



WHO IS QUEST TRANSPORTATION?

Quest Transportation is a third party transportation logistics provider.

WHAT IS A THIRD PARTY TRANSPORTATION LOGISTICS PROVIDER?

Quest Transportation provides complete transportation solutions through out the United States, Mexico and Canada. Including truckload, LTL and rail shipments as well as freight forwarding and freight brokerage.

WHY CHOOSE QUEST TRANSPORTATION?

With over 20 years in the transportation business we have negotiated contracts with over 3,000 freight companies nationwide. This allows us to provide our customers the service and pricing that enables them to be competitive in their markets.

When you call Quest you are not just a number. Being a Vermont based company, we take pride in the long-term relationships we have built through the years with our nationwide customer base.

HONESTYDEPENDABILITY**COMPETITIVE PRICING**

Relationships made strong by these very important qualities are the foundation of our company.

INTERSTATE COMMERCE COMMISSION

DECISION

SERVICE DA

MAY 21 1993

MC 195360
JEFFREY L. MOORE
DBA QUEST TRANSPORTATION SERVICES
ST. JOHNSBURY, VT

Reentitled

QUEST INDUSTRIES, INC.
ST. JOHNSBURY, VT

Decided May 18, 1993

On May 13, 1993, applicant filed
a request to have the Commission's records changed to reflect a
name change.

It is ordered:

The Commission's records are amended to reflect the
carrier's name as

QUEST INDUSTRIES, INC.

If it has not already done so, the carrier must amend (1)
its insurance coverage for the protection of the public, (2) its
designation of agents upon whom process may be served, and (3)
its tariffs of schedules to reflect the new name.

By the Commission.

Sidney L. Strickland, Jr.
Secretary

(SEAL)

PM-25
(Rev. 10/84)

INTERSTATE COMMERCE COMMISSION

LICENSE

No. MC 195360

SERVICE DATE

DEC 21 1987

JEFFREY L. MOORE
d/b/a QUEST TRANSPORTATION SERVICES
ST. JOHNSBURY, VT

This License is evidence of the applicant's authority to engage in operations as a broker.

This authority will be effective as long as the broker maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043) and the designation of agents upon whom process may be served (49 CFR 1044). Applicant shall render reasonably continuous and adequate service under this authority. Failure to meet these conditions will constitute sufficient grounds for the suspension, change, or revocation of this authority.

This authority is subject to any terms, conditions, and limitations as are now, or will be, attached to this privilege.

The service to be performed is described on the reverse side of this document.

By the Commission.

(SEAL)

NORETA R. MCGEE,
Secretary.

NOTE: If there are any discrepancies regarding this document, please notify the Commission within 30 days.

No. MC 195360

Page 2

To engage in operations, in interstate or foreign commerce, as a broker of general commodities (except household goods), between points in the U.S.

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) Quest Industries Inc	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.) P.O. Box 247	Requester's name and address (optional)
	City, state, and ZIP code Saint Johnsbury, VT 05819	List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)	Social security number																				
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 <i>How to get a TIN</i> 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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>																				
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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).	
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 ▶ Date ▶ 10/21/11

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.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/21/2011

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 Poulos Insurance Inc. 106 Concord Avenue P O Box 4509 St. Johnsbury, VT 05819-4509	CONTACT NAME: PHONE (A/C, No, Ext): (802) 748-1200 FAX (A/C, No): (802) 748-1208 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:														
INSURED QUEST INDUSTRIES, INC. P O Box 247 St Johnsbury, VT 05819-0247	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B : Technology Insurance</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Co.		INSURER B : Technology Insurance		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES **CERTIFICATE NUMBER: Proof of Insurance** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	TWC3258635	12/15/2010	12/15/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Cargo Coverage			CAP5886734	11/06/2011	11/06/2012	\$ 100,000 \$ 1,000 ded

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

CAP5886734 includes Transportation/Cargo Insurance with a limit of \$ 200,000/\$ 100,000

CERTIFICATE HOLDER <div style="border: 1px solid black; padding: 5px; text-align: center;"> For Proof of Insurance Purposes Only </div>	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 <div style="text-align: right; margin-top: 10px;"> Darlene Hale/DARLEN </div>
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IMPORTANT

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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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



Remit To:
P.O. Box 247
Saint Johnsbury, VT 05819
802-748-0825 Fax

Application For Credit

Freight Brokerage and Logistics solutions for you
www.questtrans.com

COMPANY INFORMATION

Full Legal Name/Business Entity	Phone Number	Fax Number
Billing Address	City	State
		Zip
Company Type:		
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchisee <input type="checkbox"/> Corporation Other <input type="checkbox"/>		

BUSINESS CREDIT INFORMATION

Federal Tax I.D. (if incorporated)	Principal business of firm	Year business established
At present location since	If Incorporated: under laws of what state?	
Credit line requested	Is a PO REQUIRED? (Yes or No)	

BANK REFERENCES

Bank Name	Account #	Contact
Address	City	State
		Zip
		Phone
Bank Name	Account #	Contact
Address	City	State
		Zip
		Phone

CREDIT REFERENCES

Company Name		Contact			Account #
Address	City	State	Zip	Phone	
Company Name		Contact			Account #
Address	City	State	Zip	Phone	
Company Name		Contact			Account #
Address	City	State	Zip	Phone	

By: _____

SIGNED: _____

By signing this credit application, I authorize Quest Transportation Services, Inc. to request information from the credit reporting agency Experian.com and/or SmartBusinessReports.com

DATE: _____

For Office Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
Credit Limit \$ _____	
_____	_____
Approval	Date



2280 Memorial Drive
P.O. Box 247
St. Johnsbury, VT 05819
800-320-2013 tel
802-748-0825 fax

Quest Transportation shall invoice _____ for its services in accordance with the rates, charges, and provisions set forth in the attached rate sheet.

_____ agrees to pay Quest's invoice within 30 days of invoice date. Any unpaid invoices beyond 30 days are subject to a 2% interest charge.

By: _____

Signed: _____

Date: _____