



Contact Information : 604-721-6708

E-mail: sales@cbrostrucking.com

Address: 14850 71 Ave Surrey BC V3S 0X3

Committed Bros Trucking Ltd.

- MC- 027111
- DOT- 3007043
- US TAX- 98-1371928
- Incorporation- BC 1113643
- SCAC Code- CEKT
- Carrier Code - 7-4L
- Work Safe - 999420

E-Mail - sales@cbrostrucking.com

Dispatch- 604-721-6708

After Hours- 785-332-5047

Working Hours:

Monday to Friday- 6:00 am- 6:00 pm

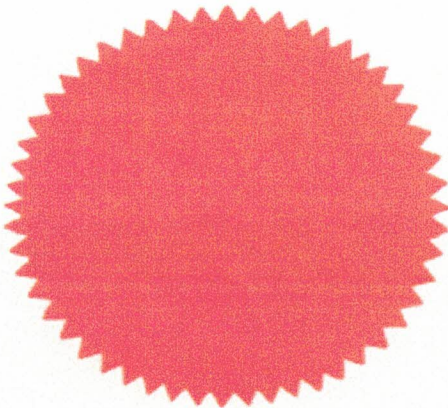


Number: BC1113643

**CERTIFICATE
OF
INCORPORATION**

BUSINESS CORPORATIONS ACT

I Hereby Certify that COMMITTED BROS TRUCKING LTD. was incorporated under the Business Corporations Act on March 31, 2017 at 08:20 PM Pacific Time.



ELECTRONIC CERTIFICATE

*Issued under my hand at Victoria, British Columbia
On March 31, 2017*

CAROL PREST
Registrar of Companies
Province of British Columbia
Canada



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

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

SERVICE DATE
June 26, 2017

CERTIFICATE
MC-27111-C
U.S. DOT No. 3007043
COMMITTED BROS TRUCKING LTD
SURREY, BC, CA

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.

Jeffrey L. Secrist, Chief
Information Technology Operations Division

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

NSC

NSC

NSC



BRITISH COLUMBIA

The Best Place on Earth

Ministry of Transportation and Infrastructure

Commercial Vehicle Safety and Enforcement Branch

National Safety Code

PO Box 9250 Stn Prov Govt
Victoria BC V8W 9J2

Document Number : 2017089317

SAFETY CERTIFICATE

202-519-100

This Safety Certificate, issued pursuant to the **Motor Vehicle Transport Act 1987** (Canada) and the **Motor Vehicle Act** (RSBC 1996 c.318), is granted to

COMMITTED BROS TRUCKING LTD.

This certificate is issued on the **8th** day of **May 2017**. It is valid as long as the named holder operates all vehicles governed by this certificate according to requirements set by the **Motor Vehicle Transport Act 1987** (Canada) and the **Motor Vehicle Act** (RSBC 1996 c.318), or until it is cancelled by the Director.

Director, Commercial Vehicle Safety and Enforcement
Ministry of Transportation and Infrastructure



CERTIFICATE OF LIABILITY INSURANCE

This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
To Whom It May Concern	COMMITTED BROS TRUCKING LTD 14850 71 AVE Surrey, BC V3S0X3


3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
Trucks for Hire

4. COVERAGES
 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 requirements, terms or conditions 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

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made OR <input type="checkbox"/> Occurrence <input type="checkbox"/> Products and/or completed operations <input type="checkbox"/> Employer's Liability <input type="checkbox"/> Cross Liability <input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input type="checkbox"/> <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles	N/A			Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate - Each Occurrence Products and Completed Operations Aggregate <input type="checkbox"/> Personal Injury Liability <input type="checkbox"/> Personal and Advertising Injury Liability Medical Payments Tenants Legal Liability Pollution Liability Extension Non-Owned Automobile Hired Automobiles		
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> Described Automobiles <input checked="" type="checkbox"/> All Owned Automobiles <input checked="" type="checkbox"/> Leased Automobiles ** <small>** All Automobiles leased in excess of 30 days where the insured is required to provide insurance</small>	ICBC 003631	2020 / 8 / 31	2021 / 8 / 31	Bodily Injury and Property Damage Combined Bodily Injury (Per Person) Bodily Injury (Per Accident) Property Damage		5,000,000 5,000,000 5,000,000 5,000,000
EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/>				Each Occurrence Aggregate		
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

5. CANCELLATION
 Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial general Liability - but only with respect to the operations of the Named Insured)
Pacific Coast Insurance Brokers Inc. 102, 12030 - 80th Ave Surrey Surrey, BC V3W 3M1 BROKER CLIENT ID: CBROS9	

8. CERTIFICATE AUTHORIZATION			
Issuer	Pacific Coast Insurance Brokers Inc.	Contact Number(s)	
Authorized Representative		Type No	Type No
Signature of Authorized Representative	X 	Type Phone No (604) 599-0881	Type Fax No (604) 543-0881
		Date	E-Mail Address
		2020 10 27	info@pcibrokers.com

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

(Rev. July 2017)

Department of the Treasury
Internal Revenue Service

► For use by individuals. Entities must use Form W-8BEN-E.
► Go to www.irs.gov/FormW8BEN for instructions and the latest information.
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- You are a person acting as an intermediary **W-8IMY**

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner Committed Bros Trucking Ltd		2 Country of citizenship Canada
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 14850 71 Ave City or town, state or province. Include postal code where appropriate.		
		Country Canada
4 Mailing address (if different from above) Surrey BC V3S 0X3 City or town, state or province. Include postal code where appropriate.		
		Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) 98-1371928	6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of **Canada** within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph **VIII** of the treaty identified on line 9 above to claim a **0** % rate of withholding on (specify type of income):

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:
The filer is a Canadian Carrier providing transportation of goods from pick up points in Canada to destinations in US & vice versa

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ►

Signature of beneficial owner (or individual authorized to sign for beneficial owner) Sukhjot Heer Print name of signer	Date (MM-DD-YYYY)
Director Capacity in which acting (if form is not signed by beneficial owner)	

THANK YOU
FOR YOUR
BUSINESS