



U S Department of Transportation  
Federal Motor Carrier Safety Administration

1200 New Jersey Ave. S E  
Washington DC 20590

**SERVICE DATE**  
June 29, 2016

**DECISION**

MC-920094-C  
MUSCLE GUYS LOGISTICS INC  
RIPON, CA

By decision of the U.S. Department of Transportation, entered May 31, 2016, an investigation under 49 U.S.C. § 14701(a) was instituted to decide whether, in accordance with 49 U.S.C. § 13905, the operating rights registration specified above should be revoked for failure to comply with the requirements of 49 U.S.C. § 13906 and 49 CFR 387. The Federal Motor Carrier Safety Administration notified the above-named transportation entity that failure to respond or comply with the terms of the decision would result in revocation of its authority registration, effective 30 days after the date the decision was served.

Evidence of compliance with the statute and insurance regulations has been received.

By the Federal Motor Carrier Safety Administration.

A handwritten signature in black ink that reads "Jeffrey L. Secrist".

Jeffrey L. Secrist, Division Chief  
Office of Registration and Safety Information

RD

# V-TEC

## **VALLEY TRUCKERS EXAM CONSORTIUM**

### **THIRD PARTY ADMINISTRATORS**

#### ***Enrollment Certificate***

**MUSCLE GUYS LOGISTICS INC  
1743 FRANCES CT  
RIPON, CA 95366**

This carrier is a member of Valley Truckers Exam Random Drug/Alcohol Testing Consortium Program, meeting all FHWA requirements per 49 CFR Part 382 and Part 40 concerning substance abuse testing.

  
Valley Truckers Exam Consortium Representative

*Effective Date:* 06/11/2018  
*Expiration Date:* 06/11/2019  
*Account No.* 3255

Valley Truckers Exam Consortium • 1550 W Colony Rd, Ste B • Ripon, CA 95366 • Ph (209) 599-6807 • Fax (209) 599-8844



MUSCGUY-01

MOYERVIDES

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/27/2018

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 License # 0E02096</b> <b>DiBuduo &amp; DeFendis Insurance Brokers, LLC</b> 1560 Cummins Drive, Suite A Modesto, CA 95358-6406	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (209) 578-0183</b> <b>FAX (A/C, No): (209) 578-1841</b> <b>E-MAIL ADDRESS:</b>  <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A: Hudson Insurance Company</b> <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> <b>25054</b>
<b>INSURED</b>  <b>Muscle Guys Logistics, Inc.</b> 1743 Francis Ct. Ripon, CA 95366		

## COVERAGES CERTIFICATE NUMBER: 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea.occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		<b>BUI00714501</b>	<b>06/28/2018</b>	<b>06/28/2019</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>Cargo Insurance</b>		<b>BUI00714501</b>	<b>06/28/2018</b>	<b>06/28/2019</b>	<b>Deductible-\$1,000</b>  <b>100,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Tractor: 2012 Volvo VIN #4V4NC9EH0CN539987 Comp/Collision Deductible: \$1,000  
Tractor: 2013 Volvo VIN #4V4NC9EJ7DN560288 Comp/Collision Deductible: \$1,000  
Trailer: 2008 Fountain VIN #5TR14830882001208 Comp/Collision Deductible: \$1,000  
Trailer: 1997 Waba VIN #1JF452F7VS437266 Comp/Collision Deductible: \$1,000  
Trailer: 2005 Lufkin VIN #1L01B482551157943 Comp/Collision Deductible: \$1,000

### CERTIFICATE HOLDER

### CANCELLATION

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



# CALIFORNIA AIR RESOURCES BOARD

## Certificate of Reported Compliance Truck and Bus Regulation

Issued to:

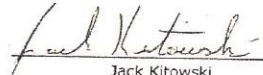
**Muscle Guys**

**Motor Carrier: CA-920094**

**2 Vehicles Reported**

This certificate confirms that the fleet owner has attested under penalty of perjury that the statements and information they provided to the Air Resources Board (ARB) are true, accurate, and complete regarding all relevant vehicles in the fleet required to show compliance. ARB hereby finds that the fleet listed above has reported compliance with title 13, California Code of Regulations, section 2025 of the Truck and Bus Regulation. If ARB subsequently finds that the statements and information that have been provided are not true, accurate, and complete, this certificate shall be effectively revoked and the fleet subject to noncompliance penalties.

This certificate is valid until **December 31, 2019**

  
Jack Kitowski  
Division Chief, Mobile Source Control Division  
California Air Resources Board

Printed on 2019-01-11

Truck and Bus Fleet Identification  
**128090**

To verify the authenticity of this certificate, visit  
[www.arb.ca.gov/msprog/onrdiesel/tblookup.php](http://www.arb.ca.gov/msprog/onrdiesel/tblookup.php)

**DEPARTMENT OF MOTOR VEHICLES**


Registration Operations Division MS H875  
 P.O. BOX 932370 Sacramento, CA. 94232-3700  
 (916) 657-8153



10/19/2016



MUSCLE GUY'S LOGISTICS INC  
 1743 FRANCES CT  
 RIPON, CA 95366

 <p><b>NON-EXPIRING MOTOR CARRIER PERMIT Combined Carrier</b></p>									
<p><b>DEPARTMENT OF MOTOR VEHICLES</b>                  Registration Operations Division                  P.O. BOX 932370 Sacramento, CA. 94232-3700</p> <p>MUSCLE GUY'S LOGISTICS INC                  1743 FRANCES CT                  RIPON, CA 95366</p>	<table border="1"> <tr> <td><b>Valid From:</b></td> <td>10/13/2016</td> <td><b>Valid Through:</b></td> <td>Non-Expiring</td> </tr> <tr> <td><b>CA#:</b></td> <td colspan="3">0484760</td> </tr> </table>	<b>Valid From:</b>	10/13/2016	<b>Valid Through:</b>	Non-Expiring	<b>CA#:</b>	0484760		
	<b>Valid From:</b>	10/13/2016	<b>Valid Through:</b>	Non-Expiring					
<b>CA#:</b>	0484760								
<p>The carrier named on this permit is subject to the Unified Carrier Registration Act (UCRA) of 2005, and is granted a non-expiring permit of the following classification:</p> <p style="text-align: center;"><b>For Hire Corporation</b></p> <p style="text-align: center;"><b>Not Valid for Intrastate Only Operations</b></p>									
<table border="1"> <tr> <td><b>Pmt Date:</b> 10/13/2016</td> <td><b>Office #:</b> 154</td> </tr> <tr> <td><b>Account #:</b> 660119</td> <td><b>Tech ID:</b> TA</td> </tr> <tr> <td><b>Sequence #:</b> 0037</td> <td><b>Amt Paid:</b> \$172.00</td> </tr> </table>	<b>Pmt Date:</b> 10/13/2016	<b>Office #:</b> 154	<b>Account #:</b> 660119	<b>Tech ID:</b> TA	<b>Sequence #:</b> 0037	<b>Amt Paid:</b> \$172.00			
<b>Pmt Date:</b> 10/13/2016	<b>Office #:</b> 154								
<b>Account #:</b> 660119	<b>Tech ID:</b> TA								
<b>Sequence #:</b> 0037	<b>Amt Paid:</b> \$172.00								

**!!!IMPORTANT REMINDERS!!!**

1. This non-expiring Motor Carrier Permit (MCP) will remain valid as long as you continue to conduct interstate operations. The Unified Carrier Registration Act (UCRA) of 2005 exempts combined carriers (carriers who operate both intra and interstate) from MCP requirements.
2. Federal Motor Carrier Safety Administration insurance requirements must be maintained.
3. If you commence intrastate only operations, you must renew your MCP.

California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922



**CALIFORNIA  
INTERNATIONAL FUEL TAX AGREEMENT**

**Department of Tax and Fee Administration  
Motor Carrier Office  
1030 Riverside Parkway, Suite 125  
West Sacramento, CA 95605-1527  
2018 IFTA LICENSE  
NOT TRANSFERABLE**

Effective Date 01/01/2018
Expiration Date 12/31/2018

IFTA License Number  
CA27207273400

Motor Carrier Account: 59094560  
Control Number: 00D5NVM

MUSCLE GUYS LOGISTICS INC  
1743 FRANCES CT  
RIPON, CA 95366-9572

Decals Issued: 8026800-8026801

THIS LICENSE IS ISSUED UNDER THE TERMS OF THE INTERNATIONAL FUEL TAX AGREEMENT AND IS VALID FOR VEHICLES OPERATED BY THE LICENSEE IN ALL IFTA JURISDICTIONS

**A COPY OF THIS LICENSE MUST APPEAR IN EACH MOTOR VEHICLE**

Cut here

Cut here

This license is issued by the California Department of Tax and Fee Administration.

This license, or an exact copy of this license, must be carried in the cab of each qualified motor vehicle registered under the California International Fuel Tax Agreement (IFTA) program. Along with this license, each vehicle must display one set of valid California IFTA decals on the exterior portion of the truck's cab; one decal on each side. In lieu of the IFTA decals, a valid California IFTA 30-Day Temporary Decal Permit may be carried in the cab of the vehicle.

If you do not carry a copy of the IFTA license or do not display the IFTA decals in the required locations on the vehicle(s) (or carry in the cab a valid California IFTA Temporary Decal Permit), it will subject the vehicle operator to the requirement to purchase a fuel trip permit, issuance of a citation and/or imposition of a fine, and possible seizure and sale of the vehicle.

As a holder of this license, you accept certain responsibilities. You must keep adequate records that document the amount of fuel purchased, used, or stored; the amount of fuel tax paid; any fuel use that is exempt from tax; and the number of miles your qualified motor vehicle(s) operated in all IFTA and non-IFTA jurisdictions. Generally, you must keep records for four years.

You must file an IFTA Quarterly Fuel Use Tax Return no later than the last day of the month following the quarterly reporting period. You must file your quarterly return even if you did not purchase any fuel or operate your vehicle(s) in any IFTA jurisdiction during the reporting period. To file your return, log in to our online services at [www.cdtfa.ca.gov](http://www.cdtfa.ca.gov).

Your license is valid only for the entity named and type of ownership specified (for example, sole proprietorship, corporation, partnership, limited liability company, etc.). You should notify the California Department of Tax and Fee Administration (CDTFA) immediately if you make ownership changes, sell your business, stop operating, or otherwise close your California IFTA license account. Upon closure of your account, you must destroy this license and all copies and remove all related decals issued by the CDTFA from your vehicle(s).

This license is valid only if issued by the CDTFA. Any agent or other person who alters or otherwise produces unauthorized fuel tax credentials is creating fraudulent documents, the use of which may result in civil liability, criminal prosecution or revocation of the license.

If you have any questions, please call the Motor Carrier Office at 1-800-400-7115 (TTY:711). Customer service representatives are available weekdays from 8:00 a.m. to 5:00 p.m. (Pacific Standard Time), except state holidays.

CDTFA-442-IFTA

## 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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <i>Muscle Guys Logistics Inc</i>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <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) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <i>1743 Frances CT</i>	
	6 City, state, and ZIP code <i>Ripon, Ca, 95366</i>	
	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 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>						
or											
Employer identification number											
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">7</td> <td style="width: 12.5%; text-align: center;">-</td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">0</td> <td style="width: 12.5%; text-align: center;">7</td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">7</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">4</td> </tr> </table>		2	7	-	2	0	7	2	7	3	4
2	7	-	2	0	7	2	7	3	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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Matt Goss</i>	Date ▶ <i>3-13-18</i>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### 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? on page 2.*

- By signing the filled-out form, you:
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, and
  4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.