

GET A QUOTE FAST!
513-440-4752



DELIVERING THE DIFFERENCE



Link Logistics LLC delivers the difference in service and efficiency. Working with regional and national carriers, we provide true 24/7/365 service with real-time track & trace. Link Logistics has its own asset division with a cross-docking facility in Cincinnati, Ohio. We maintain a strict carrier vetting process and are a TIA certified broker.

At Link Logistics, we pride ourselves on integrity, building lasting strategic relationships with our customers and carriers alike through open communication and a commitment to excellence.

SERVICES

- DRY
- REFRIGERATED
- FLATBED & STEP DECKS
- OVERSIZED
- DROP TRAILERS
- POWER ONLY
- EXPEDITED
- CROSS-DOCKING
- FTL & LTL TO US AND CANADA

INDUSTRIES

- FOOD & BEVERAGE
- MANUFACTURING
- RETAIL & CONSUMER GOODS
- AUTOMOTIVE
- PACKAGING
- BUILDING MATERIALS



Company Information

EIN# 85-2505861
DOT# 2224476
MC# 347219
SCAC: LKLO

Contact Information

Cincinnati, OH
P: 513-440-4752
E: tony.davis@linklogisticsltd.com
linklogisticsltd.com



LINK LOGISTICS LLC



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

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

SERVICE DATE
October 5, 2020

DECISION
MC-347219
MALLARD LOGISTICS, INC.
GOSHEN, OH
REENTITLED
LINK LOGISTICS LLC

On September 28, 2020, 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 LINK LOGISTICS LLC.

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

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://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: September 30, 2020
By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division
NCA

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Link Logistics LLC	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <u>S</u> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>5</u> Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 2482 Woodville Pike	Requester's name and address (optional)
6 City, state, and ZIP code Goshen, OH 45122	
7 List account number(s) here (optional)	

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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
8	5	-	2	5	0	5	8	6	1

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. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>11/2/20</u>
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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)
 - 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, later.*

CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

11/05/2020

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.

PRODUCER Brands Insurance Agency, Inc. P.O. Box 62267 Cincinnati, OH 45262-0267 P (513) 777-7775 F (513) 777-7782 certificates@brandsinsurance.com	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>A Evanston Insurance Company</td> <td>35378</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	A Evanston Insurance Company	35378				
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A Evanston Insurance Company	35378								
INSURED Link Logistics LLC 2482 Woodville Pike Goshen, OH 45122									

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING 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	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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	TGL1105	11/05/2020	10/16/2021	EACH OCCURRENCE \$1,000,000
	DAMAGE TO RENTED PREMISES (each occurrence) \$100,000				
					MED EXP (any one person) \$5,000
					PERSONAL & ADV INJURY \$1,000,000
					GENERAL AGGREGATE \$2,000,000
					PRODUCTS - COMP/OP AG Included
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTO <input type="checkbox"/> ALL OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED AUTO				COMBINED SINGLE LIMIT
					BODILY INJURY (per person)
					BODILY INJURY (per accident)
					PROPERTY DAMAGE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS AUTO LIAB <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE
					AGGREGATE
	WORKERS COMPENSATION EMPLOYERS' LIABILITY ANY PROPRIETER/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below				WC STATUTORY LIMITS OTHER
					EL EACH ACCIDENT
					EL DISEASE - EACH EMP
					EL DISEASE - POLICY LIMIT
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT
					OTHER THAN AUTO ONLY
					EACH ACCIDENT
					AGGREGATE
A	Contingent cargo	TBP0271	10/16/2020	10/16/2021	Limit: \$100,000
A	Reefer breakdown	TBP0271	10/16/2020	10/16/2021	Deductible: \$1,000
A	Truck broker liability	TBP0271	10/16/2020	10/16/2021	Deductible: \$2,500
					Limit: \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS FOR VEHICLES ON SCHEDULE WITH INSURING COMPANIES

CERTIFICATE HOLDER

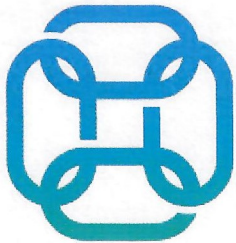
Specific Certificate Issued Upon Request

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





LINK LOGISTICS LLC

Please Return Completed Forms To:

Tony Davis

Phone: 513-440-4752

Email: tony.davis@linklogisticsltd.com

CREDIT APPLICATION

Customer Name _____

Billing Address _____
Street City State Zip Code

Physical Address _____
Street City State Zip Code

Phone _____ Fax _____ Year Business Started _____

D&B Number _____ Maximum Load Value _____

Credit Limit Request _____ Your Payment Terms _____

A/P Contact Person _____ A/P Phone _____

A/P Email _____

Billing Details

1. Can we email invoices to your company? Yes / No
 - If yes, to what email address should invoices be sent? _____
2. What documents do you require for billing? _____
3. Does your company use an online portal for billing? Yes / No
 - If yes, please list the site: _____
4. Does your company pay via ACH or Wire? Yes / No
 - If yes, to what email address do we send our banking information? _____

Credit References: Please attach at least four credit references.

Bank Reference: Please attach your bank reference.

Terms and Conditions

1. Applicant hereby certifies that he/she is authorized to represent the above-named company.
2. Invoice terms are NET 30 days from invoice date.
3. In the event that Link Logistics LLC deems it necessary to use the services of a collection agency or attorney to collect any amounts due, applicant agrees to pay all collection costs, attorney fees, and court costs.
4. Applicant understands that Link Logistics LLC may report payment experiences to credit reporting agencies.
5. By signing this credit application, authorization is hereby given to Link Logistics LLC to contact any or all credit and bank references provided.

Authorized Company Representative

Signature _____ Date _____ Print Name _____ Title _____