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

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

SERVICE DATE May 10, 2019

LICENSE MC-1035468-B U.S. DOT No. 3276990 BBL TRANSPORTATION LLC AKRON, OH

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a **broker, arranging for transportation of freight (except household goods)** by motor vehicle.

This authority will be effective as long as the broker maintains insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

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Jeffrey L. Secrist, Chief Information Technology Operations Division

BPO

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)												
	BBL TRANSPORTATION, LLC												
	Business name/disregarded entity name, if different from above												
	Check appropriate box for federal tax												
	classification (required): Individual/sole proprietor C Corporation V S Corporation	Partner	rship	ו 🗌	rust/e	state							
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► S Other (see instructions) ►												
щ ș		ddres	dress (optional)										
peci	PO BOX 3192												
e S	City, state, and ZIP code												
Se	CUYAHOGA FALLS, OH 44223-3192												
	List account number(s) here (optional)												
Pa	t Taxpayer Identification Number (TIN)												
Enter	your TIN in the appropriate box. The TIN provided must match the name given on the "Name"		cial s	ecurit	y num	ber							
reside	old backup withholding. For individuals, this is your social security number (SSN). However, for ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other	1 A			-		_						
	es, it is your employer identification number (EIN). If you do not have a number, see How to get n page 3.	ta 🛄					וו						
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose Employer identification number													
	ber to enter.	8	3	- 4	4 4	6	8	9	6	2			
Par	t II Certification					-							

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

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

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

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Sign Here	Signature of U.S. person ►	pl	121	Date ►	1/31	/22	

General Instructions

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

Purpose of Form

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

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

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income. **Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

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

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

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

ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE						/25/2022					
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.											
lf	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).										
_	DUCE	Ū.		0011		CONTA NAME:					
Rir	e Ins	urance Group LLC				PHONE (A/C, No	(220) (FAX (A/C, No)		
40	Metri	ic Drive, Ste #1					ss: mary@da	vidrineinsuran			
									DING COVERAGE		NAIC #
Tal	lmad	ge			OH 44278	INSURE	RA: ATAIN	SPECIALTY I	NS CO		17159
INSU	IRED					INSURE	RB: PENNSY	LVANIA MA	NUFACTURERS ASSO	INS CO	12262
BB	L TRA	ANSPORTATION LLC				INSURE	RC:				
161	7 AKI	RON PENINSULA RD				INSURE	RD:				
						INSURE	RE:				
	RON				OH 44313-7930	INSURE	RF:				
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IN C E	IDICA ERTIF XCLU	TED. NOTWITHSTANDING ANY REC FICATE MAY BE ISSUED OR MAY PE ISIONS AND CONDITIONS OF SUCH	UIREN RTAIN POLICI	/ENT, THE ES. L	TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON THE PC	ITRACT OR OT DLICIES DESCF DUCED BY PAI	HER DOCUM	ENT WITH RESPECT TO W	/НІСН ТН	
INSF LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			-						MED EXP (Any one person)	\$	5,000
Α			-		CIP388164		05/02/2022	05/02/2023	PERSONAL & ADV INJURY	\$	1,000,000
	_								GENERAL AGGREGATE	\$	2,000,000
	×								PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	AUT	OTHER: OMOBILE LIABILITY	-						COMBINED SINGLE LIMIT	\$	
		ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$				
								\$			
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MAD	<u> </u>						AGGREGATE	\$	
	WOR	DED RETENTION \$	_						IPER I I OTH-	\$	
	AND	KERS COMPENSATION EMPLOYERS' LIABILITY Y / N							STATUTE	_	
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
		datory in NH) s, describe under CRIPTION OF OPERATIONS below	-						E.L. DISEASE - EA EMPLOYE	-	
				-					E.L. DISEASE - POLICY LIMIT FMCSA BOND	\$	\$75,000
В		ONTINGENT MOTOR TRUCK ARGO			812101-9459744Y		10/19/2021	10/19/2023			\$100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CE	RTIF	ICATE HOLDER				CANC	ELLATION				
FOR INFORMATIONAL PURPOSES ONLY					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					
					mary-writeand						

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May 22, 2020



ZACHARY BOWER BBL TRANSPORTATION LLC 3345 STATE ROAD CUYAHOGA FALLS, OH 44223-3192

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

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

BBL TRANSPORTATION LLC 3345 STATE ROAD CUYAHOGA FALLS, OH 44223-3192 MC- 1035468 US DOT- 3276990

This Alpha Code will apply only to the company name shown above through June 30, 2021. 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, address or contact information need an update, please notify the National Motor Freight Association, Inc. at customerservice@nmfta.org.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

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

AMSSCAC@cbp.dhs.gov Customs and Border Protection Attention: SCAC Beauregard, Cube: A-105-3 1801 N. Beauregard Street Alexandria, VA 20598-1350

If you would also like to participate in the Automated Export System (AES) program, pleae email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request to enable your SCAC for AES.

All SCACs are automatically uploaded to ACE within 24 hours.

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 inconnection with freight rates. For participation and membership information, please call (703) 838-1810.

USDOT Number: _3276990 ____ Date Received: 05/03/2019

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 2126-0015. 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, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Una agencia federal no puede conducir ó auspiciar, y una pesona no está sujeta a responder ni será sujeta a penalidades por fallar en cumplir con una recolección de información sujeta a los requerimientos del Acto de Reducción de Papeleo, a menos que la recolección de información muestre un Número de Control OMB válido. El Número de Control OMB para esta recolección de información es 2126-0015. El reporte público para esta recolección de informacion es estimado en aproximadamente 10 minutos por respuesta, incluyendo el tiempo para revisar las instrucciones, obtener los datos necesitados y completar y revisar la recolección de información. Todas las respuestas a esta recolección de información som mandatorias. Enviar los comentarios respecto a esta carga estimado ó cualquier otro aspecto de esta recolección de información, incluyendo sugerencias para reducir esta carga a: Oficial de Clarificación de Recolección de información, de Lavier de Autotransporte, MR-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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Onited States Department of Transportation
Federal Motor Carrier Safety Administration
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Designation of Agents for Service of Process / Designación de Agentes del Servicio de Proceso

FORM BOC-3

FULL AND CORRECT NAME OF CARRIER, BROKER, OR FREIGHT FORWARDER: Nombre Completo y Correcto del Transportista, Agente, o el Destinatario del Flete:

BBL Transportation LLC

ADDRESS OF CARRIER, BROKER, OR FREIGHT FORWARDER: Dirección del Transportista, Agente, o el Destinatario del Flete:

1617 Akron Penninsula Ste 103	3 Akron	OH	44313		
STREET ADDRESS Dirección	CITY Ciudad			COLONIA (Mexico only) Colonia (sólo México)	FOREIGN COUNTRY País Extranjero

PERSON AUTHORIZED TO SIGN FORM: Persona Autorizada Para Firmar el Formulario:

Managing Member	Robert Callen
TITLE OF AUTHORIZED PERSON Título de la Persona Autorizada	NAME OF AUTHORIZED PERSON (please print) Nombre de la Persona Autorizada (por favor imprima) 330-929-4425
SIGNATURE OF AUTHORIZED PERSON Firma de la Persona Autorizada	TELEPHONE NUMBER Número Telefónico

INSTRUCTIONS: Regulations governing the designation of persons upon whom process may be served are prescribed at <u>49 CFR 366</u>, as amended. An agent must be designated for each state in or through which the carrier, broker, or freight forwarder operates; each person, association or corporation designated must reside in the state for which designated; a carrier, broker, or freight forwarder may designate from the state in which he/she resides; and state officials may be designated only if such official's agreement to so act is furnished with this designation. Note: a post office box is NOT ACCEPTABLE as an agent's address. FILE THE ORIGINAL signed copy with the FMCSA, 1200 New Jersey Ave., S.E. (W63-105) Washington, DC 20590. One signed copy should be filed with each state in or through which the operation is conducted; and one copy should be retained by the carrier, broker, or freight forwarder. CHANGES in designation may be made only by filing with the FMCSA, a new form BOC-3. Copies of new designations need to be sent only to those states affected by the change or new filing. Either INDIVIDUAL or BLANKET designations may be made.

INSTRUCCIONES: Las regulaciones gobernantes para la designación de personas a quienes el proceso puede ser servido son prescritas en el 49 CER 366, como se a emmendado. Un agente tiene que ser designado a través de cada estado que el autotransportista, agente o el destinatario del flete que opera; cada persona, asociación o corporación designada debe vivir en el estado que se le a designado. Un autotransportista, agente o el destinatario del flete, puede designarse asi mismo por el estado en cual vive; y los oficiales del estado pueden ser designados solamente de acuerdo oficial en el que se facilita de acuerdo al acto de esta designación. Nota: un apartado postal NO ES ACEPTABLE como la dirección de un agente. ARCHIVE LA COPIA ORIGINAL firmada con el FMCSA, 1200 New Jersey Ave. (W63-105) Washington, D.C. 20590. Una copia firmada tiene que ser archivada por cada estado a través de cada operación conducida; y una copia tiene que guardarla el auto transportista, agente o el destinatario del flete. LOS CAMBIOS de cada designación pueden hacerse solamente reportándose con el FMCSA, y una nueva forma BOC-3. Las copias de las nuevas designaciones necesitan ser mandadas solamente a los estados afectados o el nuevo reporte que se ha hecho. Cualquiera de las dos designaciones pueden hacerse ya sea INDIVIDUAL O AMPLIADA.



May 22, 2020

ZACHARY BOWER BBL TRANSPORTATION LLC 3345 STATE ROAD CUYAHOGA FALLS, OH 44223-3192

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