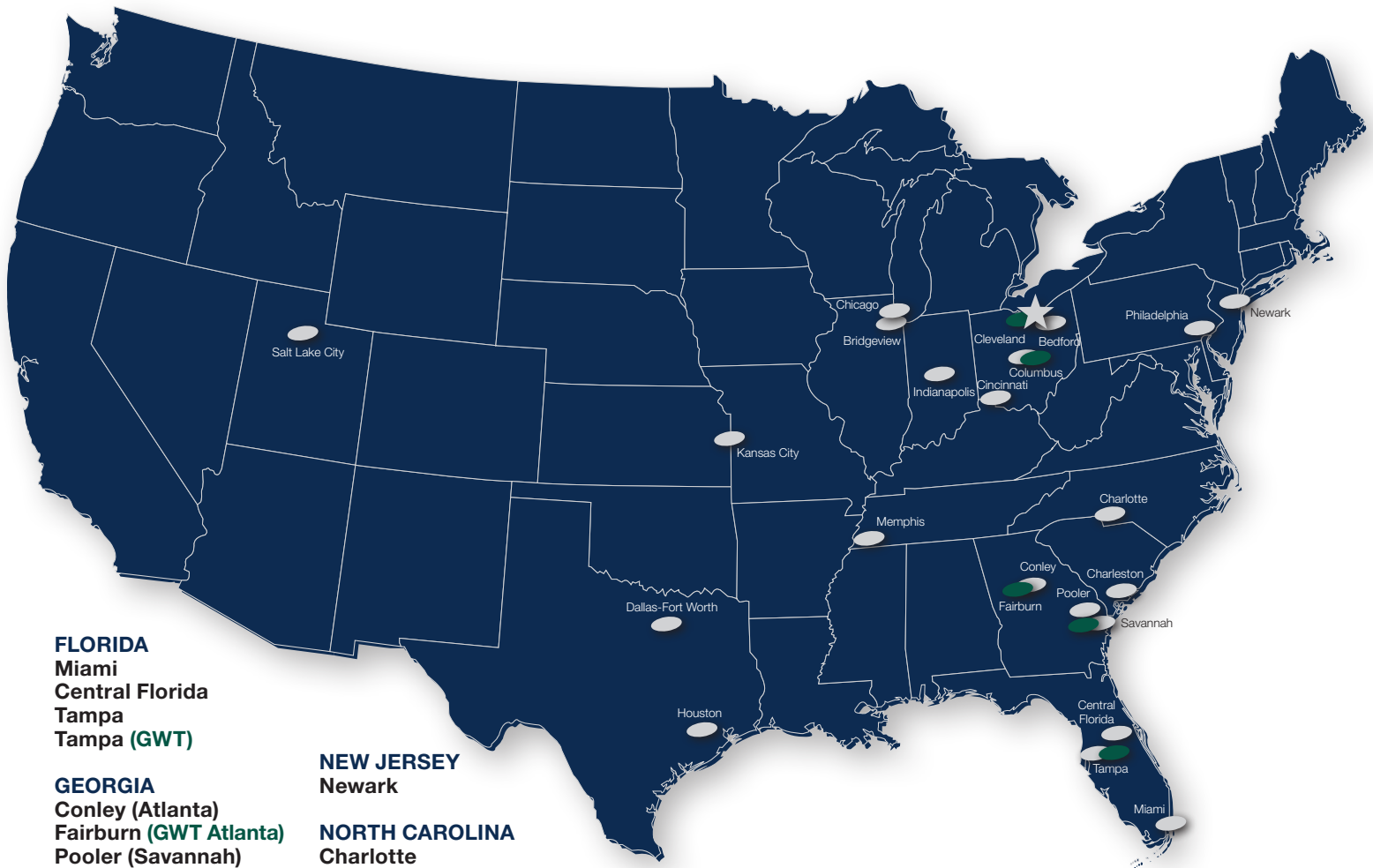


# TRX Locations & Subsidiaries

For any pricing, sales, or operational questions, contact us at [pricing@TRXTrucking.com](mailto:pricing@TRXTrucking.com) or 855-259-9259.

For terminal updates, please go to [www.TRXTrucking.com](http://www.TRXTrucking.com).



**FLORIDA**  
Miami  
Central Florida  
Tampa  
Tampa (GWT)

**GEORGIA**  
Conley (Atlanta)  
Fairburn (GWT Atlanta)  
Pooler (Savannah)  
Savannah  
Savannah (Pioneer)  
Savannah (GWT)

**ILLINOIS**  
Bridgeview  
Chicago

**INDIANA**  
Indianapolis

**MISSOURI**  
Kansas City

**NEW JERSEY**  
Newark

**NORTH CAROLINA**  
Charlotte

**OHIO**  
Bedford  
Cincinnati  
Cleveland  
(Headquarters  
& Terminal)  
Cleveland (GWT)  
Columbus  
Columbus (GWT)

**PENNSYLVANIA**  
Philadelphia

**SOUTH CAROLINA**  
Charleston

**TENNESSEE**  
Memphis

**TEXAS**  
Dallas-Fort Worth  
Houston (2)

**UTAH**  
Salt Lake City

## Corporate Administration/Sales:

### Cleveland, OH –

8777 Rockside Rd, Cleveland, OH 44125

**Pricing/Sales/Operations:** [Pricing@TRXTrucking.com](mailto:Pricing@TRXTrucking.com)

**Accounts Receivable:** [AR@TRXTrucking.com](mailto:AR@TRXTrucking.com)

**Safety:** [Safety@TRXTrucking.com](mailto:Safety@TRXTrucking.com)

## Phone

855-259-9259

## Fax

216-937-0233

## Customer Remittance:

PO Box 92916, Cleveland, OH 44194-2916

–

–

## Banking Information: Key Bank

Mail Code: OH-01-27-1203

127 Public Square, 12th floor, Cleveland, OH 44114

Jay McKelvey

216-689-8573

–

[www.TRXTrucking.com](http://www.TRXTrucking.com)



# TRX Locations & Subsidiaries

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For terminal updates, please go to [www.TRXTrucking.com](http://www.TRXTrucking.com).



TRX, INC	Location:	Services:	
MC #443895 DOT #1071546 SCAC-TRHI EIN #27-4628469 PHMSA #050609-551-033RT	Charleston, SC	International FCL	Domestic FCL
	Conley, GA (Atlanta)	International FCL	Domestic FCL
	Dallas-Fort Worth, TX	International FCL	Domestic FCL
	Houston, TX	International FCL	
	Pooler, GA (Savannah)	International FCL	Domestic FCL



TRX GREAT LAKES, INC	Location:	Services:	
MC #770136 DOT #2256202 SCAC-TGDK EIN #45-4017954 PHMSA #041812-550-011T	Chicago, IL	International FCL	
	Cincinnati, OH	International FCL	Domestic FCL
	Columbus, OH	International FCL	Domestic FCL
	Indianapolis, IN	International FCL	
	Kansas City, MO	International FCL	
	Newark, NJ	International FCL	
	Philadelphia, PA		Domestic FCL
	Savannah, GA (Pioneer)	International FCL	
	Salt Lake City, UT	International FCL	Domestic FCL



TRX MIDWEST, INC	Location:	Services:	
MC #770149 DOT #2256091 SCAC-TMUI EIN #45-4018121 PHMSA #020712-550-007T Division is NON-HAZMAT	Cleveland, OH	International FCL	Domestic FCL
	Bedford, OH		Domestic FCL
	Bridgeview, IL	International FCL	Domestic FCL
	Central Florida		Domestic FCL



TRX SOUTHEAST, INC	Location:	Services:	
MC #770140 DOT #2256081 SCAC-TSUA EIN #45-4018306 PHMSA #041812-550-010T	Charlotte, NC		Domestic FCL
	Houston, TX	International FCL	Domestic FCL
	Memphis, TN	International FCL	Domestic FCL
	Miami, FL	International FCL	Domestic FCL
	Savannah, GA	International FCL	Domestic FCL
	Tampa, FL	International FCL	



MC #770140 DOT #2256081 SCAC TXRS EIN #92-1211193	Cleveland, OH (Green Wave)	International FCL	Domestic FCL
	Columbus, OH (Green Wave)	International FCL	Domestic FCL
	Fairburn, GA (Green Wave)	International FCL	Domestic FCL
	Savannah, GA (Green Wave)	International FCL	
	Tampa, FL (Green Wave)	International FCL	Domestic FCL





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

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

**SERVICE DATE**  
April 13, 2011

**DECISION**  
MC-443895  
TRX ACQUISITION CORP.  
D/B/A TRX  
MINNEAPOLIS, MN  
REENTITLED  
TRX, INC.

On April 7, 2011, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

**It is ordered:**

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as TRX, 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 FMCSA forms (BMC 91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 86 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-80 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

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 or visit our web site at: <http://li-public.fmcса.dot.gov>. Any other questions regarding the action taken should be directed to (202)368-9805.

**Decided: April 8, 2011**

By the Federal Motor Carrier Safety Administration

Jeffrey L. Seorist, Chief  
Information Technology Operations Division  
NCA



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

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

**Service Date**  
March 15, 2011

**PERMIT**  
**MC-443895-P**  
**TRX ACQUISITION CORP**  
**TRX**  
**MINNEAPOLIS, MN**

This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier of property (except household goods) by motor vehicle in interstate or foreign commerce.

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 387) and the designation of agents upon whom process may be served (49 CFR 366). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

Jeffrey L. Secrist, Chief  
Information Technology Operations Division

**NOTE:** This registration is issued pursuant to a transfer. Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

PMO-R



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

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

**Service Date**  
March 15, 2011

**LICENSE**  
**MC-443895-B**  
TRX ACQUISITION CORP  
TRX  
MINNEAPOLIS, MN

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 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.

Jeffrey L. Secrist, Chief  
Information Technology Operations Division

**NOTE:** This registration is issued pursuant to a transfer.

BPO-R

**The Kaplan Trucking Company**

Motor Truck Cargo Policy MXI 93022388 – AGCS Marine Insurance Company

**LIMITS OF LIABILITY:**

\$500,000 – Cargo Limit per vehicle

**SUBLIMITS:**

\$500,000 – Wine & Spirits

**DEDUCTIBLES:**

\$100,000 – Cargo Deductible Per Occurrence

**AMENDATORY ENDORSEMENTS:**

Endorsement – Tarpaulin Warranty

Reefer Breakdown Included

**Horizon Freight System, Inc., Horizon East, Inc., Horizon Midwest, Inc., Horizon South, Inc.,  
Horizon Southeast, Inc., Horizon West, Inc.**

Motor Truck Cargo Policy MXI 93022388 – AGCS Marine Insurance Company

**LIMITS OF LIABILITY:**

\$500,000 – Cargo Limit per vehicle

**SUBLIMITS:**

\$500,000 – Wine & Spirits

\$500,000 – Pharmaceuticals

**DEDUCTIBLES:**

\$ 50,000 – Cargo Deductible Per Occurrence

\$100,000 – Cargo Deductible Per Occurrence if trailer not attached to Tractor or King Pin Lock (Theft)

**AMENDATORY ENDORSEMENTS:**

Endorsement – Tarpaulin Warranty

Reefer Breakdown Included

**TRX, Inc., TRX Great Lakes, Inc., TRX Great Plains, Inc., TRX Midwest, Inc., TRX Southeast, Inc.**

Motor Truck Cargo Policy MXI 93022388 – AGCS Marine Insurance Company

**LIMITS OF LIABILITY:**

\$500,000 – Cargo Limit per vehicle

**SUBLIMITS:**

\$500,000 – Wine & Spirits

\$500,000 – Pharmaceuticals

**DEDUCTIBLES:**

\$ 50,000 – Cargo Deductible Per Occurrence

\$100,000 – Cargo Deductible Per Occurrence if trailer not attached to Tractor or King Pin Lock (Theft)

**AMENDATORY ENDORSEMENTS:**

Endorsement – Tarpaulin Warranty

Reefer Breakdown Included

Pursuant to Customs Directive 2110-036, Form approved by New York Customs Management Center on 10/25/2000

BK REF

DEPARTMENT OF THE TREASURY  
UNITED STATES CUSTOMS SERVICE

## CUSTOMS BOND

19 CFR Part 113  
Surety Bond #09046061CUSTOMS  
USE  
ONLYBOND NUMBER<sup>1</sup> (Assigned by Customs)

9911J0400

FILE REFERENCE

In order to secure payment of any duty, tax or charge and compliance with law or regulation as a result of activity covered by any condition referenced below, we the below named principal(s) and surety(ies), bind ourselves to the United States in the amount or amounts, as set forth below.

Execution Date  
4/28/2011

## SECTION I - Select Single Transaction OR Continuous Bond (not both) and fill in the applicable blank spaces:

<input type="checkbox"/> SINGLE TRANSACTION BOND	Identification of transaction secured by this bond (e.g., entry no., seizure no., etc.) XX	Date of Transaction XXXXXXXXXXXX	Transaction district & port code XXXXXXXXXX
<input checked="" type="checkbox"/> CONTINUOUS BOND	Effective Date: 5/13/2011	This bond remains in force for one year beginning with the effective date and for each succeeding annual period, or until terminated. This bond constitutes a separate bond for each period in the amount listed below for liabilities that accrue in each period. The intention to terminate this bond must be conveyed within the time period and manner prescribed in the Customs Regulations.	

SECTION II - This bond includes the following agreements.<sup>2</sup> (Check one box only, except that, 1a may be checked independently or with 1, and 3a may be checked independently or with 3. Line out all other parts of this section that are not used.)

Activity Code	Activity Name and Customs Regulations in which conditions codified	Limit of Liability	Activity Code	Activity Name and Customs Regulations in which conditions codified	Limit of Liability
<input type="checkbox"/> 1	Importer or broker	113.62 XXXXXXXXXXXXXXX	<input type="checkbox"/> 5	Public Gauger	113.67 XXXXXXXXXXXXXXX
<input type="checkbox"/> 1a	Drawback Payment Refunds	113.65 XXXXXXXXXXXXXXX	<input type="checkbox"/> 6	Wool & Fur Products Labeling Acts Importation (Single Entry Only)	113.66 XXXXXXXXXXXXXXX
<input checked="" type="checkbox"/> 2	Custodian of bonded merchandise (includes bonded carriers, freight forwarders, cartmen and lighter-men, all classes of warehouses, container station operators)	113.63 50,000.00	<input type="checkbox"/> 7	Bill of Lading (Single Entry Only)	113.69 XXXXXXXXXXXXXXX
<input type="checkbox"/> 3	International Carrier	113.64 XXXXXXXXXXXXXXX	<input type="checkbox"/> 8	Detention of Copyrighted Material (Single Entry Only)	113.70 XXXXXXXXXXXXXXX
<input type="checkbox"/> 3a	Instruments of International Trade	113.66 XXXXXXXXXXXXXXX	<input type="checkbox"/> 9	Neutrality (Single Entry Only)	113.71 XXXXXXXXXXXXXXX
<input type="checkbox"/> 4	Foreign Trade Zone Operator	113.73 XXXXXXXXXXXXXXX	<input type="checkbox"/> 10	Court Costs for Condemned Goods (Single Entry Only)	113.72 XXXXXXXXXXXXXXX

SECTION III - List below all tradenames or unincorporated divisions that will be permitted to obligate this bond in the principal's name including their Customs Identification Number(s).<sup>3</sup> (If more space is needed, use Section III (Continuation) on back of form.)

Importer Number	Importer Name	Importer Number	Importer Name
N.A.	N.A.	N.A.	N.A.
Total number of importer names listed in Section III: 0			

Principal and surety agree that any charge against the bond under any of the listed names is as though it was made by the principal(s).

Principal and surety agree that they are bound to the same extent as if they executed a separate bond covering each set of conditions incorporated by reference to the Customs Regulations into this bond.

If the surety fails to appoint an agent under Title 6, United States Code, Section 7, surety consents to service on the Clerk of any United States District Court or the U.S. Court of International Trade, where suit is brought on this bond. That clerk is to send notice of the service to the surety at:

Mailing Address Requested by the Surety

6 Mill Ridge Lane  
Chester, NJ 07930

PRINCIPAL <sup>4</sup>	Name and Address TRX, Inc. 3300 NE 5th Street Minneapolis, MN 55418 (MN Corporation)	Importer No. <sup>5</sup> 27-462846900	SEAL
		SIGNATURE James B. Gifford - Vice Pres <i>James B. Gifford</i>	
PRINCIPAL <sup>4</sup>	Name and Address N.A.	Importer No. <sup>5</sup> N.A.	SEAL
		SIGNATURE N.A.	
SURETY <sup>4,6</sup>	Name and Address The Fidelity & Deposit Company of Maryland 1400 American Lane, Tower I Schaumburg, IL 60196 (MD Corporation)	Surety No. <sup>7</sup> 281	SEAL
		SIGNATURE <i>John J. Sheppard</i>	
SURETY <sup>4,6</sup>	Name and Address N.A.	Surety No. <sup>7</sup>	SEAL
		SIGNATURE N.A.	
SURETY AGENTS	Names John J. Sheppard Atty-in-Fact <i>John J. Sheppard</i>	Identification No. <sup>8</sup> 151-84-3410	Names N.A.
			Identification No. <sup>8</sup> N.A.

ALL CORRECTIONS AND ALTERATIONS WERE MADE  
PRIOR TO THE SIGNING OF THE BONDCustoms Form 301 (092189)  
110426006

## SECTION III(Continuation)

Importer Number	Importer Name	Importer Number	Importer Name
N.A.	N.A.	N.A.	N.A.
			9911J0400

## WITNESSES

Two witnesses are required to authenticate the signature of any person who signs as an individual or as a partner; however, a witness may authenticate the signatures of both such non-corporate principals and sureties. No witness is needed to authenticate the signature of a corporate official or agent who signs for the corporation.

## SIGNED, SEALED, and DELIVERED in the PRESENCE OF:

Name and Address of Witness for the Principal

Name and Address of Witness for the Surety

SIGNATURE:

SIGNATURE:

Name and Address of Witness for the Principal

Name and Address of Witness for the Surety

SIGNATURE:

SIGNATURE:

## EXPLANATION AND FOOTNOTES

- The Customs Bond Number is a control number assigned by Customs to the bond contract when the bond is approved by an authorized Customs official.
- For all bond coverage available and the language of the bond conditions refer to Part 113, subpart G, Customs Regulations.
- The Importer Number is the Customs Identification Number filed pursuant to section 24.5, Customs Regulations. When the Internal Revenue Service employer identification number is used the two-digit suffix code must be shown.
- If the principal or surety is a corporation, the name of the State in which incorporated must be shown.
- See witness requirement above.
- Surety Name: If a corporation, shall be the company's name as it is spelled in this Surety Companies' Annual List published in the Federal Register by the Department of the Treasury (Treasury Department Circular 570).
- Surety Number is the three-digit identification code assigned by Customs to a surety company at the time the surety company initially gives notice to Customs that the company will be writing Customs bonds.
- Surety Agent is the individual granted a Corporate Surety Power of Attorney, CF 5297, by the surety company executing the bond.
- Agent Identification Number shall be the individual's Social Security Number as shown on the Corporate Surety Power of Attorney, CF 5297, filed by the surety granting such power of attorney.

Paperwork Reduction Act Notice: The Paperwork Reduction Act of 1980 says we must tell you why we are collecting this information, how we will use it and whether you have to give it to us. We ask for this information to carry out the U.S. Customs Service laws of the United States. We need it to ensure that persons transacting business with Customs have the proper bond coverage to secure their transactions as required by law and regulation. Your response is required to enter into any transaction in which a bond is a prerequisite under the Tariff Act of 1930, as amended.

Privacy Act Statement: The following notice is given pursuant to section 7(b) of the Privacy Act of 1974 (5 U.S.C. 552a): Furnishing the information on this form, including the Social Security Number is mandatory. The primary use of the Social Security Number is to verify, in the Customs Automated System, at the time an agent submits a Customs bond for approval that the individual was granted a Corporate Surety Power of Attorney by the surety company. Section 7 of Act of July 30, 1947, chapter 390, 61 Stat. 646, authorizes the collection of this information.

Statement required by 5 CFR 1320.21: The estimated average burden associated with this collection of information is 0.25 hours per respondent or recordkeeper depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to U.S. Customs Service, Paper Management Branch, Washington DC 20269 or to the Office of Management and Budget, Paperwork Reduction Project (1515-0144), Washington, DC 20503.



DEPARTMENT OF THE TREASURY  
UNITED STATES CUSTOMS SERVICEIMPORTER ID  
INPUT RECORD

19 CFR 24.5

## 1. TYPE OF ACTION (Mark all applicable)

- ☐ Notification of  
Importer's number
- ☐ Change of name\*

- ☐ Change of address\*
- ☐ Check here if you also want your  
address updated in the Fines Penalties, and  
Forfeitures Office

\* NOTE--If a continuous bond is on file, a bond rider must accompany this change document.

## 2. IMPORTER NUMBER (Fill in one format):--

2A. I.R.S. Number												
2	7	-	4	6	2	8	4	6	9		0	0

2B. Social Security Number											
			-			-					

2C. <input type="checkbox"/> Check here if requesting a Customs-assigned number and indicate reason(s). (Check all that apply.)	<input type="checkbox"/> I have no IRS No.	<input type="checkbox"/> I have no Social Security No.	<input type="checkbox"/> I have not applied for either number.	<input type="checkbox"/> I am not a U.S. resident.
---	--	---	---	---

2D. Customs-Assigned Number

3. Importer Name

TRX, Inc.

4. DIV/AKA/DBA

☐ DIV ☐ AKA ☐ DBA

5. DIV/AKA/DBA Name

## 6. Type

☒ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Individual ☐ U.S. Government ☐ State/Local Governments ☐ Foreign Governments

7. Importer Mailing Address (2 32-character lines maximum)

6600 Bessemer Avenue

8. City

Cleveland

9. State Code

OH

10. ZIP

44127

11. Country ISO Code (Non-U.S. Only)

12. Importer Physical Location Address (2 32-character lines maximum; see instructions)

3300 NE 5th Street

13. City

Minneapolis

14. State Code

MN

15. ZIP

55418

16. Country ISO Code (Non-U.S. Only)

17a. Has importer ever been assigned a Customs Importer Number using the same name as block 3?

☐ No☒ Yes (List number(s) and/or names(s) in Block 17c.)

17b. Has importer ever been assigned a Customs Importer Number using a name different from that in Block 3?

☒ No☐ Yes (List number(s) and/or name(s) in Block 17c.)

17c. If "Yes" to 17a and/or 17b, list number(s) and/or name(s)

TRX, Inc. #350300193

I CERTIFY. That the information presented herein is correct; that if my Social Security Number is used it is because I have no IRS Employer Number; that if my Customs-assigned number is used it is because I have neither a Social Security Number nor an IRS Employer Number, that if none of these numbers is used, it is because I have none, and my signature constitutes a request for assignment of a number by Customs.

18. Printed or Typed Name and Title

20. Signature

X 

19. Telephone No. Including Area Code

21. Date

22. Broker Use Only

PRIVACY ACT STATEMENT: Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that 19 CFR 24.5 authorizes the disclosure of Social Security numbers (SSN) on the Customs Form 5106. The principal purpose for disclosure of the Social Security number is to assure maintenance of records that have a high degree of usefulness in regulatory investigations or proceedings. The information collected may be provided to those officers and employees of the Customs Service and any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any department or agency of the federal government upon the request of the head of such department or agency. The authority to collect the SSN is 31 CFR 103.25. The SSN will be used to identify the individuals conducting business with the Customs Service.

Statement required by 5 CFR 120.21: The estimated average burden associated with this collection of information is 6 minutes per respondent or recordkeeper depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to U.S. Customs Service, Paper Management Branch, Washington DC 20229. DO NOT send completed form(s) to this office.

Paperwork Reduction Act Notice: We need this information to establish the importer's name, address, and importer number. We will use this information as basis for establishing bond coverage, release and entry of merchandise, liquidation, issuance of bills and refunds, and processing of drawback and FP&F actions. Your response is mandatory.

## Bond Information

Shea Reference: 110426006

04/26/2011

Company Name: TRX, Inc.

Form Nbr: 301-2

6600 Bessemer Avenue  
Cleveland, OH 44127

Please complete the questions below and fill-in the missing information, if any.

Co -Principals	IRS	State of Inc.	Type of Organization
TRX, Inc.	27-462846900	MN	Corporation

Requested Effective Date	Please print the name of the person who signed the bond James B. Gifford	Title Vice President
--------------------------	---	-------------------------

Please provide SCAC code (if applicable):

Please provide your FIRMS code(s) (if applicable):

Is there a bond currently in effect? ☒ Yes ☐ No  
*if yes, please indicate, bond type, insurance carrier and broker*

U.S. Customs Bond, Westchester Fire Insurance Co.

Has your corporation or any officer of your corporation ever filed any form of Bankruptcy? Yes ☒ No *if yes, please explain*

Has a surety ever paid a U.S. Customs claim on your behalf? Yes ☒ No *if yes, please explain*

Has your company ever been penalized under Customs section USC1592? Yes ☒ No *if yes, please advise of current status or outcome*

Please return this form along with the other forms in this packet.

# TRX, INC.

6600 Bessemer Avenue • Cleveland, Ohio 44127 • 216/341-3322

April 27, 2011

Bureau of Customs and Border Protection

Attention: Bond Desk

Sir:

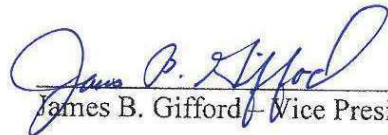
We respectfully request you terminate our bond 350300193  
effective \_\_\_\_\_, as a new bond is being filed.

This letter is being filed concurrently with a new bond and this request to  
terminate the above captioned bond is contingent upon acceptance of the new bond.

Thank you for your cooperation in this matter.

Respectfully,

TRX, Inc.

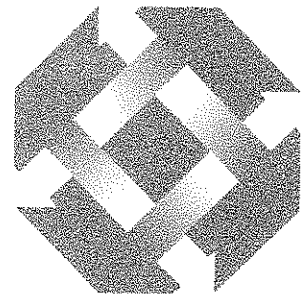
  
James B. Gifford Vice President

**Alliance for Uniform HazMat Transportation  
Procedures  
Uniform Program Credentials**

**TRX INC**

**8777 ROCKSIDE RD**

**CLEVELAND, OH 44125**



**ALLIANCE  
FOR UNIFORM  
HAZMAT  
TRANSPORTATION  
PROCEDURES**

USDOT Census #: **1071546**

ICC#: **443895**

EPA Transporter IDs: -

Intrastate Motor Carrier #:

20896

**Phone Number to call in case of an accident or emergency: (877) 801-7791**

Uniform Program ID: **UPM-1071546-WV**

Certified By: **Kimberly P. Hildreth**

Issuance Date: **01-Apr-25**      Expiration Date: **30-Jun-26**

Issuing Agency: **Public Service Commission of West Virginia**

Agency Phone Number: **(304) 340-0456**



# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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. <b>TRX, INC.</b>		
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 <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> 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 <b>not</b> 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) <b>5</b>  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.) See instructions. <b>8777 ROCKSIDE ROAD</b>	Requester's name and address (optional)	
6 City, state, and ZIP code <b>CLEVELAND, OH 44125</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 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										
2	7		-	4	6	2	8	4	6	9

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ► <i>Joseph Hauss.</i>	Date ► <b>01/04/2024</b>
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## 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](http://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.





## CERTIFICATE OF ASSIGNMENT

For Standard Carrier Alpha Code™ (SCAC®)

<b>SCAC</b>	TRHI
<b>Assigned Date</b>	Monday, 28 October 2002
<b>Assigned To</b>	TRX INC 8777 ROCKSIDE RD CLEVELAND, OH USA 44125 USDOT # 1071546 MC # 0443895
<b>Company Contact</b>	EVELYN GOLDEN
<b>Expiration Date</b>	Saturday, 05 July 2025



### SCAC Assignment

This SCAC only applies to the company name shown above through the expiration date. Renewal notices are sent approximately three months prior to expiration of this SCAC. A successful renewal must be made prior to the expiration date to ensure its continued validity. For easy renewal, go to <https://scaccode.com>.

To update the company name, address, or contact information affiliated with this SCAC, please contact NMFTA Customer Service at [customerservice@nmfta.org](mailto:customerservice@nmfta.org) or (703) 838-1810.

Refer to our Terms of Sale at <https://nmfta.org/terms-of-sale> for additional information regarding our policies governing the handling and administration of a SCAC.

### SCACs Ending in "U"

SCACs ending with the letter "U" are reserved for the identification of freight containers. If your SCAC ends with the letter "U", it should only be used for this purpose. A non-U ending SCAC should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

### U.S. Customs and Border Protection (CBP) Automated Commercial Environment (ACE) Program Participants

All SCACs are automatically uploaded to ACE within 24 hours. If participating in the U.S. Customs and Border Protection (CBP) ACE program, contact CBP at [AMSSCAC@cbp.dhs.gov](mailto:AMSSCAC@cbp.dhs.gov) if you have an issue when using your SCAC with ACE. To participate in the Automated Export System (AES) program, email [AMSSCAC@cbp.dhs.gov](mailto:AMSSCAC@cbp.dhs.gov) and [askaes@census.gov](mailto:askaes@census.gov) with your request and attach a copy of this NMFTA SCAC Certificate. For additional information on CBP's automated programs, go to <https://www.cbp.gov/trade/automated/getting-started>

### National Motor Freight Classification (NMFC) Participation and NMFTA Membership

A SCAC assignment is not related to the participation in the National Motor Freight Classification (NMFC), and it does not allow for the use of the NMFC in connection with freight rates. In addition, a SCAC assignment does not grant membership in the National Motor Freight Traffic Association, Inc. For assistance, please contact NMFTA Customer Service at [customerservice@nmfta.org](mailto:customerservice@nmfta.org) or (703) 838-1810.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/19/2024

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> Hylant Group, Inc. - Cleveland 6000 Freedom Sq Dr, Ste 400 Independence OH 44131	<b>CONTACT NAME:</b> Lorri Mulligan <b>PHONE (A/C, No, Ext):</b> 216-447-1050 <b>E-MAIL ADDRESS:</b> cleveland_hmi@hylant.com <b>FAX (A/C, No):</b> 216-447-4088
<b>INSURED</b> TRX, Inc. 8777 Rockside Road Cleveland, OH 44125	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Old Republic Insurance Company <b>INSURER B:</b> Travelers Prop Cas Co of Amer <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** 162953868**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"/> <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:			MWZY31783424	9/1/2024	9/1/2025	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 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			MWTT31415324	9/1/2024	9/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B A	Motor Truck Cargo Phys Dam Incl Trailer Interchange			6301R772156 MWTT31415324	9/1/2024 9/1/2024	9/1/2025 9/1/2025	\$100,000 ACV

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Cargo deductible is \$10,000.

**CERTIFICATE HOLDER****CANCELLATION**

Evidence of Insurance

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

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**HAZARDOUS MATERIALS  
CERTIFICATE OF REGISTRATION  
FOR REGISTRATION YEAR(S) 2025-2026**

**Registrant:** TRX, INC.  
ATTN: Evelyn gOlden  
8777 ROCKSIDE RD  
CLEVELAND, OH 44125

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

**Reg. No: 052125550061H    Effective: July 1, 2025    Expires: June 30, 2026**

**HM Company ID: 68174**

**Record Keeping Requirements for the Registration Program**

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.