

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

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

SERVICE DATE September 3, 2009

### **DECISION**

MC-432392
EAGLE TRANSPORTATION LOGISTICS, LLC
MARTINSVILLE, IN
REENTITLED
EAGLE TRANSPORTATION LOGISTICS, LLC

D/B/A LKC

On August 28, 2009, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

### It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as EAGLE TRANSPORTATION LOGISTICS, LLC, D/B/A LKC.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for property broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC-20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: http://li-public.fmcsa.dot.gov. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: August 31, 2009

By the Federal Motor Carrier Safety Administration

Kathy Weiner, Chief

Information Systems Division

Hashy A. Weiner

NCIA



**SBEHRENS** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/17/2014

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.

th	e te	RTANT: If the certificate holds erms and conditions of the policy cate holder in lieu of such endors	, cer	tain <sub>l</sub>	policies may require an e	ndorse	ment. A sta				•		
PROI	DUCE	R				CONTAC NAME:	СТ						
		ortation Insurance Advisors LLC					o, Ext): (407) 9	65-3609	FAX (A/C, No):	(407)	322-6749		
		agio Circle , FL 32771				E-MAIL ADDRES			Ţ (146, 116).	` '			
							INS	URER(S) AFFOR	RDING COVERAGE		NAIC#		
						INSURE	RA:Lancer	Insurance	Company		26077		
INSU	RED					INSURE	RB:						
		Eagle Transportation Logist	ics. I	LC E	DBA LKC	INSURER C:							
		118A Deer Trail E	,			INSURE	RD:						
		Sebring, FL 33876				INSURE							
						INSURER F:							
CO	VER	AGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:							
		S TO CERTIFY THAT THE POLICIE											
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,													
		JSIONS AND CONDITIONS OF SUCH				BEEN F							
NSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF   POLICY EXP			s				
Α	Х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR			CM0059129-00		09/13/2014	09/13/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
									MED EXP (Any one person)	\$	5,000		
									PERSONAL & ADV INJURY	\$	1,000,000		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000		
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Α	Non-Owned Trailer			CM0059129-00	09/13/2014	09/13/2015	Limit \$55,000 Ded	1,000
Α	Motor Truck Cargo			CM0059129-00	09/13/2014	09/13/2015	Limit \$100,000 Ded	1,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	DED RETENTION \$							\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	X Comp/Coll X \$1,000 Ded						PIP Limit	\$ 10,000
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
Α	ANY AUTO			CM0059129-00	09/13/2014	09/13/2015	BODILY INJURY (Per person)	\$ ,,
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	OTHER:						1 NODOCTO - CONIF/OF AGG	\$ .,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 2,000,000
							MED EXP (Any one person)	\$ 5,000 1,000,000
	CLAIMS-MADE X OCCUR			CIW0039129-00	09/13/2014	09/13/2013	PREMISES (Ea occurrence)	\$ 
	CLAIMS-MADE X OCCUR			CM0059129-00	09/13/2014	09/13/2015	DAMAGE TO RENTED	100,000

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

XTRA Lease LLC IS NAMED AS ADDITIONAL INSURED WITH RESPECTS TO THE AUTO AND GENERAL LIABILITY AS PER WRITTEN CONTRACT WITH THE NAMED INSURED. XTRA LEASE IS ALSO NAMED AS LOSS PAYEE WITH RESPECTS TO THE NON-OWNED TRAILER COVERAGE ATIMA.

CERTIFICATE HOLDER	CANCELLATION
XTRA LEASE LLC 7911 FORSYTH BLVD #600 Saint Louis, MO 63105	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Cann Zoais, ind corec	AUTHORIZED REPRESENTATIVE

## Form W-9

(Rev. December 2014)
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.

Internal	Revenue Service				<u> </u>								
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.												
	EAGLE TRANSPORTATION LOGISTICS LLC												
c)	2. Business name/disregarded entity name, if different from above												
8.	D/B/A LKC												
Print or type Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  I Individual/sole proprietor or C Corporation S Corporation Partnership	☐ Trust/o	estale	certair instruc	mptions entities stions of	not i	ndividu: 3):	only to als; see					
6 G	single-member LLC	sh(p) 🏲		1 . '	ot payee			· · · · · · · · · · · · · · · · · · ·					
Print or type Instruction	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box is the tax classification of the single-member owner.	the line abo	Exemption from FATCA reporting code (if any)  (Applies to accounts mentioned opticide the U.S.)										
ĒĒ	Other (see instructions)		·					e me USJ					
- 2	5 Address (number, street, and apt. or suite no.)	Requester'	s name	and add	iress (or	donal	ı						
ĕ	3200 US HWY 27 SOUTH, SUITE 301		•										
Ö	6 City, state, and ZIP code												
Š	SEBRING, FL 33870												
	7 List account number(s) here (optional)												
								en e					
Pai	Taxpayer Identification Number (TIN)		·····	<del></del>		·····							
F all	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	old S	ocial s	ecurity n	umber								
hanler	in withholding For individuals, this is generally your social security number (SSN). However, I	ora	TT			1 1	<b>-</b>						
rooine	on allen sole proprietor or disregarded entity, see the Part I instructions on page 3. For other	r I		- 541									
	es, it is your employer identification number (EIN). If you do not have a number, see How to ge	aa; L		,d : !		u, 1							
	n page 3. . If the account is in more than one name, see the instructions for line 1 and the chart on page			er identif	ication	numb	er						
Note.	In the account is in more than one hame, see the instructions for the factor to enter on passes.	1	TTT			Τ_ Ι		T.T					
gasaa	18300 AN TENERO (VALUE AND ESC. 1935)	8	0.	- 0	4 3	2	2 1	1					
Par	t   Certification				. :								
	r penalties of perjury, I certify that:	***************************************	<del></del>		<del></del>		Valvarian Inch.						
Official	re number shown on this form is my correct texpayer identification number (or I am waiting for	r a number	to be	issued t	o me);	and							
1.6	e illustrate strown on this torn to my control control of the best	Al heira no	t hoo	. nestifica	4 hu th	Into	mal Re	wentie.					
Se	m not subject to backup withholding because: (a) I am exempt from backup withholding, or (I rivice (IRS) that I am subject to backup withholding as a result of a failure to report all interest I longer subject to backup withholding; and	or dividend	ds, or	(c) the li	39 has	notifi	ed me	that I am					
3. 1a	m a U.S. citizen or other U.S. person (defined below); and												
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	ng is correc	it.										
Certi becar intere gener	fication instructions. You must cross out item 2 above if you have been notified by the IRS to use you have failed to report all interest and dividends on your tax return. For real estate trans- ist paid, acquisition or abandonment of secured property, cancellation of debt, contributions rally, payments other than interest and dividends, you are not required to sign the certification ictions on page 3.	hat you are actions, its to an individ	curre m 2 d	oes not stiremen	appıy. tarran	ror n	nt (IRA	je ), and					
Sign		ate > =	<b>)</b> .	110-	-16	- ->							
	neral Instructions Form 1098 (home mo	·				ın inte	rest), 10	)98-T					
Section	n references are to the Internal Revenue Code unless otherwise noted. • Form 1099-C (cancel	led debt)			,								
	Publica anactor after our cardina of the state of the second of the seco	<ul> <li>Form 1099-A (acquisition or abandonment of secured property)</li> <li>Use Form W-9 only if you are a U.S. person (including a resident allen), to</li> </ul>											
Pur	provide your correct T				المنشا		aa.The b	t to grant gr					
return which	with the IRS must obtain your correct taxpayer identification number (TIN) to backup withholding may be your social security number (SSN), individual taxpayer identification  By signing the filled-	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? on page 2, By signing the filled-out form, you:  1. Certify that the TIN you are giving is correct (or you are waiting for a number											
identif	ication number (EIN), to report on an information return the amount paid to to be issued),	to be issued).  2. Certify that you are not subject to backup withholding, or											
	- 1000 NIT (external company or maid)	3. Claim exemption from backup withholding if you are a U.S. exempt payee. If											
	applicable, you are als	o certifying t	artifying that as a U.S. person, your allocable share of										
		partnership income from a U.S. trade or business is not subject to the holding tax on foreign partners' share of effectively connected income, and											
Sorro 1999. B Jetock or multiplit fund vales and certain other transactions by     4. Certify that FATCA code(s) entered on this form (if any) indicating that you are								at you are					
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	u inda-2 (hicheda udu tam saitre deuxicirous)	recession so											
<ul> <li>Form</li> </ul>	n 1099-K (merchant card and third party network transactions)												





CRYSTAL DEWITTE LKC 3200 US HWY 27 S STE 301 SEBRING, FL 33870

## CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **LKCF** has been renewed for:

LKC 3200 US HWY 27 S STE 301 SEBRING, FL 33870 MC- 432392 US DOT- 1928921

This Alpha Code will apply only to the company name shown above through June 30, 2016. Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal which must be promptly returned together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address below.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS,CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information (email preferred as a PDF or TIF attachment) to the following address:

CBP SCAC Processing Bureau of Customs and Border Protection 8444 Terminal Road, Beauregard (A-105.5) Lorton, VA 22079 AMS.SCAC@DHS.GOV

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC inconnection with freight rates. For participation and membership information, please call (703) 838-1810



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

400 7th Street SW Washington, DC 20590

SERVICE DATE May 24, 2002

PERMIT MC-432392-P L K C, INC INDIANAPOLIS, IN

This Permit is evidence of the carrier's authority to engage in transportation as a **contract carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to 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). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

Terry Shelton, Director

Terry Shelton

Office of Data Analysis & Information Systems

**NOTE**: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

**PMO**