



11501 Cedar Oak Ave,
El Paso, Texas 79936
Phone 915.590.1400
Fax 915.629.9085

RE: Company Introduction

October 16, 2008

Thank you for the opportunity to present our transportation services to you. We have been picking up at your warehouse product for Sysco Corporation for the past 4 years now, and we would like to see if we can offer you our services directly for other customers.

Our company was founded in 2004 and currently has a fleet of 13 Class 8 tractors with 53 foot dry vans with vents. Half of our fleet of trailers is 2007 or newer and half of our tractors are 2009 models.

We service all 48 states and currently transport from El Paso mostly food products, food handling material and dry chilly.

Please find attached additional information about our company. We would like to have a few minutes to present ourselves and see what opportunities you might have for our company.

If you have any questions, please feel free to let me know at (915)590-1400.

Thank you.

A handwritten signature in black ink, appearing to read "Jaime Herrera", written over a white rectangular stamp or signature line.

Jaime Herrera

President / **Flash Truck Lines Corporation**



11501 Cedar Oak Dr.
El Paso, Texas 79936
Phone 915.590.1400
Fax 915.629.9085
Cel 915.203.1998

GENERAL INFORMATION

Located in El Paso, Texas, we have the following :

Twenty 53'X102" Dry Vented Vans with Class 8 Tractors. Single & Team Drivers. Running through all 48 states. Yard & Storage in El Paso.

IRS EIN # 20-1016508 Physical / Mailing Address: 11501 Cedar Oak, El Paso, Texas 79936

Contacts: Mr. Mike Avalos/Dispatch Mr. Walter Leon/Dispatch Mr. Gabe Gonzalez/ Dispatch

Mr. Jose Reyes / Treasurer Mr. Jaime Herrera / President

Phone number: 915-590-1400 Fax number: 915-629-9085

E-mail: Jaime Herrera: flashtruck@sbcglobal.net Mike Avalos: flashtruck3@sbcglobal.net

Web Site: <http://www.flashtruck.com>

BANKING INFORMATION

Bank of America, NA Tel. 888-287-4637 Fax. 803-765-8569

Checking Account # 004791914294 ABA # 111000025

PERMIT INFORMATION

MC/ICC # 491698 U.S. DOT # 1253110 SCAC Code FTLD TX DOT # 005894406C

NM Tax # 61819 KYU # 211275 Oregon File # 054661

INSURANCE INFORMATION

=== Insurer Auto Liability ===

Southwest Truck Insurance / Jessica Montgomery / Lisa,

P.O. .Box 168505, Irving, TX 75016 Tel. 800-725-7984 Fax. 972-659-0713

Southern County Mutual Insurance Company / Auto Liability \$1,000,000

Policy # CP564749 Expiration Date: 6/4/09

Gramercy Insurance Company / Cargo \$100,000

Policy # MI4209-26439 Expiration Date: 2/10/09

Northfield Insurance Company / General Liability \$2,000,000 / \$1,000,000

Policy # SCQ0033 Expiration Date: 6/4/09

COMMERCIAL REFERENCES

Sysco Corporation, Houston, TX Tel. 281-584-2858 / GC Produce, Denver, CO Tel. 303-895-9643 / Fly

Intermodal Corp., El Paso, TX Tel. 915-204-7918 / US Joiner LLC., Crozet, VA Tel. 434-220-8516 /

Command Transportation, Skokie, IL Tel. 847-213-2248 / NYK Logistics, Houston, TX Tel. 281-893-6373 /

Landstar Logistics Tel. 800-235-1071 / Elk Logistics, Staunton, VA Tel. 540-886-0037 / All America

Transportation, Bridgeton, MO Tel. 888-770-2055



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Certificate of Common Carrier:



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

400 7th Street SW
Washington, DC 20590

SERVICE DATE
June 30, 2004

CERTIFICATE
MC-491698-C
FLASH TRUCK LINES CORPORATION
EL PASO, TX

This Certificate is evidence of the carrier's authority to engage in transportation as a **common carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Angeli Sebastian, Chief
Information Systems Division

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

CMO

ACORD TM. **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
06/04/2008

PRODUCER Phone: 800-725-7984 Fax: 972-659-0713
SOUTHWEST TRUCK INSURANCE AGENCY, INC.
 P.O. BOX 168505
 IRVING TX 75016-8505

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: SOUTHERN COUNTY MUTUAL INS CO	
INSURER B: GRAMERCY INSURANCE COMPANY	
INSURER C: NORTHFIELD INSURANCE COMPANY	
INSURER D:	
INSURER E:	

INSURED
FLASH TRUCK LINES CORP.
 11501 CEDAR OAK AVE
 EL PASO TX 79936

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

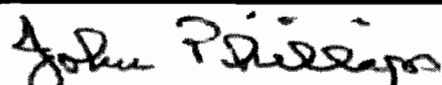
INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
C		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CP564749	06/04/08	06/04/09	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. \$ INCLUDED
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____	SCQ0033	06/04/08	06/04/09	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,006
		BODILY INJURY (Per person) \$				
		BODILY INJURY (Per accident) \$				
		PROPERTY DAMAGE (Per accident) \$				
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
						OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						\$
						\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS
						OTHER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE-EA EMPLOYEE \$
						E.L. DISEASE-POLICY LIMIT \$
B		OTHER: MOTOR TRUCK CARGO	MI4209-26439	02/10/08	02/10/09	\$100,000 LIMIT \$1,000 DEDUCTIBLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS

CERTIFICATE HOLDER
FLASH TRUCK LINES CORP.
 11501 CEDAR OAK AVE
 EL PASO TX 79936

Attention:

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE




11501 Cedar Oak Dr.
 El Paso, Texas 79936
 Phone 915.590.1400
 Fax 915.629.9085
 Cel 915.203.1998

Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.				
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) FLASH TRUCK LINES CORPORATION					
	Business name, if different from above					
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input checked="" type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶					
	Address (number, street, and apt. or suite no.) 11501 CEDAR OAK DRIVE City, state, and ZIP code EL PASO, TEXAS, 79936	Requester's name and address (optional)				
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.						
<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Social security number</td> </tr> <tr> <td style="text-align: center;">or</td> </tr> <tr> <td style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="text-align: center;">20 : 1016508</td> </tr> </table>			Social security number	or	Employer identification number	20 : 1016508
Social security number						
or						
Employer identification number						
20 : 1016508						
Part II Certification						
Under penalties of perjury, I certify that:						
<ol style="list-style-type: none"> 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). 						
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 on page 4.						
<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">Sign Here</td> <td style="width: 45%;">Signature of U.S. person ▶ </td> <td style="width: 40%;">Date ▶ 12/04/2007</td> </tr> </table>			Sign Here	Signature of U.S. person ▶	Date ▶ 12/04/2007	
Sign Here	Signature of U.S. person ▶	Date ▶ 12/04/2007				
General Instructions						
Section references are to the Internal Revenue Code unless otherwise noted.						
Purpose of Form A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:						
<ol style="list-style-type: none"> Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), Certify that you are not subject to backup withholding, or Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income. 						
Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.						
Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:						
<ul style="list-style-type: none"> An individual who is a U.S. citizen or U.S. resident alien, A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, An estate (other than a foreign estate), or A domestic trust (as defined in Regulations section 301.7701-7). 						
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.						
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:						
<ul style="list-style-type: none"> The U.S. owner of a disregarded entity and not the entity, 						
Cat. No. 10231X Form W-9 (Rev. 10-2007)						



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Federal Motor Carrier Letter of Safety Rating:



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

400 Seventh St., S.W.
Washington, D.C. 20590

April 13, 2006

In reply refer to:
Your USDOT No.: 1253110
Review No.: 458675/CR

JAIME HERRERA
PRESIDENT
FLASH TRUCK LINES
11501 CEDAR OAK DRIVE
EL PASO TX 79936

Dear JAIME HERRERA:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on April 7, 2006. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
300 EAST 8TH STREET, SUITE 865
AUSTIN, TX 78701
Telephone No.: 512-536-5980

Charles A. Horan, III
Director, Office of Enforcement and
Compliance



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 El Paso, Texas 79936
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Accessorial Standard Rules and Regulations

Effective May 1st, 2008

<i>Accessorial</i>	<i>Timeframe</i>	<i>Rate</i>	<i>Unit</i>
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Box Detention

	Day 1	Free	Daily
	Day 2	\$ 50.00	Daily
	Day 3	\$ 50.00	Daily
	Day 4	\$ 50.00	Daily
	Day 5	\$ 50.00	Daily
	> 5 Days	\$ 50.00	Daily

Stop off

	<i>#</i>	<i>Solo/Team</i>	
	1	\$ 50.00	Per Stop
	2	\$ 50.00	Per Stop
	3	\$ 75.00	Per Stop
	4	\$ 75.00	Per Stop

Driver Detention

	Hour 1	\$ 40.00	Per Hour
	Hour 2	\$ 40.00	Per Hour
	Hour 3	\$ 40.00	Per Hour
	Hour 4	\$ 40.00	Per Hour
	Hour 5	\$ 40.00	Per Hour
	Hour 6	\$ 40.00	Per Hour
	> 6 Hours	\$ 40.00	Per Hour

Layover

	1 Weekday	\$ 275.00	Per Day
	Weekend	\$ 950.00	Total