

Fax: 330-963-0068 Toll Free: 855-965-3725 Local: 330-425-1400

Mailing Address

P.O. BOX 729 Twinsburg, OH 44087

Operations Email

support@ragingwolfsolutions.com

MC

770930

Federal ID

45-4082736

President

Scott Brownfield scottb@ragingwolfsolutions.com

Operations Lead

Rich Metz

richm@ragingwolfsolutions.com

(Rev. March 2024) Department of the Treasury

Internal Revenue Service

Request for Taxpayer **Identification Number and Certification**

requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the

Befor	e you begin. For guidance related to the purpose of Form W-9, see Name of entity/individual. An entry is required. (For a sole proprietor or d entity's name on line 2.)			name	e on line	1, an	d ente	er the	e busin	ess/d	srega	rded			
Print or type. pecific Instructions on page 3.	Raging Wolf Solutions LLC														
	2 Business name/disregarded entity name, if different from above.														
	only one of the following seven boxes. Individual/sole proprietor C corporation C corporation									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)					
										(Applies to accounts maintained outside the United States.)					
See	5 Address (number, street, and apt. or suite no.). See instructions.	Reques	ster's	name a	and ad	dress	(op	tional)			_				
	2458 Edison Blvd.														
	6 City, state, and ZIP code														
	Twinsburg, OH 44087		100	- 65											
	7 List account number(s) here (optional)														
Par	Toynover Identification Number (TIM)		20000		es le le			_		_		_			
and the last of th			- 1.1	So	cial sec	urity	numbe	er			- // //				
backu reside	your TIN in the appropriate box. The TIN provided must match the na ip withholding. For individuals, this is generally your social security nue int alien, sole proprietor, or disregarded entity, see the instructions for	umber (SSN). However, for Part I, later. For other	or a]-			-	T	1				
entitie	s, it is your employer identification number (EIN). If you do not have a	a number, see How to get	number, see How to get a				or								
				Em	ployer	identification number									
	If the account is in more than one name, see the instructions for line er To Give the Requester for guidelines on whose number to enter.	1. See also What Name a	and	4	5 -	4	0	8	2 7	3	6				
Par	Certification			-01	10 3	13		_							
Unde	penalties of perjury, I certify that:		3023	1		7.37					66	3.9			
	number shown on this form is my correct taxpayer identification num	nber (or I am waiting for a	a numbe	er to	be iss	ued to	o me)	; an	d						
Ser	n not subject to backup withholding because (a) I am exempt from backup (IRS) that I am subject to backup withholding as a result of a faile onger subject to backup withholding; and											ım			
3. I an	n 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 exen	npt from FATCA reporting	g is con	rect.											
becau acquis	cation instructions. You must cross out item 2 above if you have been se you have failed to report all interest and dividends on your tax return. It it is a standard or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification	For real estate transaction utions to an individual retire	ns, item rement a	2 do arran	oes not ngemen	apply	, For), and	moi l, ge	rtgage enerally	intere	est pa ment	S			
Sign Here		Da	ate	1.	- 1	- 6	20	2	5						
	neral Instructions n references are to the Internal Revenue Code unless otherwise	New line 3b has be required to complete foreign partners, own	this line ers, or	e to i	indicat eficiarie	e that es wh	it has	s di	rect or /ides tl	indir	ect	V-9			

notea.

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.

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



CERTIFICATE OF LIABILITY INSURANCE

06/06/2025

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 have ADDITIONAL INSURED provisions or 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).

tills ce	entificate does not confer ny	gints to the certificate holder in hed or a	such endors	emem(s).				
PRODUCER		CONTACT NAME: Eric Nixon						
	Nixon-Laurianti Insurance A 830 E. Aurora Rd.	gency Inc.	PHONE (A/C, No, Ext)	. 330-468-0918	FAX (A/C, No):	330-46	8-0971	
	Macedonia, Ohio 44056		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COVERAGE					
			INSURER A:		23280			
INSURED	Raging Wolf Solutions, LLC		INSURER B:	Underwriters at Lloyd's, London			AA1122000	
	P.O. Box 729		INSURER C :					
	Twinsburg, Ohio 44087		INSURER D :					
			INSURER E :					
			INSURER F:					
COVERAGES CERTIFICATE NUMBER:				REVISION NUI	MBER:			
					·- 			

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.

LTR		TYPE OF INSURANCE	1	MAD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS
Α	/	COMMERCIAL GENERAL LIABILITY			ENP 0128335	02/27/2024	02/27/2027	EACH OCCURRENCE \$ 1,000,000
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED \$ 500,000
								MED EXP (Any one person) \$ 10,000
								PERSONAL & ADV INJURY \$ 1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
		OTHER:						\$
	AU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
		ANY AUTO						BODILY INJURY (Per person) \$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
								\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE \$
		DED RETENTION \$						\$
Α	1	RKERS COMPENSATION			ENP 0128335	02/27/2024	02/27/2027	PER OTH- STATUTE ER
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N / A		N / A		Ohio Stop Gap			E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$	
		s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
В	Fre	eight Brokers			IRPI-MCC-24-014	06/07/2025	06/07/2026	Any One Loss \$150,000
	Co	ntingent Cargo Liability						Deductible \$1,000
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedule, may b	e attached if more	e space is requir	ed)

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

Motor Carrier Details

US DOT : 2264415			Docket Number:	MC	MC00770930				
Legal Name: RAGING WOLF SOLUTIONS, LLC			_C						
Doing-Business-As Name:									
Business Address Telephone a					Mail Telephone and Fa	Undeliverable ax Mail			
2458 EDISON BLVD TWINSBURG OH 44087 (330) 42		5-1400 PO BOX 729 TWINSBURG OH 44087		(330) 425-1400	NO				
Authority Type			Authority Status			Application Pending			
Common			NONE			NO			
Contract			NONE			NO			
Broker			ACTIVE			NO			
Property Passenger			Household Goods	sehold Goods Pri		Enterprise			
YES NO				NO		NO NO			
Insurance Type			Insurance Required			Insurance on File			
BIPD			\$0			\$0			
Cargo			NO			NO			
Bond			YES			YES			

BOC-3: YES

Blanket Company: TRUCK PROCESS AGENTS OF AMERICA, INC

Web Site Content and BOC-3 Information Clarification

Active/Pending Insurance Rejected Insurance Insurance History Authority History Pending Application Revocation

May 25, 2021



FMCSA Home | DOT Home | Feedback | Privacy Policy | USA.gov | Freedom of Information Act (FOIA) | Accessibility | OIG Hotline | Web Policies and Important Links | Plug-ins | Related Sites | Help

LICENSE MC 770930-B U.S. DOT No. 2264415 RAGING WOLF SOLUTIONS, LLC

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a **broker**, **arranging for transportation of freight (except household goods)** by motor vehicle.

This authority will be effective as long as the broker maintains insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

//for

Jeffrey L. Secrist, Chief Information Technology Operations Division

BPO

201134801251

DATE: 12/15/2011 DOCUMENT ID 201134801251

DESCRIPTION
RESTATEMENT/ARTICLES OF
ORGANIZATION LLC (LRA)

FILING 50.00 EXPED .00

PENALTY .00 CERT

COPY

Receipt

This is not a bill. Please do not remit payment.

JERALD MOSS 2808 PAYNE AVE. CLEVELAND. OH 44114

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

1672319

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

RAGING WOLF SOLUTIONS, LLC

and, that said business records show the filing and recording of:

Document(s)

RESTATEMENT/ARTICLES OF ORGANIZATION LLC

Document No(s):

201134801251



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of December, A.D. 2011.

Ohio Secretary of State



DATE:____

Raging Wolf Solutions, LLC

MC# 770930 · DOT# 2264415

2458 Edison Blvd. Twinsburg, OH 44087

(855) 965 - 3725 ragingwolfsolutions.com

BROKER/CARRIER AGREEMENT

	a licensed motor carrier pursuant to Docket No. nd Raging Wolf Solutions pursuant to Docket No. MC-770930							
Broker is an agent authorized by its customers to negotial	ate and arrange for transportation of their shipments in interstate							
 commerce. Carrier shall transport a series of interstate shipments ar included herewith or subsequently incorporated by refer 	ranged by Broker pursuant to carrier loan confirmation sheet(s)							
 Broker shall pay Carrier for services rendered in an amou confirmation sheet or other signed writing upon receipt 	int equal to the rates and accessorial charges agreed to on Broker's load of payment from Shipper. Carrier must submit Proof of Delivery with							
4) Carrier warrants to Broker (and its Shipper's principals) t								
 a) Carrier shall maintain all risk Cargo Insurance in the b) Carrier shall maintain public Liability Insurance in the (BMC-91 on file); 	amount of not less than [\$100,000] per shipment; e amount of not less than [\$1,000,000] as required by federal regulation							
c) Carrier shall maintain Worker's Compensation Insurad) Carrier shall agree to provide Certificates of Insurance								
	ting and is otherwise authorized to provide the proposed services; and							
5) Governing Rules: The following rules shall apply:								
a) The terms of the Standard Truckload Bill of Lading;								
b) Standard claims rules otherwise applicable to comm www.ecfr.gov.com));	on carriers (49 C.F.R. §370 and Carrier's service conditions, (see							
c) Cargo claims liability as set forth in the Carmack Am	endment (49 U.S.C. 8):							
	no special or consequential damages unless by special agreement;							
e) Claims will be files with Carrier by Shipper; and	no special of consequential damages amess by special agreement,							
f) Broker's customer is third party beneficiary of the A	greement.							
	mum Cargo Liability of [\$5.00] per pound, subject to a [\$200,000] per							
truckload maximum, unless by special written agreemen								
7) Shipping Document Execution: Carriers are to be named								
	armless Broker and its customer from any loss, damage or claim for							
which carrier is adjudged legally liable.								
, , ,	with any load confirmation, contains the entire agreement between the							
	ement. General principles of federal transportation law apply.							
10) This Agreement shall be for the period of one (1) year an	d shall be automatically renewed unless canceled. Either party may							
terminate the Agreement upon a fifteen (15) day written	notice.							
11) Automated Updates: Carrier agrees to receive automate	ed SMS messages sent on behalf of Raging Wolf Solutions to the							
shipment(s) driver. The driver may opt out at any time by	y directly contacting Raging Wolf Solutions.							
12) [Carrier agrees to not back solicit any customer of Broker, either directly or indirectly. As liquidated damages, Carrier agrees								
	ic handled for customers first introduced to Carrier by Broker for a							
period of one (1) year following cancellation of this Agr	eement.]							
CARRIER:	BROKER: RAGING WOLF SOLUTIONS							
CARRILR	BROKER. KAGING WOLF SOLUTIONS							
SIGNED:	SIGNED: State Brown fill							
PRINTED NAME:	PRINTED NAME: SCOTT BROWNFIELD							
TITLE:	TITLE: President							

DATE: 11/1/2022