#### TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO.

COMPANY X COMM'L PERSONAL NAMED DRIVER POLICY

#### The North River Insurance Company

POLICY NUMBER 133-756851-6

AGENCY

EFFECTIVE DATE

EXPIRATION DATE

06/17/2024

06/17/2025

MAKE

MODEL VNL

VEHICLE IDENTIFICATION NUMBER 4V4NC9EH1LN252207

Volvo 2020

AGENCY PHONE NO.

(800) 728-2374

500 W. 13th Street Fort Worth, TX 76102

Higginbotham Insurance Agency, Inc.

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.

521761

### 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 24, 2024

Valid Dates - Beginning: Oct 24, 2024

Permit Number :1561361705

Ending : Dec 8, 2024

REGISTRANT	VEHICLE						
Name Of Registrant	Account No.	Fleet No.	o. Stg. Month		Registration Period		
FEDERAL EXPRESS CORPORATION	33851 1 March Mar 01, 2024				Through Feb 28, 2025		
Name Of Owner Or Lessor(if Appl.)	VIN		Unit		lo.	Axles/Seats	Plate No.
753 AMCO TRANSPORTATION	4V4NC9EH3L	N252207	07 521761		1	3 /	3324136
COMPANY Registrant's Street Address	Unladen Weigh	nt G	Gross Weight 80000		ear	Make	Туре
1000 FEDEX DR	18400	80			20	VOL	TR
City State Zip MOON TOWNSHIP PA 15108-0000	Insurance Policy No. Name Of Co. Providing Insurance Coverage X198318 PROTECTIVE INSURANCE COMPANY						

FORTY- FIVE (45) DAY TEMPORARY REGISTRATION PERMIT

Motor Carrier Responsible For Safety: FEDERAL EXPRESS CORPORATION

DBA: FEDEX EXPRESS FEDEX

DBA: FEDEX EXPRESS FEDEX
3660 HACKS CROSS RD BLDG F 2N

Motor Carrier USDOT: 86876

MEMPHIS TN 38125
OPERATING WEIGHTS IN EACH IRP JURISDICTION

				OPERA	TING	WEIGHT	DIII.	LACH IN	JUIL	JDICITO:		00000	Г
_	AB	36288	AL	80000	AR	80000	AZ	80000	BC	36288	CA	80000	
					DC	80000	DE	80000	FL	80000	GA	80000	
	CO	80000	CT	80000					KS	80000	KY	80000	
	IA	80000	ID	80000	IL	80000	IN	80000				80000	
	LA	80000	MA	80000	MB	36288	MD	80000	ME	80000	MI		
		80000	MO	80000	MS	80000	MT	80000	NB	36288	NC	80000	
	MN					36288	NH	80000	NJ	80000	NM	80000	
4	ND	80000	NE	80000	NF				OK	80000	ON	36288	
	NS	36288	NV	80000	NY	80000	OH	80000				80000	
	OR	80000	PA	80000	PE	36288	QC	5	RI	80000	SC		
				36288	TN	80000	TX	80000	UT	80000	VA	80000	
	SD	80000	SK	(manager)			WV	80000	WY	80000			
	VT	80000	WA	80000	WI	80000	VV V	30000	44 7	20000	-		-

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

Of Registrant:

Indiana Dept. of Revenue

Issuing Agent:

Motor Carrier Services Division-IRP

Date Signed:

Oct 24, 2024

ANY ALTERATION VOIDS THIS PERMIT

THIS PERMIT MUST BE RETAINED IN THE VEHICLE AT ALL TIMES

Requested By: fedexg

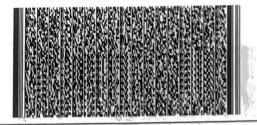
Position:
Reason For Permit: OWNER NAME

Reason For Denial:

145 IAC1-1-3

IC 9-7-7-6

IC 9-1-4-19.2





# INDIANA REGISTRATION CAB CARD





NAME OF REGISTRANT ACCOUNT NO. FLEET NO.														
											1			
FEDERAL EXPRESS CORPORATION										33851	1			
DBA NAME														
N/A	N/A										D=D=0D			
BUSINESS STREE	T ADDRE	SS								VALIDITY	PERTOD			
1000 FEDEX DR														
									24	-OCT-2024 TO	28-FEB-2025			
CITY	STATE ZIP CODE CAB CARD N													
MOON TOWNSHIP	IP PA 15108-0000 1373102347					47								
UNIT NO.	VEHICLE IDENTIFICATION NO. CARRIER TY						TYPE		TRANSACTION NO.					
521761	4V4NC9EH3LN252207					FOR HIRE					4181			
						-				TICENSE PLATE NO. GROSS WEIGHT				
VEHICLE MAKE	VEHICL	E YEAR	VEH:	ICLE :	CLE TYPE APPORTIONED			ГТС	ENSE PLATE NO.					
VOL	2020		TR		3324136						80000			
	NT CIT		13.7 P.TT	TOUR	BILLET	T	AXLES	SEA	ATS EXCISE TAX PAID AMT. AND					
COMBINED GROSS	MEIGHI		EN WE	VEIGHT FUEL				DEA	15	0				
80000		18400			D		3							
MOTOR CARRIER	RESPONS	SIBLE F	OR SA	FETY		MC	USDOT	NO		OWNER NAME				
FEDERAL EXPRES								NO.	753 AMCO TRANSPORTATION COMP					
DBA: FEDEX EXPRESS FEDEX									- 1	753_AMCO TRANSPO	KTATION COMPANI			
3660 HACKS CROSS RD BLDG F 2N														
3000 Intelled Cheeps Ind Date 1									- 1					
MEMPHIS TN 3	00123													

ENFORCEMENT CONTROL NUMBER:

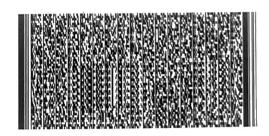
1561361705

This vehicle described herein has been proportionally registered with the State of Indiana and other jurisdictions shown below.

na oti												00000	
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
CI	80000	PC						263	80000	MB	36288	MD	80000
IL	80000	KS	80000	KY	80000	LA	80000	MA	80000	MD			
ME	80000	MI	80000	MN	80000	MO	80000	MS	80000	MT	80000	NB	36288
	-		00000	NTT3	80000	NF	36288	NH	80000	NJ	80000	NM	80000
NC	80000	ND	80000	NE	80000	INT						0.7	00000
NS	36288	NV	80000	NY	80000	OH	80000	OK	80000	ON	36288	OR	80000
	80000	PE	36288	QC	5	RI	80000	SC	80000	SD	80000	SK	36288
PA	80000	FE					00000	TID	00000	WA	80000	WI	80000
TN	80000	TX	80000	UT	80000	VA	80000	VT	80000	WA	80000	AAT	00000
WV	80000	WY	80000										

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.





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/3/2024

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.

IMPORTANT: If the certificate riolder	to th	e ter	ms and conditions of the	he polic	cy, certain p	olicies may	require an endorsemen	t. A sta	atement on		
this certificate does not confer rights t	o the	cert	illed of s	CONTA NAME:	CT Alondra H	oward					
PRODUCER Higginbotham Insurance Agency, Inc.				PHONE (A/C, No, Ext): 817-786-6961 (A/C, No): 817-347-6981							
500 W. 13th Street				(A/C, No	o, Ext): 01/-/0	Mehiaginheth		J • 11			
Fort Worth TX 76102				ADDRESS: Anoward@nigginbotham.net							
							RDING COVERAGE		21105		
			License#; 2081754				rance Company		22945		
INSURED			AMCOTRA-01	INSURE	кв: Texas N	lutual Insurar	nce Company		22545		
AMCO Transportation Company				INSURER C:							
4936 Collinwood Ave Fort Worth TX 76107				INSURER D:							
FOR WORLING TO TOTAL				INSURER E :							
				INSURER F:							
COVERAGES CER	TIFIC	ΔTF	NUMBER: 46279332				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES	OF I	NSUF	RANCE LISTED BELOW HA	OF AN	N ISSUED TO	OR OTHER	ED NAMED ABOVE FOR I DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO V O ALL T	WHICH THIS THE TERMS,		
INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORD	BEEN R	EDUCED BY	PAID CLAIMS					
	ADDL	SUBR	No. of the Contract of the Con		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
INSR TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/TTTT)	(MINISSITED)	EACH OCCURRENCE	\$			
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$			
							PERSONAL & ADV INJURY	\$			
				- 1			GENERAL AGGREGATE	s			
GEN'L AGGREGATE LIMIT APPLIES PER:				- 1			PRODUCTS - COMP/OP AGG	s			
POLICY PRO- JECT LOC							PRODUCTS - COMPTON THE	\$			
OTHER:					-117/0004	6/17/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	000		
A AUTOMOBILE LIABILITY			133-756851-6	1	6/17/2024	6/1//2025	(Ea accident)  BODILY INJURY (Per person)	\$			
ANY AUTO OWNED X SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
							PROPERTY DAMAGE	\$			
HIRED NON-OWNED AUTOS ONLY							(Per accident)	\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
DED RETENTION\$			10.00				DED OTH-	\$			
B WORKERS COMPENSATION			00021112259		6/17/2024	6/17/2025	X PER STATUTE OTH-				
AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE  N	N/A						E.L. EACH ACCIDENT	\$ 1,000,			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	NIA						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,	000		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,			
A Employment Practices Liab Physical Damage			133-756851-6		6/17/2024	6/17/2025	Limit 1,000,000 Comp/Coll Deductible		tion 5,000 0/\$1,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The Workers' Compensation policy includes 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.											
Non-Trucking Liability includes 30 Day Noti											
Employment Practices Liability Insurance in	clude	s gui	dance from qualified legal	professi	ionals.						
Employment Practices Liability includes wa See Attached											
CERTIFICATE HOLDER				CANC	ELLATION						
VELVIE INVESTIGATION				2							
Federal Express Corporation					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
1000 Fedex Drive				AUTHORIZED REPRESENTATIVE							

LOC#:



## **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

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

#### **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Employment Practices Liability Insurance includes wrongful termination, discrimination, sexual harassment, and retaliation claims.

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:

2018 Freightliner Cascadia VIN 3AKJGEDV4JSJK4627 Value \$45,000

2021 Volvo VNL VIN 4V4NC9EH6MN255250 Value \$45,000 2021 Volvo VNL VIN 4V4NC9EH4MN235935 Value \$45,000 2018 Volvo VNL VIN 4V4NC9EHXJN996366 Value \$45,000 2020 Volvo VNL VIN 4V4NC9EH3LN252207 Value \$45,000

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

#### 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 521761	VIN 4V4NC9EH3LN252207

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.