A. G. Transportation Systems, Inc.
910 N. DuPAGE AVENUE, LOMBARD, IL 60148
Phone: 847-201-7050
Fax: 630-627-2000

MC # 523948-B
DOT # 2234266
Federal Tax ID # 42-1668004

CREDIT REFERENCES

Premium Express
Contact: Daria
630-246-4084
premiumxpress@gmail.com

Art Logistics
Contact: Angelika
630-628-1660
m.angelika@artlogi.net

Matrix, Inc.
Contact: Irena
630-785-3328
irena@matrixtrucks.com

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

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.

AG Transportation Systems, Inc.

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ Other (see instructions) ▶

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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

308 Spring Lake Drive

6 City, state, and ZIP code

Round Lake, IL 60073

Requester's name and address (optional)

7 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 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

4	2	–	1	6	6	8	0	0	4

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 ▶ Allison L Mahaffey Date ▶ 01.01.2019

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.*

FMCSA Motor Carrier

USDOT Number: **2234266**
Docket Number: **MC523948**
Legal Name: **A. G. TRANSPORTATION SYSTEMS INCORPORATED**
DBA (Doing-Business-As) Name

Addresses

Business Address: **308 SPRING LAKE DRIVE**
ROUND LAKE, IL 60073
Business Phone: **(847) 201-7050** Business Fax:
Mail Address:

Mail Phone: Mail Fax: Undeliverable Mail: **NO**

Authorities:

Common Authority:	**NONE**	Application Pending:	**NO**		
Contract Authority:	**NONE**	Application Pending:	**NO**		
Broker Authority:	**ACTIVE**	Application Pending:	**NO**		
Property:	**YES**	Passenger:	**NO**	Household Goods:	**NO**
Private:	**NO**	Enterprise:	**NO**		

Insurance Requirements:

BIPD Exempt:	**NO**	BIPD Waiver:	**NO**	BIPD Required:	**$0**	BIPD on File:	**$0**
Cargo Exempt:	**NO**			Cargo Required:	**NO**	Cargo on File:	**NO**
BOC-3:	**YES**			Bond Required:	**YES**	Bond on File:	**YES**

Blanket Company: **TRUCK PROCESS AGENTS OF AMERICA, INC**

Comments:

Active/Pending Insurance:

Form: **84** Type: **SURETY** Posted Date: 10/03/2013
Policy/Surety Number: **0622387** Coverage From: **$0** To: **$75,000***
Effective Date: **10/01/2013** Cancellation Date:

Insurance Carrier INTERNATIONAL FIDELITY INSURANCE COMPANY
Attn: VERONICA NELSON
Address: 1 NEWARK CENTER
NEWARK, NJ 07102 US
Telephone: (973) 776 - 8731 Fax:

* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum ($5,000 per vehicle, $10,000 per occurrence for cargo insurance, $75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

FMCSA Motor Carrier

USDOT Number: **2234266**
Docket Number: **MC523948**
Legal Name: **A. G. TRANSPORTATION SYSTEMS INCORPORATED**
DBA (Doing-Business-As) Name

Rejected Insurances:

Form:	Type:				
Policy/Surety Number:		Coverage From:	**$0**	To:	**$0**
Received:		Rejected:			
Rejected Reason:					

nsurance History:

Form: **84**	Type: **SURETY**				
Policy/Surety Number: **CE4008**		Coverage From	**$0**	To:	**$10,000** *
Effective Date From: **08/05/2005**		To: **08/05/2013**	Disposition: **Cancelled**		

Insurance Carrier: CONTRACTOR'S BONDING AND INSURANCE COMPANY
Attn: RLI INSURANCE CO.
Address: 9025 N. LINDBERGH DR
PEORIA, IL 61615 US
Telephone: (800) 765 - 2242 Fax: (800) 950 - 1558

Form: **84**	Type: **SURETY**				
Policy/Surety Number: **0622387**		Coverage From	**$0**	To:	**$10,000** *
Effective Date From: **08/06/2013**		To: **11/02/2013**	Disposition: **Cancelled**		

Insurance Carrier: INTERNATIONAL FIDELITY INSURANCE COMPANY
Attn: VERONICA NELSON
Address: 1 NEWARK CENTER
NEWARK, NJ 07102 US
Telephone: (973) 776 - 8731 Fax:

Form: **84**	Type: **SURETY**				
Policy/Surety Number: **0622387**		Coverage From	**$0**	To:	**$10,000** *
Effective Date From: **08/06/2013**		To: **10/01/2013**	Disposition: **Replaced**		

Insurance Carrier: INTERNATIONAL FIDELITY INSURANCE COMPANY
Attn: VERONICA NELSON
Address: 1 NEWARK CENTER
NEWARK, NJ 07102 US
Telephone: (973) 776 - 8731 Fax:

* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum ($5,000 per vehicle, $10,000 per occurrence for cargo insurance, $75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

FMCSA Motor Carrier

USDOT Number: **2234266**
Docket Number: **MC523948**
Legal Name: **A. G. TRANSPORTATION SYSTEMS INCORPORATED**
DBA (Doing-Business-As) Name

Authority History:

Sub No.	Authority Type	Original Action		Disposition Action
	PROPERTY BROKER	GRANTED	08/11/2005	

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason

U.S. Department of Transportation
Federal Motor Carrier Safety Administration
Licensing and Insurance Public

Motor Carrier Details

US DOT:	2234266	**Docket Number:**	MC00523948
Legal Name:	A. G. TRANSPORTATION SYSTEMS INCORPORATED		
Doing-Business-As Name:			

Business Address	Business Telephone and Fax	Mail Address	Mail Telephone and Fax	Undeliverable Mail
308 SPRING LAKE DRIVE ROUND LAKE IL 60073	(847) 201-7050			NO

Authority Type	Authority Status	Application Pending
Common	NONE	NO
Contract	NONE	NO
Broker	ACTIVE	NO

Property	Passenger	Household Goods	Private	Enterprise
YES	NO	NO	NO	NO

Insurance Type	Insurance Required	Insurance on File
BIPD	$0	$0
Cargo	NO	NO
Bond	YES	YES

BOC-3: YES
Blanket Company: TRUCK PROCESS AGENTS OF AMERICA, INC
Web Site Content and BOC-3 Information Clarification

| Active/Pending Insurance | Rejected Insurance | Insurance History | Authority History | Pending Application | Revocation |

June 4, 2019

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

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

SERVICE DATE
July 25, 2013

DECISION

MC-523948-B
A. G. TRANSPORTATION SYSTEMS INCORPORATED
ROUND LAKE, IL

DISCONTINUANCE OF REVOCATION PROCEEDING

By decision of the U.S. Department of Transportation, entered July 09, 2013, an investigation under 49 U.S.C. § 14701(a) was instituted to decide whether, in accordance with 49 U.S.C. § 13905, the operating rights registration specified above should be revoked for failure to comply with the requirements of 49 U.S.C. § 13906 and 49 CFR 387. The Federal Motor Carrier Safety Administration notified the above-named transportation entity that failure to respond or comply with the terms of the decision would result in revocation of its authority registration, effective 30 days after the date the decision was served.

Evidence of compliance with the statute and insurance regulations has been received.

It is ordered:

The decision entered July 09, 2013 is vacated and set aside, and the proceeding instituted under 49 U.S.C. § 14701(a) is **DISCONTINUED.**

Decided: July 25, 2013

By the Federal Motor Carrier Safety Administration.

Jeffrey L. Secrist, Division Chief
Office of Registration and Safety Information
IRD