



27037 Weber Rd
Brownsville, OR 97327
541-466-5022
800-345-1416
Fax: 541-466-3104

Hours Of Operation 6am to 6pm Monday thru Friday

OPERATIONS CONTACT INFORMATION

Dispatch Phone 800-345-1416

Operations Manager/ Specialty Freight- Jim Morin	jmorin@ramtrucking.com Direct Line 541-466-3607
California Logistics Coordinator- Laura Turley	lturley@ramtrucking.com Direct Line 541-466-3613
Washington/ Oregon logistics Coordinator- Katie Cox	kcox@ramtrucking.com Direct Line 541-466-3609
Sales/ Broker/ East Coast Logistics - Kevin Solesbee	ksolesbee@ramtrucking.com Direct Line 541-466-3610
Local Fleet Dispatch- John Way	jway@ramtrucking.com Direct Line 541-466-3608
Heavy Haul Coordinator- Dave Faulkner	dfaulkner@ramtrucking.com

RAM TRUCKING, INC. IS AVAILABLE 24 HOURS A DAY 7 DAYS A WEEK
THROUGH OUR ANSWERING SERVICE

ADDITIONAL CONTACTS

Dale Latimer- President
dlatimer@ramtrucking.com
Cell Phone 541-936-2800

Dale Middlestadt- Vice President
dmiddlestadt@ramtrucking.com
Cell Phone 541-936-2798

SERVICE DATE

MAY 21 1990

PM-31
(Rev. 10/84)

INTERSTATE COMMERCE COMMISSION

PERMIT

No. MC-186096 Sub 2*

RAM TRUCKING, INC.
(Sweet Home, OR)

This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier by motor vehicle.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043); the designation of agents upon whom process may be served (49 CFR 1044); the execution of contract (49 CFR 1053)*; and for passenger carriers, tariffs or schedules (49 CFR 1300 through 1310).

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

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

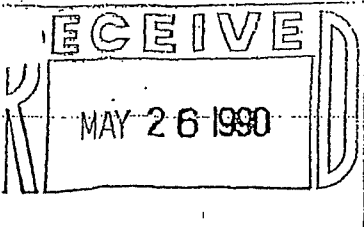
By the Commission.

Noreta R. McGee
Secretary

(SEAL)

*While the execution of contracts must be accomplished, it is unnecessary to file them with the Commission.

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





U.S. Department
of Transportation

Federal Motor
Carrier Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590
AUGUST 02, 2000

IN REPLY REFER TO:
YOUR USDOT NO.: 234294
REVIEW NO.: 00226790/CR

RAM TRUCKING INC
PO BOX 274
SWEET HOME OR 97386

DEAR MOTOR CARRIER:

THE MOTOR CARRIER SAFETY RATING FOR YOUR COMPANY IS:

SATISFACTORY

THIS SATISFACTORY RATING IS THE RESULT OF A APR 27, 2000, REVIEW AND EVALUATION. A SATISFACTORY RATING INDICATES THAT YOUR COMPANY HAS ADEQUATE SAFETY MANAGEMENT CONTROLS IN PLACE TO EFFECT SUBSTANTIAL COMPLIANCE WITH THE FEDERAL MOTOR CARRIER SAFETY AND/OR HAZARDOUS MATERIALS REGULATIONS.

PLEASE ASSURE YOURSELF THAT ANY SPECIFIC DEFICIENCIES IDENTIFIED IN THE REVIEW REPORT HAVE BEEN CORRECTED. WE APPRECIATE YOUR EFFORTS TOWARD PROMOTING MOTOR CARRIER SAFETY THROUGHOUT YOUR COMPANY. IF YOU HAVE QUESTIONS OR REQUIRE FURTHER INFORMATION, PLEASE CONTACT THE SAFETY SPECIALIST WHO CONDUCTED THE REVIEW.

STEPHEN E. BARBER
ACTING DIRECTOR, OFFICE OF ENFORCEMENT
AND COMPLIANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/29/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE 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(les) 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 KPD Insurance PO Box 29 Springfield OR 97477	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">CONTACT NAME:</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">PHONE (A/C, No, Ext): 541-741-0550</td> <td style="padding: 2px;">FAX (A/C, No): 541-741-1674</td> </tr> <tr> <td colspan="2" style="padding: 2px;">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td style="padding: 2px;">INSURER A : Traveler's Prop Cas Co of Amer</td> <td style="padding: 2px; text-align: center;">NAIC # 25674</td> </tr> <tr> <td style="padding: 2px;">INSURER B : United States Fire Insurance C</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER C : Endurance American Specialty</td> <td style="padding: 2px; text-align: center;">41718</td> </tr> <tr> <td style="padding: 2px;">INSURER D :</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER E :</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER F :</td> <td style="padding: 2px;"></td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext): 541-741-0550	FAX (A/C, No): 541-741-1674	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A : Traveler's Prop Cas Co of Amer	NAIC # 25674	INSURER B : United States Fire Insurance C		INSURER C : Endurance American Specialty	41718	INSURER D :		INSURER E :		INSURER F :	
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INSURED RAM Trucking, Inc. PO Box 398 Brownsville OR 97327																					

COVERAGES CERTIFICATE NUMBER: 416584782 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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			5068995138	8/1/2020	8/1/2021	EACH OCCURRENCE \$ 1,000,000
	<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> CLAIMS-MADE</td> <td style="margin-left: 20px;"><input checked="" type="checkbox"/> OCCUR</td> </tr> </table>	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							\$
B	AUTOMOBILE LIABILITY			5068995138	8/1/2020	8/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							Stated Value Phys Dmg \$ \$5,000 Comp/Coll
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			EXT30001872300	8/1/2020	8/1/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 1,000,000
							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below							N/A
A	Cargo Broad Form - Subject to Policy Limitations & Exclusions			6609J969320	8/1/2020	8/1/2021	Limit: \$500,000**
							\$5,000 Ded - Loads Over \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 ** \$1,000,000. Limit for Paper Machine Parts or Heavy Equipment including Transformers In or On a Land Vehicle or Container

SAMPLE CERTIFICATE

CERTIFICATE HOLDER <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 20px;">SAMPLE CERTIFICATE</div>	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 <div style="text-align: center; margin-top: 10px;"> </div>
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Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. RAM Trucking Inc	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. P.O. Box 398	Requester's name and address (optional)
6 City, state, and ZIP code Brownsville, OR 97327	
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
9	4	-	0	9	4	3	1	4	4

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 for Part II, later.

Sign Here

Signature of U.S. person ▶

Carl Latano

Date ▶ 12/20/20

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.