

HORIZON LOCATIONS



FREIGHT SYSTEM, INC.

HORIZON FREIGHT SYSTEM, INC	Corporate Administration/Sales:	Phone	Fax
	Corporate Headquarters: 8777 Rockside Rd, Cleveland, OH 44125 www.horizonfreightssystem.com Hours: 7:00 am - 6:00 pm EST	216-341-7410 800-480-6829	216-429-3523
	Customer Remittance: PO Box 70242, Cleveland, OH 44190-0242	-	-
	Banking Information: Key Bank Mailcode: OH-01-27-1203 127 Public Square, 12th floor, Cleveland, OH 44114 Jay McKelvey	-	-
	Collections/Billing: collections@horizonfreightssystem.com	800 480-6829 Ext.: 164, 169	



FREIGHT SYSTEM, INC.

HORIZON FREIGHT SYSTEM, INC	Service Locations:	Email
MC #169607 DOT #237360 SCAC - HZNF EIN 34-1380439 HM 77148	Buffalo, NY	UpstateNY@hznfinc.com
	Chaska, MN – Logistics	stevez@3pointfreight.com
	Chicago South, IL	chicagodispatch@hznfinc.com
	Chicago North, IL	team@rinaratransportation.com
	Detroit, MI	detroit@hznfinc.com
	Harrisburg, PA	Harrisburg@hznfinc.com
	Houston, TX	dispatch@houstonhznf.com
	Huntington, NY– Logistics	dinab@hznfinc.com
	Miami, FL	nelle@hznfinc.com
	New Orleans, LA	monica.horizonfreight@gmail.com
	Oakland, CA	dispatch@horizonoakland.com
	Seattle, WA	dispatch@cgrtransport.com
	Stockton, CA	butchb@hznfinc.com
	Syracuse, NY	UpstateNY@hznfinc.com



MID-ATLANTIC, INC.

HORIZON MID-ATLANTIC	Service Locations:	Email
MC #770152 DOT #2255867 SCAC - HMAC EIN 45-4018659 HM 151623	Boston, MA	horizonops@jvxinc.net
	Charleston, SC	charleston735@hznfinc.com
	Charlotte, NC	StaceyP@HorizonFreightSystem.com
	Kearny, NJ	horizonnj@hznfinc.com
	Philadelphia, PA	philadelphia@horizonfreightssystem.com



MIDWEST, INC.

HORIZON MIDWEST	Service Locations:	Email
MC #791331 DOT #2317693 SCAC - HZMQ EIN 45-5505710 HM 158086	Birmingham, AL (53' Van Freight Only)	Birmingham@hznfinc.com
	Cincinnati, OH	cinciops@hznfinc.com
	Cleveland, OH	clevelandops@hznfinc.com
	Columbus, OH	columbusops@hznfinc.com
	Dallas, TX	dispatch@horizondallas.com
	Indianapolis, IN	indyops@rykilogistics.com
	Louisville, KY	loucs@rykilogistics.com
	Mobile, AL (Intermodal)	MobileIntermodal@hznfinc.com
	Norfolk, VA	billier@hznfinc.com jenniferc@hznfinc.com
	Omaha, NE	Omaha@hznfinc.com

To better serve you, we are always adding new locations. For terminal updates, please check our website at horizonfreightssystem.com.

For any pricing, sales or operational questions, contact our sales/operations department at pricing@horizonfreightssystem.com. You can always call Horizon at **800-480-6829**.

HORIZON LOCATIONS



SOUTH, INC.

HORIZON SOUTH

MC #791344
DOT #2318070
SCAC- HZSN
EIN 45-5487224
HM 158089

Service Locations:

Atlanta, GA
Atlanta (Douglasville), GA
Birmingham, AL
Huntsville, AL
Jacksonville, FL
Orlando, FL
Savannah, GA

Email

atlantadispatch@hznfinc.com
charris1254@hotmail.com
birmingham@hznfinc.com
Huntsville@hznfinc.com
Jacksonville@hznfinc.com
juanm@hznfinc.com
ccrawford@gaintermodal.com



WEST, INC.

HORIZON WEST

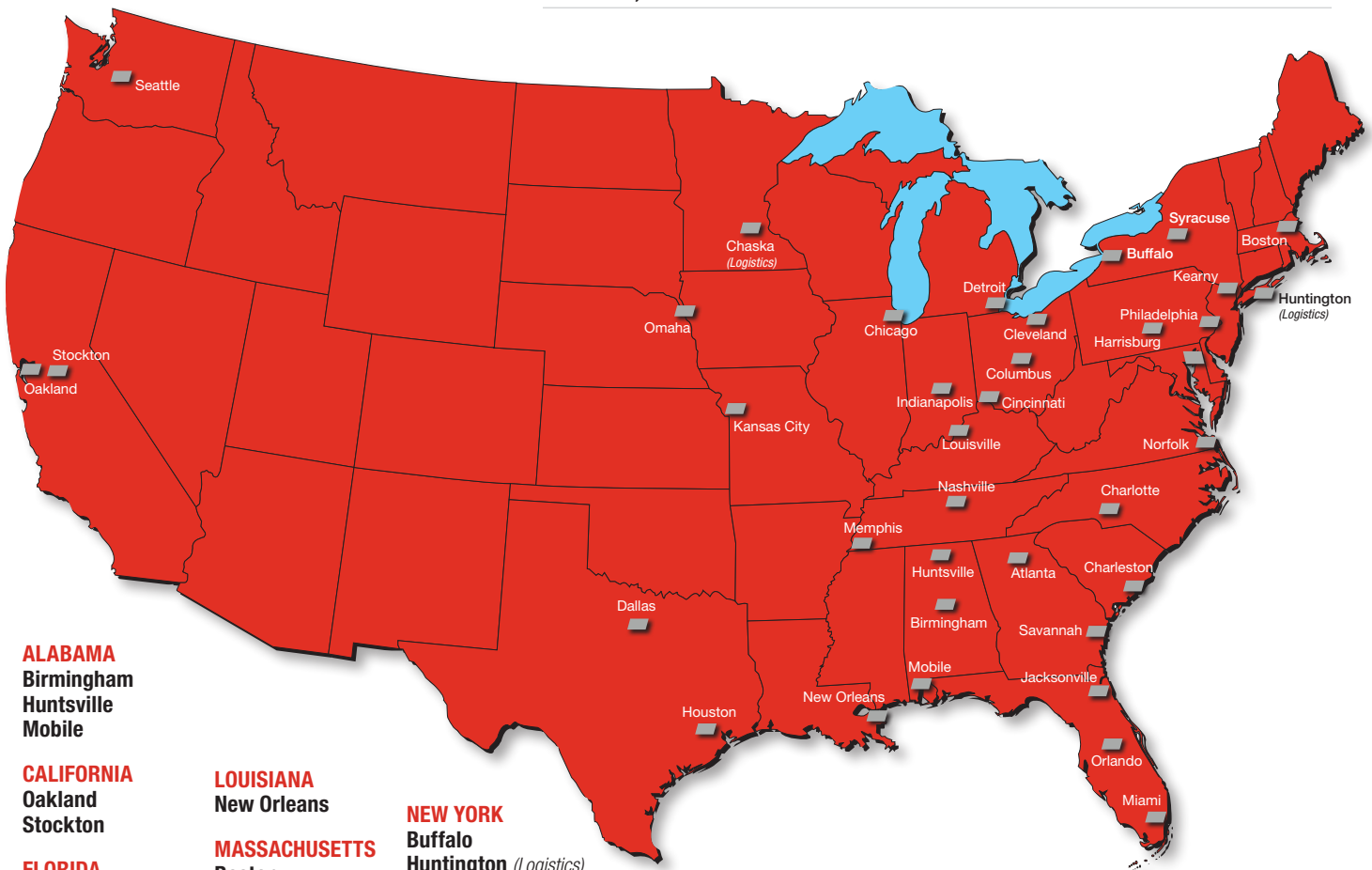
MC #791357
DOT #2318092
SCAC- HZWI
EIN 45-5477791
HM 158090

Service Locations:

Kansas City, MO
Memphis, TN
Mobile, AL (Flatbed/Over-Dimensional)
Nashville, TN

Email

kansascitydispatch@hznfinc.com
horizonmem@hznfinc.com
derekp@bellsouth.net
Nashville@hznfinc.com



ALABAMA
Birmingham
Huntsville
Mobile

CALIFORNIA
Oakland
Stockton

FLORIDA
Jacksonville
Miami
Orlando

GEORGIA
Atlanta (2)
Savannah

ILLINOIS
Chicago (2)

INDIANA
Indianapolis

KENTUCKY
Louisville

LOUISIANA
New Orleans

MASSACHUSETTS
Boston

MICHIGAN
Detroit

MINNESOTA
Chaska (Logistics)

MISSOURI
Kansas City

NEBRASKA
Omaha

NEW JERSEY
Kearny
Newark

NEW YORK
Buffalo
Huntington (Logistics)
Syracuse

NORTH CAROLINA
Charlotte

OHIO
Cincinnati
Cleveland (2)
Columbus

PENNSYLVANIA
Harrisburg
Philadelphia

SOUTH CAROLINA
Charleston

TENNESSEE
Memphis
Nashville

TEXAS
Dallas
Houston

VIRGINIA
Norfolk

WASHINGTON
Seattle

For terminal updates please check our website – horizonfreightsystem.com.

For any pricing, sales or operational questions, contact us at pricing@horizonfreightsystem.com.

You can also contact Horizon by phone at **800-480-6829**.



FREIGHT SYSTEM, INC.

SERVICE DATE

JUL 11 1985

INTERSTATE COMMERCE COMMISSION

CERTIFICATE

MC-169607 Sub 1
HORIZON FREIGHT SYSTEMS, INC.
STRONGSVILLE, OH

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier by motor vehicle.

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 1043); the designation of agents upon whom process may be served (49 CFR 1044); and tariffs or schedules (49 CFR 1300 through 1310, revised). The carrier shall also render reasonably continuous and adequate service to the public. Failure to meet these conditions will constitute sufficient grounds for the suspension, change, or revocation of this authority.

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

For common carriers with irregular route authority: Any irregular route authority authorized in this Certificate may not be tacked or joined with your other irregular route authority unless joinder is specifically authorized.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

(SEAL)

JAMES H. BAYNE
Secretary

NOTE: If there are any discrepancies regarding this document, please notify the Commission within 30 days.

MC-169607 Sub 1

To operate as a common carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except classes A and B explosives, household goods, and commodities in bulk), between points in the United States (except Alaska and Hawaii).

BK REF

DEPARTMENT OF THE TREASURY
UNITED STATES CUSTOMS SERVICE

CUSTOMS BOND
19 CFR Part 113
Surety Bond #: 08687022

CUSTOMS
USE
ONLY

BOND NUMBER¹ (Assigned by Customs)

410402381

FILE REFERENCE

In order to secure payment of any duty, tax or charge and compliance with law or regulation as a result of activity covered by any condition referenced below, we the below named principal(s) and surety(ies), bind ourselves to the United States in the amount or amounts, as set forth below, Execution Date 08-12-04

SECTION I - Select Single Transaction OR Continuous Bond (not both) and fill in the applicable blank spaces.

<input type="checkbox"/> SINGLE TRANSACTION BOND	Identification of transaction secured by this bond (e.g., entry no., seizure no., etc.)	Date of Transaction	Transaction district & port code
<input checked="" type="checkbox"/> CONTINUOUS BOND	Effective Date 08-24-04	This bond remains in force for one year beginning with the effective date and for each succeeding annual period, or until terminated. This bond constitutes a separate bond for each period in the amounts listed below for liabilities that accrue in each period. The intention to terminate this bond must be conveyed within the time period and manner prescribed in the Customs Regulations.	

SECTION II - This bond includes the following agreements: (Check one box only, except that 1a may be checked independently or with 1, and 3a may be checked independently or with 3. Line out all other parts of this section that are not used.)

Activity Code	Activity Name and Customs Regulations in which conditions codified	Link of Liability	Activity Code	Activity Name and Customs Regulations in which conditions codified	Link of Liability
<input type="checkbox"/> 1	Importer or broker _____ 113.02	XXXXXXXXXXXX	<input type="checkbox"/> 5	Public Gauger _____ 113.07	XXXXXXXXXXXX
<input type="checkbox"/> 1a	Drawback Payment Refunds _____ 113.05	XXXXXXXXXXXX	<input type="checkbox"/> 6	Wool & Fur Products Labeling Act's Importation _____ 113.08	XXXXXXXXXXXX
<input checked="" type="checkbox"/> 2	Custodian of bonded merchandise _____ 113.03 (includes bonded carriers, flight inventories, cartmen and lightermen, all classes of, warehouses, container station operators)	\$ 50,000.00	<input type="checkbox"/> 7	Bill of Lading (Single Entry Only) _____ 113.09	XXXXXXXXXXXX
<input type="checkbox"/> 3	International Carrier _____ 113.04	XXXXXXXXXXXX	<input type="checkbox"/> 8	Retention of Copyrighted Material (Single Entry Only) _____ 113.70	XXXXXXXXXXXX
<input type="checkbox"/> 3a	Instruments of International Traffic _____ 113.08	XXXXXXXXXXXX	<input type="checkbox"/> 9	Neutrality (Single Entry Only) _____ 113.71	XXXXXXXXXXXX
<input type="checkbox"/> 4	Foreign Trade Zone Operator _____ 113.73	XXXXXXXXXXXX	<input type="checkbox"/> 10	Count Costs for Confirmed Goods (Single Entry Only) _____ 113.72	XXXXXXXXXXXX

SECTION III - List below all tradenames or unincorporated divisions that will be permitted to obligate this bond in the principal's name including their Customs Identification Number(s).² (If more space is needed, use Section III(Continuation) on back of form.)

Importer Number	Importer Name	Importer Number	Importer Name
N.A.	N.A.	N.A.	N.A.

Total number of importer names listed in Section III: 0

Principal and surety agree that any charge against the bond under any of the listed names is as though it was made by the principal(s).
Principal and surety agree that they are bound to the same extent as if they executed a separate bond covering each set of conditions incorporated by reference to the Customs Regulations into this bond.

If the surety fails to appoint an agent under Title 5, United States Code, Section 5, surety consents to service on the Clerk of any United States District Court or the U.S. Court of International Trade, where suit is brought on this bond. That clerk is to send notice of the service to the surety at:

Mailing Address Requested by the Surety
210 North Charles Street
Baltimore, MD 21201

PRINCIPAL ¹	Name and Address	Importer No. ³	SIGNATURE	SEAL
PRINCIPAL ¹	Horizon Freight System, Inc. 6600 Bessemer Avenue Cleveland, OH 44127 (OH Corporation)	34-138043900	James Gifford, Vice President <i>[Signature]</i>	None
PRINCIPAL ¹	N.A.	N.A.	N.A.	SEAL
SURETY ⁴	The Fidelity & Deposit Company of Maryland 210 North Charles Street Baltimore, MD 21201 (MD Corporation)	Surety No. ⁵	<i>[Signature]</i>	SEAL
SURETY ⁴	N.A.	N.A.	N.A.	SEAL

SURETY AGENTS	Names	Identification No. ⁶	Names	Identification No. ⁶
SURETY AGENTS	John K. Daily Atty-in-Fact	158-48-2698	N.A.	N.A.

ALL CORRECTIONS AND ALTERATIONS
PRIOR TO THE SIGNING OF THIS FORM



April 30, 2018

EVELYN GOLDEN
HORIZON FREIGHT SYSTEM INC
8777 ROCKSIDE RD
CLEVELAND, OH 44125

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **HZNF** has been renewed for:

HORIZON FREIGHT SYSTEM INC
8777 ROCKSIDE RD
CLEVELAND, OH 44125
MC-169607
US DOT-237360

This Alpha Code will apply only to the company name shown above through June 30, 2019. **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 or address change, please notify the National Motor Freight Association, Inc. at the address below.

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:

Customs and Border Protection
Attention: SCAC Beauregard, Cube C-231-1
1801 N. Beauregard Street
Alexandria, VA 20598-1350
AMS.SCAC@DHS.GOV

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 inconNECTION with freight rates. For participation and membership information, please call (703) 838-1810

**UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2018-2019**

Registrant: HORIZON FREIGHT SYSTEM, INC.

ATTN: evelyn golden
6600 BESSEMER AVE
CLEVELAND, OH 44127

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 05111860009A Effective: July 1, 2018 Expires: June 30, 2019

HM Company ID: 23370

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/23/2018

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 have **ADDITIONAL INSURED** provisions or 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 Hylant Group, Inc. - Cleveland 6000 Freedom Sq Dr, Ste 400 Independence OH 44131	CONTACT NAME: Diana Wallace PHONE (A/C No. Ext): 216-447-1050 E-MAIL ADDRESS: cleveland_hmi@hylant.com	FAX (A/C, No): 216-447-4088
	INSURER(S) AFFORDING COVERAGE	
INSURED KAPLA-4 Horizon Freight System, Inc. 8777 Rockside Road Cleveland, OH 44125	INSURER A : AGCS Marine Insurance Company	NAIC # 22837
	INSURER B : Property & Casualty Ins Co of Hartford	34690
	INSURER C : Burlington Insurance Company	23620
	INSURER D : Old Republic Insurance Co	24147
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1360204729

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
C	<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 checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			707BW47152	9/1/2018	9/1/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			MWTT314151	9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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	N/A	45WEIB1686	9/1/2018	9/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A D	Motor Truck Cargo Phys Dam Incl Trailer Interchange			MXI93022388 MWTT314151	9/1/2018 9/1/2018	9/1/2019 9/1/2019	\$100,000 ACV

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

Cargo deductible is \$10,000.

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

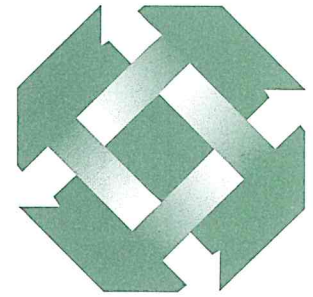
AUTHORIZED REPRESENTATIVE

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**Alliance for Uniform HazMat Transportation
Procedures
Uniform Program Credentials**

**HORIZON FREIGHT SYSTEM INC
6600 BESSEMER AVE**

CLEVELAND OH 44127-



**ALLIANCE
FOR UNIFORM
HAZMAT
TRANSPORTATION
PROCEDURES**

USDOT Census #: **237360**

ICC#: **169607**

EPA Transporter IDs:

Intrastate Motor Carrier #:

10544

Phone Number to call in case of an accident or emergency: (216) 244-2115

Uniform Program ID: **UPM-237360 -WV**

Certified By: **Alan R. Abbott**

Issuance Date: **08-Feb-18** Expiration Date: **30-Jun-19**

Issuing Agency: **Public Service Commission of West Virginia**

Agency Phone Number: **(304) 340-0456**



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.

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. Horizon Freight System, 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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	Exempt payee code (if any) <u>5</u>
<input type="checkbox"/> C Corporation	Exemption from FATCA reporting code (if any) _____
<input checked="" type="checkbox"/> S Corporation	(Applies to accounts maintained outside the U.S.)
<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) ▶ _____	
5 Address (number, street, and apt. or suite no.) See instructions. 6600 Bessemer Ave	Requester's name and address (optional)
6 City, state, and ZIP code Cleveland, OH 44127	
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									
3	4	-	1	3	8	0	4	3	9

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 ▶	Date ▶ <u>01/17/2018</u>
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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.*