TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO.

COMPANY X COMML PERSONAL

NAMED DRIVER POLICY

The North River Insurance Company

POLICY NUMBER 133-756851-6

2021

06/17/2024

EXPIRATION DATE 06/17/2025

YEAR MAKE

Volvo

WODEL VNL VEHICLE IDENTIFICATION NUMBER

4V4NC9EH6MN255250

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.

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

521760

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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FORTY- FIVE (45) DAY TEMPORARY REGISTRATION PERMIT STATE FORM 6848 (R10/03) INDIANA DEPARTMENT OF REVENUE INTERNATIONAL REGISTRATION PLAN



Date Issued :Oct 29, 2024

Valid Dates - Beginning: Oct 29, 2024

Permit Number :1702060841

Ending : Dec 13, 2024

| REGISTRANT | VEHICLE | | entra proper di la constanti | | Programme and the | | | |
|---|----------------------------|------------------|---|--|------------------------------|---|------------------------------------|--|
| Name Of Registrant FEDERAL EXPRESS CORPORATION | Account No. 33851 | Fleet No. | I KCE | | Registration Mar 01, 2024 | Registration Period ar 01, 2024 Through Feb 28, 2025 | | |
| Name Of Owner Or Lessor(if Appl.) 762_AMCO TRANSPORTATION | VIN 4V4NC9EH6M | IN255250 | | | No. 50 | Axles/Seats 3 / | Plate No. 3026107 Type TR | |
| Registrant's Street Address 1000 FEDEX DR | Unladen Weigl 18400 | 800 | 80000 2 | | ear 021 | Make VOL | | |
| City State Zip 15108-0000 | Insurance Polic X198318 | cy No. Na PRO | Name Of Co. Providing Insurance Coverage PROTECTIVE INSURANCE COMPANY | | | | | |

FORTY- FIVE (45) DAY TEMPORARY REGISTRATION PERMIT

Motor Carrier Responsible For Safety: FEDERAL EXPRESS CORPORATION

DBA: FEDEX EXPRESS FEDEX

MEMPHIS TN 38125

3660 HACKS CROSS RD BLDG F 2N

.....

Motor Carrier USDOT: 86876

| 50 o | | | A STATE | OPERA | TING | WEIGHT | SINE | ACH IRP | JURIS | DICTION | V | |
|------|----------|-------|---------|-------|------|--------|------|---------|-------|---------|----|-------|
| 11 | AB | 36288 | AL | 80000 | AR | 80000 | AZ | 80000 | BC | 36288 | CA | 80000 |
| | CO | 80000 | CT | 80000 | DC | 80000 | DE | 80000 | FL | 80000 | GA | 80000 |
| | IA | 80000 | ID | 80000 | IL | 80000 | IN | 80000 | KS | 80000 | KY | 80000 |
| | LA | 80000 | MA | 80000 | MB | 36288 | MD | 80000 | ME | 80000 | MI | 80000 |
| | MN | 80000 | MO | 80000 | MS | 80000 | MT | 80000 | NB | 36288 | NC | 80000 |
| | | 80000 | NE | 80000 | NF | 36288 | NH | 80000 | NJ | 80000 | NM | 80000 |
| | ND | 36288 | NV | 80000 | NY | 80000 | OH | 80000 | OK | 80000 | ON | 36288 |
| | NS | 80000 | PA | 80000 | PE | 36288 | QC | 5 | RI | 80000 | SC | 80000 |
| | OR | | SK | 36288 | TN | 80000 | TX | 80000 | UT | 80000 | VA | 80000 |
| | SD VT | 80000 | WA | 80000 | WI | 80000 | WV | 80000 | WY | 80000 | | |

I swear or affirm under penalty of perjury that the vehicle described is part of a proportionally registered fleet under the International Registration Plan and that appropriate registration documents shall be filed within twenty (20) business days with the IRP Unit.

Signature Date Signed:
Of Registrant:

Issuing Agent: Indiana Dept. of Revenue Date Issued: Oct 29, 2024

Motor Carrier Services Division-IRP

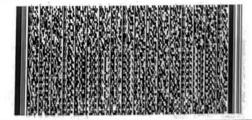
ANY ALTERATION VOIDS THIS PERMIT

THIS PERMIT MUST BE RETAINED IN THE VEHICLE AT ALL TIMES

Requested By: fedexg Factory Price: \$144,588

Position:
Reason For Permit: OWNER NAME Approval: X Denied:

Reason For Denial: Initials:





INDIANA REGISTRATION CAB CARD

ORIGINAL



| 1818 | | | | | | | | |
|--|----------------------|----------------|---------------------|---------------------------|---------------------------------------|------|--------------------------------|------------------|
| NAME OF REGIST | | RATION | | ACCOUNT NO. | FLEET NO. | | | |
| DBA NAME N/A BUSINESS STREE 1000 FEDEX DR | T ADDRE | ss | | | | | VALIDITY | |
| CITY MOON TOWNSHIP | | STATE | NO. | 29-OCT-2024 TO 28-FEB-202 | | | | |
| UNIT NO. 521760 | | E IDENT | FIFICATION 55250 | NO. | CARRIER FOR HIRE | | TRANSACTION NO | |
| VEHICLE MAKE | VEHICL 2021 | E YEAR | VEHICLE TR | TYPE | APPORTIONED LICENSE PLATE NO. 3026107 | | | GROSS WEIGHT |
| COMBINED GROSS WEIGHT UNLADEN WEIGHT FUEL 80000 18400 D | | | | | AXLES | SEAT | S EXCISE TAX PAR | ID AMT. AND DATE |
| MOTOR CARRIER FEDERAL EXPRE DBA: FEDEX EX 3660 HACKS CR MEMPHIS TN | SS CORPO PRESS FI | RATION EDEX | | | MC USDOT 86876 | NO. | OWNER NAME 762_AMCO TRANSPO | RTATION COMPANY |

ENFORCEMENT CONTROL NUMBER:

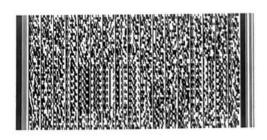
1702060841

This vehicle described herein has been proportionally registered with the State of Indiana

| | her jur | | | | 80000 | AZ | 80000 | ВС | 36288 | CA | 80000 | CO | 80000 |
|----|---------|----|-------|----|---|----|-------|------|-------|-----|-------|-----|-------|
| AB | 36288 | AL | 80000 | AR | | - | | | | T 7 | 80000 | ID | 80000 |
| CT | 80000 | DC | 80000 | DE | 80000 | FL | 80000 | GA | 80000 | IA | | | - |
| IL | 80000 | KS | 80000 | KY | 80000 | LA | 80000 | MA | 80000 | MB | 36288 | MD | 80000 |
| | | | 80000 | MN | 80000 | МО | 80000 | MS | 80000 | MT | 80000 | NB | 36288 |
| ME | 80000 | MI | | | | - | | - | 80000 | NJ | 80000 | NM | 80000 |
| NC | 80000 | ND | 80000 | NE | 80000 | NF | 36288 | NH | | | | | |
| NS | 36288 | NV | 80000 | NY | 80000 | OH | 80000 | OK | 80000 | ON | 36288 | OR | 80000 |
| | | PE | 36288 | OC | 5 | RI | 80000 | sc | 80000 | SD | 80000 | SK | 36288 |
| PA | 80000 | PE | | - | | - | | 7700 | 80000 | WA | 80000 | WI | 80000 |
| TN | 80000 | TX | 80000 | UT | 80000 | VA | 80000 | VT | 80000 | WA | 80000 | 111 | 00000 |
| wv | 80000 | WY | 80000 | | , <u>, , , , , , , , , , , , , , , , , , </u> | | | | | | | | |

Issued by the Indiana Department of Revenue - For inquiries regarding the validity of this registration cab card, please call Indiana's Voice Response Unit twenty four hours a day at (866)615-7340.

Canadian Provinces are shown in Kilograms, Quebec is shown in axles, all other jurisdictions are shown in Pounds.



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 |
|-------------|-------------------|
| 521760 | 4V4NC9EH6MN255250 |
| | |

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 of this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | SUBROGATION IS WAIVED, SUBJECT his certificate does not confer rights | | | | | | | iy require an endorser | nent. <i>F</i> | statement c | | |
|---------|--|---------------------------|--------------------------|--|--|--|-----------------------------|--|--------------------------------|--|--|--|
| PROI | DUCER | | | | NAM | : Alondra Ho | ward | | | | | |
| Hig | ginbotham Insurance Agency, Inc) W. 13th Street | | | | PHONE (A/C, No, Ext):817-786-6961 (A/C, No):817-347-6981 | | | | | | | |
| 500 |) W. 13th Street t Worth TX 76102 | | | | ADDRESS: AHoward@higginbotham.net | | | | | | | |
| FUI | t Worth 1X 70102 | | | | ADDIK | | | DING COVERAGE | | NAIC # | | |
| | | | | License#:2081754 | | | | | | | | |
| INSU | RED | | | AMCOTRA-01 | | | | | | | | |
| ΑM | CO Transportation | | | | INSURER C : ProgressiveCasualtyInsuranceCo | | | | | | | |
| Col | mpany 4936 Collinwood Ave t Worth TX 76107 | | | | INSURE | RD: | | | | | | |
| FOI | t Worth 1X 76107 | | | | INSURE | | | | | | | |
| | | | | | INSURE | | | | | | | |
| CO | /ERAGES CERT | TIFIC | ATE | NUMBER: 2140706430 | | | | REVISION NUMBER: | | | | |
| N IS | IIS IS TO CERTIFY THAT THE POLICIES OF OTWITHSTANDING ANY REQUIREMENT, SUED OR MAY PERTAIN, THE INSURANC JCH POLICIES. LIMITS SHOWN MAY HAVE TYPE OF INSURANCE | TERM E AFF BEE1 | OR (| CONDITION OF ANY CONTI ED BY THE POLICIES DESC DUCED BY PAID CLAIMS. | ract oi | R OTHER DOC IEREIN IS SUE POLICY EFF | UMENT WITH | H RESPECT TO WHICH THI THE TERMS, EXCLUSIONS | S CERTI S AND C | FICATE MAY BE | | |
| LIK | COMMERCIAL GENERAL LIABILITY | INSD | WVD | POLICY NOWIBER | | (MM/DD/YYYY) | (IVIIVI/DD/TTTT) | EACH OCCURRENCE | I | | | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | | | |
| | CLATIVIS-IVIADE OCCUR | | | | | | | MED EXP (Any one person) | \$ | | | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | | | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | | | |
| | OTHER: | | | | | | | | \$ | | | |
| A C | AUTOMOBILE LIABILITY | | | 133-756851-6 | | 6/17/202 | 6/17/202 | COMBINED SINGLE LIMIT (Ea accident) | \$ _ 1,000 | ,000 | | |
| C | ANY AUTO | | | 9825295971 | | 4 6/14/202 | 5 6/14/202 | BODILY INJURY (Per person) | \$ | | | |
| | OWNED AUTOS ONLY X SCHEDULED AUTOS NON- | | | | | 4 | 5 | BODILY INJURY (Per accident) | \$ | | | |
| | HIRED AUTOS ONLY AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | | | |
| | DED RETENTION \$ | | | | | | | | | | | |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 00021112259 | | 6/17/2024 | 6/17/2025 | X PER OTH- | | | | |
| | ANYP ROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. EACH ACCIDENT | \$ 1,000 | ,000 | | |
| | (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE\$ | 1,000 | ,000 | | |
| | lf yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000 | ,000 | | |
| Α | Employment Practices Liab Physical Damage | | | 133-756851-6 | | 6/17/2024 | 6/17/2025 | Limit 1,000,000 Comp/Coll Deductible | Reter 5,000 \$1,00 | | | |
| | RIPTION OF OPERATIONS / LOCATIONS / VEHICLE Workers' Compensation policies included insured and the cert written contract with the named insured insur | ude a ificat ed, su | a blai e hol ubjec | nket waiver of subrogation der that requires such state to policy terms and con state \$18.500 | | | | | re is a v lienho ee Atta | written contra der as require ched | | |
| CEF | TIFICATE HOLDER | | | | CANC | ELLATION | | | | | | |
| | Austin County State Bank PO Box 1466 Bellville TX 77418 | | | | SHO EXPI WITI | ULD ANY OF | F THEREOF, I PROVISIONS. | ESCRIBED POLICIES BE CAI NOTICE WILL BE DELIVER | | | | |

LOC #: _



ADDITIONAL REMARKS SCHEDULE

Page __1_ of __1_

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

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE 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 2015 Freightliner Cascadia 1FUGGED57FLGC1960 \$79,000 2015 Freightliner Cascadia 1FUGGED57FLGJ0011 \$70,000 2015FreightlinerCascadia1FUJGBDV5FLGN0205 \$50,000 2015FreightlinerCascadia1FUJGBDV6FLGN0195 \$40,000 2015FreightlinerCascadia1FUJGBDV6FLGN0200 \$4(2017 Freightliner Cascadia1FUJGEDR2HLHN9129 \$62,500 \$40,000 2017 Freightliner Cascadia 1FUJGEDR3HLHN9074 \$60,000 2014FreightlinerCascadia1FUJGEDVXELFV9401 \$40 \$40,000 2019FreightlinerCascadia1FUIHTDV4KLKH5817 \$62,000 2021KenworthT6801XKYA48X0MJ463625 \$66,000 2021KenworthT6801XKYA48X9MJ463624 2017Peterbilt5791XPBDP9X8HD342417 \$68,000 \$50,000 2014FreightlinerCascadia3AKJGBDV5E5FZ2003 2014FreightlinerCascadia3AKJGBDV5E5FZ2079 2017FreightlinerCascadia3AKJGBDV5HSJG0993 \$40,000 \$50,000 \$60,000 2014FreightlinerCascadia3AKJGBDVXESFZ2076 \$50,000 \$62,000 2015VolvoVNL4V4NC9EG8FN187463 2014VolvoVNL4V4NC9EH4EN158856 \$40,000 \$50,000 2020VolvoVNL4V4W19EG4LN245476 2020VolvoVNL4V4W19EG5LN245504 \$42,000 \$42,000 \$65,000 2020VolvoVNR4V4WB9EG1LN245206 2020VolvoVNR4V4WC9EG0LN245856 \$60,000 2020VolvoVNR4V4WC9EG6LN245856 2020VolvoVNR4V4WC9EG7LN245854 \$60,000 2020VolvoVNR4V4WC9EG8LN245880 \$48,500 2022VolvoVNR4V4WC9EG9NN286053 \$60,000 Additional Insured:

Austin County State Bank PO Box 1466

Bellville, TX 77418