

YODEL LOGISTICS

Shipper/Broker Packet

We appreciate your interest in collaborating with Yodel Logistics, LLC. To expedite the process of adding your business to our database, we've included the accompanying package describing the exact information we'll require from you. Please see the index below for a list of documents that must be completed and/or delivered.

For your records:

- ✓ **All files are for your records; however, we will need you to complete and return the forms below.**

What we will need from you:

Please email the completed following documents to info@yodellogistics.com

1. Customer Profile
2. Broker/Shipper Agreement – Reviewed, signed and dated

Feel free to call 404-516-7314 or email info@yodellogistics.com if you have any questions or need any further assistance.

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

Customer Profile

Date: _____

Company Name: _____

DBA: _____

Physical Address:

City: _____ State: _____

Zip: _____

Website: _____

Contact Name: _____

Position: _____

Phone: _____ Email: _____

Fax: _____

Accounting Contact: _____

Phone: _____ Email: _____

Fax: _____

City: _____ State: _____

Zip: _____

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)

Dave

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 [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:

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.

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-INT (interest earned or paid)

- 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.

YODEL LOGISTICS

SHIPPER/BROKER TRANSPORTATION AGREEMENT

THIS AGREEMENT, "Agreement", made and intended to be effective this _____ by and between Yodel Logistics, LLC, a Georgia limited liability company, ("YODEL LOGISTICS"), and _____, ("SHIPPER"), collectively, the "PARTIES".

I. RECITALS

A. WHEREAS YODEL LOGISTICS is licensed as a Property Broker by the Federal Motor Carrier Safety Administration ("FMCSA"), or by appropriate State agencies, and as a licensed broker, arranges for freight transportation; and

B. WHEREAS SHIPPER, to satisfy some of its transportation needs, desires to utilize the services of YODEL LOGISTICS to arrange for transportation of SHIPPER's freight.

NOW THEREFORE, intending to be legally bound, YODEL LOGISTICS and SHIPPER agree as follows:

II. AGREEMENT

1. **TERM.** Subject to paragraph 11, the term of this Agreement shall be one (1) year, commencing on the date above, and shall automatically renew for successive one year periods; provided, however, that either Party may terminate this Agreement on 30 days written notice to the other Party, with or without cause, or as otherwise provided in this Agreement.

2. **SERVICE.** YODEL LOGISTICS agrees to arrange for transportation of SHIPPER's freight, with a carrier who is duly registered with the Department of Transportation ("DOT") pursuant to 49 U.S.C. 13902 and 13905. It is understood by the parties that YODEL LOGISTICS is not actually performing the transportation of the SHIPPER's freight but will be arranging for the transportation of SHIPPER's freight.

3. **VOLUME.** SHIPPER agrees to tender a minimum of three (3) shipments per year to YODEL LOGISTICS. SHIPPER is not restricted from tendering freight to other Brokers, or directly to motor carriers. YODEL LOGISTICS is not restricted from arranging Transportation for other parties.

SHIPPER shall be responsible to YODEL LOGISTICS for timely and accurate delivery instructions and description of the cargo, including any special handling requirements, for any shipment.

4. **FREIGHT CARRIAGE:** YODEL LOGISTICS warrants that it has entered into, or will enter into, bilateral contracts with each Carrier it utilizes in the performance of this Agreement. YODEL LOGISTICS further warrants that those contracts comply with all applicable federal and state regulations and shall include the following provisions:

1. (a) Carrier shall defend, indemnify and hold harmless YODEL LOGISTICS and SHIPPER and their directors, employees, officers, and affiliated parent and subsidiary companies (the "Indemnified Parties") from and against all claims, liabilities, losses, damages, fines, penalties, payments, costs, and expenses (including, without limitation, reasonable legal fees, but excluding consequential damages) caused by and resulting from (i) the negligence or intentional misconduct of Carrier or its employees or agents, or (ii) Carrier or its employees' or agents' violation of applicable laws or regulations.
2. (b) Carrier shall agree that its liability for cargo loss or damage shall be that of a Common Carrier as provided for in 49 USC 14706 (the Carmack Amendment). Exclusions in Carrier's insurance coverage shall not exonerate Carrier from this liability.

3. (c) Carrier shall agree to maintain at all times during the term of the contract, insurance coverage in amounts required by law, but in any event with limits not less than the following:

II. Commercial General Liability

- Cargo Liability - Worker's Compensation - \$1,000,000.00 (or such greater amount as is required by law)
 - Commercial General Liability - \$1,000,000
 - Auto Liability/Property Damage - \$1,000,000 (or such greater amount as is required by law)
 - Cargo Liability - \$100,000
 - Worker's Compensation - as required by law
4. (d) Carrier shall agree that the provisions contained in 49 CFR 370.1 et seq. shall govern the processing of claims for loss, damage, injury or delay to property and the processing of salvage.
 5. (e) Carrier shall authorize YODEL LOGISTICS to invoice SHIPPER for services provided by the Carrier. Carrier shall further agree that YODEL LOGISTICS is the sole party responsible for payment of its invoices and that, under no circumstance, will Carrier seek payment from the shipper, consignee or YODEL LOGISTICS' customer.
 6. (f) Carrier shall agree that, at no time during the term of its contract with YODEL LOGISTICS, shall it have an "Unsatisfactory" safety rating as determined by the Federal Motor Carrier Safety Administration (FMCSA). If Carrier receives an "Unsatisfactory" safety rating, it shall immediately notify YODEL LOGISTICS.
 7. (g) Carrier shall agree that the terms and conditions of its contract with YODEL LOGISTICS shall apply on all shipments it handles for YODEL LOGISTICS. Any terms in a tariff that are referenced in the carrier contract which are inconsistent with this Agreement shall be subordinate to the terms of this Agreement.
 8. (h) Carrier shall expressly waive all rights and remedies under Title 49 U.S.C., Subtitle IV, Part B to the extent they conflict with the contract.
 9. (i) YODEL LOGISTICS further warrants it will require proof of insurance and operating authority from each Carrier and, should YODEL LOGISTICS utilize the services of any carrier or other broker on SHIPPER's behalf, which carrier and/or broker does not have proof of insurance and/or operating authority, YODEL LOGISTICS agrees to indemnify and hold harmless SHIPPER from all legitimate claims not paid by Carrier, including but not limited to cargo loss and damage claims.

5. RECEIPTS AND BILLS OF LADING. If requested by SHIPPER, YODEL LOGISTICS agrees to provide SHIPPER with proof of acceptance and delivery of such loads in the form of a signed Bill of Lading or Proof of Delivery, as **specified** by SHIPPER. SHIPPER's insertion of YODEL LOGISTICS' name on the bill of lading shall be for SHIPPER's convenience only and shall not change YODEL LOGISTICS' status as a property broker. The terms and conditions of any freight documentation used by YODEL LOGISTICS or carrier selected by YODEL LOGISTICS may not supplement, alter, or modify the terms of this Agreement.

6. PAYMENTS. Unless otherwise stated in a separate Rate Confirmation Agreement, YODEL LOGISTICS will charge and SHIPPER will pay the rates and charges set forth in Appendix A, for transportation services performed under this Agreement. The Rate Confirmation Agreement shall be in the form specified in Appendix B. The Rate Confirmation Agreement shall be signed and agreed to by YODEL LOGISTICS and SHIPPER before each shipment to which such Rate Confirmation Agreement applies. YODEL LOGISTICS represents and warrants that there are no other applicable rates or charges except those established in this Agreement or in any Rate Confirmation Agreement signed by SHIPPER. Payment by SHIPPER will be made within thirty (30) days of receipt by SHIPPER of YODEL LOGISTICS' undisputed freight bill, bill of lading, clear delivery receipt, and any other necessary billing documents enabling SHIPPER to ascertain that service has been provided at the agreed upon charge. In the event service is provided and it is subsequently discovered that there was no applicable rate in Appendix A, or a separate rate confirmation sheet, the parties agree that the rate paid by SHIPPER and collected by YODEL LOGISTICS shall be the agreed upon contract rate unless objected to by YODEL LOGISTICS within 10 days. YODEL LOGISTICS agrees that SHIPPER has the exclusive right to handle all billing of freight charges to the

Customer for the transportation services provided herein, and, as such, YODEL LOGISTICS agrees to refrain from all collection efforts against receiver, consignor, consignee or the Customer. Where YODEL LOGISTICS has received payment or credit for transportation services under this Agreement, YODEL LOGISTICS will indemnify and hold harmless SHIPPER and its Customers from any and all claims by Carriers or their subcontractors for such transportation charges. SHIPPER agrees that it shall not offset any payments owing to YODEL LOGISTICS.

7. **CLAIMS.** Unless **otherwise** agreed by the parties in Appendix A, in the event of a cargo loss, damage or shortage claim, SHIPPER agrees to notify YODEL LOGISTICS immediately by phone and to subsequently submit to YODEL LOGISTICS a written claim, fully supported by all relevant documentation, including but not limited to the signed delivery receipt, listing the nature and cause of the claim for cargo damage within twenty (20) days following the date of delivery. No claims or allowances for shortages, damage or delay will be considered unless clearly noted on the delivery receipt or bill of lading signed by the consignee at delivery. YODEL LOGISTICS assumes no liability for cargo loss, damage, or shortage. However, YODEL LOGISTICS agrees to submit, negotiate and settle all cargo claims with the responsible carrier and to keep SHIPPER advised of the status of all such claims. Upon request by SHIPPER, YODEL LOGISTICS shall assign its rights against the carrier to SHIPPER. Nothing herein shall be construed to restrict any right or cause of action SHIPPER may have against any carrier involved with the transportation of SHIPPER's shipment.

8. **INSURANCE.** YODEL LOGISTICS agrees to procure and maintain at its expense, at all times during the term of this Agreement, Commercial general liability insurance covering bodily injury and property damage in coverage amounts of not less than \$1,000,000.00:

9. **SURETY BOND.** YODEL LOGISTICS shall maintain a surety bond or trust fund agreement as required by the FMCSA in the amount of \$10,000.

10. **DEFAULT.** Both parties will discuss any perceived deficiency in performance and will promptly endeavor to resolve all disputes in good faith. However, if either party materially fails to perform its duties under this Agreement, the party claiming default may terminate this Agreement immediately.

11. **INDEMNIFICATION.** The YODEL LOGISTICS shall defend, indemnify and hold harmless SHIPPER and its directors, employees, officers, and affiliated parent and subsidiary companies (the "Indemnified Parties") from and against all claims, liabilities, losses, damages, fines, penalties, payments, costs, and expenses (including, without limitation, reasonable legal fees, but excluding consequential damages) caused by and resulting from (i) the negligence or intentional misconduct of YODEL LOGISTICS or its employees or agents, (ii) YODEL LOGISTICS' or its employees violation of this Agreement, or (iii) YODEL LOGISTICS' or its employees' or agents' violation of applicable laws or regulations.

SHIPPER shall defend, indemnify and hold YODEL LOGISTICS and its employees and Carriers harmless from and against all claims, liabilities, losses, damages, fines, penalties, payments, costs and expenses (including, without limitation, reasonable legal fees, but excluding consequential damages) caused by and resulting from (i) the negligence or intentional misconduct of SHIPPER and its employees, (ii) SHIPPER's or its employees violation of this Agreement, or (iii) SHIPPER's or its employees violation of applicable laws or regulations.

12. **ASSIGNMENT/MODIFICATIONS OF AGREEMENT.** Neither party may assign or transfer this Agreement, in whole or in part, without the prior written consent of the other party. No amendment or modification of the terms of this Agreement shall be binding unless in writing and signed by the PARTIES

13. **SEVERABILITY/SURVIVABILITY.** In the event that the operation of any portion of this Agreement results in a violation of any law, or any provision is determined by a court of competent jurisdiction to be invalid or unenforceable, the Parties agree that such portion or provision shall be severable and that the remaining provisions of the Agreement shall continue in full force and effect. The representations and obligations of the PARTIES shall survive the termination of this Agreement for any reason.

14. **INDEPENDENT CONTRACTOR.** It is understood between YODEL LOGISTICS and SHIPPER, that YODEL LOGISTICS is not an agent for the Carrier or SHIPPER and shall remain at all times an independent contractor. SHIPPER does not exercise or retain any control or supervision over YODEL LOGISTICS, its operations, employees, or carriers.

15. **NONWAIVER.** Failure of either party to insist upon performance of any of the terms, conditions or provisions of this Agreement, or to exercise any right or privilege herein, or the waiver of any breach of any of the terms, conditions or provisions of this Agreement, shall not be construed as thereafter waiving any such terms, conditions, provisions, rights or privileges, but the same shall continue and remain in full force and effect as if no forbearance or waiver had occurred.

16. **NOTICES.** Unless the PARTIES notify each other in writing of a change of address, any and all notices required or permitted to be given under this Agreement shall be in writing (or fax with machine imprint on paper acknowledging successful transmission).

17. **FORCE MAJEURE.** Neither Party shall be liable to the other for failure to perform any of its obligations under this Agreement during any time in which such performance is prevented by fire, flood, or other natural disaster, war, embargo, riot, civil disobedience, or the intervention of any government authority, or any other cause outside of the reasonable control of the SHIPPER or YODEL LOGISTICS, provided that the Party so prevented uses its best efforts to perform under this Agreement and provided further, that such Party provide reasonable notice to the other Party of such inability to perform.

18. **GOVERNING LAW AND DISPUTE RESOLUTION.** This Agreement shall be deemed to have been drawn in accordance with the statutes and laws of the State of Georgia and in the event of any disagreement or dispute, the laws of this state shall apply and suit must be brought in this state.

19. **CONFIDENTIALITY.** YODEL LOGISTICS shall not utilize SHIPPER's name or identity in any advertising or promotional communications without written confirmation of SHIPPER's consent and the PARTIES shall not publish, use or disclose the contents or existence of this Agreement except as necessary to conduct their operations pursuant to this Agreement. YODEL LOGISTICS will require Carriers and/or other brokers to comply with this confidentiality clause.

20. **ENTIRE AGREEMENT:** This Agreement, including all Appendices and Addenda, constitutes the entire agreement intended by and between the PARTIES and supersedes all prior agreements, representations, warranties, statements, promises, information, arrangements, and understandings, whether oral, written, expressed or implied, with respect to the subject matter hereof. Any modifications to this contract shall be initialed by both PARTIES to be valid.

IN WITNESS WHEREOF, the PARTIES hereto have caused this Agreement to be executed in their respective names by their fully-authorized representatives as of the dates first above written.

YODEL LOGISTICS, LLC

Signed : _____ Printed: _____

Title: _____ Date: : _____

SHIPPER COMPANY NAME: _____

Signed: _____ Printed: _____

Title: _____ Date: _____