



GTO 2000, Inc.
 MC 223164
 BOND#: B97001
 FED ID#: 58-1245893
 TIA#: 19856
 D.U.N.S.#: 61-523-0430
<https://www.gto2000.com>

Thank you for the opportunity to do business with you. Before we can tender a load to your company, you must complete and return the following items to the Corporate Office by fax **770-535-4111** or email **carriers@gto2000.com**

Required	Optional
<input type="checkbox"/> Carrier Profile <input type="checkbox"/> IRS Form W-9 <input type="checkbox"/> Carrier Transportation Agreement <input type="checkbox"/> Carrier Authority (Issued by the US DOT FMCSA) <input type="checkbox"/> Certificate of Cargo & Liability Insurance, listing GTO 2000, Inc as the Certificate Holder and issued by your insurance company.	<input type="checkbox"/> ALP > Available Load Preferences <input type="checkbox"/> Quick Pay <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Transflo Velocity

Carrier Profile

Required	<input type="checkbox"/> GENERAL INFORMATION				
	Legal Name _____	Motor Carrier # _____			
	dba Name _____	SCAC _____			
	Address _____	Smart Way Certified? _____ Score > _____			
	City _____ State _____	Postal Code _____			
	Phone _____ Toll Free _____	Fax _____			
	<input type="checkbox"/> REMITTANCE INFORMATION (if Different From Above)				
	Payee _____				
	Address _____				
	City _____ State _____	Postal Code _____			
Phone _____ Toll Free _____	Fax _____				
<input type="checkbox"/> CONTACT INFORMATION					
Title	Name	Phone	Fax	Email Address	
Officer/Owner					
Fleet Manager					
Dispatch					
After Hours					
A/R - Billing					
Insurance					
<input type="checkbox"/> DRIVER INFORMATION					
How many teams do you have? _____		May we advance you or your drivers? Yes No			
How do you communicate with your drivers? _____ Satellite ___ Radio ___ Cellular ___ Pager ___ Check Call					

Optional Services	***Benefits - Convenience, Reliability, Flexibility, Security and Ease of Doing Business.***	
	*Transflo Velocity	A free service and our preferred delivery method for billing so you can GET PAID FASTER.
	*Quick Pay	A program to reduce the standard payment terms from twenty-three (23) days to seven (7).
	*Direct Deposit	A free service allowing GTO 2000 to electronically transfer your payment into an account of your choice.
	*ALP	Available Load Preferences - A daily notification sent by via fax and/or email displaying available loads that match your equipment type and preferred lanes.

CARRIER TRANSPORTATION AGREEMENT

THIS AGREEMENT is made and executed at Gainesville, Georgia, this _____ day of _____, _____, by and between **GTO 2000, Inc.** ("Provider") of 2555 Flintridge Rd, Gainesville, Georgia 30501-7426, and _____ ("Carrier") of _____.

RECITALS

WHEREAS, Carrier is a licensed motor carrier pursuant to permit(s), where applicable in Docket No. _____ and Provider desires to utilize the contract carrier services of Carrier designed to meet Provider's distinct needs; and

NOW THEREFORE, the parties hereto mutually covenant and agree as follows:

1. **Shipments:** This Agreement contemplates a series of shipments, that Provider has been authorized by its customers to negotiate and arrange for transportation thereof, without commitment as to number.
2. **Term:** This Agreement shall continue in effect for a period of one (1) year and thereafter on a month-to-month basis, subject to cancellation by either party at any time upon fourteen (14) days written notice.
3. **Carrier's Responsibilities:** Carrier shall meet the distinct needs of Provider through transportation of Provider's traffic in an amount equal to the rates, accessorial charges, and to the destination or destinations set forth in Confirmation of Rate and Terms of Carriage Agreements ("Load Confirmation and Rate Agreement"), which by this reference are incorporated in this Agreement. Carrier herein appoints Provider as its agent for receipt of charges for services rendered in the movement of shipments handled by Carrier. Carrier must submit original proof(s) of delivery, any receipts that may be considered for reimbursement, and an invoice to Provider as agent for its customer. Payment terms shall be no more than thirty (30) days from receipt of necessary supporting documentation, barring any disputes or discrepancies. Carrier agrees that Provider is the sole party responsible for payment of Carrier's invoices and that, under no circumstance, will Carrier seek payment from any shipper(s), consignee(s) or other party. Carrier will verify that it is named as the "carrier of record" on bill(s) of lading at the time of shipment, and if not, make the necessary corrections. Under no circumstance shall Carrier re-broker or tender a shipment to a third party for delivery without the express written consent of Provider. Carrier shall maintain a satisfactory US DOT (or other governing authority) safety rating and shall be in compliance with all applicable laws.
4. **Equipment and Costs:** Carrier agrees to furnish suitable equipment at its own expense for transportation under this Agreement. Carrier shall assume and pay all costs and expenses incident to the transportation of commodities and goods tendered under this Agreement. Carrier shall maintain and inspect any refrigeration or heating unit(s) in accordance with its insurance policy requirements at a minimum, and retain any records of such inspections for at least one (1) year.
5. **Back Solicitation:** Carrier agrees that it shall not, during the term hereof, and for a period of one (1) year from the date of the termination of this Agreement, do any of the following: (i) directly or indirectly, solicit or otherwise contact any person or customer of Provider with whom Carrier had contact for the purpose of transporting shipments directly for or on behalf of such person or customer, or engaging in any operation competitive with that of Provider; and (ii) directly or indirectly employ, hire or otherwise engage the services of or associate in any business with any person who is or has been employed by Provider during the term hereof, unless such participant or other person shall have ceased to be employed by Provider for at least one (1) year.
6. **Freight Claims:** Except as otherwise provided, the provisions of 49 CFR § 370 are by this reference incorporated herein. Carrier assumes liability as a common carrier for loss, damage to, or destruction of any and all cargo while under Carrier's possession, custody or control. Carrier shall inspect each load at the time it is tendered to assure its condition. If Carrier is tendered a load which is not in suitable condition, it shall notify Provider immediately. Cargo which has been tendered to Carrier intact and without exception, and delivered in a damaged condition, or lost or destroyed prior to delivery by Carrier shall be conclusively presumed to have been lost, damaged, or destroyed by Carrier. Claims will be filed with Carrier by the owner of the cargo, or its agent, and may be facilitated by Provider. Owner of the cargo is a third party beneficiary of this Agreement. Claims will be assessed at invoice value or destination market value as applicable, and no special or consequential damages will be assessed unless by special agreement. Carrier shall either pay owner of cargo directly or Provider shall deduct from the amount Provider owes Carrier, and Provider shall pay owner of cargo on behalf of Carrier. Provider shall deduct the full actual loss of a claim from the amount otherwise owed Carrier if Carrier has not resolved the claim within ninety (90) days from the date of the claim. Carrier agrees to indemnify Provider for any payments made hereunder. In the event of a loss, damage or delay, Carrier shall notify Provider immediately for further instructions. Carrier shall return all undelivered shipments at expense of responsible party (as determined by outcome of claim) to the point of origin or to other points as instructed. Carrier shall waive any and all right of salvage or resale of any cargo, and shall not under any circumstance allow cargo to be sold, made available for sale, or otherwise disposed of in any salvage markets or any other secondary outlets, unless otherwise specified in writing. In the event that cargo is returned and salvaged by the owner, Carrier shall receive credit for the actual salvage value of such cargo.

7. **Insurance:** Carrier will procure and maintain in force continuously throughout the term of this Agreement, the following types of insurance: (i) Comprehensive General Liability Insurance, in no event less than one million dollars (\$1,000,000.00) as; (ii) Public Liability Insurance in the amount of not less than one million dollars (\$1,000,000.00) as required by federal regulation (BMC-91) on file; (iii) All-Risk, non-scheduled vehicle Cargo Insurance with a per unit minimum liability limit of one hundred thousand dollars (\$100,000.00); (iv) Employer's Liability and Workers Compensation Insurance with limits at or above statutory requirements for states in which Carrier shall operate, in an amount not less than five hundred thousand dollars (\$500,000.00). All insurance required by this Agreement must be written by an insurance company having an A.M. Best rating of "B+" or better, and must be authorized to do business under the laws of the state(s) or province(s) in which Carrier provides transportation and related services. Carrier's insurance shall be primary, and required to respond and pay prior to any other available coverage. Carrier agrees that it, its insurer(s), or anyone claiming by, through, or under Carrier shall have no claim, right of action, or right of subrogation against Provider, its affiliates, or its customers based on any loss or liability insured under the foregoing insurance. Carrier shall, prior to providing transportation and related services pursuant to this Agreement, name Provider as a certificate holder on each of the foregoing insurance policies, and shall cause its insurance company or agent to issue a certificate to Provider evidencing the foregoing coverage. Carrier represents and warrants that it will continuously fulfill the requirements of this section throughout the duration of this Agreement. Provider shall be notified in writing at least ten (10) days prior to the cancellation, change, or non-renewal of the submitted insurance policies. If Carrier is self-insured, a certificate of the state in which the transportation services are to be performed must be furnished by such state agencies directly to Provider. Self-insured Insurance shall meet or exceed the requirements of federal and state regulatory bodies having jurisdiction over Carrier's performances pursuant to this Agreement.
8. **Status of Carrier:** In the performance of the transportation services, Carrier shall be an independent for-hire contract carrier and shall not be nor act as either agent or employee of Provider. Carrier understands it has exclusive control and direction of the work it performs pursuant to this Agreement. Carrier assumes full responsibility for the payment of all local, state, federal and intra-provincial payroll taxes, and contributions or taxes for unemployment insurance, worker's compensation insurance, pensions, and other social security or related protection with respect to the persons engaged by Carrier for its performance of transportation and related services. Carrier shall provide its Federal Tax Identification Number either by IRS Form W-9, or an alternative form given by Provider prior to commencing any transportation or related services under this Agreement.
9. **Applicable Law:** The terms of this Agreement shall be governed by the laws of the State of Georgia. Any controversy or claim arising out of, or relating to this Agreement, or the breach thereof, shall be resolved in a court having jurisdiction in the county of Hall, in the state of Georgia. The parties waive the right to jury. All costs and attorney fees shall be assessed against the losing party.
10. **Indemnification:** Carrier shall indemnify, save, defend, and hold harmless Provider, its customers, and its subsidiaries and their respective officers, directors, employees, and contractors from and against all liabilities, obligations, losses, damages, penalties, claims, actions, suits, costs, charges and expenses, including without limitation, fees and expenses of legal counsel and expert witnesses, which are the result of or arising out of any or all of the work or services performed under this Agreement by Carrier, its employees, or its contractors.
11. **Entire Agreement:** This Agreement, together with the Load Confirmation and Rate Agreement constitutes the entire agreement between the parties. This Agreement may be modified by a separate written agreement, signed by both parties, or within, initialed by both parties. If any provision of this Agreement is held to be invalid, the remainder of this Agreement shall remain in force and effect with the offensive term or condition being stricken to the extent necessary to comply with any conflicting law.

IN WITNESS WHEREOF, the parties have executed this Transportation Agreement by their duly authorized representatives on the date above first written.

GUARANTY: The undersigned as an inducement to Provider to enter into contract with Carrier, hereby guarantees performance and payment of all terms and conditions of this Agreement on behalf of Carrier.

PROVIDER: GTO 2000, Inc.

SIGNED:

BY: Gregg Gordon

ITS: President

CARRIER:

SIGNED:

BY:

ITS:

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input 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) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		GTO 2000, Inc. PO Box 2819 Gainesville, GA 30503-2819
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 the "Name" line to avoid backup withholding. For individuals, this is 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.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

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).

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 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

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.

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. 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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.



Quick Pay Agreement

GTO 2000's standard payment terms for carriers are twenty-three (23) days from receipt of the bills of lading, an invoice, and any receipts associated with the shipment in our corporate office. We recognized there was a need for a quicker pay option for some of the carriers and established a "Quick-Pay" policy to satisfy this need.

Terms and Conditions

Payment will be made within seven (7) days from receipt of the required documents for a four percent (4%) fee of the total amount due to the carrier.

This agreement will be effective for all invoices received by the date set forth below or until cancelled in writing by either party, GTO 2000 or Carrier.

Exceptions – This agreement will be suspending if there is a possible claim on a load. The fee will be waived if the investigation is not completed within this time period. This agreement will be reinstated after all issues have been resolved.

This agreement automatically becomes null and void or cancelled upon receipt of notification that a Carrier's invoices have been factored or assigned to another party.

If you agree to these terms and conditions and wish to enroll, please have an authorized representative complete the information below.

Carrier Legal Name: _____

Motor Carrier #: _____

Carrier dba Name: _____

Mailing Address _____

Signed: _____

Name & Title: _____

Date: _____



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I authorize GTO 2000, Inc. (“Originator”) to initiate entries to the account indicated below as follows:

1. Originator may initiate CREDIT entries to my account according to the schedule and other conditions to which we have mutually agreed.
2. Originator may initiate DEBIT entries to reverse any transactions that may have been deposited to my account in error.

Only available to funds transferred to US banks and payable in US dollars.

Please attach a “VOIDED” check in the area below for the account you wish use for deposit.

<p>Please attach a “VOIDED” check in the area below for the account you wish use for deposit.</p>		

Checking or Savings?

9-Digit Routing Number

Account Number

This authority is to remain in effect until Originator has received written notification of its termination and has had a reasonable opportunity to act upon it.

SIGNED: X DATE: _____

FOR: _____ MC: _____

DO NOT USE A DEPOSIT SLIP. Many banks print internal transaction codes instead of their routing and transit numbers on deposit slips. Using an invalid routing and transit number will prevent your transaction from being directed to the correct bank, resulting in delays in the posting of your payment. Please verify your bank’s routing number and your account number by typing or legibly printing them in the spaces above. **Please provide either an email address and/or fax number to receive payment details.**

Email _____ OR Fax: _____



Available Load Preferences

We established ALP to enhance our available load communication with our carriers. It's set up to automatically email and/or fax available load information to our participating carriers. We have the capability to tailor the parameters to include specific load information based on your equipment and preferred lanes.

Please complete the Equipment and Preferred Lanes sections below.

** If you have multiple terminal fleets that ship different lanes please fill complete a separate form for each fleet.**

Trailer Type	Number of Each	Deck Dimensions	Special Comments

Check the box(es) next to your origin/destination state(s) or check the "ALL" box to receive all available loads.

<i>Origin</i>				
ALL	<i>US.</i>			
AL	ID	MI	NY	TN
AK	IL	MN	NC	TX
AZ	IN	MS	ND	UT
AR	IA	MO	OH	VT
CA	KS	MT	OK	VA
CO	KY	NE	OR	WA
CT	LA	NV	PA	WV
DE	ME	NH	RI	WI
FL	MD	NJ	SC	
GA	MA	NM	SD	

<i>Destination</i>				
ALL	<i>US.</i>			
AL	ID	MI	NY	TN
AK	IL	MN	NC	TX
AZ	IN	MS	ND	UT
AR	IA	MO	OH	VT
CA	KS	MT	OK	VA
CO	KY	NE	OR	WA
CT	LA	NV	PA	WV
DE	ME	NH	RI	WI
FL	MD	NJ	SC	
GA	MA	NM	SD	

CAN.	AB	BC	MB
ALL	NS	NU	ON
	NB	NL	NT
	QC	SK	YT

CAN.	AB	BC	MB
ALL	NS	NU	ON
	NB	NL	NT
	QC	SK	YT

List the contact information for whom you would like to receive load information.

Contact	Fax	E-mail

Business Name: _____ **MC/DOT Number:** _____

1. Why should I use this?

This is GTO 2000's preferred delivery method so you can GET PAID FASTER.

2. I fax and/or email today, can I still do this?

For a period of time, but TRANSFLO \$Velocity will become the preferred delivery method. With this process, you are provided a confirmation number that gives you the ability to see what you sent, when it was sent and when it was DELIVERED to us. No follow-up calls needed to inquire if the documents were received, no lost paperwork.

3. Where do I get the software?

The software is located at www.transflovelocity.com/download. Upon installation of the application, you will need to register and then you are ready to submit your documents. The entire process takes just a few minutes.

4. What is the cost to me?

The service is free.

5. Do I need a scanner to use TRANSFLO \$Velocity?

TRANSFLO \$Velocity accepts TIF or PDF images of documents – either scanned with a local scanner, a network scanner or received electronically, such as scanned at a truck stop.

6. Once I download the software, what do I need to do?

- Once the software is installed, it will open to the Registration Information screen.
- Fill out the Registration information fully.
- Enter the Broker ID **GTOTV**
- Fill in the balance of the Registration Information with your specific carrier information including the email address of the person who has downloaded the software and will be using it.
- You will receive a Registration Email after you submit your information. Please remember to click on the link in the Registration Email to activate your account.

7. Where do I get GTO's unique carrier code identifying my company?

The carrier code is located enclosed in parentheses on the top, right corner of the Carrier Load Confirmation & Rate Agreement – to the right of GTO's Order Number - that was sent to you prior to hauling a load.

8. Now that I have activated TRANSFLO \$Velocity, how do I use it?

- Click on F1 to Add Documents
- Click on Scan Documents if you have a local scanner hooked up to your individual computer and will be scanning paper documents.
- Click on Add File if you are adding TIF or PDF files.
- After all documents and the invoice for one load have been added, click Finish Adding Documents.
- Enter the Load Information and select the document type for each image.
- Click Submit Documents to send all documents to the Broker.

9. Can I send paperwork and invoices for multiple loads all at once?

No, you should send only the loads associated with the specific invoice being sent.

10. How do I know that the Broker received my paperwork?

A confirmation email will be sent that confirms delivery of your documents. You can look at any submission in the TRANSFLO \$Velocity software for reference. You may also use the unique confirmation number to access your documents online for 14 days at www.transfloexpress.com.

11. How do I get additional help with the product?

Please call Customer Support at **866.503.5707**, or email them at tfvsupport@transflo.com. Hours of operation are 8:30 AM-5:30 PM ET, Monday through Friday.

FEDERAL HIGHWAY ADMINISTRATION

NCA
SERVICE DATE
Nov 25, 1996

DECISION

No. MC-223164
SOUTHEASTERN TRUCK BROKERS, INC.

GAINESVILLE, GA

REENTITLED

GTO 2000, INC.

On Nov 01, 1996, applicant filed a request to have the Federal Highway Administration's records changed to reflect a name change.

It is so ordered:

The Federal Highway Administration's records are amended to reflect the carrier's name as GTO 2000, INC.

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 FHWA 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 FHWA, Office of Motor Carriers, HIA-30, 400 Virginia Ave., SW, Suite 600, Washington, DC 20024.

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. Any other questions regarding the action taken should be directed to (202) 358-7027.

Decided: Nov 20, 1996

By the Motor Carrier Board.

John F. Grimm
Director

PM-25
(Rev. 10/84)

INTERSTATE COMMERCE COMMISSION

LICENSE

No. MC 223164

SERVICE DATE

NOV 30 1989

SOUTHEASTERN TRUCK BROKERS, INC.
GAINESVILLE, GA

This License is evidence of the applicant's authority to engage in operations as a broker.

This authority will be effective as long as the broker maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043) and the designation of agents upon whom process may be served (49 CFR 1044). Applicant shall render reasonably continuous and adequate service under this authority. 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 will be, attached to this privilege.

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

By the Commission.

(SEAL)

NORETA R. MCGEE,
Secretary.

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

License No.

MC- 223164

BOND B-97001

PROPERTY BROKER'S SURETY BOND UNDER 49 U.S.C. 10927
(EXECUTED IN DUPLICATE)

KNOW ALL MEN BY THESE PRESENTS, THAT we GTO 2000, Inc.
(Name of Property Broker)

of Gainesville, Georgia as PRINCIPAL (hereinafter called Principal),
(City) (State)
and American Southern Insurance Co., a corporation, or a Risk Retention
(Name of Surety)

Group established under the Liability Risk Retention Act of 1986, Public Law 99-563, created and existing under the laws of the State of Georgia as SURETY
(State)

(hereinafter called Surety) are held and firmly bound unto the United States of America in the sum of \$10,000, for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker pursuant to the provisions of the Interstate Commerce Act, and the rules and regulations of the Interstate Commerce Commission relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Interstate Commerce Commission such a bond as will ensure financial responsibility and the supplying of transportation subject to said Act in accordance with contracts, agreements, or arrangements therefor, and

WHEREAS, this bond is written to assure compliance by the Principal as a licensed Property Broker of Transportation by motor vehicle with 49 U.S.C. 10927(b), and the rules and regulations of the Interstate Commerce Commission, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the Interstate Commerce Act under license issued to the Principal by the Interstate Commerce Commission, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the Interstate Commerce Commission forthwith of all suits filed, judgements rendered, and payments made by said Surety under this bond.

This bond is effective the 6TH day of JANUARY, 19 97, 12:01 a.m., standard time at the address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the Interstate Commerce Commission at its office in Washington, D.C., such cancellation to become effective thirty (30) days after actual receipt of said notice by the Commission on the prescribed Form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond. The Surety shall not be liable hereunder for the payment of any damages hereinbefore described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

The receipt of this filing by the Commission certifies that a Broker Surety Bond has been issued by the company identified on the face of this form, and that such company is qualified to make this filing under Section 1043.8 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 6TH day of JANUARY, 19 97.

PRINCIPAL SURETY
Name GTO 2000, Inc. Name American Southern Insurance Company [SEAL]

By Tom Cornett
(Signature and Title)
Tom Cornett, President

By Freda Holt
(Signature and Title)