

ASSOCIATED FREIGHT BROKERS, INC.

Greetings:

Associated Freight Brokers, Inc. is located in Yakima, Washington with a branch in Sunnyside, WA. The company has been in business since November 2, 1988. Randall A. Ward, owner of Associated, has been involved in the brokerage industry since 1978.

We are principally engaged in the transport of both fresh and frozen food products throughout the North American Continent. Associated manages all aspects of shipments including drayage, semi-trailers as specified, pickup and delivery appointments, palletization, cargo insurance, "in transit" reports and compliance with ICC and DOT regulations. Associated also offers a variety of industry related services such as fuel and mileage tax preparation, accounting, and bookkeeping services.

Our goal is to build and maintain long term relationships that our customers and carriers can depend on daily. Please contact one of us for further information about our company, rates or commodities shipped.



Yakima, WA Sales Office

Wendy Olson 509-249-0017
Josh Borden 509-453-6077
Lola Leon 509-453-3083
Colton Welch 509-453-3083

Sunnyside, WA Office

Wally McMinimee
(509-840-1185)

Accounting Office

Ramona Bishop Accounts Payable
Sandy Hatch Accounts Receivable

(509) 453-3083

(800) 548-0669 Watts

(509) 575-6555 Sales Fax

(509) 452-0672 Accounting Fax

Motor Carrier Number
Federal ID#
SCAC Code

MC214286
91-1426378
AFBS

Website
Physical/Billing Address

www.associatedfreight.com
1714 S 24th Ave,
Yakima, WA 98902

We look forward to doing business with you.

Sincerely,

Randall A. Ward
President



Associated Freight's Value-Added Services

With every load, Associated Freight Brokers, Inc. offers our customers:

1. High Integrity, Honesty, & Value
2. Personal Customer Service
3. Financial Stability – Associated Freight is wholly owned and debt free
4. Excellent Claim Ratio. In the event of a truck claim, we will handle the claim from start to finish
5. Established Truck Network with over 5000 qualified and screened carriers to serve your needs
6. We screen trucks for:
 - a. Safety ratings
 - b. Insurance – cargo including reefer breakdown, general, and automobile liability
 - c. Reefer maintenance records
 - d. Verify Customer references, and authority
7. Straight forward, hassle free billing, ability to invoice electronically with scanned documents
8. Experienced in all aspects of shipping, transporting, and receiving
9. 4X Bold Transportation Member of the Blue Book since 1994
10. 4 Star Rating Member of the Red Book – Business Character Award
11. Daily updates including locations on shipments as well as notification in the event of a delay
12. 24 hour availability with your broker. You will have my cell phone number for 24 hour communication access
13. \$250,000 Contingent Cargo Insurance
14. \$1,000,000 Contingent Auto Liability
15. \$100,000 TIA Performance Bond
16. Proud affiliations with:





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

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

SERVICE DATE
May 25, 2010

DECISION
MC-214286
RANDALL A. WARD
D/B/A ASSOCIATED FREIGHT BROKERS, INC
YAKIMA, WA
REENTITLED
ASSOCIATED FREIGHT BROKERS, INC

On May 19, 2010, 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 ASSOCIATED FREIGHT BROKERS, 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, 1200 New Jersey Ave., S.E., Washington, DC 20590.

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: May 20, 2010

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division
NCA

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

12/20/2018

PRODUCER

Integro Insurance Brokers
161 N. Clark Street, Suite 1850
Chicago, IL 60601

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.

COMPANIES AFFORDING COVERAGE

COMPANY A	Beazley Marine Insurance – Syndicate 2623/623
COMPANY B	
COMPANY C	
COMPANY D	

INSURED

Associated Freight Brokers, Inc.
1714 S. 24th Ave
Yakima, WA 98902

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS												
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT						GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED. EXPENSE (Any one person) \$												
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> CONTINGENT AUTO LIABILITY			W1786219PNVE	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ AGGREGATE \$ 1,000,000												
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO						AUTO ONLY – EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$												
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM						EACH OCCURRENCE \$ AGGREGATE \$ \$												
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	N/A					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">WC STATU-TORY LIMITS</td> <td style="width: 15%;">OTHR</td> <td style="width: 15%;"></td> </tr> <tr> <td>EACH ACCIDENT</td> <td></td> <td>\$</td> </tr> <tr> <td>DISEASE-POLICY LIMIT</td> <td></td> <td>\$</td> </tr> <tr> <td>DISEASE-EACH EMPLOYEE</td> <td></td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTHR		EACH ACCIDENT		\$	DISEASE-POLICY LIMIT		\$	DISEASE-EACH EMPLOYEE		\$
WC STATU-TORY LIMITS	OTHR																		
EACH ACCIDENT		\$																	
DISEASE-POLICY LIMIT		\$																	
DISEASE-EACH EMPLOYEE		\$																	
A	OTHER ERRORS & OMISSIONS CONTINGENT CARGO			W1786219PNVE	01/01/2019	01/01/2020	Limit: \$250,000 Aggregate Limit: \$250,000 Occurrence												

DESCRIPTORS OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Associated Freight Brokers, Inc.
1714 S. 24th Ave
Yakima, WA 98902

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Kara Hartman



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/20/2012

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 Avalon Risk Management 150 Northwest Point Boulevard, 4th Floor Elk Grove Village, IL 60007	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Great American Alliance Insurance Company		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input 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						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
	TIA Performance Certified Program			8100101			Great American Alliance Insurance Company	\$ 90,000. Bond

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

Excess coverage for claims exceeding the \$10,000 BMC-85 broker trust fund agreement of the FMCSA licensed property broker named herein as the Insured. See bond terms for scope of coverage.

CERTIFICATE HOLDER

Evidence of coverage for benefit of shippers and carriers of Named Insured only.

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

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

ASSOCIATED FREIGHT BROKERS, 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 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 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.

Other (see instructions) ▶ _____

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) _____

(Applies to accounts maintained outside the U.S.)

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

1714 S 24TH AVE

6 City, state, and ZIP code

YAKIMA, WA 98902

7 List account number(s) here (optional)

Requester's name and address (optional)

See Specific Instructions on page 3.

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.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									

or

Employer identification number										
9	1		-	1	4	2	6	3	7	8

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.

Sign Here

Signature of U.S. person ▶

Wendy Olson

Date ▶

1-7-19

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 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.

Associated Freight Brokers, Inc.
CUSTOMER CREDIT APPLICATION

Contact Ramona Bishop with any questions @ 800-548-0669 -----Please fax back to: 509-452-0672

BUSINESS CONTACT INFORMATION

Company Legal Name:

Trade Name D/B/A:

Phone:

Fax:

E-mail:

Billing address:

City:

State:

ZIP Code:

Date Established:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS FACTS, BANKING, AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

Principal:

Title:

Has the firm or any of its Principals ever
been bankrupt?

If yes,

Explain:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Accounts Payable Contact:

Phone:

Fax:

Dispatch After Hours Contact:

Phone:

Email:

Weekend Dispatch Contact:

Phone:

Email:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for granting credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed.

SIGNATURES

Title:

Date:

Title:

Date:

Great West Produce
2600 S. Eastern Ave
Los Angeles, CA 90040
323-869-0200

Index Fresh
P.O. Box 250
Bloomington, CA
909-877-1577

Agri Pack, Inc.
P.O. Box 2086
Pasco, WA
509-545-6181

Kieschenman
12826 Edison Hwy
Edison, CA 93220
661-366-5736

Pacific Trellis
5108 E. Clinton Way
Fresno, CA 93706
559-255-5400

Tat-On, Inc
PO Box 938
Moses Lake, WA 98837
509-765-2920

TD Produce
5301 Office Park Dr. Ste 315
Bakersfield, CA 93309
661-328-9700

Pacific Vegetable Exchange
386 Silva Pl
Nipomo, CA 93444
805-929-0277

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 mandatory. 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

Bond No. 13392

Filer FMCSA Account Number: 28918

License No. MC- 214286

KNOW ALL MEN BY THESE PRESENTS, that we, Associated Freight Brokers, Inc.
(Name of Broker or Freight Forwarder)

of 1714 S. 24th Ave Yakima WA 98902
(Street) (City) (State) (Zip)

as PRINCIPAL (hereinafter called Principal), and Southwest Marine and General Insurance Company
(Name 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 Arizona (hereinafter called Surety), are held and firmly bound unto the United States of
(State)

America in the sum of \$100000 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 therefore, 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(b), 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, judgements rendered, and payments made by said Surety under this bond.

This bond is effective the 14th day of December, 2012, 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 3rd day of October, 2013.

PRINCIPAL

Associated Freight Brokers, Inc.
 COMPANY NAME
1714 S. 24th Ave Yakima
 STREET ADDRESS CITY
WA 98902 509-453-3083
 STATE ZIP CODE TELEPHONE NUMBER

Randall A. Warr, President
 (type or print Principal officer's name and title)

[Signature]
 (Principal officer's signature)

Ramona Bishop
 (type or print witness's name)

[Signature]
 (witness's signature)

SURETY

Bond No.- 13392

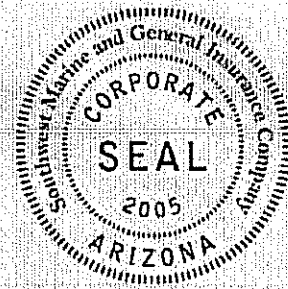
Southwest Marine and General Insurance Company
 COMPANY NAME
250 Northwest Point Blvd, 2nd FLR Elk Grove Village
 STREET ADDRESS CITY
Illinois 60007 847-700-8100
 STATE ZIP CODE TELEPHONE NUMBER

Lisa Gelsomino, President/CEO
 (type or print Principal officer's name and title)

[Signature]
 (Principal officer's signature)

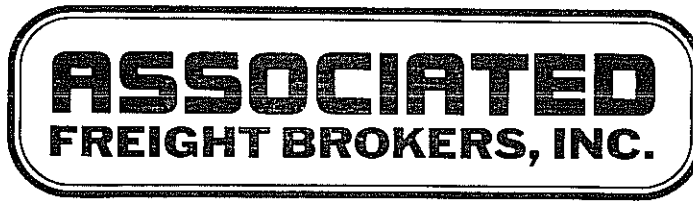
Gabriela Craver, Underwriting Manager, Surety
 (type or print witness's name)

[Signature]
 (witness's signature)



This BMC-84 bond form (revision date 9/26/2013) is provided pursuant to the requirements of MAP-21 and regulations promulgated by the FMCSA. It supersedes and replaces the previous BMC-84 form with the same serial number 13392, previously issued on the BMC-84 form that was approved for use at the time. The electronic filing of the BMC-84 will reflect the new required minimum of \$75,000 beginning 10/1/2013, which is the date on which the MAP-21 legislation takes effect. The FMCSA system requires the entry of an effective date of 10/1/2013 or later in order to reflect a financial responsibility amount of \$75,000. This replacement form is a technical correction issued to conform with the regulations. It does not increase the obligations of the surety beyond the amount reflected in this instrument.

This bond was completed and filed electronically with the FMCSA on October 3rd 2013. At that time the OMB assigned expiration date for the form was 1/31/2014. Though otherwise unchanged this form BMC-84 was assigned a new expiration date of 2/28/2017. Pursuant to the regulations no refiling was required due to the change in the form's expiration date. The bond remains in effect until cancelled or exhausted due to claims activity. This courtesy copy bears the new OMB assigned form expiration date but it does not increase the obligations of the surety beyond the amount reflected in the original electronically filed bond number 13392 which occurred prior to this OMB form change. DO NOT FORWARD TO THE FMCSA FOR FILING PURPOSES. THE BOND IS ALREADY ON FILE.



January 19, 1999

To All Interested Shippers:

RE: Workman's Compensation Insurance

Please be advised that Associated Freight Broker, Inc. is in compliance with required coverage for Workman's Compensation Insurance under the laws of the State of Washington. This is a State operated fund and certificates of coverage are not issued by that office. Our Account ID# is 658,686-00-8.

We certify that insurance is in force at this date and will be maintained as long as required.

Sincerely,

A handwritten signature in black ink, appearing to read "Randall A. Ward", is written over a horizontal line.

Randall A. Ward
President

CERTIFICATE OF COVERAGE



EMPLOYER: This official certificate of industrial insurance coverage is in lieu of a policy. It remains in effect until your account is officially closed. There is no limitation of benefits. You are required by law to post both this certificate and copies of the posters listed below. You will soon be receiving 1 copy of each. If you require additional copies, call Labor and Industries at 360-902-4817.

Insurance Services Division
Employer Services

- Job Safety and Health Protection (available in Spanish)
- Your Rights as a Worker/Family Care
- Notice to Employees

Department of Labor & Industries
PO Box 44144
Olympia WA 98504-4144
www.LNI.wa.gov

WORKER: The employer named below is an insured policyholder with the Washington State Industrial Insurance Trust Fund.

601 126 232

UBI*: Policy Effective Date 99

Local ASSOCIATED FREIGHT BROKERS INC
1714 S 24TH AVE
YAKIMA WA 98902

Employer ASSOCIATED FREIGHT BROKERS INC
ASSOCIATED FREIGHT BROKERS INC
1714 S 24TH AVE
YAKIMA WA 98902

*Your Unified Business Identifier is the only number you need to discuss your business account with the Washington state departments of Revenue, Licensing, Employment Security, Labor and Industries and the Office of the Secretary of State. Other state licenses or registrations may be required for proper licensing of your business.

F211-141-000-8/02