

**TEXAS LIABILITY INSURANCE CARD**

521763

COMPANY PHONE NO. COMPANY  COMM.  PERSONAL  NAMED DRIVER POLICY**The North River Insurance Company**POLICY NUMBER  
133-756851-6EFFECTIVE DATE  
06/17/2024EXPIRATION DATE  
06/17/2025YEAR MAKE  
2018 FreightlinerMODEL  
CascadiaVEHICLE IDENTIFICATION NUMBER  
3AKJGEDV4JSJK4627AGENCY  
Higginbotham Insurance Agency, Inc.  
500 W. 13th Street  
Fort Worth, TX 76102AGENCY PHONE NO.  
(800) 728-2374NAME 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).

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Vehicle Test Detail

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 ID: 1P049215	Station Name: IFIX TIRE AND TRUCK SERVI	Overall Result: Pass
TAS Id: ES901831	Test Type: Safety Only	TX DOT #:
Test Date: 11/01/2024	Safety Result: Pass	Waiver Number:
Test Start Time: 13:54:07	Emission Result:	Reg Fee Code: CW
Test End Time: 13:54:44	Gas Cap Result:	Test Record No.: 1835

VIN: 3AKJGEDV4JSJK4627	Make: FRHT	License Plate: VSJK4627
Model Year: 2018	Body Style: Pickup/Truck Tractor	License Type: No Plate
Vehicle Type: Truck/Van/Bus/Sports Utility	Trans. Type:	Model: CASCADIA
Engine Size: 0	Act. GVWR: 52000	No. Cylinders:
GVWR Type: Heavy		Odometer: 430885
Fuel Type: DIESEL		Ignition Type:
		Dual Exhaust:
		Decal No.:
Inject Carburetion:	Inspection Expiration Date: 11/30/2025	
Sticker No.:		

Gas Cap Result 1:	Gas Cap 1 Testable:	Gas Cap 1 Missing:
Gas Cap Result 2:	Gas Cap 2 Testable:	Gas Cap 2 Missing:

Safety Test Information

Safety Test: Initial	Type: FMCSR (Truck)	School Buses:
Horn: Pass	Exhaust: Pass	School Bus Signs:
Windshield Wipers: Pass	Emissions System: Pass	Fire Extinguisher:
Mirrors: Pass	Beam Indicator: Pass	Hazard Warning Lights: Pass
Steering System: Pass	Tail Lamp: Pass	Convex Crossover Mirror:
Seat Belts: Pass	Stop Lamp: Pass	Mud Flaps/Safety Guards:
Service Brake System: Pass	License Plate Lamp:	Window Tint/Sun Screen: Pass
Parking Brake System: Pass	Rear Reflector: Pass	Back-up Lamps:
Tires: Pass	Turn Signals: Pass	Coupling Devices: Pass
Steering Axle Tires:	Turn Sig/Ind Lamp: Pass	Fuel System: Pass
All Other Tires:	Headlamps: Pass	Suspension: Pass
Wheel Assembly: Pass	Clearance Lamps:	Frame: Pass
Master Cylinder:	Side Marker Lamps:	Windshield:
	Cab Lamps: Pass	Reflective Tape:
	Side Reflectors:	

Repair Information

Repair Group:	Rep.ID:
Repairs Performed:	Safety VI30A:
Repair Cost YIS: \$0.00	
Repair Cost NRF: \$0.00	
Repair Cost RRF: \$0.00	
Total Parts Cost MSP: \$0.00	
Overall Repair Costs: \$0.00	
Total Emission Costs: \$0.00	
Total Safety Costs: \$40.00	
Overall Costs: \$40.00	

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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 22, 2024      Permit Number : 169375090  
Valid Dates - Beginning : Oct 22, 2024      Ending : Dec 6, 2024

<b>REGISTRANT</b>			<b>VEHICLE</b>			
Name Of Registrant <b>FEDERAL EXPRESS CORPORATION</b>			Account No. 33851	Fleet No. 1	Stg. Month March	Registration Period Mar 01, 2024 Through Feb 28, 2025
Name Of Owner Or Lessor(if Appl.) <b>765 AMCO TRANSPORTATION</b>			VIN 3AKJGEDV4JSJK4627		Unit No. 521763	Axles/Seats 3 / Plate No. 3027101
COMPANY Registrant's Street Address <b>1000 FEDEX DR</b>			Unladen Weight 17400	Gross Weight 80000	Year 2018	Make FRT Type TR
City <b>MOON TOWNSHIP</b>	State <b>PA</b>	Zip <b>15108-0000</b>	Insurance Policy No. <b>X198318</b>	Name Of Co. Providing Insurance Coverage <b>PROTECTIVE INSURANCE COMPANY</b>		

**FORTY-FIVE (45) DAY TEMPORARY REGISTRATION PERMIT**

Motor Carrier Responsible For Safety:  
**FEDERAL EXPRESS CORPORATION**  
DBA: FEDEX EXPRESS FEDEX  
3660 HACKS CROSS RD BLDG F 2N  
MEMPHIS TN 38125

Motor Carrier USDOT:  
86876

**OPERATING WEIGHTS IN EACH IRP JURISDICTION**

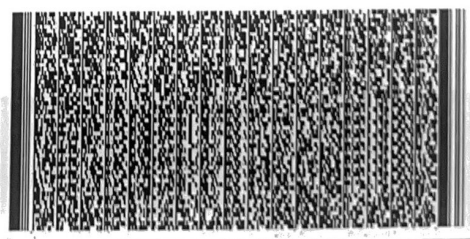
AB	36288	AL	80000	AR	80000	AZ	80000	BC	36288	CA	80000
CO	80000	CT	80000	DC	80000	DE	80000	FL	80000	GA	80000
IA	80000	ID	80000	IL	80000	IN	80000	KS	80000	KY	80000
LA	80000	MA	80000	MB	36288	MD	80000	ME	80000	MI	80000
MN	80000	MO	80000	MS	80000	MT	80000	NB	36288	NC	80000
ND	80000	NE	80000	NF	36288	NH	80000	NJ	80000	NM	80000
NS	36288	NV	80000	NY	80000	OH	80000	OK	80000	ON	36288
OR	80000	PA	80000	PE	36288	QC	5	RI	80000	SC	80000
SD	80000	SK	36288	TN	80000	TX	80000	UT	80000	VA	80000
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 Of Registrant :	Date Signed :
Issuing Agent: <b>Indiana Dept. of Revenue Motor Carrier Services Division-IRP</b>	Date Issued : <b>Oct 22, 2024</b>

**ANY ALTERATION VOIDS THIS PERMIT  
THIS PERMIT MUST BE RETAINED IN THE VEHICLE AT ALL TIMES**

Requested By : <b>fedexg</b>	Factory Price : <b>\$80,500</b>
Position : Reason For Permit : <b>OWNER NAME</b>	Approval : <b>X</b> Denied :
Reason For Denial :	Initials :
<b>145 IAC1-1-3</b>	<b>IC 9-7-7-6</b> <b>IC 9-1-4-19.2</b>



521763



# INDIANA REGISTRATION CAB CARD

## ORIGINAL



NAME OF REGISTRANT FEDERAL EXPRESS CORPORATION				ACCOUNT NO. 33851	FLEET NO. 1
DBA NAME N/A				<b>VALIDITY PERIOD</b>  22-OCT-2024 TO 28-FEB-2025	
BUSINESS STREET ADDRESS 1000 FEDEX DR					
CITY MOON TOWNSHIP	STATE PA	ZIP CODE 15108-0000	CAB CARD NO. 1373099956		
UNIT NO. 521763	VEHICLE IDENTIFICATION NO. 3AKJGEDV4JSJK4627		CARRIER TYPE FOR HIRE		TRANSACTION NO. 4111
VEHICLE MAKE FRT	VEHICLE YEAR 2018	VEHICLE TYPE TR	APPORTIONED LICENSE PLATE NO. 3027101		GROSS WEIGHT 80000
COMBINED GROSS WEIGHT 80000	UNLADEN WEIGHT 17400	FUEL D	AXLES 3	SEATS	EXCISE TAX PAID AMT. AND DATE 0
MOTOR CARRIER RESPONSIBLE FOR SAFETY FEDERAL EXPRESS CORPORATION DBA: FEDEX EXPRESS FEDEX 3660 HACKS CROSS RD BLDG F 2N MEMPHIS TN 38125			MC USDOT NO. 86876	OWNER NAME 765_AMCO TRANSPORTATION COMPANY	

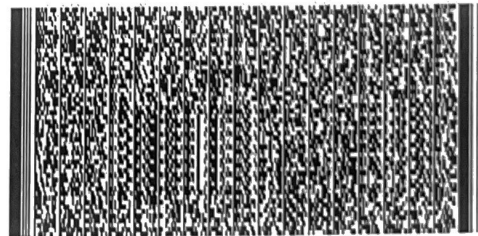
ENFORCEMENT CONTROL NUMBER: 0169375090

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

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	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	ND	80000	NE	80000	NF	36288	NH	80000	NJ	80000	NM	80000
NS	36288	NV	80000	NY	80000	OH	80000	OK	80000	ON	36288	OR	80000
PA	80000	PE	36288	QC	5	RI	80000	SC	80000	SD	80000	SK	36288
TN	80000	TX	80000	UT	80000	VA	80000	VT	80000	WA	80000	WI	80000
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.



**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
521763	3AKJGEDV4JSJK4627

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)

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. 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).

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

**COVERAGES**

CERTIFICATE NUMBER: 46279332

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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <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	<b>AUTOMOBILE LIABILITY</b> <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 AUTOS ONLY			133-756851-6	6/17/2024	6/17/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> 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 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 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 Notice of Cancellation.

Employment Practices Liability Insurance includes guidance from qualified legal professionals.

Employment Practices Liability includes wage and hour defense cost with \$10,000 limit.  
 See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Federal Express Corporation  
 1000 Fedex Drive  
 Moon Township PA 15108

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**

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