RAY BETHERS, Inc.
Post Office Box 655
Kamas, Utah 84036-0655
(801) 699-9292
(801) 766-0863 FAX

Carrier…

Thank you for your interest in working with Ray and me.

Attached are the documents promised for you to sign and return. Please have a Corporate Officer sign the Agreement. Most important of these is to make sure that all insurance requirements have been filled out. I can verify your other information via SAFERSYS on the internet.

Please have your insurance agent prepare and send to us a Certificate of Insurance with an ***additional insured endorsement*** naming : **Ray Bethers, Inc.**

We also MUST have proof of Worker's Compensation Coverage or a valid "Owner's Exemption Certificate" as evidence of your compliance with regulatory statutes in your domiciled state.

These can be faxed to me at *(801) 766-0863*.

A *"To Whom It May Concern" Certificate* for Auto Liability and Cargo and proof of Worker's Compensation Coverage will suffice to get you loaded, HOWEVER, ***we must have the required certificates from your agents on file before we will pay for services rendered.*** *Please make sure this is done so there is no misunderstanding going forward and I or Ray don't have to call and beg for you to do this so we can pay you...*

We will treat you as another honest, hard working individual, however, we cannot make any exceptions when it comes to insurance coverage limits for your Auto Liability and Cargo and the requirement to carry worker's compensation insurance or provide us with a valid owner's exemption certificate if you are an owner operator. Of all the information we request, we cannot and will not make any exceptions for non compliance with the minimum insurance requirements.

We like to do things simply around here—NOT loosely—and we figure that if we do not pay you as agreed or you do not perform as agreed that we probably will not continue doing business anyway. Please make sure the insurance issues are handled in a timely manner. You may fax the attached form to your insurance agent(s) if needed.

Please call with any questions or concerns! We look forward to working with you!

Kind regards,

Russ Bethers, Accounting, Ray Bethers, Inc.
(801) 824-1624

Company Information -

Ray Bethers, Inc.

Physical Address :
395 South Main Street
Kamas, UT 84036-0655

Mailing Address :
Post Office Box 655
Kamas, UT 84036-0655

Dispatch (801) 699-9292 – RAY

Accounting (801) 824-1624 – RUSS

FAX : (801) 766-0863

Email : russ@raybetherstrucking.com

ICC MC 668624

FED ID 26-396607

BMC 85 "Trust Fund Agreement" – American Contractors Indemnity Company
Trust 1000820875

Insurance : Lloyds of London, Policy #IRPI-=CL-10-087, $1M Contingent Auto Liability
Great American, Policy #IMP7855984-01, $100K Contingent Cargo

REFERENCES :

SME Steel Contractors, Inc.
West Jordan, UT
Eldon Young
(801) 280-0711

PDM Steel Service Centers
Spanish Fork, UT
Lisa or Albert
(801) 798-8676

Bunning Transfer
Rock Springs, WY
Dave or Chris
(307) 362-3791

Other Documentation Attached…

Carrier/Broker Agreement

This agreement is entered into between Ray Bethers, Inc., hereafter referred to as "Broker", and _____ , hereinafter referred to as "Carrier."

Whereas, Broker is transportation broker engaged in the business of selling or negotiating transportation with ICC Authority MC #668624, and whereas Carrier is a motor carrier operating in interstate and interstate commerce, with contract authority MC # _____ .

1. The terms of the agreement shall be continuous from signing date.
2. Freight and rate shall be set and agreed upon at the time of each transaction.
3. Either party can initiate termination of this agreement by providing thirty (30) days written notice to the other party.
4. The Carrier shall be liable for all loss, damage, or liability incurred by transportation of property arranged for by the Broker while being transported by the Carrier or in Carrier's charge.
5. The Carrier shall provide current cargo and liability insurances listing Broker as an additional certificate holder in the minimum amounts of $100,000 for cargo and $1,000,000 for liability.
6. The Carrier shall provide required Worker's Compensation Insurance filling or Owner's Exemption satisfying the requirements of the domiciled state and supply Broker with a certificate in Broker's Name or copy of Owner's Exemption as evidence of compliance.
7. The Carrier shall hold harmless all customers of the Broker. The carrier shall also work through the Broker for Broker's customer's business. If there is direct solicitation from the Carrier to the Broker's customer, the Broker shall be paid a 15% agency fee on gross revenue billed for 18 months from the date of this document.
8. In the event of disagreement of dispute, both parties agree to mediation in the State of Utah. Any legal action taken is subject to US and Utah State Law. It is agreed that the prevailing party will be entitled to legal fees.
9. Carrier will be paid within thirty (30) days of receipt of invoice, signed, dated, clean, original bills of lading and shipping documents and/or Broker supplied BOL or load confirmation sheet.
10. This agreement contains the entire contract agreement and no additions can be made unless in writing or initialing by both parties.

In witness whereof, the parties hereto have signed their names on this _____ day of _____ , 2_____.

Company : ***Ray Bethers, Inc.***

395 South Main Street

Kamas, UT 84036-0655

By : _____

Printed : Ray Bethers

Title : President

Phone : (801) 699-9292

Company : _____

Address : _____

Address : _____

City : _____

State: _____ Zip: _____

By* : _____

Printed : _____

Title* : _____

Phone : _____

MUST be signed by a Corporate Officer.

Ray Bethers, Inc., PO Box 655, Kamas, UT 84036-0655
(801)699-9292 / (801) 766-0863 FAX

Company Information Request -

Legal Name : _____

Physical Address :

_____
_____
_____
_____

Mailing Address :

_____
_____
_____
_____

Phone Number : _____ **Owner :** _____

FAX Number : _____ **Accounting :** _____

WebSite : http://www. _____
Email Address(es) : _____
_____

ICC MC # : _____ **US DOT # :** _____

FED EIN # : _____

WORK REFERENCES :

Name : _____
Address : _____
City : _____
State : _____ Zip : _____
Contact : _____
Phone : _____

Name : _____
Address : _____
City : _____
State : _____ Zip : _____
Contact : _____
Phone : _____

Any Additional Information or Instructions…

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please fill out in full and return to Russ at (801) 766-0863…

URGENT

To : _____

FAX Number : _____

Please prepare a Certificate of Insurance showing evidence of :

- **Auto Liability** coverage with limits of at least *$1,000,000* and **"Any Auto"** or **"Owned, Hired and Non Owned Auto"** Coverage.
- **Cargo** coverage with limits of at least *$100,000*

An **additional insured endorsement** naming :

Ray Bethers, Inc.

This wording MUST be used.

When complete, please ***send*** a copy of this certificate to:

Ray Bethers, Inc.
Post Office Box 655
Kamas, UT 84036-0655

- and -

FAX a copy as soon as possible to :

(801) 766-0863

Thank you so much!

_____
_____
_____

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT

USER ID:	**AMERICANCON**
TRANSMISSION NUMBER:	**WEB05249**
TRANSMITTED ON:	**01/22/2009 12:34:59**
COMPANY NAME:	**AMERICAN CONTRACTORS INDEMNITY COMPANY**
SUMITTED BY:	**AMERICAN CONTRACTORS INDEMNITY COMPANY (21292-00)**

Docket	Form/Type	Policy Number	Effective Date	Action
MC-668624	**BMC-84/SURETY**	**1000820875**	**01/21/2009**	**ACCEPTED**

Values in FMCSA Licensing & Insurance Database:

Legal Name: RAY BETHERS INC
Address: 395 SOUTH MAIN STREET
KAMAS UT US 84036-0655
PO BOX 655
KAMAS UT US 84036-0655

91X Coverage(Type/Max/Underlying):

Total: 1

HCC SURETY GROUP

Date: _____

Attn: _____

Fax: _____

Principal: Ray Bethers, Inc. MC# 668624

Bond No. : 1000820875 Effective Date: 1/22/2009

In reply to your inquiry regarding the referenced bond, our records indicate this bond is valid. When the ICC Property Broker (BMC-84) bonds are filed with the Federal Highway Administration (FHA), they are filed electronically and no paper copy of the bond exists. The filing of the bond is an electronic record on file with the FHA.

To confirm whether a bond was filed and when it is effective, please refer to the FHA's website:

http://li-public.fmcsa.dot.gov

(Click continue once on this site and select Carrier Search. Enter the company's MC number and press search to pull up all bond and insurance information)

Thank you,

Commercial Bond Department
HCC SURETY GROUP on behalf of
American Contractors Indemnity Company

9841 AIRPORT BLVD. 9TH FLOOR, LOS ANGELES, CA 90045
PH: 310-242-6263 FAX: 310-649-0990
HCC SURETY GROUP:
AMERICAN CONTRACTORS INDEMNITY COMPANY • U.S. SPECIALTY INSURANCE COMPANY
SUBSIDIARIES OF HCC INSURANCE HOLDINGS, INC.

FMCSA

L&I Licensing and Insurance Internal Information System

Menu Choose Menu Option GO

Log Off

File Certificate - Certificate Confirmation Batch : WEB05249

Your certificate form has been successfully submitted. Please notice that filings will not be processed until the Batch (Process Filings) is submitted.

USDOT Number:		**Docket Number:**	MC668624		
Legal Name:	RAY BETHERS INC				
DBA Name:					
Business Address:	395 SOUTH MAIN STREET KAMAS UT 84036-0655				
Common Authority:	N	**Contract Authority:**	N	**Broker Authority:**	N

Filer No:	21292 00	**Filer Name:**	AMERICAN CONTRACTORS INDEMNITY COMPANY
Form:	Bond - 84	**Effective Date:**	01/21/2009
Surety/Trust Number:	1000820875		

GO **File Certificate(for Same Carrier)** GO **Cancel Certificate(for Same Carrier)** GO **View Filings Not Processed**
GO **File Certificate(for New Carrier)** GO **Cancel Certificate(for New Carrier)** GO **Process Filings**

Thursday , January 22, 2009 at 12:34:50

United States Department of Transportation - **Federal Motor Carrier Safety Administration**



L & I
Licensing and Insurance
Internal Information System

Menu Choose Menu Option GO

Log Off

Active/Pending Insurance

US DOT:	N/A	Docket Number:	MC668624
Legal Name:	RAY BETHERS INC		

Form	Type	Insurance Carrier	Policy/Surety	Posted Date	Coverage From	Coverage To	Effective Date	Cancellation Date
84	SURETY	AMERICAN CONTRACTORS INDEMNITY COMPANY	1000820875	01/22/2009	$0	$10,000*	01/21/2009	

If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum ($5,000 per vehicle, $10,000 per occurrence for cargo insurance and $10,000 for bond/trust fund). The carrier may actually have higher levels of coverage.

| Carrier Details | Rejected Insurance | Insurance History | Authority History | Pending Application | Revocation |

Thursday , January 22, 2009 at 12:35:19

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United States Department of Transportation - **Federal Motor Carrier Safety Administration**

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

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

SERVICE DATE
February 06, 2009

LICENSE

MC-668624-B
RAY BETHERS INC
KAMAS, UT

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a **broker, arranging for transportation of freight (except household goods)** by motor vehicle.

This authority will be effective as long as the broker maintains 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 applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Kathy A. Weiner

Kathy Weiner, Chief
Information Systems Division

BPO

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

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.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ► ☐ Exempt from backup withholding

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

City, state, and ZIP code

Requester's name and address (optional)

RAY BETHERS, INC.
Post Office Box 655
Kamas, UT 84036-0655

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
__ _____

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. person (including a U.S. resident alien).

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 ►

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.

U.S. person. 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:

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.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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,