297445 TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO.

COMPANY X DOMML PERSONAL NAMED DRIVER POLICY

The North River Insurance Company

POLICY NUMBER 133-756851-6

EFFECTIVE DATE 06/17/2024

EXPIRATION DATE 06/17/2025

MAKE Kenworth 2021

MODEL T680 VEHICLE IDENTIFICATION NUMBER 1XKYA48X0MJ463625

AGENCY Higginbotham Insurance Agency, Inc. AGENCY PHONE NO. (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 nameds insureds and may provide coverage for other persons and vehicles as provided by the insurance 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 segurida 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).

ACORD 50 TX (2015/05)

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INQUIRY RECEIPT

PROCESSING COUNTY: COLLIN RESIDENT COUNTY: TARRANT FLATE NO: 1N20648

DOCUMENT NO: 00825045515100927

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

TAC NAME: KENNETH MAUN EFFECTIVE DATE: 02/20/2024 DATE: 12/20/2024 TIME: 08:35AM

EXPIRATION DATE: 1/2025 TRANSACTION ID: 04310145644083503

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

VEHICLE CLASSIFICATION: TRK>1 VEHICLE IDENTIFICATION NO: 1XKYA48X0MJ463625 BODY STYLE: TR UNIT NO: CARRYING CAPACITY: 66500 GROSS WT: 80000 TRAILER TYPE: COUNTY NO: 220 YR/MAKE: 2021/KW EMPTY WT: 13500 TIRE TYPE: P TVL TRLR L/W/SQFT: 0 BODY VEHICLE IDENTIFICATION NO:
REGISTRATION ISSUE DATE: 02/20/2024
ODOMETER READING: EXEMPT BRAND: PREVIOUS PLATE NO: PREVIOUS EXP MO/YR: PREV CITY/STATE: FT SMITH, AR PLATE AGE: 0 PREV OWNER NAME: CROSSNO PARCEL

EMPLOYEE ID: RODAN

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

TITLE ISSUE DATE: 08/21/2024 DOCUMENT TYPE: REGULAR TITLE	SALES TAX INFORMATI SALES PRICE TRADE IN ALLOWANCE SALES TAX PAID	ON \$ 66,000.00 \$ 0.00 \$ 4,125.00
1ST LIEN DATE: 07/10/2024 AUSTIN COUNTY STATE BANK PO BOX 1466 BELLVILLE, TX 77418-1466	REGISTRATION FEES PAID REGISTRATION CUSTOMER NAME: TRACY TURNER	\$ 877.75
2ND LIEN	FEES ASSESSED INQUIRY	\$ 2.00
	TOTAL	\$ 2.00

3RD LIEN

SHOW REPORT FOR TEXAS VEHICLE REGISTRATION

TEXAS VEHICLE INSPECTION REPORT

297445

Safety Inspection

Vehicle Identification

Test Date/Time: 01/16/2025, 11:47 Test and Type: Initial - Safety Only Insp. Type/Exp. Dt.: CW - 01/31/2026

Version/Test Number: 2408/2240 License Number: 1N20648 Vehicle ID Number: 1XKYA48X0MJ463625

Vehicle Make: KW

T680 Vehicle Model: Vehicle Year/Type: 2021/Truck/Van/Bus/Sports Utility

Engine Size/Cyl/Ign: Authorization Number: CLN9RD5X28DW3

Transmission/GVW: /33000

Odometer/Fuel Type: 366922/DIESEL

Station Identification

Station Name: IFIX TIRE AND TRUCK SERVI

Station #/Analyzer: 1P049215/ES901831 6310 SINGLETON BLVD Station Address:

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 \$0.00 **Emissions Repair Cost:**

Total Inspection Cost: \$40.00

Safety Test Results

Safety Sequence: FMCSR Vehicles

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 procedure manuals, and as the undersigned 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 396.17 through 396.21.

Auth: CLN9RD5X28DW3

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
297445	1XKYA48X0MJ463625

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).

tł	nis certificate does not confer rights	to t	he ce	ertificate holder in lieu	of such	n endorseme	ent(s).			
PRODUCER			NAME: Alondra Howard							
Hig	ginbotham Insurance Agency, Inc				PHONE (A/C, No, Ext):817-786-6961 (A/C, No):817-347-6981					
) W. 13th Street t Worth TX 76102				ADDRESS: AHoward@higginbotham.net					
1 01	t Worth 1% 70102				7.551			DING COVERAGE		NAIC#
				License#:2081754	INSURE	R A : TheNort	hRiverInsura	anceCompany		21105 22945
INSURED AMCOTRA-01			INSUPER R. TexasMutualinsuranceCompany							
AM	ICO Transportation				INSURE	R C : Progress	siveCasualtyl	InsuranceCo		24260
Company 4936 Collinwood Ave Fort Worth TX 76107				INSURE	RD:					
	C 1101 (11 17 7 0 1 0 7				INSURE	RE:				
					INSURE	RF:				
COVERAGES CERTIFICATE NUMBER: 2140706430							REVISION NUMBE			
N IS	HIS IS TO CERTIFY THAT THE POLICIES OF OTWITHSTANDING ANY REQUIREMENT, SUED OR MAY PERTAIN, THE INSURANC JCH POLICIES. LIMITS SHOWN MAY HAVE	TERM E AFI	OR (CONDITION OF ANY CONTI ED BY THE POLICIES DESC	RACT O	R OTHER DOO HEREIN IS SUE	CUMENT WITH BJECT TO ALL	H RESPECT TO WHICH THE TERMS, EXCLUS	H THIS CERTIF	FICATE MAY BE
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							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence	e) \$	
								MED EXP (Any one perso	(n) \$	
								PERSONAL & ADV INJURY	/ s	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP A	AGG \$	
	OTHER:								_ \$	
A C	AUTOMOBILE LIABILITY			133-756851-6		6/17/202	6/17/202	(Ea accident)	1,000,	000
	ANY AUTO			9825295971		4 6/14/202	5 6/14/202	BODILY INJURY (Per pers		
	OWNED X SCHEDULED AUTOS NON-					4	5	BODILY INJURY (Per accided PROPERTY DAMAGE	dent) \$	
	HIRED OWNED AUTOS ONLY							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		
	DED RETENTION \$ WORKERS COMPENSATION							V PER U	TH-	
AND EMPLOYERS' LIABILITY ANYP ROPRIETOR/PARTNER/EXECUTIVE Y / N				00021112259	6/17	6/17/2024	6/17/2025	X		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ 1,000,	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLO	1,000,	
								E.L. DISEASE - POLICY LIN	1,000,	
Α	Employment Practices Liab Physical Damage			133-756851-6		6/17/2024	6/17/2025	Limit 1,000,000 Comp/Coll Deductible	Retent 5,000 \$1,000	0/\$1,000
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE Workers' Compensation policies incl ween the named insured and the cert written contract with the named insure Econoline1FDWE3FL	ude ificat ed, s	a blai e hol ubjec	nket waiver of subrogation Ider that requires such st It to policy terms and con					there is a w and lienhold ord See Attac	vritten contrac der as require :hed
	F350 1FT8W3BT									
CEF	RTIFICATE HOLDER				CANO	ELLATION				
Austin County State Bank PO Box 1466 Bellville TX 77418				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						
· ·				January Co						

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page	1	of	1
rage		UI.	- 1

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

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

25 FORM TITLE: CERTIFICATEOFLIABILITYINSURANCE FORM NUMBER:

2015 Freightliner Cascadia 1FUGGED50FLGC1928 \$40,000 2015 Freightliner Cascadia 1FUGGED52FLGA0871 \$60,000 2015 Freightliner Cascadia 1FUGGED53FLGC1888 \$60,000 2015 Freightliner Cascadia 1FUGGED53FLGC1955 \$65,000 2015FreightlinerCascadia1FUGGED55FLGJ0010 \$50 2015 Freightliner Cascadia 1FUGGED57FLGC1960 \$79,000 2015 Freightliner Cascadia 1FUGGED57FLGJ0011 \$70,000 2015FreightlinerCascadia1FUJGBDV5FLGN0205 \$50,000 2015FreightlinerCascadia1FUJGBDV6FLGN0195 \$40,000 2015FreightlinerCascadia1FUJGBDV6FLGN0200 \$40 2017 Freightliner Cascadia 1FUJGEDR2HLHN9129 \$62,500 2017 Freightliner Cascadia 1FUJGEDR3HLHN9074 \$60,000 2014FreightlinerCascadia1FUJGEDVXELFV9401 \$40, \$40,000 \$40,000 \$62,000 \$66,000 2019FreightlinerCascadia1FUJHTDV4KLKH5817 2021KenworthT6801XKYA48X0MJ463625 2021KenworthT6801XKYA48X9MJ463624 2017Peterbilt5791XPBDP9X8HD342417 \$68,000 \$50,000 2014FreightlinerCascadia3AKJGBDV5ESFZ2003 2014FreightlinerCascadia3AKJGBDV5ESFZ2079 \$40,000 \$50.000 2017FreightlinerCascadia3AKJGBDV5HSJG0993 2014FreightlinerCascadia3AKJGBDVXESFZ2076 \$60,000 \$50,000 2016FreightlinerCascadia3AKJGBDVXGSHG1365 \$52,000 2018FreightlinerCascadia3AKJHLDR7JSJJ0922 \$62, 2019FreightlinerCascadia3AKJHTDV3KSKF1402 \$62 2021FreightlinerCascadia3AKJHTDV3KSMP6405 \$70,000 \$62,500 \$62,000 2012VolvoVNL4V4NC9EG6CN554985 2012VolvoVNL4V4NC9EG7CN554977 \$40,000 \$40,000 2015VolvoVNL4V4NC9EG8FN187463 2014VolvoVNL4V4NC9EH4EN158856 \$40,000 \$50,000 2014V0IVOVNL4V4W19EG4LN245476 2020V0IVOVNL4V4W19EG5LN245476 2020V0IVOVNR4V4W19EG5LN245504 2020V0IVOVNR4V4WB9EG1LN245206 2020V0IVOVNR4V4WC9EG0LN245856 \$42,000 \$42,000 \$65,000 \$60,000 2020VolvoVNR4V4WC9EG6LN245876 2020VolvoVNR4V4WC9EG7LN245854 \$60,000 \$65,000 2020VolvoVNR4V4WC9EG8LN245880 \$48,500

\$60,000

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

2022VolvoVNR4V4WC9EG9NN286053

ACORD 101 (2008/01)