

# ARI | LOGISTICS



## 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](http://www.actn.com) E-mail: [ari.accounting@actn.com](mailto:ari.accounting@actn.com)

Phone: 205.271.4400, Option 6

Fax: 205.271.4401



ARI LOGISTICS



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

### ACCOUNTS RECEIVABLE

Phone: 205.271.4400, Option 6 Fax: 205-278-9786  
E-mail: [ari.accounting@actn.com](mailto: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)

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### 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](mailto:ari.accounting@actn.com)

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### 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 20<sup>th</sup> Street North  
Birmingham, AL 35203

Ph: 205.271.4400, Option 6 Fax: 205.271.4401  
E-Mail: [ari.accounting@actn.com](mailto: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](http://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

## 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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>ARI Logistics, LLC</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>C</b> <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) <b>204 20th Street N</b>	Requester's name and address (optional)	
	6 City, state, and ZIP code <b>Birmingham, AL 35203</b>		
	7 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 line 1 to avoid backup withholding. For individuals, this is generally 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	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
or	
Employer identification number	
2 6 - 2 1 3 5 4 8 8	

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

### 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 3.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Michelle Langford, Controller</i>	Date ▶ 11/11/17
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### General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

- By signing the filled-out form, you:
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, and
  4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/25/2017

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).

<b>PRODUCER</b> Aon Risk Services Southwest, Inc. PO Box 3870 315 West 3rd Street Little Rock, AR 72203  www.aon.com		<b>CONTACT NAME:</b> Aon Risk Services Southwest, Inc. <b>PHONE (A/C, No, Ext):</b> (800) 541-8605 <b>FAX (A/C, No):</b> (847) 953-1800 <b>E-MAIL ADDRESS:</b> certicaterequest@aon.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> HDI-Gerling America Insurance Company	<b>NAIC #</b> 41343
<b>INSURED</b>		<b>INSURER B:</b> Berkley National Insurance Company	38911
ARI Logistics, LLC STI Logistics, LLC 204 20th Street North Birmingham AL 35203		<b>INSURER C:</b> New York Marine And General Insurance Co	16608
		<b>INSURER D:</b> Lloyds Syndicate 1458 - AA1120102	AA1120
		<b>INSURER E:</b> Aspen Specialty Insurance Company	10717
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 37934755      **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <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:		EGGCC000214217	9/30/2017	9/30/2018	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
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		EAGCC000214217  CA9948 - Broadened Pollution Endorsement Included	9/30/2017	9/30/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
						Trailer Interchange	\$ \$125,000 C/C
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE		EXAGC000214217	9/30/2017	9/30/2018	EACH OCCURRENCE	\$ 3,000,000
E	DED      RETENTION \$		CV004PU17	9/30/2017	9/30/2018	AGGREGATE	\$ 3,000,000
						Each Occ/Aggregate	\$ 5,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N      N/A	WC201700007887	1/1/2017	1/1/2018	<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	Motor Truck Cargo		1011433	9/30/2017	9/30/2018	\$2,000,000 Any One Vehicle	
D	Pollution		ENVP0000013-17	9/30/2017	9/30/2018	\$5,000,000 Each Occurrence \$5,000,000 Aggregate	

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

**CERTIFICATE HOLDER**

EVIDENCE OF COVERAGE

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

# FMCSA Motor Carrier

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



<b>Addresses</b>		
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

<b>Authorities:</b>					
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		

<b>Insurance Requirements:</b>							
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							

<b>Comments:</b>
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<b>Active/Pending Insurance:</b>					
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 20<sup>th</sup> 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.

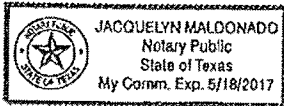
State of Texas                    ss:  
County of Harris



SURETEC INSURANCE COMPANY

By: [Signature]  
John Knox Jr., President

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.



[Signature]  
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.

[Signature]  
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.



# SURETEC INSURANCE COMPANY

1330 Post Oak Blvd Suite 1100 Houston, TX 77056

## VERIFICATION CERTIFICATE

**Bond No.** 5169709  
**Principal:** ARI LOGISTICS LLC  
**Bond Amount:** 75,000.00  
**Bond Description:** Property Brokers Surety Bond Under 49 U.S.C. 13906  
**Obligee:** Federal Motor Carrier Safety Administration

Gentlemen:

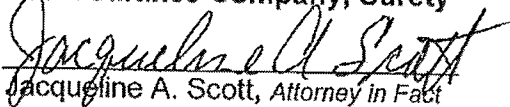
We hereby verify that the above Bond remains in force until it is cancelled by the Surety or otherwise terminated in accordance with its terms and conditions. All other bond terms and conditions remain unchanged.

The liability of the Surety shall not cumulate by reason of this Verification Certificate.

Signed this 1st day of October, 2014.

**SureTec Insurance Company, Surety**

By:

  
Jacqueline A. Scott, Attorney in Fact

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)

01/23/2017

Issued Date

02/28/2018

Expiration Date

SR01690

Certificate Number

*Joset Wright-Lacy*

Joset B. Wright-Lacy

*Mia McNeal*

Mia McNeal President & CEO

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.®

