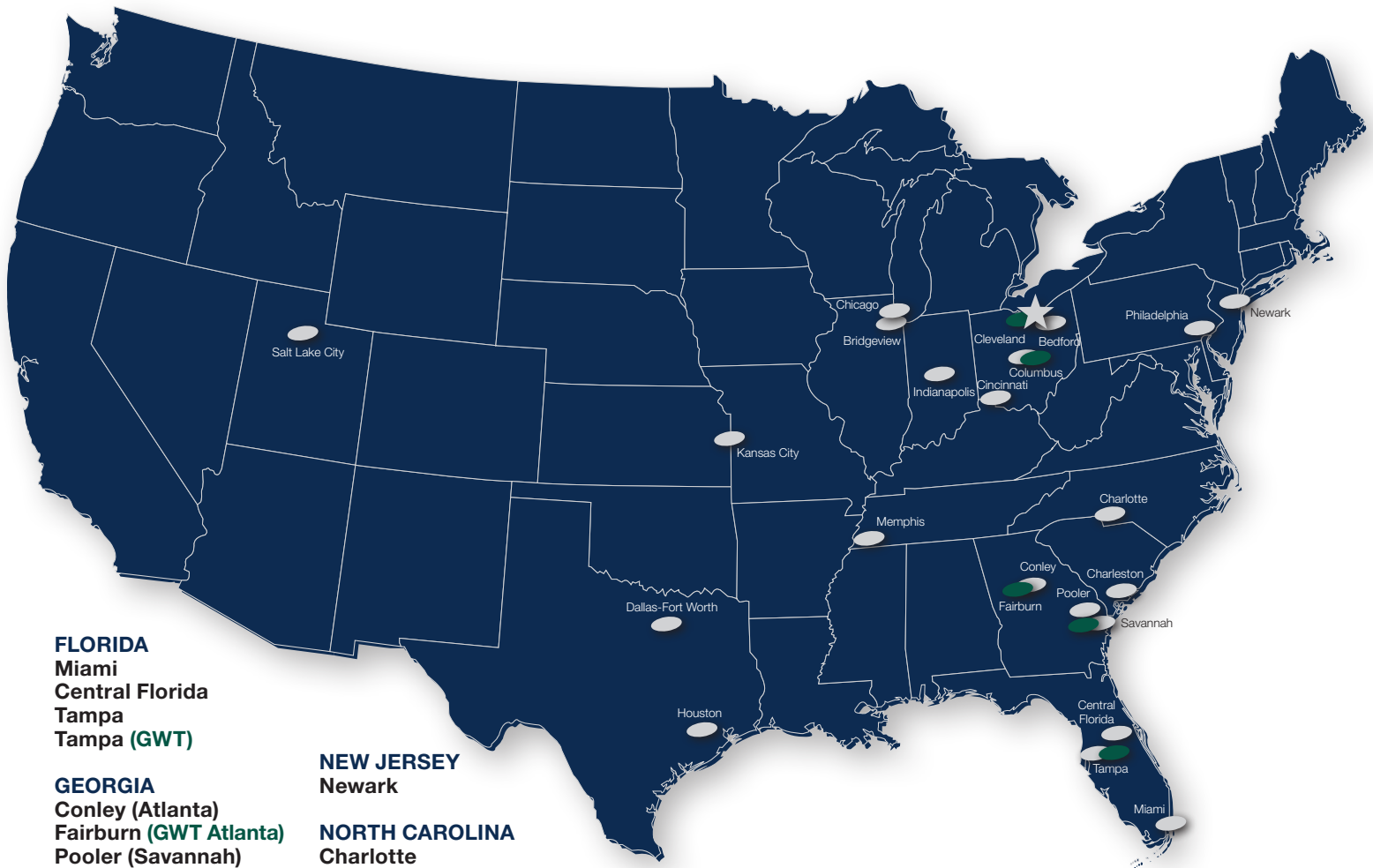


# TRX Locations & Subsidiaries

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**  
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Central Florida  
Tampa  
Tampa (GWT)

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

**ILLINOIS**  
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Chicago

**INDIANA**  
Indianapolis

**MISSOURI**  
Kansas City

**NEW JERSEY**  
Newark

**NORTH CAROLINA**  
Charlotte

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

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Salt Lake City

Corporate Administration/Sales:	Phone	Fax
<b>Cleveland, OH –</b> 8777 Rockside Rd, Cleveland, OH 44125 <b>Pricing/Sales/Operations:</b> <a href="mailto:Pricing@TRXTrucking.com">Pricing@TRXTrucking.com</a> <b>Accounts Receivable:</b> <a href="mailto:AR@TRXTrucking.com">AR@TRXTrucking.com</a> <b>Safety:</b> <a href="mailto:Safety@TRXTrucking.com">Safety@TRXTrucking.com</a>	855-259-9259	216-937-0233
<b>Customer Remittance:</b> PO Box 92916, Cleveland, OH 44194-2916	–	–
<b>Banking Information:</b> Key Bank Mail Code: OH-01-27-1203 127 Public Square, 12th floor, Cleveland, OH 44114 Jay McKelvey	216-689-8573	–
<a href="http://www.TRXTrucking.com">www.TRXTrucking.com</a>		



# TRX Locations & Subsidiaries

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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 18, 2012

**DECISION**  
MC-770140  
EASTERN LOGISTICS SERVICES INC  
CLEVELAND, OH  
**REENTITLED**  
TRX SOUTHEAST, INC.

On April 12, 2012, 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 SOUTHEAST, 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 (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 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.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

**Decided:** April 13, 2012  
By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief  
Information Technology Operations Division  
NC/A



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

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

**SERVICE DATE**  
January 10, 2012

**PERMIT**  
**MC-770140-P**  
U.S. DOT No. 2256081  
EASTERN LOGISTICS SERVICES INC  
CLEVELAND, OH

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:** 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



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

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

**SERVICE DATE**  
January 10, 2012

**CERTIFICATE**  
**MC-770140-C**  
U.S. DOT No. 2256081  
EASTERN LOGISTICS SERVICES INC  
CLEVELAND, OH

This Certificate is evidence of the carrier's authority to engage in transportation as a **common 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). The carrier 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:** 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.

CMO



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

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

**SERVICE DATE**  
January 09, 2012

**LICENSE**  
**MC-770140-B**  
U.S. DOT No. 2256081  
EASTERN LOGISTICS SERVICES INC  
CLEVELAND, OH

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.

A handwritten signature in black ink, appearing to read 'Jeffrey L. Secrist'.

Jeffrey L. Secrist, Chief  
Information Technology Operations Division

BPO

**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

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

OMB No. 1651-0050 Exp. 03/31/2014

**CUSTOMS BOND**  
19 CFR Part 113

CBP USE ONLY	BOND NUMBER (Assigned by CBP)  <b>9912AH384</b>
--------------------	---

Broker Filer Code: **WY8**

Surety Reference Number: **120423009/09083532**

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 name principal(s) and surety(ies), bind ourselves to the United States in the amount or amounts, as set forth below.

Execution Date  
**04-30-2012**

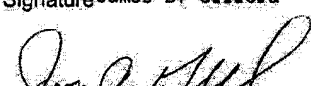
**SECTION I - Select Single Transaction OR Continuous Bond (not both) and fill in the applicable blank spaces.**

<input type="checkbox"/> <b>SINGLE TRANSACTION BOND</b>	Identification of transaction secured by this bond (e.g., entry number, seizure number, etc.) <b>XX</b>	Transaction Date <b>XXXXXXXXXXXX</b>	Port Code
<input checked="" type="checkbox"/> <b>CONTINUOUS BOND</b>	Effective Date <b>05-04-2012</b>	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 amounts listed below for liabilities that accrue in each period. The intention to terminate this bond must be conveyed within the period and manner prescribed in the CBP Regulations.	

**SECTION II - This bond includes the following agreements. Check one box only. (Except 3a may be checked independently or with 3.)**

Activity Code	Activity Name and CBP Regulations in which conditions codified	Limit of Liability	Activity Code	Activity Name and CBP Regulations in which conditions codified	Limit of Liability
<input type="checkbox"/> 1	Importer or broker .....\$113.62	XXXXXXXXXXXX	<input type="checkbox"/> 8	Detention of Copyrighted Material .....\$113.70 -Single Transaction Only-	XXXXXXXXXXXX
<input type="checkbox"/> 1a	Drawback Payments Refunds .....\$113.65	XXXXXXXXXXXX	<input type="checkbox"/> 9	Neutrality .....\$113.71 -Single Transaction Only-	XXXXXXXXXXXX
<input checked="" type="checkbox"/> 2	Custodian of Bonded Merchandise \$113.63 (Includes bonded carriers, freight forwarders, cartmen and lightermen, all classes of warehouse, container station operators) -Continuous Bond Only-	50,000.00	<input type="checkbox"/> 10	Court Costs for Condemned Goods .....\$113.72 -Single Transaction Only-	XXXXXXXXXXXX
<input type="checkbox"/> 3	International Carrier.....\$113.64	XXXXXXXXXXXX	<input type="checkbox"/> 11	Airport Security Bond.....Part 113 App A	XXXXXXXXXXXX
<input type="checkbox"/> 3a	Instruments of International Traffic...\$113.66 -Continuous Bond Only-	XXXXXXXXXXXX	<input type="checkbox"/> 12	International Trade Commission (ITC) Exclusion Bond.....Part 113 App B	XXXXXXXXXXXX
<input type="checkbox"/> 4	Foreign Trade Zone.....\$113.73 -Continuous Bond Only-	XXXXXXXXXXXX	<input type="checkbox"/> 14	In-Bond Export Consolidation Bond	XXXXXXXXXXXX
<input type="checkbox"/> 5	Public Gauger.....\$113.67	XXXXXXXXXXXX	<input type="checkbox"/> 15	Intellectual Property Rights (IPR)	XXXXXXXXXXXX
<input type="checkbox"/> 6	Wool & Fur Products.....\$113.68 Labeling Acts Importation -Single Transaction Only-	XXXXXXXXXXXX	<input type="checkbox"/> 16	Importer Security Filing (ISF) .....Part 113 App D	XXXXXXXXXXXX
<input type="checkbox"/> 7	Bill of Lading.....\$113.69 -Single Transaction Only-	XXXXXXXXXXXX	<input type="checkbox"/> 17	Marine Terminal Operator -Continuous Bond Only-	XXXXXXXXXXXX


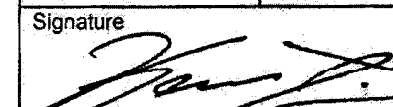
**PRINCIPAL**

Name and Physical Address (including legal description and state of incorporation)  <b>TRX Southeast, Inc.</b> <b>6600 Bessemer Avenue</b> <b>Cleveland, OH 44127</b> ( OH Corporation)	By checking the box you agree that you have a seal in accordance with 19 CFR 113.25 ▶	<b>AFFIX SEAL or Check Box</b>
	CBP Identification Number: <b>45-401830600</b>	<input checked="" type="checkbox"/> Check Box
	Signature <b>James B. Gifford - Vice President</b> 	

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 CBP regulations into this bond. If the surety fails to appoint an agent under Title 31, United States Code, Section 9306, 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**

**SURETY**

Name and Physical Address (including legal description and state of incorporation)  <b>The Fidelity &amp; Deposit Company of Maryland</b> <b>1400 American Lane, Tower I</b> <b>Schaumburg, IL 60196</b> (MD Corporation)	Surety Number <b>281</b>	Agent ID Number <b>145-84-0753</b>	 <input checked="" type="checkbox"/> Check Box
	Signature 		
	<b>Kevin J. Daily, Atty-in-Fact</b>		



Surety Reference Number: 120423009/09083532

CBP Identification Number: 45-401830600

By checking the box you agree  
that you have a seal in  
accordance with 19 CFR 113.25

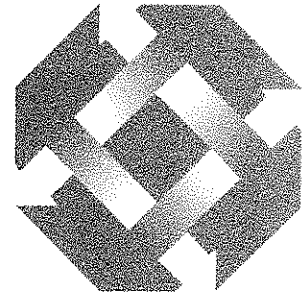
☐ Check Box

Total Number of Importer Names listed in Section III: 00

☐ Check Box

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

**TRX SOUTHEAST INC  
8777 ROCKSIDE RD  
CLEVELAND, OH 44125**



**ALLIANCE  
FOR UNIFORM  
HAZMAT  
TRANSPORTATION  
PROCEDURES**

USDOT Census #: **2256081**

ICC#: **770140**

EPA Transporter IDs: **-**

Intrastate Motor Carrier #:

21008

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

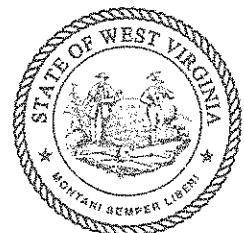
Uniform Program ID: **UPM-2256081-WV**

Certified By: **Kimberly P. Hildreth**

Issuance Date: **11-Apr-25**      Expiration Date: **30-Jun-26**

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

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





RE: Certificate of Insurance

As a valued partner to our trucking client listed on the attached certificate, we are reaching out for your help with an efficiency project to provide a higher level of service for you.

We currently provide you a certificate of insurance related to a business relationship you may have with this client. We will be sending future renewal certificates electronically and will need a current, valid email address for you to receive. Please provide a response:

- You may disregard this notice if you received the certificate in an email directly from Hylant and it came to the correct email address.

OR

- Please access the below link or scan QR code to do one of the following:
  - Provide a current, valid email address for certificate delivery.
  - Confirm a certificate is no longer needed.

Link: <https://tinyurl.com/Trucking-Cert-Holder>

QR Code:



We strongly believe this is an efficiency win for you and for our trucking client. Thank you for your time.

If you have questions, please include with your response in the area provided on the site.

Regards,

Hylant Team

# 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>GREEN WAVE TRANSPORT, 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) ► _____ <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) <u>5</u>  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) <b>A WHOLLY OWNED SUBSIDIARY OF TRX SOUTHEAST, INC.</b>		

## 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	2		-	1	2	1	1	9	3

## 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 Haus.</i>	Date ► <b>01/04/2024</b>
-----------	--	--------------------------

## 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>	TSUA
<b>Assigned Date</b>	Friday, 20 April 2012
<b>Assigned To</b>	TRX SOUTHEAST INC 6600 BESSEMER AVE CLEVELAND, OH USA 44127 USDOT # 2256081 MC # 0770140
<b>Company Contact</b>	EVELYN GOLDEN
<b>Expiration Date</b>	Friday, 04 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 ASSIGNMENT

For Standard Carrier Alpha Code™ (SCAC®)

<b>SCAC</b>	TXRS
<b>Assigned Date</b>	Friday, 02 December 2022
<b>Assigned To</b>	TRX SOUTHEAST INC (GREEN WAVE TRANSPORT) 8777 ROCKSIDE RD CLEVELAND, OH USA 44125 USDOT # 2256081 MC # 770140
<b>Company Contact</b>	JOE NAUS
<b>Expiration Date</b>	Monday, 30 June 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> Green Wave Transport Inc (a division of TRX Southeast, Inc.) 8777 Rockside Rd 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:** 737291760**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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE 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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/19/2024

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<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 Southeast, 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:** 58571391**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

*Nicholas R. Hylant*

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

**Registrant:** TRX SOUTHEAST, 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: 052125550068H    Effective: July 1, 2025    Expires: June 30, 2026**

**HM Company ID: 153191**

**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.