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MC # 566235

US DOT # 1510787

C-TPAT 44A23619-53A6-43D3-B8CC-9384FF7C15A3

CVOR # 156-522-826

WSIB # 2450788



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

400 7th Street SW
Washington, DC 20590

SERVICE DATE
September 14, 2006

PERMIT

MC-566235-P

ADA LOGISTICS INC
BRAMPTON, ON, CD

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.

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.

PMO



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

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

April 17, 2008

In reply refer to:
Your USDOT No.: 1510787

MC Number: MC566235

IRENEUSZ KRUSZYNA
SAFETY CONSULTANT
ADA LOGISTICS INC
14 REGIS CIRCLE
BRAMPTON, ONTARIO L6P 1Y8
CANADA

Dear IRENEUSZ KRUSZYNA:

This letter is to inform you that you have now met all the requirements of Part 385 of Title 49 of the Code of Federal Regulations (49 CFR Part 385) for receiving "New Entrant" registration to operate in interstate commerce within the United States. Accordingly, your "New Entrant" designation is removed and your registration is considered permanent.

However, you are reminded that while operating in the United States, you are required to comply with all U.S. Federal Motor Carrier Safety Regulations (FMCSRs), Federal Motor Vehicle Safety Standards (FMVSS), and applicable Hazardous Materials Regulations (HMRs). The FMCSA will continue to evaluate you on the same basis as any other carrier.

If you have any questions, please contact your local FMCSA office at:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
LEO W. O'BRIEN FEDERAL BLDG, ROOM 816
CLINTON AVENUE AND N. PEARL STREET
ALBANY, NY 12207
Telephone No.: 518-431-4145

Sincerely,

William A. Quade
Associate Administrator for Enforcement and
Program Delivery

Name and Mailing Address / Nom et adresse postale

ADA LOGISTICS INC.,
14 REGIS CIRCLE
BRAMPTON ON L6P 1Y8


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.



00407995

Detach here / Detachez 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. / N° d'immatriculation d'utilisateur de véhicule utilitaire	1 50-522-826		
Name / Nom	ADA LOGISTICS INC.		
Office / Bureau	Issue Date / Date de délivrance	Minister of Transportation / Ministère des Transports	
H87-3	06-09-27		
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, 3e étage, St. Catharines (Ontario) L2R 7R4.

00407995

[Home](#) / Status Verification

C-TPAT, Status Verification

Partner Name: ADA LOGISTICS INC

Doing Business As: SAME

C-TPAT Account Number: 97831004

Business Type: Highway Carrier - U.S. / Canada

Account Status: Certified

SCSS: [John Carlo](mailto:John.Carlo@dhs.gov) (John.Carlo@dhs.gov)

Phone: 716-565-3206

Office: Buffalo

Primary Point of Contact: [BRIAN WHITE](mailto:BRIAN.WHITE@ADALOGISTICS@ROGERS.COM) (ADALOGISTICS@ROGERS.COM)

Phone: 416-640-0807

MANAGE YOUR STATUS VERIFICATION TOKEN (SVI)

1 Your SVI 44a23619-53a6-43d3-b8cc-9384bb7c15a3

EMAIL YOUR STATUS VERIFICATION TOKEN (SVI) TO OTHER PARTNERS

2 Email Addresses (separate each email address with a comma)

3 Email History

No email history for the current SVI.

MONITOR OTHER PARTNERS' STATUS

Not monitoring any other partners.

**Certificate of Foreign Status of Beneficial Owner
 for United States Tax Withholding**

OMB No. 1545-1621

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.
 ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual W-9
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) W-8ECI or W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) W-8ECI or W-8EXP

Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.

- A person acting as an intermediary W-8IMY

Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner ADA LOGISTICS INC.		2 Country of incorporation or organization CANADA	
3 Type of beneficial owner:			
<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership
<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government
<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Private foundation	<input type="checkbox"/> International organization
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 173 CARRIER DRIVE			
City or town, state or province. Include postal code where appropriate. ETOBICOKE, ONTARIO M9W 5N5			Country (do not abbreviate) CANADA
5 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.			Country (do not abbreviate)
6 U.S. taxpayer identification number, if required (see instructions) 98-0512275		7 Foreign tax identifying number, if any (optional) 85064 7728 RT0001	
<input type="checkbox"/> SSN or ITIN		<input checked="" type="checkbox"/> EIN	
8 Reference number(s) (see instructions)			

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

a The beneficial owner is a resident of CANADA within the meaning of the income tax treaty between the United States and that country.

b If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).

c The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).

d The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).

e The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article _____ of the treaty identified on line 9a above to claim a _____% rate of withholding on (specify type of income): _____
 Explain the reasons the beneficial owner meets the terms of the treaty article: _____

Part III Notional Principal Contracts

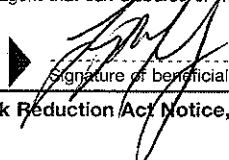
11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- 1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- 2 The beneficial owner is not a U.S. person,
- 3 The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and
- 4 For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here ▶  _____
 Signature of beneficial owner (or individual authorized to sign for beneficial owner)

SEPT. 11/12
 Date (MM-DD-YYYY)

CONTROLLER
 Capacity in which acting

