

RETURNED CARRIER PACKET COVER SHEET

WRITE YOUR DOT# BELOW

--	--	--	--	--	--	--	--	--	--	--

Carrier, this must be your cover sheet when returning the carrier packet to Packard Logistics, Inc. This sheet contains special bar codes and Optical Character Recognition technology to identify your packet and correctly route it to dispatch. If you do not send this back as your cover sheet you may not be dispatched on the load or \$25.00 penalty will be assessed.

FAX PACKET BACK TO: 815-467-1208 or 800-670-4634

Carrier Contract Packet

PLEASE USE THE FOLLOWING STEPS TO PROPERLY FILL OUT ALL FORMS

- Page 1-section 1 of the broker-shipper-carrier contract write your company name on the first line. On the next line write your MC and DOT number.
- Page 5 of broker-shipper-carrier contract fill out all lines under the carrier section.
- On broker carrier information questionnaire, fill out all information that applies to you.
- If you are a U.S. carrier please fill out the w-9 form at the end of the packet.
- If you are a Canadian carrier please fill out w-8eci form at the end of the packet.
- Include a copy of your Authority Certificate with your carrier packet.
- Include a copy of insurance certificate naming Packard Logistics, Inc. as the certificate holder and additional insured with your carrier packet.
- Include a copy of your C-TPAT Certificate with your carrier packet, if you have one.
- Include a copy of your Minority Owned Business Certificate with your carrier packet, if you have one.

Send the entire prospective carrier packet to:

**PACKARD LOGISTICS, INC.
P.O. BOX 340
CHANNAHON, IL. 60410**

Or

FAX 815-467-1208 or 800-670-4634

BROKER-SHIPPER-CARRIER CONTRACT

1. This AGREEMENT is between Packard Logistics, Inc. (BROKER-SHIPPER), a motor property broker licensed by the Interstate Commerce Commission (ICC), Docket MC 239944, DOT 2215150 and _____ (CARRIER), a motor carrier operating in interstate commerce as a contract carrier under authority issued by the ICC in Docket MC _____ and DOT _____.
2. It is the intent and understanding of the parties to this AGREEMENT that all transportation services provided to BROKER-SHIPPER by CARRIER shall be as a motor contract carrier, and that the terms of this AGREEMENT and the service rendered hereunder have been designed to meet the distinct transportation needs of the BROKER-SHIPPER, including but not limited to the rate negotiation and verification procedure in paragraph 6. It is understood that the shipments offered to CARRIER by BROKER-SHIPPER shall be only those where BROKER-SHIPPER exercises complete control over the transportation of the commodities, and under these circumstances, BROKER-SHIPPER is considered to be a SHIPPER in its relationship with the CARRIER. BROKER-SHIPPER agrees to offer a series of shipments to CARRIER and CARRIER agrees to transport said shipments under the terms of this AGREEMENT.
3. In the event the CARRIER is unable to supply transportation service within the time requested by the BROKER-SHIPPER, it shall so advise BROKER-SHIPPER and may arrange to furnish said transportation at a later date, or BROKER-SHIPPER, if it desires, may arrange for alternate transportation of the commodities. Under such circumstances, failure of the CARRIER party hereto to comply with the requests of the BROKER-SHIPPER shall not be a breach of the terms of this AGREEMENT.
4. In the event of invasion, insurrection, strikes, lockouts, riots, civil war or commotion, military or usurped power, acts of God, or circumstances beyond the control of the CARRIER, failure on the part of the CARRIER to make pickups and deliveries as requested by the BROKER-SHIPPER shall not be a breach of the terms hereof.
5. In the performance of transportation service hereunder, CARRIER is an independent contractor and not an agent or employee of BROKER-SHIPPER. CARRIER agrees at its own expense to furnish suitable motor vehicle equipment to transport BROKER-SHIPPER's commodities, and in connection with such transportation, to assume all costs, expenses, and liabilities involving or arising out of maintenance, repair, or operation of equipment, including but not limited to, labor, fuel, supplies, insurance, and accidents. CARRIER shall be responsible for providing workers compensation coverage or equivalent insurance coverage for its employees. CARRIER further agrees at all times to save and hold BROKER-SHIPPER harmless from and all such costs, expenses or liabilities.

Providing superior brokerage services utilizing preferred carriers operating flatbed, step deck, drop deck and van equipment since 1994. Certified by Woman Business Enterprise. Find Freight Fast at www.packardlogistics.com

6. CARRIER must provide Packard Logistics, Inc with certificate of insurance naming Packard Logistics, Inc certificate holder and additional insured. With limits of \$1,000,000.00 Automobile Liability, \$1,000,000.00 General Liability, and \$150,000.00 cargo insurance.

7. All commodities moving under the terms of this AGREEMENT shall be transported by CARRIER and paid for by BROKER-SHIPPER after completion of each shipment. "Completion of each shipment" means the performance in full by CARRIER of its obligation to make timely pickup and delivery of each shipment and includes the submission by CARRIER to BROKER-SHIPPER of an original receipted shipping document showing proof of delivery of each shipment. Further, submission of original documentation to BROKER-SHIPPER is required within 45 days of delivery date, otherwise CARRIER will forfeit payment. The amount of compensation to be paid by SHIPPER to CARRIER for each shipment moving under the terms of the AGREEMENT shall be negotiated by the parties and (a) specified in Appendix A, attached hereto and made a part hereof or (b) agreed to orally by CARRIER and SHIPPER. BROKER-SHIPPER will not pay any accessorial charges to CARRIER unless pre-approved by customer. Oral agreements and changes to Appendix A will be confirmed by FAX or other document, signed by both BROKER-SHIPPER and CARRIER, and incorporated into this AGREEMENT as an amendment, said amendment to be in place before the transportation begins. Because the transportation performed by CARRIER under terms of this AGREEMENT is as a contract motor carrier for BROKER-SHIPPER (acting in the capacity of a contract shipper). CARRIER agrees that its freight charges shall be billed and collected only in the manner described immediately above; and CARRIER specifically waives and right it may otherwise claim to have to bill on a direct basis to the actual shipper, consignor, or consignee for freight charges. It is further understood that the compensation paid by the BROKER-SHIPPER to CARRIER under the provisions of this paragraph may be withheld by BROKER-SHIPPER, in whole or in part, as a contingency for the payment of valid loss or damage claims arising out of the particular shipment being settled, or from any prior shipment moving under the provisions of this AGREEMENT, said contingency amount to be remitted to CARRIER only after BROKER-SHIPPER receives payment for freight charges and brokerage services, as well as notice of satisfactory settlement of the claims, from the actual shipper, consignor, or consignee for the property claimed to be lost or damaged. BROKER-SHIPPER shall also deduct from the remittance to CARRIER any advances to, or payments of any kind made on behalf of, CARRIER.

8. For shipping and convenience purposes, a uniform bill of lading may be used for individual shipments; but any reference in such bill of lading to the shipment being subject to rates, rules, or any other provisions in CARRIER'S tariffs or Classifications is of no purport, and CARRIER'S tariffs and Classifications, if any, have no application for the traffic moving under this AGREEMENT. Any terms and conditions of the uniform bill of lading which are in conflict with the any terms of this AGREEMENT, including the compensation and billing procedures as provided in paragraph 6 herein, are inapplicable and this AGREEMENT shall prevail.
9. Although BROKER is the contract shipper, CARRIER shall be liable directly to the actual shipper, consignor, or consignee for all loss or damage to any property caused by transportation performed under this AGREEMENT, subject to this liability being limited only when a released or declared value (but only when less than actual value) is shown by the actual shipper on the bill of lading or other shipping receipt provided to CARRIER at the time of shipment. CARRIER'S liability shall begin at the time cargo is loaded upon CARRIER'S equipment at point of origin and continue until said cargo is delivered to the designated consignee at destination. A claim for loss or damage filed by the actual shipper, consignor, or consignee but presented to BROKER shall be forwarded to CARRIER for processing.
10. CARRIER agrees that it will not solicit traffic from any shipper, consignor, or customer of BROKER where the CARRIER transports traffic, or is made aware of such traffic, as a result of BROKER'S efforts. CARRIER further agrees this non-solicitation clause extends to one year after termination of this AGREEMENT.
11. If any provision of this AGREEMENT is determined to be unlawful or unenforceable by judicial determination or otherwise, the remainder of the AGREEMENT shall remain in full force and effect.
12. This AGREEMENT shall expire one year after the effective date hereof, but the parties hereto agree to extend this AGREEMENT for yearly periods thereafter, subject to the right of cancellation by either party at any time upon thirty days' prior written notice to the other party.

P.O. BOX 340. CHANNAHON, IL 60410
PHONE: 800-799-9008 FAX: 815-467-5083
US DOT #2215150

13. This AGREEMENT shall be governed by the laws of the United States and the State of Illinois both as to interpretation and performance. This AGREEMENT shall be deemed to have been executed, delivered and accepted in the State of Illinois and shall be construed pursuant to and in accordance with the laws of the State of Illinois. Any suit brought by a party hereto against the other to enforce the terms of the AGREEMENT shall be brought in the Circuit Court of the Twelfth Judicial Circuit of Will County, Illinois. In the event of any dispute or litigation arising out of or relating to the meaning, interpretation, or breach hereof, or compliance or non-compliance with the terms of this AGREEMENT, the prevailing party shall be entitled to reasonable attorney's fees and costs to be paid by the losing party.
14. This AGREEMENT shall be binding upon the successors and assigns of the respective parties hereto; provided, however, that the CARRIER shall not assign this AGREEMENT or any rights hereunder without prior written consent of the BROKER-SHIPPER.
15. THIS AGREEMENT has been signed by the parties hereto on the date shown below and is effective on that date, or if different signature dates appear, on the later of the two dates.



P.O. BOX 340. CHANNAHON, IL 60410
PHONE: 800-799-9008 FAX: 815-467-5083
US DOT #2215150

BROKER-SHIPPER: PACKARD LOGISTICS, INC.

BY: _____
(Signature)

BY: _____
(Print Name) (Title)

DATE _____

CARRIER:

BY: _____
(Signature)

BY: _____
(Printed Name) (Title)

DATE: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP _____

PHONE NUMBER _____

FAX NUMBER _____

FEDERAL I.D. NUMBER _____

EMAIL ADDRESS _____

To ensure prompt payment the driver and/or dispatcher must make a telephone call to the brokerage department at 800-799-9008 when loaded.

Our fax number: 815-467-1208 or 800-670-4634

You must mail in:

1. Original customer bill of lading.
2. Signed delivery receipt.
3. Freight invoice.

To Our Preferred Carriers:

Please take a moment to fill out the below questionnaire in order for us to help serve you better:

1. What type of freight do you generally haul? _____

2. Do you have any regular freight lanes we can look for loads for your trucks in?

3. How many trucks do you have? _____
4. What type of trailers do you have? _____
5. Do you have ramps? _____
6. Do you have tarps? _____
7. Do you have any other specialty equipment that may help us load your equipment?

8. Would you like to receive an e-mail of our available loads? _____
9. If yes, what is your e-mail address? _____
10. Are you a C-TPAT Certified Carrier? YES _____ NO _____

Please include a copy of your C-TPAT Certificate with your carrier packet.



P.O. BOX 340. CHANNAHON, IL 60410
PHONE: 800-799-9008 FAX: 815-467-5083
US DOT #2215150

- 11. If you are NOT a C-TPAT Certified Carrier are you currently working on becoming a C-TPAT Certified Carrier? YES _____ NO _____
- 12. Do your drivers carry a TWIC card? YES _____ NO _____
- 13. Are your drivers in compliance with DOT Regulations 49CFR Section 40.25, 382.405, and 382.413? YES _____ NO _____
- 14. Is your company a Minority Owned Business? YES _____ NO _____

Please include a copy of your Minority Owned Business Certificate with your carrier packet.

Carrier Name _____

Carrier DOT# _____

Authorized Representative Signature _____

Date _____

Please fax back to 815-467-1208 or 800-670-4634

Find, Freight, Fast visit www.packardlogistics.com

Call us at 800-799-9008 for all your freight needs.

CREDIT REFERENCES

Alberto Hernandez
DBA Axcel Transport
10400 San Simeon Ln
Ft Worth, TX 76179
(562) 453-3360

JT Wein Inc
P O Box 1120
Opelousas, LA 70571
(337) 948-3939

Large Car Little Car, Inc
P O Box 1484
Bald Knob, AR 72010
(501) 724-2244

Southern Truck Lines SVCS, Inc
P O Box 7354
Jackson, MS 39282
(601) 260-1611

Minarich Graphics & Supplies
1920 Donmaur Dr
Joliet, IL 60435
(815) 725-3500 ATTN: Bill Minarich

First Community Bank
2769 Black Rd
Joliet, IL 60435
(815) 725-0123



P.O. BOX 340. CHANNAHON, IL 60410
PHONE: 800-799-9008 FAX: 815-467-5083
US DOT #2215150

Dear Valued Carrier:

As a preferred carrier, Packard Logistics is pleased to offer you NEXT DAY PAY.

For 2.5%, Packard Logistics will pay you via COMDATA within 24 hours upon receipt of original paperwork.

In addition, Packard pays the \$1.00 load fee and provides 1 FREE draw to your funds. Your company can choose to issue a check, use the card at any ATM machine or use the card at any location that accepts Maestro, less applicable fees.

To take advantage of this NEXT DAY PAY option, please sign and fax back this letter acknowledging your participation. For your convenience, enclosed is a COMDATA Welcome kit and card. After sending us the information below, please call us to activate your card. For more information about COMDATA visit www.comdata.com.

Packard Logistics looks forward to continuing to provide you with superior brokerage services. Be sure to call us at 800-799-9008 or visit www.packardlogistics.com so we can help you make your next trip a profitable one!

REQUEST TO PARTICIPATE IN NEXT DAY PAY VIA COMDATA

___ I have read the above and would like to participate in the NEXT DAY PAY offering via COMDATA.

Name of Carrier: _____

MC# _____ DOT# _____

Print Name of Authorized Cardholder: _____

Signature of Authorized Cardholder: _____

Date: _____ City, State, ZIP _____

COMDATA Card Number: _____

SERVICE DATE

FEB 8 1994

INTERSTATE COMMERCE COMMISSION

DECISION

MC 239944

PACKARD TRANSPORT, INC. II
CHANNAHON, IL

Reentitled

PACKARD LOGISTICS, INC.
CHANNAHON, IL

Decided: February 1, 1994

On January 14, 1994, 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 PACKARD LOGISTICS, 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)

FM-10
(Rev. 10, 34)

INTERSTATE COMMERCE COMMISSION
LICENSE

SERVICE D

MAY 22 1999

No. MC 239944

PACKARD TRANSPORT, INC. II
ST. CHARLES, IL

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 also 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.

SIDNEY L. STRICKLAND, JR.
Secretary

(SEAL)

NOTE:

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

License No.: MC - 239944

Property Broker's Surety Bonds under 49 U.S.C. 13906

KNOW ALL MEN BY THESE PRESENTS, THAT we
PACKARD LOGISTICS, INC.

of

Property Broker Name

24021 SOUTH MUNICIPAL DRIVE, CHANNAHON, IL 60410

Principal Address

as PRINCIPAL (hereinafter called Principal), and American Alternative Insurance Corporation, a corporation, or a Risk Retention Group established under the Liability Risk Retention Act of 1986, Public Law 99-563, created and existing under the laws of the State of Delaware (hereinafter called Surety) are held and firmly bound unto the United States of America in the sum of \$75,000, for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker pursuant to the provisions of Title 49 U.S.C. 13904, and the rules and regulations of the Federal Motor Carrier Safety Administration ("FMCSA") relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the FMCSA such a bond as will ensure financial responsibility and the supplying of transportation subject to the ICC Termination Act of 1995 in accordance with contracts, agreements, or arrangements therefore, and

WHEREAS, this bond is written to assure compliance by the Principal as a licensed Property Broker of Transportation by motor vehicle with 49 U.S.C. 13906(b), and the rules and regulations of the FMCSA, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the ICC Termination Act of 1995 under license issued to the Principal by the FMCSA, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the FMCSA forthwith of all suits filed, judgements rendered, and payments made by said Surety under this bond.

This bond is effective the 04 day of JUNE, 2013, 12:01 a.m., standard time at the
Date Month Year
address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the FMCSA at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA.

The Surety shall not be liable hereunder for the payment of any damages hereinbefore described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

BOND NO: 2013120022

ACCT LOC ID: 100029386 Page 1 of 2

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified on the face of this form, and that such company is qualified to make this filing under Section 387.315 of Title 49 of the Code of Federal Regulations.

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the _____ day of _____, 2013 Year, _____ Month.

PACKARD LOGISTICS, INC.

Principal Name (Company, Individual, etc.)

April Koltres

Signature

April Koltres

Printed or Typed Name of Signor

Vice President

Title of Signor

Brandi Henderson

Witness Signature

Brandi Henderson

Printed or Typed Name of Witness

American Alternative Insurance Corporation

Matthew L. Zehner

Matthew L. Zehner
Attorney-in-Fact



Jennifer E. Rome

Jennifer E. Rome
Witness

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)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (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

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 ▶

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.

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,

Form **W-8ECI**

(Rev. February 2006)

Department of the Treasury
Internal Revenue Service

Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States

OMB No. 1545-1621

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Note: Persons submitting this form must file an annual U.S. income tax return to report income claimed to be effectively connected with a U.S. trade or business (see instructions).

Do not use this form for:

- A beneficial owner solely claiming foreign status or treaty benefits **W-8BEN**
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) **W-8EXP**

Note: These entities should use Form W-8ECI if they received effectively connected income (e.g., income from commercial activities).

- A foreign partnership or a foreign trust (unless claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States) **W-8BEN or W-8IMY**
- A person acting as an intermediary **W-8IMY**

Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner	2 Country of incorporation or organization
--	---

3 Type of entity (check the appropriate box):

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity
<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust	<input type="checkbox"/> Estate
<input type="checkbox"/> Government	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Tax-exempt organization
<input type="checkbox"/> Private foundation	<input type="checkbox"/> International organization	
<input type="checkbox"/> Complex trust	<input type="checkbox"/> Central bank of issue	

4 Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box.**

City or town, state or province. Include postal code where appropriate.

Country (do not abbreviate)

5 Business address in the United States (street, apt. or suite no., or rural route). **Do not use a P.O. box.**

City or town, state, and ZIP code

6 U.S. taxpayer identification number (required—see instructions)
 SSN or ITIN EIN

7 Foreign tax identifying number, if any (optional)

8 Reference number(s) (see instructions)

9 Specify each item of income that is, or is expected to be, received from the payer that is effectively connected with the conduct of a trade or business in the United States (attach statement if necessary)
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Part II Certification

Sign Here

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or I am authorized to sign for the beneficial owner) of all the income to which this form relates,
- The amounts for which this certification is provided are effectively connected with the conduct of a trade or business in the United States and are includible in my gross income (or the beneficial owner's gross income) for the taxable year, and
- The beneficial owner is not a U.S. person.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

..... Signature of beneficial owner (or individual authorized to sign for the beneficial owner) Date (MM-DD-YYYY) Capacity in which acting
--	----------------------------	-----------------------------------