

Federal Motor Carrier  
**ROAD LEGENDS**  
Phone: (773) 377 - 8721  
Fax: (773) 437 - 8046  
<http://RoadLegends.com>

13769 Main Street  
Suite 200  
Lemont, IL 60439  
**SERVICE DATE**  
April 6<sup>th</sup> 2007



ICC MC 598300  
US DOT 1345616

SCAC CODE: RLEN  
EIN# 46-3058553

**Dear Prospective Customer,**

Thank you for your interest in working with us. Since opening our doors for business back in 2007, **Road Legends** formerly known as MMJ Transportation, Inc has been associated with a high level of quality and professionalism. That's largely because of our concerted effort to deepen the connections we have within the Lemont, IL community and to continuously improve the personalized services we provide. Our business is family owned and we see our customers and employees as part of our family. Everyday we work towards earning the customer trust and confidence. We take pride in providing excellent on time delivery. We understand that our customers expect what is promised and we do our best to do just that. Our company has team drivers that provide safe and fast delivery for our customers.

Insurance:

<b>Producer:</b>	<b>Agent Name</b>	<b>Phone Number</b>	<b>E-mail address</b>
A. Utah-Hub International	Julie Bergeson	(331) 214-5020	<a href="mailto:christie.stevens@hubinternational.com">christie.stevens@hubinternational.com</a>
B. Midwest Insurance Agency, Inc	Tom Hammond	(630) 472-2300	<a href="mailto:certs@midwestinsure.com">certs@midwestinsure.com</a>

Commercial General Liability	-Policy # ZM4587	Limit (see certificate)	Expiration 04/01/2023
Automobile Liability	-Policy # KCA 2600524-0	Limit \$1,000,000.00	Expiration 04/01/2023
Motor Truck Cargo	-Policy # MZI93088749	Limit \$100,000.00	Expiration 04/01/2023
Trailer Interchange		Limit: \$60,000.00	Expiration 04/01/2023
Workers Compensation	-Policy # 406048452	Limit \$1,000,000.00	Expiration 01/12/2023

References:

<b>Company Name:</b>	<b>Phone Number:</b>	<b>Contact Name:</b>
RJG Logistics	(708) 962-4685	Rob
CH Robinson	(866) 400-9228	Ben
Spot Freight Avenue	(800) 257-8642 x 455 (773) 945-0795	Mase John
Arrive Logistics	(773) 923-0996	Oksana
Echo Global Logistics	(847) 213-2311	Jordan



## CONTACTS

<b>Dry van Operations</b>				
<b>Dry van Division</b>	<b>Phone</b>	<b>Extension</b>	<b>Fax</b>	<b>email</b>
	<b>(773) 377-8721</b>	<b>2 then 1</b>	<b>(773) 437-8046</b>	<b>dryvan@roadlegends.com</b>
Marko Trpeski	(773) 377-8721	204	(773) 437-8046	marko@roadlegends.com
Martin Todorovski	(773) 377-8721	211	(773) 437-8046	martin@roadlegends.com
Ace Trajkovski	(773) 377-8721	220	(773) 437-8046	ace@roadlegends.com
Angel Shterjov	(773) 377-8721	229	(773) 437-8046	angel@roadlegends.com
Mila Trajkovska	(773) 377-8721	230	(773) 437-8046	mila@roadlegends.com
Ellie Ivanovska	(773) 377-8721	252	(773) 437-8046	ellie@roadlegends.com
Nate Georgievski	(773) 377-8721	257	(773) 437-8046	nate@roadlegends.com
Stella Teneva	(773) 377-8721	265	(773) 437-8046	stella@roadlegends.com
Viktor Dimov	(773) 377-8721	266	(773) 437-8046	viktor@roadlegends.com
Nora Dimitrovska	(773) 377-8721	273	(773) 437-8046	nora@roadlegends.com
Nicko Jovanov	(773) 377-8721	274	(773) 437-8046	nicko@roadlegends.com
Kenny Ristov	(773) 377-8721	276	(773) 437-8046	kenny@roadlegends.com
Michael Jovanovski	(773) 377-8721	277	(773) 437-8046	michael@roadlegends.com
Boris Micev	(773) 377-8721	286	(773) 437-8046	boris@roadlegends.com
Stan Kostov	(773) 377-8721	294	(773) 437-8046	stan@roadlegends.com
<b>Flatbed Operations</b>				
<b>Flatbed Division</b>	<b>Phone</b>	<b>Extension</b>	<b>Fax</b>	<b>email</b>
	<b>(773) 377-8721</b>	<b>2 then 2</b>	<b>(773) 437-8046</b>	<b>flatbed@roadlegends.com</b>
Luke Stanoeski	(773) 377-8721	208	(773)437-8046	luke@roadlegends.com
Lily Spirkovska	(773) 377-8721	236	(773)437-8046	lily@roadlegends.com
David Ristov	(773) 377-8721	255	(773) 437-8046	david@roadlegends.com
Stefania Stojanovska	(773) 377-8721	271	(773) 437-8046	stef@roadlegends.com
Kyle Buss	(773) 377-8721	283	(773)437-8046	kyle@roadlegends.com
Mario Cvetkovik	(773) 377-8721	291	(773)437-8046	mario@roadlegends.com
<b>Safety Department</b>				
<b>Safety Division</b>	<b>Phone</b>	<b>Extension</b>	<b>Fax</b>	<b>email</b>
	<b>(773) 377-8721</b>	<b>3</b>	<b>(773) 260-0588</b>	<b>safety@roadlegends.com</b>
Kris Bozinovski	(773) 377-8721	301	(773) 260-0588	kris@roadlegends.com
Frosina Bogdanovska	(773) 377-8721	303	(773) 260-0588	frosi@roadlegends.com
<b>Recruiting Department</b>				
<b>Recruiting Division</b>	<b>Phone</b>	<b>Extension</b>	<b>Fax</b>	<b>email</b>
	<b>(773) 377-8721</b>	<b>4</b>	<b>(773) 834-1386</b>	<b>recruiting@roadlegends.com</b>
Goge Stinikliev	(773) 377-8721	217	(773) 834-1386	goge@roadlegends.com
<b>Accounting Department</b>				
<b>Accounting Division</b>	<b>Phone</b>	<b>Extension</b>	<b>Fax</b>	<b>email</b>
	<b>(773) 377-8721</b>	<b>5</b>	<b>(773) 304-3515</b>	<b>accounting@roadlegends.com</b>
Alek Shterjova	(773) 377-8721	210	(773) 304-3515	alek@roadlegends.com
Martina Atanasovska	(773) 377-8721	213	(773) 304-3515	martina@roadlegends.com
Anita Cvetkova	(773) 377-8721	214	(773) 304-3515	anita@roadlegends.com
Mia Kodzabashieva	(773) 377-8721	231	(773) 304-3515	mia@roadlegends.com
Sandra Soto	(773) 377-8721	280	(773) 304-3515	sandra@roadlegends.com
<b>Maintenance Dept.</b>				
<b>Maintenance Division</b>	<b>Phone</b>	<b>Extension</b>	<b>Fax</b>	<b>email</b>
	<b>(773) 377-8721</b>	<b>7</b>		<b>maintenance@roadlegends.com</b>
George Shterjov	(773) 377-8721	300	(773) 260-0588	george@roadlegends.com
<b>After Hours</b>				
<b>After Hours</b>	<b>Phone</b>	<b>Extension</b>	<b>Fax</b>	<b>email</b>
	<b>(773) 377-8721</b>	<b>7</b>	<b>(773) 437-8046</b>	<b>afterhours@roadlegends.com</b>
Tom Marangozov	(773) 377-8721	254	(773) 437-8046	tom@roadlegends.com
Bob Karadjov	(773) 377-8721	289	(773) 437-8046	bob@roadlegends.com
Peter Pleshkov	(773) 377-8721	290	(773) 437-8046	peter@roadlegends.com
Dimitri Jordan	(773) 377-8721	297	(773) 437-8046	dimitri@roadlegends.com



U.S. Department of Transportation  
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.  
Washington, DC 20590

**SERVICE DATE**  
December 26, 2018

**DECISION**  
MC-598300  
MMJ TRANSPORTATION INC  
ALSIP, IL  
**REENTITLED**  
MMJ TRANSPORTATION INC  
D/B/A ROAD LEGENDS

On December 18, 2018, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

**It is ordered:**

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as MMJ TRANSPORTATION INC, D/B/A ROAD LEGENDS.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

**Decided:** December 20, 2018  
By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief  
Information Technology Operations Division  
NC/A

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://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. <b>MMJ TRANSPORTATION INC</b>		
	2 Business name/disregarded entity name, if different from above <b>ROAD LEGENDS</b>		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<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		Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> 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 <b>not</b> 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.		Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____		(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions. <b>13769 MAIN STREET SUITE 200</b>		Requester's name and address (optional)
6 City, state, and ZIP code <b>LEMONT, IL 60439</b>			
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.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
4	6	-	3	0	5	8	5	5	3

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ 01/01/2022
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**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](http://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.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/11/2022

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> Utah-Hub International Transportation Insurance Services Inc. 6510 S. Millrock Drive Suite 275 Salt Lake City UT 84121	<b>CONTACT NAME:</b> Christie Stevens	
	<b>PHONE (A/C No. Ext):</b> 19193881948	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b> tismwwcertreq@hubinternational.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> ACUITY, A Mutual Insurance Company		14184
<b>INSURER B :</b> Carolina Casualty Insurance Company		10510
<b>INSURER C :</b> AGCS Marine Insurance Company		22837
<b>INSURER D :</b> CorePointe Insurance Company		10499
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES** **CERTIFICATE NUMBER:** 1793146284 **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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZM4587	4/1/2022	4/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			KCA 2600524-0	4/1/2022	4/1/2023	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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C D	Cargo incl Reefer Physical Damage Trailer Interchange			MZI93088749 CIC1004888-00-PD1	4/1/2022 5/7/2022	4/1/2023 5/7/2023	\$100,000 Comp/ Coll \$60,000 \$2,500 Ded \$1,000 Ded \$1,000 Ded

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Reefer Coverage Included  
 Stated limit or ACV (whichever is less)

<b>CERTIFICATE HOLDER</b>  Proof Of Coverage	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/11/2022

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> Transtar Insurance Brokers, Inc. 5450 E. High Street, Suite 230 Phoenix AZ 85054	<b>CONTACT NAME:</b> Natalie Duda <b>PHONE (A/C No. Ext):</b> 480-579-2500 <b>E-MAIL ADDRESS:</b> serviceteam@transtarinsurance.com		<b>FAX (A/C, No):</b> 480-579-2404
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> MMJ Transportation Inc dba Road Legends 13769 Main Street, Suite 200 Lemont IL 60439	<b>INSURER A:</b> OBI National Insurance Company		<b>NAIC #</b> 14190
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 725728724

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"/> 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 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$ \$
A	<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	N/A	406048452	1/12/2022	1/12/2023	X PER STATUTE 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

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

**CERTIFICATE HOLDER****CANCELLATION**

\*Sample

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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January 04, 2019

MARKO TRPESKI  
ROAD LEGENDS  
12161 S CENTRAL AVENUE SUITE 207  
ALSIP, IL 60803

#### CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT

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

ROAD LEGENDS  
12161 S CENTRAL AVENUE SUITE 207  
ALSIP, IL 60803  
MC-598300  
US DOT- 1345616

This Alpha Code will apply only to the company name shown above through June 30, 2020. 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](mailto: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:

AMS.SCAC@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 [AMS.SCAC@DHS.GOV](mailto:AMS.SCAC@DHS.GOV) [and [askaes@census.gov](mailto: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.

January 13, 2022

**Re: M M J TRANSPORTATION INC. DBA ROAD LEGENDS  
MC# 598300**

RE: Remittance Address

Please be advised that Advance Business Capital LLC d/b/a Triumph Business Capital no longer has a security interest in the invoice payments of the Company. Therefore, you are requested to **remit all future invoice payments as directed by Company/Carrier.**

This letter is your official and legally binding release of invoice payments due Triumph Business Capital, as signed by an officer of requisite authority.

We thank you in advance for your past and future cooperation regarding this matter.

Sincerely,

ADVANCE BUSINESS CAPITAL LLC



George A. Thorson  
President







## **NEW PAYMENT INFORMATION**

### ***MMJ Transportation Inc dba Road Legends***

Please choose one of the following methods of payment for Road Legends

If you have any questions please contact [accounting@roadlegends.com](mailto:accounting@roadlegends.com)

#### **WE ACCEPT THE FOLLOWING PAYMENT METHODS:**

ACH Payment  Zelle  TriumphPay  E-pay  Truckstop

- **ACH Payment**

Account #: **281857323**

ABA Routing #: **071000013**

Bank name: **Chase bank**

Bank Address: **14 S La Grange Rd**

Bank City: **La Grange** State: **IL** Zip: **60525**

Accounting company contact: [anita@roadlegends.com](mailto:anita@roadlegends.com)

Phone: **773-377-8721** ext. 214

- **Zelle**

Email: [accounting@roadlegends.com](mailto:accounting@roadlegends.com)

- **TriumphPay portal**

<https://secure.triumphpay.com/>

- **Epay portal**

<https://www.epaymanager.com/>

- **Truckstop portal**

<https://pay.truckstop.com/>

#### **Road Legends REQUIREMENTS:**

1. Remittance should be sent electronically to [accounting@roadlegends.com](mailto:accounting@roadlegends.com).
2. Payment is due within 30 days of receiving Invoice