

This is to certify to : A QUI DE DROIT
À l'intention de : TO WHOM IT MAY CONCERN

Le présent certificat atteste que les assurances ci-dessous sont en vigueur à ce jour:
Insurances as herein described are in force at this date : **03/06/2006**
(JJ/MM/AAAA-DD/MM/YYYY)

Courtier d'assurance : **Services d'Assurance Transport Expert inc.**
Insurance Broker : **6300, Av Auteuil, suite 420, Brossard, QC J4Z 3P2**
tél. : (450) 672-4646 - (888) 672-4647 fax : (450) 672-4647

Assureur : **Kingsway Compagnie d'Assurance Générale**
Insurer : **Kingsway General Insurance Company**

Police n° : **890187**
Policy n° :

Date d'expiration / **03/06/2007 (JJ/MM/AAAA-DD/MM/YYYY)**
Expiry date

Nom de l'assuré : **Services de Camionnage Vitesse Inc**
Name of insured :

Adresse de l'assuré : **2105, Onesime-Gagnon**
Address of insured : **Lachine, Qc,**
H8T 3M7

Nature du risque : **Transporteur de marchandises pour autrui**
Type of risk : **Common carrier**

Véhicules assurés : **Tous les véhicules appartenant ou loués par l'assuré /**
Insured vehicles : **All vehicles owned or leased by the insured**

Remorques n'appartenant pas à l'assuré **F.A.Q. #27 Limite: 150 000 \$ Franchise: 10 000 \$ (Devises Canadiennes)**
Non-owned Trailer (interchange) **Q.E.F. #27 Limit Deductible (Canadian Funds)**

Genre d'assurance / Type of insurance **Montant d'assurance / Amount of insurance**

RESPONSABILITÉ CIVILE AUTOMOBILE **5 000 000 \$**
AUTOMOBILE LIABILITY

RESPONSABILITÉ CIVILE DES TRANSPORTEURS (cargaison) **500 000 \$**
TRUCKMEN'S CARGO LIABILITY

RESPONSABILITÉ CIVILE GÉNÉRALE DES ENTREPRISES **5 000 000 \$**
COMMERCIAL GENERAL LIABILITY INSURANCE

La garantie totale joue, par sinistre et tous dommages confondus, à concurrence de
This policy is subject to a combined single maximum limit of **5 000 000 \$**

Sujet aux dispositions, conditions, limitations spéciales de la police incluant les dispositions spéciales (véhicule sans surveillance)
As per the provisions, conditions and special limitations of the policy including the special dispositions (unattended vehicles)

LES PROTECTIONS SONT ACCORDÉES SEULEMENT EN REGARD DES OPÉRATIONS DE TRANSPORT DÉCLARÉES PAR L'ASSURÉ À L'ASSUREUR.
THE COVERAGES ARE APPLICABLE ONLY IN REGARDS TO THE TRANSPORT OPERATIONS DECLARED BY THE INSURED TO THE INSURER

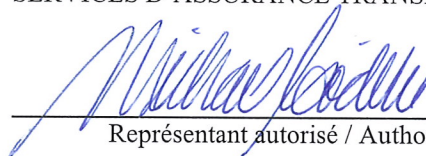
LES LIMITES SONT EN DEVICES CANADIENNES/LIMITS ARE IN CANADIAN CURRENCY

NOTE : La présente atteste que les assurances ci-haut mentionnées sont en vigueur à la date d'émission de cette attestation ; mais il est entendu et convenu que si ces assurances étaient modifiées ou résiliées après cette date, aucun avis ne serait adressé aux détenteurs du présent document.

The above mentioned insurances are in effect at the date of issuance of this certificate ; however the holder of this document will not receive any notice if these insurances are modified or cancelled at a further date.

SERVICES D'ASSURANCE TRANSPORT EXPERT INC.

par :



Représentant autorisé / Authorized representative



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

400 7th Street SW
Washington, DC 20590

SERVICE DATE
May 27, 2004

PERMIT
MC-488450-P
VITESSE TRUCKING SERVICES INC
LACHINE, PQ, CD

This Permit is evidence of the carrier's authority to engage in transportation as a contract 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). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

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.

PMO

U.S. Department of
Transportation

Federal Motor
Carrier Safety
Administration

ALDO DECAROLIS
PRESIDENT
VITESSE TRUCKING SERVICES INC
2145 - 46TH AVE
LACHINE PQ H8T2P1

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

July 9, 2004

In reply refer to:
USDOT Number: 1264956

Dear ALDO DECAROLIS:

Your application seeking federal registration to operate in interstate commerce has been approved. Your USDOT number, personal identification number (PIN) and MC number, if applicable, can be found in the upper right hand corner of this letter. The USDOT number should be marked on your commercial motor vehicles as required by Section 390.21 of the Federal Motor Carrier Safety Regulations (FMCSRs). A copy of this regulation is enclosed.

As a new entrant, the Federal Motor Carrier Safety Administration (FMCSA) will evaluate your safety management practices through a safety audit and monitor your on-road performance for 18 months prior to granting you permanent registration. You must maintain adequate safety standards and comply with the FMCSRs and applicable Hazardous Materials Regulations (HMRs) in order to continue operating in interstate commerce during and after this 18-month period. Failure to comply with these requirements may result in the revocation of your New Entrant or permanent registration authority.

You must contact your local FMCSA Division office (802-828-4480) within 90 days of the date of this letter. Once contact has been made, a Safety Audit will be scheduled at the earliest possible opportunity. The purpose of the safety audit is to provide you with educational and technical assistance and to gather safety data needed to make an assessment of your safety performance and adequacy of your basic safety management controls. The auditor will review a sample of your safety management systems and a sample of required records to assess compliance with the FMCSRs, applicable HMRs and related record-keeping requirements specified in Appendix A of Part 385 of Title 49 of the Code of Federal Regulations (49 CFR Part 385). Upon completion of the audit, the auditor will review the findings with you. This discussion will be followed up within 45 days with a letter advising you whether or not FMCSA has determined that you have adequate basic safety management controls.

Failure to contact the FMCSA office within 90 days of the date of this letter may be considered a failure to permit a safety audit under section 395.337. In accordance with 49 CFR 385.337, failure to permit a safety audit to be performed on your operations may result in the revocation of your registration and/or the penalty provisions in 49 U.S.C. 521(b)(2)(A).

Please note that you are required to file an updated motor carrier registration form, the MCS-150 (Motor Carrier Identification Report), every two years. A copy of this regulation is enclosed.

You can update your MCS-150 in one of two ways:

1. Internet online updating process.

(Over)

Montréal, le 12 mai 2003

SERVICES DE CAMIONNAGE VITESSE INC.
2800, avenue André
Dorval (QC)
H9P 1K6

NUMÉRO D'IDENTIFICATION AU REGISTRE (NIR) : R-567488-3

COTE : Satisfaisant
HEURE D'INSCRIPTION AU REGISTRE : 16108

**AVIS D'INSCRIPTION AU
REGISTRE DES PROPRIÉTAIRES ET DES EXPLOITANTS
DE VÉHICULES LOURDS**

Vous avez introduit, à la Commission des transports du Québec, une demande d'inscription au Registre des propriétaires et des exploitants de véhicules lourds. Vu la conformité de votre demande, vous êtes inscrit à ce Registre à compter de ce jour pourvu que votre situation demeure inchangée.

Votre numéro d'identification au Registre (NIR) et la cote qui vous a été attribuée sont indiqués ci-dessus.

Selon l'article 14 de la Loi concernant les propriétaires et exploitants de véhicules lourds, la Commission doit mettre à jour, au moins une fois par année, les renseignements de son registre. En ce sens et en temps opportun, la Commission des transports du Québec communiquera avec vous pour procéder à la mise à jour de votre inscription.

L'article 13 de cette même Loi, exige que vous informiez la CTQ, dans les 30 jours de l'événement, de toute modification à votre nom et à votre adresse, et, le cas échéant, aux nom et adresse de vos administrateurs.

À l'avenir, lorsque vous communiquerez avec la Commission, veuillez mentionner votre numéro d'identification au registre (NIR) ou votre numéro d'entreprise du Québec (NEQ). Si vous désirez obtenir des renseignements supplémentaires à ce sujet, n'hésitez pas à nous contacter.

Direction des opérations

ISI

Québec
200, chemin Sainte-Foy
Québec QC H2M 2V1
Téléphone: (418) 643-6694
Sans frais: 1 888 461-2493
www.ctq.gouv.qc.ca

Montréal
545, boul. Crémazie Est, 10e étage
Bureau 1000, Montréal QC H2M 2V1
Téléphone: (514) 873-6424
Sans frais: 1 888 461-2493



Ministry of Transportation
Road User Safety Division
301 St Paul Street, 3rd Floor
St. Catharines, Ontario
L2R 7R4
www.CarrierSafetyRating.com

CVOR # 146-233-707

2003 07 31

VITESSE TRUCKING SERVICES INC.
2800 ANDRE AVE
DORVAL QC H9P 1K6

ATTENTION: DECAROLIS, ALDO

Pursuant to Section 17.1(1) of the Highway Traffic Act the Registrar of Motor Vehicles is required to assign a safety rating to every operator using Ontario's roadways. In accordance with this Section, you are hereby notified that, based on your safety record, the following safety rating is proposed for your operation:

SATISFACTORY-UNAUDITED

You are further advised that if you wish to dispute this proposed rating you may do so by making a written submission to the Registrar of Motor Vehicles within 30 days after being notified of the proposed rating. Should you wish to dispute the proposed rating, direct your written submission, including the reasons for your dispute, to the Carrier Safety Rating Administrator at the above-noted address. If you do not dispute, the proposed rating will be assigned and will be available to the public as part of your commercial vehicle operator record.

If you require further information regarding the Ministry's Carrier Safety Rating Program, please contact the Carrier Safety Rating Administrator at the above-noted address.

Yours truly,

A handwritten signature in black ink, appearing to read "Aldo Decarolis".

Registrar of Motor Vehicles /
Registraire des véhicules automobiles

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

Department of the Treasury
Internal Revenue Service

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual **Instead, use Form: W-9**
 - A person claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States **W-BECI**
 - A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) **W-BECI or W-BIMY**
 - A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 896, or 1443(b) (see instructions) **W-BECI or W-BEXP**
 - A person acting as an intermediary **W-BIMY**
- Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.
Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner
VITESSE TRUCKING SERVICES

2 Country of incorporation or organization
CANADA

3 Type of beneficial owner: Individual Corporation Disregarded entity Partnership Simple trust
 Grantor trust Complex trust Estate Government International organization
 Central bank of issue Tax-exempt organization Private foundation

4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.
2145 46TH AVENUE
City or town, state or province. Include postal code where appropriate.
LACHINE, QUEBEC H8T 2P1 Country (do not abbreviate)
CANADA

5 Mailing address (if different from above)
City or town, state or province. Include postal code where appropriate. Country (do not abbreviate)

6 U.S. taxpayer identification number, if required (see instructions)
NONE SSN or ITIN EIN

7 Foreign tax identifying number, if any (optional)
NONE 98-0475946

8 Reference number(s) (see instructions)

Part II Claim of Tax Treaty Benefits (if applicable)

- 9 I certify that (check all that apply):
- a The beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.
 - b If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
 - c The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
 - d The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
 - e The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.
- 10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9a above to claim a % rate of withholding on (specify type of income):
Explain the reasons the beneficial owner meets the terms of the treaty article:

Part III Notional Principal Contracts

11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
- The beneficial owner is not a U.S. person.
- The income to which this form relates is not effectively connected with the conduct of a trade or business in the United States or is effectively connected but is not subject to tax under an income tax treaty, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here ▶ Signature of beneficial owner (or individual authorized to sign for beneficial owner) **[Signature]** Date (MM-DD-YYYY) **11-03-2004** Capacity in which acting **DIRECTOR**

Form W-9
(Rev. January 2003)
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.

Name: Vitesse TRUCKING SERVICES INC
Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other

Address (number, street, and apt. or suite no.): 2145 46th AVENUE
City, state, and ZIP code: LACHINE PQ H8T 2P1

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. 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 How to get a TIN on page 3.

Social security number
21617-315716212

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

Employer identification number
918404171519416

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. person (including a U.S. resident alien).

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.)

Sign Here: [Signature] Date: Sept 8, 05

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.

U.S. person. 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:

- 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.

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.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

2200 Mill Road
Alexandria, VA 22314-4687
www.nmfta.org



703-838-1810
fax 703-683-1094
nmfta@nmfta.org

NATIONAL MOTOR FREIGHT TRAFFIC ASSOCIATION, INC.

08/17/04

ALDO DECAROLIS
VITESSE TRUCKING SERVICES INC
2145 46TH AVE
LACHINE, QC H8T 2P1
CANADA

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT

The Standard Carrier Alpha Code of VTKS has been assigned to:

VITESSE TRUCKING SERVICES INC
2145 46TH AVE
LACHINE, QC H8T 2P1
CANADA
MC-488450
US DOT-1264956

This Alpha Code will apply only to the company name shown above through 06/30/05. A renewal notice will be mailed approximately one month prior to expiration and must be returned promptly together with payment to ensure the continued validity of this alpha code. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address on the letterhead. If you participate in the U.S. Customs Service AMS or PAPS programs, it is your responsibility to ensure that a copy of this letter is forwarded to the following address:

Mr. Charles A. Bennett
U.S. Customs and Border Protection
7501 Boston Blvd. Room 107
Springfield, VA 22153
charles.a.bennett@dhs.gov
fax 703.921.7173

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 separate Alpha Code should be obtained to satisfy other requirements such as company identification for U.S. Customs AMS, Electronic Data Interchange, freight payments, tariffs, etc.

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.



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

400 Seventh St., S.W.
Washington, D.C. 20590
September 27, 2005

VITESSE TRANSPORT CORPORATION
2145 46TH AVENUE
LACHINE QC H8T2P1

In reply refer to:
USDOT Number: 935530
MC Number: MC401356
PIN: [REDACTED]

Dear Motor Carrier:

As you requested, the Federal Motor Carrier Safety Administration (FMCSA) is providing you with a personal identification number (PIN) to update your carrier record electronically on the FMCSA Website, at <http://safer.fmcsa.dot.gov>. Your USDOT number and PIN are:

USDOT Number: 935530
[REDACTED]

FMCSA requires that you file an updated motor carrier registration form, the form MCS-150 (Motor Carrier Identification Report), every two years. A copy of this regulation is enclosed.

You will need your USDOT number, PIN, and a valid credit card to file on-line. The processing of your credit card will simply serve to provide the cardholder's digital signature as a proactive measure to ensure greater security in maintaining your company's information. There will be no charge assessed to your credit card. You can use this process any time your carrier operation needs to be updated such as: name and address change, equipment, and driver information, etc. This option is not available for carriers domiciled in Mexico.

Your PIN is your personal identifier and should not be shared with anyone.

Carriers domiciled outside of the United States should only include information for drivers and equipment operated in the United States.

If you need technical assistance, please contact FMCSA support services at 1-800-832-5660.

If this letter is received at a location other than your principal office (e.g., terminal or an area office), the letter should be forwarded to your principal office.

Thank you for your cooperation.

Sincerely,

Stephen E. Barber
Director, Office of Information Management

Enclosure



U.S. Department
Of Transportation

**Research and
Innovative Technology
Administration**

John A. Volpe
National Transportation
Systems Center

Kendall Square
Cambridge, Massachusetts 02142

Temporary Registration Number: 102605T50001N
Expiration Date: 12/10/2005

Date: 10/26/2005

SERVICE DE CAMIONNAGE VITESSE INC
2145 46 AVE
LACHINE, QC, CANADA H8T 2P1

Dear FRANCINE AUBIN:

This letter confirms that you initiated a Hazardous Materials Registration under expedited procedures and have been assigned the temporary Registration Number given above. This temporary Registration Number will expire on 12/10/2005 and may not be used after that date to prove compliance with the registration requirements.

To complete the registration process:

- (A) Check 'Expedited Followup' at the top of the enclosed blank Registration Statement.
- (B) Enter the assigned temporary Registration Number in the space supplied for the "Current Registration #".
- (C) Complete all items on the Registration Statement.
- (D) If you are **not** an SBA Small Business and are **not** a Not-for-Profit Organization under 26 U.S.C. 501(a), the remainder of the fee still owed is \$150. You may pay by enclosing a check or money order in that amount payable to the "U.S. Department of Transportation" or by supplying credit or debit card information. **If you are a Small Business or a Not-for-Profit Organization, no further fee is required; please do not resubmit credit card information on this form.**
- (E) Return the completed Registration Statement and a copy of this letter as proof of prior payment, along with any additional payment if required, to:

U. S. Department of Transportation
Hazardous Materials Registration, DTS-980
55 Broadway
Bldg. 3, Rm. 118C
Cambridge, MA 02142

Do not mail to the Atlanta address printed on the back of the form.

An informational brochure containing the Registration Statement form is enclosed. To complete the registration process before the expiration of the temporary Registration number, submit the completed Registration Statement no later than 10 days following the receipt of this letter. A Certificate of Registration will be mailed to you after you have submitted a Registration Statement. If you have any questions, please call the Hazardous Materials Registration Support Center at 617-494-2545.

Sincerely,

Gary R. Fredericks
Manager, Hazardous Materials
Registration Support Center

Enclosures