

INTERSTATE COMMERCE COMMISSION

PERMIT

SERVICE DATE
NOV 13 1984

NO. MC-99408 SUB. 16*

CITY DELIVERY SERVICE, INC.
LAFLIN, PENNSYLVANIA

This Permit is evidence of the carrier's authority to engage in transportation as a contract 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); the execution of contracts (49 CFR 1053)*; and for passenger carriers, tariffs or schedules (49 CFR 1300 through 1310).

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

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

By the commission.

JAMES H. BAYNE
Secretary

(SEAL)

*While the execution of contracts must be accomplished, it is unnecessary to file them with the Commission.

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



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

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

SERVICE DATE

March 11, 2009

DECISION

MC-99408

CITY DELIVERY SERVICE, INC.

LAFLIN, PA

REENTITLED

CITY DELIVERY SERVICE, INC

D/B/A CDS TRANSPORTATION

On March 5, 2009, 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 CITY DELIVERY SERVICE, INC, D/B/A CDS TRANSPORTATION.

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 property 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: March 6, 2009

By the Federal Motor Carrier Safety Administration

A handwritten signature in black ink that reads "Kathy A. Weiner".

Kathy Weiner, Chief
Information Systems Division

NCA

U.S. Department
of Transportation

Federal Motor
Carrier Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590
APRIL 12, 2002

IN REPLY REFER TO:
YOUR USDOT NO.: 038089
REVIEW NO.: 00249020/CR

CITY DELIVERY SERVICE INC
CDS LOGISTICS
1 PASSAN DRIVE
WILKES BARRE PA 18702

Dear Motor Carrier:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on APRIL 04, 2002.

A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please ensure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact your local Federal Motor Carrier Safety Administration office listed below:

U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
228 WALNUT STREET, ROOM 536
HARRISBURG, PENNSYLVANIA 17101

Telephone No. 717 / 221-4443



Charles A. Horan, III
Director, Office of Enforcement
And Compliance

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
PRODUCER MCGOVERN INSURANCE AGENCY, INC 20 Sixth Ave Carbondale, PA 18407 (570)282-1170		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED VALLEY DISTRIBUTING & STORAGE CO & CITY DELIVERY SERVICE INC DBA CDS TRANSPORTAT 1 Passan Drive Wilkes-Barre, PA 18702		
		INSURERS AFFORDING COVERAGE
		NAIC#
		INSURER A: UNION INSURANCE COMPANY
		INSURER B: CONTINENTAL WESTERN INS CO
		INSURER C: FIREMEN'S INS OF WASHINGTON DC
		INSURER D:
		INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INER LTR	APPL INDRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	CPA 0101787	06/18/08	06/18/09	EACH OCCURRENCE
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				\$ 1,000,000
		<input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)
						\$ 100,000
						MED EXP (Any one person)
						\$ 5,000
						PERSONAL & ADV INJURY
						\$ 1,000,000
						GENERAL AGGREGATE
						\$ 2,000,000
						PRODUCTS - COMP/OP AGG
						\$ 2,000,000
GENTL AGGREGATE LIMIT APPLIES PER:						
		<input type="checkbox"/> POLICY				
		<input type="checkbox"/> PRO-JECT				
		<input type="checkbox"/> LOC				
A		AUTOMOBILE LIABILITY	CPA 0101787	06/18/08	06/18/09	COMBINED SINGLE LIMIT (Ea accident)
		<input checked="" type="checkbox"/> ANY AUTO				\$ 1,000,000
		<input type="checkbox"/> ALL OWNED AUTOS				
		<input type="checkbox"/> SCHEDULED AUTOS				
						BODILY INJURY (Per person)
						\$
						BODILY INJURY (Per accident)
						\$
						PROPERTY DAMAGE (Per accident)
						\$
(SAMPLE CART.)						
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT
		<input type="checkbox"/> ANY AUTO				\$
						OTHER THAN EA ACC
						AUTO ONLY: AGG \$
A		EXCESS/UMBRELLA LIABILITY	CPA 0101787	06/18/08	06/18/09	EACH OCCURRENCE
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE				\$ 4,000,000
		<input type="checkbox"/> DEDUCTIBLE				
		<input checked="" type="checkbox"/> RETENTION \$ 10,000				AGGREGATE
						\$ 4,000,000
						\$
						\$
						\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCA 0101788	06/18/08	06/18/09	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT
						\$ 500,000
						E.L. DISEASE - EA EMPLOYEE
						\$ 500,000
						E.L. DISEASE - POLICY LIMIT
						\$ 500,000
C		OTHER CARGO	CIM 0122343	06/18/08	06/18/09	\$200,000 SPECIAL FORM
		WAREHOUSE				
		LEGAL LIAB	CIM 0124264	06/18/08	06/18/09	\$1,250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

DISTRIBUTING & STORAGE COMPANY

<p>CERTIFICATE HOLDER</p> <p style="font-size: 2em; opacity: 0.5; text-align: center;">SAMPLE CERTIFICATE</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>15</u> 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.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="font-size: 1.5em; text-align: center;"><i>Margaret Smith</i></p>
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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) CDS Transportation, 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.) 1 Passan Drive	Requester's name and address (optional)
City, state, and ZIP code Wilkes Barre, PA 18702	
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

Employer identification number								
2	4	0	8	2	1	3	3	0

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

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 6/19/08
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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.

In 3 above, 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.

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.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

**CDS Transportation Inc
Credit & Carrier References**

Bank of America

535 Wyoming Ave
Kingston PA 18704
Phone: 570-287-1111
Fax: 570-283-4314

Warmboard Inc

8035 Soquel Dr
Aptos CA 95003
Contact: Rob Nichols
Phone: 831-685-9276
Fax: 831-685-9278

Rehrig Penn Logistics

7800 1000th St
Pleasant Prairie WI 53158
Contact: Steve Lacroix
Phone: 800-792-0875
Fax: 262-947-0032

Cascades Tissue Group Penn Inc

901 Sathers Dr
Pittston PA 18640
Contact: Ron Woznock
Phone: 570-388-6161
Fax: 570-883-0572

CRS Freight Services Inc

4971 Poplar Circle
Schnecksville PA 18078
Contact: Mike Scanlin
Phone: 610-440-0834
Fax: 610-440-0831