

L&L Freight Services, Inc., an Arkansas corporation, functions as a freight management and property brokerage company. Our management, operations and support staffs combined have an average of over 15 years' experience in the transportation industry. Through this combined experience, we excel in job performance, customer satisfaction and the overall ability to manage your supply chain.

Banking and trade lines of credit are sufficient and adequately flexible to allow orderly growth and if needed, reasonable expansion in staff and technology to support your company. No single customer accounts for more than 5% of our company's revenue. We utilize no high risk venture in trading or currency to enhance profits. Quite simply, we focus on what we do, taking care of you our valued client.

L&L Freight Services, Inc. is licensed by the Federal Highway Administration as a Transportation Broker. Liability, contingent cargo and ancillary insurance coverage's are maintained at limits generally exceeding federal guidelines. We are bonded through the TIA Surety Bond program and maintain a Performance Certified \$100,000 surety bond. This is yet another example of our commitment to exceed all mandated coverages (currently \$75,000) to protect you and your valued customers.

L&L Freight Services, Inc. maintains close relationships with large and small contracted carriers to provide dry van, refrigerated, flat bed and special service equipment throughout the continental United States, Canada and Mexico.

Our current clients include many Fortune 500 companies, some of which are listed on our attached reference page. We are confident that our client list will be acceptable to even the most discerning shipper or receiver.

#### **Mission Statement**

"To provide client satisfaction by exceeding expectations with honesty, integrity, and a commitment to personal service"





A Federally Licensed Freight Broker P.O. Box 1365, Cabot, Arkansas 72023 Office: 501-843-6450 Fax: 501-843-7279

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Adam Maund 901-233-1491 amaund@llfsi.com



Cody Davis 479-263-0349 cdavis@llfsi.com Ben Dowdy 870-612-2387 bdowdy@llfsi.com

Brandi Kellett 870-313-2662 bkellett@llfsi.com



Colby Ferguson 501-628-8905 cferguson@llfsi.com Jett Rose 501-743-0376 jrose@llfsi.com

Chandlor Vance 903-920-4382 cvance@llfsi.com

Company Profile
Federal ID # - 45-5311376
MC# - 788179
U.S. DOT# 2316706
SCAC Code – LLFQ

Brian S. Evans, CTB President & CEO

Sally Beebe, CFE, CTB Chief Financial Officer Tim Bomar, CTB
Director of Operations

P.O. Box 1365 • Cabot, AR 72023 • Voice 501-843-6450 • Fax 501-843-7279





### **Client References**

Nestle Purina Petcare

ST Louis, MO

Oklahoma City, OK
573-568-5398

405-745-1100

Rick Lee

Southern Marketing Affiliates PFG
Jonesboro, AR
870-935-3291 229-672-0452
Lisa Bryant Beth Stuart

Hachette Book Group

Boston, MA

Cary, NC
617-263-2792

Pay Kennedy

Cary, NC
919-678-7700

Transportation Dept

NSW, INC. Chemorse, Ltd Cabot, AR Des Moines, IA 501-605-8739 515-276-1130 Angela Jennings Tracey Hildreth

Mi-Box Lopez Foods, Inc.
Joliet, IL Oklahoma City, OK
708-254-2516 405-499-0134
Roni Gregori Kim Stein

P.O. Box 1365 • Cabot, AR 72023 • Voice 800-580-6560 • Fax 501-843-7279





Ph: 800-580-6560 Fax: 501-843-7279

| Customer Information      |                 |             |
|---------------------------|-----------------|-------------|
| Company Name              |                 |             |
| Address                   |                 |             |
| City                      | State           | Zip         |
| Phone                     | Fax             |             |
| Division Of               | Federal Tax ID# |             |
| Accounts Payable Contact  |                 |             |
| Banking Institution       |                 |             |
| Bank Phone                | Contact Name    |             |
| <u> </u>                  |                 |             |
| Vendor References         |                 |             |
| Company Name              |                 |             |
| Address                   |                 |             |
| City                      | State           | Zip         |
| Phone                     | Fax             |             |
| Company Name              |                 |             |
| Address                   |                 |             |
| City                      | State           | Zip         |
| Phone                     | Fax             | <u> </u>    |
| Company Name              |                 |             |
| Address                   |                 |             |
| City                      | State           | Zip         |
| Phone                     | Fax             | <del></del> |
|                           |                 |             |
| Transportation References |                 |             |
| Company Name              |                 |             |
| Address                   |                 |             |
| City                      | State           | Zip         |
| Phone                     | Fax             | <del></del> |
| Company Name              |                 |             |
| Address                   |                 |             |
| City                      | State           | Zip         |
| Phone                     | Fax             |             |
| Company Name              |                 |             |
| Address                   |                 |             |
| City                      | State           | Zip         |
| Phone                     | Fax             |             |
|                           |                 |             |
|                           |                 |             |

#### **Authorized Signature**

L & L Freight Services, Inc. cannot allow any type or quantity of hazardous materials to be placed on any load. Payment is due within 21 days of invoice date. Payment of freight charges is not subject to offset. Consignor is responsible for proper loading and securement of all intermodal shipments in accordance with Intermodal Loading Guide as issued by the Association of American Railroads (AAR).



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

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

SERVICE DATE June 21, 2012

### LICENSE MC-788179-B

U.S. DOT No. 2316706 L&L FREIGHT SERVICES, INC CABOT, AR

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a **broker**, **arranging for transportation of freight (except household goods)** by motor vehicle.

This authority will be effective as long as the broker maintains 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). The applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Jeffrey L. Secrist, Chief

Alfry t. Stein +

Information Technology Operations Division

BPO



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/15/2023

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).

|  | is certificate does not confer rights to   |       |       |  |   |                        |                        | equire an endorsement                           | . A Sta          | itement on |  |  |  |
|--|--|-------|-------|--|---|------------------------|------------------------|---|------------------|------------|--|--|--|
| PRODUCER   |  |       |       |  | CONTACT NAME: Benita McCauley                           |                        |                        |   |                  |            |  |  |  |
| Avalon Risk Management Insurance Agency LLC  |  |       |       | PHONE (A/C, No, Ext): 713-343-0892 (A/C, No): 713-343-0890 |   |                        |                        |   |                  |            |  |  |  |
|  | North Houston Avenue te 202  |       |       |  | E-MAIL<br>ADDRESS: ARMsouthern@avalonrisk.com           |                        |                        |   |                  |            |  |  |  |
|  | mble TX 77338  |       |       |  | INSURER(S) AFFORDING COVERAGE NAIC #                    |                        |                        |   |                  |            |  |  |  |
|  |  |       |       |  | INCLIDE   |                        | • • •                  | eneral Insurance Co.                            |                  | 16608      |  |  |  |
| INSU   | RED  |       |       | L&LFREI-01   |   |                        | K Marine & O           | eneral insulance co.                            |                  | 10000      |  |  |  |
| L&   | _ FREIGHT SERVICES, INC.   |       |       |  | INSURE  |                        |                        |   |                  |            |  |  |  |
|  | D. BOX 1365<br>bot AR 72023  |       |       |  | INSURE  |                        |                        |   |                  |            |  |  |  |
| Ca   | JOI AR 72023   |       |       |  | INSURE  |                        |                        |   |                  |            |  |  |  |
|  |  |       |       |  | INSURE  |                        |                        |   |                  |            |  |  |  |
| CO.  | VERAGES CER  | TIEI  | `     | NUMBED 000000047   | INSURE  | RF:                    |                        | DEVISION NUMBER.                                |                  |            |  |  |  |
|  | HIS IS TO CERTIFY THAT THE POLICIES  |       |       | NUMBER: 862385947  | /E REE  | N ISSUED TO            |                        | REVISION NUMBER:                                | IE POLI          | ICV PERIOD |  |  |  |
| IN   | DICATED. NOTWITHSTANDING ANY RE  | QUIF  | REME  | NT, TERM OR CONDITION                                      | OF AN   | Y CONTRACT             | OR OTHER I             | OCUMENT WITH RESPEC                             | T TO V           | WHICH THIS |  |  |  |
| CI   | ERTIFICATE MAY BE ISSUED OR MAY I  | PERT  | AIN,  | THE INSURANCE AFFORDI                                      | ED BY   | THE POLICIES           | S DESCRIBED            |   |                  |            |  |  |  |
| INSR   |  |       | SUBR  |  | BEEN REDUCED BY PAID CLAIMS.    POLICY EFF   POLICY EXP |                        |                        |   |                  |            |  |  |  |
| LTR  | TYPE OF INSURANCE  |       | WVD   | POLICY NUMBER  |   | (MM/DD/YYYY)           | (MM/DD/YYYY)           | LIMIT   |                  |            |  |  |  |
| Α  | X COMMERCIAL GENERAL LIABILITY   |       |       | GL2023000014293  |   | 6/30/2023              | 6/30/2024              | EACH OCCURRENCE<br>DAMAGE TO RENTED             | RENTED           |            |  |  |  |
|  | CLAIMS-MADE X OCCUR  |       |       |  |   |                        |                        | PREMISES (Ea occurrence)                        | \$ 100,00        | 00         |  |  |  |
|  |  |       |       |  |   |                        |                        | MED EXP (Any one person)                        | \$ 10,000        | 0          |  |  |  |
|  |  |       |       |  |   |                        |                        | PERSONAL & ADV INJURY                           | \$ 1,000,        | ,000       |  |  |  |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:   |       |       |  |   |                        |                        | GENERAL AGGREGATE \$2,000                       |                  | ,000       |  |  |  |
|  | X POLICY PRO-<br>JECT LOC  |       |       |  |   |                        |                        | PRODUCTS - COMP/OP AGG                          | \$ 2,000,        | ,000       |  |  |  |
|  | OTHER:   |       |       | _  |   |                        |                        |   | \$               |            |  |  |  |
| Α  | AUTOMOBILE LIABILITY   |       |       | AU202300018448   |   | 6/30/2023              | 6/30/2024              | COMBINED SINGLE LIMIT (Ea accident)             | \$ 1,000,        | ,000       |  |  |  |
|  | ANY AUTO   |       |       |  |   |                        |                        | BODILY INJURY (Per person)                      | \$               |            |  |  |  |
|  | OWNED SCHEDULED AUTOS ONLY   |       |       |  |   |                        |                        | BODILY INJURY (Per accident)                    | \$               |            |  |  |  |
|  | X HIRED X NON-OWNED AUTOS ONLY   |       |       |  |   |                        |                        | PROPERTY DAMAGE<br>(Per accident)               | \$               |            |  |  |  |
|  |  |       |       |  |   |                        |                        |   | \$               |            |  |  |  |
| Α  | X UMBRELLA LIAB X OCCUR  |       |       | UM202300010023   |   | 6/30/2023              | 6/30/2024              | EACH OCCURRENCE                                 | \$4,000,         | ,000       |  |  |  |
|  | EXCESS LIAB CLAIMS-MADE  |       |       |  |   |                        |                        | AGGREGATE                                       | \$4,000,         | ,000       |  |  |  |
|  | DED X RETENTION \$ 10,000  |       |       |  |   |                        |                        |   | \$               |            |  |  |  |
| A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? |  |       |       | WC202300022617   |   | 6/30/2023              | 6/30/2024              | X PER OTH-<br>STATUTE ER                        |                  |            |  |  |  |
|  |  | N/A   |       |  |   |                        |                        | E.L. EACH ACCIDENT                              | \$1,000,         | ,000       |  |  |  |
|  | (Mandatory in NH)  |       |       |  |   |                        |                        | E.L. DISEASE - EA EMPLOYEE                      | E \$1,000,000    |            |  |  |  |
|  | If yes, describe under<br>DESCRIPTION OF OPERATIONS below                                |       |       |  |   |                        |                        | E.L. DISEASE - POLICY LIMIT                     | \$1,000,         |            |  |  |  |
| A<br>A   | Contingent Auto<br>Contingent Cargo  |       |       | AR2023FFP01927<br>AR2023FFP01927                           |   | 6/30/2023<br>6/30/2023 | 6/30/2024<br>6/30/2024 | Per occur/aggregate<br>Per occur/aggregate      | 2,000,<br>250.00 |            |  |  |  |
| Α  | Errors & Omissions   |       |       | AR2023FFP01927   |   | 6/30/2023              | 6/30/2024              | Per occur/aggregate                             | 250,00           |            |  |  |  |
|  |  |       |       |  |   |                        |                        |   |                  |            |  |  |  |
|  | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL<br>litional coverage provided under policy # |       |       |  |   |                        |                        |   | neuran           | ce Co :    |  |  |  |
| Ext  | ended Refrigerated Contingent Motor Tr   | uck ( | Cargo | Coverage - \$100,000 per                                   | occurre   | ence/aggregat          | irougii New i<br>e.    | ork Marine and General I                        | lisurani         | Je Co      |  |  |  |
|  |  |       |       |  |   |                        |                        |   |                  |            |  |  |  |
|  |  |       |       |  |   |                        |                        |   |                  |            |  |  |  |
|  |  |       |       |  |   |                        |                        |   |                  |            |  |  |  |
|  |  |       |       |  |   |                        |                        |   |                  |            |  |  |  |
|  |  |       |       |  |   |                        |                        |   |                  |            |  |  |  |
| CERTIFICATE HOLDER CA  |  |       |       |  |   | CANCELLATION           |                        |   |                  |            |  |  |  |
|  |  |       |       |  |   |                        |                        |   |                  |            |  |  |  |
| For Proof of Insurance Purposes Only   |  |       |       |  |   |                        |                        | ESCRIBED POLICIES BE CA<br>EREOF, NOTICE WILL E |                  |            |  |  |  |
|  |  |       |       |  |   |                        |                        | Y PROVISIONS.                                   |                  |            |  |  |  |
|  |  |       |       |  |   |                        |                        |   |                  |            |  |  |  |
|  |  |       |       |  | AUTHORIZED REPRESENTATIVE                               |                        |                        |   |                  |            |  |  |  |
|  |  |       |       |  | Berntam Cauley  |                        |                        |   |                  |            |  |  |  |
|  |  |       |       |  | -11   | , we                   |                        | -0  |                  |            |  |  |  |

### (Rev. October 2018)

Department of the Treasury Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

|  | 1 Name (as shown on your income tax return). Name is required on this line, do not leave this line statut.   |   |   |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
|--|--|---|---|------------------------|-----------------------------|---------|-------------|---------------------------|----------------------------|---|---------------------|---------|--|--|--|--|
| h.   | L&L Freight Services, Inc.  2 Business name/disregarded entity name, if different from above   |   |   |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
|  | 2 Dualitios Harmordialoguidos artity harmo, il ambient nom assert  |   |   |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
| ige 3.   | Check appropriate box for federal tax classification of the person whose name following seven boxes.   | of the  | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
| on pa  | ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC   |   |   |                        |                             |         |             |                           | Exempt payee code (if any) |   |                     |         |  |  |  |  |
| pe.  |  |   |   |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
| Print or type.<br>Specific Instructions on page  | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►  Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. |   |   |                        |                             |         |             |                           |                            | Exemption from FATCA reporting code (if any)      |                     |         |  |  |  |  |
| ecií   | Other (see instructions)   |   |   |                        |                             |         |             |                           |                            | (Applies to accounts maintained outside the U.S.) |                     |         |  |  |  |  |
| Sp   | 5 Address (number, street, and apt. or suite no.) See instructions.  | Requeste  | quester's name and address (optional)   |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
| See  | P.O. Box 1365  |   |   |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
| 0,   | 6 City, state, and ZIP code  |   |   |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
|  | Cabot, Arkansas 72023  |   |   |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
|  | 7 List account number(s) here (optional)   |   |   |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
| Par  | Taxpayer Identification Number (TIN)   |   |   | _                      |                             |         |             | la a u                    |                            |   |                     |         |  |  |  |  |
| Enter  | your TIN in the appropriate box. The TIN provided must match the name  | ne given on line 1 to av                                |   | Social security number |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
| backu  | p withholding. For individuals, this is generally your social security num<br>nt alien, sole proprietor, or disregarded entity, see the instructions for f   | nber (SSN). However, i<br>Part I. later. For other      | or a  |                        |                             |         | -           |                           | -                          | -   |                     |         |  |  |  |  |
| reside   | nt allen, sole proprietor, or disregarded entity, see the instructional or its, it is your employer identification number (EIN). If you do not have a r  | number, see How to ge                                   | et a  |                        |                             |         | L           |                           | ╛                          | L   |                     |         |  |  |  |  |
| TIN, la  | ter.   |   | 2   | or                     |                             | 1-1     | 4141        |                           | ba i i ba                  | bor   |                     |         |  |  |  |  |
| Note:  | If the account is in more than one name, see the instructions for line 1   | . Also see What Name                                    | and _   | Em                     | ployer                      | ider    | TITIC       | cation                    | num                        | Der   |                     | _       |  |  |  |  |
| Numb   | er To Give the Requester for guidelines on whose number to enter.  |   |   | 4                      | 5                           | -  :    | 5           | 3 1                       | 1                          | 3   | 7                   | 6       |  |  |  |  |
| Par  | Certification  |   |   |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
| Under  | penalties of periury. I certify that:  |   |   |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
|  | Landa and this form is my correct taxpayer identification numb   | per (or I am waiting for                                | a number  | r to                   | be iss                      | uec     | to          | me); a                    | and                        | - rn al   | Dov.                | onuo.   |  |  |  |  |
| 2. I an<br>Ser   | number snown on this form is my correct taxpayer lacetimedian not subject to backup withholding because: (a) I am exempt from bac<br>vice (IRS) that I am subject to backup withholding as a result of a failur<br>onger subject to backup withholding; and  |   |   |                        |                             |         |             |                           |                            | ied n   | ne th               | at I am |  |  |  |  |
|  | a U.S. citizen or other U.S. person (defined below); and   |   |   |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
| 1 The  | EATCA code(s) entered on this form (if any) indicating that I am exempt  | ot from FATCA reportin                                  | ng is corre   | ect.                   |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
| Certifi<br>you ha  | cation instructions. You must cross out item 2 above if you have been no<br>ve failed to report all interest and dividends on your tax return. For real est<br>ition or abandonment of secured property, cancellation of debt, contribution<br>han interest and dividends, you are not required to sign the certification be   | otified by the IRS that yo<br>tate transactions, item 2 | ou are curr<br>does not<br>rement arr   | rent<br>app            | ly sub<br>ply. Fo<br>rement | t (IR   | A). a       | and ae                    | enera                      | ally, p   | oaym                | ents    |  |  |  |  |
| Sign   | Signature of   |   |   |                        | /                           | /       |             | 31                        | 1                          | 20-   | 77                  |         |  |  |  |  |
| Here   | U.S. person ►  |   | Date ►  | V                      | u                           | 4       |             |                           | ×                          | 00  | 4                   |         |  |  |  |  |
|  | neral Instructions   | • Form 1099-DIV (di<br>funds)                           |   |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
| Section references are to the Internal Revenue Code unless otherwise noted.  • Form 1099-MISC (various types of income, prizes, awards, or proceeds)   |  |   |   |                        |                             |         | gross       |                           |                            |   |                     |         |  |  |  |  |
| related  | d to Form W-9 and its instructions, such as legislation enacted  | transactions by brok                                    | ·   |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
| after they were published, go to www.irs.gov/FormW9.  • Form 1099-S (proceeds from real estate transactions)   |  |   |   |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
| Purpose of Form  • Form 1099-K (merchant card and third party network transactions)  |  |   |   |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
| An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer  • Form 1098 (home mortgage interest), 1098-E (student loan line). |  |   |   |                        |                             | erest), |             |                           |                            |   |                     |         |  |  |  |  |
| identification number (TIN) which may be your social security number • Form 1099-C (canceled debt)   |  |   |   |                        |                             |         |             |                           |                            |   |                     |         |  |  |  |  |
| tayna  | individual taxpayer identification number (ITIN), adoption ver identification number (ATIN), or employer identification number   | • Form 1099-A (acqu                                     | uisition or   | aba                    | andon                       | mer     | ıt 01       | i secu                    | idin.                      | or ob   | orty)               | ent     |  |  |  |  |
| (EIN),   | to report on an information return the amount paid to you, or other are reportable on an information return. Examples of information   | Use Form W-9 on alien), to provide you                  | ur correct  | t TIN                  | ٧.                          |         |             |                           |                            |   |                     |         |  |  |  |  |
| return   | s include, but are not limited to, the following.  | If you do not retur<br>be subject to backup             | n Form W  | V-9<br>dina            | to the                      | req     | ues<br>at i | s <i>ter wi</i><br>s back | tn a<br>kun                | ۱۱۱۷,<br>withl                                    | <i>you</i><br>holdi | ng,     |  |  |  |  |
|  | n 1099-INT (interest earned or paid)   | be subject to backup                                    | U WILITION  | uirig                  | g. 0ee                      | VVI     | atl         | Judo                      | .up                        | .,  |                     | . J,    |  |  |  |  |

later.

Bond Number: 13220

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. It is estimated than an average of 10 minutes per response is required to complete this collection of information. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Comments concerning the accuracy of this burden estimate or suggestions for reducing this burden should be directed to the Federal Highway Administration, 400 7th St., SW, Washington, D.C. 20590

Approved by OMB

B.M.C. 84

| (10/98)  |  |   | 2125-0570   |  |  |
|--|--|---|---|--|--|
| Filer FHW  | А<br>Г NO <b>28318</b>   |   | License No.<br>MC- <u>78817</u>   | 9  |  |
|  | PROPERTY BROK  | ER'S SURETY   | BOND UNDER 4  | 9 U.S.C. 13906   |  |
| KNOW AL  | L MEN BY THESE PRESENTS, That we   | (Nam  | L&L Freight Services ae of Property Broker)   | , Inc  | -  |
| of   | 1902 South Pine Street,  | Cabot,  | AR (State)  | 72023<br>(ZIP Code)  | -  |
| as PRINCI  | PAL (hereinafter called Principal), and  | Southwest Mari (Name of Surety)   | ne and General Insurance  | Company a corporation  | on,  |
| or a Risk R  | etention Group established under the Liabil  | ity Risk Retention Ac   | ct of 1986, Pub. L. 99-563  | , created and  |  |
| existing un  | der the laws of the State ofA  | Arizona (State or District of Columbia)   | (hereinafter called Sur   | rety) are held and   |  |
| firmly bour  | nd unto the United States of America in the ators, administrators, successors, and assign  | sum of \$100,000, for   | which payment, well and   | truly to be made, we bine  | d ourselves and our  |
| regulations elected to f   | VHEREAS, the Principal is or intends to be of the Federal Highway Administration relitle with the Federal Highway Administration Termination Act of 1995 in accordance with  | ating to insurance or on such a bond as will  | other security for the prote<br>ensure financial responsi   | ection of motor carriers as<br>bility and the supplying o  | nd shippers, and has   |
| with 49 U.S<br>protection of   | WHEREAS, this bond is written to assure co<br>S.C. 13906(b), and the rules and regulations<br>of motor carriers and shippers, and shall inuny<br>of the damages herein described.  | of the Federal Highw  | vay Administration, relatii   | ng to insurance or other s   | ecurity for the  |
| by motor vo<br>and carry o<br>to the ICC   | NOW, THEREFORE, the condition of this of this condition of this of the end of the Principal and Contracts, agreements, and arrangement Termination Act of 1995 under license issued o remain in full force and effect.   | ipal may be held legal<br>ents made by the Princ  | lly liable by reason of the cipal while this bond is in   | Principal's failure faithfue ffect for the supplying of  | ally to perform, fulfill of transportation subject   |
| payments s<br>penalty. Th  | The liability of the Surety shall not be dischaball amount in the aggregate to the penalty are Surety agrees to furnish written notice to made by said Surety under this bond.   | of the bond, but in no  | event shall the Surety's o  | bligation hereunder exce   | ed the amount of said  |
| stated herei<br>written not<br>actual recei<br>Surety shal<br>undertaking<br>termination | This bond is effective the 8th day of in and shall continue in force until terminate ice to the Federal Highway Administration approached by the FHWA on the prescal not be liable hereunder for the payment of gs or arrangements made by the Principal for a shall not affect the liability of the Surety hats made by the Principal for the supplying the sup | ed as hereinafter provat its office in Washir cribed Form BMC-36. any damages hereint or supplying of transpereunder for the payn | ided. The principal or the ngton, D.C., such cancella, Notice of Cancellation Moefore described which ariortation after the termination of any such damages | Surety may at any time c<br>tion to become effective to<br>flotor Carrier and Broker<br>se as the result of any con-<br>tion of this bond as herein<br>arising as the result of co | ancel this bond by<br>thirty (30) days after<br>Surety Bond. The<br>ntracts, agreements,<br>provided, but such |

The receipt of this filing by the FHWA certifies that a broker Surety Bond has been issued by the company identified above, 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 November , 2012.

**PRINCIPAL** 

Name L&L Freight Services, Inc

(Signature and Title)

Witness

SURETY

Name: Southwest Marine and General Insurance Company

Sv

Lisa Gelsomino, Attorney-in-Fact

Vitness Magabilla loto



# Diamond Broker Program





# L&L Freight Services, Inc.

Is a participating member of the

TIA Certified Diamond Broker Program

Meeting all performance, credit and bonding requirements of Truckstop.com and Transportation Intermediaries Association.



Valid through June 2024 – MC 788179

### Registration Document





The U.S. Environmental Protection Agency recognizes

## L&L Freight Services, Inc.

As a Registered

# **SmartWay® Transport Partner**

Partnership Date: 11/03/2014 SmartWay ID: 30988722 Expires: 09/18/2024

S-1/-

Sam Waltzer

Director, SmartWay Transport Partnership