



Hello and welcome to Sunset Transportation!

Thank you for your interest in our services. Sunset is a 2nd generation, third-party logistics company, and we believe our customers are family. Our intention is to fully understand your company's needs while ensuring the highest service levels in the industry for all modes & facets of your logistics operation.

In order to establish an account with 30-day payment terms, Sunset requires a completed and signed credit application. This is our quality assurance standard for all customers, and we treat this information with the utmost care and confidentiality.

In addition to credit and reference information, Sunset requests your required invoicing documentation so that we may work seamlessly with your payment process. Please visit our [Customer Terms + Conditions](#) to read the full terms and conditions.

Please submit your completed and signed credit application to your Sunset contact or to Receivables@SunsetTrans.com.

Thank you for your interest. We look forward to providing outstanding logistics services and establishing a lasting relationship!

Sincerely,

Mark Cammarata
Chief Financial Officer
MCammarata@SunsetTrans.com



For credit consideration, please fill out this form completely. An authorized signature is required.
Print, sign, and return via email to your Sunset contact.

Credit limit requested: _____

Sunset Contact: _____

Legal Business Name: _____ **DBA:** _____
Street Address: _____ **City:** _____ **State:** _____
Zip: _____ **Telephone #:** _____ **Fax #:** _____
Shipping Contact Name: _____ **Phone:** _____ **Email:** _____

Billing Address (if different): _____ **Attn:** _____
City: _____ **State:** _____ **Zip:** _____ **Email:** _____
Years in business: _____ **Years at current location:** _____ **Federal ID #:** _____ **D&B #:** _____
Type of Business:(check) Corporation Sole Owner Partnership LLC Forwarder (please provide MC #): _____

Parent/Affiliated Companies (if applicable): _____
Address of parent or affiliate _____ **Country** _____

Principal Officer/Owners/Partners (if applicable):
Name: _____ **Address:** _____ **Title:** _____
Name: _____ **Address:** _____ **Title:** _____
Name: _____ **Address:** _____ **Title:** _____

Accounts Payable Information:
AP Contact Name: _____ **Phone:** _____ **Email:** _____
What reference number(s) do you require on your invoice?: (check) BOL# PO# Other: _____
What documentation do you require with your invoice?: (check) BOL None Other: _____
Please email my invoices to: _____

Bank References:
Bank Name: _____ **Address:** _____
Phone: _____ **Account #:** _____

Credit References: Please include one small or mid-sized transportation industry reference.

	CARRIER NAME:	ADDRESS:	PHONE:	FAX OR EMAIL ADDRESS:
1				
2				
3				
4				

Sunset Transportation, Inc. – Credit Policy (NOT a Personal Guarantee)

All statements made herein are true and accurate to the best of our knowledge. We authorize Sunset Transportation, Inc. to make any and all inquiries necessary for action of this credit application. We hereby indemnify Sunset Transportation, Inc. and its agents from any liability resulting from their credit survey. In consideration of the extension of credit by Sunset Transportation, Inc. to us, we agree to promptly pay all bills in accordance with the terms expressed on the invoice, including finance charges of 1.5% per month on all over due invoices. In the event that any suit or action instituted to collect any amount due under our account, I do hereby agree to pay, in addition to the amount owed, all legal fees incurred, including a reasonable sum for attorney's fees that may be incurred to collect money's due. This agreement shall be construed and regulated in all respects in accordance with and pursuant to the law of the state of Missouri. The parties consent to the jurisdiction (and service of process therein) of the city court of St. Louis City, Missouri, the state and federal courts of St. Louis County, State of Missouri with the respect to any disputes which may arise there under.

Authorized Signature: _____ **Title:** _____
Printed Name: _____ **Company Name:** _____ **Date:** _____

Remittance Address: Sunset Transportation, LLC, 10877 Watson Road, St. Louis, MO 63127

ACH/Wire Instructions: Provided by request by emailing Receivables@SunsetTrans.com

To read our full terms and conditions, visit our website at www.SunsetTrans.com/Terms-Conditions **Visit our website:** www.SunsetTrans.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/17/2024

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).

PRODUCER EPIC Insurance Brokers & Consultants 311 S Wacker Drive, Suite 3280 Chicago, Illinois 60606 United States	CONTACT NAME: Transportation and Logistics Practice PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: tlcerts@epicbrokers.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company INSURER B: AmTrust Insurance Company INSURER C: Certain Underwriters at Lloyd's INSURER D: INSURER E: INSURER F:
INSURED Sunset Transportation LLC 10877 Watson Road St. Louis, Missouri 63127	

COVERAGES **CERTIFICATE NUMBER: 371736** **VERIFICATION NUMBER: 64684610**

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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPS8012540	06/15/2024	06/15/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea 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 \$
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			LDCH000165-00	06/15/2024	06/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CXS4026242	06/15/2024	06/15/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	KWC1320955	06/15/2024	06/15/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	CONTINGENT CARGO			LDCH000165-00	06/15/2024	06/15/2025	Occurrence 250,000
C	CONTINGENT AUTO LIABILITY			LDCH000165-00	06/15/2024	06/15/2025	Aggregate 5,000,000
C	ERRORS & OMISSIONS			LDCH000165-00	06/15/2024	06/15/2025	Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

Sunset Transportation, Inc.
 10877 Watson Rd.
 St. Louis, Missouri, Missouri 63127

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

Chia. Hunter

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**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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Sunset Transportation, LLC		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) P Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		(Applies to accounts maintained outside the United States.)
	5 Address (number, street, and apt. or suite no.). See instructions. 10877 WATSON ROAD	Requester's name and address (optional)	
	6 City, state, and ZIP code ST. LOUIS, MO 63127		
	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.

Social security number								
			-					
or								
Employer identification number								
4	3	-	1	5	8	4	9	3


Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* 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. 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 1/7/2025
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Re: Sunset customer notice regarding CTPAT measures disclaimer

Customs Trade Partnership Against Terrorism (CTPAT)

Sunset Transportation has been mindful of its Counter-Terrorism measures for imported shipments since our inception. While these measures have been long-practiced, Sunset has begun a push in 2022 for recognition of our efforts by the offices of the United States Department of Homeland Security and U.S. Customs Border Protection in the way of Customs Trade Partnership Against Terrorism (CTPAT) certification.

The Customs Trade Partnership Against Terrorism, implemented in late 2001, is a cooperative initiative between the US government and businesses. At its core, the intent is to elevate border security while maintaining an effective, uninterrupted supply chain. CTPAT policies and practices have been foundational for the success of the war on terror and will be mainstays for years to come.

Sunset Transportation proudly follows and maintains written procedures, protocols, and best practices with respect to the CTPAT security recommendations and criteria. This is part of our ongoing commitment to our customers, carriers, and business partners to deliver elevated serviced levels and “go the extra mile” in areas that many 3PLs turn a blind eye to. We pride ourselves on the measures we have in place to vigilantly protect supply chains from criminal activities such as human & drug trafficking, terrorism, and the smuggling of contraband.

National security is the responsibility of every patriot. As such, Sunset Transportation employees, contractors, business partners and visitors are held accountable to comply with CTPAT practices, policies, and procedures.

For questions, please contact CorporateSupport@SunsetTrans.com.

Sincerely,

Lindsey Graves
President & CEO, Sunset Transportation

1300 Pennsylvania Ave. NW, Rm. 2.2A
Washington, DC 20229



**U.S. Customs and
Border Protection**

Date: 06/20/2022

Sunset Transportation Inc.
10877 Watson Road
St. Louis, Missouri 63127

Sunset Transportation Inc.

On Behalf of U.S. Customs and Border Protection (CBP), I am pleased to welcome Sunset Transportation Inc. as a certified partner in the Customs Trade Partnership Against Terrorism (CTPAT) program. By participating with CBP, you are making a vital contribution to help us secure our borders and ensure the continued free flow of international trade.

Your role as a CTPAT partner is to continue to ensure that appropriate security measures based upon risk analysis and consistent with CTPAT security criteria, are maintained in a documented and verifiable format throughout your international supply chains. CTPAT partners must also have a documented and verifiable process for the selection of business partners and ensure that these business partners develop security procedures consistent with CTPAT security criteria.

To meet these obligations and the security standards established under the CTPAT program, it is necessary that a security self-assessment process be developed and implemented. Additionally, these assessments should identify and institute any enhancements or updates to your supply chain program. All aspects of the security self-assessment must be verifiable, documented, reviewed on a regular basis and updated as warranted.

CBP's commitment to you, consistent with our goals of security and facilitation of trade moving into the United States, is to provide a secure entry process marked by the efficient release of goods and prompt resolution of CBP issues. At this time, CBP will proceed to provide Sunset Transportation Inc. with CTPAT benefits which may include reduced cargo exams, training and sharing of information.



Again, I welcome Sunset Transportation Inc. as a certified CTPAT partner, and I thank you in advance for your support in this evolutionary and cooperative effort to build a more secure and more efficient global trade environment.

Please visit our website and log into the CTPAT secure web portal at <https://ctpat.cbp.dhs.gov> in order to learn to which CTPAT field office and Supply Chain Security Specialist (SCSS) your company has assigned

CBP created the CTPAT validation process to ensure that the security measures declared in a participant's CTPAT security profile are effective. CBP will, to the extent practicable, conduct a CTPAT validation not later than one year of the Partner's CTPAT certification in accordance with section 215(a) of the "Security and Accountability for Every Port Act of 2006" (SAFE Port Act), Pub. L. 109-347, 120 Stat. 1917.

Sincerely,

A handwritten signature in black ink, appearing to be 'MG' or similar initials, enclosed within a circular scribble.

Manuel Garza
Director, CTPAT
Office of Field Operations
U.S. Customs and Border Protection



CERTIFICATE OF ASSIGNMENT

For Standard Carrier Alpha Code™ (SCAC®)

SCAC	SSRP
Assigned Date	Thursday, 22 May 1997
Assigned To	SUNSET TRANSPORTATION LLC 10877 WATSON RD ST LOUIS, MO USA 63127 USDOT # 2214238 MC # 211084
Company Contact	LINDSEY GRAVES
Expiration Date	Friday, 16 January 2026



SCAC Assignment

This SCAC only applies to the company name shown above through the expiration date. Renewal notices are sent approximately three months prior to expiration of this SCAC. A successful renewal must be made prior to the expiration date to ensure its continued validity. For easy renewal, go to <https://scaccode.com>.

To update the company name, address, or contact information affiliated with this SCAC, please fill out and submit your request to NMFTA customer service at <https://nmfta.org/support>.

To update the authority numbers affiliated with this SCAC, please first contact the U.S. Department of Transportation, and then fill out and submit your update request to NMFTA customer service at <https://nmfta.org/support>.

Refer to our Terms of Sale at <https://nmfta.org/terms-of-sale> for additional information regarding our policies governing the handling and administration of a SCAC.

SCACs Ending in "U "

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

U.S. Customs and Border Protection (CBP) Automated Commercial Environment (ACE) Program Participants

If you participate in the Customs & Border Protection (CBP) ACE program, all SCACs are automatically uploaded to ACE/AES within 24 hours. If you are having issues with your code after 48 hours, please send an email along with a copy of the NMFTA SCAC letter to AMSSCAC@cbp.dhs.gov and askaes@census.gov for review. Additional information on CBP's automated programs can be found at: <https://www.cbp.gov/trade/automated/getting-started>

National Motor Freight Classification (NMFC) Participation and NMFTA Membership

A SCAC assignment is not related to the participation in the National Motor Freight Classification (NMFC), and it does not allow for the use of the NMFC in connection with freight rates. In addition, a SCAC assignment does not grant membership in the National Motor Freight Traffic Association, Inc. For assistance, please contact NMFTA Customer Service at (866) 411-6632.

INTERSTATE COMMERCE COMMISSION

LICENSE

SERVICE DATE

No. MC 211084

JUN 24 1991

SUNSET TRANSPORTATION, INC.
ST. LOUIS, MO

This License is evidence of the applicant's authority to engage in operations as a broker.

This authority will be effective as long as the broker maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043) and the designation of agents upon whom process may be served (49 CFR 1044). Applicant shall also render reasonably continuous and adequate service under this authority. 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 will be, attached to this privilege.

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

By the Commission.

(SEAL)

SIDNEY L. STRICKLAND, JR.
Secretary

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

No. MC 211084
Page 2

To engage in operations, in interstate or foreign commerce, as a broker of general commodities (except household goods), between points in the U.S.

◆ Diamond Broker Program



Sunset Transportation, Inc.

Is a participating member of the

TIA Certified Diamond Broker Program

Meeting all performance, credit and bonding requirements of
Truckstop.com and Transportation Intermediaries Association.



Valid through August 2025 – MC 211084



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

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

SERVICE DATE

November 22, 2022

DECISION

MC-211084

SUNSET TRANSPORTATION, INC.

ST. LOUIS, MO

REENTITLED

SUNSET TRANSPORTATION, LLC

On November 9, 2022, 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 SUNSET TRANSPORTATION, 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: November 17, 2022

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Division Chief
Office of Registration

NC/A



TIA Bond - BMC-84 Name Change Rider

ATTACHED TO AND FORMING PART OF BMC-84 BOND NUMBER	DATE RIDER EXECUTED: (M/D/YYYY)	EFFECTIVE DATE OF RIDER: (M/D/YYYY)
14010	11/17/2022	04/21/2022

PRINCIPAL:

Sunset Transportation, Inc.

At the request of the above Principal, the following change(s) is(are) made, as of the above Effective Date of Rider. It is hereby agreed and understood that the Principal's name is amended to:

SUNSET TRANSPORTATION, LLC

The electronic filing of the BMC-84 bond number 14010 has been reissued to reflect this amendment on "Effective date of rider/same as electronic effective date". This electronic filing is required to maintain the bond in effect as amended and it does not increase the obligations of the surety beyond the amount reflected on the original bond.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements, or limitations of the above referenced bond, other than as above stated.

NAME OF SURETY

Southwest Marine and General Insurance Company
C/O Avalon Risk Management
150 Northwest Point Blvd. 2nd. Fl.
Elk Grove Village, IL 60007

SIGNATURE

Michael S. Brown

ATTORNEY-IN-FACT



FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION**ACCEPTANCE REPORT**

USER ID:	AVALSMG
TRANSMISSION NUMBER:	WEB73447
TRANSMITTED ON:	11/17/2022 15:42:34
COMPANY NAME:	SOUTHWEST MARINE AND GENERAL INSURANCE COMPAN
SUBMITTEND BY:	SOUTHWEST MARINE AND GENERAL INSURANCE COMPAN (28318-00)

Docket	Form/Type	Policy Number	Effective Date	Action
MC-211084	BMC-84/SURETY	14010	04/21/2014	ACCEPTED

Values in FMCSA Licensing & Insurance Database.

Legal Name:	SUNSET TRANSPORTATION, LLC
DBA Name:	
Address:	10877 WATSON ROAD
	ST. LOUIS MO US 63127

91X Coverage(Type/Max/Underlying):

Total: 1

Indirect Air Carrier Approval

The U.S. Department of Homeland Security, Transportation Security Administration approves:

Sunset Transportation, LLC

DBA: Sunset Transportation

IAC #: SC2306003

**10877 Watson Rd\ ,
Saint Louis, MO 63127**

to operate under the terms and conditions of TSA's standard security program for Indirect Air Carriers. The above-named Indirect Air Carrier (IAC) has certified that it understands the requirements of the program, has instructed its employees and agents on their security responsibilities under this program, and is otherwise in compliance with all of the terms and conditions of the security program including all emergency amendments. The above-named IAC also understands that it is responsible for program compliance by its employees, contractors, agents and any other person that it allows to operate under its approval number.

Under this Approval, this entity is authorized to operate under the TSA approved standard security program from the date that the approval was issued on: **July 11, 2023** until the date of its expiration on: **July 11, 2024**.

Approval Authorized by:

Matthew Allred
Matthew Allred

TSA Approval Official



2025 UCR Registration is VALID!



Confirmation # 000-0531-2773

Registered on: 01/13/2025 14:02 EST

Generated: 01/13/2025 14:03 EST

Year: 2025

Paid:	Date	Bracket	UCR Fee	Conv. Fee	Total
	01/13/2025	Bracket 1 [0 veh.]	\$46.00	\$1.37	\$47.37

Bracket: 0 to 2 vehicles [0 vehicle(s)]

USDOT #: 2214238

Classifications: Broker

Legal Name: SUNSET TRANSPORTATION LLC

Base State: Missouri

Principal: 10877 WATSON ROAD
ST. LOUIS, MO 63127
US

Payor: Lindsey Graves

*** Expires: 12/31/2025 ***

Registration Document



The U.S. Environmental Protection Agency recognizes

Sunset Transportation

As a Registered

SmartWay® Transport Partner

Partnership Date: 11/09/2011

SmartWay ID: 30805922

Expires: 09/17/2025

A handwritten signature in black ink, appearing to read "Sam Waltzer".

Sam Waltzer

Director, SmartWay Transport Partnership

SAQ 5.0 Rating Report

Organisation name	SUNSET TRANSPORTATION, INC.
Location name	10877 Watson Rd
DUNS	874379530
Industry sector	49.41 - Freight transport by road
Address	South Geyer Road, Sunset Hills, Missouri, 63127
Country	United States
SAQ 5.0 Completed date	10/11/23

Scan the code
to verify these
results

