

DLS WORLDWIDE

A DIVISION of RR DONNELLEY

YOUR FREIGHT. YOUR GOALS. OUR RESOURCES.

In today's competitive business environment, we're all looking for ways to increase savings, improve quality and increase customer satisfaction. The logistics behind your freight transportation can impact these goals significantly.

That's why you want to work with a logistics services provider that has strong, reliable resources. Resources that can deliver your freight on time, intact, at competitive prices, while keeping you informed along the way.

Volume-leveraged economies of scale, backed by technology and responsive support for:

- LTL
- Truckload
- Intermodal
- Large Partial
- Expedited Ground
- Domestic Air
- Global Air
- Ocean

All with complete accessibility and visibility from a reliable single source.

MC #	209529
DOT #	598175
FID#	27-4062593
SCAC	DLWI
Phone	877-744-3818
Fax	630-226-6565
Website	www.rrdonnelley.com/dlsworldwide

Mail Invoices: DLS Worldwide
Attn: Truckload Invoice
1000 Windham Parkway
Bolingbrook, IL 60490

Email Invoices: LogisticsAPchennai@rrd.com

Invoices must include Proof of Delivery, Load Tender Sheet & Reference Our Load #

DLS Worldwide

A Division of R. R. Donnelley Logistics

Legal Business Name: R. R. Donnelley and Sons Company
Doing Business As: DLS Worldwide or R. R. Donnelley Logistics
Federal Tax ID number: 36-1004130
DUNS Number: 00-511-9573
SIC Code: 2700 Printing 4731 Logistics
NAISC Code: 488510 (Logistics)
Organization Form: Corporation (Deleware)
Owners: Common Stock is publicly traded on the NYSE (RRD)
Date Founded: 1864 (Incorporated in 1956)
Corporate Headquarters: R. R. Donnelley and Sons
111 S Wacker Drive
Chicago, IL 60606
312-326-8000
Website: www.rrd.com
Logistics Website: <http://www.rrd.com/wwwRRD/Services/Deliver.asp>
SEC Forms 10-K/10-Q: <http://www.rrd.com/wwwRRD/Investors/SECFilings/SECFilings.asp?L3=3>
Revenues/Sales: Greater than \$8 billion in 2005
Logistics Headquarters: R. R. Donnelley Logistics 1000 Windham Parkway Bolingbrook, IL 60490 1-888-SHIP-RRD
Bank: JPMorgan Chase Bank National Confirmations Processing LA2-2850 P.O. Box 260166 Baton Rough, LA 70826-0166 Ph#225-332-7731
Logistics Officers: President Charles Fattore
CFO Brian Lundberg
Controller Jeff Hejney
Accounts Payable Aaron Honickel
Billing Address: DLS Worldwide (R. R. Donnelley Logistics)
1000 Windham Parkway
Bolingbrook, IL 60490
Trade References: Sun Chemical Corp. UPM-Kymmene Scitex Digital Printing, Inc.
135 W. Lake Street 999 Oakmont Plaza Dr. 3100 Research Blvd.
Northlake, IL 60164 Westmont, IL 60559 Dayton, OH 45420
Fax# 708-562-0565 Fax# 630-850-3325 Fax# 937-259-3385

Bank and trade references should be contacted via fax or in writing with a self-addressed, stamped envelope.
The most recent quarterly and annual report is available upon request. Please visit our website at www.rrd.com.

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) RR Donnelley Logistics Services Worldwide Inc.	
	Business name/disregarded entity name, if different from above DLS Worldwide	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input checked="" type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) PO Box 730440 City, state, and ZIP code DALLAS, TX 75373-0440 List account number(s) here (optional)	
		Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)																				
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line 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.																				
	<table border="1" style="margin: auto;"> <tr><th colspan="9">Social security number</th></tr> <tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td> </td><td> </td></tr> </table>	Social security number												-			-			
Social security number																				
			-			-														
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="margin: auto;"> <tr><th colspan="9">Employer identification number</th></tr> <tr><td>2</td><td>7</td><td>-</td><td>4</td><td>0</td><td>6</td><td>2</td><td>5</td><td>9</td><td>3</td></tr> </table>	Employer identification number									2	7	-	4	0	6	2	5	9	3
Employer identification number																				
2	7	-	4	0	6	2	5	9	3											

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). 	
<p>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.</p>	

Sign Here	Signature of U.S. person ▶	Date ▶ JANUARY 10, 2012
------------------	----------------------------	--------------------------------

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:

- 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:

- 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.

RR DONNELLEY

TRANSPORTATION AGREEMENT

PM-25
(Rev. 10/84)

INTERSTATE COMMERCE COMMISSION
LICENSE

SERVICE DATE
DEC 4 1989

NO. MC-209529 Sub 1*

R R DONNELLEY & SONS CO. INC.
DBA THE LAKESIDE PRESS
CRAWFORDSVILLE, IN

This License is evidence of the applicant's authority to engage in operations as a broker.

This authority will be effective as long as the broker maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043) and the designation of agents upon whom process may be served (49 CFR 1044). Applicant 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 will be, attached to this privilege.

The service to be performed is described on the reverse side of this document.

By the Commission.

(SEAL)

Noreta R. McGee
Secretary

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

No. MC-209529 Sub 1*
Page 2

To engage in operations, in interstate or foreign commerce, as a broker of general commodities (except household goods), between points in the United States.

*This License cancels License No. MC-209529, issued September 6, 1988, acquired pursuant to FC-84019.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/20/2011

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 MARSH USA INC. 500 WEST MONROE STREET CHICAGO, IL 60661 Attn: chicago.certrequest@marsh.com FAX: 212.948.0770	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Commerce And Industry Ins Co		19410
INSURER B : National Union Fire Insurance Company		19445
INSURER C : Insurance Company State Of Pannsylvania		19429
INSURER D : New Hampshire Ins Co		23841
INSURER E : Illinois National Ins Co		23817
INSURER F : _____		

INSURED
 R.R. DONNELLEY & SONS COMPANY
 AND ITS SUBSIDIARIES
 111 SOUTH WACKER DRIVE
 37TH FLOOR (RISK MANAGEMENT)
 CHICAGO, IL 60606-4301

COVERAGES **CERTIFICATE NUMBER:** CHI-004211481-01 **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	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		2449538	07/01/2011	07/01/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 _____
B	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		3506394 (AOS) 3506395 (MA) 3506396 (VA)	07/01/2011 07/01/2011 07/01/2011	07/01/2012 07/01/2012 07/01/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____					EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ _____
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	015883795 (AOS) 015883796 (CA) 015883797 (FL) 015883798 (MA)	07/01/2011 07/01/2011 07/01/2011 07/01/2011	07/01/2012 07/01/2012 07/01/2012 07/01/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> 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
D	WC/EMP LIAB.		015883799 (ND, WA, WI, WY)	07/01/2011	07/01/2012	SEE ABOVE
E	EXCESS WORKERS COMP		1192422 (OH)	07/01/2011	07/01/2012	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re: RRDonnelley
 Puyallup Tribe of Indians dba Emerald Queen Casino is included as Additional Insured where required by written contract.

CERTIFICATE HOLDER _____	CANCELLATION 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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/31/2011

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 MARSH USA INC. 500 WEST MONROE STREET CHICAGO, IL 60661		CONTACT NAME: PHONE _____ FAX _____ (A/C, No. Ext): (A/C, No): E-MAIL _____ ADDRESS: PRODUCER CUSTOMER ID #:	
012773-Car-J8G-11-12		INSURER(S) AFFORDING COVERAGE	
INSURED RR DONNELLEY AND SONS COMPANY 111 SOUTH WACKER DRIVE, 37TH FLOOR CHICAGO, IL 60606		INSURER A: National Union Fire Ins Co Pittsburgh PA	NAIC # 19445
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

CHI-003630137-01

REVISION NUMBER: 2

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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ _____ GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	MOTOR TRUCK CARGO LEGAL LIAB.			051765426	03/01/2011	03/01/2012	PER ANY ONE TRUCK 500,000

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

Coverage for temperature controlled or perishable commodities (i.e. refrigerated goods) is provided under RR Donnelley's Motor Truck Cargo Legal Liability policy.

CERTIFICATE HOLDER**CANCELLATION**

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
 of Marsh USA Inc.

David K. Davies

David K. Davies

© 1988-2009 ACORD CORPORATION. All rights reserved.

TransCore

CarrierWatch

01/11/12 06:43:10 AM (PST)

YOUR VENDOR IDS & NOTES

VENDOR_ID		NOTES				
GENERAL INFORMATION						SOURCE: FMCSA
DOCKET	LEGAL NAME	DOT NUMBER		INTRASTATE/CODE		
MC209529	RR DONNELLEY & SONS COMPANY	598175				
ENTITY TYPE	DBA NAME	OPERATION TYPE				
Registrant		Interstate				
STATUS	BUSINESS ADDRESS	POWER UNITS		DRIVERS		
Active	1000 WINDHAM PARKWAY BOLINGBROOK, IL 60490					
DUNS	BUSINESS PHONE	BUSINESS FAX		MCS-150 FORM DATE		
	630-226-6319	630-226-6580				
SCAC	MAILING ADDRESS	MCS-150 FORM MILEAGE				
DRRY	1000 WINDHAM PARKWAY BOLINGBROOK, IL 60490					
MAILING PHONE	MAILING FAX	OUT OF INTERSTATE SERVICE				
		No				
COMMODITIES						
General Freight						
SPECIAL COMMODITIES						
DOT AUTHORITY STATUS		SOURCE: FMCSA	INSURANCE REQUIREMENTS			SOURCE: FMCSA
AUTHORITY TYPE	STATUS	APPLICATION PENDING	30 DAY NOTICE OF REVOCATION	INS. TYPE	REQUIRED	ON FILE
Common	None	No	No	BIPD	\$0	\$3,000,000
Contract	None	No	No	Cargo	No	Yes
Broker	Active	No	No	Bond	Yes	Yes
	FREIGHT	PASSENGER	HHG			
	Yes	No	No			

TransCore

CarrierWatch

01/11/12 06:43:10 AM (PST)

DOT ACTIVE/PENDING INSURANCE		SOURCE: FMCSA
84 / Bond	POLICY/SURETY	INSURANCE CARRIER
	6585760	SAFECO INSURANCE COMPANY OF AMERICA
	COVERAGE FROM	CONTACT
	\$0	HO SURETY
	COVERAGE TO	PHONE FAX
	\$10,000	206-473-3799 425-376-6533
	EFFECTIVE DATE	ADDRESS
	06/01/08	SAFECO PLAZA., P. O. BOX 34754
	CANCELLATION DATE	SEATTLE, WA 98124
91X / BIPD	POLICY/SURETY	INSURANCE CARRIER
	936186	NEW HAMPSHIRE INSURANCE CO.
	COVERAGE FROM	CONTACT
	\$0	CHARTIS U.S./REGULATORY REPORTING DEPT.
	COVERAGE TO	PHONE FAX
	\$3,000,000	212-458-5000 603-645-7114
	EFFECTIVE DATE	ADDRESS
	07/01/09	P. O. BOX 1024
	CANCELLATION DATE	MANCHESTER, NH 03105
34 / Cargo	POLICY/SURETY	INSURANCE CARRIER
	051765426	NATIONAL UNION FIRE INS. CO. OF PITSBGH. PA
	COVERAGE FROM	CONTACT
	\$0	CHARTIS U.S./REGULATORY REPORTING DEPT.
	COVERAGE TO	PHONE FAX
	\$5,000	212-458-5000 803-645-7114
	EFFECTIVE DATE	ADDRESS
	03/01/10	P. O. BOX 1024
	CANCELLATION DATE	MANCHESTER, NH 03105

NOTE: If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance and \$10,000 for bond/trust fund). The carrier may actually have higher levels of coverage.

SAFETY DATA (AS OF 01/11/12)		SOURCE: FMCSA
SAFETY RATING	EFFECTIVE	TOTAL INSPECTIONS (PAST 24 MONTHS)
None		0
REVIEW TYPE	REVIEW DATE	INSP TYPE # OF INSP OUT OF SERV(%) NAT'L AVG (09-10)
None		Vehicle 0 0(0.0%) 20.72%
PREVIOUS RATING	EFFECTIVE	Driver 0 0(0.0%) 5.51%
None		Hazmat 0 0(0.0%) 4.50%
TOTAL CRASHES (24 MOS)	FATAL	INJURY TOW
0	0	0 0

Self Profile

SOURCE: RR DONNELLEY & SONS COMPANY

COMPANY BACKGROUND

PRIMARY CONTACT	PRINCIPLE	PRINCIPLE TITLE
PHONE	ADDRESS	DUNS#
630-226-6319	1000 WINDHAM PARKWAY	5119573
	BOLINGBROOK, IL 60490	
FAX	E-MAIL ADDRESS	WEBSITE
YEAR FOUNDED	WOMAN OWNED	MINORITY OWNED
	No	No
OTHER LOCATIONS	BACKGROUND	