



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

400 7th Street SW
Washington, DC 20590

SERVICE DATE
September 29, 2006

PERMIT
MC-576583-P
COWETA L PARKERSON
STOCKTON, CA

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 386). 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.

Angel 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.

P/MO



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

400 7th Street SW
Washington, DC 20590

September 14, 2006

RE:

MC-576583-P
U.S. DOT No. 1552394
COWETA L PARKERSON
6706 TAM O SHANTER DR # 29
STOCKTON, CA 95210

The above application has been reviewed and accepted. This letter does not constitute authority to operate. Operations may only begin following the issuance of a certificate, license, or permit following compliance with the following requirements:

- (1) Insurance (liability: Form BMC-91 or BMC-91X) (49 CFR 387);
- (2) Designation of agents upon whom processes may be served (Form BOC-3)(49 CFR 386);
- (3) The form MCS-150, Motor Carrier Identification Report if not previously filed. To obtain information on registering with U.S. DOT (filing form MCS-150) write to:

Federal Motor Carrier Safety Administration, Data Analysis and Information Systems, MC-RIS, 400 7th Street SW, Washington, DC 20590. Or call: (800)832-5660 (automated response system).

NOTE: To avoid delay in issuance of your operating authority, it is essential that your full and correct name(s), address and MC number (excluding suffix) be included *exactly as shown above* on all forms filed including those forms filed by your insurance company. Please ensure that this information is provided to your insurer.

Notice of application was published in the FMCSA Register issue of September 14, 2006. If applicant fails to comply within 20 days from the date of publication in the FMCSA Register, a decision will be served notifying the applicant that the application will stand dismissed for want of prosecution unless applicant complies with the requirements within 60 days.

****Internet Filing at DIY.DOT.GOV speeds processing****

Angeli Sebastian, Chief
Information Systems Division

MOTOR CARRIER COVERAGE FORM DECLARATIONS

THIS POLICY IS ISSUED BY YOUR RISK RETENTION GROUP, YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.

The Declarations include a second part designated "Part 2".

Policy No. PL19957382A

Effective Date: 09/14/2007 12:01 A.M. Standard Time

ITEM ONE - Named Insured and Mailing Address/Policy Period - shown in Policy Declarations.
Form of Business: Individual Partnership Corporation Other

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages which a charge is shown in the premium column below. Each of these coverages will apply only to those "AUTOS" shown as covered "AUTOS". "AUTOS" are shown as covered "AUTOS" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Motor Carrier Coverage Form next to the name of the coverage.

| COVERAGES | COVERED AUTOS <small>Enter the area or name of the symbols from the COVERED AUTO Section of the Motor Carrier Coverage Form which apply to the coverage.</small> | LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS | PREMIUM |
|--|---|--|-------------|
| LIABILITY | 67 | \$ 1,000,000 CSL | \$ 5,856.72 |
| PERSONAL INJURY PROTECTION (P.I.P.)++ | | SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ DEDUCTIBLE | \$ |
| ADDED P.I.P. (or equivalent added No-fault cov.) | | SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT | \$ |
| PROPERTY PROTECTION INS. (P.P.I.) <small>(Michigan only)</small> | | SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT | \$ |
| AUTO-MEDICAL PAYMENTS | | \$ | \$ |
| UNINSURED MOTORISTS (UM) | 65 | \$ 30,000 | \$ INCLUDED |
| UNDERINSURED MOTORISTS <small>(where not excluded in UM Cov.)</small> | | \$ | \$ |
| TRAILER INTER-CHANGE | COMPREHENSIVE COVERAGE | \$ WHICHEVER IS LESS | \$ |
| | SPECIFIED CAUSES OF LOSS COVERAGE | ACTUAL CASH VALUE OR COST OF REPAIR OR \$ WHICHEVER IS LESS, MINUS \$25 DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM | \$ |
| | COLLISION COVERAGE | \$ WHICHEVER IS LESS, MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO | \$ |
| PHYSICAL DAMAGE | COMPREHENSIVE COVERAGE | \$ DED. FOR EACH COVERED AUTO, BUT NO DED. APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING | \$ |
| | SPECIFIED CAUSES OF LOSS COVERAGE | \$ 25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM | \$ |
| | COLLISION COVERAGE | \$ DEDUCTIBLE FOR EACH COVERED AUTO | \$ |
| | TOWING AND LABOR <small>Not available in California</small> | \$ for each disablement of a private passenger auto | \$ |
| FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE ** | | | |
| PREMIUM FOR ENDORSEMENTS | | | \$ |
| ESTIMATED TOTAL PREMIUM | | | \$ 5,856.72 |

** (or equivalent No-fault cov.)

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

| Covered Auto No. | DESCRIPTION | | | | PURCHASED | | TERRITORY: Town & State where the Covered Auto will be principally garaged |
|------------------|--------------------------------|--|---|--|------------------|-------------------------|--|
| | Year Model | Trade Name | Body Type | Serial Number (S); Vehicle Identification Number (VIN) | Original Cost | New (#) Used (U) | |
| 1 | SEE FORM # RPL 11 01 12 95 | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| Covered Auto No. | Radius of Operation (in Miles) | Business Use S-General R-Retail C-Contractor | Size (GVW, GVW or Vehicle Weight Class) | Primary Rating Factor | | Secondary Rating Factor | Code |
| | | | | Age Group | Lab. Pay. Charge | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |

**Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

Certificate of Insurance
 effected through
Owner Operator Services, Inc.
 Grain Valley, Missouri

Certificate No. B0595NA04002007LL2627

This Insurance is effected with Certain Underwriters at Lloyd's London (not incorporated)

This Certificate is issued in accordance with the limited authorization granted to correspondent Owner-Operator Services, Inc., Grain Valley, MO by Certain Underwriters at Lloyd's, London whose names and the proportions underwritten by them can be ascertained from the office of said correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein. Underwriters to hereby bind themselves each for his own part, and not one for another, their heirs, executors and administrators.

Insured: PARKERSON, COWETA L.
 Address: 6705 TAM O SHANTER DR, SPC 29

STOCKTON CA 95210-3324

Period of Insurance: From: **SEPTEMBER 14, 2007**
 To: **SEPTEMBER 14, 2008**
 Both days at 12:01am Local Standard Time at the address of the insured

Coverage: Motor Truck Cargo

Maximum Limits: USS 250,000 any one Truck
 USS 250,000 any one Occurrence
 USS 100,000 any one Truck in respect of the Unattended Truck Endorsement
 USS any one Loss and in the aggregate in respect of the Debris Removal Endorsement
 USS 1,000 Deductible each and every Loss

Optional Endorsements:

| | |
|---|----------|
| Refrigeration Breakdown Endorsement | Excluded |
| Unattended Truck Endorsement | Included |
| Earned Freight Endorsement \$1,000 any one loss | Included |
| Debris Removal | Excluded |
| LTL Endorsement | Excluded |
| In Full Premium Endorsement | Included |

Covered Vehicles:

Certificate Premium: (Payable by monthly installments in advance):

| | | |
|-----------|----|----------|
| | \$ | 2,773.80 |
| State Tax | \$ | 83.21 |
| Total | \$ | 2,860.48 |

In the event of a claim under this certificate
 Please notify the following correspondent:
 Owner-Operator Services, Inc.
 P.O. Box 1000
 Grain Valley, MO 64029
 Phone: (800) 444-5791

Service of Process Upon:
 Cullen Law Firm
 1101 30th St. NW Suite 300
 Washington, DC 20007

The coverage granted by this certificate shall be subject to the conditions of the Broad Form Insuring Agreement attached hereto.
 The Insured is requested to read this certificate, and if not correct, return it immediately to the Correspondent for appropriate attention.

Brenda A. Huffer
 Owner Operator Services Inc.
 Authorized Signatory

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| COVERAGES | COVERED AUTOS <small>Entry of one or more of the symbols from the COVERED AUTO Section of the Motor Carrier Coverage Form shows which autos are covered autos.</small> | LIMIT | |
|--|---|--|-------------|
| | | THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS | |
| LIABILITY | 67 | \$ 1,000,000 CSL | \$ 5,856.72 |
| PERSONAL INJURY PROTECTION (P.I.P.)++ | | SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ DEDUCTIBLE | \$ |
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| AUTO MEDICAL PAYMENTS | | \$ | \$ |
| UNINSURED MOTORISTS (UM) | 66 | \$ 30,000 | \$ |

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) Coweta L. Parkerson | |
| Business name, if different from above | |
| Check appropriate box: <input checked="" type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ | |
| <input type="checkbox"/> Exempt from backup withholding | |
| Address (number, street, and apt. or suite no.) 8706 Tam O Shanter Dr. #29 | Requester's name and address (optional) |
| City, state, and ZIP code Stockton, California 95210 | |
| 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.

| |
|--------------------------------|
| Social security number |
| |
| or |
| Employer identification number |
| 7 4 + 3 2 0 4 1 2 5 |

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:

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. 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 ▶ Coweta L. Parkerson Date ▶ 02/06/07

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:

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.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
 - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
 - Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-8(a) and 7(a) for additional information.
- 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,