



## Lake Charles, Louisiana

Phone:	337-494-6900
Watts:	800-256-2785
Fax:	337-436-4606
MC:	211234
DOT:	319385
SCAC:	LKCK
DUNS:	786035469
Remit to:	P O Box 16545 Lake Charles, LA 70616-6545



Lake Charles, Louisiana

## **“PROFILE”**

- OBJECTIVE:** To provide trucking services in a professional and productive manner, insuring safe and timely deliveries as per customer's request.
- INTRODUCTION:** Lake City Trucking provides transportation services to various customers throughout the United States. All calls are handled personally and communicated directly to drivers. We have cell phone communication with all drivers and are able to track each unit through GPS tracking devices installed in trucks..
- GOALS:** To maintain good customer relations with the personal approach and commitment to excellence through safety.
- EQUIPMENT:** 53' Flatbeds, 53' Step Decks, 53' Vans, 39' Dump trailers, Asphalt Tankers & Single Box Roll-Off trailers.
- AREAS OF OPERATION:** ALL 48 STATES, Primarily Gulf Coast
- AUTHORITY:** Contract, Intrastate Louisiana & Hazmat
- INSURANCE:** Three Million single limit liability, Two Hundred Thousand cargo and Twenty-Five Thousand general liability.



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

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

September 9, 2010

In reply refer to:  
Your USDOT No.: 319385  
Review No.: 822507/CR

JAMES G GOBERT  
OWNER  
JAMES G GOBERT INC  
LAKE CITY TRUCKING  
PO BOX 16545  
LAKE CHARLES, LA 70616

Dear JAMES G GOBERT:

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 September 1, 2010. 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  
5304 FLANDERS DRIVE, SUITE A  
BATON ROUGE, LA 70808  
Telephone No.: 225-757-7640

John Van Steenburg  
Director, Office of Enforcement and  
Compliance

SERVICE DATE

OCT 20 1988

PM-31  
(Rev. 10/84)

INTERSTATE COMMERCE COMMISSION

PERMIT

No. MC 211234 (Sub 0-P)

JAMES G. GOBERT, INC.  
d/b/a LAKE CITY TRUCKING  
LAKE CHARLES, LA

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 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 211234 (Sub O-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 and household goods), between points in the U.S. (except AK and HI), under continuing contract(s) with commercial shippers or receivers of such commodities.

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



**HAZARDOUS MATERIALS  
CERTIFICATE OF REGISTRATION  
FOR REGISTRATION YEAR(S) 2008-2011**

**Registrant:** LAKE CITY TRUCKING  
Attn: SANDRA O'CONNOR  
PO BOX 16545  
LAKE CHARLES, LA 70616

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: 053008 551 018QS Issued: 05/30/2008 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.

**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>James G Gobert Inc</b>	
	Business name, if different from above <b>Lake City Trucking</b>	
	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>P O Box 16545</b>	Requester's name and address (optional) <b>Angelle Concrete Group, LLC 2638 S. Sherwood Forest Suite 200 Baton Rouge, LA 70816</b>
City, state, and ZIP code <b>Lake Charles, Louisiana 70616-6545</b>		
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 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 *How to get a TIN* on page 3.

Note, if the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number : : :
OR
Employer identification number <b>72 : 1132006</b>

**Part II Certification**

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below).

**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 4.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>James G Gobert</i>	Date ▶ <b>01/03/2011</b>
------------------	--	--------------------------

**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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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,



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: SM  
LAKE-11DATE (MM/DD/YYYY)  
08/25/10

**PRODUCER**  
Regions Insurance, Inc. - DR  
1808 Hwy 190 W. Suite B  
DeRidder LA 70634  
Phone: 337-463-9606 Fax: 877-633-3428

**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.**

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	QBE Specialty Insurance Compan	11515
INSURER B:	Hallmark Specialty Ins. Co.	26808
INSURER C:	LA Work Comp Corporation	22350
INSURER D:		
INSURER E:		

**INSURED**  
James G. Gobert, Inc.  
dba Lake City Trucking  
P. O. Box 16545  
Lake Charles LA 70616-6545

## 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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A		<b>GENERAL LIABILITY</b>	QSILA0009625	08/29/10	08/29/11	EACH OCCURRENCE	\$ 1,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 25,000	
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 1,000,000	
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000	
						PRODUCTS - COMP/OP AGG	\$ included	
A		<b>AUTOMOBILE LIABILITY</b>	QSILA0009624	08/29/10	08/29/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
		<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS						
		<input checked="" type="checkbox"/> Trailer	\$30,000	08/29/10	08/29/11			
		<input type="checkbox"/> Interchange	\$1,000 DEDUCTIBLE					
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$	
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY EA ACC	\$	
						AGG	\$	
B		<b>EXCESS / UMBRELLA LIABILITY</b>	77HX100E18	08/29/10	08/29/11	EACH OCCURRENCE	\$ 2,000,000	
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 2,000,000	
		<input type="checkbox"/> DEDUCTIBLE					\$	
		<input type="checkbox"/> RETENTION \$					\$	
C		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	113701	08/29/10	08/29/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OFFER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						
		<input checked="" type="checkbox"/> Y/N						
		OWNERS EXCLUDED						
		OTHER SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$ 1,000,000	
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
A		<b>Cargo</b>	QSILA0009625	08/29/10	08/29/11	Occ	200,000	
		Ded \$2,500				Agg	400,000	

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

Blanket additional insured and waiver of subrogation on the auto and gl as required by written contract. Blanket waiver of subrogation on the wc as required by written contract. Auto Liability includes the Broad Form Pollution CA99481293 Endorsement.

### CERTIFICATE HOLDER

### CANCELLATION

SA--AR1

Informational Purposes Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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



P.O. Box 16545  
Lake Charles, LA 70616  
Phone: (337) 494-6900  
Fax: (337) 436-4606

www.lakecitytrucking.com

*Certificate of Insurance Request Form*

Please Fax To: Regions Insurance Group  
FAX: (877) 633-3428  
Attn: Stephanie

Requested by: Jimmy Saltzman      Time: \_\_\_\_\_      Date: \_\_\_\_\_

Insured's Name: Lake City Trucking

**Important:** Certificate will be issued reflecting the current policy coverage's, limits and deductibles. If the Certificated Holder requires to be Additional Insured, named As Loss Payee or a Written Notice of Cancellation, note on Special Conditions below.

Certificate Holder Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_