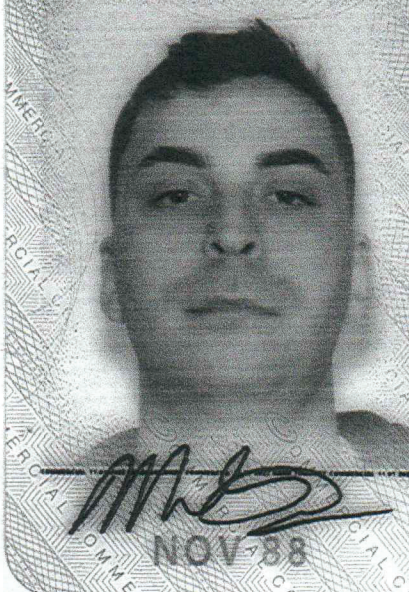


VETERAN

Mark JF Schneider
Commissioner of Motor Vehicles

NEW YORK STATE USA

COMMERCIAL DRIVER LICENSE



MS
NOV 88

ID **627 541 656**

Class **A**

**SOROKEY
MARK, TIMOTHY**

**5 CATHERINE CT
CASTLETON, NY 12033**

Sex **M** Height **5'-11"** Eyes **BRO**

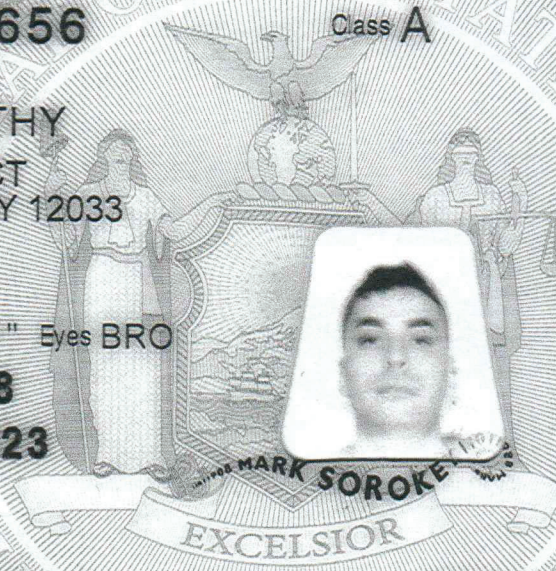
DOB **11/01/1988**

Expires **11/01/2023**

EN

R NONE

Issued **12/30/2021**



MARK SOROKEY
EXCELSIOR





dmv.ny.gov



01220 000703114 96

Doc # WSADCCLI19

Endorsements:
N. Tank Vehicles



I hereby make an anatomical gift

V2.0

SIGNATURE

ENTER ADDRESS CHANGE

(You must notify DMV within 10 days)

☐ CORRECTED (if checked)

PAYEE'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. SETTLEMENTS DEPARTMENT PRIME INC. P O BOX 4208 SPRINGFIELD, MO 65808 417-866-0001		1 Rents \$	OMB No. 1545-0115 2019 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$	3 Other income \$	
4 Federal income tax withheld \$	Copy B For Recipient			
PAYER'S federal identification number 43-1396933	RECIPIENT'S identification number 094-76-5531	5 Fishing boat proceeds \$	6 Medical and health care payments \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, address, country, and ZIP or foreign postal code SOROKEY MARK TIMOTHY 5 CATHERINE CT CASTLETON, NY 12033		7 Nonemployee compensation 113,709.14 \$	8 Substitute payments in lieu of dividends or interest \$	
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		11 Foreign tax paid \$	12 Foreign country or U.S. possession	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form 1099-MISC

(keep for your records)

36-2090603
 Department of the Treasury - Internal Revenue Service

Certificate of Birth

Recorded District: 0101

Register Number: 4489

Birth Number: 131-1988-120069

Infant	1. Name: (First, Middle, Last) Mark Timothy Sorokey			
	2. Sex Male	3a. Plurality Single	3b. If Not Single Birth Born:	4a. Date of Birth Month: 11 Day: 01 Year: 1988
Place	5a. County Albany		5b. Town	5c. City or Village Albany
	6a. Maiden Name: (First, Middle, Last) Eileen A. LaVere		6b. Age 35	6c. State/Country of Birth New York
Mother	7a. Residence: (State) New York	7b. County Columbia	7c. Town Kinderhook	7d. City or Village
	7e. Within Corporate Limits? No	7f. Street and Number 6420 Peters Lane		7g. Zip Code: 12184
	8. Mailing Address (Include Zip Code) 6420 Peters Lane Valatie NY 12184			
Father	9a. Name: (First, Middle, Last) Alfred G. Walters		9b. Age 39	9c. State/Country of Birth New York
	9d. Soc. Sec. Num.			
10. Local Filing Date Month: 11 Day: 07 Year: 1988		11a. I hereby certify that this certificate was filed pursuant to the provisions of Public Health Law Section 4138:		11b. Date Month: 08 Day: 04 Year: 2004

Peter M. Carraresi

Director of Vital Records

DOH-2075.2 (4/92)

A042170035

This is to certify that this document is a true copy of a record on file in the City of Albany, Bureau of Vital Statistics, Albany, New York. DO NOT ACCEPT this copy unless the raised seal of the City of Albany, Registrar of Vital Statistics is affixed thereon.

OCT 06 2021

Rosette Kelly
Registrar




Driver Handbook/Bonus Program Acknowledgment

I Mark Sorokay acknowledge I have received a copy of Royal3 Inc Driver Handbook and it was reviewed with me during the orientation.

I agree to comply with all policies in this handbook. I understand failure to follow any company policies may result in disciplinary actions up to and including termination of employment.

I further understand that the employment policies and procedures are, at any time, subject to alteration, modification, revocation, suspension, or termination by the company at their discretion. All updates will be made available to each driver in written form.

Date: 01/13/22


Driver Signature: 

Office Manager: _____

ACKNOWLEDGEMENT

I acknowledge that I have read and understood all the above policies in its entirety. I agree to abide by them.

Printed Name: Mark Soreley

Signature:  Date: 01/13/22