

**Zigi Freight Inc. dba Royal 3, Inc.**  
**6850 W. 63<sup>rd</sup> St.**  
**Chicago, IL 60638**

**August 19, 2024**

RE: Employee Verification Requests for Juan M Lopez from BADA TRANS LLC.

To whom it may concern:

As of July 16, 2024 I have made the following attempts to contact BADA TRANS LLC in order to verify Juan M Lopez's employment there.

The first attempt was made on August 7, 2024 when I sent a request at [BADATRANSLLC@gmail.com](mailto:BADATRANSLLC@gmail.com) which was recommended by safety person when I reached out through phone to their office.

On August 9, 2024 I re-sent request completing the second attempt and on August 12, 2024 I have made a third and final attempt. A formal response from BADA TRANS LLC was never received.

Sincerely,

Mateja Markovic

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



Employment Verifications <ev@royal3inc.com>

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## Employment Verification for Juan M Lopez

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**Employment Verifications** <ev@royal3inc.com>  
To: BADATRANSLLC@gmail.com

Mon, Aug 12, 2024 at 2:02 PM

Hello,

I am a safety officer from Royal3 INC company.  
I am sending you this email to confirm Juan M Lopez's employment with your company.  
Please find the attached form, and send it back to me at your earliest convenience.  
Thank you!

Kind regards,  
Sofia  
**HR Department**  
**Zigi Freight dba Royal 3 Inc.**  
6850 W. 63rd St.  
Chicago, IL 60638  
p. 630-566-2119  
f. 630-485-6980  
e. [ev@royal3inc.com](mailto:ev@royal3inc.com)

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 **03DQ\_JuanLopez-3.pdf**  
889K



Employment Verifications <ev@royal3inc.com>

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## Employment Verification for Juan M Lopez

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**Employment Verifications** <ev@royal3inc.com>  
To: BADATRANSLLC@gmail.com

Fri, Aug 9, 2024 at 3:02 PM

Hello,

I am a safety officer from Royal3 INC company.  
I am sending you this email to confirm Juan M Lopez's employment with your company.  
Please find the attached form, and send it back to me at your earliest convenience.  
Thank you!

Kind regards,  
Sofia  
**HR Department**  
**Zigi Freight dba Royal 3 Inc.**  
6850 W. 63rd St.  
Chicago, IL 60638  
p. 630-566-2119  
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e. [ev@royal3inc.com](mailto:ev@royal3inc.com)

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 **03DQ\_JuanLopez-3.pdf**  
889K



Employment Verifications <ev@royal3inc.com>

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## Employment Verification for Juan M Lopez

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**Employment Verifications** <ev@royal3inc.com>  
To: BADATRANSLLC@gmail.com

Wed, Aug 7, 2024 at 10:28 PM

Hello,

I am a safety officer from Royal3 INC company.  
I am sending you this email to confirm Juan M Lopez's employment with your company.  
Please find the attached form, and send it back to me at your earliest convenience.  
Thank you!

Kind regards,  
Sofia  
**HR Department**  
**Zigi Freight dba Royal 3 Inc.**  
6850 W. 63rd St.  
Chicago, IL 60638  
p. 630-566-2119  
f. 630-485-6980  
e. [ev@royal3inc.com](mailto:ev@royal3inc.com)

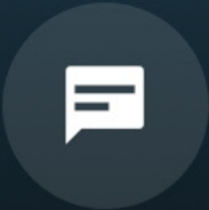
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 **03DQ\_JuanLopez-3.pdf**  
889K





(224) 302-6433



8.14.24.

Outgoing call

10:11 (46 sec)

From

(630) 566-2119 (me)

(224) 302-6433

Phone number



Create new contact



Add to existing contact

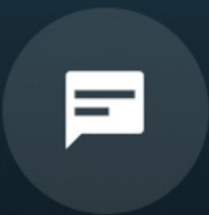


Block and report





(224) 302-6433



8.13.24.

Outgoing call  
12:09 (49 sec)

From  
(630) 566-2119 (me)

(224) 302-6433  
Phone number



Create new contact



Add to existing contact

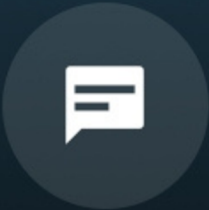


Block and report





(224) 302-6433



8.12.24.

Outgoing call

15:12 (42 sec)

From

(630) 566-2119 (me)

(224) 302-6433

Phone number



Create new contact



Add to existing contact



Block and report





1

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** BADA TRANS LLC**Phone:** 224-302-6433**Date:** 07/16/24**Address:** 450 E 22ND STREET SUITE 218, LOMBARD, IL 60148 **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.

*Juan Lopez*  
Safety Department (Jul 16, 2024 10:57 CDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcb bUa YX \ YfY b \ Ug Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh b U gUZ/magYbgHij Y d'cgHjcbZMci f ZbXb H Y Udd J Wbh Ug U dUgh Ya d'cnYf K J nci J bX mYd mhc H Jg bei J mYfYgdYVJb H Jg Udd J Wbh 5g nci k J fYUX k Uij Yf gUHX Uvcj YZU JUV J mcznci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J Wbt

**PLEASE BE ADVISED!** Mci a UmYd nby FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).

Name of Applicant:

Juan M Lopez SSN: 590-90-9696

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: \_\_\_\_\_

**Zigi Freight Inc. dba Royal 3, Inc.**  
**6850 W. 63<sup>rd</sup> St.**  
**Chicago, IL 60638**

**August 19, 2024**

RE: Employee Verification Requests for Juan M Lopez from JORGABY FREIGHT SERVICES LLC.

To whom it may concern:

As of July 16, 2024 I have made the following attempts to contact JORGABY FREIGHT SERVICES LLC in order to verify Juan M Lopez's employment there.

The first attempt was made on August 7, 2024 when I sent a request at [JORGABYMH7@gmail.com](mailto:JORGABYMH7@gmail.com) which was recommended by safety person when I reached out through phone to their office.

On August 9, 2024 I re-sent request completing the second attempt and on August 12, 2024 I have made a third and final attempt. A formal response from JORGABY FREIGHT SERVICES LLC was never received.

Sincerely,

Mateja Markovic

A handwritten signature in black ink, appearing to be 'Mateja Markovic', written in a cursive style.



Employment Verifications <ev@royal3inc.com>

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## Employment Verification for Juan M Lopez

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**Employment Verifications** <ev@royal3inc.com>  
To: JORGABYMH7@gmail.com

Mon, Aug 12, 2024 at 2:02 PM

Hello,

I am a safety officer from Royal3 INC company.  
I am sending you this email to confirm Juan M Lopez's employment with your company.  
Please find the attached form, and send it back to me at your earliest convenience.  
Thank you!

Kind regards,  
Sofia  
**HR Department**  
**Zigi Freight dba Royal 3 Inc.**  
6850 W. 63rd St.  
Chicago, IL 60638  
p. 630-566-2119  
f. 630-485-6980  
e. [ev@royal3inc.com](mailto:ev@royal3inc.com)

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 **03DQ\_JuanLopez-4.pdf**  
890K



Employment Verifications <ev@royal3inc.com>

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## Employment Verification for Juan M Lopez

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**Employment Verifications** <ev@royal3inc.com>

Fri, Aug 9, 2024 at 3:00 PM

To: JORGABYMH7@gmail.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Juan M Lopez's employment with your company.

Please find the attached form, and send it back to me at your earliest convenience.

Thank you!

Kind regards,

Sofia

**HR Department**

**Zigi Freight dba Royal 3 Inc.**

6850 W. 63rd St.

Chicago, IL 60638

p. 630-566-2119

f. 630-485-6980

e. [ev@royal3inc.com](mailto:ev@royal3inc.com)



**03DQ\_JuanLopez-4.pdf**

890K



Employment Verifications <ev@royal3inc.com>

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## Employment Verification for Juan M Lopez

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**Employment Verifications** <ev@royal3inc.com>  
To: JORGABYMH7@gmail.com

Wed, Aug 7, 2024 at 10:29 PM

Hello,

I am a safety officer from Royal3 INC company.  
I am sending you this email to confirm Juan M Lopez's employment with your company.  
Please find the attached form, and send it back to me at your earliest convenience.  
Thank you!

Kind regards,  
Sofia  
**HR Department**  
**Zigi Freight dba Royal 3 Inc.**  
6850 W. 63rd St.  
Chicago, IL 60638  
p. 630-566-2119  
f. 630-485-6980  
e. [ev@royal3inc.com](mailto:ev@royal3inc.com)

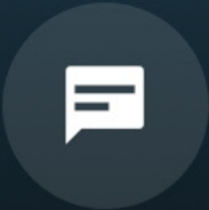
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 **03DQ\_JuanLopez-4.pdf**  
890K





(281) 896-1643



8.14.24.

Outgoing call

10:32 (41 sec)

From

(630) 566-2119 (me)

(281) 896-1643

Phone number



Create new contact



Add to existing contact

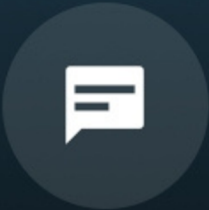


Block and report





(281) 896-1643



8.13.24.

Outgoing call

12:27 (44 sec)

From

(630) 566-2119 (me)

(281) 896-1643

Phone number



Create new contact



Add to existing contact

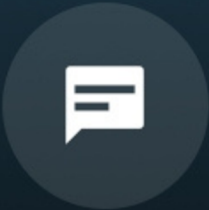


Block and report





(281) 896-1643



8.12.24.

Outgoing call  
15:19 (49 sec)

From  
(630) 566-2119 (me)

(281) 896-1643  
Phone number



Create new contact



Add to existing contact



Block and report






2

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** JORGABY FREIGHT SERVICES LLC**Phone:** 281-896-1643**Date:** 07/16/24**Address:** 22538 CUTTLER RD, NEW CANEY, TX 77357 **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.

*Juan Lopez*  
Safety Department (Jul 16, 2024 10:57 CDT)

Applicant's Signature

Company representative

8YUf DYfgcbby A UbU Yf

H Y dYfgcb bUa YX \ YfY]b \ Ug Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZ/magYbg]hij Y d'cg]hcbZ Mti f Z]bX]b[ H Y Udd J]WbhUg U dUghYa d'cnYf"K J" nci \_]bX mYd' mhc H Jg]bei JfmYgdYV]b[ H Jg Udd J]Wbh 5g'nci k J" fYUX k Uij Yf gUHXY Uvcj YZ U" JUV] JmcZnci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J]Wbt"

**PLEASE BE ADVISED!** Mti a UmYd nby FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).

Name of Applicant:

Juan M Lopez SSN: 590-90-9696

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: J&amp;P LOGISTICS INC

Phone: 262-222-5255

Date: 07/16/24

Address: 6021 56TH AVE SUITE 108, KENOSHA, WI 53142 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.

*Juan Lopez**[Signature]*  
Safety Department (Jul 16, 2024 10:57 CDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcb bUa YX \ YfY b \ Ug Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh b U gUZ/magYbgHij Y dclgHicbz Mti f ZbX b H Y Udd J Wbh Ug U dUgh Ya d'cnYf K J nci J bX mfyd mhc H Jg bei J mfygdYV m b H Jg Udd J Wbh 5g nci k J fYUX k Uij Yf gUH X Uvcj YzU JUV J mcz nci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J Wbt

**PLEASE BE ADVISED!** Mti a Umfyd nby FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).

Name of Applicant:

Juan M Lopez SSN: 590-90-9696

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 : 5/2021 End Date : 11/2021☐ Company Driver ☒ Owner/Operator ☐ Other? LEASEType of tractor operated: TRACTOR-TRAILER Type of trailer pulled: VANOther equipment operated: N/A Commodities operated: GENERAL FREIGHTAccidents: ☐ 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? RESIGNATIONWould you re-employee this person? ☐ Yes ☐ No If no, please explain: REVIEW

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

Name/Title (of person providing the above information): Laura B./Safety ManagerCompany: J&P Logistics Inc.Date: 8/08/2024





3

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** J&P LOGISTICS INC**Phone:** 262-222-5255**Date:** 07/16/24**Address:** 6021 56TH AVE SUITE 108, KENOSHA, WI 53142 **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.

*Juan Lopez*  
Safety Department (Jul 16, 2024 10:57 CDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcb bUa YX \ YfY b \ Ug Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh b U gUZ/magYbgHij Y d'cgHjcbZMci f ZbXb H Y Udd J Wbh Ug U dUgh Ya d'cnYf K J nci J bX mfyd mhc H Jg bei J mfygdYVmb H Jg Udd J Wbh 5g nci k J fYUX k Uij Yf gUHX Uvcj YZU JUV J mcznci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J Wbt

**PLEASE BE ADVISED!** Mti a Umfyd nby FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).

Name of Applicant:

Juan M Lopez SSN: 590-90-9696

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: \_\_\_\_\_