

**S & J Transportation Services, Inc. Credit Information**  
 Contract Carrier - Small Package Delivery - Expedited Service

**Mailing Address:** 251 Calef Highway  
 Lee, NH 03861  
**Phone:** (603) 659-3542  
**Fax:** (603) 659-6104  
**Industry Code:** 4200  
**Standard Alpha Code:** SJTS  
**Web:** www.sjtrans.com

**Corporate Officer:** James P. Daley Jr., President  
**Incorporation:** Date of: 09/17/91  
 State of: New Hampshire  
**Accounts Payable Contact:** Emma Caplette  
**Reference Contact:** Joanne Banfill  
**Bank:** Laconia Savings Bank  
 Acct. Mgr: Amy Sharp  
**US DOT#** 270360  
**FID#** 02-0451371  
**MC#** 261188

Office Products	Service Vendors	PARTS VENDORS
<p><b>Quill</b>                      P.O. Box 94081                      Palatine, IL 60094                      (800) 789-8965</p>	<p><b>Alan's Diesel Service</b>                      151 Stepping Stone road                      Lee, NH 03824                      (603) 659-2826</p> <p><b>Truck Service</b>                      7 Cristo Lane                      Millbury, MA 01527                      (508) 791-9521</p> <p><b>Flynn Truck Plaza</b>                      307 Hartford Turnpike                      Shrewsbury, MA 01545                      (508) 756-7693                      Acct# 23825</p> <p><b>Dennis K. Burke Inc. (fuel)</b>                      P.O. Box 369                      Boston, MA 02241                      (617) 884-7800</p>	<p><b>Fleet Pride</b>                      2 Liberty Drive                      Londonderry NH                      (603) 437-1006                      Cust # 673532                      FAX (603) 437-6682</p> <p><b>Liberty Int'l Trucks</b>                      1400 South Willow Street                      Manchester, NH 03103                      Phone (603) 623-8873                      Fax (603) 641-9486                      Account # 80064</p> <p><b>Sullivan Tire Co., Inc.</b>                      P.O. Box 370                      Rockland, MA 02370-0370                      (800) 540-6074                      Account# 2223051                      Fax (781) 982-0338</p>
<p>6/10/2009</p>		



SERVICE DATE  
April 03, 1998

PM-26  
(Rev. 1/95)

FEDERAL HIGHWAY ADMINISTRATION

CERTIFICATE

MC 261188 C

S & J TRANSPORTATION SERVICES, INC.  
LEE, NH, US

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.

Thomas T. Vining  
Chief, Licensing and Insurance 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.

HUB INT'L TRANSPORTATION INS. SERVICES, INC.  
 PO Box 1000 • Colchester, VT 05446-5000  
 Phone (802) 654-4514 • Fax (802) 654-4514

**CERTIFICATE OF INSURANCE**

**INSURED**

S & J TRANSPORTATION SERVICES, INC. AND KWIKI EXPRESS

251 CALEF HIGHWAY  
 LEE NH 03824

Fed ID #

MC #

**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 CONTACT 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.

ISSUE DATE: \_\_\_\_\_  
 PRODUCER: \_\_\_\_\_  
 ISSUED BY: \_\_\_\_\_  
 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.

TYPE OF INSURANCE	COMPANY/POLICY # - EFFECTIVE & EXPIRATION DATES	LIMITS
<b>AUTOMOBILE LIABILITY</b>	NATIONAL CASUALTY COMPANY POLICY NUMBER: OP00029176 FROM: 12-31-2009 TO: 12-31-2010	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE
<b>GENERAL LIABILITY</b>	NATIONAL CASUALTY COMPANY POLICY NUMBER: OP00029176 FROM: 12-31-2009 TO: 12-31-2010	\$2,000,000 INCLUDED \$1,000,000 \$1,000,000 \$100,000 \$5,000 PRODUCTS-COMP/OP AGG. PERSONAL & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED. EXPENSE (Any one person)
<b>EXCESS LIABILITY</b>		EACH OCCURRENCE AGGREGATE
<b>MOTOR TRUCK CARGO</b>	HARTFORD FIRE INSURANCE CO. POLICY NUMBER: 04UUMNW835Z FROM: 12-31-2009 TO: 12-31-2010	\$250,000 PER VEHICLE DEDUCTIBLE \$2,500 PER DISASTER REEFER DEDUCTIBLE
<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b>	TECHNOLOGY INSURANCE COMPANY POLICY NUMBER: TWC3192616 FROM: 1-1-2010 TO: 1-1-2011	\$500,000 EACH ACCIDENT \$500,000 DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE
<b>PHYSICAL DAMAGE</b>	LLOYDS/HISCOX POLICY NUMBER: B123109 FROM: 12-31-2009 TO: 12-31-2010	\$2,500 Ded Collision & OTC \$40,000 Trailer Interchange \$1,000 Ded Trailer Interchange

CERTIFICATE HOLDER

INSURED'S COPY

COPY IS FOR INFORMATIONAL PURPOSES ONLY  
 MUST CONTACT INSURANCE AGENT TO ISSUE

AUTHORIZED REPRESENTATIVE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDAVOR TO MAIL xxxxx 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, ITS AGENTS OR REPRESENTATIVES.

CANCELLATION

COPY IS FOR INFORMATIONAL PURPOSES ONLY / MUST CONTACT INSURANCE AGENT TO ISSUE

**COPY**

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

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



HAZARDOUS MATERIALS  
CERTIFICATE OF REGISTRATION  
FOR REGISTRATION YEAR(S) 2009-2011

Registrant: S & J TRANSPORTATION SERVICES INC  
Attn: JAMES P DALEY JR  
251 CALEF HIGHWAY  
LEE, NH 03861

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: 061609 551 082RS Issued: 06/16/2009 Expires: 06/30/2011

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-62, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

RESULTS	
REFERENCES CHECKED BY _____	REFERENCE RESULTS _____
<input type="checkbox"/> CREDIT APPROVED BY _____	<input type="checkbox"/> CREDIT REFUSED BY _____
PLEASE DO NOT WRITE IN THE SPACE BELOW	

DATE \_\_\_\_\_ TITLE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CHECK HERE IF CASH SALES ARE OKAY UNTIL CREDIT IS APPROVED  
 WE CERTIFY THAT ALL INFORMATION SUPPLIED ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND YOUR CREDIT TERMS  
 (TERMS = NET 10 DAYS). WE AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

REFERENCES	
4. _____	PHONE: ( ) ( )
3. _____	PHONE: ( ) ( ) FAX: ( ) ( )
2. _____	PHONE: ( ) ( ) FAX: ( ) ( )
1. BUSINESS NAME _____	COMPLETE ADDRESS _____
PHONE: ( ) ( )	FAX: ( ) ( )

FINANCE	
BANK _____	BANK ADDRESS _____
BANK OFFICER OR DEPARTMENT _____	PHONE ( ) ( )
CHECKING ACCT. # _____	SAVINGS ACCT. # _____

OWNERSHIP	
4. _____	NAME(S) OF PRINCIPAL(S) _____
3. _____	COMPLETE ADDRESS _____
2. _____	PHONE _____
1. _____	ZIP _____
<input type="checkbox"/> CORPORATION <input type="checkbox"/> CHECK HERE IF INCORPORATED WITHIN THE PAST 12 MONTHS <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	

Applicant	
NAME OF FIRM OR INDIVIDUAL _____	E-MAIL ADDRESS _____
ADDRESS _____	YEARS AT THIS ADDRESS _____
CITY _____	STATE _____
ZIP _____	PHONE ( ) ( )
FAX ( ) ( )	

## APPLICATION FOR CREDIT

251 Calef Highway  
 Lee, NH 03861  
 Phone: (800) 776-3718  
 Fax: (603) 659-6104  
 www.sttrans.com







# Transportation Services, Inc.

251 Calief Highway  
Lee, NH 03861  
Phone: (800) 776-3718  
Fax: (603) 659-6104  
[www.stjtrans.com](http://www.stjtrans.com)

S&J Transportation has updated our software related to freight billing procedures and is now sending out invoices electronically.

Please complete this form and fax it back to our Accounting Office at 603-659-6104.

E-Mail address that you would like S&J to submit freight bills to:	
E-Mail Address	

Signed By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Thank you,

S&J Transportation Services, Inc.