



THIS PACKET INCLUDES:

W-9

Authority

Insurance

Surety Bond

Credit Application

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) Go-To Solutions, Inc.	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) P.O. Box 2248	Requester's name and address (optional)
City, state, and ZIP code Bay City, MI 49707-2248		
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 the "Name" line 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.

Social security number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								
3	8	-	2	4	7	3	2	5 0

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).

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 ▶ *Austin K. Short*

Date ▶ *5/4/12*

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:

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.

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.



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

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

SERVICE DATE

April 11, 2012

DECISION
MC-178804
EXPRESS LEASING, INC.
BAY CITY, MI
REENTITLED
GO-TO SOLUTIONS, INC

On April 3, 2012, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as GO-TO SOLUTIONS, INC.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: April 6, 2012

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division
NCA



CERTIFICATE OF LIABILITY INSURANCE

GOTOS-1

OP ID: LA

DATE (MM/DD/YYYY)
06/01/2017

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 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).

PRODUCER leuter Insurance Group 414 Townsend St. P.O. Box 552 Midland, MI 48640 Karl T. leuter		CONTACT NAME: Karl T. leuter PHONE (A/C, No, Ext): 989-835-6701 E-MAIL ADDRESS: karl@leuter.com FAX (A/C, No): 989-835-2964	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Go-To Solutions, Inc. 1320 Washington Ave Bay City, MI 48708		INSURER A : Markel	
		INSURER B : Endurance American Specialty	
		INSURER C : Home-Owners Insurance Company	26638
		INSURER D : Auto-Owners Insurance Company	18988
		INSURER E : Accident Fund Insurance Co.	10166
		INSURER F :	

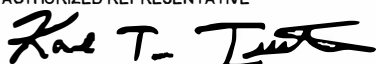
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			TBL1496-B02	06/01/2017	06/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Contingent Cargo			IMU100071529-02	06/01/2017	06/01/2018	Cargo LT 125,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

GOTOS-1 Go To Solutions 1320 Washington Ave Bay City, MI 48708	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 
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A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906

FORM BMC-84

Bond No. 13583

Filer FMCSA Account Number: 28318

License No. MC- 178804

KNOW ALL MEN BY THESE PRESENTS, that we, Go To Solutions Inc
(Name of Broker or Freight Forwarder)

of 1320 Washington Ave Bay City MI 48708
(Street) (City) (State) (Zip)

as PRINCIPAL (hereinafter called Principal), and Southwest Marine and General Insurance Company
(Name of Surety)

a corporation, or a Risk Retention Group established under the Liability Risk Retention Act of 1986, Pub. L. 99-563, created and existing under the laws of the State of Arizona (hereinafter called Surety), are held and firmly bound unto the United States of

America in the sum of \$75000 for a broker or freight forwarder, for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker or Freight Forwarder pursuant to the provisions of Title 49 U.S.C. 13904, and the rules and regulations of the Federal Motor Carrier Safety Administration relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Federal Motor Carrier Safety Administration such a bond as will ensure financial responsibility and the supplying of transportation subject to the ICC Termination Act of 1995 in accordance with contracts, agreements, or arrangements therefore, and

WHEREAS, this bond is written to assure compliance by the Principal as either a licensed Broker or a licensed Freight Forwarder of Transportation by motor vehicle with 49 U.S.C. 13906(b), and the rules and regulations of the Federal Motor Carrier Safety Administration, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the ICC Termination Act of 1995 under license issued to the Principal by the Federal Motor Carrier Safety Administration, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the Federal Motor Carrier Safety Administration forthwith of all suits filed, judgements rendered, and payments made by said Surety under this bond.

This bond is effective the 12th day of June, 2013, 12:01 a.m., standard time at the address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the Federal Motor Carrier Safety Administration at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA on the prescribed Form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond. The Surety shall not be liable hereunder for the payment of any damages herein before described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified above, and that such company is qualified to make this filing under Section 387.315 of Title 49 of the Code of Federal Regulations.

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 2nd day of October, 2013.

PRINCIPAL

Go To Solutions Inc
 COMPANY NAME
1320 Washington Ave Bay City
 STREET ADDRESS CITY
MI 48708
 STATE ZIP CODE TELEPHONE NUMBER
Allison K. Short, President
 (type or print Principal officer's name and title)
Allison K. Short
 (Principal officer's signature)
Ed DEAN
 (type or print witness's name)
E Dean
 (witness's signature)

SURETY

Bond No.- 13583

Southwest Marine and General Insurance Company
 COMPANY NAME
150 Northwest Point Blvd, 2nd FLR Elk Grove Village
 STREET ADDRESS CITY
Illinois 60007 847-700-8100
 STATE ZIP CODE TELEPHONE NUMBER
Lisa Gelsomino, President/CEO
 (type or print Principal officer's name and title)
Lisa Gelsomino
 (Principal officer's signature)
Gabriela Craver, Underwriting Manager, Surety
 (type or print witness's name)
Manaj Craver
 (witness's signature)



This BMC-84 bond form (revision date 9/26/2013) is provided pursuant to the requirements of MAP-21 and regulations promulgated by the FMCSA. It supersedes and replaces the previous BMC-84 form with the same serial number, 13583, previously issued on the BMC-84 form that was approved for use at the time. The electronic filing of the BMC-84 will reflect the new required minimum of \$75,000 beginning 10/1/2013, which is the date on which the MAP-21 legislation takes effect. The FMCSA system requires the entry of an effective date of 10/1/2013 or later in order to reflect a financial responsibility amount of \$75,000. This replacement form is a technical correction issued to conform with the regulations. It does not increase the obligations of the surety beyond the amount reflected in this instrument.

This bond was completed and filed electronically with the FMCSA on 10/22/2013. At that time the OMB assigned expiration date for the form was 1/31/2014. Though otherwise unchanged this form BMC-84 was assigned a new expiration date of 2/28/17. Pursuant to the regulations no refiling was required due to the change in the form's expiration date. The bond remains in effect until cancelled or exhausted due to claims activity. This courtesy copy bears the new OMB assigned form expiration date but it does not increase the obligations of the surety beyond the amount reflected in the original electronically filed bond number 13583 which occurred prior to this OMB form change. DO NOT FORWARD TO THE FMCSA FOR FILING PURPOSES. THE BOND IS ALREADY ON FILE.



CREDIT APPLICATION

The undersigned company is applying for credit with Go To Solutions, Inc. and agrees to abide by the standard terms and conditions of Go To Solutions, Inc. as printed on the reverse side.

Company name

DBA (if different)

Contact person

Address

Phone

Fax

Federal tax ID or Social Security number.

Type of business

No. of employees

Date business established

Types of products you will Transport

Amount of credit requested \$

Are you a:

CORPORATION

State of incorporation

Names, titles, and addresses of your three chief corporate officers

Name and address of your resident agent

PARTNERSHIP

Names and addresses of the partners

SOLE PROPRIETORSHIP

Have you ever had credit with us before?

Yes

No

If yes, under what name?

Authorized purchasers

Purchase order required?

Yes

No

Go-To Solutions, Inc.

1322 Washington Ave.

P.O. Box 2248 • Bay City, MI 48707-2248

(989) 893-3330 • (877) 303-3070 • Fax (920) 469-2019

TRADE REFERENCES	
Reference #1	Name _____ Address _____ Phone _____
Reference #2	Name _____ Address _____ Phone _____
Reference #3	Name _____ Address _____ Phone _____
BANK REFERENCES	
Bank#1	Account # _____ Phone _____ Contact person _____ Name of bank _____ Address _____
Bank#2	Account # _____ Phone _____ Contact person _____ Name of bank _____ Address _____
<p>I represent that the above information is true and is given to induce Go To Solutions, Inc. to extend credit to the applicant. My company and I authorize Go To Solutions, Inc. to make such credit investigation as Go To Solutions sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Go To Solutions, Inc. any and all information concerning the financial and credit history of my company and myself.</p> <p>I have read the terms and conditions stated below and agree to all of these terms and conditions.</p>	
Authorized signature: _____	
Printed name: _____	
Title: _____	Date: _____
GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE	
Bills are due 30 days after receipt of the shipment unless specified otherwise.	
A service charge of 1.5 % per month will be added to all amounts past due.	
No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.	
PERSONAL GUARANTEE: If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.	



hereby grants

National Women's Business Enterprise Certification

to

Go-To Solutions, Inc.

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).

This certification affirms the business is woman-owned, operated and controlled; and is valid through the date herein.

WBENC National WBE Certification was processed and validated by
Great Lakes Women's Business Council, a WBENC Regional Partner Organization.

Certification Granted: October 16, 2013

Expiration Date: October 16, 2017

WBENC National Certification Number: 2005123354

Authorized by Michelle Richards, President
Great Lakes Women's Business Council



NAICS: 484121, 541614
UNSPSC: 78000000

