

THE URIEL COMPANIES

Please note all correspondence, concerning any division of the Uriel Companies listed below must be sent to the address in Richmond, VA. The management staff wishes to thank you for allowing us to work with your company.

Main/Phone/Fax & Email

5436 Jefferson Davis Highway
Richmond, VA. 23234
804-743-7700
804-743-7199 Fax
ray@urieltrucking.com

Emergency information is available on
voice recorder afterhours main number

Terminal Location

16201 Morrow Road
Poolesville, MD. 20837
301-921-8818
301-921-8819 Fax

Trucking Services

Uriel Trucking, Inc.
MC-671970
DOT-1856464
FID-26-4268210
SCAC--UTKI

Logistics & Agency Services

UTI Logistics, Inc.
MC-687056
FID-27-0569380
SCAC-ULIR

Equipment Maintenance Services

UT Fleet Repair Services, Inc.
FID 27-1920566
After Hours Phone
804-743-9773

Insurance Information

Agent-Bay Shore Insurance, Inc.	---	Liability \$1,000,000
P.O. Box 2534	----	Cargo \$100,000
Salisbury, MD. 21802	----	Workers Comp. \$1,000,000
Phone-410-546-1640		

Certificates requests- email to

julie@bayshore-ins.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/12/2010

PRODUCER Phone: (410) 546-1640 Fax: (410) 860-2587

BAY SHORE INSURANCE, INC.

P O BOX 2534

SALISBURY MD 21802

410-546-1640

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.

INSURED

URIEL TRUCKING, INC.

5436 JEFFERSON DAVIS HWY

RICHMOND VA 23234

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Sentry Select Insurance Company

21180

INSURER B: Northfield Insurance Company

27987

INSURER C: Sentry Select Insurance Company

21180

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
B		GENERAL LIABILITY	WS059531	03/03/10	03/03/11	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED. EXP (Any one person)	\$ 50,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 1,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A		AUTOMOBILE LIABILITY	CT751678-3610-101	03/03/10	03/03/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		<input checked="" type="checkbox"/> TRUCKERS LIABILITY					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG	\$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		DEDUCTIBLE RETENTION \$					\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	25-23775-01-00-101	03/12/10	03/12/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
		<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below					
						E.L. EACH ACCIDENT	\$ 100,000
						E.L. DISEASE-EA EMPLOYEE	\$ 100,000
		E.L. DISEASE-POLICY LIMIT	\$ 500,000				
A		OTHER MOTOR TRUCK CARGO	CT751679-3610-101	03/03/10	03/03/11	LIMIT OF LIABILITY - \$100,000 SPECIAL FORM \$2,500 DEDUCTIBLE	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS

SCHEDULE OF EQUIPMENT ON FILE WITH COMPANY

TRAILER INTERCHANGE COVERAGE @ \$40,000 VALUE w/ \$2,500 COMPREHENSIVE & COLLISION DEDUCTIBLE

CERTIFICATE HOLDER

URIEL TRUCKING, INC.
5436 JEFFERSON DAVIS HWY
RICHMOND VA 23234

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Linda A. McCann

Attention:

ACORD 25 (2009/01)

Certificate # 32178

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**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 3.

Name (as shown on your income tax return)
Uriel Trucking, Inc.

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other

Address (number, street, and apt. or suite no.)
5436 Jefferson Davis Hwy

City, state, and ZIP code
Richmond, Va 23234

List account number(s) here (optional)

Requester's name and address (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 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 *How to get a TIN* 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.

Social security number								
or								
Employer identification number								
2	6	4	2	6	8	2	1	0

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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 **03/04/2009**

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.

U.S. person. 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



Ladies and Gentlemen:

We at Crestmark TPG LLC are pleased to inform you of a program that

Uriel Trucking, Inc. (MC #671970)

has implemented with their accounts receivable billing process. Uriel Trucking, Inc. has assigned their present and future accounts receivable to Crestmark TPG LLC. Crestmark TPG LLC will continue to provide you with the personal service in which you have become accustomed, while at the same time providing State-of-the-Art processing and tracking of your invoices and payments.

To the extent that you are now indebted, or may in the future become indebted to Uriel Trucking, Inc., on an account or a general intangible, payment thereof is to be made payable to Crestmark TPG LLC and not to Uriel Trucking, Inc. or any other entity. Payment in any other way will not discharge this obligation.

Remit all payments and billing inquiries to:

Crestmark TPG LLC
For: Uriel Trucking, Inc.
PO Box 290789
Nashville, TN 37229-0789
(615) 620-3532

This letter may only be revoked in writing signed by one of Crestmark TPG LLC's officers and acknowledged before a notary public.

Thank you very much for your business. You are a valued customer of Uriel Trucking, Inc. and we look forward to a long and mutually beneficial relationship.

Sincerely,

Lynne Farrar
AVP: Credit
Crestmark TPG LLC

Nelson Hernandez
Owner
Uriel Trucking, Inc.

FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed In Triplicate)

Filed with Virginia Department of Motor Vehicles (hereinafter called Commission)

This is to certify, that the Sentry Select Insurance Company

(hereinafter called Company) of 1800 North Point Drive, Stevens Point, Wisconsin 54481

has issued to Uriel Trucking Inc

5436 Jefferson Davis Hwy Richmond VA 23234

a policy or policies of insurance effective from 03/03/2010 , 12:01 A.M. standard time at the address of the insured stated in said policy of policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at P.O. Box 8036, Stevens Point, WI 54481-8036

this 2ND day of MARCH 2010


AUTHORIZED COMPANY REPRESENTATIVE

Insurance Company File No. CT751679-3610-101



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

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

SERVICE DATE
March 26, 2009

PERMIT
MC-671970-P
URIEL TRUCKING INC
POOLESVILLE, MD

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.

Kathy Weiner, Chief
Information Systems Division

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

US DOT # 1856454