

**Zigi Freight Inc. dba Royal 3, Inc.**  
**6850 W. 63<sup>rd</sup> 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

A handwritten signature in black ink, appearing to read 'Diana', with a stylized flourish at the end.

# FAX

**From**

Sofija Mitic

**To**

**Phone** (630) 485-7370 \* 402  
**Fax** 16305662119

**Phone**  
**Fax** (901) 263-0139

**DATE** 01/08/2024**Pages including cover sheet:** 2**NOTE**

Hello, I am a safety officer from Royal3 INC company.  
I am sending you this email to confirm Byron Foley's employment with your company.  
Please find the attached form, and send it back to me at your earliest convenience.  
A return fax # to send the results to: 6305662119.  
Thank you!



1

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST


- CONFIDENTIAL -

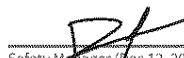
**Company:** FEDEX GROUND PACKAGE SYSTEM INC (USDOT 265752) **Phone:** (412) 747-8482

**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.

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

  
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.

**PLEASE BE ADVISED!** You may reply by FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.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: \_\_\_\_\_

If employed as a driver, please answer the following: Start Date : \_\_\_\_\_ End Date : \_\_\_\_\_

☐ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: \_\_\_\_\_ Type of trailer pulled: \_\_\_\_\_

Other equipment operated: \_\_\_\_\_ Commodities operated: \_\_\_\_\_

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: \_\_\_\_\_

Rehab completed under direction of SAP/MRO? ☐ Yes ☐ No If yes, please give date: \_\_\_\_\_

Any problems with bonding? Yes No If yes, please explain: \_\_\_\_\_

Why did this employee leave your company? \_\_\_\_\_

Would you re-employee this person? ☐ Yes ☐ No If no, please explain: \_\_\_\_\_

Additional comments: ( Any problems with customer relations, supervision, or abuse of equipment? \_\_\_\_\_

Name/Title (of person providing the above information): \_\_\_\_\_

Company: \_\_\_\_\_

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**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: \_\_\_\_\_

If employed as a driver, please answer the following: Start Date : \_\_\_\_\_ End Date : \_\_\_\_\_

☐ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: \_\_\_\_\_ Type of trailer pulled: \_\_\_\_\_

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**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: \_\_\_\_\_

If employed as a driver, please answer the following: Start Date : \_\_\_\_\_ End Date : \_\_\_\_\_

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Accidents: ☐ Yes ☐ No If yes, please give the date and brief description of each accident: \_\_\_\_\_

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Rehab completed under direction of SAP/MRO? ☐ Yes ☐ No If yes, please give date: \_\_\_\_\_

Any problems with bonding? Yes No If yes, please explain: \_\_\_\_\_

Why did this employee leave your company? \_\_\_\_\_

Would you re-employee this person? ☐ Yes ☐ No If no, please explain: \_\_\_\_\_

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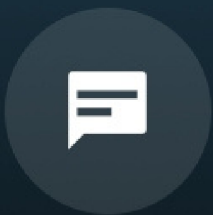
Name/Title (of person providing the above information): \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_



(412) 747-8482



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



Block and report





(412) 747-8482



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

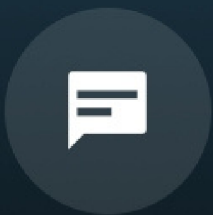


Block and report





(412) 747-8482



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



Block and report





1

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- 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:**

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**PLEASE BE ADVISED!** You may reply by FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.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: \_\_\_\_\_

If employed as a driver, please answer the following: Start Date : \_\_\_\_\_ End Date : \_\_\_\_\_

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**Zigi Freight Inc. dba Royal 3, Inc.**  
**6850 W. 63<sup>rd</sup> 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



# FAX

**From**

Sofija Mitic

**To****Phone** (630) 485-7370 \* 402**Fax** 16305662119**Phone****Fax** (630) 365-3818**DATE** 01/08/2024**Pages including cover sheet:** 2**NOTE**

Hello, I am a safety officer from Royal3 INC company.  
I am sending you this email to confirm Byron Foley's employment with your company.  
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2


## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

**Company:** MIDWEST TRADING INC (USDOT 897624) **Phone:** (630) 365-1990  
**Address:** 48W 805 RT 64 VIRGIL, IL 60151 **Fax:**

**Date:** 12/12/23

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.

  
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Why did this employee leave your company? \_\_\_\_\_

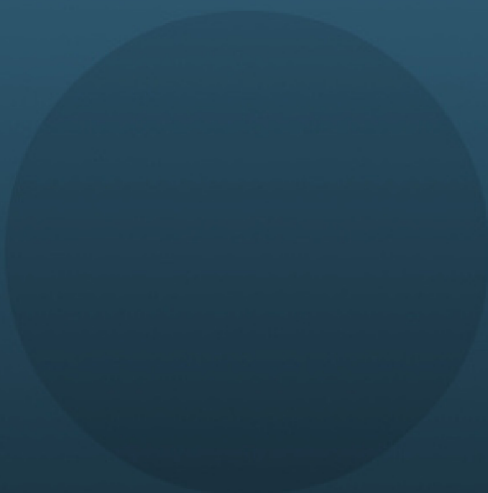
Would you re-employee this person? ☐ Yes ☐ No If no, please explain: \_\_\_\_\_

Additional comments: ( Any problems with customer relations, supervision, or abuse of equipment? \_\_\_\_\_

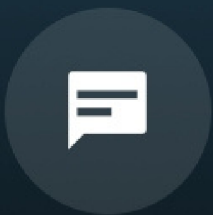
Name/Title (of person providing the above information): \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_



(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

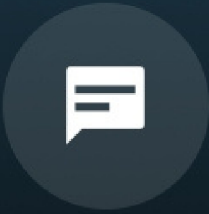


Block and report





(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

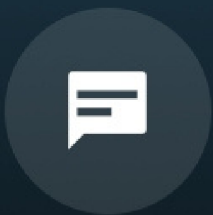


Block and report





(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



Block and report





- CONFIDENTIAL -

**Company:** MIDWEST TRADING INC (USDOT 897624) **Phone:** (630) 365-1990**Date:** 12/12/23**Address:** 48W 805 RT 64 VIRGIL, IL 60151**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.

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

**PLEASE BE ADVISED!** You may reply by FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.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: \_\_\_\_\_

If employed as a driver, please answer the following: Start Date : \_\_\_\_\_ End Date : \_\_\_\_\_

☐ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: \_\_\_\_\_ Type of trailer pulled: \_\_\_\_\_

Other equipment operated: \_\_\_\_\_ Commodities operated: \_\_\_\_\_

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: \_\_\_\_\_Rehab completed under direction of SAP/MRO? ☐ Yes ☐ No If yes, please give date: \_\_\_\_\_

Any problems with bonding? Yes No If yes, please explain: \_\_\_\_\_

Why did this employee leave your company? \_\_\_\_\_

Would you re-employee this person? ☐ Yes ☐ No If no, please explain: \_\_\_\_\_

Additional comments: ( Any problems with customer relations, supervision, or abuse of equipment? \_\_\_\_\_

Name/Title (of person providing the above information): \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_



3

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- 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.

  
Byron Foley (Dec 12, 2023 13:45 CST)  
Safety Manager (Dec 12, 2023 16:52 CST)

Applicant's Signature

Company representative

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**PLEASE BE ADVISED!** You may reply by FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.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: \_\_\_\_\_

If employed as a driver, please answer the following:

Start Date : 03/13/2023

End Date : 12/01/2023

☒ Company Driver☐ Owner/Operator☐ Other?

Type of tractor operated:

KW T880 DAYCAB

Type of trailer pulled:

Tantler/Dry Van

Other equipment operated:

NA

Commodities operated:

Paint

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: \_\_\_\_\_

Rehab completed under direction of SAP/MRO?

☐ Yes☒ No

If yes, please give date: \_\_\_\_\_

Any problems with bonding? Yes

☒ No

If yes, please explain: \_\_\_\_\_

Why did this employee leave your company?

Laid off Company Closing

Would you re-employee this person?

☒ Yes☐ No

If no, please explain: \_\_\_\_\_

Additional comments: ( Any problems with customer relations, supervision, or abuse of equipment?)

Great Driver, reliable, efficient!

Name/Title (of person providing the above information):

Jason Turley Vice President

Company:

IFS Freight

Date:

12/28/2023



3

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- 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.

  
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**PLEASE BE ADVISED!** You may reply by FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.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: \_\_\_\_\_

If employed as a driver, please answer the following: Start Date : \_\_\_\_\_ End Date : \_\_\_\_\_

☐ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: \_\_\_\_\_ Type of trailer pulled: \_\_\_\_\_

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Any problems with bonding? Yes No If yes, please explain: \_\_\_\_\_

Why did this employee leave your company? \_\_\_\_\_

Would you re-employee this person? ☐ Yes ☐ No If no, please explain: \_\_\_\_\_

Additional comments: ( Any problems with customer relations, supervision, or abuse of equipment? \_\_\_\_\_

Name/Title (of person providing the above information): \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_