



**Reich Logistics Services, Inc.**  
 P.O. Box 336  
 Kernersville, NC 27284  
 Toll Free: 800-299-4787  
 Phone: 336-996-6339  
 Fax: 336-993-1404

### Company Profile

**Company Name:** Reich Logistics Services, Inc.  
**Parent Corporation:** Best Services Group

**Mailing Address:** P.O. Box 336 Kernersville, NC 27285

**Physical Address:** 829 Graves Street Kernersville, NC 27284

**Telephone:** Corporate – (800) 299-4787

**Fax Number:** Dispatch - (336) 993-1404  
 Admin – (336) 993-5932

**Federal Tax ID#:** 56-1582084  
**State Incorporated:** North Carolina  
**Year Incorporated:** 1982

**MC Number:** 187921

**Company Contacts:** Will Reich Logistics Manager  
 David Reich III Director of Sales  
 Gary Surber Chief Financial Officer

**Trade References:**

Pepsi Bottling	Danny	Raleigh, NC	(888) 991-1005
BGF, Inc	Robert	Altavista, VA	(800) 215-6986
Invista	Karen	Charlotte, NC	(704) 586-7645
T.W. Garner Foods	Della	Winston-Salem, NC	(336) 661-1550
Pepsi – New York	Edward	New York, NY	(718) 463-1990

**Bank Reference:** Southern Community Ned Mabe Kernersville, NC (336) 996-9488

**Accounting:** Nora Hokrein Kernersville, NC (800) 299-4787 Ext. 1309

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/28/2008

PRODUCER Applied Risk Management Solutions  
409-A Alamance Rd  
Burlington NC 27215

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.

Phone: 336-229-0429 Fax: 336-229-0492

INSURED REICH LOGISTICS SERVICES  
P.O. BOX 390  
KERNERSVILLE NC 27285

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: NATIONAL INTERSTATE INS CO

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	VEL8100008-00	03/01/2008	10/01/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 <b>Fire Damage</b>
A		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	VEL8100008-00	03/01/2008	10/01/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe Under SPECIAL PROVISIONS below	VLW8100008-00	03/01/2008	10/01/2009	<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
A		OTHER CONTINGENT CARGO	VEL8100008-00	03/01/2008	10/01/2009	Per Vehicle- \$250,000

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

**CERTIFICATE HOLDER**

"SPECIMEN"

**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, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Robert H. Semelko*

**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)  
**RECH LOGISTICS SERVICES, INC.**

Business name, if different from above

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  Other ▶  Exempt from backup withholding

Address (number, street, and apt. or suite no.)  
**P.O. BOX 336**

City, state, and ZIP code  
**KERNERSVILLE, NC 28285-0336**

Requester's name and address (optional)  
**Bristol-Myers Squibb Company**  
**supplier.projects@bms.com**  
Fax No. (267) 200-0565

List account number(s) here (optional) [Vendor No. **256960**]

**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 *How to get a TIN* on page 3.

Social security number  
| | + | + | | |

or

Employer identification number  
**56115821084**

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

**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 of U.S. person ▶

*Cynthia Mitchell*

Date ▶

*1/10/06*

**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.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 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 to Form W-9 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.

# FMCSA Motor Carrier

USDOT Number:  
Docket Number: **MC187921**  
Legal Name: **REICH LOGISTIC SERVICES, INC.**  
DBA (Doing-Business-As) Name



## Addresses

Business Address: **P. O. BOX 336**  
**KERNERSVILLE, NC 27285-0336**  
Business Phone: **(800) 299-4787** Business Fax: **Fax: (910) 993-1404**  
Mail Address:

Mail Phone: Mail Fax: Undeliverable Mail: **NO**

## Authorities:

Common Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>	
Contract Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>	
Broker Authority:	<b>ACTIVE</b>	Application Pending:	<b>NO</b>	
Property:	<b>YES</b>	Passenger:	<b>NO</b>	Household Goods: <b>NO</b>
Private:	<b>NO</b>	Enterprise:	<b>NO</b>	

## Insurance Requirements:

BIPD Exempt:	<b>NO</b>	BIPD Waiver:	<b>NO</b>	BIPD Required:	<b>\$0</b>	BIPD on File:	<b>\$0</b>
Cargo Exempt:	<b>NO</b>	Cargo Required:	<b>NO</b>	Cargo on File:	<b>NO</b>		
BOC-3:	<b>YES</b>	Bond Required:	<b>YES</b>	Bond on File:	<b>YES</b>		

Blanket Company: **ALL AMERICAN AGENTS OF PROCESS**

## Comments:

## Active/Pending Insurance:

Form: <b>85</b>	Type: <b>TRUST FUND</b>	Posted Date: <b>11/19/2007</b>
Policy/Surety Number: <b>NONE</b>	Coverage From: <b>\$0</b>	To: <b>\$10,000*</b>
Effective Date: <b>11/01/2007</b>	Cancellation Date:	

Insurance Carrier: **SOUTHERN COMMUNITY BANK AND TRUST**  
Attn: **SCOTT MILLER, AVP**  
Address: **1207 SOUTH MAIN ST.**  
**KERNESVILLE, NC 27284 US**  
Telephone: **(336) 993 - 9488** Fax: **(336) 993 - 3279**

## 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.