

LENDER:

450 Skokie Blvd, Ste 1000

FIRST INSURANCE[®]
FUNDING
A WINTRUST COMPANY

**COMMERCIAL
PREMIUM FINANCE AGREEMENT**

Northbrook, IL 60062-7917
P:(800) 837-2511 F:(800) 837-3709
www.firstinsurancefunding.com
Quote #: 6037741

INSURED/BORROWER (Name and Address as shown on Policy)		Customer ID: N/A	AGENT or BROKER (Name and Business Address)	
RV DELIVERY LLC 2929 ROLIDO DR #238 HOUSTON, TX 77063			JUAN LOUIS PEREIRA DBA JLP AGENCY SVCS 3719 FRY RD SUITE C KATY, TX 77449	

LOAN DISCLOSURE

Total Premiums, Taxes and Fees	Cash Down Payment	Unpaid Premium Balance	Documentary Stamp Tax (only applicable in Florida)	Amount Financed (amount of credit provided on your behalf)	FINANCE CHARGE (dollar amount the credit will cost you)	Total of Payments (amount paid after making all scheduled payments)	ANNUAL PERCENTAGE RATE (cost of credit as a yearly rate)
9,613.28	2,093.86	7,519.42	0.00	7,519.42	562.37	8,081.79	16.000 %

YOUR PAYMENT SCHEDULE WILL BE:

Mail Payments to: FIRST Insurance Funding Corp., PO Box 7000, Carol Stream, IL 60197-7000

Number of Payments	Amount of Each Payment	First Installment Due	11/06/2015
10	See Installment Schedule	Installment Due Dates	6th (Monthly)

SECURITY INTEREST. INSURED/BORROWER ("Insured") grants and assigns LENDER a security interest in the financed policies and any additional premiums required under the financed policies, including (but only to the extent permitted by applicable law) all return premiums, dividend payments (not applicable in KY), and loss payments which reduce unearned premium, subject to any mortgagee or loss payee interest. If any circumstances exist in which premiums related to any financed policy could become fully earned in the event of loss, LENDER shall be named a loss-payee with respect to such policy.

FINANCE CHARGE. The finance charge begins accruing on the earliest effective date of the policies listed in the Schedule of Policies. The finance charge may include a nonrefundable service charge equal to the maximum amount permitted by law (\$10 in AK, DE, NY & PA; \$25 in NV; \$12 in NJ; \$15 in NC, RI & VA; \$16 in MA; \$20 in FL). The finance charge is computed using a 365-day calendar year.

LATE PAYMENT. A late charge will be assessed on any installment at least 5 days in default (7 days in VA; 10 days in MA & TX; or later date as required by law.). This late charge will equal 5% of the delinquent installment or the maximum late charge permitted by law, whichever is less (greater of \$10 or 5% in FL; greater of \$25 or 1.5% in NJ; \$5 maximum in DE, MT and ND; \$100 maximum in MD; 5% in VA).

PREPAYMENT. Insured is entitled to a refund of the unearned finance charge if the loan is prepaid in full. The refund shall be computed according to applicable law. In VA the refund shall be calculated using the short rate method. In CA the rebate is in compliance with *Cal Fin Code § 18629*.

SCHEDULE OF POLICIES

Policy Number	Full Name of Insurance Company and Name of General Agent or Company Office to Which Premium is Paid	Coverage	Policy Term	Effective Date	Premiums, Taxes and Fees
TBD	C00538-HALLMARK COUNTY MUTUAL INS CO G01093-TEXAS SPECIALTY UNDERWRITERS, INC. [ME:20.000 %, CX:0] [90%PR]	AUTO BCAU	12	10/06/2015 ERN TXS/FEES FIN TXS/FEES	8,359.00 154.00 0.00
TBD	C01206-LEXINGTON INSURANCE COMPANY G02859-TEXAS ASSOCIATED UNDERWRITERS, INC. [CX:0] [90%PR]	CRGO	12	10/06/2015 ERN TXS/FEES FIN TXS/FEES	988.77 60.00 51.51
				TOTAL	9,613.28

Q# 6037741, PRN: 100615, CFG: A00801, RT: A00801-IMM, DD: N/A, BM: Invoice, P/F: 107.10 Qtd For: A00801 Original, Memo 0

INSURED'S AGREEMENT:

1. In consideration of the premium payment by LENDER to the insurance companies listed in the Schedule of Policies, their representative or the Agent or Broker listed above, Insured promises to pay, to the order of LENDER, the Total of Payments subject to all of the provisions of this Agreement.

2. **POWER OF ATTORNEY.** INSURED IRREVOCABLY APPOINTS LENDER AS ITS "ATTORNEY-IN-FACT" with full power of substitution and full authority, in the event of default under this Agreement, to (i) cancel the financed policies in accordance with the provisions contained herein, (ii) receive all sums assigned to LENDER, and (iii) execute and deliver on behalf of Insured all documents relating to the insurance policies listed on the Schedule of Policies ("Financed Policies") in furtherance of this Agreement (clauses (ii) and (iii) are not applicable in Florida). This right to cancel will terminate only after Insured's indebtedness under this Agreement is paid in full.

3. **SIGNATURE & ACKNOWLEDGEMENT.** Insured has signed and received a copy of this Agreement. If Insured is not an individual, the undersigned is authorized to sign this Agreement on behalf of Insured. All named Insured(s), jointly and severally if more than one, agree to all provisions set forth in this Agreement. **Insured acknowledges and understands that entry into this financing arrangement is not required as a condition for obtaining insurance coverage.**

NOTICE TO INSURED: (1) Do not sign this Agreement before you read both pages of it, or if it contains any blank space. (2) You are entitled to a completely filled-in copy of this Agreement. (3) Under the law, you have the right to pay off in advance the full amount due and under certain conditions to receive a partial refund of the finance charge. (4) Keep your copy of this Agreement to protect your legal rights.

Signature of Insured or Authorized Agent

Date

Signature of Agent

Date

The undersigned hereby warrants and agrees to the Agent or Broker Representations and Warranties set forth herein.

FIF0815P



September 16, 2015

QUOTE # 257886 A

Page 1 of 2

JLP Agency Services (4284)
3719 N. Fry Rd., Suite C
Katy, TX 77449

New Business

Attn: LOUIS

FAX #: 1(281)599-3840
PH #: (281)599-3741

We are pleased to offer the following quotation:

INSURED: RV DELIVERY LLC

COMPANY: Hallmark County Mutual Insurance Company (A- VIII)

COVERAGE: Commercial Auto Liability

LIMITS: 1,000,000 CSL - Liability

TERMS: Subject to signed company application upon binding coverage (attached), Inspection, Rejecting PIP/UM. Quote is based on 1 tractor / 1 undescribed trailer. Subject to New venture/No prior losses/Clean mvr/exp per submission/Insured must own all units scheduled/No owner ops/No more than 2 units added throughout the policy period/no out of state d1's. Unlimited Radius, except for no more than 10% exposure in the northeastern states: Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, West Virginia, Virginia.

*** We will make every effort to process filings in a timely manner. However, we will not be responsible for fines or fees unless we receive the binder request and completed application at least 72 hours prior to effective date. ***

EXCLUSIONS: Per form

RATE: \$8359 liab

PREMIUM:	\$8,359.00
Company Fee	79.00
Broker Fee	75.00
Total	\$8,513.00

COMMISSION: 10.00%

This quotation is valid for 30 days, or until the effective date, whichever comes first.

Please review this quote carefully, as it may not provide the coverage you requested.

FINANCING: We can quickly arrange premium financing through Policy Pal Premium Billing, Inc. - at very competitive rates. Contact the finance department at (972) 961-8094 ext. 301 or (800) 442-7050

FINANCE INFORMATION

Down Payment:	3,079.65
Amt Financed:	5,433.35
Finance Chg:	316.15
10 Payments @:	576.95
APR:	12.50
Admin Fee:	20.00

No coverage bound unless confirmed by us in writing.

Regards,



September 16, 2015

Q U O T E # 257886 A

Page 2 of 2

Tammy McGregor Ext 154, tammym@texasspecialty.com

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos Cascos
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

RV DELIVERY LLC
File Number: 802194264

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 04/13/2015

Effective: 04/14/2015



CCULLC -

Carlos Cascos
Secretary of State

Come visit us on the internet at <http://www.sos.state.tx.us/>

Phone: (512) 463-5555
Prepared by: Bridget Mouton

Fax: (512) 463-5709
TID: 10306

Dial: 7-1-1 for Relay Services
Document: 601489630002

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: \$300



**Certificate of Formation
Limited Liability Company**

Filed in the Office of the
Secretary of State of Texas
Filing #: 802194264 04/13/2015
Document #: 601489630002
Image Generated Electronically
for Web Filing

Article 1 - Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

RV DELIVERY LLC

Article 2 – Registered Agent and Registered Office

A. The initial registered agent is an organization (cannot be company named above) by the name of:

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

RADAMES VARGAS

C. The business address of the registered agent and the registered office address is:

Street Address:

2929 ROLIDO DR SUITE 238 HOUSTON TX 77063

Consent of Registered Agent

A. A copy of the consent of registered agent is attached.

OR

B. The consent of the registered agent is maintained by the entity.

Article 3 - Governing Authority

A. The limited liability company is to be managed by managers.

OR

B. The limited liability company will not have managers. Management of the company is reserved to the members.
The names and addresses of the governing persons are set forth below:

Manager 1: **RADAMES VARGAS**

Title: Manager

Address: **2929 ROLIDO DR SUITE 238 HOUSTON TX, USA 77063**

Article 4 - Purpose

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos Cascos
Secretary of State

Office of the Secretary of State

April 15, 2015

Attn: A&J EXPRESS

A&J EXPRESS
6037 FRY RD, STE 126 BOX 45
Katy, TX 77449 USA

RE: RV DELIVERY LLC

File Number: 802194264

It has been our pleasure to file the certificate of formation and issue the enclosed certificate of filing evidencing the existence of the newly created domestic limited liability company (llc).

Unless exempted, the entity formed is subject to state tax laws, including franchise tax laws. Shortly, the Comptroller of Public Accounts will be contacting the entity at its registered office for information that will assist the Comptroller in setting up the franchise tax account for the entity. Information about franchise tax, and contact information for the Comptroller's office, is available on their web site at <http://window.state.tx.us/taxinfo/franchise/index.html>.

The entity formed does not file annual reports with the Secretary of State. Documents will be filed with the Secretary of State if the entity needs to amend one of the provisions in its certificate of formation. It is important for the entity to continuously maintain a registered agent and office in Texas. Failure to maintain an agent or office or file a change to the information in Texas may result in the involuntary termination of the entity.

If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section
Business & Public Filings Division
(512) 463-5555

Enclosure

Phone: (512) 463-5555
Prepared by: Bridget Mouton

Come visit us on the internet at <http://www.sos.state.tx.us/>

Fax: (512) 463-5709
TID: 10285

Dial: 7-1-1 for Relay Services
Document: 601489630002

[The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer are set forth below.

RADAMES VARGAS **2929 ROLIDO DR SUITE 238 HOUSTON,TX 77063**

Effectiveness of Filing

A. This document becomes effective when the document is filed by the secretary of state.

OR

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is: **April 14, 2015**

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

RADAMES VARGAS

Signature of Organizer

FILING OFFICE COPY



Texas Department of Motor Vehicles

Certificate #: 724811VOID
Expires: 2016
USDOT: 2609019 Status: Active

RV DELIVERY LLC

Carrier Type: Common Carrier
Registration Period: 1 year(s)

Business Type
Certificate Expiration D

The Login ID and Password are required to access your Internet account.

Account Setup

Login ID: RVADE980

E-Mail Address:	<input type="text" value="jorguerman@gmail.com"/>	<input type="button" value="Change Email"/>
Phone Number:	<input type="text" value="2818575110"/>	
Password:	<input type="text" value="123456"/> characters.	*Required* Password must be 6-8 characters.
Re-Enter Password:	<input type="text" value="....."/> characters.	*Required* Password must be 6-8 characters.

Print this page before selecting "Submit".



Certificate of

DOT Drug and Alcohol Program Enrollment

RV Delivery LLC

The Employer listed above has enrolled in a Drug and Alcohol Testing Program with

DOT Compliance Group that meets the requirements of DOT Regulation 49 CFR Parts 382 & 40

RV Delivery LLC
2929 Rolido Drive Suite 238
Houston, Texas

Program Start Date: Sep 18, 2015
Program is current through: Sep 18, 2016
Client Code: 2866



DOT Compliance Group LLC

Excellent Service • Excellent Results

DOT Compliance Group • 6658 Youree Dr. Suite 180, #189 • Shreveport, LA 71105

**U N I F I E D
C A R R I E R
R E G I S T R A T I O N S Y S T E M**[UCR Home](#) [Logout](#) [Contact Us](#)[Home](#)
[RegistrationHome](#)**Unified Carrier Registration****UCR registration is complete.**

Please print this page for your records and close the browser window.

If you paid using a credit card on the internet, the charge will be reflected as 'UCR Fees' on your statement.

Receipt number: 2015500839277
Registration Year: 2015
Expiration Date: 12/31/2015
Legal Name: RV DELIVERY LLC
USDOT Number: 2609019
Telephone Number: 2818575110
Base State: TX
Business Address: 2929 Rolido Dr Suite 238
Houston , TX 77063
Mailing Address: 2929 Rolido Dr Suite 238
Houston , TX 77063
Classification: Motor Carrier

Payment Details		Certified By	Paid Date	Fee Paid	Other Fee
Transaction Type	Total Vehicles				
REGISTRATION	1	RADAMES VARGAS	09/19/2015	\$76.00	\$5.99
Total	1			\$76.00	

Producers Representations and Warranties

The undersigned producer represents and warrants as follows: (1) Borrower has received a copy of this Agreement, and this Agreement was completed as to all of its provisions and disclosures before it was signed by Borrower or its authorized representative, (2) the policies listed herein are in full force and effect; the policies' details are true, complete, and correct as stated herein; and the undersigned is authorized by the issuing insurance company (or its designated general agents) to produce the policies listed herein; (3) the down payment indicated in Box B has been collected and remitted to the carriers for the policies listed; (4) all names, addresses, amounts, and other statements of fact set forth herein are true, correct, and complete (5) Borrower has authorized this transaction and understands and acknowledges the security interest granted by it herein; (6) the undersigned shall hold in trust for and on behalf of LENDER any payments made or credited to Borrower through or to the undersigned, whether directly, actually, or constructively, by any of the insurance companies and to pay the monies to LENDER upon demand to satisfy the then-outstanding indebtedness of Borrower; (7) any lien that the undersigned now has or hereafter may acquire on any returned premium arising out of the above-listed insurance policies is subordinated to LENDER's lien or security interest therein; (5) there are no exceptions to the policies other than those indicated, and the policies comply with LENDER's eligibility requirements; (8) there are no audit or reporting form policies or policies subject to the retrospective rating or minimum earned premium provisions; (9) the policies can be cancelled by Borrower or the issuing insurance company on 10 days notice, and the unearned premiums will be computed on the standard or pro rata table; (10) the undersigned agrees to notify LENDER of any change in premium on any of the policies in the above schedule of financed policies as soon as it receives notice of such change; (11) no proceeding in bankruptcy, receivership or insolvency has been instituted by or against Borrower, or if Borrower is the subject of such a proceeding, it is noted in this Agreement in the space in which Borrower's name and address is placed; (12) the undersigned is duly licensed and authorized to act in its capacity as broker or agent, as applicable, in connection with the transactions contemplated by this Agreement; (13) the undersigned shall indemnify and hold LENDER harmless from and against any loss (including attorneys' fees) arising out of any negligence, intentional act or omission, or inaccuracies or breach of any representation or warranty made in connection with this Agreement; (14) the undersigned has not sold, assigned, or encumbered this Agreement or the financed policies covered hereby to others or done any act to impair the validity or enforceability of this Agreement; and (15) Producer has disclosed to the Borrower the amount of compensation to be received from LENDER for arranging, directing, or performing services in connection with this Agreement, if allowed by applicable law, and such amount is disclosed on page 1 of this Agreement or in a separate agreement. (16) Agent shall comply with all referral fee disclosure requirements as required by law.

Producer also represents and warrants:

- 1) Producer has been authorized by Premier America Credit Union and is obligated to verify the identity of Borrower through an un-expired, valid government-issued form of identification.
- 2) Producer has examined and recorded identification document appropriately.

SIGNATURE OF AGENT OR BROKER

DATE

PROVISIONS OF YOUR SECURITY AGREEMENT

1. PROMISE OF REPAYMENT: Borrower hereby requests LENDER to pay the premiums on the policies shown on the reverse. Borrower promises to pay to LENDER at its office the amount stated in Box G, according to the payment schedule shown on the reverse, subject to the terms of this Security Agreement.
2. SECURITY INTEREST: Borrower hereby grants to LENDER a security interest in all insurance policies listed above and all unearned premiums, return premiums, and loss payments thereof.
3. Borrower agrees that if any installment is more than 10 days overdue, it will pay to LENDER a delinquency charge as applicable by state law.
4. FINANCE CHARGES: The finance charge shown in Box E begins to accrue on the latest policy effective date and continues until all amounts owed are paid in full.

5. **ACCEPTANCE:** This agreement becomes a binding contract when LENDER mails a written acceptance to Borrower.
6. **WARRANTY ACCURACY:** Borrower warrants to LENDER that the insurance policies listed above have been issued to Borrower and are in full force and effect, and that Borrower has not assigned or granted any interest in the policies except for the interest of mortgages and loss payees and the assignment to Lender hereunder .
7. **REPRESENTATION OF SOLVENCY:** Borrower represents that it is not insolvent or presently the subject of any insolvency proceeding, and no such proceedings are contemplated.
8. **EVENT OF DEFAULT:** LENDER may cancel the insurance policies, and the unpaid balance due to LENDER shall be immediately payable by Borrower if any of the following occurs (each an "Event of Default"): (a) Borrower does not pay any installment according to the terms of this Agreement; (b) Borrower does not comply with any of the terms of this agreement; (c) Borrower or the insurer voluntarily or involuntarily becomes the subject of any insolvency or bankruptcy event; and/or (d) Borrower doing business or ceases to be qualified to do business. Upon the occurrence of an Event of Default, if such LENDER exercises such cancellation right, Borrower agrees to: (i) pay a finance charge on the balance due at the contract rate of interest until that balance is paid in full, or until such other dates as required by law; (ii) to pay all reasonable legal fees and expenses, collections costs, and other expenses to the maximum extent permitted by applicable law; and (iii) to pay LENDER a cancellation charge equal [to 5% of the installment not to exceed \$100.00 (ALTERNATIVELY) to such amount allowed under applicable law]. LENDER shall apply all payments first to outstanding fees/charges, then to interest, then to outstanding principal.
9. **POWER OF ATTORNEY - LIMITATION OF LIABILITY:** Borrower irrevocably appoints LENDER its attorney in fact with full power of substitution and authority upon default to cancel insurance policies, receive all sums assigned to LENDER or in which it has granted LENDER a security interest, and to execute and deliver on Borrower's behalf all documents, instruments of payment, forms and notices of any kind relating to the insurance policies in furtherance of this Agreement. LENDER's liability to any person or entity for the breach of any of the terms of this Agreement or the wrongful exercise of any of its powers shall be limited to the amount of the principal balance then outstanding hereunder, except if LENDER willfully fails to mail the notices required by law.
10. **MONEY RECEIVED AFTER NOTICE OF CANCELLATION:** Any payment made after LENDER's notice of cancellation of the insurance policies has been mailed may be credited to Borrower's account without affecting the acceleration of Borrower's obligations under this Agreement and without any liability or obligation on LENDER's part to request a reinstatement of the canceled policies. Any funds LENDER receives from an insurance carrier shall be credited to the amount due LENDER with any surplus remitted to whomever is entitled to the funds. No refund of less than \$1.00 shall be made. If there is a balance due after LENDER receives the unearned premiums, dividends or loss payments from the insurance company, Borrower will pay the balance to LENDER with interest at the rate shown in this Agreement. In the event that Lender does request, on Borrower's behalf, a reinstatement of the policies, such request does not guarantee that the coverage under the policies will be reinstated or continued.
11. **PAYMENT:** Borrower has the right to prepay the entire outstanding balance in full at any time prior to the due date of the final installment without penalty. Upon prepayment in full, or upon cancellation and full payment to LENDER, Borrower will be entitled to receive a credit of the Finance Charge to be computed by the rule of 78's ("Sum of the Years Digits") method. If cancellation of the policies occurs, Borrower agrees to pay a Finance Charge on the balance due at the rate on the reverse side of this agreement until it is paid in full, or until such other date as is required by applicable state law.
12. **INSURANCE AGENT OR BROKER:** Borrower understands that the insurance agent or broker named on this Agreement is Borrower's agent, not LENDER's, and that such Agent or Broker shall have no power or authority to make or enter into contracts for LENDER .
13. **SPECIAL INSURANCE POLICIES:** If the insurance policy issued to Borrower is auditable or is reporting form policy or subject to retrospective rating or contains a minimum earned premium provision, then Borrower promises to pay the insurance company the earned premium computed in accordance with the policy provisions which is in excess of the premium advanced by LENDER which the insurance company retains.
14. **SUCCESSORS AND ASSIGNS:** All legal rights given to LENDER shall benefit LENDER's assigns. Borrower will not assign the policies without LENDER's written consent except for the interest or mortgagees or loss payees.
15. **MISSING AND INCORRECT INFORMATION:** If the policy has not been issued at the time of signing this Agreement, then Borrower agrees the name of the insurance company, and the policy number of the insurance policies may be left blank and may be subsequently inserted in this Agreement. In addition, Borrower authorizes LENDER or agent or broker to correct on this Agreement at any time if incorrect, the name of the insurance companies, the policy numbers and the installments due dates. LENDER will notify Borrower of the corrected and/or inserted information on its written notice of acceptance or after the policy is in effect or this Agreement is in force, by notice of correction letter.
16. **ADDITIONAL PREMIUMS:** The money paid by LENDER is only for the premium as determined at the time the insurance policy is issued. LENDER's payment shall not be applied by insurance company to pay for any additional premiums owed by the insured as a result of any type of misclassification of this risk. Borrower agrees to pay the company any additional premiums which become due for any reason. LENDER may assign to the company any rights it has against Borrower for the premiums due the company in excess of the premiums returned to LENDER.
17. **ASSIGNMENT:** All of LENDER's rights under this Agreement shall inure to its successors and assigns. Borrower agrees that LENDER has the right to assign this Agreement without notice to Borrower. This Agreement may not be assigned by Borrower except as provided for in this Agreement.
18. **DOCUMENT AND GOVERNING LAW:** This document constitutes the entire Agreement between LENDER and Borrower and can only be amended or modified by a writing signed by both parties. This agreement is governed by and interpreted under the laws of the state where the Borrower's insurance policy goes into effect. If any provision of this agreement is held to be invalid or unenforceable, the validity and enforceability of the remaining provisions shall not be impaired.
19. **MODIFICATIONS:** LENDER is authorized to correct errors and omissions in this Agreement. Modifications and amendments or waivers relating to this Agreement must be made in writing and approved by Lender.
20. **RETURN CHECK FEE:** Borrower shall be charged a fee of \$15, or maximum allowable by state law, if any payment of Borrower is not honored when presented to the bank on which drawn. If any payment is not honored, certified funds may be required for subsequent payments.

SIGNATURE OF BORROWER(S) OR DULY AUTHORIZED AGENT OF BORROWER(S)

DATE

**EIN Assistant**

Your Progress:

1. Identity ✓

2. Authenticate ✓

3. Addresses ✓

4. Details ✓

5 EIN Confirmation**Congratulations! Your EIN has been successfully assigned.**

EIN Assigned: 47-372993 (Social Security company)

Legal Name: RV DELIVERY LLC

Your confirmation letter will be mailed to you. This letter will be your official IRS notice and will contain important information regarding your EIN. Allow up to 4 weeks for your letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using your new EIN.

[Continue >>](#)

USDOT - 260 9019
PIN - 2A63KUJF
MC = 913314
SOS



DRIVER RECORD SERVICE REPORT FOR TEXAS

323191361

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
09/08/2015	LP	883319	615914797	000	1

LICENSEE NAME/ADDRESS	LICENSE NUMBER	LICENSE CLASS	STATUS
VARGAS CARRAZANA, RADAMES 2929 ROLIDO DR #238 HOUSTON, TX 77063	35706162	CDL-A	CLEAR
	DATE OF BIRTH		RESTRICTIONS
	12/26/1969		
ISSUED	EXPIRES	DRIVER DESCRIPTION	
	12/26/2018		

REPORT PREPARED FOR	COMMENT
JUAN LOUIS PEREIRA DBA JLP INSURANCE SERVICES 3719 FRY RD STE C KATY, TX 77449-6740	

This report is generated for insurance purposes only and may not be used for any other purpose. The use and dissemination of the report and information in it must comply with your iiX agreement and the Fair Credit Reporting Act, the Driver's Privacy Protection Act, and any applicable state statute(s). The data in the report from the applicable state agency or service bureau is provided through iiX "as is."

***** Ordered from the iiX MVR Archive Database. Original Report Date was 08/25/2015. *****

MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: VARGAS DOB: 12261969 LICENSE: 35706162

COMM:01: ACTIVE CLEAR A 12262018

CDL CLASS: A DESC: COMBO VEHICLE > 26K, TOW > 10 K

CDL STATUS: CLEAR

CDL EXPIRES: 12/26/2018

ORIGINAL APPLICATION DATE: 02/22/2012

AMOUNT OF HISTORY: 3 YEARS

MED CERT STATUS: CERTIFIED

MED SELF CERT: NON-EXCEPTED INTRASTATE

MED CERT ISSUED: 12/03/2013

MED CERT EXPIRES: 12/03/2015

ME NAME: SMITH

ME LICENSE NUMBER: K8981

ME SPECIALTY: MD - MEDICAL DOCTOR

ME TELEPHONE: (713)686-4868

ME LICENSING JURISDICTION: TX

THIS TYPE OF RECORD WILL NOT REFLECT COMPLETION OF A DRIVING SAFETY COURSE.

THIS RECORD REFLECTS CONVICTIONS AND CRASH INVOLVEMENTS THAT ARE ALLOWED TO BE DISPLAYED BY LAW.

NOTE Request match analysis: dl=Y, ln=Y, fn=?, dob=Y

DRIVING RECORD HISTORY

TYPE	VIOL/SUSP	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
------	-----------	----------	-------------	------	--------	-----	-------

** CLEAR RECORD **

If you are an iiX Customer, and have questions contact:

iiX

1716 Briarcrest Dr Ste 200

Bryan, TX 77802

Telephone: 1-800-683-8553

Refer Consumer to:

iiX-FCRA

1716 Briarcrest Dr Ste 200

Bryan, TX 77802

Telephone: 1-866-560-7015

*** END OF REPORT ***

**CONCENTRA Medical Centers
MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined * Radames Vargas CARRAZANA in accordance with FMCSR 49 CFR 391.41-391.49 and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

Wearing Corrective Lenses

Wearing Hearing Aid

Accompanied by a

waiver/exemption

Driving within an exempt intracity zone (49 CFR 391.62)

Accompanied by a Skill Performance Evaluation Certificate

Qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete exam form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER

MEDICAL EXAMINER'S NAME (print)

CEDRICK SMITH, M.D.

TELEPHONE NO. 713-686-4868

DATE

12, 3, 13

MEDICAL EXAMINER'S LICENSE
OR CERTIFICATE NO. / ISSUING STATE

K8981

MD

DO

Chiropractor

Advanced

Practice Nurse

Physician's Assistant

SIGNATURE OF DRIVER

* Radames

DRIVER'S LICENSE NO.

* 35706162

STATE

* TX

DRIVER'S ADDRESS (Street, City, State, Zip Code)

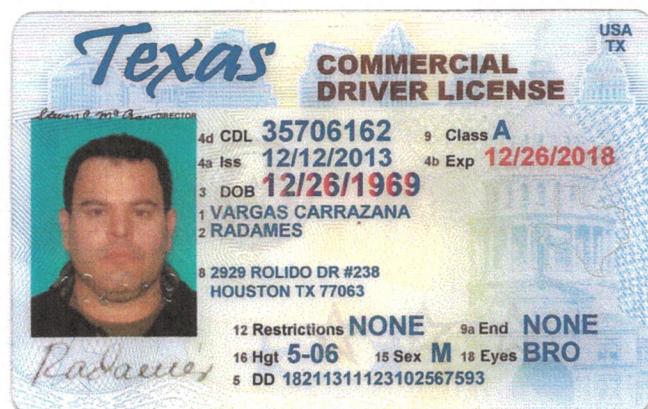
* 2929 ROLIDO DR APTO 238, HOUSTON 77063

MED. CERT. EXPIRATION DATE

12, 3, 15

NOTE: Driver MUST carry a copy of this certificate when operating a commercial motor vehicle in accordance with 49 CFR 391.41 (a)

CMCDOTCARD





Texas Department
of Motor Vehicles
HELPING TEXANS GO. HELPING TEXAS GROW.

Registrant
RADAMES VARGAS CARRAZANA
2929 ROLIDO DR APT 238
HOUSTON, TX 77063

TEXAS APPORTIONED LICENSE CAB CARD

Expires: November 30, 2015

Reg Year:	2014	Region:	HO
Acct:	130620	County:	101
Fleet:	1	Control:	4014-1831-9713
Reg Date:	04/06/2015		

Plate	Type	Unit Number	Unladen Wgt	Gross Wgt	Axes	Seats
R040844	TT	007	17900	80000	3	0
Model Year	Make	Fuel	Document #		VIN	
2007	FRHT	D	17010441612123342		1FUJA6CK87LX83619	

Owner/Lessor		RADAMES VARGAS CARRAZANA				
Jur	Weight	Jur	Weight	Jur	Weight	Jur
AL	80000	MI	80000	OK	80000	
AR	80000	MN	80000	PA	80000	
CO	80000	MO	80000	SC	80000	
FL	80000	MS	80000	SD	80000	
GA	80000	NC	80000	TN	80000	
IA	80000	ND	80000	VA	80000	
IL	80000	NE	80000	WI	80000	
IN	80000	NJ	80000	WV	80000	
KS	80000	NM	80000	WY	80000	
KY	80000	NY	80000	**	****	
LA	80000	OH	80000			

This apportioned cab card must be carried in the vehicle at all times

Texas Truck Tractors are issued one plate to be displayed on the front of the vehicle. Texas Straight Trucks and Buses are issued two plates to be displayed in accordance with state statute. A validation sticker is not required or issued with this registration receipt.

The face of this cab card lists those jurisdictions in which the vehicle described is proportionally registered together with the registered gross weight. At the end of the listing a series of asterisks will appear in the following block. No jurisdictions are to be listed after the block containing these asterisks. Otherwise the cab card is invalid.

Notice of Federal Motor Carrier safety regulations and materials
regulations for owners of the following listed vehicles:

- *Vehicles weighing in excess of 10,000 lbs.
- *Farm vehicles weighing in excess of 10,000 lbs.
- *Vehicles transporting 15 or more passengers
- *Vehicles transporting hazardous materials requiring a placard

Payment of required registration fees is a declaration of knowledge that Texas has adopted and enforces the Federal Motor Carrier safety regulations and hazardous material regulations, and it is the obligation of the registrant to be familiar with the applicable requirements.

If this vehicle is sold or otherwise deleted from your fleet, this cab card and corresponding license plate must be surrendered to the Texas Department of Motor Vehicles.

THE STATE OF TEXAS GRANTS A GRACE PERIOD OF FIVE (5) WORKING DAYS AFTER EXPIRATION
Register online at <https://lrc.txdmv.gov>

IT IS A FELONY TO FRAUDULENTLY ALTER THIS DOCUMENT (Transportation Code, Sec502.410)
TO ALL LAW ENFORCEMENT OFFICIALS:
CALL (512) 374-5250 IF THIS RECEIPT APPEARS TO BE ALTERED IN ANY WAY.

