

TEXAS LIABILITY INSURANCE CARD 520772

 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
 2020 Volvo VNR 4V4WC9EG7LN245854

 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, más 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).

520772

TITLE APPLICATION RECEIPT

PROCESSING COUNTY: DALLAS TAC NAME: JOHN R. AMES
 RESIDENT COUNTY: TARRANT DATE: 05/14/2024 EFFECTIVE DATE: 05/14/2024
 PLATE NO: 1N65384 TIME: 12:18PM EXPIRATION DATE: 4/2025
 DOCUMENT NO: 05700745424121857 EMPLOYEE ID: RV3210 TRANSACTION ID: 05700745424121857
 PREV DOC NO: 19504117000285-IN-05/14/2019 (P)

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

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

VEHICLE IDENTIFICATION NO: 4V4WC9EG7LN245854 VEHICLE CLASSIFICATION: TRK>1
 YR/MAKE: 2020/VOLV MODEL: VNR BODY STYLE: TR UNIT NO: 006ABT
 EMPTY WT: 18680 CARRYING CAPACITY: 61320 GROSS WT: 8000 TRAILER TYPE:
 BODY VEHICLE IDENTIFICATION NO: TVL TRLR L/W/SOFT: 0'0"
 PREV OWNER NAME: CAMARENA AUTO INC. PREV CITY/STATE: GRAND PRAIR, TX

INVENTORY ITEM(S) YR
 COMBINATION PLT 2025
 WINDSHIELD STICKER

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

FEE ASSESSED	13.00
TITLE APPLICATION FEE	20.00
TERP TITLE FEE	2,937.50
SALES TAX FEE	470.00
SALES TAX EMISSION FEE 1%	5.00
BUYERS TAG	840.00
COMBINATION PLT	84.00
REGISTRATION EMISSIONS FEE	1.00
REG FEE-DPS	10.00
CNTY ROAD BRIDGE ADD-ON FEE	1.50
CHILD SAFETY FUND	22.00
INSPECTION FEE-CW	4.75
PROCESSING AND HANDLING FEE	4,408.75
TOTAL	4,408.75

ODOMETER READING: EXEMPT BRAND:
 OWNERSHIP EVIDENCE: OUT-OF-STATE TITLE
 1ST LIEN DATE: 05/13/2024
 AUSTIN COUNTY STATE BANK
 P.O. BOX 1466
 BELLVILLE, TX 77418

METHOD OF PAYMENT AND PAYMENT AMOUNT:
 CHECK #3950 \$ 4,408.75
 By: [Signature] I acknowledge that no
 TOTAL AMOUNT PAID \$ 4,408.75
 TOTALS HAVE BEEN ISSUED ON THIS VEHICLE FOR

2ND LIEN

SALES TAX CATEGORY: SALES/USE

3RD LIEN

Date of Assignment/Sales Tax Date: 05/13/2024	
Sales Price	47,000.00
Less Trade-in Allowance	0.00
Taxable Amount	47,000.00
Sales Tax Paid	2,937.50
Less Other Taxes	0.00
State Tax Penalty	0.00
TOTAL TAX PAID \$	2,937.50

Batch No: 0074542401 Batch Count: 20

CERTIFICATE OF TITLE WILL BE MAILED TO 1st LIENHOLDER.
 THIS RECEIPT TO BE CARRIED IN ALL COMMERCIAL VEHICLES.

THIS RECEIPT IS YOUR PROOF OF APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION.

PEEL FROM BACK ONLY / DESPEGUE POR DETRÁS

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

1N65384
 80796019

04 25

TARRANT LN245854

WINDSHIELD STICKER
 CALCOMANIA DE PARABRISAS

OR



PLATE STICKER
 CALCOMANIA DE PLACA

Vehicle Test Detail

Test End Date/Time: 5/10/2024 3:09:35 PM
Inspection Expiration Date: 05/31/2025
Affidavit: None

Overall Result: Pass
Certificate Number:
Inspection Type: CW

I have performed the annual inspection of the referenced vehicle, which is accurate, complete and in accordance with the inspection criteria set forth in 49C.F.R. Chapter 396.17 through 396.21

Station Information

Station ID: 1P011566
Station Name: S & R TRUCK REPAIR

Inspector Name: RONALD WINFRED KELTON Street Address 1: 210 A SE 19TH ST
City: GRAND PRAIRIE

Vehicle Information

Vehicle Type: Truck - Tractor
Year: 2020
License Plate:
Insurance Expiration: 06/20/2024

Make: VOLVO
LP State: None
Odometer Reading: 449111

VIN: 4V4WC9EG7LN245854
Model: VNL
Fuel Type: DIESEL

Inspection Items

Beam Indicator: Pass
Cab Lamps:
Exhaust Emiss. Sys.: Pass
Exhaust System: Pass
Gas Cap: Pass
Horn: Pass
Mirror:
Reflector: Pass
Seat Belts: Pass
Side Marker Lamps: Pass
Suspension: Pass
Turn Signal Lamps: Pass
Rear Red Reflectors:

Backup Lamp: Pass
Clearance Lamps: Pass
Frame: Pass
Exterior X-Over Mirror:
Identification Lamps: Pass
Parking Brakes: Pass
School Bus Sign:
Service Brake:
Stop Lamps: Pass
Tail Lamps: Pass
Wheel Assembly: Pass
Windshield Wipers: Pass
Red Warning Lamps:

Brake System:
Coupling Devices: Pass
Fuel System: Pass
Rear Lamp:
License Plate Lamp: Pass
Reflective Sheeting Tape:
Safety Guards or Flaps:
Side Reflectors:
Steering:
Tires:
Windshield: Pass
Window Tint or Coat:

Fees

Inspection Cost: \$40.00
State Fee: \$22.00

Repair Cost: \$0.00

Total Cost: \$40.00

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
520772	4V4WC9EG7LN245854

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)

6/21/2024

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 AMCOTRA-01	CONTACT NAME: Alondra Howard PHONE (A/C. No. Ext): 817-786-6961 E-MAIL ADDRESS: AHoward@higginbotham.net	FAX (A/C. No): 817-347-6981	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED AMCO Transportation Company 4936 Collinwood Ave Fort Worth TX 76107	INSURER A: The North River Insurance Company		21105
	INSURER B: Texas Mutual Insurance Company		22945
	INSURER C: Progressive Casualty Insurance Co		24260
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 647134585

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 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 \$ \$
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"/> Physical Dam <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			133-756851-6 9825295971	6/17/2024 6/14/2024	6/17/2025 6/14/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Deductible \$\$1,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <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 STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Employment Practices Liab			133-756851-6	6/17/2024	6/17/2025	Limit 1,000,000 Retention 5,000

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.

Vehicle Schedule

2020 Volvo VNR 4V4WC9EG7LN245854
 2020 Volvo VNR 4V4WB9EG1LN245206

CERTIFICATE HOLDER

Federal Express Corporation
 1000 Fedex Drive
 Moon Township PA 15108

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

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