

LT DELIVERY, INC

You Call. We Haul

Providing reliable transportation services to the Kansas City Metro area since 1994!

Services are available 24 hours, 7 days a week to insure your needs are met at all times.
LT Delivery is fully licensed and insured.

Our office staff is highly qualified in the local delivery industry and understands what it takes to meet our customer's needs. Office associates have been with LT for over ten years. We offer personalized service! There are no machines or out of town dispatchers. Associates of LT work hard to continually meet your needs.

Understanding how important equipment is in our industry, LT Delivery has late model equipment maintained by in house mechanics and reliable maintenance vendors. Drivers are what make it all happen. LT Delivery drivers are prompt, professional and most have been with us for 10 to 15 years. Just like us, they're in it for the Long Haul.

Add it all up and I think you will see that LT Delivery can save your company money and effort.

Services Include:

- *Dock high*
- *Lift-gate services*
- *Inside delivery*
- *Local LTL & trailer load*
- *Small package delivery*
- *Hazardous Material delivery*
- *Warehousing & distribution*
- *Regional service to all Midwest Cities*
- *Trailer Hostling*
- *Nationwide Hotshots*
- *Storage trailer rental*
- *Freight brokerage*

LT Delivery, Inc. looks forward to helping you with all your transportation needs both now and in the future. Reach us at 816-587-4854, by email at ops@lt-delivery.com or on our website at www.lt-delivery.com

Sincerely,



Curtis Foster
LT Delivery, Inc.

**Documentation of insurance and certification attached.*

8678 SW Z Highway, Trimble, MO 64492 - Ph: (816)587-4854 Fax: (816)587-0998
Email: ops@lt-delivery.com Website: www.lt-delivery.com

LT Delivery, Inc.

Company Profile

Mailing address: 7163 SW Karen Rd
Trimble, MO 64492

Physical address: 5034 NW Waukomis Dr
Northmoor, MO 64151

U.S. Mail not accepted at physical address

Company Contacts:

Curtis Foster – Owner

Will King – Administration

Email: ap@lt-delivery.com

Jason Burgess – Operations Manager
Email: ops@lt-delivery.com

Mark Henke – Courier Operations
Email: ops@lt-delivery.com

TELEPHONE: 816-587-4854 FAX: 816-587-0998 EMAIL: ops@lt-delivery.com

Certifications:

MC: 337420 DOT: 574693 MO ID: 16553411 Federal ID: 43-1798951
SCAC Code: LDIM Incorporated: 1997 State: MO Charter #: 00448627 D&B: 09-080-7956
Hazardous Material Certification Registration #:061317 552 068ZB HM Company ID: 045629

References:

Financial: **Platte Valley Bank**
1603 S 169 Hwy
Smithville, MO 64089
816-532-0700 Carey Singleton

Business: **IXT** **CH Robinson** **LVT Trucking, Inc.**
3359 Brinkerhoff Rd PO Box 3470 224 NW Business Park Ln
Kansas City, KS 66115 Chicago, IL 60654 Riverside, MO 64150
913-621-1525 866-400-9282 816-569-4606 Richard Meade

Vendor: **Allied Oil** **Friend Tire** **Wright Express**
5150 E Front St PO Box 498 D & B Services
Kansas City, MO 64120 Monet, MO 65708 800-234-3867
816-474-8040 417-235-7836

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. LT Delivery, Inc.		
	2 Business name/disregarded entity name, if different from above Same		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input 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) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions. 7163 SW Karen Rd		Requester's name and address (optional)
	6 City, state, and ZIP code Trimble, MO 64492		
	7 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 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 instructions for Part I, later. 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> , later.																					
Social security number																					
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4	3		1	7	9	8	9	5	1												
<small>Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</small>																					

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 for Part II, later.	
Sign Here	Signature of U.S. person ▶
	Date ▶ 01/31/2019

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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-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, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2018

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 TRUSS 9200 Ward Parkway Suite 500 Kansas City MO 64114	CONTACT NAME: Certificate Department	
	PHONE (A/C, No, Ext): 816-708-4600	FAX (A/C, No): 816-708-9193
E-MAIL ADDRESS: Certificates@TrussAdvantage.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Accident Fund Ins Co America		12304
INSURER B: Insurance Co of State of PA		19429
INSURER C: Atlantic Specialty Ins Co		27154
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 279614133 **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	
B	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TP988310801	10/1/2018	10/1/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							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
								\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			TP988310801	10/1/2018	10/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCV607840307	11/1/2018	11/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
C	Motor Truck Cargo			710038473-0000	10/1/2018	10/1/2019	Limit/Ded	250,000/500

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

CERTIFICATE HOLDER Sample Certificate LT Delivery, Inc. 8678 SW Highway Z Trimble MO 64492	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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PM-26
(Rev. 1/95)

SERVICE DATE
May 22, 1998

FEDERAL HIGHWAY ADMINISTRATION

CERTIFICATE

MC 337420 C

LT DELIVERY, INC.
TRIMBLE, MO, US

This Certificate is evidence of the carrier's authority to engage in transportation as a common 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). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

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.

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2017-2020

Registrant: LT DELIVERY, INC.
Attn: CURTIS FOSTER
5034 NW WAUKOMIS DRIVE
NORTHMOOR, MO 64151

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 061317 552 068ZB **Effective:** 07/01/2017 **Expires:** 06/30/2020

HM Company ID: 045629

Record Keeping Requirements for the Registration Program

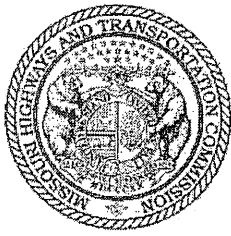
The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.



Missouri IFTA License

Missouri Department of Transportation
830 MoDOT Drive, P.O. Box 270
Jefferson City, MO 65102-0270
(866) 831-6277 or (573) 751-7100

Enforcement may validate this credential by contacting (866) 831-6277

MISSOURI IFTA LICENSE

IFTA ACCOUNT NUMBER	U.S. DOT #	ISSUE DATE	EFFECTIVE DATE	EXPIRATION DATE
MO43179895101	574693	11/09/2018	01/01/2019	12/31/2019

CARRIER INFORMATION: LT DELIVERY INC
5034 NW WAUKOMIS
NORTHMOOR, MO 64151

THIS LICENSE IS ISSUED
UNDER THE TERMS OF THE
INTERNATIONAL FUEL TAX
AGREEMENT AND IS VALID
FOR VEHICLES OPERATED BY
THE LICENSEE IN ALL IFTA
JURISDICTIONS.

THIS LICENSE IS NOT TRANSFERRABLE BETWEEN CARRIERS. A COPY OF THIS LICENSE
MUST BE CARRIED IN EACH IFTA VEHICLE.



April 24, 2018

CURTIS FOSTER
LT DELIVERY INC
8678 SW Z HWY
TRIMBLE, MO 64492

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **LDIM** has been renewed for:

LT DELIVERY INC
8678 SW Z HWY
TRIMBLE, MO 64492
MC-337420
US DOT-574693

This Alpha Code will apply only to the company name shown above through June 30, 2019. **Approximately two months prior to expiration of this SCAC, NMFTA will provide a renewal notice which must be promptly returned 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 below.

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, etc.

If you participate in the Customs & Border Protection (CBP) ACE program and you have any issue with ACE and your SCAC, please contact CBP at the following address:

Customs and Border Protection
Attention: SCAC Beauregard, Cube C-231-1
1801 N. Beauregard Street
Alexandria, VA 20598-1350
AMS.SCAC@DHS.GOV

NOTICE: Renewal 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