

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

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

SERVICE DATE
December 10, 2010

PERMIT FF-9838-P AIR GROUND LOGISTICS INC ELGIN, IL

This Permit is evidence of the carrier's authority to engage in operations as a freight forwarder of property (except household goods).

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

This Permit will remain in force until revoked as provided by the Federal Motor Carrier Safety Administration.

Jeffrey L. Secrist, Chief

Affer to Stait

Information Technology Operations Division

PFP

(Rev. December 2011)

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not

Department of the Treasury Internal Figures Service	Send to the IHS.									
Name (as shown on your income tax return)										
AIR GROUND LOGISTICS, INC.										
Business name/disregarded entity name, if different from above										
Check appropriate box for federal tax classification: Individual/sola propriate Comportation Socretarion Socretarion	tion D Partnership D Trust/estate									
Limited trability company. Enter the tex classification (C=C corporate	☐ Limited Nability company. Enter the tex classification (C=C corporation, S=S corporation, P=partnership) ➤ ☐ Exempt payee									
Other (see instructions) > Address (number, street, and apt. or suite no.)	Requester's name and address (optional)									
754 FOSTER AVENUE										
© City, state, and ZIP code										
BENSENVILLE, IL 60106										
List account number(s) here (optional)										
Part I Taxpayer Identification Number (TIN)										
resident ellen, sole proprietor, or disregarded entity, see the Part I instruentities, it is your employer identification number (EIN). If you do not hav TIN on page 3. Note if the account is in more than one name, see the chart on page 4.	re a number, see How to get a									
number to enter.	2 7 - 4 0 0 5 2 0 5									
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									
 + am not subject to backup withholding because: (a) I am exempt fror Service (IRS) that I am subject to backup withholding as a result of a no longer subject to backup withholding, and 	or backup withholding, or (b) I have not been notified by the Internal Revenue failure to report all interest or dividends, or (c) the IRS has notified me that I am									
3. I em a U.S. citizen or other U.S. person (defined below).										
pecause you have falled to report all interest and dividends on your tax interest paid, acquisition or abandonment of secured property, cancellat generally, payments other than interest and dividends, you are not require	been notified by the IRS that you are currently subject to backup withholding return. For real estate transactions, item 2 does not apply. For mortgage ign of debt, contributions to an incividual rethement arrangement (IRA), and red to sign the certification, but you must provide your correct TIN. See the									
Sign Signature of Here U.S. person > ALLK 1 Caldulla	Deta=4 18 12									
General Instructions	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									
Section references are to the infernal Revenue Code unless otherwise noted.	to this Form W-9. Definition of a U.S. person. For federal tax ourposes, you are									

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 properly, 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.

considered a U.S. person if you are:

- . An individual who is a U.S. citizen or U.S. resident allen,
- 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 901.7701-7).

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.



AIRGR-1 OP ID: CS

RTIFICATE IS ISSUED AS A CATE DOES NOT AFFIRMA' THIS CERTIFICATE OF IN ENTATIVE OR PRODUCER, A ANT: If the certificate holder is and conditions of the policite holder in lieu of such endo Agencies, Inc. Rd, Tower 3, 7th Fir adows, IL 60008-4267 th Air Ground Logstics Inc AGLI Maritime LTD 754 Foster Ave Bensenville, IL 60124	MATTIVELY SURA AND TI Is an y, cert rseme	Y OR NEGATIVELY AMEND, NCE DOES NOT CONSTITU HE CERTIFICATE HOLDER. ADDITIONAL INSURED, the ain policies may require an e	Y AND CONFER EXTEND OR A TE A CONTRAC policy(ies) mus ndorsement. A CONTACT NAME: PHONE (AGC, No. Ext): EMAIL ADDRESS: INSURER A : CINC	IS NO RIGHTS NLTER THE CO IT BETWEEN t be endorsed. statement on the control of	UPON THE CERTIFICA DVERAGE AFFORDED I THE ISSUING INSURER If SUBROGATION IS W his certificate does not c FAX (AVC, No):	TE HO BY THI R(S), AI VAIVED	E POLICIES JTHORIZED , subject to rights to the				
ANT: If the certificate holders and conditions of the policite holder in lieu of such endo Agencies, Inc. Rd, Tower 3, 7th Firadows, IL 60008-4267 Air Ground Logstics Inc. AGLI Maritime LTD 754 Foster Ave	r is an y, cert rseme	ADDITIONAL INSURED, the ain policies may require an ent(s). 847-427-8400	CONTACT NAME: PHONE LAC, NO. EXI): EMAIL ADDRESS: INSURER A : CINC	etatement on t INSURER(S) AFFO Innati Insural	his certificate does not o	onfer i	rights to the				
Agencies, Inc. Rd, Tower 3, 7th Fir adows, IL 60008-4267 th Air Ground Logstics Inc AGLI Maritime LTD 754 Foster Ave		847-427-8400	PHONE (AIC, No. Ext): E-MAIL ADDRESS: INSURER A : CINC	innati Insura	RDING COVERAGE						
Air Ground Logstics Inc AGLI Maritime LTD 754 Foster Ave			PHONE (AIC, No. Ext): E-MAIL ADDRESS: INSURER A : CINC	innati Insura	RDING COVERAGE						
Air Ground Logstics Inc AGLI Maritime LTD 754 Foster Ave		311 327 333	INSURER A : CINC	innati Insura	RDING COVERAGE						
Air Ground Logstics Inc AGLI Maritime LTD 754 Foster Ave			INSURER A : CINC	innati Insura							
AGLI Maritime LTD 754 Foster Ave				innati Insura			NAIC#				
AGLI Maritime LTD 754 Foster Ave					ice Company	INSURER A: Cincinnati Insurance Company 10					
AGLI Maritime LTD 754 Foster Ave			I INDUKEK B : -IVY	INSURER B: Lloyds Of London							
Bensenville, IL 60124			INSURER C:								
			INSURER D:								
			INSURER E:								
ES CEI	TICIC	ATE NUMBER:	INSURER F :		DEMONDAL MILLIANDES		L				
O CERTIFY THAT THE POLICIES			VE BEEN ISSUED	TO THE INCHE	REVISION NUMBER:	HE DOL	ICV PEDIOD				
D. NOTWITHSTANDING ANY R ATE MAY BE ISSUED OR MAY	EQUIR PERTA POLIC	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORDI DIES. LIMITS SHOWN MAY HAVE	OF ANY CONTRA	CT OR OTHER CIES DESCRIBE	DOCUMENT WITH RESPE- D HEREIN IS SUBJECT TO	CT TO	WHICH THIS				
TYPE OF INSURANCE	ADDL	SUBR: VAVO POLICY NUMBER	POLICY EF	F POLICY EXP	LIMIT	S					
IL LIABILITY	THIS IS		Rinossiii	17 (10000071171)		1	1,000,000				
MMERCIAL GENERAL LIABILITY		ENP0170625	12/06/1	3 12/06/14	DAMAGE TO RENTED		1,000,000				
CLAIMS-MADE X OCCUR							10,000				
· · · · · · · · · · · · · · · · · · ·			-				1,000,000				
		***					2,000,000				
GGREGATE LIMIT APPLIES PER-				2000	The state of the s		incl				
		***			PRODUCTS - COMPTOP AGG	**************************************					
BILE LIABILITY	1 1	ar and a second			COMBINED SINGLE LIMIT						
AUTO		Section 1									
OWNED SCHEDULED											
NON-OWNED					PROPERTY DAMAGE						
AUTOS					(Iver accident)		***************************************				
BRELLA LIAB OCCUR	1				EACH OCCURRENCE						
		-									
					ACON. OATC						
S COMPENSATION					WC STATU- OTH-	<u> </u>					
		WC1868000	12/06/13	12/06/14		s	500,000				
MEMBER EXCLUDED?	N/A		1		*		500,000				
cribe under TION OF OPERATIONS below				_		\$	500,000				
ent Crgo		13TAP7258	10/03/13	10/03/14		<u> </u>	500,000				
lonal		10 T 10 T R 12 T R					1,000,000				
					,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
F OPERATIONS / LOCATIONS / VEHICL	ES IAU	ach ACORD 101. Additional Remarks St	chedule if more space	ls required)							
F OPERATIONS / LOCATIONS / VEHICI	ES (Att	ach ACORD 101, Additional Remarks Sc	chedule, if more space	ls required)			······································				
	TYPE OF INSURANCE L LIABILITY MARCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEREGATE LIMIT APPLIES PER: ICY PROBLET LOC BILE LIABILITY AUTO OWNED AUTOS OS NON-OWNED AUTOS FELLA LIAB OCCUR RETENTION S S COMPENSATION LOYERS LIABILITY AUTOS RELLA LIAB OCCUR RESS LIAB CLAIMS-MADE S COMPENSATION LOYERS LIABILITY PRICTOR/PARTNERE/ECUTIVE WEMBER EXCLUDED? y In NII) criba under ITON OF OPERATIONS below ent Crgo onal	TO MAY BE ISSUED OR MAY PERT. NS AND CONDITIONS OF SUCH POLIC TYPE OF INSURANCE LIABILITY MERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEREGATE LIMIT APPLIES PER: ICY PRO- JECT LOC BILE LIABILITY AUTO OWNED SCHEDULED AUTOS AUTOS AUTOS MON-OWNED AUTOS RELLA LIAB OCCUR ESS LIAB CLAMS-MADE RETENTION S S COMPENSATION LOYERS' LIABILITY PRIETORPARTNERE/SECUTIVE INTA REMBER EXCLUDED? ION OF OPERATIONS below ent Grgo onal	NS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE TYPE OF INSURANCE TYPE OF INSURANCE LIABILITY MERCIAL GENERAL LIABILITY CLAIMS-MADE SCREGATE LIMIT APPLIES PER: ICY JECT LOC BILE LIABILITY AUTOS OWNED OWNED OWNED OWNED AUTOS RELLA LIAB OCCUR RETENTION S S COMPENSATION LOYERS' LIABILITY AUTOS NON-OWNED AUTOS RELLA LIAB OCCUR RETENTION S S COMPENSATION LOYERS' LIABILITY N/A WC1868000 MC1868000 MC1868000 MATOS NA WC1868000 MATOS NA WC1868000 MATOS NA WC1868000 MATOS NA WC1868000 MATOS MATOS	TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED TYPE OF INSURANCE ADDITIONS POLICY NUMBER POLICY N	ANS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS TYPE OF INSURANCE ADDITIONS POLICY SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS TYPE OF INSURANCE ADDITIONS POLICY SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS POLICY EXP PROMOMOPOLY (IMM/DD/YYYY) ENPO170625 12/06/13 12/06/14 WC1868000 12/06/13 12/06/14 WC1868000 12/06/13 12/06/14 INTO INTO INTO INTO INTO INTO INTO INTO	NE MAY SE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO NO SAND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. POLICY EFF. PRODUCTS - COMPION ADDITION OF SUBJECT IN THE PAID OF SUBJECT TO THE	TYPE OF INSURANCE ADDLISUBR NSR YAVO POLICY NUMBER POLICY EXP POLICY EXP (MM/DD/YYYY) LIMITS LIABILITY ENPO170625 12/06/13 12/06/14 12/06/14 EACH OCCURRENCE S DAMAGE TO RENTED PROMETE PREMISES (Far occurrence) S MED EXP (Any one person) S PERSONAL & ADV INJURY S GENERAL LAGREGATE S GENERAL AGGREGATE S GENERAL A				

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

AIRGR-1 OP ID: CS

DATE (MM/DD/YYYY) 11/08/13

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).

C	ertificate holder in lieu of such endor	sement(s),	iuoist	ment. A Sta	rement ou (us certificate does not t	confer	rights to the
	DUCER		847-427-8400	CONTA	CT				
Associated Agencies, Inc. 1701 Golf Rd, Tower 3, 7th Fir Rolling Meadows, IL 60008-4267 Grant Vettch				PHONE FAX (A/C, No): E-MAIL ADDRESS:					
							RDING COVERAGE		NAIC #
					INSURER A: Cincinnati Insurance Company				
Air Ground Logistics Inc 754 Foster Ave Bensenville, IL 60124					INSURER B : Lloyds Of London				
					INSURER C:				
2511051111107124				INSURER D:					
				INSURER E:					
				INSURE	RF:				
***************************************			E NUMBER:				REVISION NUMBER:		
CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH I	QUIREME PERTAIN,	NT, TERM OR CONDITION (THE INSURANCE AFFORDS	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	ЦИЛ	'S	
-	GENERAL LIABILITY					-	EACH OCCURRENCE	\$	1,000,000
A	X COMMERCIAL GENERAL LIABILITY		ENP0170625		12/06/13	12/06/14	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one nector)	c	10.000

LTF	TYPE OF INSURANCE	INSR	WYO	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			ENP0170625	12/06/13	12/06/14	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GENL AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPIOP AGG	s	2,000,000
-	POLICY PRO-							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	19
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
						_		\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS MADE						AGGREGATE	\$	
	DED RETENTIONS							\$	
i	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- TORY LIMITS ER	***************************************	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	WC1868000	Δ	WC1868000	12/06/13	12/06/14	E.L. EACH ACCIDENT	\$	500,000
	Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$	500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below				-		E.L. DISEASE - POLICY LIMIT	\$	500,000
B	Continget Cargo		1	13TAP7258	10/03/13	10/03/14	Liability		500,000
		1	-						1
			1			1			1
DEO	CONTINUE OF COURSE VIOLOUS IN CO. L. CO. L. CO. L. C.						· · · · · · · · · · · · · · · · · · ·		

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

CERTIFICATE HOLDER	CANCELLATION
General Certificate of	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
modified.	AUTHORIZED REPRESENTATIVE
	Mrs. R Syllo

© 1988-2010 ACORD CORPORATION. All rights reserved.

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD