

## Move It Logistics Inc.

P.O. Box 6270 Moore, OK 73153 Phone: 888-860-3330 Fax: 405-217-9635

moveitlogisticsinc@gmail.com moveitlogisticsinc.com

Established January 2008

**Duns:** 01-517-0120 **MC**:632035 **Federal Tax ID**: 26-1700949

#### **Principals**

Bryan Johnson - President/CEO Christy Phelps - CFO Katie Fortney - Accounts Manager Rod Phelps - Operations Manager Colleen Johnson - Data Specialist

#### **Bank Reference**

First Fidelity Bank 400 S Eastern Ave Moore,OK 73160 405-416-2222

#### **Trade References**

Blue Linx 2405 E. Beltline Rd Carrollton,TX 75006 972-323-5117

OT Truck & Tractor Sales 3510 E Manning Rd El Reno,OK 73036 405-550-1818

Beck-O Recycling 16837 Hwy 283 Vernon,TX 76384 940-553-1186 Goodwin Trans MGMT 10118 Cliffweed Dr

Houston,TX 77035 713-721-1885

International Pipe & Supply

3300 NE 60th Oklahoma City,OK 73121 405-478-4500

Viking Forest Products 7615 Smetana Lane Eden Prairie,MN 55344



## **Customer Profile**

usiness Name:
lailing Address:
Physical Address:
Email Address:
Phone Number:
Fax Number:
Contact:
Commodity/Product:
Special Instructions:

## (Rev. December 2014) Department of the Treasury

# Request for Taxpayer Identification Number and Certification

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

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U.S. Department of Transportation Federal Motor Carrier Safety Administration 1200 New Jersey Ave., S.E. Washington, DC 20590

SERVICE DATE January 28, 2008

#### LICENSE

MC-632035-B MOVE IT LOGISTICS INC NORMAN, OK

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.

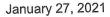
This authority will be effective as long as the broker maintains insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Kathy Weiner, Chief

Information Systems Division

Harry A. Wainer

BPO





CHRISTY PHELPS MOVE IT LOGISTICS INC PO BOX 6270 MOORE, OK 73153

#### CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of MILS has been renewed for:

MOVE IT LOGISTICS INC PO BOX 6270 MOORE, OK 73153 MC-632035 US DOT-2241241

This Alpha Code will apply only to the company name shown above through June 30, 2022. Approximately two months prior to expiration of this SCAC, NMFTA will provide a renewal notice which must be promptly returned together with payment to ensure its continued validity. Should the company name, address or contact information need an update, please notify the National Motor Freight Association, Inc. at customerservice@nmfta.org.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Customs & Border Protection (CBP) ACE program and you have an issue with using your SCAC with ACE, please contact CBP at the following email address: AMSSCAC@cbp.dhs.gov. All SCACs are automatically uploaded to ACE within 24 hours. To participate in the Automated Export System (AES) program, please email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request, along with a copy of the NMFTA SCAC letter, to enable your SCAC for AES. Additional information on CBP's automated programs can be found at: https://www.cbp.gov/trade/automated/getting-started.

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC inconnection with freight rates. For participation and membership information, please call (703) 838-1810.

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.



Filer

United States Department of Transportation Faderal Motor Carrier Safety Administration

Broker's or Freight Forwarder's Trust Fund Agreement under 49 U.S.C. 13906 or Notice of Cancellation of the Agreement

#### **FORM BMC-85**

			·	
FMCS	A Account Number: 22512	Lie	ense No. MC- <u>632035</u>	
	KNOW ALL MEN BY THESE PRESENTS, that we Move it L.	ogistics Inc. bir or Freight Forwardur)		
	of PO Box 6270	Moore	OK	73153
	(Super)	(City)	(State)	(Zip)
	as TRUSTOR (hereinafter called Trustor), and Pacific Fina (Name of Trustor) as financial institution created and existing under the law	usiot)	fomia as YRUSTEE	(hereinafter called Trustee)
	hold and firmly bind ourselves and our helrs, executors, ac presents.	lministrators, successors, and	l assigns, jointly and several	y, firmly by these
	WHEREAS, the Trustor Is or intends to become either a Bi 13904, and the rules and regulations of the Federal Motor for the protection of motor carriers and shippers, and has of Fund Agreement as will ensure financial responsibility and accordance with contracts, agreements, or arrangements to	Carrier Safety Administration elected to file with the Federal the supplying of transportation	(FMCSA) relating to insuran Motor Carrier Safety Admini	ce or other security stretion such a Trust

WHEREAS, this Trust Fund Agreement is written to assure compliance by the Trustor as either a licensed Broker or a licensed Freight Forwarder of Transportation by motor vehicle with 49 U.S.C 13906(b), and the rules and regulations of the Federal Motor Carrier Safety Administration, relating to insurance or other security for the protection of motor carriers or shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Trustor may be legally liable for any of the demages herein described.

NOW, THEREFORE, the trustor and trustee, to accomplish the above, agree as follows:

- Trustee agrees that payments made pursuant to the security provided herein to shippers and motor carriers pursuant to this
  Agreement will be made exclusively and directly to shippers or motor carriers that are parties to contracts, agreements or
  arrangements with Trustor.
- Trustee agrees that the protection afforded to shippers and motor carriers hereby will continue until any and all claims made by shippers or motor carriers for which Trustor may be legally liable have been settled or until the funds deposited by Trustor pursuant to this Agreement have been exhausted, whichever comes first.
- 3. The parties hereto acknowledge and certify that said Trustee shall exclusively manage the security and trust fund, as herein set forth, and shall have legal title to the security and trust fund, pursuant to the terms and conditions as set forth in this agreement. Further, the parties hereto, and the said Trustee, as evidenced by their signatures to this agreement, acknowledge and certify that (a) said Trustee, neither has nor expects to have any interest, financial, proprietary, or otherwise, whatsoever, in Truster; and (b) said Truster, neither has nor expects to have any interest, financial, proprietary, or otherwise, whatsoever, in Trustee.
- 4. Trustee acknowledges the receipt of the sum of Seventy Five Thousand Dollars (\$75,000) for a Broker or Freight Forwarder, to be held in trust under the terms and conditions set forth herein.
- Trustee may, within its sole discretion, invest the funds comprising the corpus of this trust fund consistent with its fiduciary obligation under applicable law.
- 6. Trustee shall pay, up to a limit of Seventy Five Thousand Dollars (\$75,000) for a Broker or Freight Forwarder, directly to a shipper or motor cerrier any sum of sums which Trustee, in good faith, determines that the Trustor has failed to pay and would be hald legisly liable by reason of Trustor's failure to perform faithfully its contracts, agreements, or arrangements for transportation by authorized motor carriers, made by Trust or while this agreement is in effect, regardless of the financial responsibility or lack thereof, or the solvency or bankruptcy, of Trustor.

- 7. In the event that the trust fund is drawn upon and the corpus of the trust fund is a sum less than Seventy Five Thousand Dollars (\$75,000) Brokers or Freight Forwarders, Trustor shall, within thirty (30) days, replanish the trust fund up to Seventy Five Thousand Dollars (\$75,000) Brokers or Freight Forwarders by paying to the Trustoe a sum equal to the difference between the existing corpus of the trust fund and Seventy Five Thousand Dollars (\$75,000) Brokers or Freight Forwarders.
- 8. Trustee shall immediately give written notice to the FMCSA of all lawsuits filed, judgments rendered, and payments made under this trust agreement and of any failure by Trustor to replenish the trust fund as required herein.
- 9. This agreement may be canceled at any time upon thirty (30) days written notice by the Trustee or Trustor to the FMCSA on the form printed at the bottom of this agreement. The thirty (30) day notice period shall commence upon actual receipt of a copy of the trust fund agreement with the completed notice of cancellation at the FMCSA's Washington, DC office. The Trustee and/or Trustor specifically agrees to file such written notice of cancellation.
- 10. All sums due the Trustee as a result, directly or indirectly, of the administration of the trust fund under this agreement shall be billed directly to Trustor and in no event shall said sums be paid from the corpus of the trust fund herein established.
- 11, Trustee shall maintain a record of all financial transactions concerning the Fund, which will be available to Trustor upon request and reasonable notice and to the FMCSA upon request.

12. This agreement shall be governed by the laws in the State of <u>Arizona</u> , to the extent not inconsistent with the rules and regulations of the FMCSA.
This trust fund agreement is effective the 1 day of October 2019, 12:01 a.m., standard time at the address of the Trustor as stated herein and shall continue in force until terminated as herein provided.
Trustee shall not be trable for payments of any of the damages hereinbefore described which erise as the result of any contracts, agreements, undertakings, or arrangements made by the Trustor for the supplying of transportation after the cancellation of this Agreement, as herein provided, but such cancellation shall not affect the liability of the Trustee for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Trustor for the supplying of transportation prior to the date

IN WITNESS	WHEREOF, the said Princ	cipal and Surety ha	vé exécuted this instrume	nt on thed	ay of Octobe	2018
	TRUSTOR			TRUSTEE		
	Move it Logistics Inc			Pacific Financial	Association, Inc.	
	COMPANY NAME	**		COMPANY NAME		· · · · · · · · · · · · · · · · · · ·
	PO Box 6270		Moore	12707 High Bluff	Dr. Ste. 200	San Diego
	STREET ADDRESS		CITY	STREET ADDRESS		CITY
	OK	73153	(888) 860-3330	CA	92130	(800) 595-2615
	STATE	219 COIDS	TELEPHONE NUMBER	STATE	ZIP CODE	TELEPHONE NUMBER
	Bry	an Johnson, Pres	ident		Daniel J. Larson, P.	resident
		ini Principul officers	name and title)		primi Princifici officer's qu	
		runt Talonso	<u>/</u>			<u> </u>
	Christ	Principal officer's sign			(Principal officers step	nature) CEC
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	1,770	Swiinexs & sighaiun	<u>()</u>		(witness a signatu	rel

(	Swiiners & sighaiura)
NOTICE OF CANCELLATION	
This is to advise that the above Trust Fu	and Agreement executed on the
day ofsecurity in compliance with the FMCSA	is hereby cancelled as security requirements under 49 U.S.C.
13906(b) and 49 CFR 367-307, effective	as of theday of
of the trustor, provided such date is not actual receipt of this notice by the FMC	12:01 a.m. standard time at the address less than thirty (30) days after the SA.
Data Signed	Signature of Authorized Representative of Trustee or Trustor

such cancellation becomes effective.

Only financial institutions as defined under 49 CFR 387.307(e) may qualify to act as Trustee. Trustee, by the above signature, certifies that is is a financial institution and has legal authority to the she obligations of Trustee and the financial ability to discha

OFFICE OF THE SECRETARY OF STATE



## CERTIFICATE OF INCORPORATION

WHEREAS, the Certificate of Incorporation of

## MOVE IT LOGISTICS, INC.

has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.

THE STATE OF STATE OF

Filed in the city of Oklahoma City this 4th day of <u>January</u>, 2008.

Secretary of State



P.O. Box 6270 Moore, OK 73153 moveitlogistics@yahoo.com moveitlogisticsinc.com OFFICE-1-888-860-3330 FAX- 405-217-9635

### **CUSTOMER PROFILE**

CUSTOMER NAME:	
MAILING ADDRESS:	· · · · · · · · · · · · · · · · · · ·
PHYSICAL ADDRESS:	· 'y
was:	
E-MAIL ADDRESS (OPTIONAL):	
PHONE #:	
FAX #:	



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/01/2020

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 POLICIES NOT CONSTITUTE A CONTRACT PROTOCOLOGICAL PROTOCOLO 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 confidence of the policy of the p If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an order this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT NAME: CompSource Mutual Insurance Company PHONE (405) 232-7663 ext. 5102

ODUCER	unidate deserving				NAME: PHONE (A/C, No. E	xt): (405) 232-	7663 ext. 5102		
					E-MAIL ADDRESS:				NAIC#
				1			RER(S) AFFORD		36188
					INSURER	a: CompSour	ce Mutual Insu	rance Company	
SURED					INSURER	3:			
				1	INSURER	C:			
	t Logistics Inc				INSURER	D:			
PO Box	ma City, OK 73153				INSURER	E:			
Oklano	ma dity, divide				INSURER	F:		THE STATE OF THE S	
OVER	CER CER	TIFIC	ATE I	NUMBER:				REVISION NUMBER:	E POLICY PERIOD
INDICA	AGES CER S TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I SIONS AND CONDITIONS OF SUCH	.WOII VE	-1417-141	THE ALLOW ALLOWD	ED BY T	HE POLICIES DUCED BY P	PAID CLAIMS.	HEREIN IS SUBJECT TO	ALL III
ISR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER	(	POLICY EFF MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
TR	COMMERCIAL GENERAL LIABILITY	INSU	***					DAMAGE TO BENTED	\$
							1	PREMISES (Ea occurrence)	\$
	CLAIMS-MADE OCCUR	1	1					MED EXP (Any one person)	\$
-								PERSONAL & ADV INJURY	\$
								GENERAL AGGREGATE	\$
GEN	V'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$
	POLICY PRO- JECT LOC		- 1					TO SUICI E LINE	\$
	OTHER:	-						COMBINED SINGLE LIMIT (Ea accident)	\$
AU.	FOMOBILE LIABILITY						8	BODILY INJURY (Per person)	\$
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per accident)	\$
	AUTOS ONLY AUTOS							PROPERTY DAMAGE (Per accident)	\$
	HIRED AUTOS ONLY AUTOS ONLY								\$
		4						EACH OCCURRENCE	\$
	UMBRELLA LIAB OCCUR							AGGREGATE	\$
	EXCESS LIAB CLAIMS-MADI	티							\$
	DED RETENTION \$							X PER OTH-	
ABI	RKERS COMPENSATION DEMPLOYERS' LIABILITY Y / N							E.L. EACH ACCIDENT	\$100,000.00
A AN	PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A		03392779 20 1		11/25/2020	11/25/2021	E.L. DISEASE - EA EMPLOYEE	\$ 100,000.00
(iVia	indatory in Nn)	1						E.L. DISEASE - POLICY LIMIT	
If y	es, describe under SCRIPTION OF OPERATIONS below							E.L. DIGLAGE - 1 GEIGT EINN	
							<u> </u>		
DESCRI	PTION OF OPERATIONS / LOCATIONS / VEHI	CLES (	ACORD	, 101, Additional Remarks Sched	uule, may b	e autacited i i iiio			
055	IFICATE UOI DEP				CAN	CELLATION	N		
Scotts I	IFICATE HOLDER  Miracle Grow  Cleburne Hwy  n, TX 76035				AC	EYDIRATIO	ON DATE TI	DESCRIBED POLICIES BE HEREOF, NOTICE WILL ICY PROVISIONS.	CANCELLED BEFORE BE DELIVERED IN
						@ ·	1988-2015 A	MAR ), AM CORD CORPORATION	. All rights reserve
A CONTRACTOR DESCRIPTION OF THE PARTY OF THE						9	INVITATION		and the course of the course o

ACORD 25 (2016/03)

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## CERTIFICATE OF LIABILITY INSURANCE

MOVEI-1

OP ID: AR

DATE (MM/DD/YYYY) 06/29/2018

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 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 liquid of such and accompanies.

PRODUCER Truck Insurance Agency	CONTACT TRUCK INSURANCE AGENCY PHONE (A/C, No, Ext): 405-273-1550  PAX (A/C, No): 405-273-1560	
130 E. MacArthur Street, #202 Shawnee, OK 74804	E-MAIL ADDRESS: terry@weinsurebigtrucks.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : LLOYD'S OF LONDON	
INSURED MOVE IT LOGISTICS INC PO BOX 6270 MOORE, OK 73153	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: REVISION NUMBER:	

		MOURE, UI	X 10100				INSURER D:					
							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 ANY BOTTOM TO WITH RESPECT TO WE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WE INDICATED. NOTWITHSTANDING ANY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY PAID CLAIMS.										VHICH THIS HE TERMS,		
	CLU		THORS OF SCOTT	ADDL INSR	SUBR	POLICY MUNDED		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITE	3	
NSR LTR		TYPE OF INSU	RANCE	INSR	WVD	POLICY NUMBER		Minus =		EACH OCCURRENCE	\$	1,000,000
Α	GE	COMMERCIAL GENER	RAL LIABILITY			THBZB00371		07/01/2018	07/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
^		CLAIMS-MADE					9			MED EXP (Any one person)	\$	
		CLAIMS-MADE	X Coook							PERSONAL & ADV INJURY	\$	1 222 222
										GENERAL AGGREGATE	\$	1,000,000
										PRODUCTS - COMPIOP AGG	\$	
	GE	N'L AGGREGATE LIMIT	I Down a second								\$	
	X	POLICY PRO-	LOC	-						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	AU	TOMOBILE LIABILITY				TUD7000274		07/01/2018	07/01/2019	BODILY INJURY (Per person)	\$	
Α		ANY AUTO				THBZB00371		07,0112010		BODILY INJURY (Per accident)	\$	
		ALL OWNED	SCHEDULED							PROPERTY DAMAGE (PER ACCIDENT)	\$	
		HIRED AUTOS	NON-OWNED AUTOS							(PER ACCIDENT)	\$	
	X	7	auto liab									
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE			3	*			AGGREGATE	\$	
			J			26				CHICATON I LOTH	\$	
	MIC	DED RETENT		<del> </del>						WC STATU- OTH- TORY LIMITS ER		
	AN	D EMPLOYERS' LIABIL	ITY V/N							E.L. EACH ACCIDENT	\$	
	AN OF	Y PROPRIETOR/PARTNE FICER/MEMBER EXCLU	DED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	(M	andatory in NH)								E.L. DISEASE - POLICY LIMIT	\$	
		es, describe under SCRIPTION OF OPERA		+	+-	THBZB00371		07/01/2018	07/01/2019			100,000
A	CC	NTINGENCY CAR	(GO									\$2500/DED
							- Dalandal	id mare space I	le required)			
DES	CRIF	TION OF OPERATIONS	/ LOCATIONS / VEHIC	CLES (	Attack	ACORD 101, Additional Remark	s Schedul	s, if this space i	o redamed)			
1		3				*						
			2.		6)							
										8		2
		MINISTERIAL DE	B		_		CAN	CELLATION	V			
CE	RT	IFICATE HOLDE	K	-		TOWHOMI	T					
						1 O M 1 TO MIL	SH	OULD ANY OF	THE ABOVE	DESCRIBED POLICIES BE	CANCEL	LED BEFORE
1			10 1 05		101	DED	TH	E EXPIRATION	ON DATE II	HEREOF, NOTICE WILL ICY PROVISIONS.	CIL DI	-LIVEIVED III
			STED AS A CE	KI.I	1UL	DEK	AC	COUNTINGE A	WITH THE FUL			
		CONTACT	I:	ENIC	v		A 1 100 1	ORIZED REPRES	ENTATIVE			
			ISURANCE AG	) EIAC	. 1		AUTH	ו אובבט אבראבי	/ 10	1		
		P-405-273					1	Jerry 1	Pallanding	gkam	160	Ŧ
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L								© 198	8-2010 ACC	RD CORPORATION. A	ii right	s reservea.

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