

Taylor Distributing Customer References 2016



David Edwards

Mgr. of Carrier Relations

Yusen Logistics 904-485-1976

David.Edwards@us.yusen-logistics.com

Barb Islas

Ocean Operations

Cargo Services Inc. 800-645-0386

BIslas@cargos.com

Ryan Bondie

Operations Manger

TTS 770-426-6774 X1

ryan.bondie@tts-us.com

Sam Duran / Bernardo Ortega /

Intermodal Manager

Seaboard Marine, Ltd. 305-863-4761

sam_duran@seaboardmarine.com bernardo_ortega@seaboardmarine.com

Greg Durr / Brian Piepmeier

Manager, Broker Services

Crowley Logistics Inc. 513-407-5053 513-407-5056

greg.durr@crowley.com Brian.Piepmeier@crowley.com

Jose` Arellano/ Mike Itter / Shon Watanabe / Jason Fenton

Intermodal Specialized Dept.

Basic Enterprise Inc. 847-806-2124

jose@basicent.com mike@basicent.com shonw@basicent.com jason@basicent.com

6/2/2016



Taylor Distributing Carrier Profile

Address: 2875 E. Sharon Rd. Cincinnati, OH 45241-1976

Remit to: Same

Website: www.taylordist.com

Email: dispatch@taylordist.com

Phone Number: 513-771-1850 Dispatch Phone Number: 800-486-0015

FEIN Number: 31-0615909

D&B Number: 00-448-1636

US DOT Number: 81220 MC Number: 022276

US DOT Carrier Safety Rating: Satisfactory September 30, 1992

SCAC Code: TADS

Important Contacts

President	Rex C Taylor	rex@taylordist.com	513-773-2117
Accounting	Carrie Synesal	carrie@taylordist.com	513-773-2113
Operations	Mark Simpson	mark@taylordist.com	513-773-2200
Dispatch	Nicole Stamm	nicole@taylordist.com	513-773-2128
POD Contact	Carrie Synesal	carrie@taylordist.com	513-773-2113
Claims Contact	Rhonda Mettey	rhonda@taylordist.com	513-773-2111
Sales Contact	Todd Brinkman	todd@taylorlog.com	513-773-2127
Customer Service	Keith Swensen	keith@taylordist.com	513-773-2120

Area Served: Drayage; anywhere from the 3 Cincinnati rail ramps. Short haul Truckload: 150 miles from Cincinnati.

Equipment: 20 Dry Vans, 48' & 53'. 10 tri-axles. 21 company day cabs. 2 Owner Operators.

Services & Features

Bonded	Hazmat	Drayage	Intermodal	SmartWay
TWIC	Power Only	ELD Compliant	SQF L3Warehouse	166 yrs. of service
Large Drop Lot	PrePass	Liquor Permits	Custom Crating	Transloading

Taylor Distributing Credit Information 2016

Applicant Name: Taylor Distributing Co.
Shipping Address: 2875 East Sharon Road
City, State & Zip: Cincinnati, Ohio 45241-1976
Phone Number: 513-773-2113 **Contact:** Carrie Synesael carrie@taylordist.com

D-U-N-S #00-448-1636 FEIN #31-0615909

Accounting Firm: Wanner-Patterson (513) 769-1000
Address: 11260 Chester Road, Suite 220, Cincinnati, OH 45246-4092
Contact Name: Pam Gural pam@wanner-patterson.com

Length of Time in Business: Since 1850

<u>Name of Principals:</u>	<u>Title:</u>	<u>Phone:</u>
Rex C. Taylor	President	513-773-2117
John A. Taylor	Vice-President	513-773-2101

<u>Bank Information:</u>	<u>Address:</u>	<u>Phone:</u>
Fifth Third Bank	Fifth Third Plaza MD10906B, Cincinnati, OH 45263-0001	(513) 534-2808

Bank Officer:

John Gray john.gray@53.com Commercial Loans Account Number 71505049 Routing Number 042000314

Credit References:

<u>Name:</u>	<u>Contact:</u>	<u>Phone:</u>
1. Penske Leasing	Stefanie Swafford	513-771-7706
2. Star Leasing	Mike Lowe	513-617-9082
3. Ryder	Debra Peppard	770-569-6558
4. Best One Tires	Tia Massie	513-248-3900
5. Trailines	Shannon Sears	513-755-7900
6. Fasig Co.	Cara Fasig	859-485-1800

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <i>Taylor Distributing Company</i>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	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) _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) <i>2875 E. Sharon Rd.</i>	Requester's name and address (optional)
	6 City, state, and ZIP code <i>Cincinnati Oh 45241-1976</i>	
	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

or

Employer identification number									
3	1	-	0	6	1	5	9	0	9

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ <i>6/2/16</i>
-----------	----------------------------	----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/ftw9.

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?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

INTERSTATE COMMERCE COMMISSION

PERMIT

MC-22276 (Sub-No. 7)X *

TAYLOR DISTRIBUTING COMPANY
CINCINNATI, OHIO

SERVICE DATE

APR 11 1984

This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier by motor vehicle.

This authority will become effective only when the carrier has met the compliance requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043), designation of agents upon whom process may be served (49 CFR 1044), the execution of contracts for contract carriers (49 CFR 1053), and, as applicable, tariffs or schedule (49 CFR 1300 through 1310). The carrier shall also render reasonably continuous and adequate service under this authority. Failure to meet these conditions will constitute sufficient grounds for the suspension, change, or revocation of this authority.

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

The transportation service to be performed is described on the reverse side of this document and will be valid as long as the carrier maintains compliance with the above requirements.

By the Commission.

James H. Bayne
Acting Secretary

(SEAL)

NOTE: If there are discrepancies regarding this Permit, please notify the Commission within 30 days.

* Supersedes MC-22276.



U.S. Department
of Transportation

**Federal Motor
Carrier Safety
Administration**

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

TAYLOR DISTRIBUTING CO
2875 E SHARON ROAD
CINCINNATI OH 45241-1923

8/28/2000

Dear Motor Carrier:

The following USDOT identification number has been assigned to your company:

81220

The USDOT number needs to be marked on your commercial motor vehicles as required by Section 390.21 of the Federal Motor Carrier Safety Regulations (FMCSR). A copy of this regulation is enclosed. All commercial motor vehicles operated in interstate or foreign commerce must be marked with a USDOT number. Those vehicles marked with an ICC MC number as of July 3, 2000, must display a USDOT number by July 3, 2002. The marking requirements assure submission of accurate data to our agency by enforcement personnel and assist the general public in identifying a particular commercial motor vehicle.

For-hire motor carriers requiring operating authority may obtain an application by calling (202) 358-7000 or by accessing the following internet website:

<http://diy.dot.gov>

Regulatory information may be obtained from the Federal Motor Carrier Safety Administration website:

<http://www.fmcsa.dot.gov>

If you receive more than one of these letters referencing different USDOT numbers, please contact the office shown below to determine which number is most appropriate. This office can also be contacted for any questions you may have about regulatory compliance:

Stephen Mattioli
200 North High Street
Columbus OH 43215-2482
(614) 280-5657



U.S. Department
of Transportation
Federal Highway
Administration

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

NOVEMBER 12, 1992

IN REPLY REFER TO:

~~YOUR REPORT NO. CA 12200~~
REVIEW NO.: 00139353/CR

TAYLOR DISTRIBUTING CO
2875 SHARON RD
CINCINNATI, OH 45241

GENTLEMEN:

THE MOTOR CARRIER SAFETY RATING FOR YOUR COMPANY IS:

SATISFACTORY

THIS SATISFACTORY RATING IS THE RESULT OF A SEP 30, 1992, REVIEW AND EVALUATION. A SATISFACTORY RATING INDICATES THAT YOUR COMPANY HAS ADEQUATE SAFETY MANAGEMENT CONTROLS IN PLACE TO EFFECT SUBSTANTIAL COMPLIANCE WITH THE FEDERAL MOTOR CARRIER SAFETY AND/OR HAZARDOUS MATERIALS REGULATIONS. THE REVIEW INDICATED, HOWEVER, THAT ADDITIONAL EFFORT IS NEEDED REGARDING THE FOLLOWING PORTIONS OF THE REGULATIONS:

PART 391 - QUALIFICATIONS OF DRIVERS
PART 395 - HOURS OF SERVICE OF DRIVERS
REPORTABLE PREVENTABLE ACCIDENT RATE

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 THE SAFETY SPECIALIST WHO CONDUCTED THE REVIEW.

Ronald G. Ashby

RONALD G. ASHBY
CHIEF, FEDERAL PROGRAMS DIVISION

** NOTE **

EFFECTIVE JANUARY 1, 1991, AS REQUIRED BY THE MOTOR CARRIER SAFETY ACT OF 1990 (PUBLIC LAW 101-500), THOSE MOTOR CARRIERS RECEIVING AN "UNSATISFACTORY" SAFETY RATING, ISSUED BY THE FEDERAL HIGHWAY ADMINISTRATION, ARE PROHIBITED FROM TRANSPORTING PLACARDABLE QUANTITIES OF HAZARDOUS MATERIALS, OR FOR HIRE TRANSPORTATION OF MORE THAN 15 PASSENGERS, (INCLUDING THE DRIVER, IN INTERSTATE COMMERCE. THIS PROHIBITION WILL BEGIN 45 DAYS AFTER THE EFFECTIVE DATE OF AN "UNSATISFACTORY" SAFETY RATING, OR RECEIPT OF THE "UNSATISFACTORY" SAFETY RATING LETTER, WHICHEVER IS LATER.



CERTIFICATE OF LIABILITY INSURANCE

TAYLO-1

OP ID: JK

DATE (MM/DD/YYYY)

11/14/2016

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 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).

PRODUCER The Roehr Agency 4642 Ridge Ave. Cincinnati, OH 45209 Alvin F. Roehr, Jr.	CONTACT NAME: Linda Perry PHONE (A/C, No, Ext): 513-985-0353 E-MAIL ADDRESS: lperry@roehrins.com		FAX (A/C, No): 513-985-0359
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Taylor Distributing Company Taylor Warehouse Corp. Taylor Logistics, Inc. RBD Holdings, Ltd. Rex Taylor 2875 E Sharon Rd Cincinnati, OH 45241	INSURER A: Cincinnati Insurance Company		10677
	INSURER B: Travelers Property & Casualty		25674
	INSURER C: Federal Insurance Company		20281
	INSURER D: Rockhill Insurance Co.		
	INSURER E: Hallmark Insurance Company		19530
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

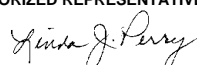
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			EPP0219722	12/01/2016	12/01/2017	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> \$5000 ded <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comp & Coll			EBA0219722	12/01/2016	12/01/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (PER ACCIDENT)	\$
							HiredPhys Dam.	\$ 100,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			EPP0219722 ** SEE PAGE 2	12/01/2016	12/01/2017	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EPP0219722	12/01/2016	12/01/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Motor Truck Cargo*			QT 660 2H541476	05/01/2016	05/01/2017	250,000	Any One Veh
B	Warehouse Legal			LIABILITY QT 660 2H541476	05/01/2016	05/01/2017	7,000,000	Limit

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

Co.Code: C -Theft by Employee -Pol. #6800-7532 5-1-2016/2017 \$500,000 Limit.
 *Includes Reefer coverage with \$5,000 deductible on Motor Truck Cargo and Contingent Cargo Coverage. \$75,000 Trailer Interchange under #EPP0219722.

CERTIFICATE HOLDER**CANCELLATION**

SPECIMEN ONLY	SPECIME	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 

© 1988-2010 ACORD CORPORATION. All rights reserved.

NOTEPADINSURED'S NAME **Taylor Distributing Company****TAYLO-1
OP ID: JK**PAGE 2
Date **11/14/2016**

*Includes Reefer coverage with \$5,000 deductible on Motor Truck Cargo and Contingent Cargo Coverage.

EXCESS LAYERS OF LIABILITY:

\$5,000,000 excess of Primary \$5,000,000:
Hallmark Insurance Company (NAIC: 19503) - Policy #66HX163C68 Effective 12-1-16/17

Trailer Interchange for \$75,000 Limit. Policy #EBA0219722 Effective 12-1-16/17 (Cincinnati Insurance Company) Certificate holder is listed as additional insured.

TRANSPORTATION POLLUTION LIABILITY:

Rockhill Insurance Company (NAIC: 28053) - Policy #ENVP01253701 Effective 2-19-16/17
\$5,000,000 Each Occurrence/\$5,000,000 Aggregate



The U.S. Environmental Protection Agency recognizes

Taylor Distributing Company

As a Registered

SmartWay® Transport Partner

SmartWay ID: 12187927

Expires: 05/06/2017

A handwritten signature in cursive script, appearing to read "Cheryl Bynum", written over a horizontal line.

Cheryl Bynum
Center Director, SmartWay Transport Partnership

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2016-2017

Registrant: TAYLOR DISTRIBUTING CO.
Attn: REX C. TAYLOR
2875 E. SHARON RD.
CINCINNATI, OH 45241-1976

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 052416 551 058Y **Effective:** 07/01/2016 **Expires:** 06/30/2017

HM Company ID: 171627

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.



May 19, 2009

KEITH SWENSEN
TAYLOR DISTRIBUTING COMPANY
2875 EAST SHARON ROAD
CINCINNATI, OH 45241-1923

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **TADS** has been renewed for:

TAYLOR DISTRIBUTING COMPANY
2875 EAST SHARON ROAD
CINCINNATI, OH 45241-1923
MC- 022276
US DOT- 81220

This Alpha Code will apply only to the company name shown above through June 30, 2010. A renewal notice will be mailed approximately one month prior to expiration and must be returned promptly together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address above.

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, etc.

If you participate in the Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information by email (preferred) as a PDF or TIF attachment, or fax to the following address:

CBP SCAC Processing
Bureau of Customs and Border Protection
7681 Boston Blvd., Beaugard 1st Fl Wing A
Springfield, VA 22153
AMS.SCAC@DHS.GOV
Fax 703.650.3650

NOTICE: Renewal 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



Bureau of Workers' Compensation

30 W. Spring St.
Columbus, OH 43215

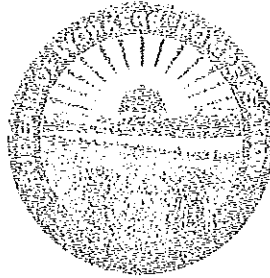
Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
923119-0

**TAYLOR DISTRIBUTING CO
10690 LOVELAND-MADEIRA RD
LOVELAND, OH 45140**



Period specified below
**07/01/2016 through
06/30/2017**

www.bwc.ohio.gov

Issued by:

Sarah J. ...
Acting Administrator/CEO

You can reproduce this certificate as needed.



Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers' Compensation

You must post this language with the Certificate of Ohio Workers' Compensation

RECEIVED MAY 02 2016

DATE	DOCUMENT NO	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
1. 5/9/2000	200013000107	AGS DOMESTIC AGENT SUBSEQUENT APPOINTMENT	3.00	0.00	0.00	0.00	0.00
TOTAL			3.00	0.00	0.00	0.00	0.00

Return To:

TAFT, STETTINIUS & HOLLISTER
 ATTN A S CORWIN
 21 E STATE ST 12TH FL
 COLUMBUS, OH 43216-0000

-----cut along the dotted line-----



The State of Ohio
 Certificate

Secretary of State - J. Kenneth Blackwell

276238

It is hereby certified that the Secretary of State of Ohio has custody of the business records for TAYLOR DISTRIBUTING COMPANY and that said business records show the filing and recording of:

Document(s)
 DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):
 200013000107

United States of America
 State of Ohio
 Office of the Secretary of State

Witness my hand and the seal of the Secretary
 of State at Columbus, Ohio, This 3rd day of
 May, A.D. 2000



J. Kenneth Blackwell
 J. Kenneth Blackwell
 Secretary of State



Prescribed by **J. Kenneth Blackwell**

Please obtain fee amount and mailing instructions from the Forms Inventory List (using the 3 digit form # located at the bottom of this form). To obtain the Forms Inventory List or for assistance, please

call Customer Service:

Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

SUBSEQUENT APPOINTMENT OF AGENT

Taylor Distributing Company hereby appoints
(Name of Corporation)

Rex C. Taylor 2875 E. Sharon Road
(name of agent) (street and number)
Cincinnati, Ohio 45241
(city, village or township) (zip code)

NOTE: P.O. Box addresses are not acceptable.

to succeed John Edward Taylor as agent upon whom any process,
(Name of Former Agent)
notice or demand required or permitted by statute to be served upon the corporation may be served.

This line is to be signed by a corporate officer.

By: [Signature]
Title: Rex C. Taylor, President

Acceptance of Appointment

The undersigned, Rex C. Taylor named herein as the statutory agent for
Taylor Distributing Company hereby acknowledges and accepts the
(Name of Corporation)
appointment of statutory agent for said corporation.

[Signature]
Statutory Agent

RECEIVED
MAY 03 2000
J. KENNETH BLACKWELL
SECRETARY OF STATE



Prescribed by **J. Kenneth Blackwell**

Please obtain fee amount and mailing instructions from the Forms Inventory List (using the 3 digit form # located at the bottom of this form). To obtain the Forms Inventory List or for assistance, please call Customer Service:
Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

K. Meder
5-3-00

- UNIFORM COMMERCIAL CODE FILINGS
- CORPORATE FILINGS

CORPORATIONS ONLY	
<input type="checkbox"/>	EXPEDITE SERVICE

CORRESPONDENCE

PLEASE RETURN THE ATTACHED DOCUMENTS TO:

PAFF, STETTINIUS & HOLLISTER LLP
NAME OF YOUR FIRM OR COMPANY

ANGELA S. CORWIN, PARALEGAL
ATTN

21 E. STATE STREET, 12TH FLOOR
STREET ADDRESS

COLUMBUS OHIO 43215
CITY STATE ZIP

221-2838
TELEPHONE

RECEIVED

MAY 03 2000

UCC ONLY			
<input type="checkbox"/>	MAIL	<input type="checkbox"/>	PICK UP
IF NOT CHECKED, IT WILL BE MAILED			

J. KENNETH BLACKWELL
SECRETARY OF STATE

Jon Husted Ohio Secretary

[Jon Husted & the Office](#) | [Elections & Voting](#) | [Campaign Finance](#) | [Legislation & Ballot Issues](#) | [Businesses](#) | [Records](#) | [Media Center](#) | [Publications](#)

Business Filing Portal

your **BUS**

INESS begins here

[Print this report](#)

Corporation Details

Corporation Details		
Entity Number	276238	
Business Name	TAYLOR DISTRIBUTING COMPANY	
Filing Type	CORPORATION FOR PROFIT	
Status	Active	
Original Filing Date	12/18/1958	
Expiry Date		
Location: CINCINNATI	County: HAMILTON	State: OHIO
Agent / Registrant Information		
REX C. TAYLOR 2875 E SHARON RD CINCINNATI, OH 452410000 Effective Date: 05/03/2000 Contact Status: Active		
Incorporator Information		
JOHN R TAYLOR DAVID EDWARD TAYLOR JOHN R TAYLOR JR		
Filings		
Filing Type	Date of Filing	Document Number/Image
DOMESTIC ARTICLES/FOR PROFIT	12/18/1958	B77_1194
DOMESTIC/AMENDMENT TO ARTICLES	02/27/1961	B241_0597
DOMESTIC/AMENDED RESTATED ARTICLES	10/23/1987	G271_1755
DOMESTIC CONTINUED EXISTENCE LETTER	09/09/1993	000000137876
DOMESTIC AGENT SUBSEQUENT APPOINTMENT	05/03/2000	200013000107
Old Names		
Effective Date	Old Name	
12/27/1961	TAYLOR TRUCKING COMPANY	