



ABOUT 28FREIGHT

28Freight operates two business units, **TruckCourier** and **Marks Logistics**. **TruckCourier** is the leader in same-day ground expedite throughout the New England Area. **Marks Logistics** has been moving freight for more than 93 years and now operates across the North American continent serving a vast array of clients utilizing the best partner carrier network in the country.

POWERFUL ALONE. BETTER TOGETHER.

TruckCourier

TruckCourier, the leader in ground expedite services throughout the greater New England area, operates within a 500-mile radius of Boston. Whether you need manufactured equipment brought to a sterilization facility in New Jersey and returned, or samples picked up and delivered by the afternoon, **TruckCourier** has the expertise and commitment to your high-value shipments that you require.

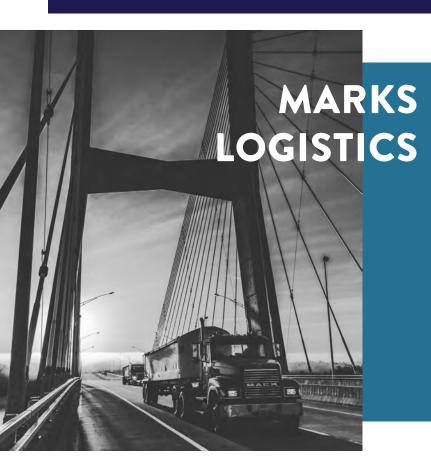
Marks Logistics has been moving freight across the country for more than 93 years. Our vast network of trusted and compliant partner carriers enables us to be the connector between your labs, offices, and manufacturing sites across the several Biotech hubs in America. And when you need to connect with Canada or Mexico, the same team will partner with the best carriers on the continent to carefully track your shipment from origin to destination.



FOR MORE INFORMATION, VISIT US ONLINE AT:

- + WWW.TRUCKCOURIER.COM
- + WWW.MARKSLOGISTICS.COM

KEY CONTACTS



PRESIDENT

RICHARD MARKS

1-508-254-5239

OPERATIONS

1-800-322-0000

⋈ OPS@MARKSLOGISTICS.COM

ACCOUNTING & FINANCE

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PRESIDENT

RICHARD MARKS

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OPERATIONS

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OPS@TRUCKCOURIER.COM

ACCOUNTING & FINANCE

ADMIN@TRUCKCOURIER.COM

TRUCKCOURIER



TruckCourier

LEGAL NAME

28FREIGHT LLC

DBA

TRUCKCOURIER

STREET ADDRESS

226 LOWELL ST | WILMINGTON, MA 01887

MAILING ADDRESS

226 LOWELL ST | WILMINGTON, MA 01887

PHONE

1-800-322-0000 (24/7/365)

FAX

1-781-933-1040

DOT

542502

MC

221651

SCAC

TKCI

EIN

83-3146423

DUNS

109901119

OPERATIONS HOURS

24/7/365

OPERATIONS EMAIL

OPS@TRUCKCOURIER.COM

ACCOUNTING EMAIL

ADMIN@TRUCKCOURIER.COM

EMAILS MONITORED

07:00 TO 17:30 EST M-F

WEBSITE

TRUCKCOURIER.COM

Form W-9

(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

28FRFIGHT LLC

Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Give Form to the requester. Do not send to the IRS.

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V	Limited liability company	. Enter th	ne tax cla	assification	(C=C corp	oration, S=5	S corpo	ration, P=Par	rtnership)	_								
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	LOWELL STREET																	
6 Ci	ity, state, and ZIP code								_									
100	MINGTON, MA 018	87							111_									
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/9/2023

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).

PRODUCER		CONTACT NAME: Sarah Huff						
Risk Strategies Company P.O. Box 818078		PHONE (A/C, No. Ext); 212-338-4338	FAX (A/C, No): 440-260-0218					
Cleveland OH 44181		E-MAIL ADDRESS: shuff@risk-strategies.com						
		INSURER(S) AFFORDING	COVERAGE NAIC#					
		INSURER A: Progressive Casualty Ins C	24260					
INSURED	TRUCCOU-01	INSURER B: Berkley Specialty Insurance	e Company 31295					
28Freight LLC Truck Courier, Inc.		INSURER c : James River Insurance Con	mpany 12203					
New England Shuttle, LLC		INSURER D:						
226 Lowell St, Ste B		INSURER E :						
Wilmington MA 01887		INSURER F:						
COVERAGES	RTIFICATE NUMBER: 683775141	REVI	SION NUMBER-					

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.

SR	R TYPE OF INSURANCE			POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	TS		
В	X	CLAIMS-MADE X OCCUR		QTP000044812	2/11/2023	2/11/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 1,000,000		
1							MED EXP (Any one person)	s 10,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY PRO- JECT X LOC						PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	\$2,000,000		
							PRODUCTS - COMP/OP AGG	\$2,000,000		
-		OTHER:	1					\$		
3	AUT	OMOBILE LIABILITY		QTH000048612	2/11/2023	2/11/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
		ANY AUTO		008237053	6/19/2022	6/19/2023	BODILY INJURY (Per person)	\$		
1		OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	S		
I	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
1		ACTOSONE					(or administry	\$		
;	17	UMBRELLA LIAB X OCCUR		000998123	2/11/2023	2/11/2024	EACH OCCURRENCE	\$ 1,000,000		
	Х	EXCESS LIAB CLAIMS-MAI	E				AGGREGATE	\$ 1,000,000		
- 1	DED RETENTIONS							S		
		RKERS COMPENSATION					PER OTH-			
- 1	ANY	PROPRIETOR/PARTNER/EXECUTIVE	RETOR/PARTNER/EXECUTIVE TTO ELL EACH ACCIDENT			E.L. EACH ACCIDENT	\$			
	(Man	CER/MEMBER EXCLUDED?	NH)		E.L. DISEASE - EA EMPLOYEE	\$				
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s		
33	Moto	or Truck Cargo e		QTP000044812 QTP000044812	2/11/2023 2/11/2023	2/11/2024 2/11/2024	Limit Limit	\$250,000 \$30,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
*** The auto policies listed on this certificate do not provide coverage for unscheduled short-term rental vehicles***
Evidence of Insurance Only

CERTIFICATE HOLDER	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

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LEGAL NAME

LINCOLN & SUMNER, LLC

DBA

MARKS LOGISTICS

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MKQT

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783699338

OPERATIONS HOURS

07:00-17:30 EST. M-F

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ACCOUNTING EMAIL

ADMIN@MARKSLOGISTICS.COM

EMAILS MONITORED

07:00 TO 17:30 EST M-F

WEBSITE

MARKSLOGISTICS.COM

Form **W-9**(Rev. October 2018)

(Rev. October 2018)

Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Give Form to the requester. Do not send to the IRS.

				-								
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.											
	LINCOLN & SUMNER, LLC											
	2 Business name/disregarded entity name, if different from above											
	MARKS LOGISTICS											
n page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes.		certa	in enti		ot ir	s apply ndividu 3):					
e. nsor	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC	Trust/	estati	е	Exem	pt pay	ee co	de (i	f any)			
ty b	✓ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners)	ship) ▶							_		***************************************	
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member ow LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the o another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner should check the appropriate box for the tax classification of its owner.	is										
ec.	Other (see instructions) ▶		(Applie:	to acco	ounts ma	intain	ed outsic	ie the U	I.S.)			
	5 Address (number, street, and apt. or suite no.) See instructions.	ne a	and ad	dress	(optio	nal)						
See	226 LOWELL STREET											
0)	6 City, state, and ZIP code											
	WILMINGTON, MA 01887											
	7 List account number(s) here (optional)		**********					**********	***************************************			
Par	Taxpayer Identification Number (TIN)						,					
Enter	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	oid S	ocial	sec	curity i	numb	er			******************		
	p withholding. For individuals, this is generally your social security number (SSN). However, for	ora 🗀				П		Γ			T	
	nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to g</i> e	t o			-			-	***************************************			
TIN, la		ıa [LI.		L_			1	
	If the account is in more than one name, see the instructions for line 1. Also see What Name a	·		ver	identi	fication	on nur	nbe	r		7	
	er To Give the Requester for guidelines on whose number to enter.		Ť	<u>Ĺ</u>		T		T	T	1	า์	
		8	6		- 1	1	3 6	5	0 3	2		
Par	Certification					<u> </u>			J		<u> </u>	
Unde	penalties of perjury, I certify that:					***************************************	·				**********	
1 The	number shown on this form is my correct toynguer identification number (and are unlike a few				لد استند		٠ا					

- 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 for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ►

2-14-23

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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*.

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, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/24/2023

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 liqu of such endorsement(s)

tł	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of s).						
	DUCER				CONTACT NAME: Sarah Huff								
	sk Strategies Company				PHONE (A/C, No, Ext): 212-338-4338 FAX (A/C, No): 440-260-0218								
	D. Box 818078 eveland OH 44181				ADDRESS: shuff@risk-strategies.com								
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INSI	IRED			213714				' '					
	coln & Sumner, LLC				Specially insi	urance Company		17151					
dba Marks Logistics						RC:							
	6 Lowell Street				INSURE	R D :							
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				NUMBER: 284395401				REVISION NUMBER:					
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S				
Α	X COMMERCIAL GENERAL LIABILITY	IIIOD	1111	QTP000092010		11/1/2023	11/1/2024	EACH OCCURRENCE	\$ 1.000	0.000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	,			
	SELVINO IN IEE							MED EXP (Any one person)	\$ 10,00				
								PERSONAL & ADV INJURY	\$ 1,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000				
	Y PRO-												
	The second secon							PRODUCTS - COMP/OP AGG	\$ 2,000	,,000			
В	OTHER: AUTOMOBILE LIABILITY			CSA8000000031500		11/1/2023	11/1/2024	COMBINED SINGLE LIMIT	\$ 1,000	000			
_	ANY AUTO			COA0000000031300		11/1/2023	11/1/2024	(Ea accident) BODILY INJURY (Per person)	\$,,,,,			
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$				
	X HIRED XX NON-OWNED							PROPERTY DAMAGE	-				
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$				
									\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
	DED RETENTION \$							DED OTH	\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER					
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$				
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$					
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
Α	Motor Truck Cargo Deductibles						11/1/2024	Limit General Freight Pharma & Elect	\$100, \$1,00 \$2,50	0			
***	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL The auto policies listed on this certificate												
⊏VI	dence of Insurance Only												
CE	RTIFICATE HOLDER				CANCELLATION								
	For Informational Purposes	s Onl	lv		THE ACC	EXPIRATION ORDANCE WI	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E LY PROVISIONS.					
	i oi illioimatonai i urposes	, 0111	y		AUTHORIZED REPRESENTATIVE								

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