



MAILING ADDRESS

1351 Jarvis Ave

Elk Grove Village, IL 60007

Phone: 847-979-8224 / Fax: 847-423-6987

Federal I.D.# 84-4995361 / MC # 1096517 / D.O.T. # 3404602

INSURANCE INFORMATION

USI Insurance

2021 Spring Road Ste. 100

Oak Brook, IL 60523

Phone# (630) 625-5255 / Fax# (630) 537-4507

BANK REFERENCE INFO

American Commercial Bank & Trust

1475 E. Woodfield Road Ste. 100

Schaumburg, IL 60173

Phone# 847-598-5708

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Detailed Logistics LTD	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <u>S</u> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 1351 Jarvis Ave	Requester's name and address (optional)
6 City, state, and ZIP code Elk Grove Village, IL 60007	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
or											
Employer identification number											
8	4		-	4	9	9	5	3	6	1	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ *Mike Walter*

Date ▶ 03/03/2020

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



March 27, 2020

MIKE WALTER
DETAILED LOGISTICS LTD
1351 JAVIS AVE
ELK GROVE VILLAGE, IL 60007

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT

The Standard Carrier Alpha Code of **DLGF** has been assigned to:

DETAILED LOGISTICS LTD
1351 JAVIS AVE
ELK GROVE VILLAGE, IL 60007
MC-1096517
US DOT- 3404602

This Alpha Code will apply only to the company name shown above through June 30, 2021. Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal which must be promptly returned together with payment to ensure its continued validity. Should the company name, address or contact information need an update, please notify the National Motor Freight Association, Inc. at customerservice@nmfta.org.

If you participate in the Customs & Border Protection (CBP) ACE program and you have any issue with ACE and your SCAC, please contact CBP at the following address:

AMSSCAC@cbp.dhs.gov
Customs and Border Protection
Attention: SCAC Beauregard, Cube: A-105-3
1801 N. Beauregard Street
Alexandria, VA 20598-1350

If you would also like to participate in the Automated Export System (AES) program, please email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request to enable your SCAC for AES. All SCACs are automatically uploaded to ACE within 24 hours.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, tariffs, etc.

NOTICE: Assignment of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810.

DETAILED LOGISTICS LTD

CONTRACT CARRIER – BROKER CONTRACT

Agreement made this, by and between _____ hereinafter referred to as CARRIER, and DETAILED LOGISTICS LTD hereinafter referred to as BROKER.

WITNESSETH;

- (1) CARRIER is a motor contract carrier of property authorized by Permit No. MC1096517 and sub numbers thereto (a copy of which permit is attached hereto and made a part hereof) to provide transportation of property under contract with shippers and receivers of general commodities, and
- (2) BROKER is a motor carrier broker, licensed to arrange for the transportation of property by License No, MC# 1096517, (a copy of which license is attached hereto and made a part hereof), and controls the transportation of the commodities to be tendered to CARRIER, in accord with the criteria established in Dixie Midwest Express 132 M.C.C. 794 (1982), and, thus is a shipper under those criteria.

NOW THEREFORE, in consideration of the representation made herein, the parties agree as follows:

I. SPECIFIC OBLIGATION OF CARRIER

Liability of Carrier

- (a) The CARRIER shall issue a bill of lading in accord with 49 U.S.C, Section for property it received for transportation under this contract and shall be liable to the person entitled to receive under the bill of lading. Failure to issue a bill of lading does not affect the liability of the CARRIER. The CARRIER'S liability shall be the same as a carrier's liability under U.S.C. 11202 and terms of Uniform Bills of Lading.

DETAILED LOGISTICS LTD

- (b) CARRIER agrees to maintain cargo insurance in an amount not less than \$100,000.00 to compensate those parties entitled to recover under the preceding paragraph. CARRIER shall cause its insurance carrier to forward forthwith to BROKER a standard Certificate of Insurance which Certificate shall require the insurance carrier to give BROKER written notice thirty (30) days prior to the cancellation of such cargo insurance. The cargo insurance shall be in the form required by 49 C.F.R.1043.2 (b), and shall have no exclusions or restrictions that would not be accepted by the Federal Motor Carrier Safety Administration and/or the Department of Transportation for a filing under the statutory requirements of the above-cited section, but shall, in all aspects, be identical to the cargo insurance filed in accord with the said section. BROKER also requires a copy of CARRIER'S cargo exclusions on file to be forwarded to be forwarded to the BROKER by the insurance carrier.
- (c) CARRIER'S liability shall begin at the same time cargo is loaded upon CARRIER'S equipment at port of origin, and continue until said cargo is delivered to the designated consignee at destination, or to any intermediate stop off party.
- (d) CARRIER agrees to defend and hold harmless BROKER against any and all loss and damage claims on each shipment transported by CARRIER pursuant to this Agreement. CARRIER further agrees to defend and hold harmless BROKER from any and all liability; costs including but not limited to all road, fuel and other taxes, fees or permits, related to the shipments transported by CARRIER as arranged by BROKER.

ILSPECIFIC OBLIGATIONS OF BROKER

- (a) BROKER shall offer to CARRIER for shipment a minimum quantity of not less than 20,000 pounds per year, or a minimum of four (1) shipments for each year this agreement remains in effect, and the CARRIER shall agree to transport those shipments tendered during that period of time.

DETAILED LOGISTICS LTD

- (b) **BROKER** agrees to pay **CARRIER** for the transportation of the commodities moved under this agreement, in accordance with the rate set forth herein or Addends thereto, within 21 to 30 days of the receipt by **BROKER** of **CARRIER'S** invoice covering such transportation with a proof of delivery and signed rate confirmation.

DETAILED LOGISTICS LTD

III. RATES AND CHARGES

The basic transportation rate negotiated between the parties will be confirmed by BROKER'S rate fax confirmation sheet. This sheet will be sent by facsimile machine and shall be signed and sent back by facsimile machine.

Additional rates or modifications of the rates may be established or amended in order to meet specific shipping schedules, as mutually agreed, but such changes shall be sent by the party initiating the change, by facsimile machine, to the other party, and the approval of the change shall be demonstrated by the second party initialing the change and returning, by facsimile machine, the proposed change with the initialed approval. These changes shall be separated numbered — as Appendix A. Addendum 1, et seq.

In addition, verbally agreed rates are to be considered confirmed where the CARRIER has billed at the agreed rate and the BROKER has paid the agreed rate. If the BROKER has paid the agreed rate. If the BROKER pays a lesser rate, that rate will be confirmed as the agreed rate unless the CARRIER disputes the amount paid by the BROKER confirmations of rates, including the confirmation by billing. CARRIER authorizes BROKER to invoice shipper, receiver, consignor or consignee for freight charges as agent for and on half of CARRIER. Payment of the freight charges to BROKER shall relieve shipper, receiver, consignor or consignee of any liability to the CARRIER for nonpayment of charges.

IV. BILLS OF LADING

The bill of lading shall note that the shipments were transported by CARRIER, acting as a carrier, and that the shipment was arranged by BROKER, acting as a broker. The name of the underlying shipper shall be inserted in the blank for the shipper, and the name of the consignee shall be inserted in the blank for the consignee. When BROKER has assembled multiple shipments into less than or truckload loads, the list of underlying shippers will be attached as an Appendix to the bill of lading.

DETAILED LOGISTICS LTD

V. COMPLIANCE WITH 49 U.S. 10102

Both parties recognize that the contract carrier service is solely to be provided by CARRIER, either (1) assign motor vehicle in a continuing period of time and the exclusive use of a shipper or (2) providing service designed to meet the distinct needs of the shipper. This agreement does not contemplated the assignment for motor vehicles under continuing agreements, but the contract arrangement has been designed to meet the distinct needs of the BROKER.

Paragraph VI (a) imposes a further obligation of the CARRIER that claims shall be settled in accordance with 49 C.F.R. 1005, Ex Parte 263, and the provision known as the Carmack Amendment and this also designed to meet the distinct needs of the BROKER. Further, the BROKER needs a single forum for the settlement of disputes and paragraph VI. (b) meets this distinct need of the BROKER.

VI. PROVISION AS TO THE SETTLEMENT OF FREIGHT CHARGES AND OTHER DISPUTES

- (a) Cargo claims shall be settled in accordance with the regulations modified at 49 CF.R. 1005.
- (b) Place of Suit and Attorney Fees: Should it be necessary to enforce the terms and provisions of this agreement, the parties agree that suit shall be brought in Cook County, in the State of Illinois. The successful party shall be entitled to all court costs and expenses of litigation, including a reasonable attorney fee. This agreement shall be interpreted both in its making and in performance under the laws of the State of Illinois.
- (c) Carries maximum limit of cargo liability is \$100,000 per trailer used.

VII.

The relationship of the CARRIER to the BROKER shall, at times, be that of an independent contractor, except that the BROKER shall be the agent for the carrier for the collection of charges, when the shipper pays the BROKER.

DETAILED LOGISTICS LTD

VIII.

CARRIER shall not solicit and if tendered to CARRIER, CARRIER agrees not to transport such traffic (except pursuant to terms and commissions to BROKER set forth herein) traffic from any shipper, consignor, consignee or customer of BROKER where (1) the availability of such traffic first became known to CARRIER as a result of BROKER'S efforts, or (2) where the traffic of the shipper, consignor, consignee or customer of the BROKER was first tendered to the CARRIER by the BROKER. If CARRIER breaches this agreement and "back-solicits" the BROKER'S customers, and obtains traffic from such a customer, the BROKER is entitled to seek injunctive relief and/or for a period of 15 months after the involved traffic first begins to move, to a commission from the CARRIER of 25% of transportation revenue received on the movement of the traffic.

IX.

Neither party hereto will be liable for the failure to tender or timely transport freight under this AGREEMENT if such failure, delay or other omission is caused by strikes, acts of God, war, accidents, civil disorder, or thorough compliance with legally constituted order of civil or military authorities.

X.

This AGREEMENT is to become effective upon signing, and shall remain in for a period of one year from such date, and from year to year thereafter, subject to the right of either party hereto cancel or terminated the AGREEMENT at any time upon not less than thirty (30) days written notice to one party or the other.

IN WITNESS WHEREOF:

DETAILED LOGISTICS LTD

The parties have set their hands and seals this day _____ of _____, _____.

CARRIER:

ADDRESS:

CITY, STATE, ZIP:

BY:

PRINT NAME & TITLE:

TAX ID#

BROKER:

Detailed Logistics LTD

MC# 1096517

P: (847)-979-8224 F: (847)-423-6987

ADDRESS:

1351 Jarvis Ave

CITY, STATE, ZIP:

Elk Grove Village, IL 60007

BY:

PRINT NAME & TITLE:

Mike Walter: President

TAX ID# 84-4995361

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/23/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: USI Insurance Srvcs LLC-Transp, 2021 Spring Road, Suite 100, Oak Brook, IL 60523, 312 442-7200. CONTACT NAME: Mary Macnak, PHONE: 630-625-5262, FAX: 610 362-8455, E-MAIL ADDRESS: mary.macnak@usi.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Liberty Mutual Ins Europe SE & (NONAIC), INSURER B: Underwriters at Lloyds (NONAIC), INSURER C, D, E, F.

COVERAGES CERTIFICATE NUMBER: 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR, WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include: COMMERCIAL GENERAL LIABILITY (IRPIGL19352), AUTOMOBILE LIABILITY, UMBRELLA LIAB, EXCESS LIAB, WORKERS COMPENSATION AND EMPLOYERS' LIABILITY, Contingent Cargo (IRPIMCC19486), Professional Liab (IRPIGL19352).

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER: Sample. 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: [Signature]

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906

FORM BMC-84

Bond Number: 10104543

Filer FMCSA Account Number: MC#1096517

KNOW ALL MEN BY THESE PRESENTS, that we, Detailed Logistics LTD
(Name of Broker or Freight Forwarder)
of 1351 Jarvis Ave Elk Grove Vlg Illinois 60007
(Street) (City) (State) (Zip)
as PRINCIPAL (hereinafter called Principal), and Hudson Insurance Company
(Name of Surety)

a corporation, or a Risk Retention Group established under the Liability Risk Retention Act of 1986, Pub. L. 99-563, created and existing

under the laws of the State of Delaware (hereinafter called Surety), are held and firmly bound unto the United States of
(State)

America in the sum of \$75,000 for a broker or freight forwarder, for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker or Freight Forwarder pursuant to the provisions of Title 49 U.S.C. 13904, and the rules and regulations of the Federal Motor Carrier Safety Administration relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Federal Motor Carrier Safety Administration such a bond as will ensure financial responsibility and the supplying of transportation subject to the ICC Termination Act of 1995 in accordance with contracts, agreements, or arrangements therefore, and

WHEREAS, this bond is written to assure compliance by the Principal as either a licensed Broker or a licensed Freight Forwarder of Transportation by motor vehicle with 49 U.S.C. 13906(b), and the rules and regulations of the Federal Motor Carrier Safety Administration, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the ICC Termination Act of 1995 under license issued to the Principal by the Federal Motor Carrier Safety Administration, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the Federal Motor Carrier Safety Administration forthwith of all suits filed, judgements rendered, and payments made by said Surety under this bond.

This bond is effective the 11th day of March, 2020, 12:01 a.m., standard time at the address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the Federal Motor Carrier Safety Administration at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA on the prescribed Form BMC-86, Notice of Cancellation Motor Carrier and Broker Surety Bond. The Surety shall not be liable hereunder for the payment of any damages herein before described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified above, and that such company is qualified to make this filing under Section 387.315 of Title 49 of the Code of Federal Regulations.

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 11th day of March, 2020.

PRINCIPAL

Detailed Logistics LTD
 COMPANY NAME
 1351 Jarvis Ave Elk Grove Vlg
 STREET ADDRESS CITY
 Illinois 60007 630-421-2776
 STATE ZIP CODE TELEPHONE NUMBER

(type or print Principal officer's name and title)

(Principal officer's signature)

(type or print witness's name)

(witness's signature)

SURETY

Hudson Insurance Company
 COMPANY NAME
 1035 Greenwood Blvd, Suite 265 Lake Mary
 STREET ADDRESS CITY
 Florida 32746 215-766-1990
 STATE ZIP CODE TELEPHONE NUMBER

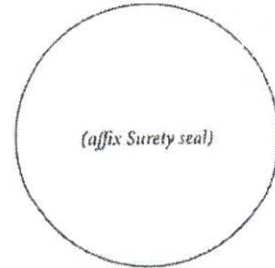
John D. Weisbrot, Attorney-in-Fact

(type or print Principal officer's name and title)

(Principal officer's signature)

(type or print witness's name)

(witness's signature)



COPY