



2018 Carrier Profile

Address:	1715 Yankee Doodle Road Eagan, MN 55121
Telephone:	651-686-2500
Fax:	651-686-2562
Website:	www.transportamerica.com
Years in Business:	34 years (founded in 1984)
Ownership:	Subsidiary of TFI International
Shareholder Information:	TFI International is publicly traded on the Toronto Exchange (TSX: TFII) and the OTCQX marketplace in the U.S. (OTCQX: TFIFF)
CTPAT SVI #:	89191859-e583-4c27-b198-dfc62274d2c0
D&B D-U-N-S #:	01-719-7450
DOT #:	183949
Federal ID #:	41-1386925
MC #:	151556
NAICS #:	484121
Remittance Address:	4868 Paysphere Circle, Chicago, IL 60674
Safety Rating:	Satisfactory
SCAC Codes:	TCAM, TALD (TA Logistics), TCOA (Dedicated), TCOK (Intermodal)
Smartway Score:	1.25

Vision & Values:

Integrity and Respect

- We value and engage our customers
- We value diverse backgrounds and experiences
- We use active listening skills and communicate openly and honestly
- We treat all with courtesy and professionalism

Passion for Excellence

- We are first and foremost a trucking company, attracting and retaining the best drivers in the industry
- We are an execution company, taking pride in every load
- We utilize efficient, stream-lined process that maximize productivity

Creating Success with a Positive Culture

- We achieve great results and celebrate success by catching people doing things right
- We attract and retain the best people in the industry that actively work well across departments
- We coach, mentor and develop our people
- We trust the judgment and decision making of our employees and hold each other accountable, we strive to make decisions at the closest level to our drivers and customers

Safety

- Safety is our cornerstone value, nothing we do is worth endangering ourselves or the motoring public
- The driver has the final say as to what is safe



Operating Authority

INTERSTATE COMMERCE COMMISSION
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

MC 151556 SUB 9

SERVICE DATE

ALLSTATE TRANSPORTATION COMPANY
BLOOMINGTON, MINNESOTA

DEC 1 1983

This Certificate of Public Convenience and Necessity is evidence of the carrier's authority to engage in transportation as a common carrier by motor vehicle.

This authority will become effective only when the carrier has met the compliance requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043), the designation of agents upon whom process may be served (49 CFR 1044), and tariffs or schedules (49 CFR 1300 through 1310, revised). The carrier shall also render reasonably continuous and adequate service to the public. 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 may later be, attached to this privilege

For common carriers with irregular route authority: Any irregular route authority authorized in this certificate may not be tacked or joined with your other irregular route authority unless joinder is specifically authorized.

The transportation service to be performed is described on the reverse side of this document and will be valid as long as the carrier maintains compliance with the above requirements.

By the Commission.

James H. Bayne
Acting Secretary

(SEAL)

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

MC 151556 SUB 9

To operate as a common carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except classes A and B explosives, household goods and commodities in bulk), between points in the United States (except Alaska and Hawaii).



Contract Authority

CONTRACT AUTHORITY

PM-31
(Rev. 10/84)

INTERSTATE COMMERCE COMMISSION

PERMIT

MC-151556 Sub 10

TRANSPORT CORPORATION OF AMERICA, INC.,
Minneapolis, MN

SERVICE DATE
NOV 1 1985

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

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043); the designation of agents upon whom process may be served (49 CFR 1044); the execution of contracts (49 CFR 1053)*; and for passenger carriers, tariffs or schedules (49 CFR 1300 through 1310).

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

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

(SEAL)

JAMES H. BAYNE
Secretary

*While the execution of contracts must be accomplished, it is unnecessary to file them with the Commission.

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

To operate as a contract carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except classes A and B explosives, household goods, and commodities in bulk), between points in the United States, under continuing contract(s) with commercial shippers or receivers of such commodities.

Reentitlement Certificate

TRANSPORT CORPORATION OF AMERICA, INC. REENTITLED
TO TRANSPORT CORPORATION OF AMERICA, INC. D/B/A TRANSPORT AMERICA



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

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

SERVICE DATE

October 6, 2009

DECISION

MC-151556

TRANSPORT CORPORATION OF AMERICA, INC.
EAGAN, MN
REENTITLED

TRANSPORT CORPORATION OF AMERICA, INC
D/B/A TRANSPORT AMERICA

On September 30, 2009, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as TRANSPORT CORPORATION OF AMERICA, INC, D/B/A TRANSPORT AMERICA.

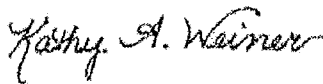
Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for property broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: October 1, 2009

By the Federal Motor Carrier Safety Administration



Kathy Weiner, Chief
Information Systems Division

NCA



Reentitlement Certificate

ALLSTATE TRANSPORTATION REENTITLED
TRANSPORT CORPORATION OF AMERICA, INC.

INTERSTATE COMMERCE COMMISSION

DECISION

MC-151556

ALLSTATE TRANSPORTATION COMPANY
Newport, MN

SERVICE DATE

DEC 7 1984

Reentitled

TRANSPORT CORPORATION OF AMERICA, INC.
Newport, MN

Decided: December 4, 1984

November 30, 1984, 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 TRANSPORT CORPORATION OF AMERICA, 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 or schedules to reflect the new name.

By the Commission.

James H. Bayne
Secretary

(SEAL)

Safety**DOT Reportable Accidents per Million Miles:**

2014: 0.19

2013: 0.22

2012: 0.28

DOT Safety Rating: SatisfactoryU.S. Department
of
Transportation**Federal Motor
Carrier Safety
Administration**1200 New Jersey Ave., S.E.
Washington, DC 20590

May 9, 2010

In reply refer to:
YOUR USDOT No.: 183949
Review No.: 792580/CRSCOTT ARVES
CEO
TRANSPORT CORPORATION OF AMERICA INC
TRANSPORT AMERICA
1715 YANKEE DOODLE ROAD
EAGAN, MN 55121-1616

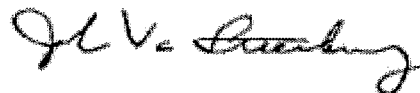
Dear SCOTT ARVES:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on April 22, 2010. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 395.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
GALTIER PLAZA
380 JACKSON STREET, SOUTH 603
ST. PAUL, MN 55101
Telephone No.: 651-291-6150John Van Stumburg
Director, Office of Enforcement and
Compliance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/21/2018

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 McGriff, Seibels & Williams of Oregon 1800 SW First Avenue, Suite 400 Portland, OR 97201	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): 503-943-6621	FAX (A/C, No): 503-943-6622
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : ACE American Insurance Company		22687
INSURER B : Chubb Insurance Company of Canada		
INSURER C : Indemnity Insurance Company of North America		43575
INSURER D : ACE Fire Underwriters Insurance Company		20702
INSURER E :		
INSURER F :		

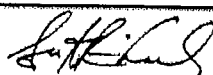
COVERAGES **CERTIFICATE NUMBER:** H5U6YR87 **REVISION NUMBER:**

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.

INSTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
LTR		INSR	WYVD				
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: _____			XSL G46770870	03/01/2018	03/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> 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			XSA H25156742 MMT H25156754	03/01/2018	03/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A C D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/>	WLR C64787962 (AOS) WCU C64787767 SCFC64788000 (WI) SCFC64788048 (CA)	03/01/2018	03/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Cargo			499-658	03/01/2018	03/01/2019	Limit Per Occurrence \$ 100,000 \$ \$ \$

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

CERTIFICATE HOLDER **CANCELLATION**

Transport Corp. of America Inc 1715 Yankee Doodle Road Eagan, MN 55121	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 
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Remittance Instructions

Lockbox Payment Address: Transport Corporation of America, Inc.
4868 Paysphere Circle
Chicago, IL 60674 (Do not append with a +4 code)

Wire/ACH Transfer Instructions

Bank Name: Bank of America
135 LaSalle Street
Chicago, IL 60603

Bank Phone: (312) 904-2506

Account Name: Transport Corporation of America, Inc.

Account #: 5800918491

ABA (ACH) #: 071000039

Wire Routing #: 026009593

Swift Code: BOFAUS3N

Federal Tax ID: 41-1386925

Email Address for Remittance Info: accountsreceivable@transportamerica.com

Beneficiary Physical Address: Transport Corporation of America, Inc.
1715 Yankee Doodle Road
Eagan, MN 55121-1618

If there are any questions on the above information, please contact:

Cheryl Pink

Transport America
Credit Manager
Cheryl.pink@transportamerica.com
(651) 905-2816

Forms – Application for Credit



APPLICATION FOR COMMERCIAL CREDIT

Please complete and either fax to (651) 905-2825 or e-mail to accountsreceivable@transportamerica.com
 Questions, please call the Credit Manager: (651) 905-2816

REQUESTING CREDIT IN THE AMOUNT OF \$ _____ REASON:

- Corporation Partnership Proprietorship LLC LLP

Business Name:	Telephone Number:
Physical Address:	Fax Number:
City, State, Zip:	Email:
Business Address (if different from above):	Subsidiary of:
	Division of:
Business Type: (wholesale, retail, trucking, etc.)	State of Incorporation:
Owner's and/or Principal's Name and Title:	Banking Reference: Contact Name: Address: Phone: Account Number:
Do you <input type="checkbox"/> lease or <input type="checkbox"/> own your building?	Business Established _____ years.
Federal ID # or SSN: MC #: _____ DNB # _____	Accounts Payable Contact Information Name: Phone: Email: Fax:
Have you been in contact with a Transport America employee? If yes, who?	

The undersigned warrants that the above information is true and is furnished to Transport Corporation of America, Inc., for the purpose of establishing a credit relationship. The undersigned authorized Transport Corporation of America Inc., to check, verify, and confirm the above information or perform other queries necessary to making a credit evaluation of the applicants. The undersigned agrees to provide financial statements as requested. The undersigned agrees to a standard payment schedule, which is 30 days from the date of invoice.

In the event that it becomes necessary for Transport Corporation of America, Inc. to refer to a collections agency and/or attorney, all reasonable collections and/or legal fees will be paid in full by the debtor. It is further agreed that the laws of the state of Minnesota shall govern this agreement, and unless prohibited by law, any suite, by any party relating to this agreement, shall be brought and maintained in the county of Dakota, in the state of Minnesota.

Date: _____ Signature: _____ Title: _____

Forms - W9

Form **W-9**
 (Rev. December 2014)
 Department of the Treasury
 Internal Revenue Service

**Request for Taxpayer
 Identification Number and Certification**

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 blank.
Transport Corporation of America Inc

2 Business name/disregarded entity name, if different from above
Transport America

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts established outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1715 Yankee Doodle Rd

6 City, state, and ZIP code
Eagan, MN 55121

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type
See Specific Instructions on page 2.

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 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									
4	1	-	1	3	8	6	9	2	5

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. citizen or other U.S. person (defined below); and
- 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 on page 3.

Sign Here Signature of U.S. person ▶ *Dan Patrost* Date ▶ *4-10-2015*

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

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 1088 (home mortgage interest), 1088-E (student loan interest), 1088-T (tuition)
- Form 1088-C (canceled debt)
- Form 1088-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is Backup Withholding?* on page 2.

By signing the filled-out form, you:

- 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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Certificates

SmartWay Score: 1.25



C-TPAT SVI: #89191859-e583-4c27-b198-dfc62274d2c0



Hazmat Certificate

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2015-2018**

Registrant: TRANSPORT CORPORATION OF AMERICA INC
Attn: MIRANDA ALBRECHT
1715 YANKEE DOODLE ROAD
EAGAN, MN 55121-1618

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 051215 550 032XZ **Issued:** 05/12/2015 **Expires:** 06/30/2018
HM Company ID: 017940

Record Keeping Requirements for the Registration Program.

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

Customer References**General Mills****Contact:** Tony Jolly**Title:** Operations Manager**Email:** Tony.jolly@genmills.com**Phone:** (763) 764-4459**Length of Relationship:** 28 Years**Federal Express****Contact:** David Kelly**Title:** Manager**Email:** dkelly@fedex.com**Phone:** (901) 434-8699**Length of Relationship:** 20 Years**3M****Contact:** Gregg Fox**Title:** Transportation Manager**Email:** gafox@mmm.com**Phone:** (651) 737-9854**Length of Relationship:** 28 Years