

K & B Transport, Inc.  
AMT Power / LAP Transport  
57510 County Road 3 S.  
Elkhart, IN 46517

*"Delivering You Excellence"*

Attn: Traffic Manager

K & B Transport, Inc. has a fleet of owner operators specializing in tow-away moves covering all 48 states. We move all types of trailers including the following: New and used trailers, empty and loaded vans, empty and loaded flatbeds, dump and tank trailers, stacks of flatbeds and chassis, containers on chassis, generators and water treatment trailers to name a few.

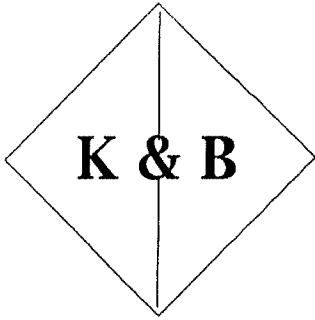
It is the commitment of K & B Transport, Inc. to provide the best service possible, assuring accurate and on time deliveries, courteous and conscientious dispatch with competitive per rate miles,

If you have any questions, don't hesitate to call. We will be glad to provide you with any additional information you may require. Our dispatch hours of operation are M-F 7A.M. to 5P.M. EST. We look forward to doing business with you in the future.

Sincerely,

K & B Transport, Inc.  
DBA:  
AMT POWER  
LAP Transport

K&B Transport -Dispatch # (800) 548-2718 - After Hours Emergency Cell # (574) 220-3497  
AMT Power - Dispatch # (866) 769-2631 - After Hours Emergency Cell # (574) 220-3496  
LAP Transport - Dispatch # (866) 210-5878 - After Hours Emergency Cell # (574) 596-1659



# TRANSPORT, INC.

*Delivering You Excellence*

### Corporate Office

1000 John R Road #101  
Troy, MI. 48083  
248-585-0741  
Fax 248-585-0757

### Dispatch Office

#### Indiana

K & B Transport, Inc.,  
57510 County Rd. 3  
South  
Elkhart, IN. 46517  
800-548-2718  
Fax 574-389-8527

### Divisional Dispatch Offices

#### Indiana

AMT Power  
57510 County Rd. 3  
South  
Elkhart, IN. 46517  
866-769-2631  
Fax 574-389-3276

L.A.P. Transport  
25416 County Road 6  
#114  
Elkhart, IN. 46514  
866-210-5878  
Fax 574-266-3699

## Application For Credit

Application Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contact person for Payments: \_\_\_\_\_

Year Established: \_\_\_\_\_ Corporation: \_\_\_\_\_ Division: \_\_\_\_\_ Proprietorship: \_\_\_\_\_

Parent Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contact person: \_\_\_\_\_

Partners: \_\_\_\_\_

## References

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contact person: \_\_\_\_\_

Bank Account Number (s): \_\_\_\_\_

Supplier (1): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contact person: \_\_\_\_\_

Supplier (2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contact person: \_\_\_\_\_

Supplier (3): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contact person: \_\_\_\_\_

Supplier (4): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

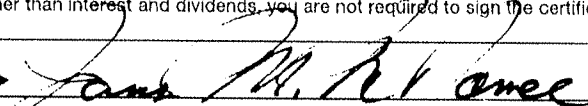
Telephone Number: \_\_\_\_\_ Contact person: \_\_\_\_\_

## 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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>K&amp;B Transport, Inc.</b>	
	2 Business name/disregarded entity name, if different from above <b>Its' Dbas' AMT Power &amp; L.A.P. Transport</b>	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) <b>P.O. Box 71088</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Madison Heights, MI. 48071-9998</b>	
	7 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 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 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.																																									
<b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.																																									
	<table border="1" style="margin: auto;"> <tr><td colspan="10" style="text-align: center;">Social security number</td></tr> <tr> <td style="text-align: center;">X</td><td style="text-align: center;">X</td><td style="text-align: center;">X</td><td style="text-align: center;">-</td><td style="text-align: center;">X</td><td style="text-align: center;">X</td><td style="text-align: center;">-</td><td style="text-align: center;">X</td><td style="text-align: center;">X</td><td style="text-align: center;">X</td> </tr> </table> <p style="text-align: center;">or</p> <table border="1" style="margin: auto;"> <tr><td colspan="10" style="text-align: center;">Employer identification number</td></tr> <tr> <td style="text-align: center;">3</td><td style="text-align: center;">8</td><td style="text-align: center;">-</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td style="text-align: center;">7</td><td style="text-align: center;">5</td><td style="text-align: center;">3</td><td style="text-align: center;">2</td> </tr> </table>	Social security number										X	X	X	-	X	X	-	X	X	X	Employer identification number										3	8	-	2	2	0	7	5	3	2
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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); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<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 3.	
<b>Sign Here</b>	Signature of U.S. person ▶  Date ▶ 08/14/17

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/lw9](http://www.irs.gov/lw9).

**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?* 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 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

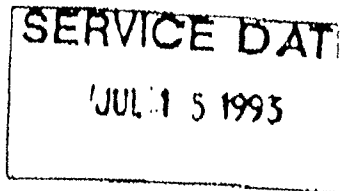
PM-31  
(Rev. 11/92)

INTERSTATE COMMERCE COMMISSION

PERMIT

No. MC 1184 (Sub 30-P)

K & B TRANSPORT, INC.  
MADISON HEIGHTS, MI



This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier by motor vehicle.

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 1043); the designation of agents upon whom process may be served (49 CFR 1044); and for passenger carriers, tariffs or schedules (49 CFR 1312).

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

The transportation service to be performed is described on the reverse side of this document. Service must be performed under a continuing agreement with one or more persons.

By the Commission.

(SEAL)

SIDNEY L. STRICKLAND, JR.  
Secretary

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/10/2017

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> The Campbell Group 5664 Prairie Creek Drive Caledonia MI 49316	<b>CONTACT NAME:</b> Certificate Department <b>PHONE (A/C. No. Ext):</b> 616-541-1500 <b>FAX (A/C. No.):</b> 800-847-3129 <b>E-MAIL ADDRESS:</b> certs@thecampbellgrp.com														
<b>INSURED</b> K & B Transport, Inc. 1000 John R Road - Ste 101 Troy MI 48083	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Harco National Insurance Company</td> <td>26433</td> </tr> <tr> <td>INSURER B : Federal Insurance Company</td> <td>20281</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 : Harco National Insurance Company	26433	INSURER B : Federal Insurance Company	20281	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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**COVERAGES** **CERTIFICATE NUMBER: 1054492928** **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								
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$								
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			TPU3042100-07	8/20/2017	8/20/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION S						EACH OCCURRENCE \$ AGGREGATE \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PER STATUTE</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	PER STATUTE	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
PER STATUTE	OTHER														
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E.L. DISEASE - EA EMPLOYEE	\$														
E.L. DISEASE - POLICY LIMIT	\$														
B	Motor Truck Cargo			467449	8/20/2017	8/20/2018	Cargo Limit: \$250,000 Empty Trlr Limit \$250,000 Cargo Ded: \$2,500								

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 K & B Transport, Inc. dba AMT Power  
 K & B Transport, Inc. dba L.A.P. Transport

<b>CERTIFICATE HOLDER</b>  K & B Transport, Inc. 100 John R Road - Ste 101 Troy MI 48083	<b>CANCELLATION</b>  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  <i>Terry Nyair</i>
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To operate as a contract carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting (1) general commodities (except hazardous materials and household goods), between points in the U.S. (except AK and HI), under continuing contract(s) with commercial shippers or receivers of such commodities, and (2) household goods (except hazardous materials), between points in the U.S. (except AK and HI), (a) under continuing contract(s) with commercial shippers of household goods having one or more of the distinct needs delineated in Interstate Van Lines, Inc., Extension - Household Goods, 5 I.C.C.2d 168 (1988), and (b) under continuing contract(s) with commercial shippers of household goods, which contracts provide for the assignment of one or more vehicles for the exclusive use of each such shipper in the manner specified in Interstate Van Lines, Inc., Extension - Household Goods, 5 I.C.C.2d 168 (1988).

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.

BEFORE THE  
PUBLIC SERVICE COMMISSION OF WYOMING

IN THE MATTER OF THE APPLICATION OF )	
)	
K & B Transport Inc. )	
32500 Concord Rd Suite 352 )	
Madison Heights Mi 48071 )	INTERSTATE MOTOR CARRIER
)	PERMIT
)	
FOR AUTHORITY TO OPERATE MOTOR )	DOCKET NO. M- 125094
VEHICLES OVER THE HIGHWAYS OF THE )	
STATE OF WYOMING AS AN INTERSTATE )	
MOTOR CARRIER )	

By application filed, applicant above-named seeks a Permit authorizing the operation of motor vehicles over the highways of the State of Wyoming in interstate commerce.

IT APPEARING that the equipment which applicant intends to use in performing operations under the authority granted by the Interstate Commerce Commission will not render the highways unsafe for the public; that applicant has paid the statutory fees herein required, and otherwise complied with the provisions of Sections 37-8-101 to 37-8-501, Wyoming Statutes, 1977, as amended, and the Rules and Regulations of the Commission issued pursuant thereto relating to interstate carriers; THEREFORE

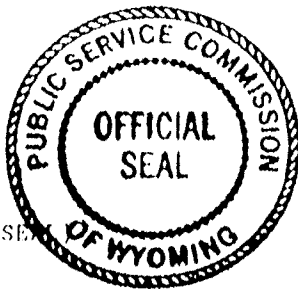
IT IS ORDERED that an interstate motor carrier permit be, and the same is hereby, issued to: K & B Transport Inc.

authorizing the operation of motor vehicles over the highways of the State of Wyoming in interstate commerce, pursuant to and in accordance with the operating rights granted applicant herein by the Interstate Commerce Commission.

IT IS FURTHER ORDERED that this permit shall not be construed as conferring upon the holder any operating rights other than those above-described and that said permit shall remain valid and in effect unless revoked by the Commission for good cause, such as a violation of the Motor Carrier Act, or cancelled at the request of the permit holder.

The Commission hereby retains continuous jurisdiction of the matter for the purpose of making such restrictions, reservations, limitations or amendments to this permit as it may deem necessary or advisable in the public interest.

BY ORDER OF THE COMMISSION

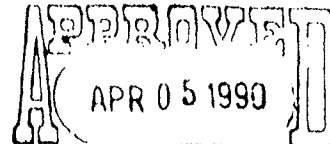


*Wm L. Johnson*

DIRECTOR, TRANSPORTATION DEPARTMENT

MADE AND ENTERED

APR 05 1990



CHEVENEUE WYOMING

DEPARTMENT OF PUBLIC SERVICE REGULATION

PUBLIC SERVICE COMMISSION  
OF THE STATE OF MONTANA  
MOTOR CARRIER DIVISION

**INTERSTATE PERMIT**

P. S. C. No. 5345

Pursuant to the provisions of Title 8, Chapter 1, Revised Codes of Montana, 1947, and the finding heretofore made by the Commission that public convenience and necessity require such operations, K & B Transport, Incorporated, Warren, Michigan.

is hereby authorized to transport \_\_\_\_\_ property as specified \_\_\_\_\_ as a carrier in interstate service, Class \_\_\_\_\_, by motor vehicles for hire over and on the public highways of the State of Montana, pursuant to the authority granted by the Interstate Commerce Commission in Certificate of Public Convenience & Necessity No. MC 1184.

subject to the limitations hereinafter set forth and to the rules and regulations of the Commission duly adopted and promulgated under the authority of said Title 8, Chapter 1, Revised Codes of Montana, 1947.

LIMITATIONS:

Dated at Helena, Montana,

July 20, 1981

By order of the  
PUBLIC SERVICE COMMISSION  
OF THE STATE OF MONTANA

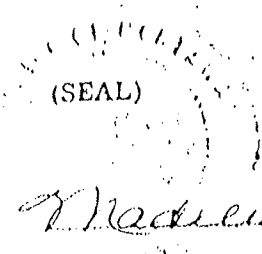
*[Signature]*  
Commissioner

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Commissioner

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Commissioner

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Commissioner

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Commissioner



*[Signature]*  
Secretary