

# HORIZON LOCATIONS



FREIGHT SYSTEM, INC.

HORIZON FREIGHT SYSTEM, INC	Corporate Administration/Sales:	Phone	Fax
	<b>Corporate Headquarters:</b> 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
	<b>Customer Remittance:</b> PO Box 70242, Cleveland, OH 44190-0242	-	-
	<b>Banking Information:</b> Key Bank Mailcode: OH-01-27-1203 127 Public Square, 12th floor, Cleveland, OH 44114 Jay McKelvey	-	-
	<b>Collections/Billing:</b> 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	<b>Buffalo, NY</b>	UpstateNY@hznfinc.com
	<b>Chaska, MN – Logistics</b>	stevez@3pointfreight.com
	<b>Chicago South, IL</b>	chicagodispatch@hznfinc.com
	<b>Chicago North, IL</b>	team@rinaratransportation.com
	<b>Detroit, MI</b>	detroit@hznfinc.com
	<b>Harrisburg, PA</b>	Harrisburg@hznfinc.com
	<b>Houston, TX</b>	dispatch@houstonhznf.com
	<b>Huntington, NY– Logistics</b>	dinab@hznfinc.com
	<b>Miami, FL</b>	nelle@hznfinc.com
	<b>New Orleans, LA</b>	monica.horizonfreight@gmail.com
	<b>Oakland, CA</b>	dispatch@horizonoakland.com
	<b>Seattle, WA</b>	dispatch@cgrtransport.com
	<b>Stockton, CA</b>	butchb@hznfinc.com
	<b>Syracuse, NY</b>	UpstateNY@hznfinc.com



MID-ATLANTIC, INC.

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



MIDWEST, INC.

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

To better serve you, we are always adding new locations. For terminal updates, please check our website at [horizonfreightssystem.com](http://horizonfreightssystem.com).

For any pricing, sales or operational questions, contact our sales/operations department at [pricing@horizonfreightssystem.com](mailto: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

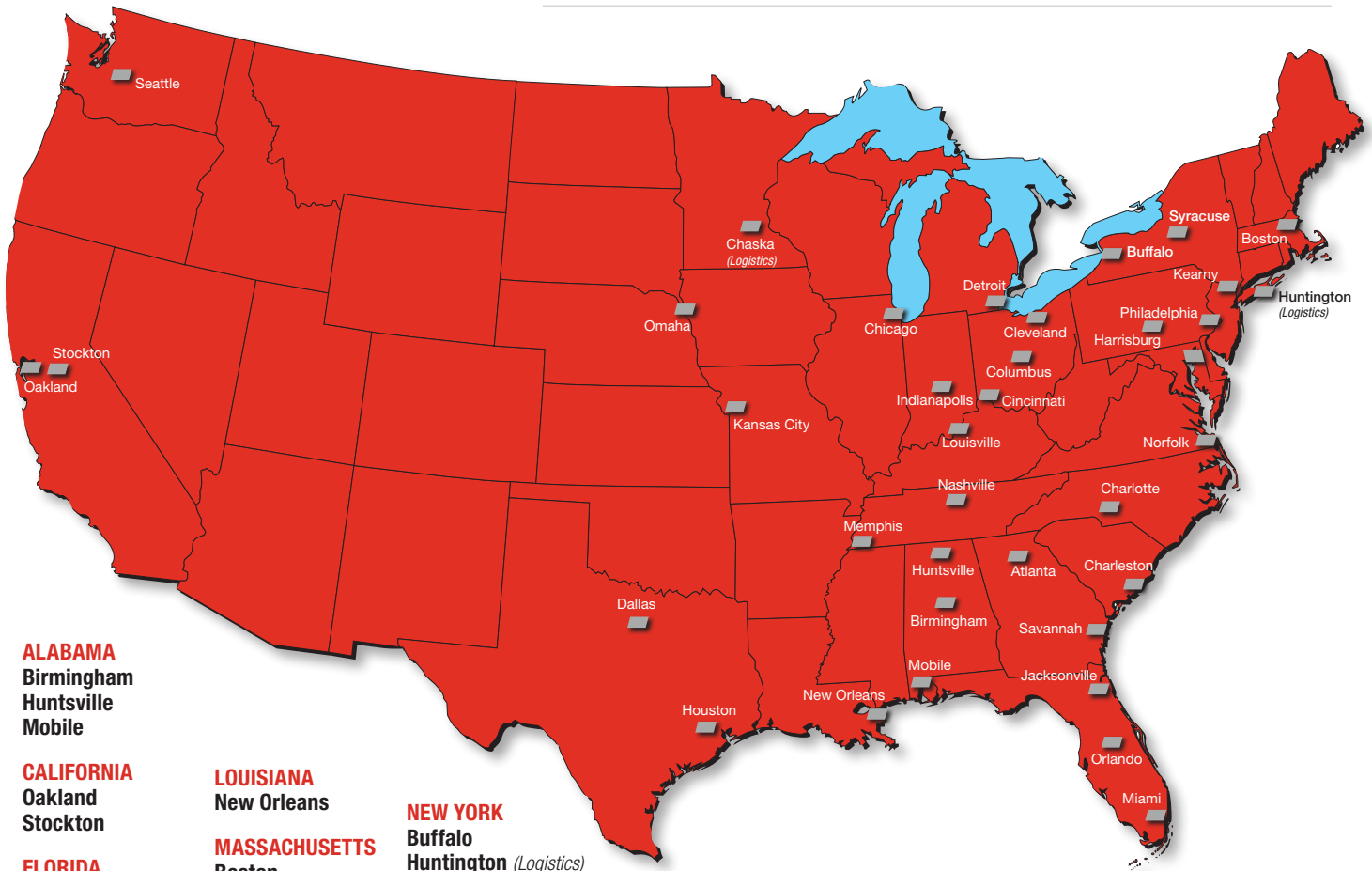
MC #791357  
DOT #2318092  
SCAC- HZWI  
EIN 45-5477791  
HM 158090

### 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](http://horizonfreightsystem.com).

For any pricing, sales or operational questions, contact us at [pricing@horizonfreightsystem.com](mailto:pricing@horizonfreightsystem.com).

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



FREIGHT SYSTEM, INC.



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

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

**SERVICE DATE**  
July 20, 2012

**PERMIT**  
**MC-791344-P**  
U.S. DOT No. 2318070  
HORIZON SOUTH INC  
CLEVELAND, OH

This Permit is evidence of the carrier's authority to engage in transportation as a **contract 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). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

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.

PMO

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

OMB No. 1651-0050 Exp: 03/31/2014

**CUSTOMS BOND**  
19 CFR Part 113

CBP USE ONLY	BOND NUMBER (Assigned by CBP)
	<b>9912JN326</b>

Broker Filer Code: **WYB** Surety Reference Number: **120719011/09088543**

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 name principal(s) and surety(ies), bind ourselves to the United States in the amount or amounts, as set forth below. Execution Date **07-24-2012**

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

<input type="checkbox"/> <b>SINGLE TRANSACTION BOND</b>	Identification of transaction secured by this bond (e.g., entry number, seizure number, etc.) XX	Transaction Date XXXXXXXXXXXX	Port Code
<input checked="" type="checkbox"/> <b>CONTINUOUS BOND</b>	Effective Date <b>08-01-2012</b>	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 period and manner prescribed in the CBP Regulations.	


**SECTION II - This bond includes the following agreements. Check one box only. (Except 3a may be checked independently or with 3.)**

Activity Code	Activity Name and CBP Regulations in which conditions codified	Limit of Liability	Activity Code	Activity Name and CBP Regulations in which conditions codified	Limit of Liability
<input type="checkbox"/> 1	Importer or broker .....\$113.62	XXXXXXXXXXXX	<input type="checkbox"/> 8	Detention of Copyrighted Material ..... \$113.70 -Single Transaction Only-	XXXXXXXXXXXX
<input type="checkbox"/> 1a	Drawback Payments Refunds .....\$113.85	XXXXXXXXXXXX	<input type="checkbox"/> 9	Neutrality .....\$113.71 -Single Transaction Only-	XXXXXXXXXXXX
<input checked="" type="checkbox"/> 2	Custodian of Bonded Merchandise §113.63 (includes bonded carriers, freight forwarders, cartmen and lightermen, all classes of warehouse, container station operators) -Continuous Bond Only-	50,000.00	<input type="checkbox"/> 10	Court Costs for Condemned Goods .....\$113.72 -Single Transaction Only-	XXXXXXXXXXXX
<input type="checkbox"/> 3	International Carrier .....\$113.84	XXXXXXXXXXXX	<input type="checkbox"/> 11	Airport Security Bond.....Part 113 App A	XXXXXXXXXXXX
<input type="checkbox"/> 3a	Instruments of International Traffic... §113.86 -Continuous Bond Only-	XXXXXXXXXXXX	<input type="checkbox"/> 12	International Trade Commission (ITC) Exclusion Bond.....Part 113 App B	XXXXXXXXXXXX
<input type="checkbox"/> 4	Foreign Trade Zone.....\$113.73 -Continuous Bond Only-	XXXXXXXXXXXX	<input type="checkbox"/> 14	In-Bond Export Consolidation Bond	XXXXXXXXXXXX
<input type="checkbox"/> 5	Public Gauger ..... §113.67	XXXXXXXXXXXX	<input type="checkbox"/> 15	Intellectual Property Rights (IPR)	XXXXXXXXXXXX
<input type="checkbox"/> 6	Wool & Fur Products..... §113.66 Labeling Acts Importation -Single Transaction Only-	XXXXXXXXXXXX	<input type="checkbox"/> 16	Importer Security Filing (ISF) .....Part 113 App D	XXXXXXXXXXXX
<input type="checkbox"/> 7	Bill of Lading.....\$113.89 -Single Transaction Only-	XXXXXXXXXXXX	<input type="checkbox"/> 17	Marine Terminal Operator -Continuous Bond Only-	XXXXXXXXXXXX

**PRINCIPAL**

Name and Physical Address (including legal description and state of incorporation)  Horizon South, Inc 6600 Bessemer Avenue Cleveland, OH 44127 (OH Corporation)	By checking the box you agree that you have a seal in accordance with 19 CFR 113.25	AFFIX SEAL or Check Box
	CBP Identification Number: 45-548722400	
	Signature James B. Gifford Vice President <i>James B. Gifford</i>	<input checked="" type="checkbox"/> Check Box
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 CBP regulations into this bond. If the surety fails to appoint an agent under Title 31, United States Code, Section 9306, 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 6 Mill Ridge Lane Chester, NJ 07930

**SURETY**

Name and Physical Address (including legal description and state of incorporation)  The Fidelity & Deposit Company of Maryland 1400 American Lane, Tower I Schaumburg, IL 60196 (MD Corporation)	Surety Number 281	Agent ID Number 145-84-0753	 <input type="checkbox"/> Check Box
	Signature <i>Kevin J. Baily</i> Kevin J. Baily, Atty-in-Fact		



April 30, 2018

EVELYN GOLDEN  
HORIZON SOUTH INC  
8777 ROCKSIDE RD  
CLEVELAND, OH 44125

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

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

HORIZON SOUTH INC  
8777 ROCKSIDE RD  
CLEVELAND, OH 44125  
MC-791344  
US DOT-2318070

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:*

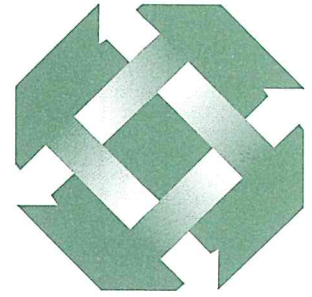
Customs and Border Protection  
Attention: SCAC Beauregard, Cube C-231-1  
1801 N. Beauregard Street  
Alexandria, VA 20598-1350  
**AMS.SCAC@DHS.GOV**

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

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

**HORIZON SOUTH INC  
6600 BESSEMER AVE**

**CLEVELAND OH 44127-**



**ALLIANCE  
FOR UNIFORM  
HAZMAT  
TRANSPORTATION  
PROCEDURES**

USDOT Census #: **2318070**

ICC#: **791344**

EPA Transporter IDs:

Intrastate Motor Carrier #:

10543

**Phone Number to call in case of an accident or emergency: (216) 341-7410**

Uniform Program ID: **UPM-2318070-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**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/31/2018

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).

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

**COVERAGES**

CERTIFICATE NUMBER: 732970479

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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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

*Judy K. Wilson*

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## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://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. <b>Horizon South, Inc.</b>	
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 <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> 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 <b>not</b> 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) <u>5</u>  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. <b>6600 Bessemer Ave</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Cleveland, OH 44127</b>	
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.

<b>Social security number</b>	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]	
<b>or</b>	
<b>Employer identification number</b>	
4 5 - 5 4 8 7 2 2 4	

### 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ 01/18/18
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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](http://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.*



**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 SOUTH, INC.  
ATTN: EVELYN GOLDEN  
6600 BESSEMER AVENUE  
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: 051118600013A    Effective: July 1, 2018    Expires: June 30, 2019**

**HM Company ID: 158089**

**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.