

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/09/2009

PRODUCER (913)441-0349 FAX (913)441-3756
Truck Insurance Mart, Inc.
10027 Woodend Road
Edwardsville, KS 66111

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 Synergy Transport, Inc.
231 E. Louden Street
Philadelphia, PA 19120

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Penn-Patriot	
INSURER B: Northland Insurance Co	
INSURER C: Essex	
INSURER D:	
INSURER E:	

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.

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	PAC6832386	06/10/2009	06/10/2010	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Per occurrence) \$ 200,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PERSONAL & ADV INJURY \$ 1,000,000
B	AUTOMOBILE LIABILITY	TN639302	06/10/2009	06/10/2010	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
	EXCESS/UMBRELLA LIABILITY				AGG \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
B	OTHER Cargo Broad Form	TN639302	06/10/2009	06/10/2010	\$250,000 Limit \$1000 Deductible \$1000 Reefer breakdown

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
C: Garage Keepers Legal Liability Pol # GAR800006 Eff. 6/10/2009 to 6/10/2010
Coverage: \$50,000 per unit/per location

As scheduled on policy.

CERTIFICATE HOLDER

Synergy Transport, Inc.
231 E. Louden St
Philadelphia, PA 19120

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 00 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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Donald Beilman

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INSURED Synergy Transport, Inc.
231 E. Loudon Street
Philadelphia, PA 19120

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Penn-Patriot	
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INSURER C:	
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COVERAGES

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INSR ADD'L LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS				
A		GENERAL LIABILITY	PAC6832386	06/10/2009	06/10/2010	EACH OCCURRENCE	\$ 1,000,000			
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								
B		AUTOMOBILE LIABILITY	TN639302	06/10/2009	06/10/2010	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
		<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								
		BODILY INJURY (Per person)				\$				
		BODILY INJURY (Per accident)				\$				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$			
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$			
		EXCESS/UMBRELLA LIABILITY				AGG	\$			
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$			
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				AGGREGATE	\$			
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below					\$			
B		OTHER Physical Damage	TN639302	06/10/2009	06/10/2010	WC STATUTORY LIMITS	OTH-FR			
						E.L. EACH ACCIDENT	\$			
						E.L. DISEASE - EA EMPLOYEE	\$			
						E.L. DISEASE - POLICY LIMIT	\$			
						\$1000 Deductible Comprehensive & Collision				

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

1997 Freightliner 1FUYYDDZB3VL748470 Value \$20,000 or ACV whichever is less.
 1992 Utility 1UYVS2488NU732910 Value \$10,000 or ACV whichever is less.
 2008 Peterbilt 1XP7D49X48D754399 Value \$118,000 or ACV whichever is less.
 2001 Cottrell 5E0AU15471G003108 Value \$13,000 or ACV whichever is less.

CERTIFICATE HOLDER

Synergy, Inc.
231 E. Loudon St
Philadelphia, PA 19120

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Donald Beilman

Federal Highway Administration

Section of Licensing - HMCE-20
400 Virginia Avenue, SW, Suite 600
Washington, D.C. 20024

September 13, 1999

RE: MC-367007-C
DOT No. 826469
SYNERGY TRANSPORT, INC.
1515 N. MIDWEST BLVD
MIDWEST, OK 73110
US

The above application has been reviewed and accepted by the Motor Carrier Board. This letter does not constitute authority to operate. Operations may begin only following the issuance of a certificate, license, or permit which will be issued once compliance is made with the following requirements of the ICC Termination Act of 1995 (Public Law 104-88) and explained in the Code of Federal Regulations:

- (1) **Insurance (liability: Form BMC-91 or BMC-91X and cargo: Form BMC-34) (49 CFR 387)**
- (2) **Designation of agents upon whom processes may be served (Form BOC-3) (49 CFR 366)**
- (3) **Tariff requirements, if you establish joint rates with water carriers in the noncontiguous domestic trade. (49 CFR 1312)**

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 subnumber and 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 FHWA Register issue of September 13, 1999. If applicant fails to comply within 20 days from the date of publication in the FHWA 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.

Thomas T. Vining
Chief, Licensing and Insurance Division

PM-26
(Rev. 1/95)

SERVICE DATE
February 18, 2000

DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

CERTIFICATE

MC 367007 C

SYNERGY TRANSPORT, INC.
MIDWEST, OK, US

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.

John F. Grimm, Director
Information Systems & Data Analysis

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.

**Request for Taxpayer
 Identification Number and Certification**

Give form to the
 requester. Do not
 send to the IRS.

Name **SYNERGY TRANSPORT, INC.**
 Business name, if different from above

Check appropriate box: Individual/ Sole proprietor Corporation Partnership Other

Address (number, street, and apt. or suite no.) **231 EAST WOODEN STREET**
 City, state, and ZIP code **PHILADELPHIA PA 19120**

Requester's name and address (optional)

Use account number(s) here (optional)

Part 1 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 1 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

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OR

Employer identification number

21231617151612

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

Part 2 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  Date **JAN 1st 2009**

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.