



313-9426 51 Avenue NW, Edmonton, AB T6E 5A6
 T. 780 229-3770 | 1 833 229-3770 | F. 587 521-2606

CERTIFICATE OF INSURANCE
 N^o NIGHHAW-01-19-CH-000

THIS IS TO CERTIFY TO: To Whom it May Concern:

that the following described policy(ies) or cover note(s) in force at this date have been effected to cover as shown below:

NAMED INSURED: Night Hawk Truck Lines Inc.

ADDRESS: 6847 – 66th Street, Lloydminster, AB T9V 3R7

Description of operations and/or activities and/or locations and/or vehicles to which this certificate applies:

Truckmen Hauling fTruckmen Hauling for Third Partyor Third Party

TYPE	INSURER	POLICY N ^o .	POLICY PERIOD from (mm/dd/yyyy) to (mm/dd/yyyy)	LIMIT OF INSURANCE
Automobile Includes All Owned Vehicles	Economical Insurance Group	64019526	September 1, 2019 To September 1, 2020	\$5,000,000 Third Party Liability (each accident)
Motor Truck Cargo	Economical Insurance Group	40217785	September 1, 2019 To September 1, 2020	\$500,000 Per Vehicle
Commercial General Liability	Economical Insurance Group	40217785	September 1, 2019 To September 1, 2020	\$5,000,000 Bodily Injury & Property Damage Per Occurrence \$5,000,000 Products & Completed Operations Aggregate \$5,000,000 Personal Injury & Advertising Liability \$5,000,000 Non-Owned Automobile

Additional Information:

This certificate is issued as a matter of information only and is subject to all the limitations, exclusions and conditions of the above-listed policies as they now exist or may hereafter be endorsed.

Should one of the above-noted policies be cancelled before the expiry date shown, notice of cancellation will be delivered in accordance with the policy provisions.

Limits shown above may be reduced by Claims or Expenses paid.

All limits and deductibles noted are in Canadian currency (CAD).

BFL CANADA Insurance Services Inc.

Signed in Edmonton this 14th day of August 2019

Per 
 Authorized Representative



SAFETY FITNESS CERTIFICATE

CERTIFICATE NUMBER

000081710

NSC NUMBER

AB055-5516

MVID

0448-02189

OPERATING STATUS

Federal

CERTIFICATE HOLDER

Night Hawk Truck Lines Inc.
5905 47 St
Lloydminster AB T9V 2G4

EFFECTIVE

January 01, 2006

EXPIRY (THIS CERTIFICATE EXPIRES AS INDICATED BELOW UNLESS OTHERWISE SUSPENDED OR CANCELLED)

Continuous

This Carrier holds a **SATISFACTORY UNAUDITED** Safety Fitness Rating
in the Province of Alberta.

This Certificate is issued pursuant to the Motor Vehicle Transport Act and the Traffic Safety Act. This Certificate is valid anywhere in Canada and applies to commercial vehicles registered for a gross weight of more than 4,500 kilograms, or designed with a seating capacity of 11 or more persons including the driver. This includes trips operated point-to-point within Canada or from/to the US border. This Certificate is not valid outside of Canada.

This Certificate may be cancelled where the holder has not operated a commercial vehicle in respect of which the certificate is issued for a 12 month period.

The Registrar may cancel or suspend this Certificate at any time where the holder fails to comply with transportation legislation.

EXECUTIVE DIRECTOR ALBERTA INFRASTRUCTURE AND TRANSPORTATION

NCA
SERVICE DATE
Jun 05, 2000

DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

DECISION

No. MC-252816
AKIM HOLDINGS LTD.

LLOYDMINSTER, AB

REENTITLED

NIGHT HAWK TRUCK LINES INC.

On May 04, 2000, applicant filed a request to have the FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION's records changed to reflect a name change.

It is ordered:

The FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION's records are amended to reflect the carrier's name as NIGHT HAWK TRUCK LINES INC. .

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for property broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION, 400 Virginia Ave., SW, Suite 600, Washington, DC 20024.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202) 358-7000 or visit our web site at: <http://fhwa-li.volpe.dot.gov/>. Any other questions regarding the action taken should be directed to (202) 358-7028/7029.

Decided: May 31, 2000

By the FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION.

Terry Shelton, Acting Director
Office Data Analysis & Information Systems

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

▶ For use by individuals. Entities must use Form W-8BEN-E.

▶ Go to www.irs.gov/FormW8BEN for instructions and the latest information.

▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form if:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- You are a person acting as an intermediary **W-8IMY**

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner Rod Shopland (Night Hawk Truck Lines Inc.)		2 Country of citizenship Canada	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 6847 66 St City or town, state or province. Include postal code where appropriate.			
Lloydminster, AB		Canada	
4 Mailing address (if different from above) PO Box 10488 City or town, state or province. Include postal code where appropriate.			
Lloydminster, AB T9V 3A6		Canada	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions) 98-0132995	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III 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 individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, 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. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ▶

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

02-29-2020

Date (MM-DD-YYYY)

Rod Shopland

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)