



EXPEDITE INC

**3734 W Airline Hwy
WATERLOO, IA 50703**

MC 675808

USDOT 2435654

FEIN 46-2713237

KY 335376

**PHONE: (708) 550-4407 | (319) 486-1468
FAX: (844) 550-4407**

Cargo Insurance:

**Travelers Property Casualty Company of America
TRUX Insurance Services
Phone: 331-240-1101**

Auto Liability Insurance:

**National Specialty Insurance Company
TRUX Insurance Services
1 Tiffany Pointe G2. Bloomington, IL 60108
Phone: 331-240-1101**

EQUIPMENT / 53' DRY VAN



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

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

Service Date
January 23, 2014

CERTIFICATE
MC-675808-C
U.S. DOT No. 2436654
YOPO EXPEDITE INC
BURR RIDGE, IL

This Certificate is evidence of the carrier's authority to engage in transportation as a common 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 388). The carrier 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
Information Technology Operations Division

NOTE: This registration is issued pursuant to a transfer. 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.

CMO-A



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2023

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 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).

PRODUCER		CONTACT NAME: Certificate Department	
TRUX Insurance Services		PHONE (A/C, No, Ext): 331-240-1101	FAX (A/C, No): 331-240-1055
1 Tiffany Pointe		E-MAIL ADDRESS: certificates@truxins.com	
G2		INSURER(S) AFFORDING COVERAGE	
Bloomingdale IL 60108-2936		INSURER A: National Specialty Insurance Company	NAIC # 22608
INSURED		INSURER B: Travelers Property Casualty Company of America	25674
Yopo Expedite Inc		INSURER C:	
3734 W Airline Hwy		INSURER D:	
Waterloo IA 50703		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAR140000001-1	09/06/2023	09/06/2024	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 <input type="checkbox"/> RETENTION \$						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						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Motor Truck Cargo			QT6603X491397TIL23	11/11/2023	11/11/2024	Limit: \$250,000, Deductible: \$2,500
B	Trailer Interchange Per Trailer Ded: \$2,5			QT6603X491397TIL23	11/11/2023	11/11/2024	Limit per Trailer: \$40,000

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

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance	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>Seri Vasileva</i>

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/2/2024

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).

PRODUCER RRL Insurance Agency 4450 W. Eau Gallie Blvd., Suite 115 Melbourne FL 32934	CONTACT NAME: Certificates PHONE (A/C. No. Ext): 440-975-0309 E-MAIL ADDRESS: services@rrl-ins.com	FAX (A/C. No.): 440-975-0315
	INSURER(S) AFFORDING COVERAGE	
License#: L089001 YOPOEXP-01	INSURER A: Ohio Security Insurance Company	
INSURED YOPO Expedite Inc 3734 W Airline Hwy Waterloo IA 50703	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1974116026 **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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BLS64399355	5/5/2024	5/5/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER **CANCELLATION 10**

Proof of Insurance	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>VIRGINIJA AKELAITYTE</i>

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Request for Taxpayer Identification Number and Certification

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

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

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Yopo Expedite Inc	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
<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) ▶ _____ 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.	
<input type="checkbox"/> Other (see instructions) ▶ _____	
5 Address (number, street, and apt. or suite no.) See instructions. 3734 W Airline Hwy	Requester's name and address (optional)
6 City, state, and ZIP code Waterloo, IA 50703	
7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										
4	6		-	2	7	1	3	2	3	7

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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>01-03-2024</u>
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.

2024 International Fuel Tax Agreement License

Client ID Number	IFTA License Number	Effective Date	Expiration Date
25090	IA462713237	01-01-2024	12-31-2024
Licensee: YOPO EXPEDITE INC			
Doing Business As:			
Street Address: 3734 W AIRLINE HWY			
City: WATERLOO	State: IA	Zip code: 50703	

This license is issued under the terms of the International Fuel Tax Agreement and is valid for vehicles operated by the licensee in the following jurisdictions:

Alberta	British Columbia	Manitoba	New Brunswick
Newfoundland	Nova Scotia	Ontario	Prince Edward Island
Quebec	Saskatchewan		

AND

All U.S. jurisdictions except Alaska, Hawaii, and Washington, D.C.

Please include your Client ID on all correspondence forwarded to The Iowa Department of Transportation's (Iowa DOT) Office of Vehicle & Motor Carrier Services. The Iowa IFTA license and decals serve as proof that you have registered under the IFTA provisions with the State of Iowa. The IFTA license is valid for one calendar year and expires on Dec 31, 2024.

Please make legible copies of this license and place one in each IFTA qualified vehicle. Two decals have been issued for each IFTA qualified vehicle. One decal must be placed on the driver side of the power unit, and the other must be placed on the passenger side.

You will be required to file an IFTA quarterly fuel tax return. The return will be made available to you approximately 30 days before the due date of the return. A tax return must be filed even if you do not operate during the reporting period. You are required to maintain mileage, fuel and bulk storage records to support the information reported.

You must retain these records and copies of the tax returns for a period of four years from the due date of the return or the date the return was filed, whichever is later.

You may cancel the IFTA account by marking the "cancel license" box on the quarterly fuel tax return or by submitting a written request for cancellation. The Iowa DOT will cancel the account provided no liabilities or delinquent reports are outstanding.

Carriers renewing their IFTA license and decals have a two-month grace period (January and February) to display the renewal IFTA license and decals. To operate in IFTA jurisdictions during this grace period, carriers must display either valid current or prior year IFTA license and decals or a valid single-trip permit from the IFTA jurisdiction in which they are operating.

Should you have any questions regarding IFTA requirements, please refer to the Office of Vehicle & Motor Carrier Services IFTA Manual at www.dot.state.ia.us/mvd/omcs/manuals.htm or call 515-237-3268.

NONTRANSFERABLE



11/06/2020

ATTN: Accounts Payable Manager

Effective with the presentation of this letter be advised that **YOPO EXPEDITE INC.** has retained the services of RTS Financial Service, Inc. in an effort to give us greater efficiency in our credit and collection departments.

Therefore, effective with presentation of **YOPO EXPEDITE INC.** freight bills, all invoices will be processed through RTS Financial Service, Inc., **thus assigning all payments to RTS Financial Service, Inc.**

****Please Note**** that ACH payments cannot be applied accurately without email remittance. Send complete remittance to cashapp@rtsfinancial.com to ensure that your payments are applied timely and accurately.

All payments must be sent by ACH, wire, or mail as follows:

By Mail:

RTS Financial Service, Inc.
P.O. Box 840267
Dallas, Texas 75284-0267
(800) 860-7926

By Wire Transfer:

YOPO EXPEDITE INC.
RTS Financial Service, Inc.
Bank of America
Routing #026009593
Account #003490674221
SWIFT:BOFAUS3N

By ACH Transfer:

YOPO EXPEDITE INC.
RTS Financial Service, Inc.
Bank of America
Routing# 081000032
Account# 003490674221
Remit:cashapp@rtsfinancial.com

Please promptly notify RTS Financial Service, Inc. of any claims, returns, questions, or dispute which may affect payment. If you pay anyone other than RTS Financial Service, Inc. without the prior written consent of RTS Financial Service, Inc., you will be required by law to pay the amount again to RTS Financial Service, Inc. We ask that you please provide the following information with your payment remittance:

1. The carrier name – “YOPO EXPEDITE INC.”
2. The invoice number(s)
3. Individual invoice amount

Notice – This Assignment, as well as the payment instructions contained herein, may only be revoked or modified by an authorized officer of RTS and YOPO EXPEDITE INC.” **HELP FIGHT FRAUD: If you have any questions, or to verify any bank account or address change requests, please call (800) 860-7926. Your compliance with this notification is greatly appreciated.**

Sincerely,

**Vice-President
RTS FINANCIAL SERVICE, INC.**

DocuSigned by:

6D76E7AC90AA407...

**GORAN VIDENOV
YOPO EXPEDITE INC.
3734 W AIRLINE HWY
WATERLOO, IA 50703
TIN: 46-2713237
MC: 675808**

Please continue to send all 1099 tax forms directly to: **YOPO EXPEDITE INC.**

RTS Financial Service, Inc.
9300 Metcalf Avenue | Overland Park, KS | 66212
www.rtsinc.com



Date: 11/13/2020

Termination of Assignment

To Whom It May Concern:

As of the date above, and effective immediately, Compass Funding Solutions, LLC ("CFS") hereby releases its claim to all accounts and/or invoices generated by, and all monies due to the carrier known as, YOPO EXPEDITE INC with a MC No. 675808. All obligations owed to CFS have now been fully satisfied.

This Termination of Assignment authorizes you to forward all payments due to YOPO EXPEDITE INC directly to:

RTS Financial Services
PO Box 840267
Dallas, TX 75284-0267

Sincerely,

A handwritten signature in black ink, appearing to read "Tatiana Gutu", is written over a horizontal line.

Tatiana Gutu
115 W. 55th St., 3rd Floor
Clarendon Hills, IL 60514
Telephone: (844) 899-8092 Facsimile: (888) 908-8002
E-mail: underwriting@compassfs.net

NOTE: IF THE WORDS "TERMINATION OF ASSIGNMENT" ARE NOT EMBEDDED AT THE TOP OF THE PAGE – THIS NOTICE IS FRAUDULENT AND YOU SHOULD CONTACT COMPASS FUNDING SOLUTIONS IMMEDIATELY.