

INTERSTATE COMMERCE COMMISSION

PERMIT

SERVICE DATE

JUN 7 1991

No. MC 100666 (Sub 547)

MELTON TRUCK LINES, INC.
SHREVEPORT, LA

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

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043); the designation of agents upon whom process may be served (49 CFR 1044); the execution of contracts (49 CFR 1053)¹; and for passenger carriers, tariffs or schedules (49 CFR 1312).

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

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

By the Commission.

(SEAL)

SIDNEY L. STRICKLAND, JR.
Secretary

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

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

No. MC 100666 (Sub 547)

Page 2

To operate as a contract carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except hazardous materials, household goods, and commodities in bulk), between points in the U.S. (except AK and HI), under continuing contract(s) with commercial shippers or receivers of such commodities.



May 21, 2013

VICKI WHITE
MELTON TRUCK LINES INC
808 N 161ST E AVE
TULSA, OK 74116

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **MTLA** has been renewed for:

MELTON TRUCK LINES INC
808 N 161ST E AVE
TULSA, OK 74116
MC-100666
US DOT-34666

This Alpha Code will apply only to the company name shown above through June 30, 2014. A renewal notice will be mailed approximately one month prior to expiration and must be returned promptly together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address above.

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

If you participate in the Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information (email preferred as a PDF or TIF attachment) to the following address:

CBP SCAC Processing
Bureau of Customs and Border Protection
7681 Boston Blvd., Beauregard 1st Fl Wing A
Springfield, VA 22153
AMS.SCAC@DHS.GOV

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/26/2013

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HNI Risk Services PO Box 510187 New Berlin WI 53151	CONTACT NAME:		
	PHONE (A/C, No, Ext): 262-782-3940	FAX (A/C, No): 262-782-4198	
	E-MAIL ADDRESS: certs@hni.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Great West Casualty Company		11371
INSURED Melton Truck Lines, Inc. 808 N. 161st E. Avenue Tulsa OK 74116-4115	INSURER B: FMCSA Qualified Self Insured		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		TEP00021A	4/1/13	10/1/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		MC100666 *Qualified Self Insured Coverage is Continuous	4/1/13	*	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		TEP00021A	4/1/13	10/1/14	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	XWC00012I WC21114J	10/1/13 10/1/13	10/1/14 10/1/14	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

TEP00021A (4/1/13 - 10/1/14) Cargo legal liability is limited to a stated limit of liability of \$100,000 for new cargo and \$10,000 for used cargo. There is no cargo legal liability in Mexico.

CERTIFICATE HOLDER SAMPLE CERTIFICATE	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

Melton Truck Lines, Inc.

Dan Taylor

Air-ride Flatbeds Serving the United States, Canada, and Mexico

Senior Vice President
Sales & Marketing

March 26, 2013

Re: Notice of FMCSA Self-Insurance Authority

Dear Valued Customer:

Melton Truck Lines, Inc. ("Melton") is pleased to announce that it has joined the ranks of a limited and prestigious group of interstate motor carriers that have been awarded self-insurance authority by the Federal Motor Carrier Safety Administration ("FMCSA"). On January 31, 2013, the FMCSA issued a grant of self-insurance authority which authorizes Melton to self-insure the first \$1 million of bodily injury and property damage liability. The grant of self-insurance authority therefore allows Melton to substitute its self-insurance authority in place of commercial insurance for purposes of satisfying its minimum financial responsibility requirements pursuant to 49 U.S.C. § 13906 and 49 C.F.R. § 387.309.

As you may know, obtaining a grant of self-insurance authority from the FMCSA is a significant accomplishment. Since the FMCSA and its predecessor agencies first began the self-insurance program back in the late 1980s, fewer than 150 motor carriers have received an award of self-insurance authority. Currently, less than 65 of the 650,000+ registered motor carriers meet the requirements to maintain that authority. To qualify for the FMCSA's self-insurance program, a motor carrier must maintain a strong financial condition and have a sound safety program to satisfy its obligations for bodily injury and property damage liability and otherwise afford the required security for the protection of the public as contemplated by the controlling regulations. To provide you with additional information regarding Melton's qualification as a self-insured interstate motor carrier, the first page of Melton's licensing and insurance report which is maintained by the FMCSA on its Safer System website is attached. Please feel free to visit that website at <http://safer.fmcsa.dot.gov> to independently confirm Melton's status as a self-insured motor carrier. If you have any questions concerning the attached Certificate, please feel free to contact Ms. Megan Young, Account Executive, HNI, Inc. at (262) 641-5838.

You will also note that Melton's self-insurance authority is effective on April 1, 2013 and therefore replaces the commercial insurance that was previously on file for purposes of its bodily injury and property damage liability. In this regard, this correspondence serves as an amendment to the service agreement between our companies with respect to the shipment of freight and substitutes Melton's self-insurance authority for any requirement to maintain commercial bodily injury and property damage insurance coverage. If you believe it is best to memorialize this change through a contractual amendment, please notify Melton, and we will work to finalize such an amendment. Melton looks forward to serving your transportation needs.

Very truly yours,

Dan Taylor

Enclosure

Dan Taylor | Sr. Vice President, Sales & Marketing | Melton Truck Lines, Inc.

808 N. 161st E. Ave. | Tulsa, OK 74116 | ☎ Tel 918-270-9650

✉ taylor@meltontruck.com | 🌐 www.meltontruck.com

FMCSA Motor Carrier

USDOT Number: 34666
Docket Number: MC100666
Legal Name: MELTON TRUCK LINES, INC.
DBA (Doing-Business-As) Name



Addresses

Business Address: 808 N. 161 ST EAST AVENUE
TULSA, OK 74116
Business Phone: (918) 234-8000 Business Fax:
Mail Address:

Mail Phone: Mail Fax: Undeliverable Mail: NO

Authorities:

Common Authority:	ACTIVE	Application Pending:	NO		
Contract Authority:	ACTIVE	Application Pending:	NO		
Broker Authority:	ACTIVE	Application Pending:	NO		
Property:	YES	Passenger:	NO	Household Goods:	NO
Private:	NO	Enterprise:	NO		

Insurance Requirements:

BIPD Exempt:	NO	BIPD Waiver:	NO	BIPD Required:	\$1,000,000	BIPD on File:	\$1,000,000
Cargo Exempt:	NO			Cargo Required:	NO	Cargo on File:	YES
BOC-3:	YES			Bond Required:	YES	Bond on File:	YES

Blanket Company: SERVICE OF PROCESS AGENTS, INC.

Comments: SECONDARY: 164683; MC-100666-542X SUPERSEDES SUBS 160,173,252,274,276,292, SERVED 6-19-81 MC-100666-543X SUPERSEDES MC-100666 SUBS 61,76,78,81,84, 85,86,94,97,98,103,105,107,117,119,125,134,142,143,145, 146,147,150,151,152,153,154,155,157,158,169,171,172,174, 184,185,193,194,197,199,200,202,208,211,212,214,215,223, 225,231,234,236,238,240,242,245,246,249,254,257,261,262, 263,265,266,270,272,281G,286,287,295,297,298,300,302,303, 306,308,309,315,320,321,327,330,333,338,342,343,347,355, MCF-19875/T

Active/Pending Insurance:

Form:	91X	Type:	BIPD/Primary	Posted Date:	03/18/2013
Policy/Surety Number:	NONE	Coverage From:		\$0 To:	\$1,000,000
Effective Date:	04/01/2013	Cancellation Date:			

Insurance Carrier: SELF-INSURED
Attn:
Address: -
-, WA 00000 US
Telephone: Fax:



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

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

August 5, 2009

In reply refer to:
Your USDOT No.: 34666
Review No.: 732740/CR

ANGIE BUCHANAN
VP - SAFETY
MELTON TRUCK LINES INC
808 N 161ST EAST AVE
TULSA, OK 74116

Dear ANGIE BUCHANAN:

The motor carrier safety rating for your company is:

SATISFACTORY

This **SATISFACTORY** rating is the result of a review and evaluation of your safety fitness completed on July 31, 2009. A **SATISFACTORY** rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
OKLAHOMA DIVISION OFFICE
300 N MERIDIAN, SUITE 106 SOUTH
OKLAHOMA CITY, OK 73107
Telephone No.: 405-605-6047

John Van Steenburg
Director, Office of Enforcement and
Compliance

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



HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2013-2014

Registrant: MELTON TRUCK LINES INC
Attn: KRISTI WEATHERS
808 N 161ST EAST AVENUE
TULSA, OK 74116

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: 060313 557 077V

Issued: 06/03/2013

Expires: 06/30/2014

HM Company ID: 032409

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.

EXPIRES 6/30/2014

HAZARDOUS MATERIALS PERMIT

PUBLIC UTILITIES COMMISSION
OF THE STATE OF COLORADO

PERMIT NO. HMP-20074
MAXIMUM FEE PAID

Melton Truck Lines Inc
808 North 161 East Avenue
Tulsa, OK 74116

In compliance with the provisions of Section 42-20-202(b), C.R.S., the commission does grant authority to transport hazardous materials subject to the limitations and provisions mentioned below.

1. A copy of the shipping papers as required by 49 C.F.R. 172.200 must be carried in the transporting motor vehicle.
2. This permit must be carried in the transporting motor vehicle.

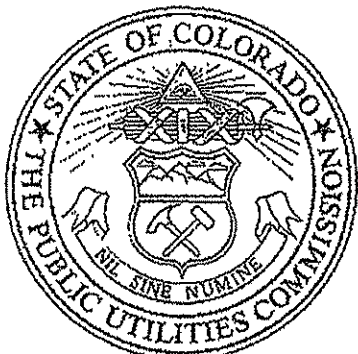
3. The above named carrier has paid the maximum fees required by law and as such is not required to carry an original permit in each vehicle.

This permit does not authorize for-hire transportation requiring specific authority under Title 40, Articles 13 & 16, C.R.S.

Full compliance with the laws of the State of Colorado and with the Rules and Regulations of the Department of Public Safety is required under this permit.

This permit is valid from June 4, 2013 through June 4, 2014.

Dated at Denver, Colorado, May 14, 2013.



WITNESS MY HAND AND THE SEAL OF
THE PUBLIC UTILITIES COMMISSION
OF THE STATE OF COLORADO

Doug Dean

DOUG DEAN
DIRECTOR

EXPIRES 6/4/14

31312014



STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
**HAZARDOUS MATERIALS
 TRANSPORTATION LICENSE**
 CHP 380H (REV. 1/00) OPI 062

LICENSEE NAME AND PHYSICAL ADDRESS (only if different from below)
 MELTON TRUCK LINES, INC.

LICENSEE NAME AND MAILING ADDRESS
 MELTON TRUCK LINES, INC.

808 N. 161ST EAST AVE.
 TULSA OK 74116

ATTENTION: KRISTI BLAIR-WEATHERS

CONTROL NUMBER	LICENSE NUMBER	ISSUE DATE	EFFECTIVE DATE	EXPIRATION DATE
206372	133701	10/19/2012		3/31/2014
CHP CURRER NUMBER	LOCATION	<input type="checkbox"/> Duplicate	<input type="checkbox"/> Replacement	
CA 5623		<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Renewal	

PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP)
 The original valid license must be kept at the licensee's place of business as indicated on the license and a legible copy must be carried in any vehicle or combination transporting hazardous materials and must be presented to any CHP officer upon request. This license is NON-TRANSFERABLE and must be surrendered to the CHP upon demand or as required by law. A major change in ownership or control of the licensed activity shall require a new license. This license may be renewed by submitting an application and appropriate fee to the CHP. Persons whose licenses have expired or are otherwise no longer valid must immediately cease the activity requiring a license. THERE IS NO GRACE PERIOD. For licensing information contact CHP, Commercial Vehicle Section at (916) 843-3400.

This carrier is on the special routing/safe stopping place mailing lists as indicated below:

- (HMV) Explosives subject to Division 14, California Vehicle Code (CVC).
- (HMPIH) Poison Inhalation Hazard materials in bulk packagings subject to Division 14.3, CVC.
- (HRCQ) Highway Route Controlled Quantity radioactive materials subject to Division 14.5, CVC.

Any person who dumps, spills, or causes the release of hazardous materials or hazardous waste upon any highway shall immediately notify the CHP or the agency having jurisdiction for that highway. The maximum fine for failure to make the appropriate notification is \$ 2,000.00. (CVC Section 23112.5)

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

MELTON TRUCK LINES INC
808 N. 161ST EAST AVE
TULSA, OK 74116

**ALLIANCE
FOR UNIFORM
HAZMAT
TRANSPORTATION
PROCEDURES**

USDOT Census #	00034666	
MC Docket #	00100666	
EPA Transporter ID #	N/A	4127
Intrastate Motor Carrier #:	N/A	292996

Phone Number to call in case of a accident or emergency: (918) 234-8000 -- 24 Emergency HM Contact

Uniform Program ID: UPM-0034666-OH
Certified By: Leonard Shenk
Issuance Date: 23-May-2013 Expiration Date: 01-Jul-2014
Issuing Agency: PUBLIC UTILITIES COMMISSION OF OHIO
Agency Telephone: (614) 466-3392



EXPIRES 7/1/2014



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) Melton Truck Lines, Inc.	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input checked="" 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"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.) 808 N. 16th E. Ave.	Requester's name and address (optional)
City, state, and ZIP code TULSA OK 74116		
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.

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

Social security number									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

Employer identification number									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

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 ▶ <i>Mary Self</i>	Date ▶ <i>March 26, 2013</i>
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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.

Melton Truck Lines, Inc.

Confidential Credit Application for Transportation and Related Charges

Legal Business Name _____ Sole Proprietorship _____ Partnership _____
Address _____ Corporation: Private _____ Public _____ Other _____
Billing Address (if different) _____ Bankruptcy: Y/N _____ Date _____ Chapter _____
City, State, Zip _____ Phone () _____
Subsidiary or Division of _____ Fax () _____
Parent or Home Office Address _____ Date Established _____
Type of Business _____ Number of Employees _____
Annual Revenues _____ Financial Officer/Controller _____
Annual Income _____ Net Worth _____ Federal ID # _____
President/Principal _____ Estimated Monthly Credit Requirement _____
Accounts Payable Contact _____ A/P Phone () _____
Website _____ Email Address _____
Dun & Bradstreet # _____ SIC# _____

TRADE REFERENCES (please include at least two motor carriers)

1. Name _____ Phone _____
Address _____ Contact _____
2. Name _____ Phone _____
Address _____ Contact _____
3. Name _____ Phone _____
Address _____ Contact _____
4. Name _____ Phone _____
Address _____ Contact _____

CURRENT FINANCIAL INFORMATION

Financial statements will be of great assistance to us in establishing a credit limit for you. Melton's request for a copy of your most recent financial statement is hereby:

Complied with _____ Refused _____

TRANSPORTATION ORGANIZATIONS ONLY

Your company is a: Motor Carrier _____ Broker _____ Other _____

M C # _____ Please forward operating authority, surety bond, and insurance.

BANKING INFORMATION

Bank Name _____ Phone () _____
Address _____
Bank Officer _____ Account # _____

On behalf of the company, I certify that we are familiar with and agree to abide by the Interstate Commerce Act, and Recodifications thereof, pertaining to the payment of transportation and related charges. I hereby grant permission to the above referenced bank and credit references to release pertinent information regarding our accounts to Melton Truck Lines, Inc. Furthermore, my signature attests to the financial responsibility, ability, and willingness to pay all transportation and related charges within 15 days of the date invoiced.

Name

Title

Date