

YODEL LOGISTICS

Subject: New Appointed Freight Forwarder

Greetings Partner,

Yodel Logistics is glad to announce that you have been appointed as one of our designated freight forwarders.

Following an intensive research process, we are glad to announce that we have entered into a joint venture with your freight company. Yodel Logistics has demonstrated that your organization has the same "progressive" viewpoint as us. Companies doing business with Yodel Logistics will find your network of offices across the world, along with responsive, client-friendly communication, to be quite beneficial.

Yodel Logistics' long-term expansion strategies will present our clients with a plethora of chances to advertise their goods and services throughout the world. The services of Yodel Logistics can provide our clients with a critical component of the marketing and supply chain, both in terms of assisting companies in the customs entry process, which will provide a "seamless" transition that will prove to be an asset to our clients, and in terms of assisting companies in the supply chain, which will prove to be an asset to our clients.

The opportunity to collaborate with you and further integrate our combined alliance as each firm strives to provide the best possible services and opportunities for our client base is one we look forward to.

Regards,

Stewart Watson
Yodel Logistics, LLC

YODEL LOGISTICS

New Carrier Setup Packet

Dear Valued Carrier,

Thank you for your interest in Yodel Logistics, LLC.

In order to qualify you, we will need the following documents:

- ✓ *Signed Broker-Carrier Agreement - make sure to sign and fill out completely*
- ✓ *Completed W-9 - a blank W-9 has been included for your convenience (if needed)*
- ✓ *Worker's Compensation Insurance Copy*
- ✓ *Copy of MC Authority Document*
- ✓ *New Carrier Profile (attached)*
- ✓ *Safety Rating Documentation (if available)*
- ✓ *Certificate of Insurance emailed back to info@yodellogistics.com
Certificate holder listed as: Yodel Logistics, PO Box 1131 Douglasville, GA 30134*

**** One (1) Million Auto Liability and \$100,000 Cargo Insurance is REQUIRED - no exceptions ****

For your convenience, we offer several options for sending the necessary documentation: email or mail. We look forward to working with you!

Yodel Logistics, LLC

Phone: 404-516-7314

Email: info@yodellogistics.com

Address: PO Box 1131, Douglasville, GA 30133

Invoices via Email:

info@yodellogistics.com

New Carrier Setup Packet

Included:

- ✓ Intro/Setup Page
- ✓ Broker Company Information
- ✓ Carrier Profile
- ✓ Broker FMCSA Form & Bond Information
- ✓ Broker W-9 Tax certification
- ✓ Workman's Compensation Election
- ✓ TIA Membership Certificate
- ✓ Transportation Broker Carrier Agreement
- ✓ Carrier Quick Pay Options

Yodel Logistics, LLC

PO Box 1131 | Douglasville, GA 30133 |
yodellogistics.com | 404-516-7314

YODEL LOGISTICS

Company Information

Contact info:

Company: Yodel Logistics, LLC
Address: PO Box 1131
Douglasville GA
30133
404-516-7314

Invoices via Email:

info@yodellogistics.com

Contact: Stewert Watkins
Web: www.yodellogistics.com

Invoices via Email:

info@yodellogistics.com

Authorities:

MC: MC120379-B
FedTaxID: 83-1204021
DUNS: 02-944-6248
Incorporated (LLC): 2021

Factoring Company:

Factoring Co: SevenOaks Capital Associates, LLC
Contact: 7854 Anselmo
Lane Baton
Rouge, LA
70810
225-757-1916
(Fax)

YODEL LOGISTICS

Carrier Profile

SCACCODE _____ MC# _____ US DOT# _____ FEDERAL ID# _____

Carrier Name: _____ DBA: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Owner/President/Principal: _____

Dispatch Contact: _____

Phone: _____ Email: _____ Fax: _____

Accounting Contact: _____

Phone: _____ Email: _____ Fax: _____

After hours number: _____

MC Number: _____ Carrier SCAC code: _____ Are you Smart Way certified? YES NO

Insurance Agent Name: _____ Phone: _____

Number of Units _____ Number of Trailers _____

Do you have EDI capability? YES or NO Do you have HAZ MAT Certification? YES or NO?

How many teams do you run? _____

of Tractors _____ # of Trailers _____

List # of Trailers by Type: V53 _____ V48 _____ FB _____ R53 _____

Geographic Service Area _____

*This info is used for us determine future opportunities that may exists based on your company services. If your account receivables dept is different from your physical address, or if you are using a factoring company, complete below:

Receivable/ Factoring Company Name: _____

Receivable Address: _____

City: _____ State: _____ Zip: _____

Yodel Logistics, LLC

PO Box 1131 | Douglasville, GA 30133 |
yodellogistics.com | 404-516-7314

USDOT Number MC/MX Number Name

Enter Value:

Company Snapshot

YODEL LOGISTICS LLC
USDOT Number: 3173409

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

Carriers: If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance then what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of **11/17/2021**.

To find out if this entity has a pending insurance cancellation, please [click here](#).

Other Information for this Carrier

[SMS Results](#)

[Licensing & Insurance](#)

Entity Type:	BROKER		
Operating Status:	AUTHORIZED FOR BROKER Property	Out of Service Date:	None
Legal Name:	YODEL LOGISTICS LLC		
DBA Name:			
Physical Address:	7691 BREMOND CT DOUGLASVILLE, GA 30135		
Phone:	(404) 516-7314		
Mailing Address:	7691 BREMOND CT DOUGLASVILLE, GA 30135		
USDOT Number:	3173409	State Carrier ID Number:	
MC/MX/FF Number(s):	MC-120379	DUNS Number:	--
Power Units:	0	Drivers:	
MCS-150 Form Date:	10/22/2021	MCS-150 Mileage (Year):	
Operation Classification:			
	<input checked="" type="checkbox"/> Auth. For Hire Exempt For Hire Private(Property) Priv. Pass. (Business)	<input type="checkbox"/> Priv. Pass.(Non- business) Migrant U.S. Mail Fed. Gov't	<input type="checkbox"/> State Gov't <input type="checkbox"/> Local Gov't <input type="checkbox"/> Indian Nation
Carrier Operation:			
	<input type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate Only (HM)	<input type="checkbox"/> Intrastate Only (Non-HM)
Cargo Carried:			
<input checked="" type="checkbox"/> General Freight	<input type="checkbox"/> Liquids/Gases	<input type="checkbox"/> Chemicals	
<input type="checkbox"/> Household Goods	<input type="checkbox"/> Intermodal Cont.	<input type="checkbox"/> Commodities Dry Bulk	
<input type="checkbox"/> Metal: sheets, coils, rolls	<input type="checkbox"/> Passengers	<input type="checkbox"/> Refrigerated Food	
<input type="checkbox"/> Motor Vehicles	<input type="checkbox"/> Oilfield	<input type="checkbox"/> Beverages	
<input type="checkbox"/> Drive/Tow away	<input type="checkbox"/> Equipment	<input type="checkbox"/> Paper Products	
<input type="checkbox"/> Logs, Poles, Beams, Lumber	<input type="checkbox"/> Livestock	<input type="checkbox"/> Utilities	
<input type="checkbox"/> Building Materials	<input type="checkbox"/> Grain, Feed, Hay	<input type="checkbox"/> Agricultural/Farm Supplies	
<input type="checkbox"/> Mobile Homes	<input type="checkbox"/> Coal/Coke	<input type="checkbox"/> Construction	
<input type="checkbox"/> Machinery, Large Objects	<input type="checkbox"/> Meat	<input type="checkbox"/> Water Well	
<input type="checkbox"/> Fresh Produce	<input type="checkbox"/> Garbage/Refuse		
	<input type="checkbox"/> US Mail		

Yodel Logistics, LLC

PO Box 1131 | Douglasville, GA 30133 |
yodellogistics.com | 404-516-7314

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF REINSTATEMENT

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Yodel Logistics LLC
a Domestic Limited Liability Company

was formed on 07/03/2018, and later administratively dissolved on 10/22/2020. Said entity has filed an application for reinstatement and has paid all fees and penalties due to the Secretary of State. Attached hereto is a true and correct copy of said application.

WHEREFORE, said entity is hereby reinstated as of 12/21/2021, having met the requirements for reinstatement under Title 14 of the Official Code of Georgia Annotated. The reinstatement shall relate back to and take effect as of the date of the administrative dissolution and the entity may resume its business as if the administrative dissolution had never occurred.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **12/28/2021**.



Brad Raffensperger

Brad Raffensperger
Secretary of State

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

Application for Reinstatement

Electronically Filed
Secretary of State
Filing Date: 12/21/2021 12:26:49 PM

BUSINESS INFORMATION

BUSINESS NAME : Yodel Logistics LLC
CONTROL NUMBER : 18084560
BUSINESS TYPE : Domestic Limited Liability Company
ADMINISTRATIVE DISSOLUTION DATE : 10/22/2020

Ground(s) for the administrative dissolution either did not exist or have been eliminated. All taxes owed by the entity have been paid.

ADDRESS AND REGISTERED AGENT AT TIME OF ADMINISTRATIVE DISSOLUTION

PRINCIPAL OFFICE ADDRESS : 2727 Skyview Dr. Suite 1073, Lithia Springs, GA, 30122-9998, USA
REGISTERED AGENT NAME : Stewart Watkins
REGISTERED OFFICE ADDRESS : 2727 Skyview Dr. Suite 1073, Lithia Springs, GA, 30122-9998, USA
REGISTERED OFFICE COUNTY : Douglas

UPDATES TO ADDRESS AND REGISTERED AGENT

PRINCIPAL OFFICE ADDRESS : 7691 Bremond court, Douglasville, GA, 30135, USA
REGISTERED AGENT NAME : Stewart Watkins
REGISTERED OFFICE ADDRESS : 7691 Bremond court, Douglasville, GA, 30135, USA
REGISTERED OFFICE COUNTY : Douglas

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE : stewart watkins
AUTHORIZER TITLE : Registered Agent



2021 UCR Registration is VALID!



Confirmation # 000-0261-1371

Generated: 09/09/2021 14:44 EST

Registered on: 09/09/2021 14:44 EST

Year: 2021

Paid: UCR Fee: \$59.00
Convenience Fee: \$1.62
Total: \$60.62

Bracket: 0 to 2 vehicles [0 vehicle(s)]

USDOT #: 3173409

Classifications: Broker

Legal Name: YODEL LOGISTICS LLC

Base State: Georgia

Principal: 2727 SKYVIEW DR UNIT 1073
LITHIA SPGS, GA 30122
US

Payor: YODEL LOGISTICS LLC

*** Expires: 12/31/2021 ***

USDOT Number: _____ Date Received: _____

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 persona 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 información es estimado en aproximadamente 10 minutos por respuesta, incluyendo el tiempo para revisar las instrucciones, obtener los datos necesarios y completar y revisar la recolección de información. Todas las respuestas a esta recolección de información son mandatorias. Enviar los comentarios respecto a esta carga estimada ó cualquier otro aspecto de esta recolección de información, incluyendo sugerencias para reducir esta carga a: Oficial de Clarificación de Recolección de Información, Administración Federal de Seguridad del Autotransporte, MR-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

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:

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

STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	STATE/PROVINCE <i>Estado/Provincia</i>	ZIP CODE + 4 <i>Código Postal + 4</i>	COLONIA (<i>Mexico only</i>) <i>Colonia (sólo México)</i>	FOREIGN COUNTRY <i>País Extranjero</i>
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PERSON AUTHORIZED TO SIGN FORM:
Persona Autorizada Para Firmar el Formulario:

TITLE OF AUTHORIZED PERSON
Título de la Persona Autorizada

NAME OF AUTHORIZED PERSON (*please print*)
Nombre de la Persona Autorizada (por favor imprima)

SIGNATURE OF AUTHORIZED PERSON
Firma de la Persona Autorizada

Dave

TELEPHONE NUMBER
Número Telefónico

INSTRUCTIONS: Regulations governing the designation of persons upon whom process may be served are prescribed at [49 CFR 366](#), 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 himself/herself for 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 CFR 366](#), como se a enmendado. 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 así 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.

(continued on next page)

INDIVIDUAL DESIGNATIONS: Pursuant to Sections 13303(a) and 13304(a) of the [ICC Termination Act of 1995](#), the carrier, broker, or freight forwarder named above hereby designates the following named individuals upon whom service of notices by the Secretary or service of process issued by any court in any action against the carrier, broker, or freight forwarder may be served in the state named. Show agent's name, address (P.O. Box NOT acceptable), city, and zip code for each state in which operations can be conducted.

DESIGNACIONES INDIVIDUALES: Propósito de las Secciones 13303(a) y 13304(a) del [Acta de Terminación del ICC del 1995](#), el nombre del auto transportista, agente o el destinatario del flete que arriba fue mencionado asignara a los siguientes nombres de las personas en quien el servicio de avisar por la Secretaria o servicio de proceso emitido por cualquier corte dentro de cualquier acción en contra del auto transportista, agente o el destinatario del flete puede ser servido dentro del nombre del estado. Muestre nombre del agente, dirección (P.O. Box NO ES aceptable), ciudad, y código postal por cada estado en que las operaciones pueden ser conducidas.

ALABAMA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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ALASKA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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ARIZONA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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ARKANSAS

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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CALIFORNIA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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COLORADO

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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CONNECTICUT

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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DELAWARE

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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DISTRICT OF COLUMBIA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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FLORIDA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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GEORGIA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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HAWAII

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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IDAHO

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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ILLINOIS

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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INDIANA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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IOWA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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KANSAS

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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KENTUCKY

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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LOUISIANA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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MAINE

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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MARYLAND

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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MASSACHUSETTS

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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MICHIGAN

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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MINNESOTA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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MISSISSIPPI

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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MISSOURI

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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MONTANA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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NEBRASKA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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NEVADA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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NEW HAMPSHIRE

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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NEW JERSEY

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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NEW MEXICO

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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NEW YORK

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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NORTH CAROLINA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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NORTH DAKOTA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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OHIO

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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OKLAHOMA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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OREGON

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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PENNSYLVANIA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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RHODE ISLAND

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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SOUTH CAROLINA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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SOUTH DAKOTA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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TENNESSEE

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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TEXAS

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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UTAH

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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VERMONT

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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VIRGINIA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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WASHINGTON

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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WEST VIRGINIA

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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WISCONSIN

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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WYOMING

NAME OF AGENT <i>Nombre del Agente</i>	STREET ADDRESS <i>Dirección</i>	CITY <i>Ciudad</i>	ZIP CODE + 4 <i>Código Postal + 4</i>
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BLANKET DESIGNATION: If you have made arrangements with an association or corporation to use the blanket designations on file with the FMCSA, insert the association or corporation name here:

DESIGNACIONES AMPLIAS: Si usted ha hecho arreglos con una asociación o corporación para usar las designaciones ampliadas en el archivo con el FMCSA, incluya el nombre de la asociación o corporación aquí:

Pursuant to [Sections 13303\(a\) and 13304\(a\) of 49 U.S.C.](#), the carrier, broker or freight forwarder named on the reverse hereby designates those persons named in the list of process agents on file with the FMCSA by and any subsequently filed revisions thereof, for the states in which the carrier, broker, or freight forwarder is or may be authorized to operate, including states traversed in the course of such operations, except those states for which individual designations are made.

Propósito de las [secciones 13303\(a\) y 13304\(a\) de 49 U.S.C.](#), el auto transportista, agente o el nombre del destinatario del flete en el reverso por este medio designa los nombres de personas en la lista de proceso de agentes en archivo posteriormente lo mismo por el estado en el cual el auto transportista, agente, o destinatario del flete es o puede ser autorizado para operar, incluyendo estados atravesados en el curso de tal operación, excepto esos estados por los cuales las designaciones del individuo son hechas.

Filings must be transmitted online via the Internet at <http://www.fmcsa.dot.gov/urs>.

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Stewart Albert Watkins</p> <p>2 Business name/disregarded entity name, if different from above yodel logistics</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____ </p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small></p> <p>5 Address (number, street, and apt. or suite no.) See instructions. 7691 Bremont court</p> <p>6 City, state, and ZIP code Douglasville Ga 30135</p> <p>7 List account number(s) here (optional)</p>	
	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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
8	3	-	1	2	0	4	0	2	1

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); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here	Signature of U.S. person ▶	Date ▶ 02/01/2022
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General Instructions

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

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

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)																																																													
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later.</p> <p>Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">Social security number</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">-</td> <td colspan="3" style="text-align: center;">-</td> <td colspan="4"></td> </tr> </table> <p style="text-align: center; font-weight: bold;">or</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">Employer identification number</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">-</td> <td colspan="7"></td> </tr> </table>	Social security number																				-			-							Employer identification number																				-									
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Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.</p>	

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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- Form 1099-K (merchant card and third party network transactions)
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Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Workman's Compensation Certificate of Election

CERTIFICATION

This is to certify that the firm named below has elected to not cover its owners, partners or officers under the workers' compensation laws of the State of _____. The firm named below certifies that it has no employees. The firm named below certifies that it uses no independent contractors. Based upon the election not to cover owners, partners or officers, the fact there are not other employees and that no independent contractors are used, a workers' compensation policy is not purchased.

AGREEMENT

The firm named below promises, in consideration for work received from Client, that if the owners, partners or officers choose to change their election, if any employee is hired or if any independent contractor is used, then a certificate of insurance evidencing workers' compensation coverage will be furnished prior to the commencement of any work.

PERIOD

The period of this agreement is: _____ to _____.

CARRIER

Carrier Name: _____

MC Number: _____

By: _____

Signature: _____

Title: _____

Date: _____

YODEL LOGISTICS

BROKER – CARRIER AGREEMENT

This Broker – Carrier Agreement (the "Agreement") is made this _____ day of _____, 20____, by and between Yodel Logistics LLC, PO Box 1131 Douglasville, GA 30133 ("Broker"), and _____, whose business address is _____ ("Carrier") and is effective as of _____, 20____ ("Effective Date").

WHEREAS, Broker is duly licensed as a property broker to arrange for the transportation of property by motor carrier under permit MC-247841-B issued by the Federal Motor Carrier Safety Administration ("FMCSA").

WHEREAS, Carrier is a duly licensed motor carrier which has been issued an operating authority by the FMCSA (or its predecessor, the ICC) that authorizes Carrier to provide transportation service for the shipments tendered to it by Broker.

NOW, THEREFORE, intending to be legally bound, the parties enter into this Agreement in accordance with 49 U.S.C. §14101(b)(1) and expressly waive any and all rights and remedies that each may have under 49 U.S.C. § 13101 through §14914 that are contrary to the specific provisions of this Agreement and agree as follows:

1. Description of Services – During the term of this Agreement, Broker agrees to tender to Carrier on a non-exclusive basis, and Carrier agrees to accept from Broker, from time-to-time, shipments consisting of certain goods for transport between points within North America. Carrier will, using due care, pick-up, as and when requested, transport in a timely manner, and deliver in good order and condition, the shipments which are tendered by Broker to Carrier, in accordance with the terms set forth in this Agreement ("Services").

Every shipment tendered to Carrier by Broker on or after the date of this Agreement will be deemed to be a tender to Carrier as a motor contract carrier and will be subject to the terms of this Agreement; Broker's Terms and Conditions, to the extent applicable which are posted online at www.yodellogistics.com and applicable law. In the event of a conflict between the terms and provisions of this Agreement and the Broker's Terms and Conditions, the terms and provisions of this Agreement shall control. In the event this Agreement is silent on a particular subject, the provisions of Broker's Terms and Conditions, if applicable, shall control.

2. Carrier's Operating Authority. Carrier represents and warrants that it is fully authorized to lawfully provide the Services covered by this Agreement in all the jurisdictions covered by this Agreement, as a contract carrier of general commodities freight for interstate and intrastate transport in the United States. Carrier further represents and warrants that Exhibit A, attached hereto is a true, correct and complete copy of the required local, state, and federal operating licenses, permits and certificates of Carrier as of the date of this Agreement necessary to provide the Services. Carrier will obtain and keep in good standing during the term of this Agreement all local, state, and federal permits, licenses and

registration requirements and pay any governmental charges necessary to allow the Carrier to provide the Services set forth this Agreement.

3. Carrier's Legal and Regulatory Compliance – Carrier represents and warrants that it has complied, and will comply, with all federal, state, and local laws, codes, regulations, rules and orders applicable to the performance of the Services hereunder. The parties acknowledge that in the event the failure of Carrier to comply with or conform to provisions or orders of regulatory agencies having jurisdiction over this Agreement or the Services, results in different or additional charges for the Services, Carrier will be responsible for indemnifying Broker from such charges by paying Broker liquidated damages equal to any additional charges required to be paid, and any costs or attorneys' fees incurred by Broker in connection therewith.

4. Carrier's Operating Responsibilities – Carrier will be responsible for the procuring and operation of the vehicles it uses and the employment, training, supervision and control of the drivers and any helpers. Carrier will be responsible for safe and lawful operation of the vehicles used in the performance of the Services and will assume all costs, expenses, and liabilities incident to or arising out of furnishing, maintaining, repairing, or operating motor vehicles and other equipment, labor, fuel, supplies, and insurance. Carrier will notify Broker promptly by telephone of any accident, theft or other occurrence that impairs the safety of or delays the delivery of Broker's customer's goods.

Carrier will at all times during the term of this Agreement, maintain the highest safety rating established by any country, and if applicable, state, province or territory through which Broker's cargo will be transported, which, for purposes of this Agreement, shall mean the (a) safety rating system established by the Federal Motor Carrier Safety Administration ("FMCSA"), for motor carriers operating in the United States and/or (b) for motor carriers operating in Canada, the safety rating system established under the National Safety Code ("NSC") Safety Fitness Certificate issued by the Canadian province or territory where Carrier's vehicles are base-plated. Carrier further warrants that it holds and shall maintain during the term of this Agreement, at minimum, a "satisfactory" or "unrelated" safety rating, or a substantively equivalent rating under the Carrier Safety Management System, implemented under the FMCSA Compliance, Safety, Accountability ("CSA") program, with respect to Carrier's operations in the United States and a substantively equivalent rating under the Carrier's NSC Safety Fitness Certificate, for its operations within Canada. Carrier agrees to notify Broker immediately if the safety ratings changes, or if it is found by any governing authority to have violated any law or regulation related to safety or insurance coverage.

To the extent that any shipments subject to this Agreement are transported within the State of California on refrigerated equipment, Carrier, on behalf of shipper, consignee and broker interests, warrants that it shall only utilize equipment which is in full compliance with the California Air Resources Board (ARB) TRU ACTM in-use regulations. Carrier shall be liable to Broker for any penalties, or any other liability, imposed on, or assumed by Broker due to penalties imposed on Broker's customer because of Carrier's use of non-compliant equipment.

Carrier will perform the Services as an independent contractor and neither its employees nor agents will be deemed to be employees or agents of Broker. No authority has been conferred upon Carrier, by Broker, to hire any persons on behalf of Broker and Carrier will assume full responsibility for selecting, engaging and discharging its employees, agents, servants or helpers and for otherwise directing and controlling their services. Carrier will assume full responsibility for complying with all applicable laws and regulations for the benefit of its employees and under no circumstances will Broker be liable for the debts or obligations of Carrier for the wages, salaries, or benefits of Carrier's employees.

5. Receipts – Each shipment will be evidenced by a written form initiated by the consignor at the point of origin of the shipment in a form acceptable to Broker, and will be legibly signed by the Carrier showing the kind and quantity of the commodity received at the loading point(s) specified. Such form will be evidence of receipt of such commodities by Carrier in apparent good order and condition or as may be otherwise noted on the face of such form. In the event that a bill of lading is issued for any shipment its purpose shall be only to evidence the receipt of the cargo. Shipper will not be bound by the terms and conditions on such bill of lading reciting the rate, classification, rules or practices which limit Carrier's liability. Any unauthorized alteration or use of bills of lading or other shipping documents or use of any bill of lading not acceptable to Broker shall void the Broker's and its customers' obligation to make any payments to Carrier relating to the shipment and void all rate quotes.

In the event that the Broker's name is inserted in a bill of lading or any other shipping documentation, such insertion shall not change Broker's status as a property broker or Carrier's status as a motor carrier.

Upon acceptance of the shipment, Carrier shall assume liability for the cargo until proper delivery is made to the consignee. Carrier will obtain a delivery receipt signed by the consignee at the time of delivery showing the kind, quantity and condition of the commodity delivered at the specified destination and the time of delivery. Absence or loss of any such documents will not relieve the Carrier of responsibility for freight accepted by it. In the event any term or provision contained in such documents conflict in any way with any term or provision of this Agreement, the terms and provisions of this Agreement will take precedence and control.

6. No Substituted Services and Diversion/Reconsignment - Effective upon acceptance of a shipment from Broker for the Broker's customer's account, Carrier shall perform the transportation services itself and shall not re-broker, co-broker, assign, interline, subcontract or transfer the transportation of the shipment to another entity (collectively, "Substituted Services"). If Substituted Services of any type are used once Carrier has accepted the tender of the shipment from the Broker, any provision in this Agreement related to a limitation of liability for cargo damage, shortage/loss or delay shall be void and Carrier (i) will be liable to Broker's customer for any loss, damage or delay to Broker's customer's goods incurred during transportation services based on the "actual loss" as defined in Section 9 below and (ii) shall indemnify Broker as to any such loss, damage, or delay on the same basis. Carrier shall not have any right to, in any way, negate, eliminate, circumvent or alleviate Carrier's liability to Broker or Broker's customer which may be inconsistent with the provisions of this Agreement. Carrier will not allow the diversion or reconsignment of any shipment except upon written instructions by Broker or Broker's customer. Carrier will not accept instructions for diversion or reconsignment of any consignee or third party without the written consent of Broker or Broker's customer.

7. Rates - Carrier agrees to transport shipments tendered by Broker at the rates and charges as set forth in Broker's "Load and Rate Confirmation," which shall be signed by Carrier and transmitted by Carrier to Broker by facsimile (or other electronic means), for each shipment accepted by Carrier under this Agreement. Carrier and Broker agree that any tariff rates, accessorial charges, rules and regulations established and/or published by Carrier shall not apply to any shipment tendered under this Agreement unless specifically agreed to by Carrier and Broker, in writing. Any change in rates, charges, or rules and regulations shall be mutually agreed to and confirmed in writing, signed by both parties.

Rate Confirmation Sheets shall be deemed to be accepted amendments to this Agreement. Due to document storage considerations, the Rate Confirmation Sheet need not be attached to the original Agreement, but may be kept with the shipping papers that are retained as to the individual shipment. The same requirements of retention and availability to inspection that apply to the written agreement shall apply to the Rate Confirmation Sheet. If either party disputes the accuracy of the amended rate, that party

shall, within 24 hours of receipt of it, notify the other party, and a disputed rate shall not become an amended rate until agreed to by both parties.

8. Payment - Carrier authorizes Broker to invoice Broker's customers for services provided by Carrier. Carrier agrees to invoice Broker, and only Broker, and acknowledges that Broker is the sole party responsible for payment of its invoices and assigns Broker all its rights to collect freight charges from Broker's customer or any responsible third party upon receipt of payment of its freight charges from Broker. Under no circumstance, shall Carrier seek payment from Broker's customers, the consignor, any consignee, or any entity other than Broker. Payment of the freight charges by Broker to Carrier 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 transportation of shipments under this Agreement in accordance with the rates described herein, within thirty (30) days of receipt of Carrier's invoice and signed delivery document covering such transportation; provided, however in the event a shipment is the subject of cargo shortage/loss, damage or delay Broker reserves the right to withhold payment to Carrier for the shipment in question until the cargo shortage/loss, damage, or delay issue is resolved with Broker's customer. Broker reserves the right to deduct an amount equal to the shortage/loss, damage/spoilage, or delay claim resulting from the negligence or alleged negligence on the part of the Carrier, its agents, servants, or employees. Broker shall furnish to Carrier a written explanation and itemization of all deductions computed at the time deductions are made. Further, compensation paid under this Agreement may be withheld, in whole or in part, by Broker to satisfy any obligation paid by Broker which is the financial responsibility of Carrier.

9. Cargo Loss, Damage, and Delay

(a) Carrier shall be liable to Broker and Broker's customers, for the actual loss of, damage to, or delay of Broker's customers' freight, while under the Carrier's care, custody, or control according to the provisions of 49 U.S.C. Section 14706. The term "actual loss" shall mean the full invoice price charged by Broker's customer to its customers for the kind and quantity of product lost, damaged or destroyed, plus freight charges (unless included in the invoice price), less salvage value, if any, subject to a limitation of liability set forth in Appendix 1, unless otherwise agreed upon between Broker and Carrier in writing.

The liability of Carrier for delay in delivering a shipment shall be the greater of either the full actual value of the cargo or those damages that are reasonably foreseeable. No limitation of liability will apply as to delay. Carrier will have no lien or will accordingly waive its right to any lien upon any shipment of Shipper's cargo or portion thereof.

(b) Except as set forth below in this Subsection (b), Carrier agrees that the provisions contained in 49 CFR Part 370, shall govern the processing of claims for loss, damage, or delay to property and the processing of salvage.

(i) Carrier shall immediately notify Broker of any cargo damage, shortage/loss, or delay. Failure to comply with this notice provision shall void any limitation of liability and cause Carrier to be responsible for full liability of any damages or shortages of a shipment based on the "actual loss" as defined in Section 9(a) above without regard to Broker's customer's ability to mitigate damages.

(ii) The determination regarding the acceptability and/or salvageability of any food product intended for human consumption transported by Carrier shall be within the sole discretion of Broker's customer and shall be binding on Carrier;

(iii) The determination regarding the salvageability of any damaged cargo (other than food products) shall be determined by Broker's customer and Carrier shall be liable for all costs and expenses associated with Broker's customer's mitigation of damages including any inspection; storage; preparation of the cargo for reshipping; and the reshipping, if applicable.

(iv) Claims based on concealed loss/damage reported to Carrier by Broker within five (5) business days of the date of delivery will be treated as though an exception notation had been made on the delivery receipt at the time of delivery.

(v) It is the obligation of Carrier to properly inspect cargo upon the discovery of damage. In the event Carrier fails to inspect the cargo within five (5) business days of the date Carrier becomes aware of the damage, or upon receipt of the goods to be returned to the consignor because of the damage, whichever is earlier, Carrier waives its rights to inspect the goods and agrees to be bound by the fact presented by claimant.

(vi) Carrier shall not sell, or attempt to sell, Broker's customer's freight for salvage or otherwise without Broker's customer's prior written authorization. For any damaged product which Broker's customer permits Carrier to resell, Broker's customer will have the right to remove all identifying marks and labels on such product.

(vii) If the cargo is able to be repaired and restored to good marketable condition, Carrier will be liable for the costs of repairs including the costs of all labor and other necessary expenses, not to exceed the actual value of the kind and quality of product damage.

(viii) Failure of Carrier to pay, decline or offer settlement within thirty (30) days of receipt of the claim shall be deemed an admission by Carrier of full liability of the amount claimed and a material breach of this Agreement.

10. Term - The term of this Agreement shall be for a period of one (1) year from the Effective Date set forth above and shall automatically renew for additional one (1) year periods, unless terminated pursuant to Section 11 below.

11. Termination - If either party refuses or fails to perform any duty or obligation under this Agreement, fails to comply with applicable laws or regulations, suffers impairment of its financial responsibility, or otherwise defaults in any way, the non-defaulting party will have the option, without prejudice to any other right or remedy, to terminate this Agreement upon three (3) business days' advance written notice. Otherwise, either party may terminate this Agreement at any time without cause, by giving thirty (30) days prior written notice to the other party.

12. Insurance - Carrier shall procure and maintain at all times during the term of this Agreement, at its sole cost and expense, with reputable and financially responsible insurance carriers the following insurance coverages in not less than the amount specified below. Such amounts merely suggest minimum coverages and are not intended to establish any limitations of Carrier's liability for its acts or omissions. Additionally, the exclusions that may be contained in any of Carrier's insurance policies shall not exonerate Carrier from liability.

- (a) Commercial Auto Liability Insurance insuring against liability for injury to persons, including injuries resulting in death, environmental restoration and loss or destruction of or physical damage to property, including any vehicle or other equipment furnished by the shipper for and in connection with the transportation services the Carrier renders, in a combined single limit of not less than \$1,000,000.00 per occurrence;
- (b) Cargo Insurance insuring Carrier against liability for loss or damage to commodities while in the custody, possession or control of Carrier in an amount not less than \$100,000.00 per shipment which policy shall not contain any exclusions for negligent acts, infidelity, fraud, dishonesty, or criminal acts of Carrier's employees, agents, contractors, officers or directors; and
- (c) Workers' compensation insurance for Carrier's employees in accordance with statutory requirements for all applicable jurisdictions.

If Carrier's insurance is threatened to be, or is, terminated, cancelled, suspended, reduced, or revoked, Carrier must immediately notify Broker. Carrier shall provide Broker certificates or other evidence of the foregoing insurance coverages upon request by Broker.

13. Indemnification - Carrier shall defend, indemnify and hold harmless Broker and Broker's customers, their respective officers, directors, employees, agents, representatives, vendors and customers against any and all claims, demands, actions, causes of action and/or liabilities (actual, potential, threatened or pending) judgments, fines, penalties, orders, decrees, awards, costs, expenses, including attorneys' fees, settlements and claims on account of:

- (a) Loss or damage to property (other than cargo), or personal injury, including death, which may be sustained by the parties, their employees or third parties, arising out of or in connection with Carrier's performance of the services set forth herein;
- (b) Loss, damage or delay in transit as to all goods which Carrier receives through Broker for transport according to Rate Confirmation Sheet, until Carrier delivers such goods and the same are signed for by the consignee;
- (c) Carrier's breach of any of its representations, warranties and/or covenants in this Agreement; and
- (d) Carrier's failure to comply with workers' compensation requirements or any claim for workers' compensation asserted against Broker or its customer by Carrier's employees, or their personal representatives.

This provision will not be construed in any circumstance to constitute an indemnification contrary to any government law that prohibits indemnification against loss, liability, cost or expenses incident thereto, caused by the negligence of such indemnity. Exclusions in Carrier's insurance coverage(s) shall not exonerate Carrier from this liability.

14. Confidentiality - As part of the business relationship between Broker and Carrier, either party may be in or come into possession of information or data which constitutes trade secrets, know-how, confidential information, marketing plans, pricing, or anything else otherwise considered proprietary or secret by the other ("Confidential Information"). In consideration of the receipt of such Confidential Information and potential business, each party agrees to protect and maintain such Confidential Information in the utmost confidence, to use such Confidential Information solely in connection with their

business relationship, and to take all measures reasonably necessary to protect the Confidential Information.

Carrier agrees that Broker's charges to its customers are confidential and need not be disclosed to Carrier. Carrier specifically waives any rights it may have under 49 CFR § 371.3. Except as may be required by law, the terms and conditions of the Agreement and information pertaining to any Services will not be disclosed by either party to any other persons or entities, except to the directors, officers, employees, authorized contractors, attorneys, and accountants of each party. This mutual obligation of confidentiality will remain in effect during the terms of the Agreement and for a period of two years following any termination.

15. Non-Solicitation - Carrier agrees that during the term of this Agreement and for a period of one (1) years from the date of termination of this Agreement, that neither Carrier nor any employee, officer, director, agent or otherwise of Carrier, shall directly or indirectly solicit traffic from any Broker, consignor, consignee, or customer of the Broker where (a) the availability of such shipments first became known to Carrier as a result of Broker's efforts; or (b) the shipments of the consignor, consignee, or customer of the Broker was first tendered to the Carrier by the Broker.

In the event Carrier violates the terms of this Section 15 and back-solicits Broker's customers and obtains traffic from such customers, Broker is then entitled, for a period of twelve (12) months after the traffic first begins to move, to a commission from the Carrier of fifteen percent (15%) of the transportation or revenue received on the movement of traffic. Carrier understands and agrees that the provisions of the aforementioned covenant not to compete are reasonable as to scope, duration, and geographic area, in light of the mutual promises and other valuable consideration the parties have agreed to in this Agreement. Further, Carrier agrees that any violation of the covenant not to compete will cause irreparable injury to Broker, and that Broker will be entitled to a restraining order and an injunction to stop the back-solicitation of traffic.

16. Dispute Resolution – Except as set forth in subsections (d)(i) and (d)(ii) below, any claim, dispute or controversy including, but not limited to, the interpretation of any federal statutory or regulatory provisions purported to gain compass by this Agreement; or enforcement of any statutory rights emanating or relating to this Agreement shall be resolved on an individual basis (and not as part of a class action) exclusively between Broker and Carrier.

The proceedings will be conducted under the rules of (select one): Transportation Arbitration and Mediation PLLC ("TAM"); American Arbitration Association ("AAA"); or Transportation ADR Council, Inc. ("ADR"), upon mutual agreement of the Parties, or if no agreement, then at Broker's sole discretion. The Parties may however agree between themselves that the arbitration proceedings may be conducted outside of the administrative control of the TAM, AAA or ADR. Any arbitration proceedings under this Agreement shall be governed by the following rules:

- (a) A written demand for arbitration must be mailed to the other Party within eighteen (18) months of the occurrence of the claim breach other than giving rise to the controversy or claim. **Failure to make such timely demand for arbitration shall constitute an absolute bar to the institution of any proceedings and a waiver of any claim.** The demand for arbitration shall identify the provision(s) of this Agreement alleged to have been breached and shall state the issue to be submitted to arbitration and the remedy sought. The demand for arbitration will be forwarded to the arbitration

service selected through agreement of the Parties, as outlined above, or as selected by Broker and the proceedings shall be conducted at the office of TAM, AAA or ADR nearest Douglasville, Georgia or such other place as mutually agreed upon in writing. The arbitration may be conducted by conference call or video conferencing upon agreement of the Parties, or as directed by the acting arbitration association. The decision of the arbitrator(s) shall be binding and final and the award for the arbitrator may be entered as judgment in any court of competent jurisdiction. A rational and reasoning of the decision of the arbitrator(s) shall be fully explained in a written opinion.

(b) As to any dispute or controversy which under the terms of this Agreement is a proper subject of arbitration, no suited law or in equity based on such dispute or controversy shall be instituted by either party other than a suit to conform, enforce, vacate, modify or correct the award of the arbitrator(s) as provided by law; provided, however, that this clause shall not limit Broker's right to obtain any provision or remedy including, without limitation, injunctive relief, writ for recovery of possession or similar relief from any court of competent jurisdiction, as may be necessary and Broker's sole judgment to protect its rights.

(c) General pleadings and discovery processes related to the arbitration proceeding shall comply with the federal rules of civil procedure. The provisions of this Section 16 shall not apply to the enforcement of the award of arbitration.

(d) This arbitration provision is subject to the two exceptions set forth below.

(i) (BROKER INITIAL_ ; CARRIER INITIAL_.) Subject to the time limitation set forth above, for disputes where the amount in controversy exceeds \$3,000, Broker shall have the right, but not the obligation, to select litigation in order to resolve any disputes arising hereunder. In the event of litigation, the prevailing Party shall be entitled to recover costs, expenses and reasonable attorney fees, including but not limited to any incurred on appeals.

(ii) (BROKER INITIAL_____ ; CARRIER INITIAL_____.) Subject to the time limitation set forth above, for disputes where the amount in controversy does not exceed \$3,000, Broker shall have the right, but not the obligation, to select litigation in small claims court order to resolve any disputes arising hereunder. The prevailing Party shall be entitled to recover costs, expenses and reasonable attorney fees, including but not limited to any incurred on appeals.

(iii) Venue, controlling law, and jurisdiction in any legal proceedings under Subparagraphs (i) or (ii) above shall be in Douglas County, Georgia.

17. Force Majeure - The obligation of Carrier to furnish and of Broker to use the Services provided for in this Agreement will be suspended temporarily during the period in which either party is prevented from performing due to fire, flood, strikes, lockout, epidemic, accident, regulatory action or other causes beyond its reasonable control. The party experiencing force majeure will notify the other party promptly and take all reasonable steps to eliminate the interruption and resume normal operations as soon as possible.

18. Waiver/Enforceability - The waiver of a breach of any term or condition of this Agreement will not constitute the waiver of any other breach of the same or any other term. To be enforceable, a waiver must be in writing signed by a duly authorized representative of the waiving Party. The unenforceability of a provision of this Agreement or portion thereof will not affect the enforceability of any other provision of this Agreement or portion thereof.

19. Entire Agreement - This Agreement, together with any Appendices hereto, constitutes the entire agreement between the parties with respect to the subject matter hereof, and supersedes all prior oral or written representations and agreements.

20. Governing Law - This Agreement is to be construed according to federal law governing transportation and the laws of the State of Georgia and the parties hereby stipulate the exclusive jurisdiction of the courts situated in Douglas County, GA, or the Federal Court. If any part of this Agreement is determined to be contrary to law, such determination shall not affect the validity of any other terms or conditions. Carrier shall pay all costs, expenses and attorney fees which may be expended or incurred by Broker or Broker's customer in successfully enforcing this Agreement or any provision thereof, or in exercising any right or remedy of Broker or its customers against Carrier, or in any arbitration or litigation incurred by Broker because of any act or omission of Carrier under this Agreement.

21. Notices - Unless otherwise provided, notices required under this Agreement must be in writing and delivered by (i) registered or certified U.S. Mail, return receipt requested, (ii) hand delivered, (iii) facsimile with receipt of "Transmission OK" acknowledgement, or (iv) delivery by a reputable overnight carrier service (in the case of delivery by facsimile, the notice will be followed by a copy of the notice delivered as provided in (i) (ii) or (iv)). The notice will be deemed given on the day the notice is received. In the case of notice by facsimile, the notice is deemed received at the local time of the receiving machine, and if not received, then the date the follow-up copy is received. Notices must be delivered to the following addresses or at such other addresses as may be later designated by notice:

To Carrier: _____

Attn: _____
Facsimile: _____

To Broker: Yodel Logistics
LLC PO Box 1131,
Douglasville GA
30133
Attn: _____
Facsimile: _____

22. Counterparts - This Agreement may be executed in one or more counterparts, each of which is an original but all of which together will constitute one and the same agreement.

IN WITNESS WHEREOF, this Agreement is executed by authorized representatives of the parties, effective as of the date set forth above.

CARRIER

BROKER

Signature

Signature

Printed Name: _____

Printed Name: Stewert Watkins

Title: _____

Title: Owner

APPENDIX 1

Limitations of Liability

Absent a written agreement between Broker and Carrier to the contrary, the cargo liability of any Carrier contracted by Broker to transport Broker's customer's freight shall be subject to the following limitations:

- (a) \$25.00 per pound, per package for less than truckload ("LTL") shipments (ground shipments up to 20,000 lbs.);
- (b) \$100,000.00 per truckload shipment; or
- (c) \$100.00 per package for shipments if a parcel carrier unless a higher value is declared at the time of tender and a greater charge paid as provided in the parcel carrier's general rules tariff.

YODEL LOGISTICS

Carrier Payment

Dear Carrier Partner,

Yodel Logistics currently offers a variety of quick payment options, available for a minimal discount. Please take a moment to complete our **Quick Payment Options Agreement**, and we will provide payment remitted in two to 14 business days.¹

To be eligible for Quick Pay, we must receive the following:

- **A completed Quick Pay agreement form for each invoice submitted.**
- **Your invoice for the contracted amount.**
- **Non-exception delivery documents signed by the consignee and driver.**

Please do not submit the Quick Pay form until you have all the required documents

Please contact the Yodel Logistics at 404-516-7314 for more information.

Sincerely,

Yodel Logistics LLC

PO Box 1131

Douglasville, GA 30133

P: 404-516-7314

E: info@yodellogistics.com

www.yodellogistics.com

Your Shipping Connection

¹ Required paperwork must be submitted by email to Yodel Logistics LLC by 11:00 AM EST to be processed for that day. Quick Pay via check is processed and paid Monday-Friday only, excluding holidays.

YODEL LOGISTICS

Yodel Logistics LLC Quick Payment Options Agreement (Page 1)

This form represents an agreement between Yodel Logistics LLC and _____ to pay the below referenced invoice according to the terms as selected on this form. By submitting this form, the undersigned acknowledges that this invoice has not been factored or sold to another party.

Requirements:

To be eligible for Quick Pay, we must receive with this form your invoice for the contracted amount along with non-exception delivery documents signed by the consignee and driver.

A completed Quick Payment Agreement Form must be submitted for each invoice.

Invoice Information:

Yodel Logistics _____

Invoice Amount: _____ (Contracted amount prior to Quick Pay Discount)

Select from the options below to sign-up for the Yodel Logistics Quick Payment program. After making your selection, please sign and email to info@yodellogistics.com

Quick Payment Options:

_____ **2 Business Days via T-Check (T-Check code not given to driver)** with a 3% discount upon receipt of invoice, rate confirmation, signed bills of lading and/or proof of delivery containing no exceptions. Please email legible copies of the required paperwork to Yodel Logistics at info@yodellogistics.com (T-Check payments are charged additional \$10.00 fee)

_____ **14 Day Payment - PAID VIA CHECK MAILED 14 DAYS AFTER RECEIPT OF REQUIRED PAPERWORK** - with a 1% discount upon receipt of invoice, rate confirmation, signed bills of lading and/or proof of delivery containing no exceptions. Please email legible copies of the required paperwork to Yodel Logistics at info@yodellogistics.com

_____ **21 Day Payment - PAID VIA CHECK MAILED 21 DAYS AFTER RECEIPT OF REQUIRED PAPERWORK** - no fee

Yodel Logistics LLC will honor your quick pay for all invoices submitted in good standing until written notice to cancel this agreement is received by either party. This agreement will become an addendum to the "Broker Carrier" contract previously agreed to by the carrier and Yodel Logistics LLC. Yodel Logistics LLC may at any time make changes to this agreement for the conduct of its business, as it may, in its judgment, deem necessary or desirable. This agreement may be cancelled at any time. Any such amendments or cancellations will be effective after notice of the amendments has been made to the participating parties.

Yodel Logistics LLC Quick Payment Options Agreement (Page 2)

Please provide the following information:

Company Name

Company Address & Phone

MC #

Authorized Signature

Printed Name

Date

³ Required paperwork must be submitted by email to Yodel Logistics LLC by 11:00AM EST to be processed for that day.
Quick Pay via check is processed and paid Monday-Friday only, excluding holidays.