

Inland Logistics
Solutions

Equipment Repositioning

Truckload Brokerage

Agency & Drayage



Our mission is to provide you with the highest quality service as a third party transportation service provider by leveraging our 20 plus years of experience repositioning ocean shipping containers into unparalleled service in equipment repositioning, truckload brokerage, and asset-based container drayage through our Jacksonville agency.



Rigorous Carrier Selection

We only use highly qualified carriers who meet our strict standards and are validated through SaferWatch Motor Carrier Risk Management.

Equipment Repositioning

With over 20 years of experience in repositioning ocean shipping containers, chassis, and other equipment, we have built a reputation that establishes us as the premier company to use for equipment repositioning needs. Utilizing a network several thousand flatbed carriers and an internal operations team exclusive to equipment repositioning, we can handle orders of any size quickly and efficiently. Our internal operations team communicates with both the customer and the carrier, creating a secure flow of information that ultimately results in a safe and reliable transport of your equipment.

Truckload Brokerage

Inland Logistics Solutions is a premier broker in the industry for handling all of your transportation needs. Our truckload operations team is devoted to matching the right carrier to move your freight safely, reliably, and efficiently. Whether you're shipping on a van, reefer, or flatbed, we've got you covered from pickup to delivery and onto your next load.

Agency & Drayage

We are proud to be the Jacksonville, FL agent for Rite-Way Transportation. Through this agreement we are able to offer dedicated assets to any continental destination from Jacksonville. With our consistently expanding Owner-Operator fleet and a highly experienced operations team, you can expect that your loads will arrive quickly, efficiently, and safely.

The Inland Advantage

Relationships with our customers and carriers are the top priority. As such we offer a range of services and technological partnerships that can be catered to each client's needs.

- EDI Capability
- Comprehensive Load History
- Shipment Tracking
- Customer and Carrier Online Portals

By offering competitive rates to shippers and carriers, we have become successful in creating and sustaining mutually beneficial relationships.

If your freight needs to be moved by truck, Inland Logistics Solutions is THE freight brokerage and logistics company that can offer you the dedication you give to your own business.

Contact us today to begin a relationship with a broker you can trust.

The screenshot displays the Inland Logistics Solutions software interface. On the left, a map of the United States shows various locations marked with pins. The right side features a table titled 'Available Trucks' with columns for Status, Pre, Pickup At, Deliver To, Customer, Date, Carrier, Cam-Ref, PS, Eqp, Pcs, Pts, Wgt, Pays, Dispatcher, Repe, Mode, and Dvr By. Below the map, there are several tabs and filters, including 'Active Loads', 'Quickbooks', 'Avail Trucks', 'Setup Menu', 'Load Ticker', 'Accounting', 'Send Available Loads', 'Ask PU/Deliv Info', 'Carrier Pack', 'Reports', and 'Radius Search'. The bottom of the interface includes a 'Visit the Tm Site' link and a 'Load Sheet: 173' indicator.



Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

**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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Inland Container Acquisition Company, LLC		
2 Business name/disregarded entity name, if different from above Inland Logistics Solutions		
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) P Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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 FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) PO BOX 19009	Requester's name and address (optional)	
6 City, state, and ZIP code Jacksonville, FL 32246		
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 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.


Social security number								
			-				-	
or								
Employer identification number								
2	6		-	3	1	0	3	1 8 4

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); and
4. 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 on page 3.

Sign Here	Signature of U.S. person ▶ 	Date ▶ 12/1/16
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

SERVICE INSURANCE AGENCY LLC

6850 Catawba Lane • Richmond, VA 23226
Phone (804) 288-6993 • Fax (804) 288-7925

CERTIFICATE OF LIABILITY INSURANCE

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).

INSURED Inland Container Acquisition Company, LLC DBA Inland Logistics Solutions PO Box 19009 Jacksonville FL 32245	Phone 702-880-1122	ISSUE DATE: 1-5-2017 PRODUCER: Keith Kostelac ISSUED BY: Geniene May, Ext. 309 Insured Fed ID# MC # 351527
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COVERAGES

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.

TYPE OF INSURANCE	COMPANY/POLICY # - EFFECTIVE & EXPIRATION DATES	LIMITS
AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input type="checkbox"/> Non-owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> Other	LANCER INSURANCE COMPANY POLICY NUMBER: CM0057117-03 POLICY PERIOD FROM: 8-23-2016 TO: 8-23-2017	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Owner's & Contractors Prot. <input type="checkbox"/>	COVINGTON SPECIALTY INSURANCE COMPANY POLICY NUMBER: VBA44809500 POLICY PERIOD FROM: 8-23-2016 TO: 8-23-2017	GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG. Included PERSONAL & ADV. INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED. EXPENSE (Any one person) \$5,000
MOTOR TRUCK CARGO	TRAVELERS PROPERTY CASUALTY COMPANY POLICY NUMBER: QT-660-5D723025-TIL-16 POLICY PERIOD FROM: 8-23-2016 TO: 8-23-2017	PER VEHICLE \$250,000 PER DISASTER \$250,000 DEDUCTIBLE \$1,000 REEFER LIMIT REEFER DEDUCTIBLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Fax Number:

PROOF OF COVERAGE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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

Timothy L. O'Bryan



Inland Logistics
Solutions

U.S. Department of Transportation
Broker Authority
MC-300794



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

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

SERVICE DATE
November 24, 2015

DECISION

MC-300794

INLAND CONTAINER ACQUISITION COMPANY LLC
D/B/A INLAND CONTAINER EXPRESS
LAS VEGAS, NV

REENTITLED

INLAND CONTAINER ACQUISITION COMPANY LLC
D/B/A INLAND LOGISTICS SOLUTIONS

On November 4, 2015, 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 INLAND CONTAINER ACQUISITION COMPANY LLC, D/B/A INLAND LOGISTICS SOLUTIONS.

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 19, 2015

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division
NCA






Inland Logistics
Solutions

P.O. Box 19009
Jacksonville, FL 32245
Phone 888-846-5263
Fax 702-889-1123

www.inlandls.com

9485 Regency Square Boulevard
Suite 104
Jacksonville, FL 32225
Phone 888-846-5263

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