




TEL: 905-669-0481
FAX: 905-669-0482

TOLL FREE 877-212-0007
TOLL FREE 866-737-1117

CARRIER PROFILE

ICC MC : 521228

FEDERAL ID: 98-0493370

 US DOT : 1359813

 Ontario C.V.O.R : 151-574-730



HAZMAT CERTIFIED

Canada and U.S. Bonded

 C.T.P.A.T: 47feecf6-f4e8-48d2-81bb-07f637188e9a

INSURANCE

OLD REPUBLIC INSURANCE COMPANY

POLICY # R32369H

EXPIRES: NOVEMBER 30, 2014

WSIB - 2041737

INSURANCE BROKER

HARGRAFT

PH: 416-489-1163

FAX: 416-489-9610

FLEET INFORMATION

45 TRACTORS

TEAMS & SINGLES

60 TRAILERS

VAN – REEFER – FLATBED – STEP DECK



**155 Drumlin Circle, Second Floor, Unit B Vaughan, ON L4K 3E7
Canada**

CERTIFICATE OF INSURANCE

ISSUE DATE 11/30/2013


INSURED: 2063940 Ontario Inc. dba. E.T. TRANSPORT 155 Drumlin Circle, 2nd Floor Vaughan, ON L4K 3E7	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	COMPANIES AFFORDING COVERAGE
CERTIFICATE HOLDER: CERTIFICATE 1 To Whom It May Concern: ATTENTION: FAX#: COPY:	COMPANY 1 OLD REPUBLIC INSURANCE COMPANY
	COMPANY 2
	COMPANY 3
	COMPANY 4
	COMPANY 5

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES 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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICES.

CO #	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE (M/D/Y)	EXPIRATION DATE (M/D/Y)	Canadian	
1	GENERAL LIABILITY	R32369H	11/30/2013	11/30/2014	EACH OCCURRENCE	\$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE	
	<input type="checkbox"/> NON - OWNED AUTO				PERSONAL INJURY	
1	AUTOMOBILE LIABILITY	T32473H	11/30/2013	11/30/2014		
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT	\$2,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Any one person)	
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE	
	<input type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> GARAGE LIABILITY					
1	OTHER: CARGO	R32369H	11/30/2013	11/30/2014	- \$500,000 Limit - \$5,000 Deductible Canadian Funds	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS
 - ALL VEHICLES OWNED, REGISTERED, LEASED TO THE NAMED INSURED. All Perils \$5,000. Tractors/Trailers - OPCF No. 5 Permission to Rent or Lease Included

PRODUCER	CANCELLATION
HARGRAFT SCHOFIELD LP 825 Queen Street Toronto, Ontario M4M 1H8	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY'S AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 



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

400 7th Street SW
Washington, DC 20590

SERVICE DATE

April 24, 2006

CERTIFICATE

MC-521228-C

2063940 ONTARIO INC
D/B/A E.T. TRANSPORT
TORONTO, ON, CD

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.

Angeli Sebastian, Chief
Information Systems 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



CVOR

 Province of Ontario		Province de l'Ontario	
Issued pursuant to the Highway Traffic Act / <i>Déjà en vertu du Code de la route</i>			
Commercial Vehicle Operator's Registration Certificate Certificat d'immatriculation d'utilisateur de véhicule utilitaire			
Commercial Vehicle Operator's Registration No. <i>N° d'immatriculation d'utilisateur de véhicule utilitaire</i>		151-574-730	
Name / Nom 2063940 ONTARIO INC			
Office / Bureau 061-3	Issue Date / Date de délivrance Y/A M D/J 05 06 02	Minister of Transportation <i>Ministre des Transports</i>	
SR-LH-123 04-04			

This certificate or a true copy must be carried in each commercial motor vehicle being operated under the Commercial Vehicle Operator's Registration.

For replacement, correction or information change, complete and submit a new CVOR application form to: Ministry of Transportation, Carrier Sanctions & Investigation Office, 301 St. Paul St., 3rd floor, St. Catharines, On L2R 7R4.

Ce certificat ou une copie conforme doit se trouver dans chaque véhicule utilitaire exploité sous couvert de l'immatriculation d'utilisateur de véhicule utilitaire.

Pour faire remplacement votre certificat ou pour y apporter des corrections, complétez et envoyez un nouveau formulaire de demande d'immatriculation d'utilisateur de véhicule utilitaire au : Ministère des Transports, Bureau des sanctions et des enquêtes concernant les transporteurs, 301, rue St. Paul, 3^e étage, St. Catharines (Ontario) L2R 7R4.

00399469

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

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

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**Certificate of Foreign Status of Beneficial Owner
 for United States Tax Withholding**

OMB No. 1545-1621

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.
 ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual Instead, use Form: W-9
 - A person claiming that income is effectively connected with the conduct of a trade or business in the United States W-8ECI
 - A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) W-8ECI or W-8IMY
 - A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) W-8ECI or W-8EXP
- Note:** These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.
- A person acting as an intermediary W-8IMY

Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner 2063940 ONTARIO INC DBA: E.T. TRANSPORT		2 Country of incorporation or organization CANADA
3 Type of beneficial owner: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation		
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 155 DRUMLIN CIRCLE 2ND FLOOR UNIT B City or town, state or province. Include postal code where appropriate. VAUGHAN, ONTARIO L4K 3E7 Country (do not abbreviate)		
5 Mailing address (if different from above) City or town, state or province. Include postal code where appropriate. Country (do not abbreviate)		
6 U.S. taxpayer identification number, if required (see instructions) 98-0493370 <input type="checkbox"/> SSN or ITIN <input checked="" type="checkbox"/> EIN	7 Foreign tax identifying number, if any (optional)	
8 Reference number(s) (see instructions)		

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

- a The beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.
- b If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
- c The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
- d The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
- e The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9a above to claim a % rate of withholding on (specify type of income):
 Explain the reasons the beneficial owner meets the terms of the treaty article:

Part III Notional Principal Contracts

11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- 1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
 - 2 The beneficial owner is not a U.S. person.
 - 3 The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and
 - 4 For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
- Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here ▶

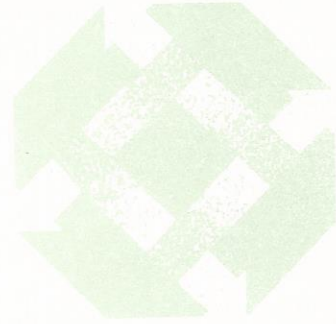
Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Capacity in which acting



Alliance for Uniform HazMat Transportation Procedures Uniform Program Credentials



ALLIANCE
FOR UNIFORM
HAZMAT
TRANSPORTATION
PROCEDURES

2063940 ONTARIO INC
ET TRANSPORT
155 DRUMLIN CIRCLE
VAUGHAN, ON L4K3E7

USDOT Census #	01359813	
MC Docket #	N/A	
EPA Transporter ID #	N/A	233540
Intrastate Motor Carrier #:	N/A	121183

Phone Number to call in case of a accident or emergency: 905-669-0481

Uniform Program ID:	UPM1359813OH		
Certified By:	Shenk, Leonard		
Issuance Date:	06-May-2014	Expiration Date:	01-Apr-2015
Issuing Agency:	PUBLIC UTILITIES COMMISSION OF OHIO		
Agency Telephone:	(614) 466-3392		



UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2014-2015**

Registrant: 2063940 ONTARIO INC D/B/A E.T. TRANSPORT
Attn: ROMAN YAKOBOV
7777 KEELE ST., UNITS 8 - 75
CONCORD, ON, CANADA L4K 1Y7

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: 053014 553 002W Issued: 05/30/2014 Expires: 06/30/2015

HM Company ID: 145619

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.



U.S. Customs and
Border Protection

12/30/2008

2063940 Ontario Inc.
163 Bowes Rd.
Concord, XO L4K 1H3

2063940 Ontario Inc.:

On behalf of U.S. Customs and Border Protection (CBP), I am pleased to welcome 2063940 Ontario Inc. as a certified partner in the Customs-Trade Partnership Against Terrorism (C-TPAT) program. By participating with CBP, you are making a vital contribution to help us secure our borders and ensure the continued free flow of international trade.

Your role as a C-TPAT partner is to continue to ensure that appropriate security measures, based upon risk analysis and consistent with C-TPAT security criteria, are maintained in a documented and verifiable format throughout your international supply chains. C-TPAT partners must also have a documented and verifiable process for the selection of business partners and ensure that these business partners develop security procedures consistent with C-TPAT security criteria.

To meet these obligations and the security standards established under the C-TPAT program, it is necessary that a security self-assessment process be developed and implemented. Additionally, these assessments should identify and institute any enhancements or updates to your supply chain program. All aspects of the security self-assessment must be verifiable, documented, reviewed on a regular basis and updated as warranted.

CBP's commitment to you, consistent with our goals of security and facilitation of trade moving into the United States, is to provide a secure entry process marked by the efficient release of goods and prompt resolution of CBP issues. At this time, CBP will proceed to provide 2063940 Ontario Inc. with C-TPAT benefits which may include reduced cargo exams, training and sharing of information.



Again, I welcome 2063940 Ontario Inc. as a certified C-TPAT partner, and I thank you in advance for your support in this evolutionary and cooperative effort to build a more secure and more efficient global trade environment.

Please visit our website and log into the C-TPAT secure web portal at <https://ctpat.cbp.dhs.gov> in order to learn to which C-TPAT field office and Supply Chain Security Specialist (SCSS) your company has been assigned.

CBP created the C-TPAT validation process to ensure that the security measures declared in a participant's C-TPAT security profile are effective. CBP will, to the extent practicable, conduct a C-TPAT validation not later than one year of the Partner's C-TPAT certification in accordance with section 215 (a) of the Security and Accountability for Every Port Act of 2006 (SAFE Port Act), Pub. L. 109-347, 120 Stat. 1917.

Sincerely,

Bradd Skinner
Director, C-TPAT/Industry Partnerships
Office of Field Operations
U.S. Customs and Border Protection