

No Name Logistics, Inc.

Physical Address: 301 Clematis St, Suite 3000
West Palm Beach, FL 33401

MC Number: 475240 Federal ID #: 04-3437903

SCAC Code: NONM DUNNS #: 92-645-9462

Phone Numbers: 561-312-4440

Fax Number: 561-828-9221

Dispatch Email: aaron@nonameinc.com

Website: www.nonameinc.com

No Name Logistics, Inc. requires that we be named as a certificate holder. Please have your insurance company put a certificate in our name.

No Name Logistics, Inc.
301 Clematis St, Ste. 3000
West Palm Beach, FL 33401

Certificates can be faxed to: 561-828-9221 or
Emailed to aaron@nonameinc.com

**Please note that we require an allowance of 4 hours for loading and unloading.
Quick pay available for 5%**

**We require that your driver fax the signed B.O.L. to 561-828-9221 as a POD.
This must be done within 24 hours of delivery.
Please do NOT take a load from us if this is not agreeable.**

**Billing: Your Company's billing practices effect our credit!
Invoice & Post Mark dates must coincide.**

P. 561 312 4440 F. 561 828 9221
www.nonameinc.com

No Name Logistics, Inc.

301 Clematis St, Suite 3000
West Palm Beach, FL 33401

Carrier Profile Sheet

Carrier Name: _____

Physical Address: _____

City, ST, Zip: _____

Toll Free: _____ Local: _____

Fax: _____ After Hours: _____

Contact: _____ Contact: _____

Dispatch Email: _____

MC #: _____ Federal ID #: _____

Please select your equipment:

Reefer - 48 Flat - 48 Tanker

Reefer - 53 Flat - 53 Stepdeck

Van - 48 Tarps Double Drop

Van - 53 Side Kit Hot Shot

Van - Heated Air Ride Hazmat

Is your company a corporation? _____

Do you use a "Factoring" Company? Who? _____

We require carrier to inform us of "intent to sell your invoices"

We do **NOT** do business with: **Systran, Marquet, or Trancentral.**

What is your Remit to Address? _____

No Name Logistics, Inc.



301 Clematis St, Suite 3000
West Palm Beach, FL 33401

Carrier Reference Sheet

Please provide us with some of your company's references:

Company: _____

Location: _____

Contact Name & #: _____

Company: _____

Location: _____

Contact Name & #: _____

Company: _____

Location: _____

Contact Name & #: _____

Company: _____

Location: _____

Contact Name & #: _____

No Name Logistics, Inc.



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Email List

Join our email list and receive email alerts of the freight we have as we get it. Send me your email address and the equipment you run. I will add you to the Van/Reefer or Flatbed/Specialized list. Emails of freight will be sent out before loads are posted! You can sign up online by going to http://www.nonameinc.com/carriers_corner.htm. Or fill out this form and fax back to 561-828-9221. You can be removed at anytime by just letting me know to remove.

Company: _____

City: _____ ST: _____

Contact Person: _____

Email Address: _____

Equipment Types: _____



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

400 7th Street SW
Washington, DC 20590

SERVICE DATE
November 9, 2005

DECISION
MC-475240
NO NAME INCORPORATED
WEST PALM BEACH, FL
REENTITLED
NO NAME LOGISTICS, INC.

On November 1, 2005, 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 NO NAME LOGISTICS, INC.

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 property 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, 400 Virginia Avenue, SW, Suite 600, Washington, DC 20024.

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 4, 2005
By the Federal Motor Carrier Safety Administration

Angeli Sebastian, Chief
Information Systems Division

NC/A

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) No Name Logistics, Inc.	
	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"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.) 301 Clematis Street Suite 3000	
City, state, and ZIP code West Palm Beach, FL 33401		
List account number(s) here (optional)		
Requester's name and address (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.

Social security number								

or

Employer identification number									
0	4	-	3	4	3	7	9	0	3

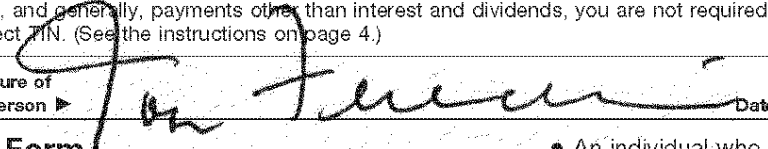
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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. person (including a U.S. resident alien).

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.)

Sign Here	Signature of U.S. person ▶ 	Date ▶ 8/15/2007
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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.

U.S. person. 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.

In 3 above, 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.

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

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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,

Menu 

Active/Pending Insurance

US DOT:	N/A	Docket Number:	MC475240					
Legal Name:	NO NAME LOGISTICS, INC.							
Form	Type	Insurance Carrier	Policy/Surety	Posted Date	Coverage From	Coverage To	Effective Date	Cancellation Date
85	TRUST FUND	1ST SECURITY FINANCIAL CORPORATION	NONE	12/02/2005	\$0	\$10,000*	12/02/2005	

* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance and \$10,000 for bond/trust fund). The carrier may actually have higher levels of coverage.

| [Carrier Details](#) | [Rejected Insurance](#) | [Insurance History](#) | [Authority History](#) | [Pending Application](#) | [Revocation](#) |

Tuesday , March 03, 2009 at 13:22:52

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United States Department of Transportation - **Federal Motor Carrier Safety Administration**