

PM-31
(Rev. 10/84)

INTERSTATE COMMERCE COMMISSION

PERMIT

No. MC 223197 (Sub 0-P)

JAMES A. LEPKE, JR.
d/b/a LEPKE AUTO TRANSPORT
ROCKFORD, IL

SERVICE DATE

JAN 3 1990

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)*; 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.

NORETA R. MCGEE,
Secretary.

(SEAL)

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

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

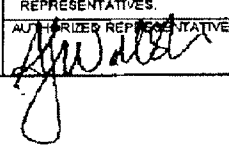
ACORD CERTIFICATE OF LIABILITY INSURANCE		OFID BB LEPAUT1	DATE (MM/DD/YYYY) 11/12/08
PRODUCER Cottingham & Butler, Inc. 800 Main Street Dubuque IA 52001 Phone: 563-587-5000 Fax: 563-583-7339		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Lepke Auto Transport 212 Charles ST Stoddard WI 54658		INSURERS AFFORDING COVERAGE INSURER A: Sagamore Insurance Company INSURER B: Great American Insurance Co. INSURER C: INSURER D: INSURER E:	NAIC # 16691

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR LTR	CODE INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Asy one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY	EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEFECTIVE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	UTILER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - FA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
B		Cargo	INP801614101	11/15/08	11/15/09	\$250,000	Lmt/Vehicle
						\$1,000	Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER SAMPLE1 Sample	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZER REPRESENTATIVE 
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Certificate of Insurance

CERTIFICATE OF INSURANCE

THIS IS TO CERTIFY TO

LEPKE AUTO TRANSPORT
212 CHARLES ST
STODDARD, WI 54658

That the following policy or policy have been issued to

NAMED INSURED: Policy #ST075174 Expiration Date 11/15/2009

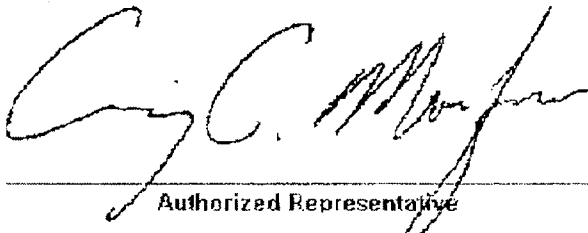
JAMES A LEPKE
DBA LEPKE AUTO TRANSPORT
1446 WEST POLK UNIT 1F
CHICAGO, IL 60607

This certificate or verification of insurance is not an insurance policy and does not amend, extend or alter the insurance afforded by the policies listed herein. No requirement, term of condition of any contract or other document, with respect to which this certificate or verification may be issued or may pertain, shall amend, extend or alter the Declarations, provisions or endorsements of said policies. Insurance is afforded only if a policy number, expiration date and limits of liability are displayed below and only for insured vehicles described in the Declarations of the policy.

TYPE OF POLICY	COVERAGES	LIMITS OF LIABILITY
Truckers Vehicle Policy	AUTO LIABILITY	\$1,000,000 EACH OCCURRENCE

It is the intention of the Company that in the event of cancellation of the policy or policies by the Company, written notice of such cancellation will be given to you at the address stated above in accordance with applicable state requirements. You will receive the same prior notice as the Named Insured.

SAGAMORE INSURANCE COMPANY


Authorized Representative

INSURANCE IDENTIFICATION CARD

STATE **WI**
COMPANY
COMPANY NUMBER
Sagamore Insurance Company
POLICY NUMBER **ST075174** EFFECTIVE DATE **11/15/08** EXPIRATION DATE **11/15/09**
YEAR **1993** MAKE/MODEL **PETE** VEHICLE IDENTIFICATION NUMBER **1XP5DB9X9PD332672**
AGENCY/COMPANY ISSUING CARD
Cottingham & Butler, Inc.
Amanda Walsh
563-587-5000
INSURED
Lepke Auto Transport
James A Lepke Jr.
212 Maple Lane
Stoddard
WI 54658

OP ID BB

EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.

Coverage provided by this policy meets the minimum liability limits prescribed by law.

IN CASE OF ACCIDENT:

1. Do not leave the scene.
2. Contact police at once. Get officer's name and badge number.
3. Get names and addresses of all persons involved (including witnesses).
4. Get description of other vehicles involved.
5. Call your employer **WHILE STILL AT THE SCENE** to report the accident.

This card must be carried in the insured motor vehicle at all times.

THIS CARD IS FOR INSURANCE PURPOSES ONLY and does not entitle driver to enter into contracts on behalf of the insured.

ACORD 50 WM(2/95)

INSURANCE IDENTIFICATION CARD

STATE **WI**
COMPANY
COMPANY NUMBER
Sagamore Insurance Company
POLICY NUMBER **ST075174** EFFECTIVE DATE **11/15/08** EXPIRATION DATE **11/15/09**
YEAR **1999** MAKE/MODEL **STERLING** VEHICLE IDENTIFICATION NUMBER **2FWYGSZB0XAB52750**
AGENCY/COMPANY ISSUING CARD
Cottingham & Butler, Inc.
Amanda Walsh
563-587-5000
INSURED
Lepke Auto Transport
James A Lepke Jr.
212 Maple Lane
Stoddard
WI 54658

OP ID BB

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ACORD 50 WM(2/95)

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

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)

James A. Lepke

Business name, if different from above

Lepke Auto Transport Inc.

Check appropriate box: Individual/sole proprietor Corporation Partnership

Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶

Other (see instructions) ▶

Exempt
payee

Address (number, street, and apt. or suite no.)

1446 W. Peik Unit 1F

City, state, and ZIP code

Chicago IL 60607

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is 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

or

Employer identification number

3613003233

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).

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 ▶

James A. Lepke

Date ▶

2/5/09

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:

- 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. 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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,