



TRIPLE RRR
C A R R I E R S I N C

20951 MINES RD. | LAREDO, TX. | 78045

TRIPLE RRR CARRIERS INC

EIN: 82-2081726

MC: 039566

USDOT: 3031364

TRIPLE RRR
C A R R I E R S I N C



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

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

SERVICE DATE
August 11, 2017

CERTIFICATE
MC-39566-C
U.S. DOT No. 3031364
TRIPLE RRR CARRIERS INC
LAREDO, TX

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.

A handwritten signature in black ink, reading "Jeffrey L. Secrist".

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



Attn: Accounts Payable Manager/Controller

March 28, 2023

Dear Valued Customer:

This letter is to confirm the bank account information for Financial Carrier Services at TAB Bank. Please continue to make payments for invoices payable to Financial Carrier Services and mail them to our lockbox, or ACH directly as indicated below.

Remit Address:

Financial Carrier Services
PO Box 151052
Ogden, UT 84415

ACH Information:

Account name – Financial Carrier Services
ABA/Routing number – 124384657
Account number – 380000701

We appreciate your business, and look forward to providing you with continued quality service. Please feel free to contact me anytime at 801-624-5965.

Sincerely,

Christy Mahan
ABL Operations



Financial Carrier Services, Inc.

"Carrier" - TRIPLE RRR CARRIERS INC AND BLANCA L RODRIGUEZ RODRIGUEZ AKA BLANCA L RODRIGUEZ
MC/USDOT #- 039566 & 3031364

Notice of Assignment

In order to accommodate the changes and growth in our business, we have been fortunate to obtain the services of Financial Carrier Services, ("FCS") as a source of capital funding. The availability of this service will enable us to improve our cash flow and result in greater efficiency in the operation of our business to ensure that the most competitive rates can be provided to its customers.

This notice is to inform you that "TRIPLE RRR CARRIERS INC" has irrevocably assigned its receivables to Financial Carrier Services pursuant to the Uniform Commercial Code Article 9. These receivables include any payments due to, and hereinafter becoming due and owing due to them.

***DO NOT SEND PAYMENT DIRECTLY TO CARRIER ***

***DO NOT ADVANCE MONEY ON CARRIERS LOADS ***

FAILURE TO COMPLY WILL LEAD TO DOUBLE LIABILITY

All invoices received for services rendered by "TRIPLE RRR CARRIERS INC" dated on or after **June 15, 2015** are to be paid directly to Financial Carrier Services, and mailed directly to:

"TRIPLE RRR CARRIERS INC" c/o Financial Carrier Services
P.O. Box 151052
Ogden, UT 84415

If any claims or disputes associated with "TRIPLE RRR CARRIERS INC" services arise, please direct these claims or disputes directly to them and/or its insurance carrier. Payment of the first invoice to Financial Carrier Services, pursuant to this notice of assignment, confirms that account debtor agrees to make payment of "TRIPLE RRR CARRIERS INC" invoices to Financial Carrier Services. The terms of this notice take precedence over any conflicting terms, in any other agreement between the account debtor and "TRIPLE RRR CARRIERS INC" with respect to this issue.

This notice and instruction remains in full force and effect until you receive a written release from Financial Carrier Services.

"CARRIER": TRIPLE RRR CARRIERS INC

FIRMA \rightarrow BY Blanca L Rodriguez

Name: BLANCA L RODRIGUEZ RODRIGUEZ

(Please Print)

Title: OWNER

Date: 8/15/17

FCS Agent: [Signature]

Sign BLR

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. TRIPLE RRR CARRIERS 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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 20951 MINES RD	Requester's name and address (optional)
6 City, state, and ZIP code LAREDO, TX 78045	
7 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 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									
8	2			-	2	0	8	1	7 2 6

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ► Blanca L Rodriguez	Date ► 01/11/23
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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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/04/2024

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 LICONA INSURANCE GROUP 1830 N ZARAGOZA SUITE 111 EL PASO, TX 79936	CONTACT NAME: PHONE (A/C, No, Ext): 915-317-5464 FAX (A/C, No): 915-532-2088 E-MAIL ADDRESS: ch@liconainsurance.com ch@liconainsurance.com
INSURED TRIPLE RRR CARRIERS INC 20951 MINES ROAD LAREDO, TX 78045	INSURER(S) AFFORDING COVERAGE INSURER A : ACCREDITED SPECIALTY INSURANCE CO. NAIC # 16835 INSURER B : HDI GLOBAL SPECIALTY SE 086486 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			2-SSM-TX-17-S0100202-03	07/07/2024	07/07/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY N/A GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ N/A \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			2-SSM-TX-19-S0100201-03	07/07/2024	07/07/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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 <input type="checkbox"/> N / A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	CARGO Reefer Breakdown			EVUS07072024T	07/07/2024	07/07/2025	\$100,000 DED- \$5,000
B	PHYSICAL DAMAGE Trailer interchange			EVUS07072024T	07/07/2024	07/07/2025	ACV \$50,000 DED - \$5,000 DED- \$5,000

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

FOR COI PLEASE CONTACT:
EMAIL: certificate_holder@liconainsurance.com

CERTIFICATE HOLDER

CANCELLATION

FOR INSURANCE PURPOSES ONLY

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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