



Providing **FLEX**ible Solutions  
for your Logistics Needs



**FTL**



**LTL**



**FINAL MILE**



**WHITE GLOVE**



**WAREHOUSING**



**INVENTORY  
MANAGEMENT**

## **CONTACT US:**

MC: 1552509

DOT: 4080906



3178 Oakcliff Industrial St.  
Atlanta, GA 30340



+1 (855) SHIP-FLS



[www.FlexLogisticsSolutions.com](http://www.FlexLogisticsSolutions.com)



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

1200 New Jersey Ave., S.E.  
Washington, DC 20590

**SERVICE DATE**  
**June 16, 2023**

**LICENSE**

**MC-1552509-B**

U.S. DOT No. 4080906  
FLEX LOGISTICS SOLUTIONS LLC  
ATLANTA, GA

**This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a broker, arranging for transportation of freight (except household goods) by motor vehicle.**

This authority will be effective as long as the broker maintains 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 applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

A handwritten signature in blue ink that reads "Jeffrey L. Secrist".

Jeffrey L. Secrist, Division Chief  
Office of Registration

BPO

USDOT Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation  
Federal Motor Carrier Safety Administration

Bond Number: GSC0605138  
MC# and/or FF#: MC01552509

## Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906

# FORM BMC-84

KNOW ALL MEN BY THESE PRESENTS, that we, FLEX LOGISTICS SOLUTIONS LLC  
(Name of Broker or Freight Forwarder)  
of 3178 OAKCLIFF INDUSTRIAL ST ATLANTA Georgia 30340  
(Street) (City) (State) (Zip)  
as PRINCIPAL (hereinafter called Principal), and The Gray Casualty & Surety Company  
(Name of Surety)  
a corporation, or a Risk Retention Group established under the [Liability Risk Retention Act of 1986, Pub. L. 99-563](#), created and existing  
under the laws of the State of Louisiana (hereinafter called Surety), are held and firmly bound unto the United States of

America in the sum of \$75,000 for a broker or freight forwarder, for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker or Freight Forwarder pursuant to the provisions of [Title 49 U.S.C. 13904](#), and the rules and regulations of the Federal Motor Carrier Safety Administration relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Federal Motor Carrier Safety Administration such a bond as will ensure financial responsibility and the supplying of transportation subject to the [ICC Termination Act of 1995](#) in accordance with contracts, agreements, or arrangements therefore, and

WHEREAS, this bond is written to assure compliance by the Principal as either a licensed Broker or a licensed Freight Forwarder of Transportation by motor vehicle with [49 U.S.C. 13906\(b\)](#), and the rules and regulations of the Federal Motor Carrier Safety Administration, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the [ICC Termination Act of 1995](#) under license issued to the Principal by the Federal Motor Carrier Safety Administration, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the Federal Motor Carrier Safety Administration forthwith of all suits filed, judgements rendered, and payments made by said Surety under this bond.

This bond is effective the 13th day of June, 2023, 12:01 a.m., standard time at the address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the Federal Motor Carrier Safety Administration at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA on the prescribed Form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond. The Surety shall not be liable hereunder for the payment of any damages herein before described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified above, and that such company is qualified to make this filing under [Section 387.315 of Title 49](#) of the Code of Federal Regulations.

Falsification of this document can result in criminal penalties prescribed under [18 U.S.C. 1001](#).

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 13th day of June, 2023.

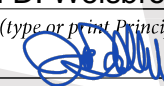
**PRINCIPAL**

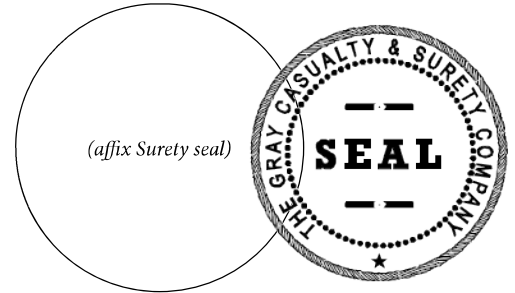
FLEX LOGISTICS SOLUTIONS LLC  
COMPANY NAME  
3178 OAKCLIFF INDUSTRIAL ST ATLANTA  
STREET ADDRESS CITY  
Georgia 30340 (214) 693-8678  
STATE ZIP CODE TELEPHONE NUMBER

\_\_\_\_\_  
*(type or print Principal officer's name and title)*  
\_\_\_\_\_  
*(Principal officer's signature)*  
\_\_\_\_\_  
*(type or print witness's name)*  
\_\_\_\_\_  
*(witness's signature)*

**SURETY**

The Gray Casualty & Surety Company  
COMPANY NAME  
3601 North 110 Service Road West METAIRIE  
STREET ADDRESS CITY  
Louisiana 70002 (215) 766-1990  
STATE ZIP CODE TELEPHONE NUMBER

John D. Weisbrot , Attorney-in-Fact  
*(type or print Principal officer's name and title)*  
  
*(Principal officer's signature)*  
\_\_\_\_\_  
*(type or print witness's name)*  
\_\_\_\_\_  
*(witness's signature)*



Filings must be transmitted online via the Internet at <http://www.fmcsa.dot.gov/urs>.

**THE GRAY INSURANCE COMPANY  
THE GRAY CASUALTY & SURETY COMPANY**

**GENERAL POWER OF ATTORNEY**

**Bond Number:** GSC0605138      **Principal:** FLEX LOGISTICS SOLUTIONS LLC

**Project:**

KNOW ALL BY THESE PRESENTS, THAT The Gray Insurance Company and The Gray Casualty & Surety Company, corporations duly organized and existing under the laws of Louisiana, and having their principal offices in Metairie, Louisiana, do hereby make, constitute, and appoint **John D. Weisbrot, Melissa L. McDade, and Steven M. Varga of Pipersville, Pennsylvania jointly and severally** on behalf of each of the Companies named above its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its deed, bonds, or other writings obligatory in the nature of a bond, as surety, contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the amount of \$10,000,000.00.

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both The Gray Insurance Company and The Gray Casualty & Surety Company at meetings duly called and held on the 26<sup>th</sup> day of June, 2003.

“RESOLVED, that the President, Executive Vice President, any Vice President, or the Secretary be and each or any of them hereby is authorized to execute a power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings, and all contracts of surety, and that each or any of them is hereby authorized to attest to the execution of such Power of Attorney, and to attach the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be binding upon the Company now and in the future when so affixed with regard to any bond, undertaking or contract of surety to which it is attached.

IN WITNESS WHEREOF, The Gray Insurance Company and The Gray Casualty & Surety Company have caused their official seals to be hereinto affixed, and these presents to be signed by their authorized officers this 12<sup>th</sup> day of September, 2011.



By:

Michael T. Gray  
President, The Gray Insurance Company  
and  
Vice President,  
The Gray Casualty & Surety Company

Attest:

Mark S. Manguno  
Secretary,  
The Gray Insurance Company,  
The Gray Casualty & Surety Company



State of Louisiana

ss:

Parish of Jefferson

On this 12<sup>th</sup> day of September, 2011, before me, a Notary Public, personally appeared Michael T. Gray, President of The Gray Insurance Company and Vice President of The Gray Casualty & Surety Company, and Mark S. Manguno, Secretary of The Gray Insurance Company and The Gray Casualty & Surety Company, personally known to me, being duly sworn, acknowledged that they signed the above Power of Attorney and affixed the seals of the companies as officers of, and acknowledged said instrument to be the voluntary act and deed, of their companies.



Lisa S. Millar, Notary Public, Parish of Orleans  
State of Louisiana  
My Commission is for Life

I, Mark S. Manguno, Secretary of The Gray Insurance Company and The Gray Casualty & Surety Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies, this 13<sup>th</sup> day of June, 2023.



Mark S. Manguno, Secretary  
The Gray Insurance Company  
The Gray Casualty & Surety Company

**THE GRAY CASUALTY & SURETY COMPANY**  
**ABSTRACT OF ANNUAL STATEMENT as of December 31, 2022**

The Gray Casualty & Surety Company NAIC# 10671  
 3601 N. I10 Service Road West, Metairie, Louisiana 70002  
 P.O. Box 6202, Metairie, LA 70009-6202  
 (504) 888-7790 (P)

(504) 454-6122 (F)

**ASSETS**

Bonds	75,637,862
Stocks	47,225,719
Cash & Cash Equivalents	5,576,125
Short Term Investments	504,449
Agents Balances or Uncollected Premiums	5,115,991
Interest, Dividends & Real Estate Income Due	508,144
Other Assets	3,529,468
<b>Total Assets</b>	<b>\$ 138,097,758</b>

**LIABILITIES, SURPLUS & OTHER FUNDS**

Reserves for Losses	7,579,982
Reserves for Loss Adjustment Expenses	3,646,757
Taxes, Licenses & fees (excluding Federal & Foreign Income Taxes)	458,088
Federal and Foreign Income Taxes	1,095,643
Unearned Premiums	14,490,807
All Other Liabilities	2,595,185
<b>Total Liabilities</b>	<b>\$ 29,866,462</b>
Capital Stock	3,000,000
Gross Paid In and Contributed Surplus	100,930,011
Unassigned Funds (Surplus)	4,301,285
<b>Surplus as Regards Policholders</b>	<b>\$ 108,231,296</b>
<b>Total</b>	<b>\$ 138,097,758</b>

STATE of LOUISIANA  
 JEFFERSON PARISH

I, Robert P. Johnson, Chief Financial Officer of The Gray Casualty & Surety Company, do hereby depose and say that the foregoing statement is a correct exhibit of the assets and liabilities of the Company on the 31st day of December 2021.

  
 Robert P. Johnson, Chief Financial Officer

Sworn to and subscribed before me at Metairie,  
 Louisiana this 20 day of March 2022.

  
 Leigh Anne Henican, Notary Public



Leigh Anne Henican  
 Notary Public  
 Notary ID No. 92653  
 Orleans Parish, Louisiana

USDOT Number: 4080906 Date Received: 06/08/2023

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0015. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Una agencia federal no puede conducir o auspiciar, y una persona no está sujeta a responder ni será sujeta a penalidades por fallar en cumplir con una recolección de información sujeta a los requerimientos del Acto de Reducción de Papeleo, a menos que la recolección de información muestre un Número de Control OMB válido. El Número de Control OMB para esta recolección de información es 2126-0015. El reporte público para esta recolección de información es estimado en aproximadamente 10 minutos por respuesta, incluyendo el tiempo para revisar las instrucciones, obtener los datos necesarios y completar y revisar la recolección de información. Todas las respuestas a esta recolección de información son mandatorias. Enviar los comentarios respecto a esta carga estimada o cualquier otro aspecto de esta recolección de información, incluyendo sugerencias para reducir esta carga a: Oficial de Clarificación de Recolección de Información, Administración Federal de Seguridad del Autotransporte, MR-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



Designation of Agents for Service of Process / Designación de Agentes del Servicio de Proceso

# FORM BOC-3

**FULL AND CORRECT NAME OF CARRIER, BROKER, OR FREIGHT FORWARDER:**  
**Nombre Completo y Correcto del Transportista, Agente, o el Destinatario del Flete:**

FLEX LOGISTICS SOLUTIONS LLC

**ADDRESS OF CARRIER, BROKER, OR FREIGHT FORWARDER:**  
**Dirección del Transportista, Agente, o el Destinatario del Flete:**

3178 OAKCLIFF INDUSTRI	ATLANTA	GA	30340		
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP CODE + 4	COLONIA (Mexico only)	FOREIGN COUNTRY
Dirección	Ciudad	Estado/Provincia	Código Postal + 4	Colonia (sólo México)	País Extranjero

**PERSON AUTHORIZED TO SIGN FORM:**  
**Persona Autorizada Para Firmar el Formulario:**

OWNER/PRESIDENT	MOHAMMAD GAHVACHIPOOR
TITLE OF AUTHORIZED PERSON	NAME OF AUTHORIZED PERSON (please print)
Título de la Persona Autorizada	Nombre de la Persona Autorizada (por favor imprima)
Mohammad Gahvachipoor	1-866-392-4657
SIGNATURE OF AUTHORIZED PERSON	TELEPHONE NUMBER
Firma de la Persona Autorizada	Número Telefónico

Digitally signed by Mohammad Gahvachipoor  
 DN: cn=Mohammad Gahvachipoor, o=FMCSA, ou=Agents of Process, Inc., email=mohammadgahvachipoor@fmcsa.com, c=US  
 Date: 2023.05.17 13:29:41 -0700

**INSTRUCTIONS:** Regulations governing the designation of persons upon whom process may be served are prescribed at 49 CFR 366, as amended. An agent must be designated for each state in or through which the carrier, broker, or freight forwarder operates; each person, association or corporation designated must reside in the state for which designated; a carrier, broker or freight forwarder may designate himself/herself for the state in which he/she resides; and state officials may be designated only if such official's agreement to so act is furnished with this designation. Note: a post office box is NOT ACCEPTABLE as an agent's address. FILE THE ORIGINAL signed copy with the FMCSA, 1200 New Jersey Ave., S.E. (W63-105) Washington, DC 20590. One signed copy should be filed with each state in or through which the operation is conducted; and one copy should be retained by the carrier, broker, or freight forwarder. CHANGES in designation may be made only by filing with the FMCSA, a new form BOC-3. Copies of new designations need to be sent only to those states affected by the change or new filing. Either INDIVIDUAL or BLANKET designations may be made.

**INSTRUCCIONES:** Las regulaciones gobernantes para la designación de personas a quienes el proceso puede ser servido son prescritas en el 49 CFR 366, como se a enmendado. Un agente tiene que ser designado a través de cada estado que el autotransportista, agente o el destinatario del flete que opera; cada persona, asociación o corporación designada debe vivir en el estado que se le a designado. Un autotransportista, agente o el destinatario del flete, puede designarse así mismo por el estado en cual vive; y los oficiales del estado pueden ser designados solamente de acuerdo oficial en el que se facilita de acuerdo al acto de esta designación. Nota: un apartado postal NO ES ACEPTABLE como la dirección de un agente. ARCHIVE LA COPIA ORIGINAL firmada con el FMCSA, 1200 New Jersey Ave. (W63-105) Washington, D.C. 20590. Una copia firmada tiene que ser archivada por cada estado a través de cada operación conducida; y una copia tiene que guardarla el auto transportista, agente o el destinatario del flete. LOS CAMBIOS de cada designación pueden hacerse solamente reportándose con el FMCSA, y una nueva forma BOC-3. Las copias de las nuevas designaciones necesitan ser mandadas solamente a los estados afectados o el nuevo reporte que se ha hecho. Cualquiera de las dos designaciones pueden hacerse ya sea INDIVIDUAL O AMPLIADA.

(continued on next page)

**INDIVIDUAL DESIGNATIONS:** Pursuant to Sections 13303(a) and 13304(a) of the ICC Termination Act of 1995, the carrier, broker, or freight forwarder named above hereby designates the following named individuals upon whom service of notices by the Secretary or service of process issued by any court in any action against the carrier, broker, or freight forwarder may be served in the state named. Show agent's name, address (P.O. Box NOT acceptable), city, and zip code for each state in which operations can be conducted.

**DESIGNACIONES INDIVIDUALES:** Propósito de las Secciones 13303(a) y 13304(a) del Acta de Terminación del ICC del 1995, el nombre del auto transportista, agente o el destinatario del flete que arriba fue mencionado asignara a los siguientes nombres de las personas en quien el servicio de avisar por la Secretaria o servicio de proceso emitido por cualquier corte dentro de cualquier acción en contra del auto transportista, agente o el destinatario del flete puede ser servido dentro del nombre del estado. Muestre nombre del agente, dirección (P.O. Box NO ES aceptable), ciudad, y código postal por cada estado en que las operaciones pueden ser conducidas.

<input checked="" type="checkbox"/> ALABAMA	<u>ALACRITY LEGAL SERVICES, LLC</u> NAME OF AGENT <i>Nombre del Agente</i>	<u>61 ST. JOSEPH ST STE 1100</u> STREET ADDRESS <i>Dirección</i>	<u>MOBILE</u> CITY <i>Ciudad</i>	<u>36609</u> ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> ALASKA	<u>TODD SEVERSON</u> NAME OF AGENT <i>Nombre del Agente</i>	<u>645 "G" STREET #510</u> STREET ADDRESS <i>Dirección</i>	<u>ANCHORAGE</u> CITY <i>Ciudad</i>	<u>99501</u> ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> ARIZONA	<u>GREGORY A. ROBINSON</u> NAME OF AGENT <i>Nombre del Agente</i>	<u>7204 N. 16TH ST. STE 108</u> STREET ADDRESS <i>Dirección</i>	<u>PHOENIX</u> CITY <i>Ciudad</i>	<u>85020</u> ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> ARKANSAS	<u>ARKANSAS CORP SERVICES INC</u> NAME OF AGENT <i>Nombre del Agente</i>	<u>12110 ARCH ST.</u> STREET ADDRESS <i>Dirección</i>	<u>LITTLE ROCK</u> CITY <i>Ciudad</i>	<u>72206-4665</u> ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> CALIFORNIA	<u>ON-CALL LEGAL INC</u> NAME OF AGENT <i>Nombre del Agente</i>	<u>2476 OVERLAND AVE, 3RI</u> STREET ADDRESS <i>Dirección</i>	<u>LOS ANGELES</u> CITY <i>Ciudad</i>	<u>90064</u> ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> COLORADO	<u>MAHIN F. SADEGHI</u> NAME OF AGENT <i>Nombre del Agente</i>	<u>9611 ASPEN HILL CIRCLE</u> STREET ADDRESS <i>Dirección</i>	<u>LONE TREE</u> CITY <i>Ciudad</i>	<u>80124</u> ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> CONNECTICUT	<u>CONNETICUT PROCESS SERVING</u> NAME OF AGENT <i>Nombre del Agente</i>	<u>9 BEAUMONT ST. E</u> STREET ADDRESS <i>Dirección</i>	<u>HARTFORD</u> CITY <i>Ciudad</i>	<u>06108</u> ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> DELAWARE	<u>ATA CORP. SERVICES, LLC</u> NAME OF AGENT <i>Nombre del Agente</i>	<u>222 DELAWARE AVE STE.</u> STREET ADDRESS <i>Dirección</i>	<u>WILMINGTON</u> CITY <i>Ciudad</i>	<u>19801</u> ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> DISTRICT OF COLUMBIA	<u>FRITZ R. KAHN P.C.</u> NAME OF AGENT <i>Nombre del Agente</i>	<u>1920 N ST. NW 8TH FLOOR</u> STREET ADDRESS <i>Dirección</i>	<u>WASHINGTON</u> CITY <i>Ciudad</i>	<u>20036</u> ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> FLORIDA	<u>YB CARRIER SERVICES INC</u> NAME OF AGENT <i>Nombre del Agente</i>	<u>12930 SW 56 TERR</u> STREET ADDRESS <i>Dirección</i>	<u>MIAMI</u> CITY <i>Ciudad</i>	<u>33183</u> ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> GEORGIA	<u>RENEE LAMBACK</u> NAME OF AGENT <i>Nombre del Agente</i>	<u>7980 ERROL DRIVE</u> STREET ADDRESS <i>Dirección</i>	<u>LITHONIA</u> CITY <i>Ciudad</i>	<u>30058</u> ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> HAWAII	<u>STEVEN GUTTMAN</u> NAME OF AGENT <i>Nombre del Agente</i>	<u>220 S. KING ST. STE 1900</u> STREET ADDRESS <i>Dirección</i>	<u>HONOLULU</u> CITY <i>Ciudad</i>	<u>96813</u> ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> IDAHO	<u>DONALD G. HENDRIKSEN</u> NAME OF AGENT <i>Nombre del Agente</i>	<u>4240 BOTT LANE</u> STREET ADDRESS <i>Dirección</i>	<u>MERIDAN</u> CITY <i>Ciudad</i>	<u>83642</u> ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> ILLINOIS	<u>EDWARD D. MCNAMARA, JR</u> NAME OF AGENT <i>Nombre del Agente</i>	<u>931 SOUTH 4TH ST</u> STREET ADDRESS <i>Dirección</i>	<u>SPRINGFIELD</u> CITY <i>Ciudad</i>	<u>62703</u> ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> INDIANA	<u>MICHAEL D. MACKE</u> NAME OF AGENT <i>Nombre del Agente</i>	<u>4008 W. 79TH ST</u> STREET ADDRESS <i>Dirección</i>	<u>INDIANNAPOLIS</u> CITY <i>Ciudad</i>	<u>46268</u> ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> IOWA	<u>WILLIAM L. FAIRBANK</u> NAME OF AGENT <i>Nombre del Agente</i>	<u>317 6TH AVE. STE 1200</u> STREET ADDRESS <i>Dirección</i>	<u>DES MOINES</u> CITY <i>Ciudad</i>	<u>50300</u> ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> KANSAS	<u>CAROL D. HAMBLIN</u> NAME OF AGENT <i>Nombre del Agente</i>	<u>1953 JACKSON ST.</u> STREET ADDRESS <i>Dirección</i>	<u>LEWIS</u> CITY <i>Ciudad</i>	<u>67552</u> ZIP CODE + 4 <i>Código Postal + 4</i>

(continued on next page)



<input checked="" type="checkbox"/>	<b>KENTUCKY</b>	ALAN SIDDENS NAME OF AGENT <i>Nombre del Agente</i>	1933 FINNEY RD. STREET ADDRESS <i>Dirección</i>	GLASGOW CITY <i>Ciudad</i>	42141 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>LOUISIANA</b>	FRANCIS A. COURTENAY, JR NAME OF AGENT <i>Nombre del Agente</i>	601 POYDRASS ST. STE 171 STREET ADDRESS <i>Dirección</i>	NEW ORLEANS CITY <i>Ciudad</i>	70130 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>MAINE</b>	ANN J. SMITH NAME OF AGENT <i>Nombre del Agente</i>	54 OLD LISBON RD. STREET ADDRESS <i>Dirección</i>	LEWISTON CITY <i>Ciudad</i>	04240 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>MARYLAND</b>	CREASER & NEWHOUSE NAME OF AGENT <i>Nombre del Agente</i>	82 W. WASHINGTON ST. STREET ADDRESS <i>Dirección</i>	HAGERSTOWN CITY <i>Ciudad</i>	21740 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>MASSACHUSETTS</b>	JAMES M. BURNS NAME OF AGENT <i>Nombre del Agente</i>	935 MAIN ST. STREET ADDRESS <i>Dirección</i>	SPRINGFIELD CITY <i>Ciudad</i>	01103-4835 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>MICHIGAN</b>	TIM JACKSON NAME OF AGENT <i>Nombre del Agente</i>	409 Gratiot Ave STREET ADDRESS <i>Dirección</i>	ALMA CITY <i>Ciudad</i>	48801 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>MINNESOTA</b>	VERNETTE FOX NAME OF AGENT <i>Nombre del Agente</i>	15618 CORRAL LANE STREET ADDRESS <i>Dirección</i>	EDEN PRAIRIE CITY <i>Ciudad</i>	55347 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>MISSISSIPPI</b>	KAREN EDGE NAME OF AGENT <i>Nombre del Agente</i>	405 W. COLLEGE ST STREET ADDRESS <i>Dirección</i>	BOONEVILLE CITY <i>Ciudad</i>	38829 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>MISSOURI</b>	JOSEPH E. REBMAN NAME OF AGENT <i>Nombre del Agente</i>	165 N. MERAMEC AVE STI STREET ADDRESS <i>Dirección</i>	ST. LOUIS CITY <i>Ciudad</i>	63105 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>MONTANA</b>	KAREN HINMAN NAME OF AGENT <i>Nombre del Agente</i>	1224 HIGHWAY 87 STREET ADDRESS <i>Dirección</i>	EAST BILLINGS CITY <i>Ciudad</i>	59101 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>NEBRASKA</b>	RICHARD THRAMER NAME OF AGENT <i>Nombre del Agente</i>	1000 W. 29TH ST. #215 STREET ADDRESS <i>Dirección</i>	SOUTH SIOUX CITY <i>Ciudad</i>	68776 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>NEVADA</b>	WOODBURN & WEDGE NAME OF AGENT <i>Nombre del Agente</i>	6100 NEIL RD STE 500 STREET ADDRESS <i>Dirección</i>	RENO CITY <i>Ciudad</i>	89511 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>NEW HAMPSHIRE</b>	ROY H STEWART NAME OF AGENT <i>Nombre del Agente</i>	19 HICKORY LANE STREET ADDRESS <i>Dirección</i>	BEDFORD CITY <i>Ciudad</i>	03110-5720 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>NEW JERSEY</b>	KENNETH A. OLSEN NAME OF AGENT <i>Nombre del Agente</i>	33 PHILHOWER ROAD STREET ADDRESS <i>Dirección</i>	LEBANON CITY <i>Ciudad</i>	08833 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>NEW MEXICO</b>	MANUEL A. MAESTAS NAME OF AGENT <i>Nombre del Agente</i>	1029 AVENIDA DE LAS CA STREET ADDRESS <i>Dirección</i>	SANTA FE CITY <i>Ciudad</i>	87507 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>NEW YORK</b>	GEORGE PEZOLD NAME OF AGENT <i>Nombre del Agente</i>	120 MAIN ST. STREET ADDRESS <i>Dirección</i>	HUNTINGTON CITY <i>Ciudad</i>	11743 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>NORTH CAROLINA</b>	BACKGROUND INQUIRIES AND S NAME OF AGENT <i>Nombre del Agente</i>	932 LOGAN CIRCLE STREET ADDRESS <i>Dirección</i>	CARY CITY <i>Ciudad</i>	27511 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>NORTH DAKOTA</b>	RALPH F. CARTER NAME OF AGENT <i>Nombre del Agente</i>	2702 17TH AVE S. STREET ADDRESS <i>Dirección</i>	GRAND FORKS CITY <i>Ciudad</i>	58201 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>OHIO</b>	TIM JACKSON NAME OF AGENT <i>Nombre del Agente</i>	3230 CENTRAL PARK WES STREET ADDRESS <i>Dirección</i>	TOLEDO CITY <i>Ciudad</i>	43617 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/>	<b>OKLAHOMA</b>	PEGGY MAEGER NAME OF AGENT <i>Nombre del Agente</i>	1018 N. 4376 RD STREET ADDRESS <i>Dirección</i>	FORT TOWSON CITY <i>Ciudad</i>	74735 ZIP CODE + 4 <i>Código Postal + 4</i>

(continued on next page)

<input checked="" type="checkbox"/> OREGON	MARK OSOSKE NAME OF AGENT <i>Nombre del Agente</i>	4550 SW BETTS #57 157 STREET ADDRESS <i>Dirección</i>	BEAVERTON CITY <i>Ciudad</i>	97005 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> PENNSYLVANIA	MARTIN'S PERMIT AGENCY NAME OF AGENT <i>Nombre del Agente</i>	132 N. REAMSTOWN RD. STREET ADDRESS <i>Dirección</i>	STEVENS CITY <i>Ciudad</i>	17578 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> RHODE ISLAND	RICHARD B. CARPENTER NAME OF AGENT <i>Nombre del Agente</i>	20 MAIN STREET STREET ADDRESS <i>Dirección</i>	NORTH KINGSTO CITY <i>Ciudad</i>	02852 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> SOUTH CAROLINA	TISHA FORD HARRIS NAME OF AGENT <i>Nombre del Agente</i>	730 HILLCREST AVE STREET ADDRESS <i>Dirección</i>	COLUMBIA CITY <i>Ciudad</i>	29203 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> SOUTH DAKOTA	ACTION PROCESS SERVICING NAME OF AGENT <i>Nombre del Agente</i>	6037 S. MCKENZIE STREET ADDRESS <i>Dirección</i>	STIOUX FALLS CITY <i>Ciudad</i>	57106 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> TENNESSEE	SHARON LEE'S FUEL TAX SERVIC NAME OF AGENT <i>Nombre del Agente</i>	1726 CARROLL RD. STREET ADDRESS <i>Dirección</i>	MORRISTOWN CITY <i>Ciudad</i>	37813 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> TEXAS	JOHN C. SIMS NAME OF AGENT <i>Nombre del Agente</i>	1205 BROADWAY STREET ADDRESS <i>Dirección</i>	LUBBOCK CITY <i>Ciudad</i>	79408 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> UTAH	ICU INVESTIGATIONS LLC NAME OF AGENT <i>Nombre del Agente</i>	250 N RED CLIFFS STREET ADDRESS <i>Dirección</i>	ST GEORGE CITY <i>Ciudad</i>	84790 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> VERMONT	JAMES RUSSELL NAME OF AGENT <i>Nombre del Agente</i>	74 CENTRAL ST. STREET ADDRESS <i>Dirección</i>	NEWPORT CITY <i>Ciudad</i>	05855-2166 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> VIRGINIA	ROBERT B. WALKER NAME OF AGENT <i>Nombre del Agente</i>	709 Old Hunt Way STREET ADDRESS <i>Dirección</i>	HERNDON CITY <i>Ciudad</i>	20170 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> WASHINGTON	KEITH R. BALDWIN NAME OF AGENT <i>Nombre del Agente</i>	4050 SW ADMIRAL WAY # STREET ADDRESS <i>Dirección</i>	SEATTLE CITY <i>Ciudad</i>	98116 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> WEST VIRGINIA	LOSCH & MCCOURT, PLLC NAME OF AGENT <i>Nombre del Agente</i>	500 COURT STREET STREET ADDRESS <i>Dirección</i>	SUMMERVILLE CITY <i>Ciudad</i>	26651 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> WISCONSIN	CAROL A. SHEA NAME OF AGENT <i>Nombre del Agente</i>	22800 NATIONAL AVE. STREET ADDRESS <i>Dirección</i>	BIG BEND CITY <i>Ciudad</i>	53103 ZIP CODE + 4 <i>Código Postal + 4</i>
<input checked="" type="checkbox"/> WYOMING	SALLY ADAMS-REINHART NAME OF AGENT <i>Nombre del Agente</i>	400 E. 1ST ST, STE 308 STREET ADDRESS <i>Dirección</i>	CASPER CITY <i>Ciudad</i>	82601 ZIP CODE + 4 <i>Código Postal + 4</i>

**BLANKET DESIGNATION:** If you have made arrangements with an association or corporation to use the blanket designations on file with the FMCSA, insert the association or corporation name here:

**DESIGNACIONES AMPLIAS:** Si usted ha hecho arreglos con una asociación o corporación para usar las designaciones ampliadas en el archivo con el FMCSA, incluya el nombre de la asociación o corporación aquí:

Pursuant to Sections 13303(a) and 13304(a) of 49 U.S.C., the carrier, broker or freight forwarder named on the reverse hereby designates those persons named in the list of process agents on file with the FMCSA by and any subsequently filed revisions thereof, for the states in which the carrier, broker, or freight forwarder is or may be authorized to operate, including states traversed in the course of such operations, except those states for which individual designations are made.

Propósito de las secciones 13303(a) y 13304(a) de 49 U.S.C., el auto transportista, agente o el nombre del destinatario del flete en el reverso por este medio designa los nombres de personas en la lista de proceso de agentes en archivo posteriormente lo mismo por el estado en el cual el auto transportista, agente, o destinatario del flete es o puede ser autorizado para operar, incluyendo estados atravesados en el curso de tal operación, excepto esos estados por los cuales las designaciones del individuo son hechas.

Filings must be transmitted online via the Internet at <http://www.fmcsa.dot.gov/urs>.



## 2024 UCR Registration is VALID!



Confirmation # 000-0452-0122

Registered on: 01/02/2024 17:15 EST

Generated: 03/18/2024 10:45 EST

**Year:** 2024

<b>Paid:</b>	<b>Date</b>	<b>Bracket</b>	<b>UCR Fee</b>	<b>Conv. Fee</b>	<b>Total</b>
	01/02/2024	Bracket 1 [0 veh.]	\$37.00	\$1.10	\$38.10

**Bracket:** 0 to 2 vehicles [0 vehicle(s)]

**USDOT #:** 4080906

**Classifications:** Broker

**Legal Name:** FLEX LOGISTICS SOLUTIONS LLC

**Base State:** Georgia

**Principal:** 3178 OAKCLIFF INDUSTRIAL ST  
ATLANTA, GA 30340  
US

**Payor:** David Reich

**\*\*\* Expires: 12/31/2024 \*\*\***