



### **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.**

### **HONESTY\*\*DEPENDABILITY\*\*COMPETITIVE PRICING**

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

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.

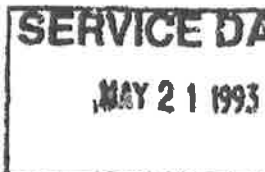
No. MC 195360

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.

INTERSTATE COMMERCE COMMISSION

DECISION



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)

## 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) <b>QUEST INDUSTRIES, Inc.</b>	
	Business name/disregarded entity name, if different from above <b>QUEST TRANSPORTATION SERVICES</b>	
	Check appropriate box for federal tax classification: <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"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) <b>P.O. Box 247</b>		Requester's name and address (optional)
City, state, and ZIP code <b>St. JOHNSBURY, VT 05819</b>		
List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>																																						
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 colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;">8</td> </tr> </table>	Social security number																		Employer identification number									0	3	-	0	3	2	9	3	9	8
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<b>Part II Certification</b>	
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).	
<b>Certification instructions.</b> 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 ▶ <b>2-13-17</b>

**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 INSURANCE

DATE (MM/DD/YY)

02/14/2017

**PRODUCER**

Integro Insurance Brokers  
 Two Financial Center, 60 South St., Suite 800  
 Boston, MA 02111  
 Contact: Adam Green  
 Phone: 617-531-6270 Fax: 617-531-6271

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**COMPANIES AFFORDING COVERAGE**

COMPANY **A** Beazley Marine Insurance – Syndicate 2623/623

COMPANY **B**

COMPANY **C**

COMPANY **D**

**INSURED**

Quest Transportation Services  
 2280 Memorial Drive  
 Saint Johnsbury, VT 05819

**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE -0b(MM/DD/YY)	POLICY EXPIRATION DATE -0b(MM/DD/YY)	LIMITS								
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE LIMIT \$ MED. PAYMENT (Any one person) \$								
A	<b>AUTOMOBILE LIABILITY</b> <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 <input checked="" type="checkbox"/> CONTINGENT AUTO LIABILITY	W0026416PNVE	11/06/2016	11/06/2017	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ AGGREGATE / OCCURRENCE \$ 1,000,000								
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY – EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$								
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$								
	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">WC STATUTORY LIMITS</td> <td style="width: 40%;">OTHER</td> </tr> <tr> <td>EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>DISEASE-POLICY LIMIT</td> <td>\$</td> </tr> <tr> <td>DISEASE-EACH EMPLOYEE</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	EACH ACCIDENT	\$	DISEASE-POLICY LIMIT	\$	DISEASE-EACH EMPLOYEE	\$
WC STATUTORY LIMITS	OTHER												
EACH ACCIDENT	\$												
DISEASE-POLICY LIMIT	\$												
DISEASE-EACH EMPLOYEE	\$												
A	<b>OTHER</b> ERRORS & OMISSIONS CONTINGENT CARGO	W0026416PNVE	11/06/2016	11/06/2017	Limit: \$100,000 Aggregate Limit: \$100,000 Occurrence								

DESCRIPTIONS OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Adam Green*



**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 <input type="checkbox"/> Other _____		

### 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: \_\_\_\_\_

<b>For Office Use Only</b>	
<input type="radio"/> Approved	<input type="radio"/> 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: \_\_\_\_\_

## Mickey Esposito

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**From:** William Ciesinski [wciesinski@ma-its.com]  
**Sent:** Tuesday, February 14, 2017 10:27 AM  
**To:** 'Mickey Esposito'  
**Subject:** FW: Upcoming load next week  
**Attachments:** image001.jpg

Micky

I have another Colchester for 2/22/2017

80969729

W

BAKER DISTRIBUTING -

COLCHESTER

VT

2/22/2017

6-1PM

William E Ciesinski  
International Transport Services LLC  
PO Box 2122  
Danvers, MA 01923  
Email: [wciesinski@ma-its.com](mailto:wciesinski@ma-its.com)  
Tel: 978 762 6661  
Fax: 978 762 6664  
Cell: 978 985 2369  
Skype: wciesinski

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This email has been checked for viruses by Avast antivirus software.  
<https://www.avast.com/antivirus>