

Dear Carrier,

WELCOME!

We appreciate the opportunity to work with you and your firm, and welcome your partnership to FLI. A copy of our FMCSA authority, Surety Bond and bank and trade references are attached.

We will need the following items to complete your firm's carrier file:

- o Copy of D.O.T. Contract Carrier Authority
- o An Automobile Liability Certificate:
 - o In the amount of at least \$1 million U.S.
 - Issued by an insurance company rated A- or better
 - o Listing FLI, Inc. as a Certificate Holder and Additional Insured
- o A Cargo Insurance Certificate:
 - o In the amount of at least \$100,000 U.S.
 - o Issued by an insurance company rated A- or better
 - o Listing FLI, Inc. as a Certificate Holder
- o W-9 Form
- o Broker/Carrier Transportation Brokerage Agreement

Please send the documents here:

- o Preferred Method: scan then email documents to carrierdocs@fliinc.net
- Alternate Method: fax is available as an alternative to 913,851,3120

Thank you for your assistance with obtaining the required information.

Sincerely,

Steve Nodolf

Operations Manager

Step D. Nortof

FLI TRANSPORTATION AND LOGISTICS



U.S. Department of Transportation Federal Motor Carrier Safety Administration 400 7th Street SW Washington, DC 20590

SERVICE DATE July 7, 2004

DECISION MC-298002 FLI INC. D/B/A PROFESSIONAL TRANSPORTATION & LOGISTICS **OVERLAND PARKS, KS** REENTITLED FLI INC.

On June 30, 2004, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as FLI 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 FMCSA 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 Federal Motor Carrier Safety Administration, 400 Virginia Avenue, 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 or visit our web site at: http://lipublic.fmcsa.dot.gov. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: July 1, 2004 By the Federal Motor Carrier Safety Administration

> Angeli Sebastian, Chief Information Systems Division

NC/A

RECEIVED

JUL 15 2004

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906

FORM BMC-84

Bond No. 104350908

| Filer | FMCSA | Account Number: | 298002 | |
|-------|--------------|------------------------|--------|--|
| Filer | FMCSA | Account Number: | 298002 | |

| | (Name of Broker or Freight Forwarder) | | |
|---|--|--|--|
| of 12980 Metcalf Avenue, Suite 240 | Overland Park | Kansas | 66213 |
| (Street) | (City) | (State) | (Zip) |
| as PRINCIPAL (hereinafter called Principal), and | Travelers Casualty and Surety Comp (Name of Surety) | any of America | |
| a corporation, or a Risk Retention Group establi | shed under the Liability Risk Retention A | ct of 1986, Pub. L. 99-563 | , created and existing |
| under the laws of the State of Connecticut (State) | (hereinafter called Surety), are h | | |
| America in the sum of \$75,000 for a broker or from heirs, executors, administrators, successors, and | eight forwarder, for which payment, well assigns, jointly and severally, firmly by th | and truly to be made, we nese presents. | e bind ourselves and ou |
| WHEREAS, the Principal is or intends to become the rules and regulations of the Federal Motor C of motor carriers and shippers, and has elected financial responsibility and the supplying of tra agreements, or arrangements therefore, and | Carrier Safety Administration relating to in to file with the Federal Motor Carrier Safe Insportation subject to the ICC Termination | nsurance or other securit ety Administration such a on Act of 1995 in accorda | y for the protection a bond as will ensure ince with contracts, |
| WHEREAS, this bond is written to assure compli of Transportation by motor vehicle with 49 U.S. Administration, relating to insurance or other so any and all motor carriers or shippers to whom | C. 13906(b), and the rules and regulation ecurity for the protection of motor carrie | s of the Federal Motor Ca is and shippers, and shall | arrier Safety I inure to the benefit of |
| NOW, THEREFORE, the condition of this obligation by motor vehicle any sum or sums for which the perform, fulfill, and carry out all contracts, agree supplying of transportation subject to the ICCT Safety Administration, then this obligation shall | on is such that if the Principal shall pay o e Principal may be held legally liable by re ements, and arrangements made by the fermination Act of 1995 under license issu | r cause to be paid to mo eason of the Principal's fa Principal while this bond ued to the Principal by th | tor carriers or shippers ailure faithfully to is in effect for the |
| The liability of the Surety shall not be discharge or payments shall amount in the aggregate to the amount of said penalty. The Surety agrees to suits filed, judgements rendered, and payments | d by any payment or succession of paym he penalty of the bond, but in no event so o furnish written notice to the Federal M | ents hereunder, unless a hall the Surety's obligati | on hereunder exceed |
| This bond is effective the <u>1st</u> day of <u>O</u> Principal as stated herein and shall continue in cancel this bond by written notice to the Federal become effective thirty (30) days after actual re Motor Carrier and Broker Surety Bond. The Sure which arise as the result of any contracts, agree transportation after the termination of this bond hereunder for the payment of any such damage for the supplying of transportation prior to the | force until terminated as hereinafter proval Motor Carrier Safety Administration at ceipt of said notice by the FMCSA on the sty shall not be liable hereunder for the pments, undertakings, or arrangements mid as herein provided, but such terminaties arising as the result of contracts, agreed date such termination becomes effective | its office in Washington, prescribed Form BMC-36 ayment of any damages hade by the Principal for ton shall not affect the lial ments, or arrangements as | e Surety may at any tim DC, such cancellation to 6, Notice of Cancellation herein before described the supplying of bility of the Surety made by the Principal |
| The receipt of this filing by the FMCSA certifies such company is qualified to make this filing up | | | |

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 1st day of October , 2013

| FLI Inc. COMPANY NAME | | | SURETY Travelers Casualty and Surety Company of America | | | |
|-----------------------|-------------------------|---|---|---|------------------|------------------|
| | | | | | | |
| | | | 12980 Metcalf Ave | enue, Ste. 240 | Overland Park | One Tower Square |
| STREET ADDRESS | | CITY | STREET ADDRESS | | CITY | |
| Kansas | 66213 | | Connecticut | 06183 | 860-277-0111 | |
| STATE | ZIP CODE | TELEPHONE NUMBER | STATE | ZIP CODE | TELEPHONE NUMBER | |
| <u> </u> | | | Christy M. McCart, Attorney-in-Fact | | | |
| (type or | print Principal officer | and those care is a nation of detection | Tiffany C. Massey | print Printipal officer (Principal officer's sig | | |
| | (type or print witness | 's name) | Delas | (type or print withess | s name) OSSEY | |
| | (witness's signati | ure) | 00 | (affix Surety sea. | | |



POWER OF ATTORNEY

Farmington Casualty Company Fidelity and Guaranty Insurance Company Fidelity and Guaranty Insurance Underwriters, Inc. St. Paul Fire and Marine Insurance Company St. Paul Guardian Insurance Company St. Paul Mercury Insurance Company Travelers Casualty and Surety Company Travelers Casualty and Surety Company of America United States Fidelity and Guaranty Company

Attorney-In Fact No.

226909

Certificate No. 005558899

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

Patrick T. Pribyl, Debra J. Scarborough, Christy M. McCart, Mary T. Flanigan, Ronald J. Lockton, Claudia Mandato, Jeffrey C. Carey, Kathy L. Fagan, Charles R. Teter III, Laura M. Murren, Mark Duggan, Charissa D. Lecuyer, Evan D. Sizemore, David M. Lockton, Kathleen M. Coen, and Rebecca S. Gross

| of the City of _ each in their sepa | Kansas Cit | more than one is nam | , State o | execute, seal and a | cknowledge any a | and all bonds, reco | ognizances, conditi | ul Attorney(s)-in-Fact, ional undertakings and |
|---|---|---|---|--|--|--|---|--|
| | | nature thereof on behateeing bonds and und | | | | | | ng the performance of |
| IN WITNESS V | VHEREOF, the | Companies have cause 2013 | sed this instrument | to be signed and t | heir corporate sea | ls to be hereto aff | ixed, this | 15th |
| | | Farmington Casu Fidelity and Guar Fidelity and Guar St. Paul Fire and St. Paul Guardian | ranty Insurance C ranty Insurance U Marine Insurance | nderwriters, Inc. Company | Trav Trav | elers Casualty a elers Casualty a | surance Company nd Surety Compa nd Surety Compa y and Guaranty C | nny nny of America |
| CASUA GEORGE 1982 1982 | 1977 B | NCORPORATED STATES | TIME & LANCE | SCORPORATE EN | SEAL STATE OF STATE O | HARTFORD, CONN. | J HARTFORD S | SUTY AND CONTROL OF THE PROPERTY OF THE PROPER |
| State of Connect City of Hartford | | | | | Ву: | Robert L. Rand | ey, Senior Vice Presic | lent |
| On this the be the Senior Vic Fire and Marine Casualty and Su | ce President of Fa Insurance Comp rety Company of | any, St. Paul Guardia | ompany, Fidelity a in Insurance Comp d States Fidelity an | and Guaranty Insur any, St. Paul Merc ad Guaranty Comp | ance Company, F ury Insurance Co any, and that he, | idelity and Guaran mpany, Travelers as such, being aut | nty Insurance Undo Casualty and Sure thorized so to do, or | knowledged himself to erwriters, Inc., St. Paul ty Company, Travelers executed the foregoing |
| | | set my hand and office day of June, 2016. | cial seal. | TETRE | | Mar | ix C. J | theault tary Public |

58440-8-12 Printed in U.S.A.

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, and Vi President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this ______ day of _____OT___01__2013



















To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.



FREIGHT SHIPPING SIMPLY DONE.

BANK AND TRADE REFERENCES

COMPANY INFORMATION

FLI, Inc. Phone: 913.851.2247

12980 Metcalf Ave., Suite 240 Fax: 913.851.3120 Overland Park, KS 66213

Federal I.D.: 48-0902272 Web: www.fliinc.net

CEO: Chase Wilson
CEO: Todd Novicoff

BANK REFERENCE

US Bank Business Credit Robyn Ritchie

9900 West 87th St. Fax: 913,652,5117

Overland Park, KS 66212

TRADE REFERENCES

Dan Cline Transport Melton Truck Lines
PO Box 401
PO Box 268946

Mount Vernon, MO 65712 Oklahoma City, OK 73128

800.801.6987 913.234.8000

Landstar Ligon, Inc.

Western Flyer Express

Drawer CS 100733 5220 SW 11th St.

5220 3W 11 3t.

Atlanta, GA 30384 Oklahoma City, OK 73128

800.880.7991 405.917.4028

We certify that all the information on this reference sheet is accurate and authorize you to contact the above references in order to complete your credit process.

Steve Nodolf

FLI Operations Manager

Step D. North

BROKER/CARRIER TRANSPORTATION BROKERAGE AGREEMENT

| In consideration of the agreements and representations made herein, effective | , 20, this Agreement is made between FLI, |
|---|---|
| Inc. ("Third Party Logistics Company/Broker"), and | ("Carrier") as follows: |
| A Coming is duly such spined to appear in appearing in interested and f | |

- A. Carrier is duly authorized to engage in operations in interstate and foreign commerce as a common and/or contract carrier for the transportation of general commodities by MC No.______, (copies of which are on file with Broker); and
- B. Broker is duly authorized to perform services as a broker of transportation of property by License No. MC-298002, and controls the selection of carriers for the transportation of the commodities to be tendered to Carrier.
- 1. SERVICES TO BE PERFORMED. Carrier shall transport shipments to and from such origins and destinations as may be designed by Broker from time-to-time in the Individual Load Confirmation and Rate Agreement delivered by Broker to Carrier, pursuant to the terms set forth in this Agreement. In addition, Carrier acknowledges and agrees that time is of the essence in the performance of the Transportation services. Carrier shall comply with all applicable laws and regulations, including without limitation, those pertaining to safety and security of its operations. Carrier represents and warrants that it does not have a U.S. Department of Transportation safety rating of "unsatisfactory" or "conditional." Carrier further agrees to notify Broker within twenty-four (24) hours of receipt of notice that Carrier has been issued a safety rating of either "unsatisfactory" or "conditional." Carrier further agrees that carrier will perform the Transportation services and services will not be double-brokered.
- 2. <u>TERM</u>. The term of this Agreement shall commence as of the date of this Agreement and shall continue for a one (1) year period thereafter, and shall automatically renew for additional one-year periods unless written notice of non-renewal is given by either party to the other at least thirty (30) days prior to the end of any term (the "Term"); provided, however, that this Agreement may be terminated at any time by either party upon thirty (30) calendar days' written notice; provided further, that if either party violates any material provisions of this Agreement, then the other party shall have the right to terminate this Agreement immediately upon written notice to that effect.
- 3. RATES. Broker shall pay Carrier the rates and charges set forth in one or more Individual Load Confirmation and Rate Agreements. Such rates and charges shall be effective throughout the Term unless modified in a writing agreed to by both parties, which modifications shall be attached hereto and incorporated herein. Broker shall pay Carrier the rates and charges set forth on the Individual Load Confirmation and Rate Agreement delivered by Broker to Carrier. Carrier shall confirm the agreed-to rates and charges in a writing which may be sent to Broker by mail or facsimile. Unless Carrier objects in writing before the earlier of the time the freight is picked up or twenty-four (24) hours from the delivery of the mailing or facsimile, as applicable, Carrier shall be deemed to have agreed to such rates and charges.
- 4. <u>INVOICING</u>. Carrier agrees to bill Broker for service rendered hereunder. Payment of the freight charges shall relieve shipper, receiver, consignor or consignee of any liability to the Carrier for non-payment of charges. Broker agrees to pay Carrier for the applicable freight charges under this contract within thirty days of receipt by Broker of Carrier's freight bill, bill of lading and signed delivery receipt free and clears of any exceptions. The Bill of Lading shall note that the shipments were transported by the Carrier acting as the carrier, and that the shipment was arranged by the Broker. Carrier agrees that delivery must occur and Carrier must provide an executed delivery receipt ("clear" with no exceptions) before payment is due pursuant to this Agreement. No payment will be required when appropriate documentation of delivery is not received by Broker within six (6) months after delivery. No payment will be required if Transportation services are not provided by carrier or carrier double-brokers Transportation services to another party. Carrier contact of shippers or consignees regarding freight payment is strictly prohibited and may, at Broker's option, void this Agreement.
- **5. INSURANCE**. Carrier shall at all times during the life of this Contract maintain and carry the following insurance coverage with an acceptable company:
- (a) Public liability and property damage with a minimum combined single limit of \$1,000,000.00 and General Liability with a limit of \$1,000,000.00. Such insurance shall name the Carrier as insured and include Broker as an additional insured (with respect to its contractual interests herein) with respect to liabilities for personal injury, including death, and property damage arising out of the ownership maintenance, use and/or operation of the equipment.
- (b) Cargo insurance with a minimum limit of \$100,000 to compensate the Broker, owner or consignee of property which comes into the possession of Carrier in connection with its transportation service. Regardless of Carrier's status as either a common or a contract carrier the cargo insurance shall be in the form required by 49 C.F.R. Section 387.311, and shall have no restrictions or exclusions that would not be accepted by the Federal Motor Carrier Safety Administration (FMCSA) for filing under the above cited section, but shall in all respects be identical to the cargo insurance filed in accord with the said section including all required endorsements.
- (c) Worker's compensation at statutory limits and all states endorsement.
- (d) Carrier shall cause its insurance carrier(s) to forward to Broker a standard Certificate of Insurance which shall require the insurance carrier to give written notice thirty days prior to cancellation of such insurance for each of the above coverages.
- 6. CARGO LIABILITY. Carrier assumes the liability required of an interstate motor common carrier under 49 U.S.C. § 14706, as amended, regardless of whether the shipment is interstate or intrastate in nature. Carrier's liability for the goods shall be for "full actual loss" which, by this Agreement, includes, but is not limited to the original invoice value charged consignee or the destination marker value of goods lost or damaged, whichever is higher, freight charges, warehousing costs, transportation costs, and all other assessorial charges on loss and damage claims. Carrier's liability under this Agreement shall commence at the earlier of when Carrier signs the applicable bill of lading accepting Broker's, shipper's, consignor's or consignee's tender of shipment or Carrier has loaded such shipment upon Carrier's equipment at the point of origin. Carrier's liability shall end when Carrier has delivered such shipment to the designated destination, has received a signed delivery receipt and nothing further remains to be done by Carrier to deliver the shipment in accordance with the bill of lading. If a shipment is refused or Carrier is unable to deliver it for any reason, Carrier shall immediately notify Broker to receive instructions regarding the disposition of the shipment.
- 7. <u>INDEMNITY</u>. Carrier shall at all times both during and after the Term of this Agreement protect, defend, indemnify, and hold harmless Broker, its agents and employees against and from any and all liability, loss, damage, penalties, fines, costs and expenses of any

kind whatsoever (including reasonable attorneys' fees and other legal costs and expenses), relating to claims for personal injury, death and damage to property, clean-up costs from commodity spills and damage to the environment asserted against Broker by any person and arising out of Carrier's acts or omissions under, or relating to, this Agreement.

- **8.** <u>BILL OF LADING</u>. The bill of lading with respect to each shipment shall conspicuously identify (i) that the shipments were transported by carrier, acting as a carrier, and (ii) that shipment was arranged by Broker, acting as a broker. The name of the underlying shipper shall be inserted in the blank for the shipper and the name of the consignee shall be inserted in the blank for the consignee. This Agreement shall constitute the contract of carriage. The terms of the bill of lading are subordinate to the terms of this Agreement, and, in the event of a conflict between such bill of lading and this Agreement, the terms of this Agreement shall govern.
- **9. SETTLEMENT OF CARGO CLAIMS AND OTHER DISPUTES**. All cargo claims and other disputes shall be settled in accordance with the regulations codified at 49 C.F.R. Part 370.
- 10. <u>INDEPENDENT CONTRACTOR</u>. Carrier shall perform its services as an independent contractor and, to the extent required by law, shall have exclusive control and direction of the persons operating the equipment or otherwise engaged in such Transportation Services. Carrier assumes full responsibility for the acts and omissions of such persons and shall have exclusive liability for the payment of local, state and federal payroll taxes, or contributions or taxes for unemployment insurance, workers' compensation, old age pensions or other social security and related protection with respect to persons engaged in the performance of such Transportation Services. Neither Carrier nor anyone employed by it shall be, represent, act, purport to act or be deemed to be the agent, representative, employee or servant of Broker.
- 11. COVENANT NOT TO COMPETE. During the Term and for a period of one (1) year after termination of this Agreement, Carrier shall not solicit Transportation Services from any shipper, consignor, consignee or customer of the Broker where (a) the availability of such Transportation Services first became known to Carrier as a result of Broker's efforts or (b) where the traffic of the shipper, consignor, consignee or customer of the Broker was first tendered to the Carrier by the Broker. If Carrier breaches this Agreement and "back solicits" Broker's Client and obtains traffic from such customer, Broker shall be entitled for a period of fifteen months after the involved traffic first begins to move, to commission from the Carrier of fifteen percent (15%) of the freight charges received on the movement of the traffic. In the event this Agreement expires or is otherwise terminated, the provisions of Section 11 shall remain in full force and effect.
- 12. <u>LIENS</u>. Carrier shall not permit and hereby waives any encumbrance or lien arising out of acts or claims against Broker to be entered, levied or to exist upon goods transported pursuant to this Agreement, including but not limited to a lien for freight charges which may be due for that particular shipment or any prior shipment. Carrier shall remove or release such lien or encumbrance immediately after becoming aware of the existence thereof and shall indemnify, defend (at Broker's option), and hold Broker harmless for any and all costs or expenses to Broker associated therewith, including costs and attorneys' fees incurred enforcing this clause.
- 13. FORCE MAJEURE. Neither party hereto will be liable for the failure to tender or timely transport freight under this Contract if such failure, delay or other omission is caused by strikes, acts of God, war, civil disorder, or through compliance with legally constituted order of civil or military authorities. The performance of this Agreement may be suspended by either party in the event such services are prevented by such strikes, acts of God, war, civil disorder, or through compliance with legally constituted order of civil or military authorities.
- 14. <u>WAIVER</u>. Any waiver by either party of any provisions or conditions of this Agreement shall not be construed or deemed to be a waiver of any other provisions or conditions of this Agreement nor a waiver of a subsequent breach of the same provision or condition, unless such is expressed in writing and signed by the party to be bound.
- **15. <u>BINDING EFFECT</u>**; **<u>BENEFITS</u>**. This Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective successors and permitted assigns.
- **16.** CHOICE OF LAW AND FORUM. This Agreement shall be governed by and construed in accordance with the laws of the State of Kansas and Title 49 of the United States Code and regulations adopted thereunder. Litigation regarding this Agreement may be brought only in state or federal courts in the State of Kansas.
- 17. ENTIRE AGREEMENT; MODIFICATIONS. This Agreement, together with each of the Individual Load Confirmation and Rate Agreement documents, and any revisions, appendices, endorsements and amendments hereto or thereto, contains the entire and exclusive agreement between the parties, and no statements, promises, or inducements made by either party or agent of either party that are not contained in this written Agreement shall be valid or binding. No modification of this Agreement is binding on either party unless such modification is in writing and signed by both parties.
- **18. ASSIGNMENT**. Neither party may assign this agreement or any of its rights, duties or obligations, without the prior written consent of the other party. Such consent shall not be unreasonably withheld.

IN WITNESS WHEREOF, the parties, by their duly authorized representatives, have executed this Agreement as of the date first written above.

| F.L.I., Inc. | CARRIER: |
|---------------------------|----------|
| Signed: Styr D. North | Signed: |
| Printed: Steve Nodolf | Printed: |
| Title: Operations Manager | Title: |

Please scan signed agreement then email to carrierdocs@fliinc.net. Fax is available as alternative: 913-851-3120.



Request for Taxpayer Identification Number and Certification

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

| intornar i | iovorido corvido | | | | |
|---|---|---|--|--|--|
| | Name (as shown on your income tax return) | | | | |
| ge 2. | | | | | |
| Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: Individual/sole proprietor Check appropriate box for federal tax classification: | | | | | |
| Print or type Instruction | Limited liability company. Enter the tax classification (C=C corporation, S=S corpora | ation, P=partnership) ► | Exempt payee | | |
| 급등 | Other (see instructions) ▶ | | | | |
| pecifi | Address (number, street, and apt. or suite no.) | Requester's name and addres | s (optional) | | |
| See S | City, state, and ZIP code | | | | |
| | List account number(s) here (optional) | | | | |
| Part | . , | | | | |
| | our TIN in the appropriate box. The TIN provided must match the name given o | | ber | | |
| | d backup withholding. For individuals, this is your social security number (SSN) | | | | |
| | t alien, sole proprietor, or disregarded entity, see the Part I instructions on page | | - | | |
| entities | , it is your employer identification number (EIN). If you do not have a number, so | see How to get a | | | |
| TIN on | page 3. | | | | |
| Note. | f the account is in more than one name, see the chart on page 4 for guidelines | on whose Employer identifica | tion number | | |
| | r to enter. | on whose | | | |
| | | - | | | |
| Part | Certification | | | | |
| | penalties of perjury, I certify that: | | | | |
| | number shown on this form is my correct taxpayer identification number (or I a | am waiting for a number to be issued to r | ne), 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 an | B. I am a U.S. citizen or other U.S. person (defined below). | | | | |
| Certifi | cation instructions. You must cross out item 2 above if you have been notified | by the IRS that you are currently subject | t to backup withholding | | |
| becaus interes genera | be you have failed to report all interest and dividends on your tax return. For real t paid, acquisition or abandonment of secured property, cancellation of debt, or ally, payments other than interest and dividends, you are not required to sign the tions on page 4. | al estate transactions, item 2 does not ap ontributions to an individual retirement a | ply. For mortgage rrangement (IRA), and | | |
| Sign | Signature of | | | | |
| Here | U.S. person ▶ | Date ► | | | |

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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.

Form W-9 (Rev. 12-2011) Page **2**

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
 - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester,
- 2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
 - 3. The IRS tells the requester that you furnished an incorrect TIN,
- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see Special rules for partnerships on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Form W-9 (Rev. 12-2011) Page **3**

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/ disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

- 1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 - 2. The United States or any of its agencies or instrumentalities,
- 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
- 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
- 5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

- 6. A corporation,
- 7. A foreign central bank of issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 - 10. A real estate investment trust,
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 - 12. A common trust fund operated by a bank under section 584(a),
 - 13. A financial institution.
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

| IF the payment is for | THEN the payment is exempt for |
|---|---|
| Interest and dividend payments | All exempt payees except for 9 |
| Broker transactions | Exempt payees 1 through 5 and 7 through 13. Also, C corporations. |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 5 |
| Payments over \$600 required to be reported and direct sales over \$5,000 1 | Generally, exempt payees 1 through 7 ² |

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see Exempt Payee on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- **3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Form W-9 (Rev. 12-2011) Page **4**

- **4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|--|
| 1. Individual | The individual |
| Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ' |
| Custodian account of a minor (Uniform Gift to Minors Act) | The minor ² |
| a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law | The grantor-trustee ' The actual owner ' |
| Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A)) | The grantor* |
| For this type of account: | Give name and EIN of: |
| 7. Disregarded entity not owned by an individual | The owner |
| 8. A valid trust, estate, or pension trust | Legal entity ⁴ |
| Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 11. Partnership or multi-member LLC | The partnership |
| 12. A broker or registered nominee | The broker or nominee |
| 13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B)) | The trust |

¹List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- · Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

^{*}Note. Grantor also must provide a Form W-9 to trustee of trust.