

TEXAS LIABILITY INSURANCE CARD 166537

 COMPANY PHONE NO. COMPANY COMM. PERSONAL NAMED DRIVER POLICY

The North River Insurance Company

 POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
 133-756851-6 06/17/2024 06/17/2025

 YEAR MAKE MODEL VEHICLE IDENTIFICATION NUMBER
 2015 Freightliner Cascadia 125 1FUGGED52FLGA0871

 AGENCY AGENCY PHONE NO.
 Higginbotham Insurance Agency, Inc. (800) 728-2374
 500 W. 13th Street
 Fort Worth, TX 76102

 NAME AND ADDRESS OF INSURED
 AMCO Transportation Company
 4936 Collinwood Ave
 Fort Worth, TX 76107

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicles and named insureds and may provide coverage for other persons and vehicles as provided by the insurance policy.

WARNING:
 A NAMED DRIVER POLICY DOES NOT PROVIDE COVERAGE FOR INDIVIDUALS
 RESIDING IN THE INSURED'S HOUSEHOLD THAT ARE NOT NAMED ON THE POLICY.

SPANISH TRANSLATION
TRADUCCION DE ESPANOL

Tarjeta de Seguro de Responsabilidad Civil de Texas
Guarde esta tarjeta.

IMPORTANTE: Usted debe mostrar esta tarjeta o una copia de su póliza de seguro cuando solicite o renueve su:

- (A) Registro del vehículo motorizado
- (B) Licencia de conducir
- (C) Etiqueta de inspección de seguridad para su vehículo.

También se puede pedir que usted muestre esta tarjeta o su póliza si tiene un accidente o si se la pide un oficial de policía.

Todos los conductores en Texas deben tener un seguro de responsabilidad civil para sus vehículos, o de lo contrario deben cumplir con los requisitos legales de responsabilidad financiera. Si usted no cumple con los requisitos de responsabilidad financiera, podría estar sujeto a pagar una multa de hasta \$1,000, mas la suspensión de su licencia de conducir y la suspensión del registro del vehículo, y además su vehículo podría ser confiscado por hasta 180 días (a un costo de \$15 por día).

Texas Liability Insurance Card
Keep this card.

IMPORTANT: You must show this card or a copy of your insurance policy when you apply for or renew your:

- (A) Motor vehicle registration
- (B) Driver's License
- (C) Motor vehicle safety inspection sticker.

You also may be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. If you do not meet your financial responsibility requirements, you could be fined up to \$1,000, your driver's license and motor vehicle registration could be suspended, and your vehicle could be impounded for up to 180 days (at a cost of \$15 per day).

REGISTRATION RENEWAL RECEIPT

PROCESSING COUNTY: TARRANT
RESIDENT COUNTY: TARRANT
PLATE NO: 1N15243
DOCUMENT NO: 05740944580100620

TAC NAME: WENDY BURGESS
DATE: 12/31/2024
TIME: 08:13AM
EMPLOYEE ID: 6882RH6

EFFECTIVE DATE: 01/01/2025
EXPIRATION DATE: 12/2025
TRANSACTION ID: 22050045655081311

OWNER NAME AND ADDRESS
AMCO TRANSPORTATION COMPANY
4936 COLLINWOOD AVE
FORT WORTH, TX 76107

REGISTRATION CLASS: COMBINATION
PLATE TYPE: COMBINATION PLT
ORGANIZATION:
STICKER TYPE: WS

PREVIOUS PLATE NO: 1N15243
VEHICLE IDENTIFICATION NO: 1FUGGED52FLGA0871
YR/MAKE: 2015/FRHT MODEL: BODY STYLE: TR UNIT NO: 006ABT
EMPTY WT: 15420 CARRYING CAPACITY: 64580 GROSS WT: 80000 TRAVEL TRLR LENGTH: 0
BODY VEHICLE IDENTIFICATION NO:

Table with 4 columns: INVENTORY ITEM(S), YR, FEES ASSESSED, and amount. Includes items like WINDSHIELD STICKER and various fees totaling 961.75.

VEHICLE RECORD NOTATIONS
DIESEL
HEAVY VEHICLE USE TAX VERIFIED
PAPER TITLE
MAJOR COLOR: WHITE
FUEL TYPE: DIESEL

IMPORTANT DOCUMENT: Please retain for your records.
THIS RECEIPT TO BE CARRIED IN ALL COMMERCIAL VEHICLES.
Purchased registration remains with this vehicle and will not be refunded if the vehicle is sold.

PEEL FROM BACK ONLY / DESPEGUE POR DETRÁS

1N15243
92098390
12 25
TARRANT FLGA0871

WINDSHIELD STICKER / CALCOMANIA DE PARABRISAS

Peel sticker from any corner.
Despegue la calcomanía de cualquier esquina.

VOID
DO NOT USE
NO USE

PLATE STICKER / CALCOMANIA DE PLACA

OR

SHOW REPORT FOR TEXAS VEHICLE REGISTRATION

166537
16653

TEXAS VEHICLE INSPECTION REPORT

Safety Inspection

Vehicle Identification

Test Date/Time: 12/23/2024, 11:56
Test and Type: Initial - Safety Only
Insp. Type/Exp. Dt.: CW - 12/31/2025
Version/Test Number: 2408/2152
License Number: 1N15243
Vehicle ID Number: 1FUGGED52FLGA0871
Vehicle Make: FRIT
Vehicle Model: CASCADIA
Vehicle Year/Type: 2015/Truck/Van/Bus/Sports Utility
Engine Size/Cyl/Ign: //
Authorization Number: 7KNDRE2WZ8GWF
Transmission/GVW: /52000
Odometer/Fuel Type: 695536/DIESEL

Station Identification

Station Name: IFIX TIRE AND TRUCK SERVI
Station #/Analyzer: 1P049215/ES901831
Station Address: 6310 SINGLETON BLVD
Station City: DALLAS
Station Zip Code: 75212
Inspector First Name: NADIA
Inspector Last Name: ABBASIAN

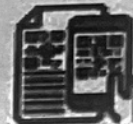
| | |
|-------------------------------|----------------|
| Safety Inspection Fee: | \$40.00 |
| Safety Repair Cost: | \$0.00 |
| Emissions Test Fee: | \$0.00 |
| Emissions Repair Cost: | \$0.00 |
| Total Inspection Cost: | \$40.00 |

Safety Test Results

Safety Sequence: Truck Tractor
All Items Passed
Gas Cap Integrity: N/A

Safety Items: Pass

Overall Result: PASS
See Back for Recall Information



I certify that I have properly performed the emissions test according to state regulations and procedures currently in effect, and as the authorized duly appointed inspector, hereby certify that I have physically examined the manufacturer's vehicle identification number of the motor vehicle described above.
I have performed an annual inspection of the above noted vehicle, which is accurate, complete, and in accordance with the inspection criteria set forth in 49 Code of Federal Regulations, Chapter 596.17 through 596.21.

Plate Type: I, Plate Number: 1N15243, TxDoc: , Auth: 7KNDRE2WZ8GWF



VIN: 1FUGGED52FLGA0871



Certified Inspector Signature

STATEMENT OF LEASE
RECEIPT FOR POSSESSION OF LEASED EQUIPMENT
TRANSPORTATION SERVICE PROVIDER AGREEMENT

Federal Express Corporation ("**FEC**") has, pursuant to 49 CFR Part 376, Lease and Interchange of Vehicles, entered into a Transportation Service Provider Agreement ("**Agreement**" or "**TSPA**") with AMCO TRANSPORTATION COMPANY, whereby ATC has leased to FEC the vehicle(s) ("**Equipment**") identified below, and the Equipment is being operated by, or on behalf of, FEC to the extent provided for in the TSPA. ATC is the Equipment "owner" as that term is defined by 49 C.F.R. § 376.2(d). The TSPA includes no restrictions relative to the commodities to be transported.

The original TSPA is kept by FEC and may be viewed at Federal Express Corporation, 1000 FedEx Drive, Moon Twp., PA 15108. This Statement of Lease shall constitute the Receipt for Possession of the Leased Equipment as required under the Federal Motor Carrier Safety Administration ("**FMCSA**") Regulations and shall run from the TSPA Effective Date and shall remain in effect until this Agreement is terminated, the Equipment identified below is no longer leased to FEC, or this Statement of Lease is expressly revoked.

In accordance with the FMCSA Regulations, ATC agrees to ensure that a copy of this Statement of Lease, and any other applicable Statement of Lease, and receipt of Possession of Leased Equipment, is carried in the Equipment during all periods that, pursuant to the TSPA, the Equipment is being operated by, or on behalf of, FEC.

The Equipment listed in the table below was received on the date and at the time this document was signed electronically by FEC, as indicated below.

LEASED EQUIPMENT

| Unit Number | VIN |
|-------------|-------------------|
| 166537 | 1FUGGED52FLGA0871 |

This document has been signed electronically on 12/07/2024 at 12:14:10 AM by 8690772 - CHANCE OLIN for AMCO TRANSPORTATION COMPANY and by 1237590 - Joyce Johnson for FEC, and the electronic signatures shall for all purposes be considered the equivalent of manual signatures, as set forth in the Electronic Signatures in Global and National Commerce Act, the Uniform Electronic Transactions Act, and applicable state statutes.



CERTIFICATE OF LIABILITY INSURANCE

| |
|--------------------------------|
| DATE (MM/DD/YYYY) 7/10/2024 |
|--------------------------------|

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).

| | |
|--|--|
| PRODUCER Higginbotham Insurance Agency, Inc. 500 W. 13th Street Fort Worth TX 76102 License#:2081754 | NAME: Alondra Howard PHONE (A/C, No, Ext): 817-786-6961 FAX (A/C, No): 817-347-6981 E-MAIL ADDRESS: AHoward@higginbotham.net INSURER(S) AFFORDING COVERAGE |
| INSURED AMCO Transportation Company 4936 Collinwood Ave Fort Worth TX 76107 License#:2081754 AMCOTRA-01 | INSURER A : TheNorthRiverInsuranceCompany NAIC # 21105 INSURER B : TexasMutualInsuranceCompany NAIC # 22945 INSURER C : ProgressiveCasualtyInsuranceCo NAIC # 24260 INSURER D : _____ INSURER E : _____ INSURER F : _____ |

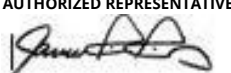
COVERAGES **CERTIFICATE NUMBER:** 2140706430 **REVISION NUMBER:**

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.

| INSTR 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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____ | | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG | \$ \$ \$ \$ \$ \$ \$ | |
| A C | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input type="checkbox"/> OWNED AUTOS ONLY | | | 133-756851-6 9825295971 | 6/17/2024 4 6/14/2024 4 | 6/17/2025 5 6/14/2025 5 | COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | \$ 1,000,000 \$ \$ \$ | |
| | UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE AGGREGATE | \$ \$ | |
| B | 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 | N/A | 00021112259 | 6/17/2024 | 6/17/2025 | <input checked="" type="checkbox"/> PER <input type="checkbox"/> OTH- | E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 1,000,000 \$ 1,000,000 |
| A | Employment Practices Liab Physical Damage | | | 133-756851-6 | 6/17/2024 | 6/17/2025 | Limit 1,000,000 Comp/Coll Deductible | Retention 5,000 \$1,000/\$1,000 | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The Workers' Compensation policies include a blanket waiver of subrogation endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. Austin County State Bank is named loss payee and lienholder as required by written contract with the named insured, subject to policy terms and conditions on referenced units below: 2014Ford 2018Ford See Attached...

Econoline1FDWE3FL0EDA60838 \$18,500
 F350 1FT8W3BT9JEC12314 ACV

| | |
|--|---|
| CERTIFICATE HOLDER Austin County State Bank PO Box 1466 Bellville TX 77418 | 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  |
|--|---|



ADDITIONAL REMARKS SCHEDULE

| | | | |
|---|-----------|--|--|
| AGENCY Higginbotham Insurance Agency, Inc. | | NAMED INSURED AMCO Transportation Company 4936 Collinwood Ave Fort Worth TX 76107 | |
| POLICY NUMBER | | EFFECTIVE DATE: | |
| CARRIER | NAIC CODE | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

| | |
|---|----------|
| 2015 Freightliner Cascadia 1FUGGED50FLGC1928 | \$40,000 |
| 2015 Freightliner Cascadia 1FUGGED52FLGA0871 | \$60,000 |
| 2015 Freightliner Cascadia 1FUGGED53FLGC1888 | \$60,000 |
| 2015 Freightliner Cascadia 1FUGGED53FLGC1955 | \$65,000 |
| 2015 Freightliner Cascadia 1FUGGED55FLGJ0010 | \$50,000 |
| 2015 Freightliner Cascadia 1FUGGED57FLGC1960 | \$79,000 |
| 2015 Freightliner Cascadia 1FUGGED57FLGJ0011 | \$70,000 |
| 2015 Freightliner Cascadia 1FUJGBDV5FLGN0205 | \$50,000 |
| 2015 Freightliner Cascadia 1FUJGBDV6FLGN0195 | \$40,000 |
| 2015 Freightliner Cascadia 1FUJGBDV6FLGN0200 | \$40,000 |
| 2017 Freightliner Cascadia 1FUJGEDR2HLHN9129 | \$62,500 |
| 2017 Freightliner Cascadia 1FUJGEDR3HLHN9074 | \$60,000 |
| 2014 Freightliner Cascadia 1FUJGEDVXELFV9401 | \$40,000 |
| 2019 Freightliner Cascadia 1FUJHTDV4KCLKH5817 | \$62,000 |
| 2021 Kenworth T6801XKYA48X0MJ463625 | \$66,000 |
| 2021 Kenworth T6801XKYA48X9MJ463624 | \$68,000 |
| 2017 Peterbilt 5791XPBPD9X8HD342417 | \$50,000 |
| 2014 Freightliner Cascadia 3AKJGBDV5ESFZ2003 | \$40,000 |
| 2014 Freightliner Cascadia 3AKJGBDV5ESFZ2079 | \$50,000 |
| 2017 Freightliner Cascadia 3AKJGBDV5HSJG0993 | \$60,000 |
| 2014 Freightliner Cascadia 3AKJGBDVXESFZ2076 | \$50,000 |
| 2016 Freightliner Cascadia 3AKJGBDVXGSHG1365 | \$52,000 |
| 2018 Freightliner Cascadia 3AKJHLDR7JSJJ0922 | \$62,500 |
| 2019 Freightliner Cascadia 3AKJHTDV3KSKF1402 | \$62,000 |
| 2021 Freightliner Cascadia 3AKJHTDV6MSMP6405 | \$70,000 |
| 2012 Volvo VNL4V4NC9EG6CN554985 | \$40,000 |
| 2012 Volvo VNL4V4NC9EG7CN554977 | \$40,000 |
| 2015 Volvo VNL4V4NC9EG8FN187463 | \$40,000 |
| 2014 Volvo VNL4V4NC9EH4EN158856 | \$50,000 |
| 2020 Volvo VNL4V4W19EG4LN245476 | \$42,000 |
| 2020 Volvo VNL4V4W19EG5LN245504 | \$42,000 |
| 2020 Volvo VNR4V4WB9EG1LN245206 | \$65,000 |
| 2020 Volvo VNR4V4WC9EG0LN245856 | \$60,000 |
| 2020 Volvo VNR4V4WC9EG6LN245876 | \$60,000 |
| 2020 Volvo VNR4V4WC9EG7LN245854 | \$65,000 |
| 2020 Volvo VNR4V4WC9EG8LN245880 | \$48,500 |
| 2022 Volvo VNR4V4WC9EG9NN286053 | \$60,000 |

Additional Insured:
Austin County State Bank
PO Box 1466
Bellville, TX 77418