



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

COMPANY

G. Thomas Cornett, Jr. founded GTO 2000, Inc. in 1975. As chief executive, he has guided this company to its current competitive and respected position in the industry. We have built our reputation on personal service and commitment to quality.

Since its inception, GTO 2000 has had steady and controlled growth, serving clients throughout the United States and Canada. Our objective is to provide a quality service with efficient and economical transportation of goods throughout North America.

We are headquartered in Northeast Georgia and employ knowledgeable professionals who have over 75 years experience in the transportation industry. We are also represented by a network of contract Agents who bring broad experience from many aspects of the transportation industry. We appreciate the opportunity to bring our expertise to bear for you in providing for your company's transportation needs.

ADDITIONAL DOCUMENTATION

Please complete and submit the Application for Credit & Agreement of Terms found on the following page. You will also find IRS form W-9 for your records. Additional documentation such as Authority, Surety Bond, and a sample Insurance Certificate can be found at our website <http://www.gto2000.com/services/customers.asp>. Once your credit has been approved, you will be made a certificate holder for insurance purposes.

THANK YOU

Thank you for this opportunity to provide for your transportation and logistics needs. We look forward to a long and successful relationship.

Application for Credit & Agreement of Terms

DEBTOR INFORMATION

Legal Name of Company Liable for Debt _____

dba or Other Names _____ DUNS# _____

Physical Address _____

City _____ State _____ Postal Code _____

Phone _____ Toll-Free _____ Fax _____

Company Website Address _____

REMITTANCE – Please provide an email address or fax number to which freight bills should be submitted.

Email _____ Fax _____

➔ Only complete mailing address below if email or fax is not desirable for freight bill remittance ←

Billing Name _____

Address _____

City _____ State _____ Postal Code _____

ACCOUNTS PAYABLE CONTACT

Name _____ Email _____

Phone _____ Fax _____

BILLING REQUIREMENTS

Proof-of-Delivery Required? _____ Pallet Exchange? _____ Pallet Cost: _____

What commodities do you ship? _____ Do you reimburse handling charges? _____

Maximum Value of Cargo? _____ Average Value of Cargo? _____

Special Billing or Invoice Instructions: _____

TERMS AND CONDITIONS

Applicant agrees to notify GTO 2000, Inc. within five (5) days of change of ownership, address or other facts set forth above. Payments for services rendered by or on behalf of GTO 2000, Inc. are **due in full no more than fifteen (15) days from the invoice date**. Any amounts not paid within thirty (30) days from the invoice date are subject to an interest charge of one and one-half percent (1.5%) per month. All payments shall be made payable in US dollars to GTO 2000, Inc.

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 a jury. All costs and attorney fees shall be assessed against the losing party. The individual below is an officer of the applicant company or has authority to agree to these terms on behalf of applicant. By submitting this application, you agree to be bound by the terms and conditions herein.

Printed: _____ Date _____

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) GTO 2000, Inc.	
	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 checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input checked="" type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) PO Box 2819	Requester's name and address (optional)
City, state, and ZIP code 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									
5	8	-	1	2	4	5	8	9	3

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 ▶ <i>George J. Conetto, III</i>	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.

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

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)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/11/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Global Solutions 2512 Artesia Boulevard Suite 250 Redondo Beach CA 90278	CONTACT NAME: G SIS CSR PHONE (A/C No. Ext): (310)379-9660 FAX (A/C, No): (310)374-2431 E-MAIL ADDRESS: salesinformation@gsis.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED GTO 2000, Inc. P.O. Box 2819 Gainesville GA 30503	INSURER A: Penn-America NAIC # 32859	
	INSURER B: Beazley Marine Lloyds	
	INSURER C: Alterra Specialty Insurance	
	INSURER D: RLI Insurance Co. 13056	
	INSURER E: FL Hospitality Mutual Ins Co	

COVERAGES **CERTIFICATE NUMBER:** CL1192703011 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PAC6917273	10/1/2011	10/1/2012	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY			B1093C112228-079	10/1/2011	10/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
C	UMBRELLA LIAB			MAX013302001061	10/1/2011	10/1/2012	EACH OCCURRENCE \$ 1,000,000
	EXCESS LIAB	<input type="checkbox"/> OCCUR	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 1,000,000
	DED <input type="checkbox"/> RETENTION \$						\$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC306-0021491-2011A	10/1/2011	10/1/2012	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Cont. Cargo			ILM0500156	10/1/2011	10/1/2012	\$100,000 vehicle \$200,000 occ

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

CERTIFICATE HOLDER FOR INFORMATIONAL PURPOSES ONLY	CANCELLATION 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 Jennifer Morgan/JEN 