

Form W-9

(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to this requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name, if different from above

HOLLEN TRANSPORTATION INC

Check appropriate box: Individual/Sole proprietor

Corporation

Partnership

Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶

Exempt payee

Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

125 MARY ST

City, state, and ZIP code

ARAPA OH 446163

Requester's name and address (optional)

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

3010301381

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).

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 ▶

Feb 14 2011

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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.



U.S. Customs and
Border Protection

7/31/2009

HOLTEN TRANSPORTATION INC.

125 Mary Street
Aurora, XO L4G 1G3

HOLTEN TRANSPORTATION INC.:

On behalf of U.S. Customs and Border Protection (CBP), I am pleased to welcome HOLTEN TRANSPORTATION INC. as a certified partner in the Customs-Trade Partnership Against Terrorism (C-TPAT) program. By participating with CBP, you are making a vital contribution to help us secure our borders and ensure the continued free flow of international trade.

Your role as a C-TPAT partner is to continue to ensure that appropriate security measures, based upon risk analysis and consistent with C-TPAT security criteria, are maintained in a documented and verifiable format throughout your international supply chains. C-TPAT partners must also have a documented and verifiable process for the selection of business partners and ensure that these business partners develop security procedures consistent with C-TPAT security criteria.

To meet these obligations and the security standards established under the C-TPAT program, it is necessary that a security self-assessment process be developed and implemented. Additionally, these assessments should identify and institute any enhancements or updates to your supply chain program. All aspects of the security self-assessment must be verifiable, documented, reviewed on a regular basis and updated as warranted.

CBP's commitment to you, consistent with our goals of security and facilitation of trade moving into the United States, is to provide a secure entry process marked by the efficient release of goods and prompt resolution of CBP issues. At this time, CBP will proceed to provide HOLTEN TRANSPORTATION INC. with C-TPAT benefits which may include reduced cargo exams, training and sharing of information.



Name or Mailing Address / Nom et adresse postale

HOLTEN TRANSPORTATION INC.
125 MARY STREET
AURORA ON L4G 1G3

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 UVV 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.



00394512

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.
N° d'immatriculation d'utilisateur
de véhicule utilitaire

150-520-601

Name / Nom

HOLTEN TRANSPORTATION INC.

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

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.

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.

Office / Bureau	062-9	Issue Date / Date de délivrance			Minister of Transportation Ministre des Transports
		Y/A	M	D/J	
		04	11	23	



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

400 7th Street SW
Washington, DC 20590

SERVICE DATE
December 01, 2004

CERTIFICATE

MC-505178-C

HOLTEN TRANSPORTATION INC
AURORA, ON, CD

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.

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.

CMO

Received Time Dec. 7. 2:31PM

		CERTIFICATE OF INSURANCE CERTIFICAT D'ASSURANCE		Issue Date / Date d'Émission (M / D / Y)	
INSURER / ASSUREUR: MARKEL INSURANCE COMPANY OF CANADA 55 University Avenue Toronto, Ontario M5J 2H7		POLICY NO. / POLICE NO		11/22/2010	
INSURED / ASSURÉ: HOLTEN TRANSPORTATION INC 125 MARY ST AURORA, ON L4G1G3		2008224		11/22/2011	
<p>This is to certify that the policies 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, conditions and coverages of such policies.</p> <p>Le présent certificat atteste que les protections énumérées ci-dessous ont été émises à l'assuré cité en rubrique pour la période indiquée. Nonobstant les exigences, termes ou conditions de tout autre contrat ou document relatif au présent certificat, les protections de telles polices d'assurance sont assujetties aux termes, conditions et exclusions y rattachant.</p>					
CO. # TYPE OF INSURANCE /					
CO. # NATURE DES GARANTIES OFFERTES					
1					
GENERAL LIABILITY / RESPONSABILITÉ GÉNÉRALE					
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY /					
RESPONSABILITÉ CIVILE DES ENTREPRISES					
EACH OCCURRENCE / PAR ÉVÈNEMENT					
\$ 5,000,000					
PRODUCTS-COMPOS AGGREGATE/ RISQUE PRODUITS/APRÈS TRAVAUX					
\$					
PERSONAL INJURY / BLESSURES CORP-ORIELLES					
\$					
MEDICAL EXPENSE (Any one person) / FRANS MEDICAUX (Toute personne)					
\$					
TLL LIMIT / LIMITE DE LA RESPONSABILITÉ CIVILE DES LOCALITAIRES					
\$ 100,000					
1					
AUTO LIABILITY / RESPONSABILITÉ AUTOMOBILE					
<input checked="" type="checkbox"/> ANY AUTO /					
UN OU PLUSIEURS VÉHICULES					
<input checked="" type="checkbox"/> ALL OWNED AUTOS /					
TOUS LES VÉHICULES DONT VOUS ÊTES PROPRIÉTAIRES					
<input checked="" type="checkbox"/> SCHEDULED AUTOS /					
TOUS LES VÉHICULES DÉSIGNÉS					
<input checked="" type="checkbox"/> Hired AUTOS /					
AUTOS LOUÉ					
<input checked="" type="checkbox"/> NON-OWNED AUTOS /					
AUTOMOBILES DES NON-PROPRIÉTAIRES					
<input checked="" type="checkbox"/> GARAGE /					
GARAGISTE					
1					
OTHER / AUTRE					
<input checked="" type="checkbox"/> CARGO /					
CARGAISON					
<input checked="" type="checkbox"/> LEGAL LIABILITY FOR DAMAGE TO NON-OWNED AUTOMOBILES /					
RESPONSABILITÉ CIVILE POUR DOMMAGES AUX VÉHICULES					
N'APPARTENANT PAS À L'ASSURÉ					
PER POLICY / SELON LA POLICE					
\$ 250,000					
<input checked="" type="checkbox"/> LEGAL LIABILITY FOR DAMAGE TO NON-OWNED AUTOMOBILES /					
RESPONSABILITÉ CIVILE POUR DOMMAGES AUX VÉHICULES					
N'APPARTENANT PAS À L'ASSURÉ					
LIMIT / LIMITE					
NOT EXCEEDING / MAXIMALE					
DEDUCTIBLE / FRANCHISE					
NOT EXCEEDING / MAXIMALE					
\$ 10,000					
1					
OTHER / AUTRE					
<input checked="" type="checkbox"/> CARGO /					
CARGAISON					
<input checked="" type="checkbox"/> LEGAL LIABILITY FOR DAMAGE TO NON-OWNED AUTOMOBILES /					
RESPONSABILITÉ CIVILE POUR DOMMAGES AUX VÉHICULES					
N'APPARTENANT PAS À L'ASSURÉ					
PER POLICY / SELON LA POLICE					
\$ 125,000					
<input checked="" type="checkbox"/> LEGAL LIABILITY FOR DAMAGE TO NON-OWNED AUTOMOBILES /					
RESPONSABILITÉ CIVILE POUR DOMMAGES AUX VÉHICULES					
N'APPARTENANT PAS À L'ASSURÉ					
LIMIT / LIMITE					
NOT EXCEEDING / MAXIMALE					
DEDUCTIBLE / FRANCHISE					
NOT EXCEEDING / MAXIMALE					
\$ 10,000					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS /					
DESCRIPTION DES ACTIVITÉS / EMPLACEMENTS / VÉHICULES / RESTRICTIONS / AUTRES					
As per the schedule attached to the policy. Selon l'annexe jointe à la police.					
<p>The Insurance afforded is subject to the terms, conditions and exclusions of the applicable policy. This Certificate is issued as a matter of information only and confers no rights on the holder and imposes no liability on the insurer. This insurer will endeavour to mail to the holder of this Certificate 30 days written notice of any material change in or cancellation of these policies, but assumes no responsibility for failure to do so.</p> <p>Les assurances ci-dessus sont régies par les contrats en cause. Le présent certificat n'est émis qu'à titre de renseignements et ne confère aucun droit à son titulaire en l'absence de contrat nullement. L'Assureur. Ce dernier se propose de donner au titulaire un préavis écrit de 30 jours de toute modification importante de ces assurances ou de leur résiliation, mais ne s'assume aucune responsabilité en cas de défaut de notification.</p>					
 AUTHORIZED REPRESENTATIVE / AGENT QUALIFIÉ					



200 Front Street West
Toronto ON M5V 3J1
Telephone:
(416) 344-1012

Certificate of Clearance Certificat de décharge

The Workplace Safety and Insurance Board (WSIB) hereby waives its rights under Section 141 of the Workplace Safety and Insurance Act to hold the Principal, that is in a contractual agreement with the Contractor named, liable for any Section 141 liability of the Contractor for premiums and levies of the WSIB owing now or within 60 days from the date of this Certificate.

CONTRACTOR
L'ENTREPRENEUR

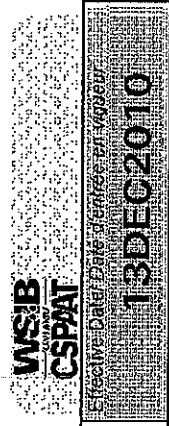
HOLTEN TRANSPORTATION

INC.
125 MARY ST
AURORA ON
L4G 1G3

Par la présente, la Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail (CSPAAT) renonce aux droits qui lui sont conférés en vertu de l'article 141 de la Loi sur la sécurité professionnelle et l'assurance contre les accidents du travail et qui l'autorisent à tenir l'entrepreneur principal, qui a signé une entente contractuelle avec l'entrepreneur dont le nom figure sur le présent certificat, responsable du paiement de toute prime ou de toute somme que l'entrepreneur est tenu de verser à la CSPAAT immédiatement ou dans les 60 jours suivant la date indiquée sur ce certificat.

THIS CERTIFICATE IS VALID FOR ALL CONTRACTS OF THE NAMED CONTRACTOR DURING THE EFFECTIVE PERIOD

LE PRESENT CERTIFICAT EST VALIDE POUR TOUS LES CONTRATS PASSES PAR LEDIT ENTREPRENEUR PENDANT LA PERIODE D'APPLICATION DU CERTIFICAT



Account No./N° de compte 2875885	Firm No./N° d'entreprise 767796BD
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Valid only when signed by an authorized Officer at the WSIB.
Non valide sans la signature d'un agent autorisé de la CSPAAT.

Rate/Taux	Description	Rate/Taux	Description
4561000	GENERAL FREIGHT TR		

Contract Description/ Description du contrat	Certificate No. / N° de certificat 204356811
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Contact the WSIB if you question the validity of this document.
Veillez communiquer avec la CSPAAT si vous doutez de la validité du présent document.

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