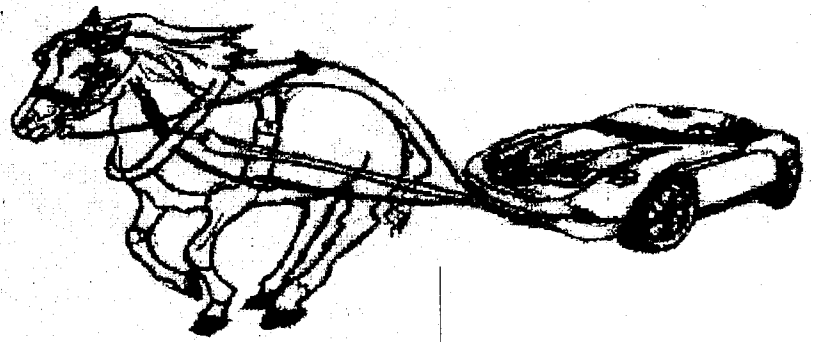


**FHT Auto Transport, Inc.**  
**23101 Moulton Parkway #208**  
**Laguna Hills, CA 92653**  
**949) 916-4910**  
**FAX 949) 916-4970**



**MC#: 371183C**  
**Dot- 841-800**

We are a reliable company that strives for excellence and unbeatable service. FHT Auto Transport, Inc. carries \$1,000,000 Aggregate General Liability and \$250,000-cargo Insurance. We currently have two 10-car carriers, one 11-car carrier and one 5-car carrier.

For your references we have included some of the companies that we work with daily.

1. Tom at **THE CAR CARRIER** (800) 800-1002
2. Isaac at **A-A Auto Transport** (800) 466-6935
3. Victoria at **All America Transport** (800) 942-0001

For more information please contact us at:  
(949) 916-4910 – **office**  
(949) 916-4970- **fax**

Sincerely,

Arman Hashemi  
FHT Auto Transport, Inc  
Owner



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

400 7th Street SW  
Washington, DC 20590

**SERVICE DATE**  
February 15, 2005

**DECISION**  
**MC-371183**  
**GHOLAMREZA HASHEMI**  
**D/B/A F H T AUTO TRANSPORT**  
**LAGUNA HILLS, CA**  
**REENTITLED**  
**FHT AUTO TRANSPORT INC.**

On January 20, 5, 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 FHT AUTO TRANSPORT INC.

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://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

***Decided:*** February 10, 2005

By the Federal Motor Carrier Safety Administration

Angeli Sebastian, Chief  
Information Systems Division

NC/A

# ACORD - CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
1/24/2007

**PRODUCER**  
Sea Crest Insurance Agency, Inc.  
25255 Cabot Road Suite 206  
Laguna Hills, CA 92653  
949-951-5900

**INSURED**  
FHT Auto Transport, Inc.  
  
23101 Moulton Pkwy #208  
Laguna Hills, CA 92653  
949-916-4910

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.

INSURERS AFFORDING COVERAGE		NAIC#
INSURER A:	Lincoln General Insurance Company	33855
INSURER B:		
INSURER C:		
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 LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Premises GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	LTP 102868-02	01/28/07	01/28/08	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
		<b>AUTOMOBILE LIABILITY</b> <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	LTP 102868-02	01/28/07	01/28/08	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		<b>OTHER</b> On Hook/Cargo <b>Garagekeepers</b> <b>Physical Damage</b>	LTP 102868-02 LTP 102868-02 LTP 102868-02	01/28/07 01/28/07 01/28/07	01/28/08 01/28/08 01/28/08	\$ 250,000 ded 1000 \$ 250,000 Ded 500/2500 Comp & Coll ded 1000

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

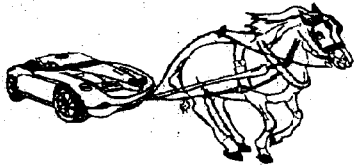
## CERTIFICATE HOLDER

Proof of Insurance

## 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



# FHT Auto Transport

# Bill of Lading

MC # 371183

Tel: 877-251-6917

TRIP NO. \_\_\_\_\_

www.fhtautotransport.com • Email: fhtautot@fhtautotransport.com

## ORIGIN

## DESTINATION

Customer Name \_\_\_\_\_

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Tel: H: \_\_\_\_\_ Tel: W: \_\_\_\_\_

Tel: H: \_\_\_\_\_ Tel: W: \_\_\_\_\_

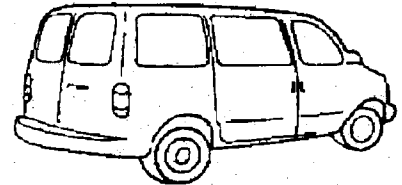
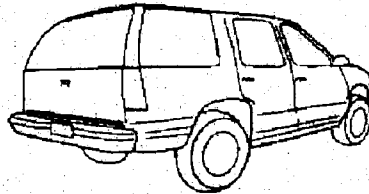
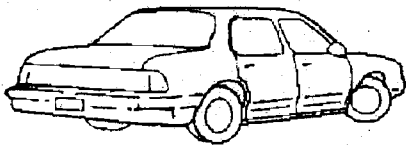
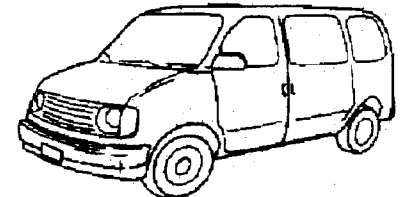
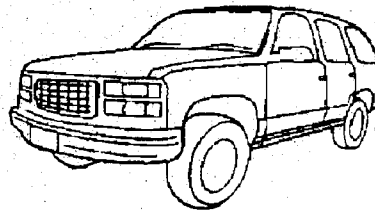
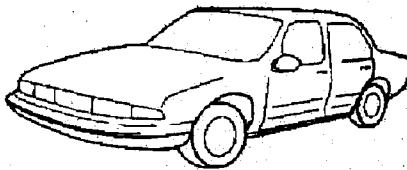
MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ MILEAGE: \_\_\_\_\_ VIN #: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ MILEAGE: \_\_\_\_\_ VIN #: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_

BASED ON BAD WEATHER, POOR LIGHTING OR CUSTOMERS ABSENCE, VEHICLE WILL BE MARKED AS IS. THUS, TRANSPORTER WILL NOT BE RESPONSIBLE FOR NOT MARKING VEHICLES CONDITIONS.

### Chart of Identification Codes

- B - Bent
- BB - Buffer Burned
- BR - Broken
- C - Cut
- CR - Cracked
- D - Dented
- F - Faded
- FF - Foreign Fluid
- G - Gouged
- L - Loose
- M - Missing
- P - Pitted
- PC - Paint Chip
- R - Rubbed
- RU - Rust
- S - Scratched
- SL - Soiled
- SS - Surface Scratch
- ST - Stained
- T - Torn



Vehicle Condition at Origin

FHT'S DRIVER'S SIGNATURE \_\_\_\_\_

During Transport Vehicles and Vehicle Equipment May Cease to Operate Properly Through No Fault of the Transporter. The Transporter will be Responsible for Damage Directly Caused by the Driver. The Transporter **WILL NOT** be Responsible for Damage **Not** Caused by the Driver.

## ORIGIN

I Agree with the Driver's Assessment of the Condition of This Vehicle.

CUSTOMER'S SIGNATURE \_\_\_\_\_ PU TERMINAL \_\_\_\_\_ DATE \_\_\_\_\_

I Have Read and Understand the Terms and Conditions on the Reverse Side of This Form. I Agree to be Bound by these Terms and Conditions.

CUSTOMER'S SIGNATURE \_\_\_\_\_ PU TERMINAL \_\_\_\_\_ DATE \_\_\_\_\_

This Vehicle is Free of Contents/or additional charges will apply. (see details on the back - Item 1)

CUSTOMER'S SIGNATURE \_\_\_\_\_ PU TERMINAL \_\_\_\_\_ DATE \_\_\_\_\_

This space is for Destination Exceptions by Customer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This Vehicle is Received in Good Condition, Except as Noted Above, Thereby Releasing the Transporter from Any Further Claims.

TERMINAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CUSTOMER'S SIGNATURE \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_ # \_\_\_\_\_  
Cash C.O.D. Check

# TERMS AND CONDITIONS

## The transporter will not be responsible for any damage not resulting from transporter negligence.

1. The customer verifies that this vehicle is free of contents or additional charges of \$50 to maximum of \$300 if contents exceed 100lbs in the trunk only. Charge will be determined after vehicle is loaded on the truck. Charges must be paid in cash or cashier's check at time of delivery. No exceptions.
2. No delivery time is guaranteed. All delivery dates and times are only estimates of normal deliveries, (delays may occur). Transporter does not agree to transport shipment in time for any particular market or event and will not be responsible for loss or damages occasioned by unavoidable delay. There are absolutely no guarantees made, expressed or implied, regarding delivery times or dates.
3. No auto rental will be honored (for delays, damage or accidents).
4. The transporter will not be responsible for damage caused by leaking fluids, (battery acids, brake systems, cooling systems, anti-freeze solutions) industrial fall-out and acts of God; any natural causes.
5. The transporter will not be responsible for damage caused by freezing of engine, cooling system, and/or batteries.
6. The Transporter will not be responsible for damage that results to the vehicle from tie downs breaking or tearing.
7. All vehicles are transported on an open trailer thus the transporter will not be responsible for damages caused by any flying objects such as, rock chips, tree scratches and etc.
8. The customer is responsible for preparing the vehicle for transport. All loose parts, fragile or protruding accessories, low hanging spoilers, etc, must be removed and properly secured. Any part of the vehicle that falls off during transport is the customer's responsibility including damages caused by said part of any and all other vehicles involved.
9. The customer is responsible for completely disarming any alarm system installed in the vehicle. The customer must provide keys to any alarm system. In the event the car alarm sounds the transporter is required to silence the alarm by any means the transporter or transport driver deems reasonable and effective.
10. The transporter will not be responsible for any mechanical function damages to include engine, transmission, rear end, motor mounts, drive trains, wiring systems, cooling systems, window motors, radios, stereo systems, power steering, air bag, brake cable or brake system, clutch cable or clutch, engine tuning, vehicle computerized systems, alarm systems, any switch, alignment or suspension etc., (anything that is mechanical or electrical.)
11. The transporter will not be responsible for any exhaust system, mufflers, or tail pipes. No exceptions.
12. The transporter will not be responsible for convertible tops that are loose, torn, or have visible wear. The transporter will not be responsible for vehicle boots, caps, masks, bras, or any other type of canvas or material covering. No exceptions.
13. The vehicle owner or the customer shall, in their absence, designate a person to act as their agent at the point of pick up and/or delivery, if for any reason they are unavailable.
14. The transporter will inform the customer prior to delivery, It is the customer's responsibility to have the full payment when the transporter's driver arrives. In order to affect pick up and delivery the customer agrees to meet the transporter's driver at any specified time and place. No exceptions.
15. All payments for transport must be in the form of a cashier's check. The customer agrees that if the payment cannot be made by cashier's check, the vehicle will be stored at the customer's expense. Should the customer be unable to accept delivery for any reason, the vehicle will be placed in storage. Any and all storage and/or delivery charges will be the responsibility of the customer.
16. The customer agrees that should this vehicle become inoperative for any reason during the transport, a charge of \$250.00 (two hundred fifty dollars) will be added to the transport charges and will be collected at time of vehicle delivery. This charge must be paid in cash or by cashier's check. No exceptions.
17. The customer agrees that their vehicle is insured and their insurance has primary responsibility, any damages related to theft is not the transporters responsibility. Transporter is solely responsible for transporting the vehicle from one point to another.
18. All claims will be settled at actual cost.
19. The customer agrees that this is the only contract between the parties governing this transport and no other agreement or contract is in effect. No claim or legal action of any kind may be initiated against transporter's agent(s) or the transport broker (if any). Claims for damage must be made to the transporter.
20. Exceptions for damages must be noted on the Bill of Lading at time of delivery, a claim for damage not documented on Bill of Lading will not be honored. All claims must be made in writing within 15 (fifteen) days of delivery with a statement of specific damages claimed. All claims, subrogation, litigation, or legal action must have right of venue in the state of California, county of Orange, in the municipal court.

If any provision or part of this Agreement is held to be invalid or unenforceable, all the other parts of this agreement remain in effect.

Address all claims to:

**FHT Auto Transport, Inc.**

## 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 <b>FHT Auto Transport, Inc.</b>	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding	
Address (number, street and apt. no.) <b>23101 MOULTON PARKWAY #208</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Laguna Hills CA 92653</b>	
List account number(s) here (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								

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

Employer identification number								
5	8	2	6	8	3	0	1	9

### 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

*[Handwritten Signature]*

Date

**11/30/06**

### 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.

**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:

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