or drug tests der direction of SAP/MRO) th my application for emplo	 those confirmed result to each and every com syment company, I here 	ts, and/or my refusing to any alcohol pany(their authorized agents) which	may request such information in ployees, officers, directors, and agents
Byron Foley (Dec 1)	2, 2023 13:45 CST)		Safety Manager (Fec 12, 2023	16:52 CST)
Applicant's Sig	Inature		Company representativ	e
	IDVISED! You may repl	y by FAX +1 630 485	eased by the applicant. 6980 or e-mail: safety@royal3in 133558146 Job	Applying For: OTR Driver
	*	-		
	ant work for you as a drive explain:			
If employed as	s a driver, please answer t	he following: Start D	ate : End D	ate :
Company D	vriver Owner/Operator	Other?		
Type of trac	tor operated:	Type of	trailer pulled:	
Other equipme	ent operated:	Commod	ities operated:	
Accidents:	Yes 🛄 No If yes, pl	ease give the date and	brief description of each accident:	
Traffic Violatio	ons: Yes No	If yes, please list all incl	luding the date and type of violation:	
INQUIRY FO	R ALCOHOL AND CONT	ROLLED SUBSTANCE	S INFORMATION	
Alcohol tests v	with a result of 0.04 or gre	ater? Yes	No If yes, please give date:	
Verified positiv	ve controlled substances te	est results? Yes	No If yes, please give date:	
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To:

Fax: (901) 263-0139

FAX

From

Sofija Mitic

То	
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Phone	(630) 485-7370 * 402	Phone	
Fax	16305662119	Fax	(901) 263-0139

DATE 01/04/2024

Pages including cover sheet: 2

NOTE

1 SAFETY PERFORMANCE HISTORY RECORDS REQUEST - CONFIDENTIAL - Company: FEDEX RRV DAGAGE SYSTEM NG (USDOT 28757) Phone: (412) 747-8482 Company: FEDEX RRV DORADCAGE SYSTEM NG (USDOT 28757) Phone: (412) 747-8482 Deter 12/12/2 Address: 1(00 CORADCAGE) SAFEAD, PA 15108 Fax Therein attracts this company to release all mecods of employment, including assessments of my job previous ability, and y releasing the attracted agents with may request used. Information in competion under direction of SAF/MRD) to each and every company their authorized agents with may request used. Information in competion with way performed to release all mecods of employment, including assessments of my job previous ability, and y releasing the attracted agents with may request used. Information in competion with way performed to release and the release and the sengless, offices, directors, and agents from any and all lable type as a result of providing the following information to the below metioned person and/or company. There present attracts There present attracts There present attracts There of Applicant: Byron Foley S&N: 433558146 Deter Present Company for: OTR Driver Det the Applicant work for you as a driver: Yes No How, please and work of you as a driver: Yes No How, please and work of you as a driver: Yes No How, please and work of you as a driver: Yes No How, please and work of you as a driver: Yes No How, please and work of you as a driver: Yes No How, please and work of you as a driver: Yes No How, please and work of you as a driver: Yes No How, please and work of you as a driver: Yes No How, please and work of you as a driver: Yes No How, please and work of you as a driver: Yes No How, please and work of you as a driver: Yes No How, please and work of you as a driver: Yes No How and the explicant work for you as a driver: Yes No How and the explicant work for you as a driver: Yes No How and the explexite at the following: Satu Date: Yes No How a drive please ansever the following:	ofija Mitic	Fax: 16305662119	To:	Fax: (!	901) 263-0139	Page: 2 of 2	01/04/2024 11:41 A
Company: PEDEX GROUND PACKAGE SYSTEM INC (USDOT 285752) Phone: (412) 747-8482 Date: 12/12/2 Address: 1000 FEDEX DRIVE CORAOPOLIS, PA 15108 Pars. Date: 12/12/2 Address: 1000 FEDEX DRIVE CORAOPOLIS, PA 15108 Pars. Date: 12/12/2 Address: 1000 FEDEX DRIVE CORAOPOLIS, PA 15108 Pars. Date: 12/12/2 Dereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(includin dates of any and all alcoho or drug tests and any request such information in to meeting acress and/or company. Torm ary and all allok type as a result of providing the following information to the below mentioned previon and/or company. Torm ary and all allok type as a result of providing the following information to the previous ability. Applicant's Signature Company representative Deer Personnel Manager The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com. Name of Applicant: Byron Foley Six +433558146 Job Applying For: OTR Driver Did the Applicant work for you as a driver: Yes No If No, please explain: Type of trailer pulled: Type of trailer pulled:	()	0		1			
Address: 1000 FEDEX DRIVE CORAOPOLIS, PA 15108 Par. I hetery authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(includin dates of any and all achol of drug tests, thas comfimed results, and any retabilitation completion under direction of SAP/HRD) to each and every company their authorized agents) which may requeate such information in connection with my application or sampless, including dates of any any net all liable type as a result of providing the following information to the below mentioned person and/or company. Description (1): 2003/1304 C011 Company representative Description (2): 2003/1304 C011 Stat 203 485 6980 or e-mail: safety@ro	I	roya	Sin	C.	-	CONFIDENTI	4L -
I hereby authorize this company to release all records of employment, including assessments of my job previous allity, and fitness (includin dates of any and all acholo of drug tests, sho can offmed results, and/or my relixing to any alcholo of drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company, thereis authorized agents) which may request such information in connection with my application or employment company. In eters previous grave and all liable type as a result of providing the following information to the below meritioned person and/or company. The type release this company, and its employees, offices, directors, and agents from any and all liable type as a result of providing the following information to the below meritioned person and/or company. The type release this company, and its employees, offices, directors, and agents from any and all fillibility of you and you company in the septement in a safety-sensitive position. Your finding the applicant as a past employee. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liablify of you and your company has been released by the applicant. <i>PLASE BE ADVISED</i> You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.	Company: Fi	EDEX GROUND PACKAGE S	YSTEM INC (USDOT :	265752) <i>Phone:</i> (412	2) 747-8482		<i>Date:</i> 12/12/23
Applicant's Signature Company representative Dear Person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employmer, Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant. PLEASE BE ADVISED/ You may reply by FAX +1 630 485 6980 or e-mail: safety@proyal3inc.com. Name of Applicant: Byron Foley SSN: 433558146 Job Applying For: OTR Driver Did the Applicant work for you as a driver: Yes No If no, please explain:	I hereby authored attes of any a completion unconnection with the second states of a second states of a second state of the second states of the second stat	prize this company to relea nd all alcohol or drug tests der direction of SAP/MRO) th my application for emplo	ase all records of er s, those confirmed to each and every oyment company, 1	nployment, including results, and/or my re company(their auth hereby release this o	fusing to any alco orized agents) wh company, and its e	hol or drug tests and an hich may request such int employees, officers, direc	rehabilitation ormation in tors, and agents
Dear Person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant. PLEASE BE ADVISEDY You may reply by FAX +1 630 485 6980 or e-mail: safety/opval3inc.com. Name of Applicant: Byron Foley SSN: 433558146 Job Applying For: OTR Driver Did the Applicant work for you as a driver: Yes No If No, please explain:	Byron Toley (Dec 12	2, 2023 13:45 CST)			Safety Manager (Dec 12, 2	023 16:52 CST)	
The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant. Name of Applicant: Byron Foley SSN: 433558146 Job Applying For: OTR Driver Did the Applicant work for you as a driver: Yes No <pre> If employed as a driver, please answer the following: Start Date :</pre>	Applicant's Sig	nature		Co	mpany representa	ative	
If No, please explain: If employed as a driver, please answer the following: Start Date : Company Driver Owner/Operator Other? Type of tractor operated: Type of tractor operated: Commodities operated: Commodities operated: <							Driver
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Other equipment operated:	If employed as	s a driver, please answer t	he following: St	art Date :	En		
Accidents: Yes No If yes, please give the date and brief description of each accident: Traffic Violations: Yes No If yes, please list all including the date and type of violation: INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION Alcohol tests with a result of 0.04 or greater? Yes No If yes, please give date: Verified positive controlled substances test results? Yes No If yes, please give date: Refusals to be tested? Yes No If yes, please give date: Any problems with bonding? Yes No If yes, please give date: Why did this employee leave your company?	Type of trac	tor operated:	Ту	pe of trailer pulled:			
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	Additional com	ments: (Any problems w	ith customer relatio	ons, supervision, or al	use of equipmen	t?	
					buse of equipment		

To:

Fax: (901) 263-0139

FAX

From

Sofija Mitic

Phone	(630) 485-7370 * 402	Phone	
Fax	16305662119	Fax	(901) 263-0139

DATE 12/28/2023

Pages including cover sheet: 2

NOTE

		To:	Fax: (901) 263-0139	Page: 2 of 2	12/28/2023 10:27 /
()				RFORMANCE ORDS REQU	
T	loya	Sinc.	- C	ONFIDENTI	λL -
Company: FI	EDEX GROUND PACKAGE S	YSTEM INC (USDOT 265752	²⁾ <i>Phone:</i> (412) 747-8482	,	<i>Date:</i> 12/12/23
Address: 10	00 FEDEX DRIVE CC	RAOPOLIS, PA 15	108 Fax:		
dates of any a completion un connection wit	nd all alcohol or drug test der direction of SAP/MRO th my application for empl	s, those confirmed result to each and every com oyment company, I here	ment, including assessments of my jo ts, and/or my refusing to any alcohol pany(their authorized agents) which by release this company, and its emp information to the below mentioned	or drug tests and any may request such infi loyees, officers, direct	rehabilitation ormation in tors, and agents
Byron Foley (Dec 12	2, 2023 13:45 CST)		Safety Mehager (Vec 12, 2023 1	6:52 CST)	
Applicant's Sig	inature		Company representative	2	
PLEASE BE A			6980 or e-mail: safety@royal3in 33558146 Job /	c.com. Applying For: OTR [Driver
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	s a driver, please answer t river 🔲 Owner/Operato		ate : End Da		·····
Type of trac	tor operated:	Type of	trailer pulled:	******	
Other equipme	ent operated:	Commodi	ties operated:		
Accidents:	Yes 📃 No 🛛 If yes, p	lease give the date and l	brief description of each accident:		
Traffic Violatio	ons: Yes No	If yes, please list all incl	uding the date and type of violation:		
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F







12.29.23.

Outgoing call 11:19 (49 sec)

From (630) 566-2119 (me)

(412) 747-8482 Phone number

Create new contact

Add to existing contact







F







12.28.23.

Outgoing call 12:17 (53 sec)

From (630) 566-2119 (me)

(412) 747-8482 Phone number

Create new contact

Add to existing contact







F







12.27.23.

Outgoing call 15:04 (45 sec)

From (630) 566-2119 (me)

(412) 747-8482 Phone number

Create new contact

Add to existing contact





- CONFIDENTIAL -

Company: FEDEX GROUND PACKAGE SYSTEM INC (USDOT 265752) Phone: (412) 747-8482

Date: 12/12/23

Address: 1000 FEDEX DRIVE CORAOPOLIS, PA 15108 Fax:

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.

1

- Emother	
Byron Foley (Dec 12, 2023	13:45 CST)

12, 2023 16:52 CST)

Applicant's Signature

. .

Company representative

Dear Personnel Manager

The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant. <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:	Byron Foley	<i>SSN:</i> 433558	3146	Job Applying For: OTR Driver
Did the Applicant work fo If No, please explain:	r you as a driver: Yes	No		
If employed as a driver, p	lease answer the following:	: Start Date :		End Date :
Company Driver	wner/Operator Oth	er?		
Type of tractor operate	d:	_ Type of trailer p	ulled:	
Other equipment operate	d:	_ Commodities ope	rated:	
Accidents: Yes	No If yes, please give the	e date and brief des	scription of each acc	ident:
Traffic Violations: Yes	s 🗌 No If yes, please	e list all including th	e date and type of v	violation:
INQUIRY FOR ALCOHO	DL AND CONTROLLED SU	BSTANCES INFO	RMATION	
Alcohol tests with a result	of 0.04 or greater?	Yes No	If yes, please give c	late:
Verified positive controlle	d substances test results?	Yes No	If yes, please give c	late:
Refusals to be tested?	[Yes No	If yes, please give c	late:
Rehab completed under c	lirection of SAP/MRO?	Yes No	If yes, please give o	late:
Any problems with bondir	ng? Yes No If y	es, please explain:_		
Why did this employee lea	ave your company?			
Would you re-employee t	his person? Yes N	o If no, please e	xplain:	
Additional comments: (A	ny problems with customer	relations, supervision	on, or abuse of equip	oment?
Name/Title (of person pro	oviding the above information	on):		
Company:				
Date:				

Zigi Freight Inc. dba Royal 3, Inc. 6850 W. 63rd St. Chicago, IL 60638

January 12, 2024

RE: Employee Verification Requests for Byron Foley from Midwest Trading Inc

To whom it may concern:

As of December 12, 2023 I have made the following attempts to contact Midwest Trading Inc in order to verify Byron Foley's employment there.

The first attempt was made on December 28, 2023 when I sent a request at 603-365-3818 which was recommended by safety person when I reached out through phone to their office.

On January 4, 2024 I re-sent request completing the second attempt and on January 8, 2024 I have made a third and final attempt. A formal response from Midwest Trading Inc was never received.

Sincerely,

Diana Baranda

To:

Fax: (630) 365-3818

F AX

From

Sofija Mitic

Phone	(630) 485-7370 * 402	Phone	
Fax	16305662119	Fax	(630) 365-3818

DATE 01/08/2024

Pages including cover sheet: 2

NOTE

		To:	Fax: (630) 365-3818	Page: 2 of 2 01/0	08/2024 6:51 AM
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I	wya	V Sinc	/ @	- CONFIDENTIAL -	
	0			CONTRENTAL	
, ,	/IDWEST TRADING W 805 RT 64 VIRGI	•	4) <i>Phone:</i> (630) 365-1990 <i>Fax:</i>	Date	: 12/12/23
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Byron Poley (Det)	2, 2023 13:45 CST)		Safety Manager (Vec	12, 2023 16:52 CST)	
Applicant's Sig	gnature		Company repres	entative	
above, all lia	ability of you and your A <u>DVISED!</u> You may re	r company has been ply by FAX +1 630 44	released by the applicant. 35 6980 or e-mail: safety@ro	oplicant. As you will read waiv yal3inc.com.	er stateu
Name of Appl	<i>licant:</i> Byron	Foley SSA	: 433558146	Job Applying For: OTR Drive	ər
	ant work for you as a dr explain:				
If employed a	s a driver, please answe	r the following: Start	Date :	End Date :	
Company D	river Owner/Operal	tor Other?			
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	tor operated:				
Other equipm	ctor operated:	Comm	of trailer pulled:		
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Other equipme Accidents:	tor operated: ent operated: Yes No If yes, ons: Yes No PR ALCOHOL AND CON with a result of 0.04 or g ve controlled substances	Comm please give the date ar If yes, please list all i ITROLLED SUBSTANG reater? Yes test results? Yes [Yes	of trailer pulled: odities operated: ad brief description of each accid ncluding the date and type of vio CES INFORMATION No If yes, please give da No If yes, please give da	lent:	
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To:

Fax: (630) 365-3818

FAX

From

Sofija Mitic

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Phone	(630) 485-7370 * 402	Phone	
Fax	16305662119	Fax	(630) 365-3818

DATE 01/04/2024

Pages including cover sheet: 2

NOTE

ofija Mitic	Fax: 16305662119	To:	Fax: (630) 365-381	8 Page: 2 of 2 01	L/04/2024 11:39 AM
	A		2 SAFE	TY PERFORMANCE H	HISTORY
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I	roya	V 🚽 inc.			
	0			- CONFIDENTIAL	-
	IIDWEST TRADING W 805 RT 64 VIRGI	INC (USDOT 897624) Phone: (630) 365-19 Fax:	90 Dat	e: 12/12/23
I hereby authord ates of any autocompletion und connection with	orize this company to rel nd all alcohol or drug te der direction of SAP/MR h my application for em	ease all records of empli sts, those confirmed res O) to each and every co ployment company, I he	ults, and/or my refusing to an mpany(their authorized ager reby release this company, an	ts of my job previous ability, and fit ny alcohol or drug tests and any reh nts) which may request such inform nd its employees, officers, directors nentioned person and/or company.	ation in
Byron Foley (Det 12	2, 2023 13:45 CST)		Safety Manager (I	ec 12, 2023 16:52 CST)	
Applicant's Sig	nature		Company rep	resentative	
above, all lia	bility of you and you	r company has been r	his inquiry respecting this eleased by the applicant. 5 6980 or e-mail: safety@	applicant. As you will read wai proyal3inc.com.	iver stated
Name of Appli	<i>cant:</i> Byron	Foley SSN:	433558146	Job Applying For: OTR Driv	ver
Did the Applic	ant work for you as a dr	iver; Yes No			
	-				
If No, please e	-			End Date :	
If No, please e	explain:	r the following: Start	Date :	End Date :	
If No, please e If employed as Company D	explain:	r the following: Start tor Other?	Date :		
If No, please e If employed as Company D Type of tract	explain: s a driver, please answe riverOwner/Operat tor operated:	r the following: Start tor Other? Type o	Date :		
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If No, please e If employed as Company Di Type of tract Other equipme Accidents: Traffic Violatio INQUIRY FOR Alcohol tests w	explain:	r the following: Start tor Other? Type of Commo please give the date and If yes, please list all ir If rolled SUBSTANC reater? Yes	Date : of trailer pulled: dities operated: d brief description of each ac icluding the date and type of ES INFORMATION No If yes, please give		
If No, please e If employed as Company Di Type of track Other equipme Accidents: Traffic Violatio INQUIRY FOI Alcohol tests w Verified positiv Refusals to be	explain:	r the following: Start tor Other? Type of Commo please give the date and If yes, please list all ir ITROLLED SUBSTANC reater? Yes test results? Yes Yes	Date :	ccident:	
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If No, please e If employed as Company Di Type of tract Other equipme Accidents: Traffic Violatio INQUIRY FOI Alcohol tests w Verified positiv Refusals to be Rehab complet Any problems	explain:	r the following: Start tor Other? Type of Type of Commo please give the date and If yes, please list all ir ITROLLED SUBSTANC reater? Yes test results? Yes Yes AP/MRO? Yes No If yes, please	Date : of trailer pulled: dities operated: d brief description of each ac actuding the date and type of ES INFORMATION No If yes, please give No If yes, please give No If yes, please give No If yes, please give	ccident:	m
If No, please e If employed as Company Di Type of tract Other equipme Accidents: Traffic Violatio INQUIRY FOI Alcohol tests w Verified positiv Refusals to be Rehab complet Any problems to Why did this en	explain:	r the following: Start tor Other? Type of Type of Commo please give the date and If yes, please list all ir ITROLLED SUBSTANC reater? Yes test results? Yes test results? Yes Yes No If yes, please	Date :	ccident:	•••
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If No, please et If employed as Company Di Type of tract Other equipme Accidents: Traffic Violatio INQUIRY FOI Alcohol tests w Verified positiv Refusals to be Rehab complet Any problems to Why did this et Would you re-of Additional com	explain:	r the following: Start tor Other? Type of Commo please give the date and If yes, please list all in ITROLLED SUBSTANC reater? Yes test results? Yes Stest results? Yes No If yes, please hpany? Yes No If no with customer relations,	Date :		••

To:

Fax: (630) 365-3818

FAX

From

Sofija Mitic

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Phone	(630) 485-7370 * 402	Phone	
Fax	16305662119	Fax	(630) 365-3818

DATE 12/28/2023

Pages including cover sheet: 2

NOTE

ofija Mitic	Fax: 16305662119	To:	Fax: (630) 365-3818	Page: 2 of 2 12/28/202	3 10:35 AM
			2 SAFET	Y PERFORMANCE HIST	ORY
(JA	Roya			RECORDS REQUEST	
I	voya	V Sinc.			
	0	C.P		- CONFIDENTIAL -	
	IDWEST TRADING I	. ,	<i>Phone:</i> (630) 365-1990 <i>Fax:</i>	Date: 12	12/23
	W 805 RT 64 VIRGIL orize this company to rele			of my job previous ability, and fitness(i	ncluding
				alcohol or drug tests and any rehabilitat) which may request such information in	
connection with	th my application for emp	loyment company, I here	by release this company, and	its employees, officers, directors, and a ntioned person and/or company.	
	2, 2023 13:45 CST)		∇I		
			Safety Manager (Jec		
Applicant's Sig	-		Company repres	entative	
	named herein has appl			sensitive position, Your finding the	
			s inquiry respecting this a eased by the applicant.	pplicant. As you will read waiver st	ated
<u>PLEASE BE A</u>	I <i>DVISED!</i> You may rep	ly by FAX +1 630 485	6980 or e-mail: safety@rc	yal3inc.com.	
Name of Appli	icant: Byron	Foley ssn: 4	33558146	Job Applying For: OTR Driver	
	-	-			
	ant work for you as a driv explain:				
If employed a	s a driver, please answer	the following: Start D	ate :	End Date :	
Company D	Priver Owner/Operato	r Other?			
Type of trac	tor operated:	Type of	trailer pulled:		
Other equipm	ent operated:	Commod	ties operated:		
Accidents:	Yes 🗌 No 🛛 If yes, p	lease give the date and	brief description of each acci	dent:	
Traffic Violatio	ons: Yes No	If yes, please list all inc	uding the date and type of vi	plation:	
INQUIRY FO	R ALCOHOL AND CONT	ROLLED SUBSTANCE	S INFORMATION		
Alcohol tests v	with a result of 0.04 or gro	eater? Yes	No If yes, please give da	te:	
		pression 200000			
Verified positiv	ve controlled substances t	est results?	No If yes, please give da	te:	
Verified positiv				te:	
Refusals to be			No If yes, please give da		
Refusals to be Rehab comple	e tested?	Yes P/MRO?Yes	No If yes, please give da	te:	
Refusals to be Rehab comple Any problems	e tested? eted under direction of SA with bonding? Yes	P/MRO? Yes No If yes, please of	No If yes, please give da	te:	
Refusals to be Rehab comple Any problems Why did this e	e tested? eted under direction of SA with bonding? Yes	P/MRO? Yes No If yes, please o	No If yes, please give da	te:	
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Refusals to be Rehab comple Any problems Why did this e Would you re-	e tested? eted under direction of SA with bonding? Yes employee leave your comp employee this person?	Yes P/MRO? Yes No If yes, please of the pany? Yes No If no, Yes No If no, vith customer relations, s S	No If yes, please give da No If yes, please give da explain:	te:	
Refusals to be Rehab comple Any problems Why did this e Would you re- Additional com	e tested? eted under direction of SA with bonding? Yes employee leave your comp employee this person?	Yes P/MRO? Yes No If yes, please of the p	No If yes, please give da No If yes, please give da explain:	te:	



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(630) 365-1990



12.29.23.

Outgoing call 11:23 (48 sec)

From (630) 566-2119 (me)

(630) 365-1990 Phone number

Create new contact

Add to existing contact





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(630) 365-1990



12.28.23.

Outgoing call 12:19 (51 sec)

From (630) 566-2119 (me)

(630) 365-1990 Phone number

Create new contact

Add to existing contact





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(630) 365-1990



12.27.23.

Outgoing call 15:13 (49 sec)

From (630) 566-2119 (me)

(630) 365-1990 Phone number

Create new contact

Add to existing contact





- CONFIDENTIAL -

Company: MIDWEST TRADING INC (USDOT 897624)

Phone: (630) 365-1990 *Fax:* Date: 12/12/23

Address: 48W 805 RT 64 VIRGIL, IL 60151

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.

2

Byron foley (Dec 12, 2023 13:45 CST)

Pt
Safety Manager (Dec 12, 2023 16:52 CST)

Applicant's Signature

Company representative

Dear Personnel Manager

The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant. <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:	Byron Foley	<i>SSN:</i> 43355	8146	Job Applying For: OTR Driver
Did the Applicant work fo If No, please explain:	r you as a driver: Yes	No		
If employed as a driver, p	lease answer the following	: Start Date :		End Date :
Company Driver	wner/Operator Oth	er?		
Type of tractor operate	d:	_ Type of trailer p	oulled:	
Other equipment operate	d:	_ Commodities ope	rated:	
Accidents: Yes	No If yes, please give th	e date and brief de	scription of each acc	cident:
Traffic Violations: Yes	8 No If yes, pleas	e list all including t	ne date and type of v	violation:
INQUIRY FOR ALCOHO	OL AND CONTROLLED SU	BSTANCES INFO	RMATION	
Alcohol tests with a result	of 0.04 or greater?	Yes No	If yes, please give o	late:
Verified positive controlled	d substances test results?	Yes No	If yes, please give o	late:
Refusals to be tested?		Yes No	If yes, please give o	late:
Rehab completed under c	lirection of SAP/MRO?	Yes No	If yes, please give o	late:
Any problems with bondir	ng? Yes No If y	es, please explain:		
Why did this employee lea	ave your company?			
Would you re-employee t	nis person? 🗌 Yes 📃 N	o If no, please	explain:	
Additional comments: (A	ny problems with customer	relations, supervisi	on, or abuse of equi	pment?
Name/Title (of person pro	widing the above information	on):		
Company:				
Date:				

Royal	inc.
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- CONFIDENTIAL -

Company: IFS FREIGHT INC (USDOT 2569327)

Phone: (678) 677-4538

Date: 12/12/23

Address: 2100 WESTSHORE DRIVE SUITE 203 CUMMING, GA 30041 Fax:

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.

3

Byron Foley (Dec 12, 2023 13:45 CST)

D	K
Safety Malager (ec 12, 2023 16:52 CST)

Applicant's Signature

Company representative

Dear Personnel Manager

The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant.

PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:	Byron Foley	<i>ssn:</i> 433558146	Job Applying For: OTR Driver				
Did the Applicant work for If No, please explain:	you as a driver: Yes	No					
If employed as a driver, pl	ease answer the following:	Start Date : 63/13/202-	End Date : 12/01/2023				
	wner/Operator Other?	0.00 0.00					
		Type of trailer pulled: Tan	ter/pryvan				
Other equipment operated: NA Commodities operated: Paint							
Accidents: Yes XNo If yes, please give the date and brief description of each accident:							
Traffic Violations: Yes Yes If yes, please list all including the date and type of violation:							
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION							
Alcohol tests with a result	of 0.04 or greater?	Yes 📈 No 🛛 If yes, please giv	ve date:				
Verified positive controlled	substances test results?	Yes 🕺 No 🛛 If yes, please giv	ve date:				
Refusals to be tested?		Yes 🕺 No 🛛 If yes, please giv	ve date:				
Rehab completed under di	rection of SAP/MRO?	Yes 😾 No 🛛 If yes, please giv	/e date:				
Any problems with bonding		please explain:					
Why did this employee lea	ve your company?	-IO OFF CO.	mpany closing				
Would you re-employee this person? Ves 🗌 No If no, please explain:							
Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? Great Driver reliable efficients: Name/Title (of person providing the above information): <u>Jason Torley Vice President</u>							
Name/Title (of person providing the above information): Jason Turley Vice President							
Company: IFS Freight							
Date: 12-12-8(200'3							

Royal3 Inc.



- CONFIDENTIAL -

Company: IFS FREIGHT INC (USDOT 2569327)

Phone: (678) 677-4538

Date: 12/12/23

Address: 2100 WESTSHORE DRIVE SUITE 203 CUMMING, GA 30041 Fax:

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3

Byron Foley (Dec 12, 2023 13:45 CST)

Pt
Safety Manager (Dec 12, 2023 16:52 CST)

Applicant's Signature

Company representative

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Name of Applicant:	ne of Applicant: Byron Foley SSN: 433558146		58146	Job Applying For: OTR Driver	
Did the Applicant work for If No, please explain:	r you as a driver: Yes	No			
If employed as a driver,	please answer the following	: Start Date : _		End Date :	
Company Driver	Owner/Operator Oth	er?			
Type of tractor operate	d:	_ Type of trailer	pulled:		
Other equipment operate	d:	_ Commodities op	erated:		
Accidents: Yes	No If yes, please give th	e date and brief d	escription of each	accident:	
Traffic Violations: Ye	s No If yes, pleas	e list all including t	the date and type	of violation:	
INQUIRY FOR ALCOHO	DL AND CONTROLLED SU	BSTANCES INFO	ORMATION		
Alcohol tests with a result	t of 0.04 or greater?	Yes No	If yes, please g	ive date:	
Verified positive controlle	d substances test results?	Yes No	If yes, please g	ive date:	
Refusals to be tested?		Yes No	If yes, please g	ive date:	
Rehab completed under o	direction of SAP/MRO?	Yes No	If yes, please g	ive date:	
Any problems with bondi	ng? Yes No If y				
Why did this employee le	ave your company?				
Would you re-employee t	his person? Yes N	o If no, please	explain:		
Additional comments: (A	ny problems with customer	relations, supervis	sion, or abuse of	equipment?	
Name/Title (of person pro	oviding the above information	on):			
Company:			-		
Date:					