



RAKE assurances transport
Cabinet en assurance de dommages

RAKE assurances générales
Cabinet en assurance de dommages

Madame,
Monsieur,

La présente a pour but de vous confirmer que **ZURICH CANADA** a émis une police d'assurance en faveur de l'assuré suivant :

TRANSPORT ST-VIATEUR INC.
1741 ROUTE 138
ST-CUTHBERT, QUÉBEC J0K 2C0

Numéro de police: **TPP 9998201**

Période de la police: **01 MARS 2009 au 01 MARS 2010**

Limite de responsabilité maximale: **\$5,000,000.** par événement.

GARANTIES ET MONTANTS

Automobile - Tous les véhicules appartenant à l'assuré et/ou loués pour une période d'au moins un an à l'assuré.

Responsabilité civile (B.C. et D.M.)

Cargaison - Responsabilité légale (Sous-limite de **\$500,000.** par événement)

Feu et Vol

Collision ou renversement

Conditions spéciales

La protection mentionnée ci-dessus est sujette aux clauses, conditions et exclusions de la présente police.

La présente lettre n'est émise qu'à titre de renseignement; elle ne confère aucun droit à son titulaire et n'engage nullement l'Assureur. Seul un certificat d'assurance dûment émis par l'assureur/courtier sera considéré comme un document officiel.

Si vous désirez obtenir un certificat d'assurance confirmant que la protection mentionnée ci-dessus est toujours valide et en force et que la dite police émise par **ZURICH CANADA** n' a pas été résiliée ou annulée, veuillez communiquer avec notre bureau.

K-ANN RAKE
C.d' A.Ass.
KAR/mak



RAKE assurances transport
Cabinet en assurance de dommages

RAKE assurances générales
Cabinet en assurance de dommages

Dear Madam or Sir:

We hereby confirm that **ZURICH CANADA** has issued a policy in favour of the following insured:

**TRANSPORT ST-VIATEUR INC.
1741 ROUTE 138
ST-CUTHBERT, QUÉBEC J0K 2C0**

Policy number: **TPP 9998201**

Policy Period: **MARCH 01, 2009 to MARCH 01, 2010**

Maximum Limit of Liability: **\$5,000,000.** per event.

COVERAGE

Automobile – All vehicles owned by and/or leased for at least one year by the insured

General Liability (B.I. and P.D.)

Cargo - Legal Liability (Sub Limit of **\$500,000.** per event)

Fire and Theft

Collision or upset

Special conditions:

The above-mentioned coverage is subject to the clauses, conditions and exclusions of the policy.

This certificate is issued as a matter of information only and confers no rights on the holder and imposes no liability on the insurer. Only an insurance certificate duly issued by the insurer/broker will be considered an official document.

If you wish to obtain a certificate of insurance confirming that the above coverage is still valid and continuous and that the said policy issued by **ZURICH CANADA** has not been cancelled, please contact our office.

K-ANN RAKE
A.I.B.
KAR/mak



Références de Crédit / Credit References

Transport St-Viateur Inc.
1741, Route 138
St Cuthbert, QC
J0K 2C0
TPS / GST : 105368468

Tel: (450) 885-3110
Fax: (450) 885-3122

TVQ / PST : 1001668621
Incorporation Canadienne Juillet 1980 / Canadian Incorporation July 1980

Représentants / Representatives

Roger Laferrière (Président / President)
Réal Plante & Marlaine Dubé (Contrôleurs / Superintendents)
Michel Laferrière (Directeur Général / General Manager)
Ghislain Laferrière (Directeur de Flotte / Fleet Manager)

Institution Financière / Financial Institute

Banque Royale
21, Rue Iberville
Berthierville, QC
J0K 1A0

Tel: (450) 836-3741
Fax: (450) 836-1271

Transit # 531 Compte / Account # 119 254 1

Transporteurs / Carriers

Groupe Transport P. Lessard Inc.
30, Grande Carrière
Louiseville, QC
J5V 2J7

Tel: (819) 228-3044
Fax: (819) 228-4782

Transgab
5390, Chemin du Lac
StGabriel-de-Brandon, QC
J0K 2N0

Tel: (450) 835-2120
Fax: (450) 835-0283

Fournisseurs / Suppliers

Les Pièces d'auto M.R. Inc.
125, Rue Iberville
Berthierville, QC
J0K 1A0

Tel: (450) 836-7001
Fax: (450) 836-4147

Techno Diésel
1260, Chemin des Prairies
Joliette, QC
J6E 3Z1

Tel: (450) 759-3709
Fax: (450) 759-9824

Propane M. Bernèche Inc.
260, Rang St-Joachim
St-Barthélemy, QC
J0K 1X0

Tel: (450) 885-3075

Michel Laferrière
(Directeur Général / General Manager)



Liste des Contacts / Contacts List

Bureau / Office:

T. 450-885-3110 / 877-885-3110

F. 450-885-3122 / 877-995-3122

WEB. www.transportstviateur.com

Directeur Général / General Manager :

Michel Laferrière michel@transportstviateur.com

Poste / Ext. : 224

Directeur de Flotte / Fleet Manager :

Ghislain Laferrière ghislain@transportstviateur.com

Poste / Ext. : 227

Répartiteur / Dispatcher:

Pierre Girard pierre@transportstviateur.com

Poste / Ext. : 233

NIR#

R-505508-3

DOT

429888

SVI

traNor05436

MC#

211783

SCAC code

TSVI

RIN

085-599-735

W9

98-0127733

C-TPAT

45321711



S.V.P. Télécopiez au / Please Fax to:
(450) 885-3122

FORMULAIRE DE CRÉDIT / CREDIT APPLICATION

Les informations suivantes sont exigées pour toute ouverture de compte. Toutes les informations seront maintenues confidentielles. S.V.P. Fournir les numéros de télécopieur de vos références de fournisseurs afin de procéder au traitement de votre demande de crédit.

All following information is required in order to extend open account credit terms. All information will be kept confidential. Providing fax numbers to your business and reference sources will expedite the processing of your credit.

Compagnie / Company:		
Adresse / Address:		
Ville / City:	Province:	Code postal / Postal code:
Téléphone / phone:	Télécopieur / Fax:	
Contact:	Titre / Title:	

RÉFÉRENCES BANCAIRES (CONFIDENTIEL) / BANK REFERENCES (CONFIDENTIAL)

Nom de la Banque / Bank name:	
Adresse de la Banque / Bank Address:	
Ville / City:	Téléphone / phone:
Transit #:	N° compte / Account N°:

3 RÉFÉRENCES DE FOURNISSEURS / 3 SUPPLIERS REFERENCES

1) Compagnie / Company:	
Téléphone / Phone:	Télécopieur / Fax:
2) Compagnie / Company:	
Téléphone / Phone:	Télécopieur / Fax:
3) Compagnie / Company:	
Téléphone / Phone:	Télécopieur / Fax:

S.V.P. NE RIEN ÉCRIRE DANS CET ESPACE / PLEASE DO NOT WRITE IN THIS SPACE

N° de vendeur:	N° de compte:
Reçu par:	Date:
Limite de crédit:	Approuvé par:

Le terme de paiement est de 30 jours net suivant la date de la facturation. Transport St-Viateur Inc. se réserve le droit d'ajouter des intérêts, des honoraires de perception, des coûts de mandataire et de cour à toutes les factures dépassant nos termes de paiement dans le cas qu'une telle action devienne nécessaire. Je suis d'accord sur la libération de toutes les factures dues et j'informerai Transport St-Viateur Inc. 30 jours avant n'importe quel changement ou transfert de propriété. J'autorise Transport St-Viateur Inc., par ceci, l'obtention des informations d'opérations bancaires étant nécessaires pour prolonger les privilèges de crédit de ma compagnie. Ma signature sur cette application indique la considération et l'acceptation de ces limites.

Payment terms are net 30 days from invoice date. Transport St-Viateur Inc. reserves the right to add interest charge, collection fees, and attorney and court cost to all invoices past our terms in the event such action becomes necessary. I agree to clear all outstanding invoices and notify Transport St-Viateur Inc. 30 days prior to any sales or business transfert. I hereby authorize Transport St-Viateur inc. to obtain whatever banking information is necessary to extend credit privileges to my company. My signature on this application indicates consideration and acceptance of these terms.

Signature(s) du (des) Propriétaire(s) / Owner(s) signature(s):

_____ Titre (s) / Title(s)

_____ Titre (s) / Title(s)

Date: _____



1741 Route 138, St- Cuthbert, Québec T. 450-885-3110 ou 877-885-3122 F. 450-885-3122



Selected C-TPAT Partner: Transport St-Viateur, Inc.

[Home](#)

Company Legal Name: Transport St-Viateur, Inc.
Doing Business As:
C-TPAT Account Number: 45321711
Business Type: Highway Carrier - U.S. / Canada
Account Status: 1vc - Certified, Non-Importer, Validation Completed
Security Profile Review Status: Approved

Assigned Office: NY
Assigned SCSS: Jeffrey Brodack

Company Profile Last Modified: 11/20/2006
Security Profile Last Modified: 1/15/2007

[Print Security Profile](#)

[Print Company Profile](#)

Customs-Trade Partnership Against Terrorism (C-TPAT)

Partner Name: Transport St-Viateur, Inc.

Doing Business As:

C-TPAT Account Number: 45321711

Business Type: Highway Carrier - U.S. / Canada

Account Status: Certified, Non-Importer, Validation Completed

SCSS: Jeffrey Brodack (jeffrey.brodack@dhs.gov)

Phone:

Office: NY

Primary Point of Contact: Michel Laferriere

(michel@transportstviateur.com)

Phone: 450-885-3110 (224)

Company Profile

Business Type Highway Carrier - U.S. / Canada

Company Name Transport St-Viateur, Inc.

Doing Business As

Company Telephone 450-885-3110

Company Fax 450-885-3122

Physical Address Country Canada

Street Address 1 1741 Route 138

Street Address 2

City St Cuthbert

State/Territory Quebec

Zip/Postal Code J0K 2C0

Are the physical and mailing address the same? Yes

Mailing Country

Street Address 1

Street Address 2

City

State/Territory

Zip/Postal Code

Owner Type Corporation

Years in Business More Than 10

Number of Employees 6-50

Contacts

FIRST NAME	LAST NAME	TITLE	EMAIL ADDRESS	TELEPHONE	CONTACT TYPE
Michel	Laferriere	General manager	michel@transportstviateur.com	450-885-3110 (224)	Company Officer

Business Entity Information

In the past 24 months, how many crossings with freight did you transport

under your operating authority into the United States 3054

If you move goods for any importer to whom you are related, list importer name/s and US-issued Importer of Record (IOR) number/s

U.S. Department of Transportation (DOT) issued Number 429888

U.S. National Motor Freight Traffic Association issued Standard Carrier Alpha Code (SCAC) TSVI

Border crossing locations

JACKMAN, ME

HOULTON, ME

VAN BUREN, ME

MADAWASKA, ME

CALAIS, ME

DERBY LINE, VT

HIGHGATE SPRINGS/ALBURG

OGDENSBURG, NY

MASSENA, NY

ALEXANDRIA BAY, NY

CHAMPLAIN-ROUSES POINT

BUFFALO-NIAGARA FALLS NY

DETROIT, MI

PORT HURON, MI

SAULT STE. MARIE, MI

List names and addresses of all terminals and warehouses you own or operate

What services do you offer

Truckload

Less Than Truckload (LTL)

Québec, le 1^{er} février 2009

Monsieur Michel Laferrière
Transport St-Viateur inc.
1741, route 138
Saint-Cuthbert (Québec) J0K 2C0

Numéro d'entreprise du Québec (NEQ) : 1142928002

Objet : Appartenance à la mutuelle de prévention numéro 00633

Monsieur,

Nous avons le plaisir de vous transmettre, à titre de membre de la mutuelle de prévention *Mutuelle de prévention FCEI* les documents suivants :

- Une copie de l'entente relative au regroupement d'employeurs aux fins de l'assujettissement à des taux personnalisés et aux modalités de calcul de ces taux (contrat) ;
- L'attestation certifiant que votre entreprise est membre d'une mutuelle de prévention (certificat).

Nous profitons de l'occasion pour vous rappeler vos principales obligations en tant que membre d'une mutuelle de prévention :

1. Élaborer un programme de prévention et le mettre à jour chaque année (art. 5.1 et 5.2) ;
2. Déterminer quels sont les risques propres à chacun des établissements et appliquer le programme de prévention (art. 5.2) ;
3. Afficher le programme de prévention et l'attestation certifiant que l'entreprise est membre d'une mutuelle à un endroit accessible aux travailleurs (art. 5.3).

Nom : TRANSPORT ST-VIATEUR INC.

Adresse d'affaires : 1741, route 138
Saint-Cuthbert (Québec) J0K 2C0

NIR : R-505508-3
Le NIR correspond au numéro de Code canadien de la sécurité

Titre : Propriétaire et exploitant

Catégorie de transport : Marchandises

Cote de sécurité : Satisfaisant

Droit de mettre en circulation : Oui

Droit d'exploiter : Oui

Date d'inscription au registre : 1999-04-01 00:00

Le Registre des propriétaires et des exploitants de véhicules lourds est mis à jour quotidiennement.
Vous pouvez en tout temps le consulter au www.ctq.gouv.qc.ca ou au 1888 461-2433.

Form **W-8BEN**
Rev. February 2006
Department of the Treasury
Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

DMB No. 1545-1621

Section references are to the Internal Revenue Code. See separate instructions.
Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual
 - A person claiming that income is effectively connected with the conduct of a trade or business in the United States
 - A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions)
 - A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions)
 - A person acting as an intermediary
- Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.
- Note: See instructions for additional exceptions.

Instead, use Form:
W-9
W-8ECI
W-8ECI or W-8IMY
W-8ECI or W-8EXP
W-8IMY

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner
Transport St-Victor inc

2 Country of incorporation or organization
Canada

3 Type of beneficial owner:
 Individual
 Corporation
 Disregarded entity
 Partnership
 Simple trust
 Trust or trust estate
 Estate
 Government
 International organization
 Central bank of issue
 Tax-exempt organization
 Private foundation

4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.
1741 route 138, St-Cuthbert, Quebec, J0K 2C0
City or town, state or province. Include postal code where appropriate.

5 Mailing address (if different from above)
xo 98-0127733
City or town, state or province. Include postal code where appropriate.

6 U.S. taxpayer identification number, if required (see instructions).
 SSN or ITIN EIN

7 Foreign tax identifying number, if any (optional)

8 Reference number(s) (see instructions)

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

- The beneficial owner is a resident of **Canada** within the meaning of the income tax treaty between the United States and that country.
- If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
- The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
- The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
- The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 9823 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

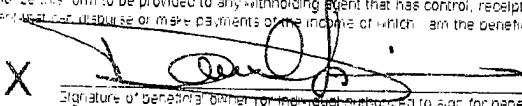
10 Special rates and conditions (if applicable—see instructions). The beneficial owner is claiming the provisions of Article **VIII** of the treaty identified on line 9a above to claim a **0** % rate of withholding on (specify type of income) **Motor carrier profits**. Explain the reasons the beneficial owner meets the terms of the treaty article. **The filer is a Canadian carrier providing transportation of goods from pick-up points in Canada to destinations within the United States and vice versa.**

Part III Notional Principal Contracts

11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I am the beneficial owner, or am authorized to sign for the beneficial owner, of all the income to which this form relates. The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and 4 For other transactions or other exchanges, the beneficial owner is an exempt foreign person as defined in the instructions. Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or 5) withhold or report for, or disburse or make payments of the income of which I am the beneficial owner.

Sign Here **X**  **12/29/2006**
Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY) Capacity in which acting

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) Transport St-Viateur 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.) 1741 Route 138	Requester's name and address (optional)
City, state, and ZIP code St-Cuthbert, Québec, J0K 2C0, Canada	
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 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								

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

Employer identification number								
9	8	0	1	2	7	7	3	3

Part II Certification

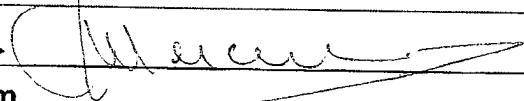
Under penalties of perjury, I certify that:

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 ▶ APR 19, 2005

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.

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.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

INTERSTATE COMMERCE COMMISSION

DECISION

MC-211783

ST. VIATEUR TRANSPORT INC.
ST. VIATEUR, QUEBEC, CD

SERVICE DATE

JUL 3 - 1989

Reentitled

TRANSPORT ST. VIATEUR INC.
ST. VIATEUR, QUEBEC, CD

Decided: JUNE 27, 1989

ON JUNE 26, 1989 applicant filed a request to have the Commission's records changed to reflect a name change.

It is ordered:

The Commission's records are amended to reflect the carrier's name as
TRANSPORT ST. VIATEUR INC.

If it has not already done so, the carrier must amend (1) its insurance coverage for the protection of the public, (2) its designation of agents upon whom process may be served, and (3) its tariffs of schedules to reflect the new name.

By the Commission.

(SEAL)

Noretta R. McGee
Secretary

ce que nous faisons

OCT 3 1988

PM-26
(Rev. 10/84)

INTERSTATE COMMERCE COMMISSION

CERTIFICATE

No. MC 211783

ST. VIATEUR TRANSPORT INC.
ST. VIATEUR QUEBEC, CD

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier by motor vehicle.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043); the designation of agents upon whom process may be served (49 CFR 1044); and tariffs or schedules (49 CFR 1300 through 1310, revised). The carrier shall also render reasonably continuous and adequate service to the public. Failure to meet these conditions will constitute sufficient grounds for the suspension, change, or revocation of this authority.

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

For common carriers with irregular route authority: Any irregular route authority authorized in this Certificate may not be tacked or joined with your other irregular route authority unless joinder is specifically authorized.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

(SEAL)

Kathleen M. King,
Acting Secretary

NOTE: If there are any discrepancies regarding this document, please notify the Commission within 30 days.

No. MC 211783

Page 2

To operate as a common carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general ~~commodities~~ (except classes A and B explosives, household goods, and commodities in bulk), between points in the U.S. (except AK and HI).