Dear recipient; thank you for your interest in Paradigm Transportation, Inc. & its affiliated companies. Our equipped fleet has access to asset-based units located across the country. Each can accommodate almost any service, including FTL, LTL, Intermodal, Drayage, Heavy Haul, Expedited and Power only.

Please find attached the following profile document information.

1. A copy of our Operating Authority
2. A copy of our W9 tax form
3. A copy of our Certificate of Insurance
4. A copy of our current bond
5. Other related documents

Corporate Office Information:
Name: Paradigm Transportation, Inc
Address: #100 Commerce Drive; Pittsburgh, PA 15275
MC#: 942553
DOT#: 2824683
Scac Code: PDMB
Fein: 47-5548753

Corporate Contact Information:
Billing/Invoicing: Billing@shiprrexp.com
Credit/Collections: Credit@shiprrexp.com
Corp. Web Site: www.shiprrexp.com

T: 800-223-8973
F: 412-920-1899
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
LORETTA PAYONK  
PARADIGM TRANSPORTATION MANAGEMENT GROUP INC  
3 CRAFTON SQUARE  
PITTSBURGH, PA 15205  

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL  

The Standard Carrier Alpha Code of PTMH has been renewed for:  
PARADIGM TRANSPORTATION MANAGEMENT GROUP INC  
3 CRAFTON SQUARE  
PITTSBURGH, PA 15205  
MC-938207  
US DOT-2820892  

This Alpha Code will apply only to the company name shown above through June 30, 2020. Approximately two months prior to expiration of this SCAC, NMFTA will provide a renewal notice which must be promptly returned together with payment to ensure its continued validity. Should the company name, address or contact information need an update, please notify the National Motor Freight Association, Inc. at customerservice@nmfta.org.  

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.  

If you participate in the Customs & Border Protection (CBP) ACE program and you have any issue with ACE and your SCAC, please contact CBP at the following address:  

AMSSCAC@cbp.dhs.gov  
Customs and Border Protection  
Attention: SCAC Beauregard, Cube: A-105-3  
1801 N. Beauregard Street  
Alexandria, VA 20598-1350  

If you would also like to participate in the Automated Export System (AES) program, please email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request to enable your SCAC for AES.  

All SCACs are automatically uploaded to ACE within 24 hours.  

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810.
A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.

United States Department of Transportation
Federal Motor Carrier Safety Administration

Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906

FORM BMC-84

Filer FMCSA Account Number: MC#938207

Know all men by these presents, that we, Paradigm Transportation Management Group, Inc.,

(Name of Broker or Freight Forwarder)

3 Crafton Square

(Pittsburgh)

(303)

3 Crafton Square

(Pittsburgh)

(303)

as principal (hereinafter called principal), and

Great American Insurance Company

(Owner of Surety)

(State of Surety)

a corporation, or a Risk Retention Group established under the Liability Risk Retention Act of 1986, Pub. L. 99-563, created and existing under the laws of the State of Ohio (State) (hereinafter called Surety), are held and firmly bound unto the United States of America in the sum of $75,000 for a broker or freight forwarder, for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

Whereas, the principal is or intends to become a broker or freight forwarder pursuant to the provisions of Title 49 U.S.C. 13904, and the rules and regulations of the Federal Motor Carrier Safety Administration relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Federal Motor Carrier Safety Administration such a bond as will ensure financial responsibility and the supplying of transportation subject to the ICC Termination Act of 1995 in accordance with contracts, agreements, or arrangements therefor, and

Whereas, this bond is written to assure compliance by the principal as either a licensed Broker or a licensed Freight Forwarder of Transportation by motor vehicle with 49 U.S.C. 13906(d), and the rules and regulations of the Federal Motor Carrier Safety Administration, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the principal may be held legally liable by reason of the principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the principal while this bond is in effect for the supplying of transportation subject to the ICC Termination Act of 1995 under license issued to the principal by the Federal Motor Carrier Safety Administration, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the Federal Motor Carrier Safety Administration forthwith of all suits filed, judgments rendered, and payments made by said Surety under this bond.

This bond is effective the 12th day of October, 2015, 12:01 a.m., standard time at the address of the principal as stated herein and shall continue in force until terminated as hereinafter provided. The principal or the Surety may at any time cancel this bond by written notice to the Federal Motor Carrier Safety Administration at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA on the prescribed Form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond. The Surety shall not be liable hereunder for the payment of any damages herein before described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the principal for the supplying of transportation prior to the date such termination becomes effective.

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified above, and that such company is qualified to make this filing under Section 387.315 of Title 49 of the Code of Federal Regulations.

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.
IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 12th day of October, 2015.

PRINCIPAL
Paradigm Transportation Management Group, Inc.
COMPANY NAME
3 Crafton Square
STREET ADDRESS
Pittsburgh
CITY
Pennsylvania 15205
STATE ZIP CODE
800-223-8973
TELEPHONE NUMBER
(type or print Principal officer’s name and title)
(Principal officer’s signature)
(type or print witness’s name)
(witness’s signature)

SURETY
Great American Insurance Company
COMPANY NAME
301 E 4th Street
STREET ADDRESS
Ohio 45202
STATE ZIP CODE
877-514-5146
TELEPHONE NUMBER
John D. Weisbrot, Attorney-in-Fact (type or print Principal officer’s name and title)
(Principal officer’s signature)
(type or print witness’s name)
(witness’s signature)

(office Surety seal)
GREAT AMERICAN INSURANCE COMPANY

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than THREE

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof, provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name                Address               Limit of Power
JOHN D. WEISBROT    ALL OF                ALL
PATRICIA A. TINSMAN PIPERSVILLE, PENNSYLVANIA  $1,000,000
RICK A. BREDOW

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 5TH day of FEBRUARY 2015.

GREAT AMERICAN INSURANCE COMPANY

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 5TH day of FEBRUARY 2015 before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

JENNIFER MARIE RIPPY
NOTARY PUBLIC, STATE OF OHIO
My Commission Expires 6-20-19

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-In-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof, to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAH, Divisional President of the American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 12th day of October 2015.

Assistant Secretary

S102285 (01/19)
Request for Taxpayer Identification Number and Certification

Name (as shown on your income tax return), if name is required on this line; do not leave this line blank.

Pardigm Transportation, Inc.

Business name/registered entity name, if different from above

Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

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

100 Commerce Dr.

City, state, and ZIP code

Rochester, MN 55902

List account number(s) here (optional)

Social security number

47 - 554 - 8753

Employer identification number

Date ▶ 10/14/2019

Sign Here

Signature of U.S. person ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requestor) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)
• Form 1099-DIV (dividends, including those from stocks or mutual funds)
• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
• Form 1099-S (proceeds from real estate transactions)
• Form 1099-K (merchant card and third party network transactions)
• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
• Form 1099-C (canceled debt)
• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.
Payment Remittance Information

Thank you for your interest in R&R Express Inc. And its affiliate company divisions:

"Smart Technology Moves Our Superior Fleet"

Please ensure that your payment along with the remittance advice are sent to one of the options listed below. Please NOTE: if you’re emailing your remittance documents - remit@shiprrexp.com

U.S. POSTAL SERVICE
Name: The Huntington National Bank
Address: PO Box 72124 - Cleveland, OH 44192
Account Name: R&R EXPRESS, INC or Affiliate
Account Number: #01662724516
Routing Number: #041000153

ACH/EFT (Automated Clearing House/EFT & Wire Transfer)
Name: The Huntington National Bank
Address: Cleveland, OH
ABA/Routing Number: #041000153
ABA Wire Number: #044000024
Swift Code: HUNTS33

OVERNIGHT ADDRESS:
Name: The Huntington National Bank
Address: #295 First merit Circle- Akron, OH. #44307
Attn: Lockbox Dept. OPC833
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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
Southern States Insurance Agency Inc
1690 South 14th Street
Suite 120
Amelia Island, FL 32032

CONTACT NAME: T
PHONE: (904) 261-5828
FAX: (904) 261-5828
E-MAIL: COIT@COIT.COM

INSURER(S) AFFORDING COVERAGE

COVERAGES

CERVATICE NUMBER:

CERTIFICATE NUMBER:

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.

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<th>LTR</th>
<th>TYPE OF INSURANCE</th>
<th>SUBSCRIPTION LIMITS</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF</th>
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<td>COMMERCIAL GENERAL LIABILITY</td>
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<td>07/01/2020</td>
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| A   | AUTOMOBILE LIABILITY | $100,000 | AMX-22351-371545 | 07/01/2019 | 07/01/2020 |
|     | ASSUMED LIMITS | | |
|     | SCHEDULED AUTOS | |
|     | PROPERTY DAMAGE | |
|     | PERSONAL & ADV INJURY | |
|     | GENERAL aggregate | |
|     | INCOME | |
|     | PRODUCTS & COMMODITY | |

| D   | WORKERS COMPENSATION AND EMPLOYERS LIABILITY | | 406-03-05-26-0009 | 01/01/2019 | 01/01/2020 |
|     | L/L EACH ACCIDENT | |
|     | L/L DISEASE - EA EMPLOYEE | |
|     | L/L DISEASE - POLICY LIMIT | |

| B   | CARGO/TR | $75K | MIMX1050 | 07/01/2019 | 07/01/2020 |
|     | N/O TAR PD | $2500 | DED | 07/01/2019 | 07/01/2020 |
|     | REPAIR OR REPLACEMENT | |
|     | DEDUCTIBLE PER OCC | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

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

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ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD

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CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT

The Standard Carrier Alpha Code of PDMB has been assigned to:

PARADIGM TRANSPORTATION INC
3 CRAFTON SQUARE
PITTSBURGH, PA 15205

MC #8283058
US DOT #2824865

This Alpha Code will apply only to the company name shown above through June 30, 2016. Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal which must be promptly returned together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address below. If you participate in the Bureau of Customs & Border Protection ACE, AMS, CAFES, FAST or PAPS programs, it is your responsibility to ensure that a copy of this letter is forwarded (email preferred) to the following address:

CBP SCAC Processing
Bureau of Customs and Border Protection
8444 Terminal Road, Beaurgard (A-105.5)
Lorton, VA 22079
AMS.SCAC@DHS.GOV

Alpha Codes ending with the letter “U” have been reserved for the identification of freight containers. If your Alpha Code ends with the letter “U”, it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, tariffs, etc.

NOTICE: Assignment of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 683-1610.
<table>
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<th>Business Address</th>
<th>Telephone and Fax</th>
<th>Mail Address</th>
<th>Telephone and Fax</th>
<th>Undeliverable Mail</th>
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</thead>
<tbody>
<tr>
<td>3 CRAFTON SQUARE</td>
<td>(800) 223-8973</td>
<td>18400 WEST CREEK DRIVE</td>
<td></td>
<td>NO</td>
</tr>
<tr>
<td>PITTSBURGH PA 15205</td>
<td>Fax: (877) 479-9421</td>
<td>TINLEY PARK IL 60477</td>
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<td>Bond</td>
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