

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

SERVICE DATE April 11, 2016

#### **DECISION**

MC-263097-P HENDERSON TRUCKING, LLC SACRAMENTO, CA

## REINSTATEMENT OF AUTHORITY

On December 08, 2000, HENDERSON TRUCKING, LLC, was notified that its permit was revoked by the Federal Motor Carrier Safety Administration.

HENDERSON TRUCKING, LLC, has now filed a written request for reinstatement of the authority and has submitted evidence of compliance with 49 U.S.C § 13906 and 49 CFR 387.

#### It is ordered:

The permit evidenced in Docket No. MC-263097-P is reactivated. The effective date of the reinstatement of this authority is shown below.

Decided: April 11, 2016

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Division Chief

Office of Registration and Safety Information

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#### **DEPARTMENT OF MOTOR VEHICLES**

Registration Operations Division MS H875 P.O. BOX 932370 Sacramento, CA. 94232-3700 (916) 657-8153

06/21/2016



HENDERSON TRUCKING, LLC. P. O. BOX 231461 SACRAMENTO, CA 95823

STATE OF CALIFORNIA	
DEPARTMENT OF MOTOR VEHICLES	
A Public Service Agency	

# NON-EXPIRING MOTOR CARRIER PERMIT

# **Combined Carrier**

DEPARTMENT OF MOTOR VEHICLES

Registration Operations Division

P.O. BOX 932370 Sacramento, CA. 94232-3700

HENDERSON TRUCKING, LLC. P. O. BOX 231461 SACRAMENTO, CA 95823

 Valid From:
 06/21/2016
 Valid Through:
 Non-Expiring

 CA#:
 0483742

The carrier named on this permit is subject to the Unified Carrier Registration Act (UCRA) of 2005, and is granted a non-expiring permit of the following classification:

> For Hire Limited Liability Company

**Not Valid for Intrastate Only Operations** 

# Pmt Date: 06/21/2016 Office #: 154 Account #: 658397 Tech ID: MB Sequence #: 0001 Amt Paid: \$240.00

#### !!!IMPORTANT REMINDERS!!!

- This non-expiring Motor Carrier Permit (MCP) will remain valid as long as you continue to conduct interstate operations. The Unified Carrier Registration Act (UCRA) of 2005 exempts combined carriers (carriers who operate both intra and interstate) from MCP requirements.
- 2. Federal Motor Carrier Safety Administration insurance requirements must be maintained.
- 3. If you commence intrastate only operations, you must renew your MCP.

California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922

# HENDERSON TRUCKING, LLC



### REFERENCES

Albert Guzman Guzman Express Inc. 14241 Santa Ana Avenue Fontana, CA 92337

Ph.: 909-226-2060 Fax: 909-829-4584

Bill Michel
Bill Michel Trucking
1984 Cabana Drive
Lake Havasu City, AZ 86404

Ph.: 909-241-1665 Fax: 928-855-5049

Brian Jordan BE Jordan Trucking 3452 Churchill Lane Perris, CA 92571

Ph.: 310-696-3515 Fax: 888-614-7707

Glenn Ennis G. Ennis Trucking 1228 West 64<sup>th</sup> Street Los Angeles, CA 90047

Ph: 213-842-0297 Fax: 323-758-7535

Herman Armstrong
H. Armstrong Trucking
1102 Gladwick
Carson CA 90746

Ph: 626-255-1129 Fax: 310-632-5258

Lapepito Jones Space Age Investment, Inc. 8556 Culpepper Drive Sacramento, CA 95823 Ph.:916-889-3146 Fax: 916-427-8852

Larry Barber
Barber Trucking
P.O. Box 6227
Moreno Valley, CA 92554
Ph.: 951-830-0792 Fax: 951-601-0022

Tyrone Gilmore
Beaumont Trucking, Inc.
1510 West 64<sup>th</sup> Street
Los Angeles, CA90047
Ph.: 323-422-2637 Fax: 323-759-9964

Vincent Jenkins After MidNight Trucking 1545 S. Oaks Avenue Ontario, CA 91762-5349

Ph: 951-966-8611 Fax: 951-986-8511

# HENDERSON TRUCKING, LLC



## MAILING ADDRESS

Edward Henderson, President Henderson Trucking, LLC P.O. Box 231461 Sacramento, CA. 95823-0407

Email: edward@hendersontruckingllc.com
Website: www.hendersontruckingllc.com

Financial Institution
Bank of America
5001 Laguna Blvd
Elk Grove, CA 95758

Insurance Agent
O'Rourke Machado Insurance
2590 Lovelace Road
Manteca, CA 95336

Email: orourkemachado@aol.com

USDOT #522173 MC #263097

Ph: 916-282-1860 x1 Fax: 916-282-1891 EIN: 81-2122218 SCAC Code: HTYC

Ph: 916-683-7610 Fax: 916-683-7617

Contact: Peggy O'Rourke

Ph: 209-858-0318 Fax: 209-858-9010



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/13/2021

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 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).

се	certificate holder in lieu of such endorsement(s).												
PROD	DUCER (209) 858-0318				CONTAC NAME:	CT O'Rourk	e Machado	Insurance					
O'Rourke Machado Insurance					PHONE (A/C, No, Ext): (209) 858-0318 FAX (A/C, No):								
2590 Lovelace Road					E-MAIL ADDRESS: orourkemachado@aol.com								
Manteca, California 95336					INSURER(S) AFFORDING COVERAGE N								
Imanicoa, Gamornia occoo				INSURE									
INSURED (916) 282-1860					INSURE								
Henderson Trucking LLC					INSURER C:								
PO Box 231461					INSURER D :								
Sacramento, CA 95823-0407					INSURER E :								
					INSURER F:								
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUME	BER:				
IN CE	THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS				
	GENERAL LIABILITY INSR WVD							EACH OCCURRENCE					
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurre					
	CLAIMS-MADE OCCUR							MED EXP (Any one per					
								PERSONAL & ADV INJ	JURY \$				
								GENERAL AGGREGAT	TE \$				
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/C					
	POLICY PRO- JECT LOC								\$				
	AUTOMOBILE LIABILITY					01/12/2021		COMBINED SINGLE LI (Ea accident)	IMIT \$ 1	,000,000			
Α	ANY AUTO			BUI-00-5696-05	5		01/12/2022	BODILY INJURY (Per p	person) \$				
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per a					
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)					
									\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
	DED RETENTION\$								\$	President of the second			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS	OTH- ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	Г \$				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes describe under								E.L. DISEASE - EA EM	MPLOYEE \$				
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLIC	CY LIMIT \$				
Α	Cargo			BUI-00-5696-05	i	04/09/2021	01/12/2022	\$150,000 \$250	00 ded				
							per occurrence						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 2016 Dodge Ram ID#3C63RRJL3GG144087 2016 PJ Trailer ID#4P5FD4023G1252097													
CE	RTIFICATE HOLDER				CANO	CELLATION							
ID PURPOSES					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								
			Peggi O'Rourke										

# Form **W-9** (Rev. October 2018)

(Rev. October 2018) Department of the Treasury Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

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

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

	1 1	lame (as shown on your income tax return). Name is required on this line; do not leave this line blank	•0		-212000												
	EDWARD L HENDERSON																
on page 3.	2 Business name/disregarded entity name, if different from above																
	HENDERSON TRUCKING, LLC																
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  ✓ Individual/sole proprietor or □ C Corporation □ S Corporation □ Partnership □ Trust/estate single-member LLC										4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						
pe.										Exempt payee code (if any)							
Print or type. Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)  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.									code (if any)							
Jec.		Other (see instructions) ▶	<b>,</b>				(Applies to accounts maintained outside the U.S.)										
S	5 A	ddress (number, street, and apt. or suite no.) See instructions.	Reques	ster's	nam	e and	ado	dress	(optio	onal)							
See	P.O. BOX 231461 6 City, state, and ZIP code SACRAMENTO, CA 95823-0407 7 List account number(s) here (optional)																
Par	+ 1	Taxpayer Identification Number (TIN)								-							
		TIN in the appropriate box. The TIN provided must match the name given on line 1 to a	/oid	Soc	ial s	ecur	ity n	umb	er	_							
backu	p wi	thholding. For individuals, this is generally your social security number (SSN). However,								T	T	T					
		ien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	nt a				-			-							
TIN, la		is your employer identification flumber (Eliv). If you do not have a number, see now to go	51 a	or													
Note:	If th	e account is in more than one name, see the instructions for line 1. Also see What Name	and	Em	ploy	er ide	entif	icati	on nu	ımbe	er		$\neg$				
Numb	er T	Give the Requester for guidelines on whose number to enter.															
				8	1	-	2	1	2	2	2	1	8				
Part	11	Certification															
Under	per	alties of perjury, I certify that:															
2. I am Ser	no vice	nber shown on this form is my correct taxpayer identification number (or I am waiting for subject to backup withholding because: (a) I am exempt from backup withholding, or (b. (IRS) that I am subject to backup withholding as a result of a failure to report all interest er subject to backup withholding; and	) I have	not b	een	noti	fied	by ·	the Ir	nterr							
3. I am	nal	J.S. citizen or other U.S. person (defined below); and															
4. The	FA	CA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	ng is co	rrect.													
you ha acquis	ve fa ition	on instructions. You must cross out item 2 above if you have been notified by the IRS that you like to report all interest and dividends on your tax return. For real estate transactions, item or abandonment of secured property, cancellation of debt, contributions to an individual retinates and dividends, you are not required to sign the certification, but you must provide you	2 does n rement a	ot ap	ply. jeme	For n	nort RA),	gage and	e inte	rest erally	paid /, pa	ł, iyme	nts				
Sign Here		Signature of U.S. person ► CDWARD HCNDCRSON	Date ▶	01	//	4/	20	02	1								
Ger	ne	ral Instructions • Form 1099-DIV (d	ividends	s, incl	udir	ng th	ose	fron	n sto	cks	or n	nutua	al				
Section	n re	funds)	, .														

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 <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a>.

#### 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-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.