Dear prospective customer,

Thank you for your interest in becoming a valued customer of Action Dedicated, a subsidiary of Action Resources, Inc. We have assembled the attached customer package containing our credentials and other information you may need in order to set up Action Dedicated as an approved vendor. Should you require any additional information as part of your approval process, please contact your Action Dedicated representative.

The attached packet includes the following information:

- Operating authority
- W-9
- Copy of certificate of insurance
- Invoicing and payment information
- Credit Application

ACCOUNTS RECEIVABLE

Phone: 205-939-4566 #4 Fax: 205-939-4941
E-mail: accounting@ari-logistics.com

ELECTRONIC INVOICING

In an effort to reduce paper work, you will be receiving your invoices and all necessary backup electronically the day the invoice is generated. Should you need hard copies mailed, please let us know.

PAYMENT OPTIONS

To make your experience working with Action Dedicated easier, we offer you several payment options: (all invoices are due within 30 days of delivery)

ACH TRANSACTIONS

Regions Bank
PO Box 11007
Birmingham, AL 35203
Phone: 205-264-5074

Routing Number: 062000019
Account Number: 0140119270
Account Name: ARI Logistics, LLC

PAPER CHECK

MAILING ADDRESS: Dept. 1666 PO Box 11407 Birmingham , AL 35246-166

CREDIT CARD

Please call 256-352-7074 to get a copy of our Credit card form

PHYSICAL ADDRESS

(Please do not use this address to mail payments)

600 Century Park South Suite 200 Birmingham, AL 35226 Ph: 205.939.4566 Fax: 205.939.4941

Application for credit

Company Name:_____

Physical Address:_____

City:_____ State:_____ Zip_____

Billing Address:_____

City:_____ State:_____ Zip_____

Phone:_____ Fax:_____

Sole Proprietorship_____ Partnership_____ Corporation_____

Date Established:_____ State of Incorporation:_____

FIN# or SS#: _____ DUNS Number_____

A/P Contact:_____ AP Phone:_____

A/P E-mail:_____

Do you require monthly statements: _____

Full names, addresses & phone numbers of owners or officers:

1._____

2._____

3._____

Financial Information

Bank:_____ Contact:_____

Phone:_____ Fax:_____

Address:_____

City:_____ State:_____ Zip:_____

MAJOR TRANSPORTATION REFERENCE

Company Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Fax:_____

Company Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Fax:_____

Company Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Fax:_____

Credit Terms

Applicant understands that the terms for payment of transportation and all related charges are due and payable 30 days from date of invoice. Applicant understands that payment beyond 30 days are subject to a late penalty of 1.5% per month on the unpaid balance and may result in loss of open account privileges. Applicant certifies that information given herein is true and correct. Applicant agrees to pay reasonable attorney fees, court cost and or collection agency fees incurred in the collection of this account. Applicant hereby authorizes Action Dedicated, LLC. to contact the above bank and references for the purpose of verifying credit, to make other investigations to determine a credit limit, and to report to proper persons and bureaus applicants' performance by this agreement. Applicant understands their account will be COD (Cash on delivery) until credit verification is complete. We certify that the person whose signature appears below is duly authorized to execute this document on behalf of the applicant.

Company:_____ Date:_____

Print Name:_____ Title:_____

Signature:_____

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

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
February 04, 2011

CERTIFICATE

MC-736071-C
ACTION DEDICATED LLC
HANCEVILLE, AL

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.

Jeffrey L. Secrist, Chief
Information Technology Operations 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.

CMO

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

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
February 04, 2011

PERMIT

MC-736071-P
ACTION DEDICATED LLC
HANCEVILLE, AL

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 366). 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.

Jeffrey L. Secrist, Chief
Information Technology Operations 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.

PMO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/04/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MCGRIFF, SEIBELS & WILLIAMS, INC.
P.O. Box 10265
Birmingham, AL 35202

CONTACT NAME:
PHONE (A/C, No, Ext): 800-476-2211 **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Greenwich Insurance Company	22322
INSURER B : XL Specialty Insurance Co	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Action Dedicated, LLC
40 County Road 517
Hanceville, AL 35077

COVERAGES

CERTIFICATE NUMBER: XZ5PGWJR

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY**			GEC002070404	06/30/2010	08/30/2011	EACH OCCURRENCE	$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	POLICY PRO-JECT X LOC							$
B	**AUTOMOBILE LIABILITY**			AEC002070304	06/30/2010	08/30/2011	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
	X MCS90 Filing							$
A	**UMBRELLA LIAB** X OCCUR			UEC002070504	06/30/2010	08/30/2011	EACH OCCURRENCE	$ 9,000,000
	X **EXCESS LIAB** CLAIMS-MADE						AGGREGATE	$ 9,000,000
	DED RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A					WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
								$ $ $ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

Proof of Insurance
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. .

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ADDITIONAL INFORMATION

ISSUE DATE
02/04/2011

PRODUCER

MCGRIFF, SEIBELS & WILLIAMS, INC.
P.O. Box 10265
Birmingham, AL 35202
PHONE: 800-476-2211

CERTIFICATE HOLDER

Proof of Insurance
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. .

INSURED

Action Dedicated, LLC
40 County Road 517
Hanceville, AL 35077

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Motor Truck Cargo Legal Liability

Carrier:           The North River Insurance Company
Policy #:          321-742812-6
Policy Effective:  06/30/2010
Policy Expiration: 08/30/2011
All Risk Form

Limits:            $4,000,000 In any one "loss" but not more than:
                  $1,000,000 On any one vehicle while in "transit" for named shipper
                  $  500,000 On any one vehicle while in "transit" for all other shippers
                  $3,000,000 at any one scheduled terminal location per application
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Certificate ID # XZ5PGWJR

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)
Action Dedicated, LLC

Business name, if different from above

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.)
40 County Rd 517

Requester's name and address (optional)

City, state, and ZIP code
Hanceville, AL 35077

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
27 ¦ 1180258

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. 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 ▶ [signature] Date ▶ 4/14/11

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:

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. 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,