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 Management Group, Inc
Address: #100 Commerce Drive; Pittsburgh, PA 15275
MC#: 938207
DOT#: 2320892
Scac Code: PTMH
Fein: 47-5310747

**Corporate Contact information:**
Billing/Invoicing: Billing@shipprexp.com
Credit/Collections: Credit@shipprexp.com
Corp. Web Site: www.shipprexp.com

T: 800-223-8973
F: 412-920-1899
PARADIGM TRANSPORTATION INC
U.S. DOT#: 2824683
Address: 3 CRAFTON SQUARE
PITTSBURGH, PA 15205
Number of Vehicles: 5
Number of Drivers: 5
Number of Inspections: 16

Safety Rating & OOS Rates
(As of 10/07/2019 updated daily from SAFER)
Not Rated

Out of Service Rates

<table>
<thead>
<tr>
<th>Type</th>
<th>OOS %</th>
<th>National Avg %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicle</td>
<td>11.1</td>
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</tr>
<tr>
<td>Driver</td>
<td>0.0</td>
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<tr>
<td>Hazmat</td>
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Licensing and Insurance
(As of 10/07/2019 updated hourly from L&L)
Active For-Hire Authority

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<tr>
<td>Passenger</td>
<td>No</td>
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<tr>
<td>Household Goods</td>
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<td>Broker</td>
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BASIC Status (Motor Carrier View)

Behavior Analysis & Safety Improvement Categories (BASICS) Based on a 24-month record ending September 27, 2019

On-Road Performance

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<th>0</th>
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<td>0%</td>
<td>0%</td>
<td>0%</td>
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On-Road Performance Detail

| Driver Inspections with Unsafe Driving Violations: 0 | Number of Crashes: 1 | Driver Inspections: 16 | Vehicle Inspections: 8 | Driver Inspections: 16 | HM Placardable Vehicle Inspections: 0 | Driver Inspections: 16 | N/A |
This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a broker, arranging for transportation of freight (except household goods) by motor vehicle.

This authority will be effective as long as the broker maintains insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 385). The applicant 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. Seofer, Chief
Information Technology Operations Division
Request for Taxpayer Identification Number and Certification

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

Paradigm Transportation Management Group, Inc.

2. Business name, disregarded entity name, if different from above

3. 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
☐ Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter 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 not 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.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

☐ Exempt payee code (if any)

☐ Exemption from FATCA reporting code (if any)

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

100 Commerce Dr.

6. City, state, and ZIP code

Pittsburgh, PA 15275

7. List account number(s) here (optional)

Requester's name and address (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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Social security number

☐  -  -  -  -  -

or

Employer identification number

☐  -  -  -  -  -

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); and

☐  -  -  -  -  -

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

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 requester) 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 amounts reportable on an information return. Examples of information returns include, but are not limited to, the following:

☐ 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), 1088-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.
Thank you for your interest in R&R Express Inc. and its affiliate company divisions: "Where 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: HUNTUS33

**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.
1890 S. 14th Street
Suite 120
Fernandina Beach
FL 32034

INSURED

PARADIGM TRANSPORTATION MANAGEMENT GROUP INC
#3 CRAFTON SQUARE
PITTSBURGH
PA 15205

CONTACT
NAME: 
PHONE: 904-261-9828
FAX: 904-261-1124
EMAIL ADDRESS: col@stsl.com
INSURER(S) AFFORDING COVERAGE
INDBU: BURLINGTON INSURANCE COMPANY 23420
INDBER: TRAVELERS SYNDICATE AA112638
INDBRI: OBI NATIONAL INSURANCE COMPANY 14190
INDBER: BERKLY FIRE & MARINE 32603

COVERAGES

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.

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>ADDITIONAL AUTOS</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
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<td>69BW252565</td>
<td>7/1/2019</td>
<td>7/1/2020</td>
<td>EACH OCCURRENCE $1,000,000</td>
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<td>DANNERS TO NAMED PERSONS (Res. use only) $100,000</td>
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<td>MED EXP (Any one person) $0</td>
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<td>PERSONAL &amp; ADV INJURY $1,000,000</td>
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<td>GENERAL AGGREGATE $2,000,000</td>
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<td>PRODUCTS - COMMODITY AGG $2,000,000</td>
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<tr>
<th>AUTOMOBILE LIABILITY</th>
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<td>ANY AUTO</td>
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<td>WORKERS COMPENSATION</td>
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<tr>
<td>AND EMPLOYERS' LIABILITY</td>
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<tr>
<td>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N</td>
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<td>DESCRIPTION OF OPERATIONS below</td>
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<td>E.L. EACH ACCIDENT $1,000,000</td>
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<td>E.L. DISEASE - BA EMPLOYER $1,000,000</td>
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<td>E.L. DISEASE - POLICY LIMIT $1,000,000</td>
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<td>CONTINGENT CARGO (LL FORM) - DED SSX</td>
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<td>MIM1020930</td>
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<td>7/1/2019</td>
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<tr>
<td>LIMIT: $100,000,000 PER OCC</td>
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</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES [ACORD 101, Additional Remarks Schedule, may be attached if more space is required]
RE: MC 9938207

CERTIFICATE HOLDER

FOR INFORMATIONAL PURPOSES ONLY

CANCELATION

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

Dang Bailey

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ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD
LORETTA PAYONK  
PARADIGM TRANSPORTATION MANAGEMENT GROUP INC  
3 CRAFTON SQUARE  
PITTSBURGH, IL 15205  

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT  

The Standard Carrier Alpha Code of  PTMH  has been assigned to:  
PARADIGM TRANSPORTATION MANAGEMENT GROUP INC  
3 CRAFTON SQUARE  
PITTSBURGH, IL 15205  
 MO-08207  

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, Beaugard (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, 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) 836-1810.
A Federal Agency may not conduct or sponsor a survey and a person is not required to respond to, nor shall a person be subjected to 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 2123-0017. Public reporting for this collection of information is estimated to take approximately 10 minutes per response, including the time for reading 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 the collection of information, including suggestions for reducing this burden for Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-320, Washington, DC 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

Bond Number: 1001073985

Filler FMC 5 Account Number: MG938207

NOW ALL MEN BY THESE PRESENTS, that we, Paradigm Transportation Management Group, Inc. (Name of Broker or Freight Forwarder)

of

3 Creston Square

Pittsburgh

Pennsylvania 15220

as principal (hereinafter called Principal), and

Reynolds Freight Forwarding Company (Name of Surety)

as surety (hereinafter called Surety), for and in consideration of the sum of $75,000, for the payment of which we have this agreement to be made, do bind ourselves, our heirs, successors, and assigns, jointly and severally, as follows:

WHEREAS, the Principal's or intends to become the owner of a motor vehicle or a non-motor vehicle, and such owner intends to perform services for or on behalf of the Federal Motor Carrier Safety Administration, such as transporting or arranging for the transportation of motor carriers and shipper's goods or for the protection of motor carriers and shippers, and shall also be responsible for the payment of any damages herein described.

WHEREAS, this bond is issued in consideration of the Principal as either a licensed Broker or a licensed Freight Forwarder of transportation by motor vehicle as required by 49 U.S.C. 13906, 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 also be responsible for the payment of any damages herein described.

NOW, THEREFORE, the conditions of this obligation is that if the Principal shall pay or cause to be paid to motor carriers at shippers for damage caused to motor carriers or shippers by motor vehicles in the amount of $75,000, the Principal may be held legally liable for any of the damages herein described.

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 be in the aggregate to the amount of the claim or claims, shall be discharged and satisfied, and shall be paid in full, prior to the date of this bond.

This bond is effective the 12th day of October, 2016, 12:01 a.m., standard time at the address of the Principal as herein stated, and shall continue in force until terminated as herein stated.

The receipt of this filing by the FMSA 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 382.315 of Title 49 of the Code of Federal Regulations.

The signature of the person signing this bond must be a true and accurate representation of the signature of the person executing the bond as recorded in the records of the company. The signature must be certified by a notary public in accordance with the provisions of the Code of Federal Regulations.
### U.S. Department of Transportation

**Federal Motor Carrier Safety Administration**

**Licensing and Insurance Public**

---

**Motor Carrier Details**

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<th>2820892</th>
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<tbody>
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<td>MC938207</td>
</tr>
<tr>
<td>Legal Name:</td>
<td>PARADIGM TRANSPORTATION MANAGEMENT GROUP, INC.</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Business Address</td>
<td>Business Telephone and Fax</td>
</tr>
<tr>
<td>3 CRAFTON SQUARE</td>
<td>(800) 222-8973</td>
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<td>PITTSBURGH PA 15205</td>
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<tr>
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<tr>
<td>Bond</td>
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</table>

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BCG-3: YES

Blanket Company: EVILSIGOR PROCESS SERVERS LLC

Web Site Content and BCG-3 Information Clarification

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December 26, 2017