

SEABOARD EXPRESS

TRANSPORTATION SERVICES LLC

PH 804.479.3485
FX 804.479.3486
WWW.SEABOARDEXPRESS.COM

MC 845801
DOT 2443444

COMPANY INFORMATION AND CONTACTS

PHYSICAL ADDRESS:

125 NORTH MARKET STREET
PETERSBURG, VA 23803

BILLING ADDRESS:

7151 O'KELLY CHAPEL ROAD #301
CARY, NC 27519

DROP YARD:

10401 TIMBER ROAD
PRINCE GEORGE, VA 23805

DISPATCH:

PHONE (804) 479-348
FAX (804) 479-3486

LYDIA POMPLUN
RICHARD POMPLUN

LYDIA@SEABOARDEXPRESS.COM
RICHARD@SEABOARDEXPRESS.COM

ACCOUNTING:

PHONE (919) 468-9346
FAX (804) 479-3486

ERIN P. WOOLLEY

ERIN@SEABOARDEXPRESS.COM

*****PLEASE SEND ALL REMITTANCES TO:**

SEABOARD EXPRESS TRANSPORTATION SERVICES LLC
7151 O'KELLY CHAPEL ROAD #301
CARY, NC 27519

REFERENCES:

PERFORMANCE TRUCKING
Tony Kendrix
PH (678) 546-6870
FX (678) 645-6878

AFN WORLDWIDE
Stu Rizman
PH (224) 515-7063
FX (224) 515-7063

NORTHEAST LOGISTICS
Shane Gallagher
PH (877) 643-7514
FX (717) 525-6988

BANK:

WELLS FARGO NORTH AMERICA
20 FRANKLIN STREET
PETERSBURG, VA 23803

PH (804) 862-3099

DIRECT DEPOSIT ACCT: 3497455612



November 14, 2013

LYDIA POMPLUN
SEABOARD EXPRESS TRANSPORTATION SERVICES LLC
125 NORTH MARKET STREET
PETERSBURG, VA 23803

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT

The Standard Carrier Alpha Code of **SERV** has been assigned to:

SEABOARD EXPRESS TRANSPORTATION SERVICES LLC
125 NORTH MARKET STREET
PETERSBURG, VA 23803
MC-845801
US DOT- 2443444

This Alpha Code will apply only to the company name shown above through June 30, 2014. An invoice will be mailed approximately one month prior to expiration and must be returned promptly together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address above. **If you participate in the Bureau of Customs & Border Protection ACE, AMS, CAFES, FAST or PAPS programs, it is your responsibility to ensure that a copy of this letter is forwarded (email preferred) to the following address:**

CBP SCAC Processing
Bureau of Customs and Border Protection
8444 Terminal Road, Beauregard (A-105.5)
Lorton, VA 22079
AMS.SCAC@DHS.GOV

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, tariffs, etc.

NOTICE: Assignment of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
December 13, 2013

PERMIT
MC-845801-P
U.S. DOT No. 2443444
SEABOARD EXPRESS TRANSPORTATION SERVICES LLC
PETERSBURG, VA

This Permit is evidence of the carrier's authority to engage in transportation as a **contract carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

Jeffrey L. Secrist, Chief
Information Technology Operations Division

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

PMO

MOTOR CARRIER IDENTIFICATION REPORT
(Application for U.S. DOT NUMBER)

U.S. Department of Transportation
Federal Motor Carrier Safety Administration

REASON FOR FILING (Check Only One)
 NEW APPLICATION BIENNIAL UPDATE OR CHANGES OUT OF BUSINESS NOTIFICATION REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER SEABOARD EXPRESS TRANSPORTATION SERVICES LLC		2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME			
3. PRINCIPAL ADDRESS 125 NORTH MARKET STREET		4. CITY PETERSBURG	5. STATE/PROVINCE VIRGINIA	6. ZIP CODE + 4 23803	7. COLONIA (MEXICO ONLY)
8. MAILING ADDRESS 125 NORTH MARKET STREET		9. CITY PETERSBURG	10. STATE/PROVINCE VIRGINIA	11. ZIP CODE+4 23803	12. COLONIA (MEXICO ONLY)
13. PRINCIPAL BUSINESS PHONE NUMBER (804) 479-3485		14. PRINCIPAL CONTACT CELL PHONE NUMBER (804) 400-1611		15. PRINCIPAL BUSINESS FAX NUMBER (804) 479-3486	
16. USDOT NO. 2443444	17. MC OR MX NO. MC845801	18. DUN & BRADSTREET NO.	19. IRS/TAX ID NO. EIN# 455222248 SSN#		
20. INTERNET E-MAIL ADDRESS LYDIA@SEABOARDEXPRESS.COM			21. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year) YEAR 700000 2015		

22. COMPANY OPERATION (Mark all that apply)
 A. Interstate Carrier B. Intrastate Hazmat Carrier C. Intrastate Non-Hazmat Carrier D. Interstate Hazmat Shipper E. Intrastate Hazmat Shipper F. Vehicle Registrant Only

23. OPERATION CLASSIFICATION (Circle All that Apply)
 A. Authorized For-Hire D. Private Passengers (Business) G. U. S. Mail J. Local Government
 B. Exempt For-Hire E. Private Passengers (Non-Business) H. Federal Government K. Indian Tribe
 C. Private Property F. Migrant I. State Government L. Other

24. CARGO CLASSIFICATIONS (Circle All that Apply)
 A. GENERAL FREIGHT F. LOGS, POLES, BEAMS, LUMBER J. FRESH PRODUCE P. GRAIN, FEED, HAY V. COMMODITIES DRY BULK BB. CONSTRUCTION
 B. HOUSEHOLD GOODS G. BUILDING MATERIALS K. LIQUIDS/GASES Q. COAL/COKE W. REFRIGERATED FOOD CC. WATER WELL
 C. METAL; SHEETS; COILS; ROLLS H. MOBILE HOMES L. INTERMODAL CONT. R. MEAT X. BEVERAGES DD. OTHER
 D. MOTOR VEHICLES I. MACHINERY, LARGE OBJECTS M. PASSENGERS S. GARBAGE, REFUSE, TRASH Y. PAPER PRODUCTS
 E. DRIVE AWAY/TOWAWAY O. LIVESTOCK U. CHEMICALS AA. FARM SUPPLIES Z. UTILITY T. U.S. MAIL

25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply) C-CARRIED S-SHIPPED B(BULK) - IN CARGO TANKS NB(NON-BULK) - IN PACKAGE

C	S	A. DIV 1.1	B	NB	C	S	K. DIV 2.2A (Ammonia)	B	NB	C	S	U. DIV 4.2	B	NB	C	S	EE. HRCQ	B	NB
C	S	B. DIV 1.2	B	NB	C	S	L. DIV 2.3A	B	NB	C	S	V. DIV 4.3	B	NB	C	S	FF. CLASS 8	B	NB
C	S	C. DIV 1.3	B	NB	C	S	M. DIV 2.3B	B	NB	C	S	W. DIV 5.1	B	NB	C	S	GG. CLASS 8A	B	NB
C	S	D. DIV 1.4	B	NB	C	S	N. DIV 2.3C	B	NB	C	S	X. DIV 5.2	B	NB	C	S	HH. CLASS 8B	B	NB
C	S	E. DIV 1.5	B	NB	C	S	O. DIV 2.3D	B	NB	C	S	Y. DIV 6.2	B	NB	C	S	II. CLASS 9	B	NB
C	S	F. DIV 1.6	B	NB	C	S	P. Class 3	B	NB	C	S	Z. DIV 6.1A	B	NB	C	S	JJ. ELEVATED TEMP MAT.	B	NB
C	S	G. DIV 2.1	B	NB	C	S	Q. Class 3A	B	NB	C	S	AA. DIV 6.1B	B	NB	C	S	KK. INFECTIOUS WASTE	B	NB
C	S	H. DIV 2.1 LPG	B	NB	C	S	R. Class 3B	B	NB	C	S	BB. DIV 6.1 Poison	B	NB	C	S	LL. MARINE POLLUTANTS	B	NB
C	S	I. DIV 2.1 (Methane)	B	NB	C	S	S. COM LIQ	B	NB	C	S	CC. DIV 6.1 SOLID	B	NB	C	S	MM. HAZARDOUS SUB(RQ)	B	NB
C	S	J. DIV 2.2	B	NB	C	S	T. DIV 4.1	B	NB	C	S	DD. CLASS 7	B	NB	C	S	NN. HAZARDOUS WASTE	B	NB
										C	S	OO. ORM	B	NB	C	S		B	NB

26. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor Coach	School Bus		Mini-bus	Van		Limousine				
							Number of vehicles carrying number of passengers (including the driver) below									
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+	
OWNED	1	0														
TERM LEASED		6	11													
TRIP LEASED																

27. DRIVER INFORMATION

Within 100-Mile Radius	INTERSTATE		INTRASTATE		TOTAL DRIVERS		TOTAL CDL DRIVERS	
	0	1	6	0	7	7		
Beyond 100-Mile Radius	6	0						

28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? Yes _____ No X
 If Yes, enter your U.S. DOT Number. _____

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)

1. LYDIA POMPLUN, CHIEF OPERATIONS OFFICER
 (Please print Name)

2. RICHARD POMPLUN, CHIEF EXECUTIVE OFFICER
 (Please print Name)

30. CERTIFICATION STATEMENT (to be completed by an authorized official)

I, LYDIA POMPLUN, certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Signature LYDIA POMPLUN Date 11/30/2015 Title CHIEF OPERATIONS OFFICER
 (Please print Name) (Please print)

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. SEABOARD EXPRESS TRANSPORTATION SERVICES LLC	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <u>S</u> Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) 125 NORTH MARKET STREET	
	6 City, state, and ZIP code PETERSBURG, VA 23803	
	7 List account number(s) here (optional)	
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
or									
Employer identification number									
4	5	-	5	2	2	2	2	4	8

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 12/7/2015
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/1/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Capital Financial Property & Casualty, LLC 4880 Sadler Road, Ste 110 Glen Allen VA 23060	CONTACT NAME: Tammy Andrews PHONE (A/C. No. Ext): (804) 290-8715 E-MAIL ADDRESS: tammyandrews@capitalfinancialpandc.com		FAX (A/C. No): (804) 965-6964
	INSURER(S) AFFORDING COVERAGE INSURER A: Auto-Owners Insurance Company		NAIC # 18988
INSURED Seaboard Express Transportation Services, LLC 125 N Market Street Petersburg VA 23803	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: CL1512306853

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RENEWAL # 43063410-15	12/05/2015	12/05/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 SINGLE CONVEYANCE \$ 155,000
A	<input checked="" type="checkbox"/> CARGO ALLRISK GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: \$1000 CARGO DEDUCTIBLE						
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PD			RENEWAL # 43701207-01	12/05/2015	12/05/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	RENEWAL # 43064574	01/13/2016	01/13/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input type="checkbox"/> TRAILER INTERCHANGE			RENEWAL # 43701207-01	12/05/2015	12/05/2016	TRAILER INTERCHANGE \$35,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Vehicle Schedule:

2014 Utility Trailer #1UYVS2537EG868138
 2016 Freightliner #3AKJGLD55GSHS7716
 2015 Wabash #1JJV532D2FL842765
 2016 Freightliner #3AKJGLD53GSHS7715
 2013 Utility Trailer #1UYVS253XDG583867
 2014 Utility Trailer #1UYVS2533EG868136

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Jim Ginetz/TFA

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ACORD 25 (2014/01)

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INS025 (201401)

COMMENTS/REMARKS

2013 Utility Trailer	#1UYVS2537DG583860
2012 Utility Trailer	#1UYVS2535CP301276
2016 Freightliner	#1FUJGLD50GLHS4590
2015 Utility Trailer	#1UYVS2536FP205015
2015 Utility Trailer	#1UYVS2534FP205014
2014 Utility Trailer	#1UYVS2531EG868135
2005 International	#1HTMMAAL05H108568
2015 Great Dane Trlr	#1GRAA0621FT601120
2016 Freightliner	#1FUJGLD52GLHS4591
2016 Freightliner	#1FUJGLD54GLHS4592
2016 Freightliner	#1FUJGLD54GLHS4589
2009 Trailmobile Trlr	#2MN01JAH081004202