



Credit and Trade Reference:

Incorporated: 2004
MC Number: MC-518706-C
Federal ID: 980451711
SCAC CODE SFFR

Bank Reference:

TD Canada Trust
City South Plaza- 7686 Hurontario Street
Brampton, On
L6Y 5B5

Trade Reference:

Kris Kay Truck Line	Brampton, ON	905 456 8902
Somal Transport	Mississauga, ON	416 245 6779
Bison	Winnipeg, ON	866 229 0259 ext 126

Email us at dispatch@superfastfreight.ca

Superfast Freight System Inc.
2 Songsparrow Drive
Brampton, ON.
L6Y 4A2

Phone: (416) 248 2999 ♦♦♦♦ **Fax:** (416) 249 6777

Name and Mailing Address / Nom et adresse postale

**SUPERFAST FREIGHT SYSTEM INC.
2 SONGSPARROW DRIVE
BRAMPTON ON L6Y 4A2**

The CVOR Certificate or a true copy must be surrendered on demand of a police officer. Not to do so is an offence.

Le certificat d'immatriculation UVU ou une copie conforme de celui-ci doit être présenté à l'agent de police qui en fait la demande. Quiconque ne respecte pas cette directive commet une infraction.



00394534

Detach here / Détachez ici



Province of Ontario

Province de l'Ontario

Issued pursuant to the Highway Traffic Act / Délivré en vertu du Code de la route

**Commercial Vehicle Operator's Registration Certificate
Certificat d'immatriculation d'utilisateur de véhicule utilitaire**

Commercial Vehicle Operator's Registration No. <i>N° d'immatriculation d'utilisateur de véhicule utilitaire</i>	150-543-245
Name / Nom	SUPERFAST FREIGHT SYSTEM INC.
Office / Bureau	Issue Date / Date de délivrance Y/A M D/J
062-9	04 11 25
Minister of Transportation Ministre des Transports	

SR-LH-123 04-04

This certificate or a true copy must be carried in each commercial motor vehicle being operated under the Commercial Vehicle Operator's Registration.

For replacement, correction or information change, complete and submit a new CVOR application form to: Ministry of Transportation, Carrier Sanctions & Investigation Office, 301 St. Paul St., 3rd floor, St. Catharines, On L2R 7R4.

Ce certificat ou une copie conforme doit se trouver dans chaque véhicule utilitaire exploité sous couvert de l'immatriculation d'utilisateur de véhicule utilitaire.

Pour faire remplacement votre certificat ou pour y apporter des corrections, complétez et envoyez un nouveau formulaire de demande d'immatriculation d'utilisateur de véhicule utilitaire au : Ministère des Transports, Bureau des sanctions et des enquêtes concernant les transporteurs, 301, rue St. Paul, 3^e étage, St. Catharines (Ontario) L2R 7R4.

00394534



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

400 7th Street SW
Washington, DC 20590

SERVICE DATE
April 08, 2005

CERTIFICATE
MC-518706-C
SUPERFAST FREIGHT SYSTEM INC
BRAMPTON, ON, CD

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier of 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); the designation of agents upon whom process may be served (49 CFR 366); tariffs or schedules (49 CFR 1312); and arbitration of loss and damage disputes (49 U.S.C. § 14708). 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, appearing to read "Angeli Sebastian".

Angeli Sebastian, Chief
Information Systems 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.

CHO

BURROWES

insurance brokers

SHIPPERS - LOAD BROKERS - CARRIERS

We hereby confirm that AXA Insurance (Canada) has issued a policy in favour of the following insured :

NAME AND ADDRESS OF INSURED

Superfast Freight System Inc.

2 Songsparrow Dr.

Brampton Ontario L6Y 4A2

POLICY NUMBER : 7521126

POLICY PERIOD (Y/M/D) : 2010-03-30 to 2011-03-30

COVERAGES

AMOUNTS *

* ALL AMOUNTS MENTIONED ARE IN CANADIAN CURRENCY

MAXIMUM LIMIT PER OCCURRENCE

\$ 3 000 000.

ONTARIO AUTOMOBILE POLICY (O.A.P. No 1) -
OWNER'S POLICY

SECTION 3 - AUTOMOBILE LIABILITY

\$ 3 000 000.

SECTION 7 - DAMAGE CAUSED TO INSURED VEHICLE

DIVISION D - ALL PERILS

INCLUDED

OPCF 27B Business Operations - Liability for Damage to Non-Owned
Automobile(s) in Your Care, Custody or Control
Maximum amount per occurrence: \$ 100 000.
Deductible Section 7 - Division D : \$ 5 000.
Type of vehicle: Trailers and semi-trailers

COMMERCIAL GENERAL LIABILITY

\$ 3 000 000.

TRUCKMAN'S LIABILITY (CARGO)

\$ 300 000.

SPECIAL CONDITIONS

The above mentioned coverages are subject to the clauses, conditions and exclusions of the policy.

If you wish to obtain a certificate of insurance confirming that the above coverage is still valid and continuous and that the said policy issued by AXA Insurance (Canada) has not been cancelled, please contact our office.

William E. Burrowes Inc.

Joanne Vavallo

Joanne Vavallo

For:

Kim Szabo

(905) 561-7879 #203 or (888) 690-0010 #203

Fax: (905) 561-9900

2010-03-29 [JV]

526 Grays Road Suite B
Hamilton, Ontario, L8E 2Z4

Tel.: (905) 561-0100 Fax: (905) 561-9900

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) Superfast Freight System Inc	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) 2 Songsparrow Dr	Requester's name and address (optional)
	City, state, and ZIP code Brampton, Ontario, L6R 1M3	
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
98 : 0451711

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 ▶



Date ▶

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,