Who we are:

Streamline LLC is an experienced logistics company specializing for **over 12 years** in **over dimensional truck load shipping on** RGN's, flat bed, step decks, power only and specialized equipment. We have transported mining equipment, construction equipment, farm equipment and much more.

We have much experience in 53 foot dry vans, as well as LTL, OTR partials, Intermodal, and almost any kind of shipment that you may need to transport. I will also quote your **international shipments** for you- ocean, air, urgent or whatever type of shipment that you are shipping abroad.

My customer service is top notch, professional service as I have been doing this for 4 years. I was a business owner, so I know what high quality customer service is all about. I am very detail oriented-a triple checking type of guy, and I would act as an extension of your logistics department. I have references to attest to my level of expertise. I will also work weekends and nights for you to ensure that your freight is picked up and delivered as you specify.

I would be very grateful for any opportunity that you may be willing to give me.

Regards,

Joe

Joe Newnam

Streamline LLC 819C West Gurley Street Prescott, AZ 86305 (855) 276-3875 Fax (928) 778-5617 joe@freightmonster.com



Form (Rev. November 2005) 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.

- ci	Name (as shown on your income tax return)											
	STREAMLINE, LLC.											
Print or type ic Instructions on page	Business name, if different from above											
	Check appropriate box: ☐ Individual/ ☐ Corporation ☐ Partnership ☐ Other ► ☐ Exempt from backup withholding											
stru	Address (number, street, and apt. or suite no.) Requester's name and address (optional)											
<u>.</u> = _	PO BOX 1648											
_ ≝	City, state, and ZIP code											
Specific	HAMILTON, MT 59840											
See S	List account number(s) here (optional)											
Pari	Taxpayer Identification Number (TIN)											
backu alien,	your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid p withholding. For individuals, this is your social security number (SSN). However, for a resident sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.											
-	If the account is in more than one name, see the chart on page 4 for guidelines on whose											
	er to enter. 6 4 + 0 9 5 2 2 8 8											
Part	II Certification											
Under	penalties of perjury, I certify that:											
	ne 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. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, pay feets other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the interactions on page 4.)

Sign	
Here	

Signature of U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

- **U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:
- 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.
- In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

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

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

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

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

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



AUTHORITY

STREAMLINE, LLC

MC-423598

Prescott, AZ (south office)

PHONE 855-276-3875

FAX 928-778-5617



CERTIFICATE OF LIABILITY INSURANCE

FREIINC-02 **LVARGOVICH**

DATE (MM/DD/YYYY)

9/22/2014

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

PRO	DUCE	icate holder in				(-)	·	CONTA	CT				
Hamilton Office PayneWest Insurance, Inc. 400 West Main Street, Suite 102 Hamilton, MT 59840				-	PHONE (A/C, No, Ext): (406) 363-3543 (A/C, No): (406)				363-3800				
				:. te 102			PHONE (A/C, No, Ext): (406) 363-3543 FAX (A/C, No) E-MAIL ADDRESS:				(400	7 303-2090	
пан	IIItoi	n, wn 59640								. ,	RDING COVERAGE		NAIC #
									ER A : Wester				
INSU	IRED						_				on Ins Fund of MT		
		Streamli	ne, I	LLC			-	INSUR	R C : Lloyds	of London			
		312 Oert						INSUR	ER D :				
		Hamilton	1, IVI	1 59840				INSUR	ER E :				
								INSUR	ER F:				
		RAGES	·				E NUMBER:	141/5 5			REVISION NUMBER:		01101/ 050100
IN C E	IDICA ERTI XCLU	ATED. NOTWI IFICATE MAY I	THS	TANDING ANY F SSUED OR MAY	REQU PER POLI	IREMI TAIN, CIES.	SURANCE LISTED BELOW HENT, TERM OR CONDITION, THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP SED HEREIN IS SUBJECT	ECT T	O WHICH THIS
INSR LTR		TYPE OF			INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
Α	X	COMMERCIAL G	ENER	RAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		CLAIMS-MA	DE	OCCUR			CP106420501		09/26/2014	09/26/2015	PREMISES (Ea occurrence)	\$	100,000
											MED EXP (Any one person)	\$	5,000
											PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE L		APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		1	RO- ECT	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	ΔΙΙΤ	OTHER:	TV								COMBINED SINGLE LIMIT	\$	1,000,000
Α	Α0.	ANY AUTO	•				CP106282501		09/26/2014	09/26/2015	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
		ALL OWNED	X	SCHEDULED			0. 100202001		00/20/2011	00/20/2010	BODILY INJURY (Per accident)	<u> </u>	
	Х	AUTOS HIRED AUTOS	X	AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
		HIKED AUTOS		AUTOS							(Per accident)	\$	
		UMBRELLA LIAE		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	Ī	CLAIMS-MADE	:						AGGREGATE	\$	
		DED RET	ENTI	ON \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									PER OTH- STATUTE ER			
В	ANY	PROPRIETOR/PAR	RTNEF	R/EXECUTIVE T	N/A		033551755		11/13/2013	11/13/2014	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	ICER/MEMBER EXC ndatory in NH)	LUDI	-D?	٦						E.L. DISEASE - EA EMPLOYE	\$	1,000,000
	DES	s, describe under CRIPTION OF OPE		ONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	tor Truck Care	jo				3112173CONC111110167	•	11/10/2013	11/10/2014	Contingent		250,000
DES	CRIPT	TION OF OPERATION	ONS /	LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedul	le. mav t	e attached if mor	e space is requi	red)		

CERTIFICATE HOLDER CANCELLATION

> This is a sample certificate only. Please contact the agency listed above for a certificate.

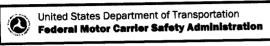
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Filer FMCSA

OMB No.: 2126-0017 Expiration: 01/31/2014

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906

FORM RMC-84

FORM BMC-84		Bond No.	N1300037		
Account Number: 09135	License No. MC-	License No. MC- 423598			
KNOW ALL MEN BY THESE PRESENTS, that we,	amline LLC				
(Name	e of Broker or Freight Forwarder) Hamilton	Montana	59840 .		
of 312 Oertli Lane (Street)	(City)	(State)	(Zip)		
as PRINCIPAL (hereinafter called Principal), and (Nan	me of Surety)	s Insurance Company			
a corporation, or a Risk Retention Group established	l under the Liability Risk Retention	Act of 1986, Pub. L. 99-563,	, created and existing		
under the laws of the State of Connecticut (State)	(hereinafter called Surety), are				
America in the sum of \$75,000 for a broker or freigh heirs, executors, administrators, successors, and assi	it forwarder, for which payment, w igns, jointly and severally, firmly b	y these presents.	2 Dirid Odi Serves and Odi		
WHEREAS, the Principal is or intends to become a Br the rules and regulations of the Federal Motor Carrie of motor carriers and shippers, and has elected to fil financial responsibility and the supplying of transpo- agreements, or arrangements therefore, and WHEREAS, this bond is written to assure compliance of Transportation by motor vehicle with 49 U.S.C. 13 Administration, relating to insurance or other securi any and all motor carriers or shippers to whom the I NOW, THEREFORE, the condition of this obligation i by motor vehicle any sum or sums for which the Pri perform, fulfill, and carry out all contracts, agreeme supplying of transportation subject to the ICC Term	er Safety Administration relating the with the Federal Motor Carrier Sortation subject to the ICC Terminate by the Principal as either a licenses 3906(b), and the rules and regulating for the protection of motor car Principal may be legally liable for a such that if the Principal shall paincipal may be held legally liable bents, and arrangements made by the intation Act of 1995 under license	o insurance or other security afety Administration such a ation Act of 1995 in accordanced Broker or a licensed Freigions of the Federal Motor Cariers and shippers, and shall any of the damages herein cay or cause to be paid to mony reason of the Principal's face Principal while this bond issued to the Principal by the	y for the protection I bond as will ensure Ince with contracts, ght Forwarder I brier Safety I inure to the benefit of I described. I tor carriers or shippers I inure faithfully to I is in effect for the		
Safety Administration, then this obligation shall be The liability of the Surety shall not be discharged by or payments shall amount in the aggregate to the p the amount of said penalty. The Surety agrees to fu suits filed, judgements rendered, and payments ma	y any payment or succession of pa penalty of the bond, but in no ever irnish written notice to the Federa ade by said Surety under this bond	yments hereunder, unless a nt shall the Surety's obligati I Motor Carrier Safety Admir I.	on nereunder exceed histration forthwith of all		
This bond is effective the 1st day of October Principal as stated herein and shall continue in force cancel this bond by written notice to the Federal M become effective thirty (30) days after actual receip Motor Carrier and Broker Surety Bond. The Surety swhich arise as the result of any contracts, agreement transportation after the termination of this bond as hereunder for the payment of any such damages at for the supplying of transportation prior to the date. The receipt of this filing by the FMCSA certifies that	e until terminated as hereinafter plotor Carrier Safety Administration of of said notice by the FMCSA on shall not be liable hereunder for thints, undertakings, or arrangements herein provided, but such terminising as the result of contracts, age such termination becomes effected.	the prescribed Form BMC-3tepayment of any damages are made by the Principal for lation shall not affect the liaureements, or arrangements tive.	e Surety may at any time DC, such cancellation to 6, Notice of Cancellation herein before described the supplying of bility of the Surety made by the Principal		

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.

S WHEREOF, the said Pr	incipal and Surety	have executed this instrum	ent on the 1st	day of October	, 2013 .	
PRINCIPAL			SURETY			
Streamline LLC	Streamline LLC COMPANY NAME 312 Oertli Lane Hamilton STREET ADDRESS CITY Montana 59840 (877) 437-1340			nce Company		
COMPANY NAME	***************************************		COMPANY NAME			
312 Oertli Lane		Hamilton	400 Atlantic Street	t, 8th Floor	Stamford	
STREET ADDRESS		CITY	STREET ADDRESS		CITY	
Montana	59840	(877) 437-1340	Connecticut	06901	847-285-9000	
STATE	ZIP CODE	TELEPHONE NUMBER	STATE	ZIP CODE	TELEPHONE NUMBE	
Larry Lockhart - Pre	esident		Michelle E. Lucaccioni (type or print Principal officer's name and title) Michael Trans			
(type or	print Principal offcer'	s name and title)				
•		< · · · · · · · · · · · · · · · · · · ·				
	(Principal officer's sig	gnature)	(Principal officer's signature)			
Adam Green			Philip DiChiara (type or print witness's name)			
	(type or print witness	's name)				
	11. 1.					
10000	(witness's signati	ire)	(witness's signature)			

