



Thank you for choosing Midnite Express Incorporated.

Midnite Express, Inc. is celebrating 25 years of providing professional transportation and logistics services and continues to offer a wide range of logistics and supply chain solutions including:

- **Truckload**
- **LTL**
- **Intermodal**
- **International**
- **Multimodal**
- **3PL**
- **Brokerage**
- **Expedited**
- **Refrigerated**
- **Hazardous Materials**
- **Warehousing**
- **Break-bulk**
- **Drop Trailer**

Midnite Express, Inc. continues to be your one-stop solution for transportation in the lower 48 states and beyond, through more than 35 terminals across the U.S. and international operations. As a member of an extensive family of privately owned and associated companies, including Midwest Motor Express, Inc., Midwest Global Lines and Midnite Logistics, we can confidently handle any facet of your transportation business with just one call.

By utilizing our proprietary technology and expansive network of companies, Midnite Express, Inc. is able to offer seamless transportation solutions through a fast and efficient group of Customer Service Representatives. Our staff is dedicated to maximize volume and service excellence by providing our customers with reduced transportation costs, superior customer service, and we pride ourselves in claim-free delivery with a 99.5% on time service rating.

Attached is our company information, appropriate certification, a credit application and a private notification form. Please take the time to complete this application and notification form and fax it to our Corporate Office in West Fargo, ND at **701-282-0496**. We are certain that we can improve your operational process and keep your business moving.

Call us at **800-456-0249** or visit our website at **www.midnitexpress.com** and see how we can assist you with your transportation needs today and be YOUR single source transportation solution.

Regards,

*Todd Zetter*

Todd Zetter  
President  
Midnite Express, Inc.  
West Fargo, ND 58078



CORPORATE HEADQUARTERS | 448 7<sup>TH</sup> STREET NW | WEST FARGO, ND 58078 | P: 800.456.0249 | F: 701.282.0496

### GENERAL CONTACT INFORMATION

#### Midnite Company Information

Federal ID # 45-0397109  
MC# 196602  
DUNS # 60-668-4751  
Common, Contract, Brokerage

#### Insurance Carrier

Dixon Insurance Agency  
PO Box 10307  
Fargo, ND 58106  
debra@dixoninsurance.com  
Policy # CLP14509F

#### Bill To/Remit Address

Midnite Express, Inc.  
PO Box 695  
West Fargo, ND 58078  
Contact: Jean (701) 277-5482

#### Banking Information

Wells Fargo Bank  
111 2<sup>nd</sup> Ave. NW  
Mandan, ND 58554  
(701) 667-1527  
(701) 281-8200

#### 10K Surety Bond

Great West Casualty Company  
PO Box 277  
South Sioux City, NE 68776  
(800) 228-8602

- Polaris Industries
- Yamaha Motors
- UPS

#### Trade References

- Barrel of Fun
- United Sugars Corp
- Toys R' Us

- Slumberland
- Grainger
- Tuffy's Pet Foods, Inc.

\*\*\* Contact information is available upon request \*\*\*

#### Credit References

##### ***Midwest Motor Express, Inc.***

Bismarck, ND  
Contact: Bruce  
Telephone: 763-225-6379

##### ***Peterbuilt of Fargo***

Fargo, ND  
Contact: Gary  
Telephone: 701-282-6200

##### ***Johnsen Trailer Sales, Inc.***

Fargo, ND  
Contact: Dick  
Telephone: 701-282-3790

##### ***Superb Transportation***

Eau Claire, WI  
Contact: Mike  
Telephone: 715-235-2887

##### ***Otto Transportation***

West Fargo, ND  
Contact: Rob  
Telephone: 701-281-4949

##### ***Xtralease***

Minneapolis, MN  
Contact: Brian  
Telephone: 763-486-0900

##### ***Fargo Freightliner***

Fargo, ND  
Contact: Ron  
Telephone: 701-293-9133

##### ***Dennis Kraft Trucking***

Fargo, ND  
Contact: Kathy  
Telephone: 701-277-7018

##### ***Hall GMC Inc.***

Fargo, ND  
Contact: Pam  
Telephone: 701-282-5400

**General Office Phone: 800-456-0249**

**Fax: 701-282-0496**

**Corporate Officers**

<b><u>Title</u></b>	<b><u>Direct Dial</u></b>	<b><u>Email</u></b>
Todd Zetter President	701-277-5481	todd.zetter@midnitexpress.com
Mike Peterson Vice-President	701-277-5483	mike.peterson@midnitexpress.com

**Customer Service**

<b><u>Title</u></b>	<b><u>Direct Dial</u></b>	<b><u>Email</u></b>
Cheryl Anderson Customer Service – West	701-277-5488	cheryl.anderson@midnitexpress.com
Jenny Cisneros Customer Service - Midwest	701-277-5487	jenny.cisneros@midnitexpress.com
Jolene Gust Customer Service – East	701-277-5494	jolene.gust@midnitexpress.com

**customerservice@midnitexpress.com**

**Truckload Dispatch**

<b><u>Title</u></b>	<b><u>Direct Dial</u></b>	<b><u>Email</u></b>
Nicole Strand Dispatcher	701-277-5485	nicole.strand@midnitexpress.com
Tony Drake Dispatcher	701-277-5486	tony.drake@midnitexpress.com

**Brokerage & Logistics**

<b><u>Title</u></b>	<b><u>Direct Dial</u></b>	<b><u>Email</u></b>
Eric Hillman Logistics Manager/Sales	701-277-5490	eric.hillman@midnitexpress.com
Norm Forster Logistics	701-277-5489	norm.forster@midnitexpress.com
Michael Tool Logistics/Sales – MN	701-277-5493	mike.tool@midnitexpress.com

**brokerage@midnitexpress.com**

**Safety & Recruiting**

<b><u>Title</u></b>	<b><u>Direct Dial</u></b>	<b><u>Email</u></b>
Mark Wolter Safety & Recruiting Director	701-277-5480	mark.wolter@midnitexpress.com
Sandra Olson Safety & Recruiting Assistant	701-277-5480	sandra.olson@midnitexpress.com

**recruiting@midnitexpress.com**

**Maintenance**

<b><u>Title</u></b>	<b><u>Direct Dial</u></b>	<b><u>Email</u></b>
Dan Pederson Maintenance/Shop Manager	701-277-5491	dan.pederson@midnitexpress.com

**Accounting**

<b><u>Title</u></b>	<b><u>Direct Dial</u></b>	<b><u>Email</u></b>
Jackie Zetter Accounting	701-277-5492	jacki.zetter@midnitexpress.com
Jean Schreiner Accounting	701-277-5482	jean.schreiner@midnitexpress.com
Mary Schmidt Accounts Payable	701-224-7156	mary.schmidt@midnitexpress.com
Deb Albrecht Billing	701-277-5484	deb.albrecht@midnitexpress.com

**payroll@midnitexpress.com**





# MIDNITE EXPRESS, INC.

## CREDIT APPLICATION

INFORMATION			DESCRIPTION OF BUSINESS		
NAME OF BUSINESS			# OF EMPLOYEES	CREDIT REQUESTED	TYPE OF BUSINESS
LEGAL (IF DIFFERENT)			IN BUSINESS SINCE		
ADDRESS			BUSINESS STRUCTURE (CIRCLE)		
CITY			CORPORATION	LLC	PARTNERSHIP
			DIVISION	PROPRIETORSHIP	
STATE	ZIP	PHONE	PARENT COMPANY		IN BUSINESS FOR

BILLING INFORMATION			ACCOUNTS PAYABLE CONTACT		
NAME OF BUSINESS			CONTACT	TITLE	EMAIL
ATTENTION			PHONE	FAX	D-U-N-S CODE
ADDRESS			<small>IN THE EVENT YOU USE THIRD PARTY PAYMENT SERVICES, YOU ARE PLACING YOUR COMPANY'S CREDIT REPUTATION IN THE HANDS OF OTHER PARTIES AND ULTIMATELY REMAIN RESPONSIBLE FOR TIMELY PAYMENT OF INVOICES REGARDLESS OF ANY AGREEMENTS YOU MAKE WITH THE THIRD PARTY. PAYMENT MUST BE MADE IN ACCORDANCE WITH THE TERMS OF THE TARIFF, CONTRACT AND/OR RULES TARIFF WHICH IS 21 DAYS. NON-PAYMENT OF INVOICES MAY BE CAUSE FOR SUSPENSION OF CREDIT AND OTHER PENALTIES.</small>		
CITY					
STATE	ZIP	PHONE			

REFERENCES	
NAME OF BANK	NAME TO CONTACT
BRANCH	ADDRESS
CHECKING ACCOUNT #	TELEPHONE NUMBER

TRADE REFERENCES			
VENDOR	CITY AND STATE	PHONE	FAX

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY		
<p>I hereby certify that the information in this credit application is correct. The information included in this credit application is to be used to determine the amount and conditions of credit to be extended. I understand that the other sources of credit considered necessary in making the determination may also be used. Further, I hereby authorize the bank and trade reference listed in this credit application to release the information necessary to assist in establishing a line of credit.</p>		
<b>X</b> _____ <small>SIGNATURE</small>	_____ <small>TITLE</small>	_____ <small>DATE</small>



**ACORD CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)  
5/26/2010

PRODUCER (701)281-8200 FAX: (701)281-0172 Dixon Insurance Agency client@dixoninsurance.com PO Box 10307 Fargo ND 58106	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 Midnite Express Inc 448 7th St NW West Fargo ND 58078-0695	<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>INSURER A: <b>Great West Casualty</b></td> <td><b>11371</b></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: <b>Great West Casualty</b>	<b>11371</b>	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: <b>Great West Casualty</b>	<b>11371</b>												
INSURER B:													
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	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	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"/> PRO-JECT <input type="checkbox"/> LOG	CLP14509U	6/1/2010	UNTIL 6/1/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" 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	CLP14509U	6/1/2010	UNTIL 6/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY. EA ACC AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUS: <input type="checkbox"/> TOBY LIMITS <input type="checkbox"/> OTH-FF E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER CARGO LIABILITY BROAD FORM	CLP14509U INCLUDES REEFER BREAKDOWN	6/1/2010	UNTIL 6/1/2011	PER AUTO \$ 500,000 BOD \$ 0

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

<b>CERTIFICATE HOLDER</b>  * FOR INFORMATIONAL USE ONLY * FAX: 282-0496 TO VERIFY COVERAGES PLEASE CALL DIXON INSURANCE @ 701-281-8200	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>0</u> 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 Jed Dixon/JENNY
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## 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 (as shown on your income tax return) <b>Midnite Express, Inc.</b>	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) <b>448 7th Street NW</b>	Requester's name and address (optional)
	City, state, and ZIP code <b>West Fargo, ND 58078</b>	
List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>						
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.  <b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Social security number</td> </tr> <tr> <td style="text-align: center;">: : :</td> </tr> <tr> <td style="text-align: center;">or</td> </tr> <tr> <td style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="text-align: center;"><b>45 : 0397109</b></td> </tr> </table>	Social security number	: : :	or	Employer identification number	<b>45 : 0397109</b>
Social security number						
: : :						
or						
Employer identification number						
<b>45 : 0397109</b>						

<b>Part II Certification</b>
Under penalties of perjury, I certify that: <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>I am a U.S. citizen or other U.S. person (defined below).</li> </ol> <p><b>Certification instructions.</b> 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 4.</p>

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>1/12/10</b>
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### General Instructions

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

### Purpose of Form

A person who is required to file an information return with the IRS must obtain 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 provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**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.

### Definition of a U.S. person.

For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

### Special rules for partnerships.

Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

INTERSTATE COMMERCE COMMISSION

PERMIT

NO. MC 196602 (Sub 1-P)

MIDNITE EXPRESS, INC.  
BISMARCK, ND



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); the execution of contracts (49 CFR 1053)\*; 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.

By the Commission

(SEAL)

NORETA R. MCGEE,  
Secretary

\*While the execution of the contracts must be accomplished, it is unnecessary to file them with the Commission.

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

No. MC 196602 (Sub 1-P)

Page 2

To operate as a contract 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), under continuing contract(s) with commercial shippers or receivers of such commodities.



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

1200 New Jersey Ave., S.E.  
Washington, DC 20590  
April 18, 2008

In reply refer to:  
Your USDOT No.: 316911  
Review No.: 626667/CR

MIKE PETERSON  
VICE PRESIDENT  
MIDNITE EXPRESS INC  
PO BOX 695  
WEST FARGO, ND 58078-0695

Dear MIKE PETERSON:

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 April 16, 2008. 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  
1471 INTERSTATE LOOP  
BISMARCK, ND 58501  
Telephone No.: 701-250-4344

William A. Quade  
Associate Administrator for Enforcement  
and Program Delivery



North Dakota  
**Workforce Safety  
 & Insurance**  
*Putting Safety to Work*

**CERTIFICATE OF  
 PREMIUM PAYMENT**  
 WORKFORCE SAFETY & INSURANCE  
 EMPLOYER SERVICES  
 SFN 4920 (04/2007)

1600 EAST CENTURY AVENUE, SUITE 1  
 PO BOX 5585  
 BISMARCK ND 58506-5585  
**Telephone 1-800-777-5033**  
 Toll Free Fax 1-888-786-8695  
 TTY (hearing impaired) 1-800-366-6888  
 Fraud and Safety Hotline 1-800-243-3331  
[www.WorkforceSafety.com](http://www.WorkforceSafety.com)

MIKE PETERSON  
 MIDNITE EXPRESS INC  
 PO BOX 695  
 WEST FARGO ND 58078-0695

Employer Account Number: 1038553

Issued Date: 11/10/2010

Expiration Date: 12/14/2011

## CERTIFICATE OF PREMIUM PAYMENT

This is to certify that North Dakota Workers Compensation coverage is effective for the employer named on this certificate. Employees of the named employer are entitled to apply for the rights and benefits of Workforce Safety and Insurance(WSI).

Coverage under this certificate extends to North Dakota based employers for their North Dakota exposure. Limited coverage extends beyond the physical boundaries of North Dakota. Contact the Policyholder Services Department of WSI at 1-800-777-5033 for further information on coverage issues or to inquire into the status of the holder of this certificate.

North Dakota Century Code § 65-04-04 requires that each employer post this Certificate of Premium Payment in a conspicuous manner at the workplace. A penalty of \$250 may apply for failure to comply with this requirement.

A Certificate of Premium Payment may be revoked for failure to make required premium payments.

*Barry Schumacher*

Barry Schumacher  
 Chief of Employer Services

Class	Classification Description
3630	Auto Repair-Body Shops-Mech
3630X	Optional Coverage
7215H	Trucking - Semi
8747	Professional/Business Reps
8747X	Optional Coverage
8805	Clerical Office Employees

**UNITED STATES OF AMERICA  
DEPARTMENT OF TRANSPORTATION  
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS  
CERTIFICATE OF REGISTRATION  
FOR REGISTRATION YEAR(S) 2010-2011**

**Registrant:** MIDNITE EXPRESS INC  
Attn: MICHAEL G PETERSON  
448 7TH NW PO BOX 695  
WEST FARGO, ND 58078

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

**Reg. No: 051010 563 036S Issued: 05/10/2010 Expires: 06/30/2011**

**Record Keeping Requirements for the Registration Program**

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-62, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.



May 28, 2009

LEE SKISTAD  
MIDNITE EXPRESS INC  
PO BOX 695  
WEST FARGO, ND 58078-0695

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **MDEB** has been renewed for:

MIDNITE EXPRESS INC  
PO BOX 695  
WEST FARGO, ND 58078-0695  
MC- 196602  
US DOT- 316933

This Alpha Code will apply only to the company name shown above through June 30, 2010. A renewal notice will be mailed approximately one month prior to expiration and must be returned promptly together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address above.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information by email (preferred) as a PDF or TIF attachment, or fax to the following address:

CBP SCAC Processing  
Bureau of Customs and Border Protection  
7681 Boston Blvd., Beauregard 1st Fl Wing A  
Springfield, VA 22153  
AMS.SCAC@DHS.GOV  
Fax 703.650.3650

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810



448 7<sup>TH</sup> STREET NW, PO BOX 695, WEST FARGO, ND 58078

TOLL FREE: 800-456-0249

PH: 701-281-2511

FX: 701-282-0496

ATTENTION: ACCOUNTS PAYABLE DEPARTMENT

Midnite Express, Inc. uses Rendition Billing to mail out invoices to our customers. What this means is that once the Bill(s) of Lading and all other relevant paperwork is in-house, it is then scanned into our computer system.

**All original paperwork is then destroyed.**

According to the FMCSR, part 390.31:

- (a) All records and documents required to be maintained under this subchapter must be preserved in their original form for the periods specified, **unless the records and documents are suitably photographed and the microfilm is retained in lieu of the original record for the required retention period.**
- (c) All records and documents required to be maintained under this subchapter may be destroyed after they have been suitably photographed for preservation.

Our Imaging System meets the DOT requirements as outlined by 390.31.

<http://www.fmcsa.dot.gov/rules-regulations/administration>, section 390.31

Our customers can receive invoices in the following formats:

Fax - PDF

Fax - TIF

Email - PDF

Email – TIF

You may select multiple ways to receive invoices and you may also select multiple fax or email addresses in which invoices are sent. Please fill out the attached page and fax or email with your selection to:

[ar@midnitexpress.com](mailto:ar@midnitexpress.com) OR fax to: 701-282-0496

You are also able to track shipments, view and print invoices and paperwork, and view and print an aged receivables report from our website at: [www.midnitexpress.com](http://www.midnitexpress.com). You can request a login and password by marking the box on the attached page, from our website, or via email at [ar@midnitexpress.com](mailto:ar@midnitexpress.com).

If you have any questions, please feel free to contact Jackie or Jean in Accounting at 800-456-0249.



Customer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Accounts Payable Phone: \_\_\_\_\_

Accounts Payable Fax : \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_

I would like my invoices and paperwork sent via:

Fax - PDF

Fax – TIF

To the following fax number(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like my invoices and paperwork sent via:

Email - PDF

Email – TIF

To the following email address(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like a website user name and password set up.

Yes

Not at this time