

Pride Trucking Network, Inc.

1926 Bancroft Street, PO Box 610638
Port Huron, MI. 48061

Phone: 810-989-9603 Fax: 888-264-7183
Toll Free: 888-264-3152

Mission Statement:

To provide a safe, worry free, and reliable Motor Carrier service. We will accomplish this by building long term interactive relationships: by identifying and meeting specific customer needs through communication and first-hand management interaction with all levels of the shipping process; by implementing reliable equipment and professional drivers that will ensure a high level of customer service.

Core Business:

Contract Motor Carrier specializing in daily and weekly flatbed loads.

Established in: 1997

Services Offered:

48 state and Ontario Canada Motor Carrier Authority

Service in & out of Canada

“Drop and Hook” capabilities

Over 80 heavy hauling in Michigan

Over 80 heavy hauling in Toledo, OH shipping port areas

Small business logistics consulting

Agent for Ohio Transport Corp.- 350 trucks available in the eastern U.S. with flatbed or van trailers

Truck brokerage available

Warehousing, secured drop yard, load transfers available in Port Huron, MI

Available Equipment:

48' flatbeds	47,000 lb. capacity
48' flatbeds with side kits	46,000 lb. capacity
48' flatbeds	67,000 lb. capacity
48' flatbeds with side kits	65,000 lb. capacity
53' van trailers	45,000 lb. capacity
48' step decks	48,000 lb. capacity
all trailers are air-ride	

References:

Bill
Mueller Brass Co
2199 Lapeer Road
Port Huron, MI 48060
810-966-0280

Roy or Eddie
Aluminum Blanking
244 W. Sheffield Ave
Pontiac, MI 48340
248-338-4422

John or Melissa
OPDI Logistics
6735 12th Line Road
Alliston, ON L9R 1V4
800-494-6025

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Mailing/Dispatch Address:

Pride Trucking Network, Inc.

PO Box 610638

Port Huron, MI 48061

Voice: 810-989-9603

Fax: 888-264-7183

24-hour dispatch: 888-264-3152

Corporate Address:

Pride Trucking Network, Inc.

1926 Bancroft Street

Port Huron, MI. 48060

www.PrideTrucking.com

kevin@pridetrucking.com

FEIN # 38-3384268

US DOT 698985

MC 325875

SCAC Code: PTRN

Insurance Agent:

Navigator

888-596-8782

fax: 616-457-7301

ClientService@navigatortruckinsurance.com



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

1200 New Jersey Ave., S.E.
Washington, DC 20590
December 27, 2007

In reply refer to:
Your USDOT No.: 698985
Review No.: 600635/CR

KEVIN TWISS
OWNER
PRIDE TRUCKING NETWORK INC
P O BOX 610638
PORT HURON MI 48061

Dear KEVIN TWISS:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on December 20, 2007. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
FEDERAL BUILDING
115 WEST ALLEGAN ST., ROOM 219
LANSING, MI 48933-1514
Telephone No.: 517-702-1860

William A. Quade
Director, Office of Enforcement and
Compliance

PM-31
(Rev. 1/95)

SERVICE DATE
October 22, 1997

FEDERAL HIGHWAY ADMINISTRATION

PERMIT

MC 325875 P

KEVIN TWISS , JOSEPH JOHNSON
D/B/A PRIDE TRUCKING NETWORK
SANDUSKY, MI, US

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.

Thomas T. Vining
Chief, Licensing and Insurance 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.

FEDERAL HIGHWAY ADMINISTRATION

NCA
SERVICE DATE
Mar 19, 1998

DECISION

No. MC-325875
KEVIN TWISS , JOSEPH JOHNSON
D/B/A PRIDE TRUCKING NETWORK
HOWELL, MI

REENTITLED

PRIDE TRUCKING NETWORK INC.

On Mar 10, 1998, applicant filed a request to have the Federal Highway Administration's records changed to reflect a name change.

It is ordered:

The Federal Highway Administration's records are amended to reflect the carrier's name as PRIDE TRUCKING NETWORK INC. .

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FHWA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for property broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to FHWA, Office of Motor Carriers, HIA-30, 400 Virginia Ave., SW, Suite 600, Washington, DC 20024.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202) 358-7000. Any other questions regarding the action taken should be directed to (202) 358-7028.

Decided: Mar 16, 1998

By the Motor Carrier Board.

Thomas T. Vining, Chief
Licensing and Insurance Division

ISSUE AND MAILING ADDRESS / NUMÉRO D'ADRESSE POSTALE

PRIDE TRUCKING NETWORK INC.
7195 WILD CAT RD
JEDDO MI, USA
48032

The CVOR Certificate or a true copy must be surrendered on demand of a police officer. Not to do so is an offence.

Le certificat d'immatriculation UVU ou une copie conforme de celui-ci doit être présenté à l'agent de police qui en fait la demande. Quiconque ne respecte pas cette directive commet une infraction.



00339584

Detach here / Débranchez ici



Province of Ontario

Province de l'Ontario

Issued pursuant to the Highway Traffic Act / Délivré en vertu du Code de la route

Commercial Vehicle Operator's Registration Certificate
Certificat d'immatriculation d'utilisateur de véhicule utilitaire

Commercial Vehicle Operator's
Registration No
N^o d'immatriculation d'utilisateur
de véhicule utilitaire

130-851-355

Name / Nom

PRIDE TRUCKING NETWORK INC.

Office / Bureau	Issue Date / Date de délivrance Y/M/D	Minister of Transportation Ministre des Transports
061-R	00 03 07	

This certificate or a true copy must be carried in each commercial motor vehicle being operated under the Commercial Vehicle Operator's Registration.

For replacement, correction or information change, complete and submit a new CVOR application form to: Ministry of Transportation, Courier Services & Investigation Office, 301 St. Paul St., 3rd floor, St. Catharines, On L2R 7R4.

Ce certificat ou une copie conforme doit se trouver dans chaque véhicule utilitaire exploité sous couvert de l'immatriculation d'utilisateur de véhicule utilitaire.

For replacement, correction or information change, complete and submit a new CVOR application form to: Ministry of Transportation, Bureau des sanctions et des enquêtes concernant les transporteurs, 301, rue St. Paul, 3^e étage, St. Catharines (Ontario) L2R 7R4.

Yankton Factoring, Inc.

P.O. Box 217

Yankton, SD 57078

(605) 665-6156 Fax (605) 260-4200

July 23, 2009

RE: Freight Invoicing

TO: All Customers of Pride Trucking Network Inc.

Accounts Payable

Gentlemen or Madam:

This letter is to inform all customers of Pride Trucking Network Inc, that as of this date, July 23, 2009 I have entered into an agreement with Yankton Factoring, Inc. to purchase all eligible bills from my company.

Please make payment for freight bills directly to:

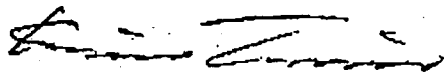
Yankton Factoring, Inc.

P. O. Box 217

Yankton, SD 57078

A remittance to other than Yankton Factoring's address does not constitute payment of the invoice. An invoice from Yankton Factoring, Inc. will be sent to you along with the confirmation of delivery of your product. Thank you.

Sincerely,



Pride Trucking Network Inc.

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.	Name (as shown on your income tax return) Pride Trucking Network, Inc.	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.) PO box 610638	Requester's name and address (optional)
	City, state, and ZIP code Port Huron, MI 48061-0638	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)																				
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is 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 <i>How to get a TIN</i> on page 3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																		
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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">8</td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">8</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">6</td> <td style="width: 20px; height: 20px; text-align: center;">8</td> </tr> </table>	Employer identification number									3	8	-	3	3	8	4	2	6	8
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3	8	-	3	3	8	4	2	6	8											

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).	
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 4.	
Sign Here	Signature of U.S. person ▶ Date ▶ 8/22/13

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

Purpose of Form
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



CERTIFICATE OF LIABILITY INSURANCE

PRIDE-1 OP ID: BZ

DATE (MM/DD/YYYY)
08/19/2013

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 Navigator Truck Insurance Agency 529 Baldwin Street Jenison, MI 49428 Andrew J. Dressler	Phone: 800-596-8782 Fax: 616-457-7301	CONTACT NAME: PHONE (A/C, No Ext): E-MAIL ADDRESS: FAX (A/C, No.):												
INSURED Pride Trucking Network, Inc. 1926 Bancroft St. Port Huron, MI 48060	<table border="1"> <tr> <td>INSURER(S) AFFORDING COVERAGE</td> <td>NAIC #</td> </tr> <tr> <td>INSURER A: National Casualty Company</td> <td rowspan="3">14184</td> </tr> <tr> <td>INSURER B: Acuity Insurance Company</td> </tr> <tr> <td>INSURER C: Hallmark Insurance Company</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Casualty Company	14184	INSURER B: Acuity Insurance Company	INSURER C: Hallmark Insurance Company	INSURER D:		INSURER E:		INSURER F:	
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INSURER E:														
INSURER F:														

COVERAGES **CERTIFICATE NUMBER:** **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY		X74650	07/12/2013	07/12/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="checked" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
GENL AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG \$ 2,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY		LTO0013521	07/07/2013	07/07/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO	<input checked="checked" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="checked" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="checked" type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
	<input checked="checked" type="checkbox"/> Truckers	<input type="checkbox"/>				\$
C	UMBRELLA LIAB	<input checked="checked" type="checkbox"/>	77HX1321B7	08/16/2013	07/07/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="checked" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 1,000,000
	DED \$ RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MI)	<input type="checkbox"/> Y/N				E L EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E L DISEASE - EA EMPLOYEE \$
						E L DISEASE - POLICY LIMIT \$
A	Cargo		LTO0013521	07/07/2013	07/07/2014	100,000 1,000 ded.

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

Policy includes Physical Damage with comp & collision, with a \$1,000 deductible per covered loss, up to stated amount for scheduled equipment.

CERTIFICATE HOLDER

INSURED

Insured's Copy

CANCELLATION

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

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