



108 EAST COLLEGE AVENUE
POST OFFICE BOX 1096
BOILING SPRINGS, NORTH CAROLINA 28017

COMPANY INFORMATION

LEGAL NAME:	MARY B. TURNER TRUCKING CO., LLC
YEAR ESTABLISHED:	1961
ICC NUMBER:	MC 200219
DOT NUMBER:	173072
FEDERAL I.D. NUMBER:	56-1086549

BANK INFORMATION

FIRST NATIONAL BANK OF SHELBY
208 N. MAIN STREET
BOILING SPRINGS, NC 28017
704-434-3100

CREDIT REFERENCES

FREIGHTLINER OF CHARLOTTE
4633 N. I-85 SERVICE ROAD
CHARLOTTE, NC 28269
828-328-8156

THERMOKING CENTRAL CAROLINAS
P. O. BOX 60448
CHARLOTTE, NC 28260-0448
704-596-2653

CAROLINA TRUCK CENTER
2340 HIGHWAY 70
HICKORY, NC 28601
828-328-8156

OAKIE'S TIRE & RECAPING
800 W. WARREN ST.
SHELBY, NC 28150
704-487-7392

TRADE REFERENCES

L&M TRANSPORTATION
RALEIGH, NC
800-632-3030

C. H. ROBINSON CO.
CHARLOTTE, NC
800-999-2590

HARDIN TRANSPORTATION
KNOXVILLE, TN
800-221-3549

WEST COAST DISTRIBUTING
BOSTON, MA
800-235-3730

COAST TO COAST CARRIER
(704) 434-5080 800-526-4157 FAX (704) 434-9097



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

400 Seventh St., S.W.
Washington, D.C. 20590

November 18, 2005

In reply refer to:
Your USDOT No.: 173072
Review No.: 423220/CR

TALMEDGE TURNER
PARTNER/OWNER
MARY B TURNER TRUCKING CO LLC
TURNER TRUCKING COMPANY
PO BOX 1096
BOILING SPRINGS NC 28017

Dear TALMEDGE TURNER:

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 November 16, 2005. 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
310 NEW BERN AVENUE, ROOM 468
RALEIGH, NC 27601
Telephone No.: 919-856-4378

Charles A. Moran, III
Director, Office of Enforcement and
Compliance



U.S. Department
of Transportation
**Federal Highway
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

AUGUST 18, 1993

IN REPLY REFER TO:
YOUR USDOT NO.: 173072
REVIEW NO.: 00154595/CR

TALMADGE L. TURNER & MARY B. TURNER
TURNER TRUCKING CO.
POST OFFICE BOX 1096
BOILING SPRINGS, NC 28017

GENTLEMEN:

THE MOTOR CARRIER SAFETY RATING FOR YOUR COMPANY IS:

SATISFACTORY

THIS SATISFACTORY RATING IS THE RESULT OF A JUL 15, 1993, REVIEW AND EVALUATION. A SATISFACTORY RATING INDICATES THAT YOUR COMPANY HAS ADEQUATE SAFETY MANAGEMENT CONTROLS IN PLACE TO EFFECT SUBSTANTIAL COMPLIANCE WITH THE FEDERAL MOTOR CARRIER SAFETY AND/OR HAZARDOUS MATERIALS REGULATIONS.

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 THE SAFETY SPECIALIST WHO CONDUCTED THE REVIEW.

RONALD G. ASHBY
CHIEF, FEDERAL PROGRAMS DIVISION

- SEE MESSAGE ON BACK -

INTERSTATE COMMERCE COMMISSION
CERTIFICATE

SERVICE DATE
AUG 4 1987

No. MC 200219

MARY B. TURNER
d/b/a TURNER TRUCKING
BOILING SPRINGS, NC

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier by motor vehicle.

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 1043); the designation of agents upon whom process may be served (49 CFR 1044); and tariffs or schedules (49 CFR 1300 through 1310, revised). The carrier shall also render reasonably continuous and adequate service to the public. Failure to meet these conditions will constitute sufficient grounds for the suspension, change, or revocation of this authority.

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

For common carriers with irregular route authority: Any irregular route authority authorized in this Certificate may not be tacked or joined with your other irregular route authority unless joinder is specifically authorized.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

NORETA R. MCGEE, AUG 2 0 1987
Secretary.

(SEAL)

ST. CORP. COMM.
SANTA FE, N. MEX. 87501

NOTE: If there are any discrepancies regarding this document, please notify the Commission within 30 days.

No. MC 200219

Page 2

To operate as a common carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except classes A and B explosives, household goods, and commodities in bulk), between points in the U.S. (except AK and HI).

To operate as a contract carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except hazardous materials, household goods, and commodities in bulk), between points in the United States (except AK and HI), under continuing contract(s) with commercial shippers or receivers of such commodities.

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.

PM-31
(Rev. 11/92)

INTERSTATE COMMERCE COMMISSION
PERMIT

SERVICE DATE
DEC 16 1993

No. MC 200219 (Sub-No. 8)

MARY B. TURNER
d/b/a TURNER TRUCKING
BOILING SPRINGS, NC

This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier by motor vehicle.

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 1043); the designation of agents upon whom process may be served (49 CFR 1044); and for passenger carriers, tariffs or schedules (49 CFR 1312).

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

The transportation service to be performed is described on the reverse side of this document. Service must be performed under a continuing agreement with one or more persons.

By the Commission.

SIDNEY L. STRICKLAND, JR.
Secretary

(SEAL)

NOTE: If there are any discrepancies regarding this Permit, please notify the Commission within 30 days.

INTERSTATE COMMERCE COMMISSION
DECISION
MC-200219

SERVICE DATE

MAR 7 1995

MARY B. TURNER
d/b/a TURNER TRUCKING
BOILING SPRINGS, NC

Reentitled

MARY B. TURNER TRUCKING COMPANY LLC
BOILING SPRINGS, NC

Decided: February 24, 1995

On February 21, 1995, applicant filed a request to have the Commission's records changed to reflect a name change.

It is ordered:

The Commission's records are amended to reflect the carrier's name as MARY B. TURNER TRUCKING COMPANY LLC.

If it has not already done so, the carrier must amend (1) its insurance coverage for the protection of the public, (2) its designation of agents upon whom process may be served, and (3) its tariffs of schedules to reflect the new name.

By the Commission.

Vernon A. Williams
Secretary

(SEAL)

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 Turner Trucking Co.
Business name, if different from above

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

Address (number, street, and apt. or suite no.) P.O. Box 1096
City, state, and ZIP code Boiling Springs, NC 28017
List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. 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 2. 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 2.

Social security number
| | | | | | | | | |

or

Employer identification number
561108161549

Note: If the account is in more than one name, see the chart on page 2 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 2.)

Sign Here Signature of U.S. person Chris Turner Date 2-3-05

Purpose of Form

A person who is required to file an information return with the IRS must get 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.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct for you are waiting for a number to be issued,
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

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.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments after December 31, 2001 (29% after December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

ACORD INSURANCE BINDER

OP ID AC

DATE
11/29/05

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER Edwards, Church & Muse, Inc. P. O. Box 12457 Charlotte NC 28220-2457 Brad C. Causey	PHONE (A/C, No, Ext): 704-529-4411 704-529-4422	COMPANY American Alternative Ins Corp	BINDER # 10637
CODE: AGENCY CUSTOMER ID: TURTR-1 INSURED Turner Trucking Company, LLC. P.O. Box 1096 Boiling Springs NC 28017	SUB CODE:	EFFECTIVE DATE 12/01/05	TIME 12:01
		AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>
		EXPIRATION DATE 02/01/06	TIME <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY # 73A2WC000009401			
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Trucking Operation			

COVERAGES	TYPE OF INSURANCE	CAUSES OF LOSS	COVERAGE/FORMS	LIMITS		
				DEDUCTIBLE	COINS %	AMOUNT
PROPERTY	<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC					
GENERAL LIABILITY	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
				FIRE DAMAGE (Any one fire)		\$
				MED EXP (Any one person)		\$
				PERSONAL & ADV INJURY		\$
				GENERAL AGGREGATE		\$
				PRODUCTS - COMP/OP AGG		\$
AUTOMOBILE LIABILITY	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			COMBINED SINGLE LIMIT		\$
				BODILY INJURY (Per person)		\$
				BODILY INJURY (Per accident)		\$
				PROPERTY DAMAGE		\$
				MEDICAL PAYMENTS		\$
				PERSONAL INJURY PROT		\$
				UNINSURED MOTORIST		\$
						\$
AUTO PHYSICAL DAMAGE	<input type="checkbox"/> COLLISION <input type="checkbox"/> OTHER THAN COL	DEDUCTIBLE	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		\$
				STATED AMOUNT		\$
				OTHER		\$
GARAGE LIABILITY	<input type="checkbox"/> ANY AUTO			AUTO ONLY - EA ACCIDENT		\$
				OTHER THAN AUTO ONLY		\$
				EACH ACCIDENT		\$
				AGGREGATE		\$
EXCESS LIABILITY	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
				AGGREGATE		\$
				SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS		
				E.L. EACH ACCIDENT		\$ 500,000
				E.L. DISEASE - EA EMPLOYEE		\$ 500,000
				E.L. DISEASE - POLICY LIMIT		\$ 500,000
				FEES		\$
				TAXES		\$
				ESTIMATED TOTAL PREMIUM		\$

All officers are included.

SPECIAL CONDITIONS/ OTHER COVERAGES

NAME & ADDRESS Insured copy	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE <i>Bradford C. Causey</i>	

Client#: 728715

15MARYBTUR

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
12/07/05

PRODUCER

BB&T -CIC
47 Airpark Court (29607)
P.O. Box 27149
Greenville, SC 29616-2149

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.

INSURED

Mary B Turner Trucking Company, LLC
108 College Ave
P O Box 1096
Boiling Springs, NC 28017-1096

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Canal Insurance Company

10464

INSURER B: Travelers Property Casualty Insuranc

36161

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 ADDPL LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	398875	09/01/05	09/01/06	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				
B	OTHER Cargo	QT660274D2949TIL05	04/06/05	04/06/06 Deductible	\$200,000 \$2,500

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

CERTIFICATE HOLDER

For Information Only.
For Original Certificate
Please call 864-297-4444

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 00 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

Victoria P. Ellis

VPE

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