



A Gold Book Broker

Dear Customer:

Thank-you for your interest in utilizing ARI Logistics, a subsidiary of Action Resources, Inc. for your logistics & supply chain needs. Please find the attached customer package containing our credentials and background information that you may need in order to set up ARI Logistics as an approved vendor. Should you require any additional information as part of your approval process, please contact your ARI Logistics representative.

The attached packet includes the following information:

- Operating authority
- W-9
- Copy of certificate of insurance
- Invoicing and payment information
- Credit Application

As a fully licensed and bonded property freight broker, we have the flexibility to examine a number of different options and offer you the solutions that best satisfies *YOUR* needs. Our team has the knowledge and experience to handle your freight needs via multiple modes of transportation:

SERVICES

- Coverage to all point in North America
- Single and team drivers
- Truckload, LTL, Multi-stop and partial truckloads
- Dry van, Flatbed, Refrigerated, Tanker, multi-axle and specialized trailers
- Expedited, Haz-mat, Heavy Haul, Over Dimensional
- 1 load to 1,000 loads, 5# to 500,000#
- Inbound, outbound, interplant transfers, Private fleet backhauls
- **Asset-Backed Sister Companies:**
 - Action Resources, Inc. Carrier MC#316888
 - Action Dedicated, LLC. Carrier MC#736071
 - Action Environmental, LLC. Carrier MC#430691
 - Stone Trucking Company MC#683395

ARI Logistics, LLC. :

MC# 640557

Fed. ID#: 26-2135488

SCAC Code: ARQL

Website: www.actn.com **E-mail:** ari.accounting@actn.com

Phone: 205.271.4400, Option 6

Fax: 205.271.4401



*A Minority Owned Business & Proud member of the
Transportation Intermediaries Association*

ACCOUNTS RECEIVABLE

Phone: Phone: 205.271.4400, Option 6 **Fax:** 205-278-9786
E-mail: ari.accounting@actn.com

ELECTRONIC INVOICING

In an effort to reduce paper work, you will be receiving your invoices and all necessary backup electronically the day the invoice is generated. Should you need hard copies mailed, please let us know.

PAYMENT OPTIONS

To make your experience working with ARI Logistics easier, we offer you several payment options: (all invoices are due within 30 days of delivery)

ACH TRANSACTIONS

Regions Bank
PO Box 11007
Birmingham, AL 35203
Phone: 205-326-5098

Routing Number: 062000019
Account Number: 0140119270
Account Name: ARI Logistics, LLC
REMITTANCE: ari.accounting@actn.com

PAPER CHECK

MAILING ADDRESS: ARI Logistics Dept. 1666 PO Box 11407 Birmingham , AL 35246-166

CREDIT CARD

Please call 205-271-4400, select option 6 to get a copy of our
Credit card form

PHYSICAL ADDRESS

(Please do not use this address to mail payments)

**204 20th Street North
Birmingham, AL 35203**

Ph: 205.271.4400, Option 6 Fax: 205.271.4401
E-Mail: ari.accounting@actn.com

Company Information

Company Name: _____

Physical Address: _____

City: _____ State: _____ Zip _____

Billing Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

Date Established: _____ FIN# or SS#: _____

Accounting

Contact: _____ Phone: _____

Accounting E-mail: _____

Do you require monthly statements: _____ Proof of delivery: _____

****Other required billing information:** _____

Notice

Applicant understands that the terms for payment of transportation and all related charges are due and payable 30 days from date of invoice. Applicant understands that payment beyond 30 days is subject to a late penalty of 1.5% per month on the unpaid balance and may result in loss of open account privileges. Applicant certifies that information given herein is true and correct. Applicant agrees to pay reasonable attorney fees, court cost and or collection agency fees incurred in the collection of this account. Applicant hereby authorizes ARI Logistics, Inc. to contact the above bank and references for the purpose of verifying credit, to make other investigations to determine a credit limit, and to report to proper persons and bureaus applicants' performance by this agreement. Applicant understands their account will be COD (Cash on delivery) until credit verification is complete. We certify that the person whose signature appears below is duly authorized to execute this document on behalf of the applicant. All loads are subject to terms and conditions listed at www.actn.com. Terms and conditions are subject to change without notification.

Company: _____ Date: _____

Print Name: _____ Title: _____

Signature: _____

**PLEASE EMAIL TO YOUR ARI ACCOUNT REPRESENTATIVE
FOR PROCESSING**



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

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

Service Date
April 10, 2008

LICENSE MC-

640557-B
ARI LOGISTICS LLC
HANCEVILLE, AL

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a **broker, arranging for the transportation of freight (expect 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 A. Weiner

Kathy Weiner, Chief
Information Systems Division

THIS CERTIFIES THAT

Action Resources, Inc.

Action Resources, Inc.



* Nationally certified by the: **SOUTHERN REGION MINORITY SUPPLIER DEVELOPMENT COUNCIL**

*NAICS Code(s) : 484230; 488510; 562112; 562910

* Description of their product/services as defined by the North American Industry Classification System (NAICS)

02/17/2016

Issued Date

SR01690

Certificate Number

A handwritten signature in black ink, appearing to read "Joseet Wright-Lacy".

Joseet B. Wright-Lacy

A handwritten signature in black ink, appearing to read "Phala K. Mire".

Phala K. Mire President & CEO

02/28/2017

Expiration Date

By using your password (NMSDC issued only), authorized users may log into NMSDC Central to view the entire profile: <http://nmsdc.org>

[Certify, Develop, Connect, Advocate.](#)

* MBES certified by an Affiliate of the National Minority Supplier Development Council, Inc.®



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/24/2016

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

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

PRODUCER Aon Risk Services Southwest, Inc. PO Box 3870 315 West 3rd Street Little Rock, AR 72203 www.aon.com	CONTACT NAME: Aon Risk Services Southwest, Inc.	FAX (A/C, No): (847) 953-1800
	PHONE (A/C, No, Ext): (800) 541-8605	E-MAIL ADDRESS: certificaterequest@aon.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: HDI-Gerling America Insurance Company		41343
INSURER B: Lloyd's Syndicate Chaucer 1084		112708
INSURER C: Alabama Trucking Association Work Comp		SIF
INSURER D: Essex Insurance Company		39020
INSURER E: Lexington Insurance Company		19437
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 31473669

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			EGGCC000214215	9/30/2015	9/30/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Contingent			36170816AA	7/30/2016	9/30/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Deductible \$ 5,000
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			EXAGC000214215	9/30/2015	9/30/2016	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
E	DED RETENTION \$			023815822	9/30/2015	9/30/2016	Each Occ/Aggregate \$ 7,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	00300WCATAACRE2016 3DY3143	1/1/2016 1/1/2016	1/1/2017 1/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Contingent Cargo			36170816AA	7/30/2016	9/30/2017	Limit: \$300,000
B	Errors and Omissions			36170816AA	7/30/2016	9/30/2017	Limit: \$250,000

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

CERTIFICATE HOLDER**CANCELLATION**

EVIDENCE OF COVERAGE

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

Aon Risk Services Southwest, Inc.
Aon Risk Services Southwest, Inc.

Aon Risk Services

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ACORD 25 (2016/03)

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FMCSA Motor Carrier

USDOT Number: 2241842
Docket Number: MC640557
Legal Name: ARI LOGISTICS LLC
DBA (Doing-Business-As) Name



Addresses

Business Address: 40 COUNTY ROAD 517
HANCEVILLE, AL 35077
Business Phone: (256) 352-2689 Business Fax: Fax: (256) 352-2687
Mail Address: 2101 HIGHLAND AVE SOUTH STE 200
BIRMINGHAM, AL 35205
Mail Phone: Mail Fax: Undeliverable Mail: NO

Authorities:

Common Authority:	NONE	Application Pending:	NO	
Contract Authority:	NONE	Application Pending:	NO	
Broker Authority:	ACTIVE	Application Pending:	NO	
Property:	YES	Passenger:	NO	Household Goods: YES
Private:	NO	Enterprise:	NO	

Insurance Requirements:

BIPD Exempt:	NO	BIPD Waiver:	NO	BIPD Required:	\$0	BIPD on File:	\$0
Cargo Exempt:	NO			Cargo Required:	NO	Cargo on File:	NO
BOC-3:	YES			Bond Required:	YES	Bond on File:	YES

Blanket Company: LOGISTEC/TTS RESIDENT AGENTS SERVICE

Comments:

Active/Pending Insurance:

Form: 84	Type: SURETY	Posted Date: 10/07/2013
Policy/Surety Number: 5169709	Coverage From: \$0	To: \$75,000*
Effective Date: 10/01/2013	Cancellation Date:	

Insurance Carrier: SURETEC INSURANCE COMPANY
Attn: CLAIMS DEPT
Address: 9737 GREAT HILLS TRAIL, STE: 320
AUSTIN, TX 78759 US
Telephone: (866) 732 - 0099 Fax: (512) 732 - 8398

* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Jacqueline A.Scott

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: ARI LOGISTICS LLC
Obligee: Federal Motor Carrier Safety Administration
Amount: \$ 75,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20th of April, 1999.)

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 21st day of March, A.D. 2013.

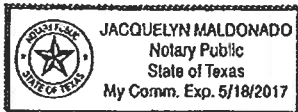
SURETEC INSURANCE COMPANY

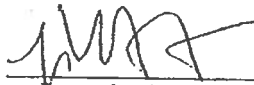
By: 
John Knox Jr., President



State of Texas ss:
County of Harris

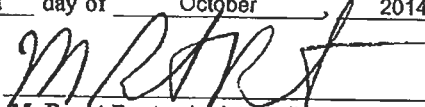
On this 21st day of March, A.D. 2013 before me personally came John Knox Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.




Jacquelyn Maldonado, Notary Public
My commission expires May 18, 2017

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 1st day of October, 2014, A.D.


M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.



The U.S. Environmental Protection Agency recognizes

ARI Logistics, LLC

As a Registered

SmartWay® Transport Partner

SmartWay ID: 01097112

Expires: 09/16/2016

A handwritten signature in blue ink, appearing to read "Cheryl Bynum".

Cheryl Bynum

Center Director, SmartWay Transport Partnership



May 13, 2016

TOM AUMANN
ARI LOGISTICS LLC
600 CENTURY PARK SOUTH, SUITE 200
BIRMINGHAM, AL 35226

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **ARQL** has been renewed for:

ARI LOGISTICS LLC
600 CENTURY PARK SOUTH, SUITE 200
BIRMINGHAM, AL 35226
MC-640557

This Alpha Code will apply only to the company name shown above through June 30, 2017. **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 or address change, please notify the National Motor Freight Association, Inc. at the address below.

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 Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information (email preferred as a PDF or TIF attachment) to the following address:

Customs and Border Protection
Attention: SCAC Beauregard, Cube C-231-1
1801 N. Beauregard Street
Alexandria, VA 20598-1350
AMS.SCAC@DHS.GOV

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