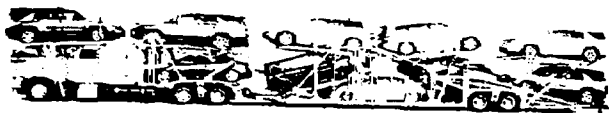


# Golden Key Express



*From Sea to Shining Sea*



**White Marketing Inc.  
dba Golden Key Express  
Harold White (Owner)  
7234 N. Traverse Ave.  
Clovis, CA 93619**

<b>Harold</b>	<b>559-289-7288</b>
<b>Fax</b>	<b>559-299-9522</b>
<b>Misty (Dispatch)</b>	<b>513-732-5810</b>
<b>Dispatch Fax</b>	<b>513-732-5875</b>

## References

Seitz Perkins Insurance  
Bernie  
Fax (209) 385-0298

Certified Auto Relocation  
Janet  
(732) 469-0010

Pro Star  
Tiffany  
(951) 698-4910

FH Daily Motor Co.  
Arnie  
(866) 766-4622

San Francisco All American  
Elliott  
(800) 886-7135

Bank of the West  
Cathy Pruet  
(559) 299-0271

The Car Carrier  
Tom  
(800) 800-1002

Reindeer Logistics, Inc.  
(800) 428-0589

Pasha Group  
Sharon  
(775) 335-0860



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



400 Virginia Avenue, SW Suite 600  
Washington, DC 20024

**SERVICE DATE**

May 14, 2001

**DECISION**

MC-240695

HAROLD WHITE

D/B/A TRANSPRO

CLOVIS, CA

**REENTITLED**

WHITE MARKETING, INC.

D/B/A GOLDEN KEY EXPRESS

On May 04, 2001, 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 **WHITE MARKETING, INC., D/B/A GOLDEN KEY EXPRESS**.

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 property 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, 400 Virginia Avenue, SW, Suite 600 Washington, DC 20024.

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://fhwa-li.volpe.dot.gov>. Any other questions regarding the action taken should be directed to (202)358-7028/7029.

**Decided:** May 09, 2001

By the Federal Motor Carrier Safety Administration.

Terry Shelton, Director  
Office of Data Analysis & Information Systems

NCA



# CERTIFICATE OF INSURANCE

DATE  
9/6/2006

Certificate Number  
90001

PRODUCER: Lic No 0D48094

**Seitz Perkins Insurance Services**  
875 West 18th Street, Merced, CA 95340  
Ph. (209) 385-0295 Fax (209) 385-0298

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 COVERAGES AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGES

NAIC #

INSURED: 0062 1

**White Marketing, Inc.**  
**DBA: Golden Key Express**  
**7234 N. Traverse Avenue**  
**Clovis, CA 93611**

- A) Sentry Select Insurance Company** 21180
- B)
- C)
- D)

## COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	COVERAGES	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> Occur. <input type="checkbox"/> Owner's & Cont. Prot..	CT768976-8001-061	9/10/2006	9/10/2007	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG PERSONAL & ADV INJURY EACH OCCURRENCE FIRE DAMAGE (ANY ONE FIRE) MED EXP (ANY ONE PERSON)	\$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$100,000 \$5,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	CT768976-8001-061	9/10/2006	9/10/2007	COMBINED SINGLE LIMIT BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE TRAILER INTERCHANGE(TI) (Per Trailer) TI - DEDUCTIBLE	\$1,000,000
A	PHYSICAL DAMAGE <input checked="" type="checkbox"/> Coll. <input checked="" type="checkbox"/> Other than Coll.	CT768976-8001-061	9/10/2006	9/10/2007	PHYS. DAM. DEDUCTIBLE	\$2,500
	EXCESS LIABILITY <input type="checkbox"/> Following Form				EACH OCCURRENCE AGGREGATE	
A	CARGO <input checked="" type="checkbox"/> Legal Liability <input type="checkbox"/> Transportation	CT768976-8001-061	9/10/2006	9/10/2007	EACH VEHICLE EACH OCCURRENCE DEDUCTIBLE-OCCUR.	\$350,000 \$350,000 \$2,500

Description of Operations/Locations/Vehicles/Special Items -  
INSURANCE BINDER

**CERTIFICATE HOLDER:**

**WHITE MARKETING, INC.**  
**DBA: GOLDEN KEY EXPRESS**  
**7234 N. TRAVERSE AVENUE**  
**CLOVIS, CA 93611**

Attn:

Fax:

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 60 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**This certificate replaces the previous certificate**



Form **W-9**  
(Rev. January 2003)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Print or type  
See specific instructions on page 2.

Name: White MARKETING INC.

Business name, if different from above: DBA- Golden Key EXPRESS

Check appropriate box:  Individual Sole proprietor  Corporation  Partnership  Other  Exempt from backup withholding

Address (number, street, and apt. or suite no.): 7234 N. TRAVERSE AVE

City, state, and ZIP code: CLAVIS, CA 93611

List account number(s) here (optional):

Requester's name and address (optional):

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. 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: [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ][ ][ ]

OR

Employer identification number: 727013187133

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

## 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. person (including a U.S. resident alien).

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: [Handwritten Signature] Date: 4/26/04

## 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.

U.S. person. 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

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.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.