



P.O. Box 726 • Prospect, Kentucky 40059 • 502-957-1990

Mailing and Physical  
Address

Carnes Trucking  
Company Inc  
351 Terry Blvd  
Louisville KY 40229

Factoring Company

Transport Financial  
Solutions  
PO Box 875981  
Dallas TX, 75284-5981

Main Number  
Dispatch Number

502-957-1990  
502-957-1999

Contacts  
Dave Mitchell  
Paul Carwile  
Allie Miller  
Jim Rowe  
Trey Jennings  
All Dispatch

Vice President  
Outbound Dispatch  
Inbound Dispatch  
General Dispatch  
Afterhours  
Afterhours

[nick@carnestrucking.com](mailto:nick@carnestrucking.com)  
[davem@carnestrucking.com](mailto:davem@carnestrucking.com)  
[paulc@carnestrucking.com](mailto:paulc@carnestrucking.com)  
[allie@carnestrucking.com](mailto:allie@carnestrucking.com)  
[jimr@carnestrucking.com](mailto:jimr@carnestrucking.com)  
[trey@carnestrucking.com](mailto:trey@carnestrucking.com)  
[dispatch@carnestrucking.com](mailto:dispatch@carnestrucking.com)

Extension 114  
Extension 121  
Extension 110  
Extension 111  
Extension 121  
Extension 121  
Option 1

Federal ID# 61-1123539  
ICC/MC# 189389  
DOT# 278668  
SCAC Code CTHK  
Safety Rating Satisfactory

#### Equipment

Tractors 50  
53 Vans 50  
Reefers 40  
Lift gate 1  
Rollers 20



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/01/2016

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

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

<b>PRODUCER</b> Scott Gronholz c/o Wells Fargo Insurance Services USA, Inc. 400 Highway 169 South, 8th Floor St. Louis Park, MN 55426	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): (800) 735-3008 FAX (A/C, No): (866) 670-7609 E-MAIL ADDRESS:  <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : American Zurich Insurance Company NAIC # 40142  INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
<b>INSURED</b> Transport Leasing/Contract, Inc. dba: TLC Companies Alt. Emp: Carnes Trucking Co., Inc 6160 Summit Drive N. Suite 500 Brooklyn Center, MN 55430	

## COVERAGES

CERTIFICATE NUMBER: 15MN002885873

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input 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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	WC 58-97-173-03	12/31/2015	12/31/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
			<b>Location Coverage Period:</b>	12/31/2015	12/31/2016	<b>Client#</b> T02648-KY

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

Coverage is provided for only those co-employees of, but not subcontractors to:  
Carnes Trucking Co., Inc  
351 Terry Road  
Hunters Hollow, KY 40229

## CERTIFICATE HOLDER

## CANCELLATION

Carnes Trucking Co., Inc  
351 Terry Road  
Hunters Hollow, KY 40229

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

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/24/2015

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).

<b>PRODUCER</b> <b>BB&amp;T Insurance Services, Inc.</b> <b>2600 Eastpoint Parkway (40223)</b> <b>P O Box 436869</b> <b>Louisville, KY 40253</b>		<b>CONTACT NAME:</b> Karen Higdon <b>PHONE (A/C, No, Ext):</b> 502-489-5900 <b>E-MAIL ADDRESS:</b> khigdon@bbandt.com <b>FAX (A/C, No):</b> 866-899-4230	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Great West Casualty Company	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**INSURED**  
**Carnes Trucking Co. Inc.**  
**351 Terry Blvd**  
**Louisville, KY 40229-0726**

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> 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			GWP98222D	09/01/2015	09/01/2016	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 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			GWP98222D	09/01/2015	09/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cargo-Incl Reefer			GWP98222D	09/01/2015	09/01/2016	\$500,000 Limit 5000 Ded
A	Physical Damage			GWP98222D	09/01/2015	09/01/2016	\$5,000 Ded Comp & Coll
A	Bailee's			GWP98222D	09/01/2015	09/01/2016	\$5,000 Ded Comp & Coll

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

## CERTIFICATE HOLDER

## 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

*David E. Brown*

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ORIGINAL TITLE PAGE

100 CTRK 4000A  
CARNES  
100 CTRK 4000

CARNES TRUCKING CO., INC.

MC-189389

LOCAL MOTOR FREIGHT TARIFF

CONTAINING

RULES, REGULATIONS, CHARGES AND RATES

APPLYING ON

GENERAL COMMODITIES (EXCEPT CLASSES A AND B EXPLOSIVES,  
HOUSEHOLD GOODS, AND COMMODITIES IN BULK)

BETWEEN POINTS IN THE U.S. (EXCEPT AK AND HI)

FOR REFERENCE TO GOVERNING PUBLICATIONS, SEE ITEM NO. 100

ISSUED: December 28, 1992 EFFECTIVE: January 19, 1993

ISSUED BY:  
GARY L. CARNES, President  
P. O. BOX 726  
PROSPECT, KENTUCKY 40059

THE PROVISIONS PUBLISHED HEREIN WILL, IF EFFECTIVE, NOT  
RESULT IN AN EFFECT ON THE QUALITY OF THE HUMAN ENVIRONMENT

US DOT  
#278668

*John P. ...*

PM-26  
(Rev. 10/84)

INTERSTATE COMMERCE COMMISSION

CERTIFICATE

No. MC 189389

GARY L. CARNES  
d/b/a CARNES TRUCKING  
LOUISVILLE, KY

SERVICE DATE

JAN 12 1987

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier by motor vehicle.

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 1043); the designation of agents upon whom process may be served (49 CFR 1044); and tariffs or schedules (49 CFR 1300 through 1310, revised). The carrier shall also render reasonably continuous and adequate service to the public. Failure to meet these conditions will constitute sufficient grounds for the suspension, change, or revocation of this authority.

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

For common carriers with irregular route authority: Any irregular route authority authorized in this Certificate may not be tacked or joined with your other irregular route authority unless joinder is specifically authorized.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

(SEAL)

NORETA R. MCGEE,  
Secretary.

NOTE: If there are any discrepancies regarding this document, please notify the Commission within 30 days.

PM-31  
(Rev. 11/92)

SERVICE DATE

INTERSTATE COMMERCE COMMISSION

DEC 8 1952

PERMIT

No. MC 189389 (Sub-No. 3-P)

CARNES TRUCKING CO., INC.  
LOUISVILLE, KY

This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier by motor vehicle.

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 1043); the designation of agents upon whom process may be served (49 CFR 1044); and for passenger carriers, tariffs or schedules (49 CFR 1312).

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

The transportation service to be performed is described on the reverse side of this document. Service must be performed under a continuing agreement with one or more persons.

By the Commission.

(SEAL)

SIDNEY L. STRICKLAND, JR.  
Secretary

NOTE: If there are any discrepancies regarding this Permit, please notify the Commission within 30 days.

To operate as a contract carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except household goods, commodities in bulk, class A and B explosives; Poison A; liquefied compressed gas; compressed gas; highway route controlled quantity radioactive materials as defined in 173.455; or hazardous substances transported in cargo tanks, portable tanks, or hopper type vehicles with capacities in excess of 3,500 water gallons), between points in the U.S. (except AK and HI), under continuing contract(s) with commercial shippers or receivers of such commodities.

**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.

KENTUCKY TRANSPORTATION CABINET  
Division of Motor Carriers  
P.O. Box 2007  
Frankfort, KY 40601  
(502) 564-4127 (8:00 AM-4:30 PM Eastern Standard Time)

TC 95-306.  
Rev. 09/03

K 817  
CARNES TRUCKING CO INC  
POST OFFICE BOX 726  
PROSPECT KY 40059

LIST YOUR COMPANY NUMBER(S):

KYU NUMBER: 045204

DOT NUMBER: 278668

IFTA or KIT NUMBER: 61112353901

**2004 KENTUCKY INTRASTATE FOR-HIRE AUTHORITY RENEWAL  
AND/OR  
2004 INTERSTATE (ICC) EXEMPT FOR-HIRE AUTHORITY RENEWAL**  
(EXCEPT HOUSEHOLD GOODS AND PASSENGERS)

IF YOU HAVE QUESTIONS PLEASE REFER TO THE BACK OF THIS FORM. THIS AUTHORITY MUST BE RENEWED ON OR BEFORE JANUARY 1ST OF EACH CALENDAR YEAR.

**SECTION 1: COMPLETE THIS SECTION IF YOU ARE RENEWING ICC EXEMPT FOR-HIRE AUTHORITY:**

- A. The number of vehicles to be operated in the Commonwealth of Kentucky: \_\_\_\_\_
- B. The per vehicle fee is \$10.00. List the amount submitted: \$ \_\_\_\_\_. There is NO application fee with this authority. Please submit ONLY the \$10.00 per vehicle fee.

**SECTION 2: COMPLETE THIS SECTION IF YOU ARE RENEWING KENTUCKY INTRASTATE FOR-HIRE AUTHORITY:**

- A. The number of vehicles to be operated in the Commonwealth of Kentucky: 35
- B. The application fee for this authority is \$25.00.
- C. The per vehicle fee is \$10.00 OR you may submit a copy of your company's RS-3 (authority issued from your base state for Single State Registration Authority) for the calendar year 2004. ONLY a copy of the RS-3 may be submitted in lieu of the \$10.00 per vehicle fee and must be for the year 2004.
- D. List the amount you are submitting for the per vehicle fee: \$ 0
- E. Total amount submitted: \$ 25.00 (include the \$25.00 application fee and the \$10.00 per vehicle or a copy of your RS-3 in lieu of the \$10.00 per vehicle fee).

**MAKE FEES PAYABLE TO KENTUCKY STATE TREASURER AND RETURN WITH THIS FORM TO THE ADDRESS LISTED ABOVE.**

The undersigned hereby files application for the renewal of Kentucky Intrastate For-Hire Authority OR Interstate (ICC) Exempt For-Hire Authority. This authorization shall remain in effect until expired by law or revoked by the Kentucky Transportation Cabinet. Any vehicles operated under this authority must carry verification of insurance. I certify that I have access to and am familiar with all applicable regulations of the U.S. Department of Transportation relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and I will comply with these regulations:

Authorized Signature: Ray T. Carnes

Date: 9-26-03

Telephone Number: 502-957-1990

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



**HAZARDOUS MATERIALS  
CERTIFICATE OF REGISTRATION  
FOR REGISTRATION YEAR(S) 2013-2016**

**Registrant:** CARNES TRUCKING CO INC  
Attn: GARY L CARNES  
PO BOX 726  
PROSPECT, KY 40059

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: 061713 551 088VX**

**Issued: 06/17/2013**

**Expires: 06/30/2016**

**HM Company ID: 037385**

**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.



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

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

April 23, 2010

In reply refer to:  
Your USDOT No.: 278668  
Review No.: 789616/CR

GARY CARNES  
PRESIDENT  
CARNES TRUCKING CO INC  
P O BOX 726  
PROSPECT, KY 40059-0726

---

Dear GARY CARNES:

The motor carrier safety rating for your company is:

**SATISFACTORY**

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on April 16, 2010. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

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

U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
330 WEST BROADWAY, ROOM 124  
FRANKFORT, KY 40601  
Telephone No.: 502-223-6779

---

John Van Steenburg  
Director, Office of Enforcement and  
Compliance



April 16, 2014

GARY CARNES  
CARNES TRUCKING CO INC  
351 TERRY BLVD  
LOUISVILLE, KY 40229

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

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

CARNES TRUCKING CO INC  
351 TERRY BLVD  
LOUISVILLE, KY 40229  
MC- 189389

This Alpha Code will apply only to the company name shown above through June 30, 2015. Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal 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 Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information (email preferred as a PDF or TIF attachment) to the following address:

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

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

BK REF

DEPARTMENT OF THE TREASURY  
UNITED STATES CUSTOMS SERVICE

## CUSTOMS BOND

19 CFR Part 113

**CUSTOMS  
USE  
ONLY**

BOND NUMBER\* (Assigned by Customs)

460370680

FILE REFERENCE

In order to secure payment of any duty, tax or charge and compliance with law or regulation as a result of activity covered by any condition referenced below, we the below named principal(s) and surety(ies), bind ourselves to the United States in the amount or amounts, as set forth below.

Execution Date  
07-29-03

**SECTION I - Select Single Transaction OR Continuous Bond (not both) and fill in the applicable blank spaces.**

<input type="checkbox"/> REMOTE TRANSACTION BOND	Identification of transaction secured by this bond (e.g., entry no., seizure no., etc.) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Date of Transaction XXXXXXXXXXXX	Transaction district & port code XXXXXX
<input checked="" type="checkbox"/> CONTIGUOUS BOND	Effective Date 08-06-03	<p>This bond remains in force for one year beginning with the effective date and for each succeeding annual period, or until terminated. This bond constitutes a separate bond for each period in the seasons listed below for liabilities that accrue in each period.</p> <p>The intention to terminate this bond must be conveyed within the time period and manner prescribed in the Customs Regulations.</p>		

SECTION II - This bond includes the following agreements:<sup>1</sup> (Check one box only, except that, 1a maybe checked independently or with 1, and 3a may be checked independently or with 3. Line out all other parts of this section that are not used.)

Activity Code	Activity Name and Customs Regulations In which conditions codified	Limit of Liability	Activity Code	Activity Name and Customs Regulations In which conditions codified	Limit of Liability
<input type="checkbox"/> 1	Importer or broker _____ 113.62	XXXXXXXXXX	<input type="checkbox"/> 6	Public Gauger _____ 113.67	XXXXXXXXXX
<input type="checkbox"/> 1a	Drawback Payment Refunds _____ 113.65	XXXXXXXXXX	<input type="checkbox"/> 6	Wool & Fur Products Labeling Act Importation (Single Entry Only) _____ 113.68	XXXXXXXXXX
<input checked="" type="checkbox"/> 2	Custodian of bonded merchandise _____ 113.63 (includes bonded carriers, freight forwarders, customs and lighterman, all classes of, warehouses, container station operators)	\$ 100,000.00	<input type="checkbox"/> 7	B&B of Lading (Single Entry Only) _____ 113.69	XXXXXXXXXX
<input type="checkbox"/> 3	International Carrier _____ 113.64	XXXXXXXXXX	<input type="checkbox"/> 8	Dissemination of Copyrighted Material (Single Entry Only) _____ 113.70	XXXXXXXXXX
<input type="checkbox"/> 3a	Instruments of International Traffic _____ 113.65	XXXXXXXXXX	<input type="checkbox"/> 9	Neutrality (Single Entry Only) _____ 113.71	XXXXXXXXXX
<input type="checkbox"/> 4	Foreign Trade Zone Operator _____ 113.73	XXXXXXXXXX	<input type="checkbox"/> 10	Court Costs for Confiscated Goods (Single Entry Only) _____ 113.72	XXXXXXXXXX

SECTION III- List below all tradenames or unincorporated divisions that will be permitted to obligate this bond in the principal's name including their Curtain's Identification Number(s).<sup>1</sup> (If more space is needed, use Section III (Continuation) on back of form.)

Importer Number	Importer Name	Importer Number	Importer Name
61-1123539AT	Carnes Trucking Co., Inc.	N.A.	N.A.
Total number of Importer names listed in Section III:			01

Principal and surety agree that any change against the bond under any of the listed names is as though it was made by the principal(s).

If the surety fails to appoint an agent under Title 6, United States Code, Section 7, surety consents to service on the Clerk of any United States District Court or the U.S. Court of International Trade, where suit is brought on this bond. That clerk is to send notice of the service to the surety at:

### Mailing Address Requested by the Surety

1601 Chestnut Street  
Philadelphia, PA 191011484

Principal and surety agree that they are bound to the same extent as if they executed a separate bond covering each set of conditions incorporated by reference to the Customs Regulations into this bond.		International Trade, where suit is brought on this bond. That clerk is to send notice of the service to the surety at: 1601 Chestnut Street Philadelphia, PA 191011484	
PRINCIPAL <sup>1</sup>	Name and Address Carnes Trucking Co., Inc. 5007 Clark Howell Highway Atlanta, GA 30349 (KY Corporation)	Importer No. 61-112353900 SIGNATURE Gary L. Carnes Gary L. Carnes, President <i>Gary L. Carnes</i>	SEAL
PRINCIPAL <sup>2</sup>	Name and Address N.A.	Importer No. N.A. SIGNATURE N.A.	SEAL
SURETY <sup>1</sup>	Name and Address Westchester Fire Insurance Company 1601 Chestnut Street Philadelphia, PA 191011484 (NY Corporation)	Surety No. 897 SIGNATURE <i>[Signature]</i>	SEAL
SURETY <sup>2</sup>	Name and Address N.A.	Surety No. N.A. SIGNATURE N.A.	SEAL
SURETY AGENTS	Nomos John K. Daily Atty-in-Fact <i>[Signature]</i>	Identification No. 153-48-3698	Identification No. N.A.

8/8 Carnes Trucking Co., Inc.

ALL CORRECTIONS AND ALTERATIONS WERE MADE  
PRIOR TO THE SIGNING OF THE BOND

# Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)  
**Ames Trucking Co. Inc.**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
☐ Individual/sole proprietor    ☐ C Corporation    ☒ S Corporation    ☐ Partnership    ☐ Trust/estate  
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶    ☐ Exempt payee  
☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)  
**351 Terry Blvd**

City, state, and ZIP code  
**Couissville Ky 40229**

List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

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

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

Social security number  

			-			-			
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Employer identification number  

6	1	-	1	1	2	3	5	5	9
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**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here    Signature of U.S. person ▶ *Ray Cannon*    Date ▶ **2-5-16**

## General Instructions

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

## Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.



# A.B.C. LICENSE

PREMISES ADDRESS SITE ID # 20270  
CARNES TRUCKING CO INC

*Mailing Address*

CARNES TRUCKING CO INC  
PO BOX 726  
PROSPECT, KY 40059-0726

CARNES TRUCKING CO INC  
DBA:CARNES TRUCKING CO INC  
351 TERRY BLVD  
LOUISVILLE, KY 40229-4056

Owner of Real Estate at Premises:

TITLE OF LICENSE	LICENSE NUMBER	EFFECTIVE	EXPIRES
Transporter's License	998-TPL-1719	1/1/2016	12/31/2016

# 2016

NON TRANSFERABLE: (except as provided in sections 243.630, 243.640 and 243.650 of the Kentucky Revised Statutes)  
This license does not constitute a property or vested right and may be revoked any time pursuant to law.

*DISTILLED SPIRITS ADMINISTRATOR :*

*MALT BEVERAGE ADMINISTRATOR :*



Use QR Code Reader to check  
Licensee Details

**Commonwealth of Kentucky**  
**DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

1003 Twilight Trail  
Frankfort, KY 40601-8400  
(502) 564-4850  
(502) 564-1442

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE LICENSED PREMISES KRS243.620

Check Remittance - Wiring - ACH Instruction

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Check Remittance to the following for

Garnes Trucking Company, Inc MC #189389

Made Payable to  
Transport Financial Solutions  
P.O. Box 845981  
Dallas TX 75284-5981

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Wire Transfer

Wire funds to the following:  
Bank of America  
100 N. Tryon Street  
Charlotte, NC

Routing Number: 026009593  
Credit Account: 4426581170

Further Credit : Covenant Transport Solutions

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ACH Funds Transmision

ACH funds to the following:  
Bank of America  
100 N. Tryon Street  
Charlotte, NC

Routing Number: 111000012  
Credit Account: 4426581170

Further Credit : Covenant Transport Solutions

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If you need further assistance please do not hesitate to contact me regarding this notice of assignment.

Tina Johnson - Transport Financial Solutions - Account Representative III

Toll Free 1-800-358-2618 - Direct Line 423.463.3656 - Fax 423.825-7631

Email - [TJohnson@tfsfactoryring.com](mailto:TJohnson@tfsfactoryring.com)