RKI Contact: Rick

PO Box 340 **Phone:** (715) 255-8999

Loyal, WI 54446-0340 Fax: (715) 255-8994

MC 640719 **Emergency**: (715) 937-1869



References:

MBM Logistics, Inc 4817 Oregon Trail Oregon, WI 53575 (608) 291-0782

Weiland Logistics
W8865 21st Ave
PO Box 748
Wautoma, WI 54982
(920) 787-7171

K & S Logistics 111 E Miller St Greenwood, WI 54437 (715) 267-6535

Banking:

Partners Bank 907 N Central Ave Marshfield, WI 54449 (715) 384-4005



U.S. Department of Transportation Federal Motor Carrier Safety Administration 1200 New Jersey Ave., S.E. Washington, DC 20590

SERVICE DATE May 15, 2008

CERTIFICATE

MC-640719-C

R & K INVESTMENTS GROUP LLC

D/B/A RKI
LOYAL, WI

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.

Kathy Weiner, Chief

Information Systems Division

Karry A. Weiner

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.

CMO '

STATE OF WISCONSIN DEPARTMENT OF TRANSPORTATION INTRASTATE MOTOR CARRIER AUTHORITY

LC83688

R AND K INVESTMENT GROUP LLC W2427 HWY 98 LOYAL, WI 54446 US DOT 1750398 WI-556085

The above-named carrier is fit, willing and able to engage in intrastate transporation of property for hire by motor vehicle over regular or irregular routes on the highways of this state.

ISSUED: May 15, 2008



MV2851 797



RICK MEWS MEMBER OF LLC R&K INVESTMENTS GROUP LLC W 2427 HWY 98 LOYAL, WI 54446

1200 New Jersey Ave., S.E. Washington, DC 20590 December 30, 2009

In reply refer to: Your USDOT No.: 1750398 Review No.: 765580/CR

Dear RICK MEWS:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on December 10, 2009. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact:

> U.S. DEPARTMENT OF TRANSPORTATION FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION 1 POINT PLACE, SUITE 101 MADISON, WI 53719-2809 Telephone No.: 608-662-2010

> > John Van Steenburg Director, Office of Enforcement and

1 Va Queling

Compliance

Out of Service	0	0
Out of Service %	0%	0%

Crashes results for 24 months prior to: 08/26/2022

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Crashes:

Туре	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating:

The rating below is current as of: 08/26/2022

Review Information:

Rating Date:	09/26/2019	Review Date:	04/14/2020	
Rating:	Satisfactory	Type:	Non-Ratable	



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/23/2022

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 have ADDITIONAL INSURED provisions or 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 Kunkel & Associates, Inc. 401 Data Court Dubrque IA S2003 Mac		SUBROGATION IS WAIVED, SUBJECT his certificate does not confer rights							equire an endorsement.	A Sta	itement on		
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info@ufstp.com 615-601-2486

Home Verify Carrier Information Join the UFSTP Renewal Contact Us









FSMA Resources

- NEW Small entity compliance quide
- NEW Free FDA training
- Sanitary transportation rule
- Fact sheet on FDA rule
- FDA webinar on rule
- FDA FSMA home page
- Executing the UFSTP agreement through the notarized signature of an owner, partner, officer, or director;
- Accepting additional requirements and warranties through the application process;

The motor carriers listed below have satisfied all the requirements for the Uniform Food Safety

Providing evidence of minimum insurance:

Transportation Protocol (UFSTP) program, including:

Verified UFSTP Carriers

- \$750,000 BI/PD.
- \$100,000 cargo, and
- · Maintaining active FMCSA authority

We will maintain the executed UFSTP agreement and certificates of insurance on file for each confirmed UFSTP carrier and continually monitors FMCSA authority and insurance coverage. Those who do not meet UFSTP's requirements will be removed from the list immediately. In addition, we are confirming new UFSTP carriers each day. For this reason, we strongly advise against using any given snapshot of UFSTP participants for future decisions regarding perishable food loads. Shippers, brokers, warehousing firms and others should confirm a carrier's UFSTP status as necessary.

Note: UFSTP is not affiliated with any government agency, and participation in the UFSTP program is <u>not</u> required by any government regulation.

To search carriers by name or DOT/MC number, use the search feature located at the top right corner of the table below.

Search by name or DOT/MC number > 640719											
MC# ↑	USDOT#	1 ↓	LEGAL NAME ↑↓	DBA NAME	11	PHONE	↑↓	EMAIL	1↓	INSURANCE	1
640719	1750398		R & K INVESTMENTS GROUP LLC	RKI		(715) 255-	8999	rmews@yal	hoo.com		

(Rev. December 2014) 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.

	1 N	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.												
	R 8	& K Investment Group LLC												
2	2 E	Business name/disregarded entity name, if different from above												
page	RŁ	(I												
s on		Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor C Corporation S Corporation Partnership single-member LLC	ate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)										
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Print or type c Instruction	_	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner.	the line a	bove	for	С	ode (it	f any	y) _					
급등	L	Other(see instructions)▶					oplies to					utside	the U.S	s.)
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See (city, state, and ZIP code												
ഗ്	Lo	yal, WI 54446-0340												
	7 L	ist account number(s) here (optional)												
Pai	t I	Taxpayer Identification Number (TIN)												
		r TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	oid	Soc	ial s	ecur	ity nu	ımb	er					
backu reside entitie	p wi ent a es, it	thholding. For individuals, this is generally your social security number (SSN). However, for lien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	or a				-			-				
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Par	t II	Certification												
Unde	per	nalties of perjury, I certify that:												
1. Th	e nu	mber shown on this form is my correct taxpayer identification number (or I am waiting for	a numbe	r to	be i	ssue	d to	me)); ar	nd				
Se	rvice	ot subject to backup withholding because: (a) I am exempt from backup withholding, or (b) e (IRS) that I am subject to backup withholding as a result of a failure to report all interest oper subject to backup withholding; and												
3. I a	m a	U.S. citizen or other U.S. person (defined below); and												
		TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportin	a is corre	ect.										
Certif becau intere gener	icati ise y st pa ally,	ion instructions. You must cross out item 2 above if you have been notified by the IRS the you have failed to report all interest and dividends on your tax return. For real estate transplaid, acquisition or abandonment of secured property, cancellation of debt, contributions to payments other than interest and dividends, you are not required to sign the certification, is on page 3.	nat you a actions, i an indivi	re cu tem dual	2 de ret	oeś i irem	not a ent a	pply arrai	/. Fo	or m men	ortg t (IR	age RA),	and	g
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General Instructions

U.S. person ▶

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

Here

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)

Date ▶

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. 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, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

RKI0000-01

RHUSNICK

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/27/2022

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 have ADDITIONAL INSURED provisions or 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).

PRO	his certificate does not confer rights to bucker business to be insurance Center	o the	e cert	terms and conditions or tificate holder in lieu of su	CONTA	lorsement(s)						
P.O). Box 48 tigo, WI 54409-0048				PHONE (A/C, No, Ext): (715) 623-2317 FAX (A/C, No): (715) 627-7938 EDDRESS: CertificatesANT@ticinsurance.com							
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	R & K Investments Group LI PO Box 340	LC L	BAF	(KI	INSURE		-			-		
	Loyal, WI 54446-0340				INSURE		***************************************					
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CO	VERAGES CER	TIFI	CAT	E NUMBER:	INSURE	KF;		REVISION NUMBER:				
C	THIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	ES C REQU	F INS	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	RED NAMED ABOVE FOR R DOCUMENT WITH RESE	PECT TO	WHICH THIS		
INSR			SUBF		DELIVI	POLICY EFF (MM/DD/YYYY)			ITO			
LIK	COMMERCIAL GENERAL LIABILITY	INSL	WVD	POLICY NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		T			
	CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:	-	-					COMPUTED ONLOUE LINE	\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident	\$			
	HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	 		-						\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE				,			AGGREGATE	\$			
Α.	DED RETENTION \$		-						\$			
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			A \ 7.8/O \ 8// 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0				X PER OTH-				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		AVWCWI3082032022		4/7/2022	4/7/2023	E.L. EACH ACCIDENT	\$	100,000		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE	E \$	100,000		
	DESCRIPTION OF OPERATIONS below		-					E.L. DISEASE - POLICY LIMIT	\$	500,000		
KICK	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE Mews - Excluded Mews - Excluded	LES (ACORE	0 101, Additional Remarks Schedu	le, may be	attached if more	space is requi	red)				
See	Remarks on Page 2:											
CEI	RTIFICATE HOLDER	-			CANC	ELLATION				***************************************		
	** SAMPLE CERTIFICATE **			, , , , , , , , , , , , , , , , , , ,	THE	EXPIRATION	DATE TH	ESCRIBED POLICIES BE O IEREOF, NOTICE WILL CY PROVISIONS.				
					AUTHOR	IZED REPRESEN	ITATIVE					
					,							

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED	
The Insurance Center		R & K Investments Group LLC DBA RKI PO Box 340	
POLICY NUMBER		Loyal, WI 54446-0340 Wood	
SEE PAGE 1		wood	
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Remarks:

Our agency has, upon your request, issued this certificate based on the information you provided. If you provided a contract, we reviewed only the insurance requirements portion of the contract. In performing this review, our Agency is not providing legal advice or a legal opinion concerning any portion of the contract. In addition, our Agency is not undertaking to identify all potential liabilities that may arise under this contract. This review is provided for your information, and should not be relied upon by third parties. Upon your authorization, we will make the necessary changes in your insurance program.