PHONE 901-757-5858 • FAX 901-755-3083 • Watts 888-594-8094
1181Vickery Lane • Suite 101 • Cordova, TN 38016

Global Logistic Solutions, LLC is a certified Diversity Business Enterprise which operates as a third party logistics company. With over 30 years experience, our knowledgeable team with efficient networking offer incredible value to our customer.

Global Logistic Solutions, LLC is fast becoming one of the leaders in the transportation industry. Global Logistic Solutions, LLC's goal is to attract and maintain a customer base through our customer oriented focus on business. Our objective is to ship our customer's product efficiently with the best rate. We specialize in full truckload and expedited shipments throughout the United States and Canada.

Responsive highway service is a Global Logistic Solutions, LLC trademark. We have developed an enforceable, signed carrier contract agreement, which is kept on file for each carrier. We utilize an extensive computer software package that monitors our over 400 carrier base and these documents on a daily basis to insure ICC authorities and insurance certificates are current and active. Global Logistic Solutions, LLC's $1,000,000.00 liability insurance and $100,000.00 contingent cargo insurance insures virtually every control process has been implemented to guarantee our customer's safety. Our carriers understand our strict requirements, our pledge on integrity and our "Customer First" policy. We offer our carrier good competitive rates and prompt pay. By keeping a happy dedicated carrier base insures not only quality service, but also virtually an accident-claim free service.

We approach out partnership by focusing on your goals and applying our experience to create innovative solutions, Whether you need is a dry van, refrigerated trailers, straight truck or flatbeds, we have it with the ability to choose pricing and servicing options to fit your organization. Our goal is to provide the highest quality of service to fill your needs in today's transportation supermarket. Please call us for an opportunity to discuss your requirements with one of our transportation personnel.

MC# 532545
CAGE CODE # 4EQQ2
DIVERSITY ERTIFICATE 050906-03
SCAT CODE GBAT
DUNS# 61-2348511

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

400 7th Street SW
Washington, DC 20590

SERVICE DATE
September 13, 2005

LICENSE

MC-532545-B
GLOBAL LOGISTIC SOLUTIONS, LLC
ROSSVILLE, TN

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

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

Angeli Sebastian, Chief
Information Systems Division

SPO

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.

Name (as shown on your income tax return)
GLOBAL LOGISTIC SOLUTIONS, LLC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
P O BOX 31

Requester's name and address (optional)

City, state, and ZIP code
ROSSVILLE, TN 38066

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number
			–			–				

Employer identification number
2	0	–	3	2	4	2	5	2	7

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).

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

Sign Here Signature of U.S. person ▶ Mary P Tryman Date ▶ 1-1-2016

General Instructions

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

Purpose of Form

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

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

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

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

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

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

Bond Rider to FMCSA Form BMC-84

Bond Serial No:	20131107729
Principal Name:	GLOBAL LOGISTIC SOLUTIONS, LLC
Principal's MC or FF No:	MC532545

The following changes have been made to the bond:

THE ADDRESS ON THE BOND SHALL BE UPDATED TO:

1181 VICKERY LANE SUITE 101
CORDOVA, TN 38016

THE BOND AMOUNT SHALL REMAIN $75,000.00.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Bond or Policy, other than as above stated.

This rider is executed on 2/2/2016 and effective on 2/2/2016.

SURETY:
AMERICAN ALTERNATIVE INSURANCE CORPORATION
(A DELAWARE CORPORATION)
555 COLLEGE ROAD EAST
PRINCETON, NJ 08540-6616

Contact Address Requested by Surety:
ROANOKE INSURANCE GROUP INC.
Managing General Underwriters for
AMERICAN ALTERNATIVE INSURANCE CORPORATION
1475 E. WOODFIELD ROAD, SUITE 500
SCHAUMBURG, IL 60173
Phone: 847-969-1420

Matthew L. Zehner

Matthew L. Zehner, Attorney-in-Fact

AMERICAN ALTERNATIVE INSURANCE CORPORATION CORPORATE SEAL 1923 STATE OF DELAWARE

Jennifer E. Rome

Jennifer E. Rome, Witness

Rev. 10/13

United States Department of Transportation
Federal Motor Carrier Safety Administration

Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906 Bond Serial No. 20131107726

FORM BMC-84

Filer FMCSA Account Number: 22010-00

License No(s): 532545

KNOW ALL MEN BY THESE PRESENTS, that we, GLOBAL LOGISTIC SOLUTIONS LLC
(Name of Broker or Freight Forwarder)

of 571 MORRISON RD. ROSSVILLE TN 38066
(Address)

as PRINCIPAL (hereinafter called Principal), and AMERICAN ALTERNATIVE INSURANCE CORPORATION
(Name of Surety)

a corporation, or Risk Retention Group established under the Liability Risk Retention Act of 1986, Pub. L. 99-563, created and existing under the laws of the State of DELAWARE (hereinafter called Surety), are held and firmly bound unto the United
(State)

States of America in the sum of $75,000 for a broker or freight forwarder, for which payment, well and truly to
(Penalty Amount)

be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker or Freight Forwarder pursuant to the provisions of Title 49 U.S.C. 13904, and the rules and regulations of the Federal Motor Carrier Safety Administration relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Federal Motor Carrier Safety Administration such a bond as will ensure financial responsibility and the supplying of transportation subject to ICC Termination Act of 1995 in accordance with contracts, agreements, or arrangements therefore, and

WHEREAS, this bond is written to assure compliance by the Principal as either a licensed Broker or a licensed Freight Forwarder of Transportation by motor vehicle with 49 U.S.C. 13906(b), and the rules and regulations of the Federal Motor Carrier Safety Administration, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the ICC Termination Act of 1995 under license issued to the Principal by the Federal Motor Carrier Safety Administration, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the Federal Motor Carrier Safety Administration forthwith of all suits filed, judgements rendered, and payments made by said Surety under this bond.

This bond is effective the 08 day of November, 2013, 12:01 a.m., standard time at the address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the Federal Motor Carrier Safety Administration at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA on the prescribed form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond. The Surety shall not be liable hereunder for the payment of any damages herein before described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages

arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified above, and that such company is qualified to make this filing under Section 387.315 of Title 49 of the Code of Federal Regulations.

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

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 08 day of November 2013

PRINCIPAL

GLOBAL LOGISTIC SOLUTIONS LLC
COMPANY NAME

571 MORRISON RD.
STREET ADDRESS

ROSSVILLE TN 38066
CITY, STATE, ZIP CODE

MARY FRYMAN, MANAGING PARTNER
(type or print Principal officer's name and title)

Mary P Fryman
(Principal officer's signature)

Pam Beck
(type or print witness's name)

Pam Beck
(witness's signature)

SURETY
AMERICAN ALTERNATIVE INSURANCE CORPORATION
(A DELAWARE CORPORATION)
555 COLLEGE ROAD EAST
PRINCETON, NJ 08540-6616

Contact Address Requested by Surety:
ROANOKE INSURANCE GROUP INC.
Managing General Underwriters for
AMERICAN ALTERNATIVE INSURANCE CORPORATION
1475 E. WOODFIELD ROAD, SUITE 500
SCHAUMBURG, IL 60173
Phone: 847-969-1420

Matthew L Zehner
Matthew L. Zenner, Attorney-in-Fact

Jennifer E Rome
Jennifer E. Rome, Witness

CORPORATE SEAL 1923 STATE OF DELAWARE

2657

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/17/2015

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

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

PRODUCER
Ripley Insurance Agency, Inc.
P.O. Box 237
Ripley MS 38663

CONTACT NAME: Larry Wood
PHONE (A/C, No, Ext): (662) 837-8874 FAX (A/C, No): (662) 837-3576
E-MAIL ADDRESS: lwood@tpbripley.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Acceptance Indemnity Insurance	
INSURER B: Lloyds of London	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Global Logistic Solutions LLC
570 Morrison Rd
P O Box 31
Rossville TN 38066-3845

COVERAGES **CERTIFICATE NUMBER: 15/16 Master** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY / PRO-JECT / LOC OTHER:			CL00096435	9/20/2015	9/20/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS / SCHEDULED AUTOS HIRED AUTOS / NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B	Transportation			BWAT115192	9/20/2015	9/20/2016	Single Conveyance/$150,000 Reefer Breakdown/$100,000	Deduct/1,000 Deduct/2,500

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

CERTIFICATE HOLDER

File Copy

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Larry Wood/LARRY Larry Wood

WBENC Women's Business Enterprise National Council

hereby grants

National Women's Business Enterprise Certification

to

Global Logistics Solutions, LLC

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).
This certification affirms the business is woman-owned, operated and controlled; and is valid through the date herein.

WBENC National WBE Certification was processed and validated by Women's Business Enterprise Council – South, a WBENC Regional Partner Organization

Expiration Date: 12/31/2016
WBENC National Certificate Number: 2005114656

Blanca E. Robinson

Authorized by Blanca E. Robinson, President,
Women's Business Enterprise Council – South

WBEC SOUTH

NAICS Codes: 488510, 484121

UNSPSC Codes: 25190000

Certification Number: 101614-02
Industry: Transportation

The Governor's Office of Diversity Business Enterprise for the State of Tennessee, having determined that

GLOBAL LOGISTIC SOLUTIONS, LLC

has successfully met the certification requirements as outlined in Tennessee Code Annotated Title 12, Chapter 3, Part 8, and the policies adopted thereunder, hereby grants the designation of

Woman Owned Business

and is recognized as such until the expiration of registration and certification on

October 16, 2017

In Witness Whereof, the Governor of the State of Tennessee and the Commissioner of General Services hereto affix our hand and the Great Seal of the State.

Sheila J. Simpson

Program Director, Governor's Office of Diversity Business Enterprise