

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

**November 3, 2023**

RE: Employee Verification Requests for Eduardo Rene Laredo from GEORGE FREIGHT SOLUTIONS LLC.

To whom it may concern:

As of October 3, 2023 I have made the following attempts to contact GEORGE FREIGHT SOLUTIONS LLC in order to verify Eduardo Rene Laredo's employment there.

The first attempt was made on October 14, 2023 when I sent a request at [YAKELINEFAJARDO2020@gmail.com](mailto:YAKELINEFAJARDO2020@gmail.com) which was recommended by safety person when I reached out through phone to their office.

On October 19, 2023 I re-sent request completing the second attempt and on October 27, 2023 I have made a third and final attempt. A formal response from GEORGE FREIGHT SOLUTIONS LLC you was never received.

Sincerely,

Kristina Milacic

A handwritten signature in black ink, appearing to read 'Kristina', is positioned above a solid blue horizontal line.



Employment Verifications <ev@royal3inc.com>

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## Employment Verification for Eduardo Rene Laredo

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**Employment Verifications** <ev@royal3inc.com>  
To: YAKELINEFAJARDO2020@gmail.com

Fri, Oct 27, 2023 at 10:45 PM

Hello,

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

Sofia  
**HR Department**  
**Zigi Freight dba Royal 3 Inc.**  
6850 W. 63rd St.  
Chicago, IL 60638  
p. 630-485-7370  
f. 630-485-6980  
e. [ev@royal3inc.com](mailto:ev@royal3inc.com)

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 **Application Royal 3 - Laredo Eduardo Rene - Signed-3.pdf**  
897K



Employment Verifications <ev@royal3inc.com>

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## Employment Verification for Eduardo Rene Laredo

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**Employment Verifications** <ev@royal3inc.com>  
To: YAKELINEFAJARDO2020@gmail.com

Thu, Oct 19, 2023 at 1:46 PM

Hello,

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

Sofia  
**HR Department**  
**Zigi Freight dba Royal 3 Inc.**  
6850 W. 63rd St.  
Chicago, IL 60638  
p. 630-485-7370  
f. 630-485-6980  
e. [ev@royal3inc.com](mailto:ev@royal3inc.com)

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 **Application Royal 3 - Laredo Eduardo Rene - Signed-3.pdf**  
897K



Employment Verifications <ev@royal3inc.com>

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## Employment Verification for Eduardo Rene Laredo

1 message

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**Employment Verifications** <ev@royal3inc.com>  
To: YAKELINEFAJARDO2020@gmail.com

Sat, Oct 14, 2023 at 12:35 AM

Hello,

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

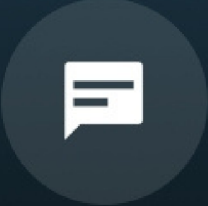
Sofia  
**HR Department**  
**Zigi Freight dba Royal 3 Inc.**  
6850 W. 63rd St.  
Chicago, IL 60638  
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f. 630-485-6980  
e. [ev@royal3inc.com](mailto:ev@royal3inc.com)

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 **Application Royal 3 - Laredo Eduardo Rene - Signed-3.pdf**  
897K



(305) 339-5757



10.27.23.

Outgoing call

15:41 (44 sec)

From

(630) 566-2119 (me)

(305) 339-5757

Phone number



Create new contact



Add to existing contact



Block and report





(305) 339-5757



10.20.23.

Outgoing call

14:16 (52 sec)

From

(630) 566-2119 (me)

(305) 339-5757

Phone number



Create new contact



Add to existing contact

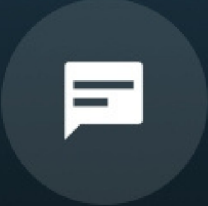


Block and report





(305) 339-5757



10.13.23.

Outgoing call

11:47 (48 sec)

From

(630) 566-2119 (me)

(305) 339-5757

Phone number



Create new contact



Add to existing contact



Block and report





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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** GEORGE FREIGHT SOLUTIONS LLC (DOT3723784) **Phone:** (305) 339-5757**Date:** 10/03/23**Address:** 21255 SW 173RD AVE MIAMI, FL 33187**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.

Laredo Eduardo Rene (Oct 3, 2023 12:09 EDT)

Safety Department (Oct 3, 2023 12:11 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[ Yf

HAY dYfgcb' bUa YX\ YfY]b\ UgUdd' JYX'hc' H' Jg' Wda dUbmZcf' Ya d' cna Ybh]b' U' gUZ/ mAgYbg]hij Y' d'cg]h' cbZ' Mti f' Z]bX]b[ ' H' Y Udd' J' WbhUg' U' dUghYa d' cnyf' "K J' " nci ' \_]bX' mfyd' m'hc' H' Jg]bei J' mfygdYV]b[ ' H' Jg' Udd' J' Wbh' 5g' nci ' k J' " fYUX' k Uij Yf' g' UH' X UVcj YZ' U' " JUV] J' m'cZ' nci ' UbX' nci f' Wda dUbm' Ug' VYYb' fY' YUgYX' Vm' h' Y' Udd' J' Wbt"

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

Name of Applicant: Eduardo Rene Laredo SSN: 766629134

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: \_\_\_\_\_



☒ USDOT Number    ☐ MC/MX Number    ☐ Name  
 Enter Value:

## Company Snapshot

**ABSOLUTE TOTAL SERVICES LLC**

USDOT Number: 2901390

### ID/Operations | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

**Carriers:** If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

#### Other Information for this Carrier

- ▼ [SMS Results](#)
- ▼ [Licensing & Insurance](#)

**Carrier and other users:** FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of **11/04/2023**.

To find out if this entity has a pending insurance cancellation, please [click here](#).

<b>Entity Type:</b>	CARRIER																																
<b>Operating Status:</b>	NOT AUTHORIZED	<b>Out of Service Date:</b>	None																														
<b>Legal Name:</b>	ABSOLUTE TOTAL SERVICES LLC																																
<b>DBA Name:</b>																																	
<b>Physical Address:</b>	5941 KUMQUAT RD W PALM BEACH, FL 33413																																
<b>Phone:</b>	(561) 657-7676																																
<b>Mailing Address:</b>	5941 KUMQUAT RD W PALM BEACH, FL 33413																																
<b>USDOT Number:</b>	2901390	<b>State Carrier ID Number:</b>																															
<b>MC/MX/FF Number(s):</b>	MC-110630	<b>DUNS Number:</b>	--																														
<b>Power Units:</b>	2	<b>Drivers:</b>	2																														
<b>MCS-150 Form Date:</b>	04/20/2022	<b>MCS-150 Mileage (Year):</b>	100,005 (2021)																														
<b>Operation Classification:</b>																																	
<table border="0"> <tr> <td><input checked="" type="checkbox"/> Auth. For Hire</td> <td>Priv. Pass.(Non-business)</td> <td>State Gov't</td> </tr> <tr> <td><input type="checkbox"/> Exempt For Hire</td> <td>Migrant</td> <td>Local Gov't</td> </tr> <tr> <td><input type="checkbox"/> Private(Property)</td> <td>U.S. Mail</td> <td>Indian Nation</td> </tr> <tr> <td><input type="checkbox"/> Priv. Pass. (Business)</td> <td>Fed. Gov't</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> Auth. For Hire	Priv. Pass.(Non-business)	State Gov't	<input type="checkbox"/> Exempt For Hire	Migrant	Local Gov't	<input type="checkbox"/> Private(Property)	U.S. Mail	Indian Nation	<input type="checkbox"/> Priv. Pass. (Business)	Fed. Gov't																			
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<b>Cargo Carried:</b>																																	
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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** ABSOLUTE TOTAL SERVICES LLC (DOT2901390) **Phone:** (561) 657-7676**Date:** 10/03/23**Address:** 5941 KUMQUAT RD W PALM BEACH, FL 33413 **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.

Laredo Eduardo Rene (Oct 3, 2023 12:09 EDT)

Safety Department (Oct 3, 2023 12:11 EDT)

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'Mci f Z]bX]b[ H Y Udd' WbhUg U dUghYa d'cnyf"K J" nci \_]bX' mfyd' mhc H Jg]bei JfmfygdYV]b[ H Jg Udd' Wbh' 5g'nci 'k J" fYUX'k Uij Yf gUHXX Uvcj YZU" JUV] JmcZnci 'UbX'nci f Wda dUbmUg VYYb fY YUgYX VmH Y Udd' Wbt"

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

Name of Applicant: Eduardo Rene Laredo SSN: 766629134

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: \_\_\_\_\_

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

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

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

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