

River Place Logistics, Inc.

4509 Creedmoor Road Suite 103 Raleigh, NC 27612 P: 919.783.7500

F: 919.783.5122 Toll Free: 877.783.7501 www.riverplacelogistics.com

Shipper/Receiver Information Packet

Thank you for allowing River Place Logistics to assist your company in its shipping and receiving needs. We will strive to do our very best to satisfy you and meet your company's goals.

Included in this document is information about River Place Logistics for your company's records.

INFORMATION FROM US TO YOU

- Brokerage Authority RPL MC # 637628

- Performance Bond (BMC-84)

- River Place Logistics Insurance Certificate

- SCAC Code

- Completed W9 Form

Sincerely,

VP of Sales





U.S. Department of Transportation Federal Motor Carrier Safety Administration 1200 New Jersey Ave., S.E. Washington, DC 20590

SERVICE DATE May 01, 2008

LICENSE

MC-637628-B RIVER PLACE LOGISTICS, INC RALEIGH , NC

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a broker, arranging for transportation of freight (except household goods) by motor

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 Weiner, Chief Information Systems Division

BPO

Filer FMCSA

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906

FORM BMC-84

· Ortin Bine o	•	Bond No. 13	3310
Account Number: 28318		License No. MC-	637628
KNOW ALL MEN BY THESE PRESENTS, that we,	River Place Logistics, Inc. (Name of Broker or Freight Forwarder)		
of 4509 Creedmoor Road, Suite 204 (Street)	Raleigh	NC	27612
as PRINCIPAL (hereinafter called Principal), and	(City) Southwest Marine and General Insur (Name of Surety)	(State) rance Company	(Zip)
a corporation, or a Risk Retention Group establish		Act of 1986, Pub. L. 99-565	, created and existing
under the laws of the State of <u>Arizona</u> (State)	(hereinafter called Surety), are	held and firmly bound unto	o the United States of
America in the sum of \$100,000 for a broker or frour heirs, executors, administrators, successors, a	reight forwarder, for which payment, v nd assigns, jointly and severally, firmly	well and truly to be made, well and truly to be made, well and truly to be made, well and the made.	we bind ourselves and
WHEREAS, the Principal is or intends to become a the rules and regulations of the Federal Motor Car motor carriers and shippers, and has elected to fill financial responsibility and the supplying of transp agreements, or arrangements therefore, and	rier Safety Administration relating to e with the Federal Motor Carrier Safet	insurance or other security y Administration such a bo	for the protection of and as will ensure
WHEREAS, this bond is written to assure compliar Transportation by motor vehicle with 49 U.S.C. 13 Administration, relating to insurance or other secu any and all motor carriers or shippers to whom the	906(b), and the rules and regulations or urity for the protection of motor carrie	of the Federal Motor Carrie rs and shippers, and shall i	er Safety nure to the benefit of
NOW, THEREFORE, the condition of this obligation by motor vehicle any sum or sums for which the Properform, fulfill, and carry out all contracts, agreem supplying of transportation subject to the ICC Terrosafety Administration, then this obligation shall be	on is such that if the Principal shall pay rincipal may be held legally liable by re nents, and arrangements made by the nination Act of 1995 under license issu	or cause to be paid to mot eason of the Principal's fail Principal while this bond is sed to the Principal by the	or carriers or shippers ure faithfully to s in effect for the
The liability of the Surety shall not be discharged to payments shall amount in the aggregate to the pethe amount of said penalty. The Surety agrees to fisuits filed, judgements rendered, and payments mendered.	nalty of the bond, but in no event shal urnish written notice to the Federal M	I the Surety's obligation he	reunder exceed
This bond is effective the 5th day of Nove Principal as stated herein and shall continue in forcancel this bond by written notice to the Federal M become effective thirty (30) days after actual recei Motor Carrier and Broker Surety Bond. The Surety which arise as the result of any contracts, agreeme transportation after the termination of this bond a hereunder for the payment of any such damages at the supplying of transportation prior to the date sure The receipt of this filing by the FMCSA certifies that	te until terminated as hereinafter providor Carrier Safety Administration at pt of said notice by the FMCSA on the shall not be liable hereunder for the pents, undertakings, or arrangements mes herein provided, but such termination in garee ich termination becomes effective. It a Broker Surety Bond has been issue ta Broker Surety Bond has been issue ta den in the surety Bond has been issue the surety	its office in Washington, D prescribed Form BMC-36, ayment of any damages h lade by the Principal for th ns shall not affect the liabil ments, or arrangements m	orety may at any time C, such cancellation to Notice of Cancellation erein before described e supplying of ity of the Surety ade by the Principal for
such company is qualified to make this filing under	Section 387.315 of Title 49 of the Code	e of Federal Regulations.	The second of th

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

PRINCIPAL			SURETY	Bond	No 13310
River Place Loc	gistics, Inc		Southwest Marin	e and General Insu	rance Company
4509 Creedmo	or Road, Suite 20	4 Raleigh	COMPANY NAME	oint Blvd, 2 nd FLR	Elk Grove Villag
STREET ADDRESS NC	27612	919-783-7506	STREET ADDRESS Illinois	60007	CITY 847-700-8100
STATE	ZIP CODE	TELEPHONE NUMBER	STATE	ZIP CODE	TELEPHONE NUMBER
D. P.	(Principal officers) (Principal officers) (type or print with				

This BMC-84 bond form (revision date 9/26/2013) is provided pursuant to the requirements of MAP-21 and regulations promulgated by the EHCSA. It supersedes and replaces the previous BMC-84 form with the same serial number 13310 , previously issued on the BMC-84 form that was approved for use at the time. The electronic filing of the BMC-84 will reflect the new required minimum of \$75,000 beginning 10/1/2013, which is the date on which the MAP-21 legislation takes effect. The EMCSA system requires the entry of an effective date of 10/1/2013 or later in order to reflect a financial responsibility amount of \$75,000. This replacement form is a technical correction issued to conform with the regulations. It does not increase the obligations of the surety beyond the amount reflected in this instrument.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/1/2014

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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). CONTACT Nicole Dahle Ahmann-Martin PHONE (AIC, No, Ext): 952-947-9700 E-MAIL ADDRESS: ndahle@ahmann FAX (AIC, No): 952-947-9793 7555 Market Place Drive Eden Prairie MN 55344 IL RESS: ndahle@ahmannmartin.com INSURER(S) AFFORDING COVERAGE INSURER A : Hanover Insurance INSURED RIVER09 INSURER B: River Place Logistics, Inc. 4509 Creedmoor Road Suite 103 Raleigh NC 27612 INSURER C : INSURER D : INSURER E : COVERAGES

CERTIFICATE NUMBER; 440286080

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.

TYPE OF INSURANCE

ADDITIONAL TO THE POLICY EXP.

TYPE OF INSURANCE

ADDITIONAL TO THE POLICY EXP.

POLICY EXP. INSURER F POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) 5/1/2014 5/1/2015 COMMERCIAL GENERAL LIABILITY FACH OCCURRENCE \$1,000,000" DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$Included* GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$2,000,000 POLICY PRO- LOC PRODUCTS - COMP/OP AGG \$Included OTHER COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY OZX A292445 00 5/1/2014 5/1/2015 \$1,000,000** ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per acadent) HIRED AUTOS X UMBRELLA LIAB EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY W2X A292439 00 5/5/2014 5/5/2015 X PER STATUTE OTH ER 1.000.000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 l yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ \$250,000 \$600,000 \$5,000 Contingent Cargo HX A292688-00 5/1/2014 5/1/2015 Per Truck Per Loss Deductible DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) EACH OCCURRENCE LIMIT SUBJECT TO GENERAL AGGREGATE. **AUTO LIABILITY LIMIT INCLUDED IN GENERAL LIABILITY. OCCURRENCE LIMIT. Additional \$250,000 Limit per Railroad Car Coverage, subject to a \$5,000 deductible. Reefer Breakdown Coverage included, subject to a \$5,000 deductible. Errors and Omissions coverage included with \$250,000 limit, subject to \$5,000 deductible. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. River Place Logistics, Inc. 4509 Creedmoor Road Raleigh NC 27612 AUTHORIZED REPRESENTATIVE Fisher Jahmen I

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ACORD 25 (2014/01)

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June 03, 2014

TULLY DAVIS RIVER PLACE LOGISTICS INC 4509 CREEDMOOR RD #103 RALEIGH, NC 27612

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of RPLB has been renewed for:

RIVER PLACE LOGISTICS INC 4509 CREEDMOOR RD #103 RALEIGH, NC 27612 MC-637628

This Alpha Code will apply only to the company name shown above through June 30, 2015. 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:

CBP SCAC Processing Bureau of Customs and Border Protection 7681 Boston Blvd., Beauregard 1st FI Wing A Springfield, VA 22153 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

Form W-9
(Rev. August 2013)
Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

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	Name (as shown on your income tax return)															
	RIVER PLACE LOGISTICS INC Business name/disregarded entity name, if different from above															
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page	Check appropriate box for federal tax classification:				Eve			lann I				V.	_			
Print or type See Specific Instructions on	Individual/sole proprietor C Corporation S Corporation Partnership True					st/estate					mptions (see instructions):					
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F	Under (see instructions) ▶												_			
ecif	Address (number, street, and apt. or suite no.)		Requester's	nam	e and a	dres	ss (o	ption	nal))						
Sp	4509 CREEDMOOR ROAD, SUITE 103 City, state, and ZIP code															
See	RALEIGH, NC 27612															
	List account number(s) here (optional)															
	(aprilate)															
Pai	Taxpayer Identification Number (TIN)								-		_		_			
Enter	your TIN in the appropriate box. The TIN provided must match the par	me given on the "Name"	line So	cial s	ecurity	nun	hor		_	_	_		-			
to avo	Old Dackup Withholding. For individuals, this is your social security nur	shor (CCN) Harrison for	a			_	T	7	Г	_			-			
entitie	ent alien, sole proprietor, or disregarded entity, see the Part I instruction es, it is your employer identification number (EIN). If you do not have a	ns on page 3. For other			-			-	-							
TIN o	on page 3.	number, see now to get	a			_	_	_	L	_	_					
Note.	. If the account is in more than one name, see the chart on page 4 for g	guidelines on whose	En	ploy	er ident	ifica	tion	num	be	or						
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