

97%

On Time Pickup

98%

On Time Delivery

24 Hour

Track & Trace on All Shipments

24/7 Dispatch Team

PODSWithin 24 Hours of Delivery



ABOUT SLS

- Family-owned company with offices in El Paso, TX and Indianapolis, IN
- Asset and Brokerage capacity for dry, refrigerated, and flatbed freight
- 75 company-owned trucks plus an additional 85 owner-operators signed exclusively to SLS
- Access to 950+ Partner-Carriers within our network



Markets We Serve

- SOUTHWEST
- SOUTHEAST
- MIDWEST
- WEST COAST
- NORTHEAST

SLS CAN PROVIDE DAILY CAPACITY IN THE FOLLOWING CITIES AND SURROUNDING AREAS WITHIN 150 MILES:

- DALLAS, TX
- EL PASO, TX
- HOUSTON, TX
- Indianapolis, IN
- Phoenix, AZ
- Chicago, IL
- Los Angeles, CA
- Atlanta, GA
- Memphis, TN



Who We Serve

















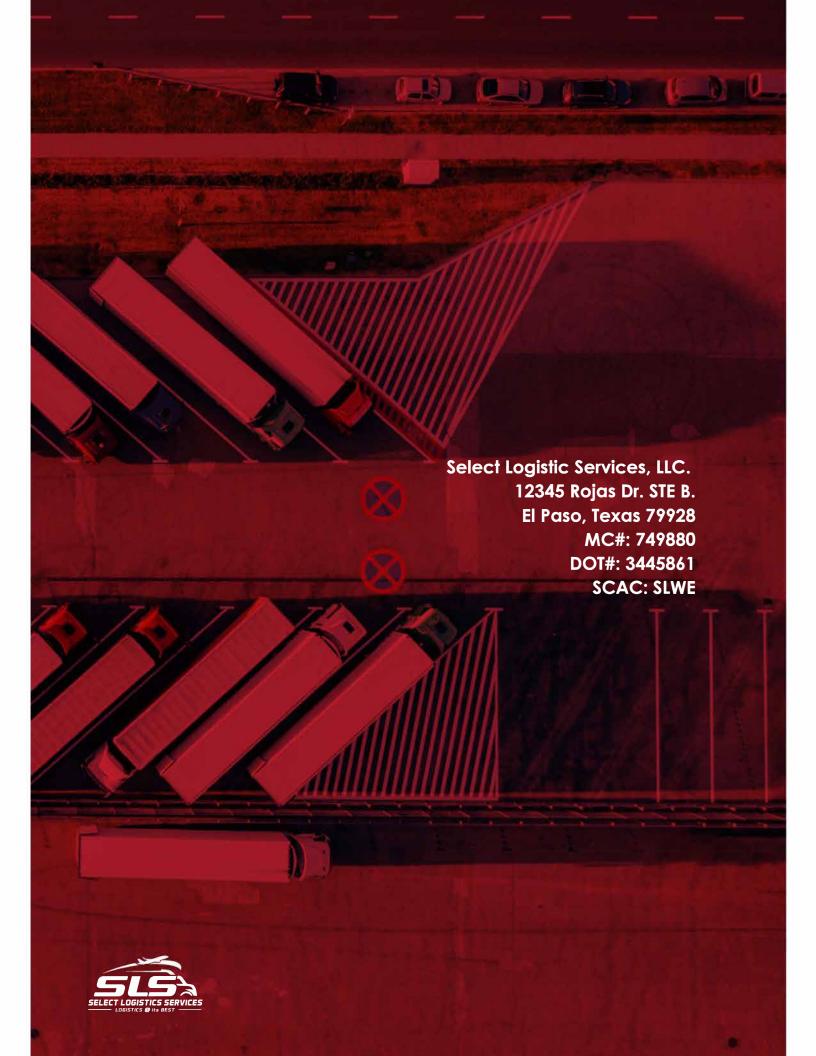














August 26, 2020

MATT ELIAS SELECT LOGISTICS SERVICES LC 12345 ROJAS SUITE B EL PASO, TX 79928

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT

The Standard Carrier Alpha Code of **SLWE** has been assigned to:

SELECT LOGISTICS SERVICES LC 12345 ROJAS SUITE B EL PASO, TX 79928 MC-749880

This Alpha Code will apply only to the company name shown above through June 30, 2021. Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal which must be promptly returned together with payment to ensure its continued validity. Should the company name, address or contact information need an update, please notify the National Motor Freight Association, Inc. at customerservice@nmfta.org.

If you participate in the Customs & Border Protection (CBP) ACE program and you have any issue with ACE and your SCAC, please contact CBP at the following address:

AMSSCAC@cbp.dhs.gov

Customs and Border Protection Attention: SCAC Beauregard, Cube: A-105-3 1801 N. Beauregard Street Alexandria, VA 20598-1350

If you would also like to participate in the Automated Export System (AES) program, pleae email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request to enable your SCAC for AES. All SCACs are automatically uploaded to ACE within 24 hours.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, tariffs, etc.

NOTICE: Assignment of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/18/2022

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 certif	icate does not confer rights to the	certificate	holder in lieu d	of such endorsem	nent(s)					
PRODUCER	PFA Transportation Insurance & Surety Services 22601 N. 19th Avenue			CONTACT NAME:	PFA Transportation Insurance & Surety					
				PHONE (A/C, No. Ext):	(800)595-2615	FAX (A/C, No);(623)2	209-2610			
	Suite 202			E-MAIL ADDRESS:	cert@pfaprotects.com	, ,				
	Phoenix	AZ	85027-		VERAGE	NAIC#				
				INSURER A : Be						
INSURED	Select Logistic Services LLC			INSURER B :						
	dba SLS			INSURER C :						
	12345 Rojas Dr			INSURER D :						
	Ste B			INSURER E :						
	El Paso	TX	79928-	INSURER F :						
COVERAGES CERTIFICATE NUMBER:				REVIS	ON NUMBER:					
THIS IS TO	CERTIFY THAT THE POLICIES OF INS	URANCE L	ISTED BELOW HA	AVE BEEN ISSUED	TO THE INSURED NAMED A	BOVE FOR THE POLICY F	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 OLAIMS.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIWITS											
INSR LTR	INSR LTR TYPE OF INSURANCE		ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
Α	X	COMMERCIAL GENERAL LIABILITY		Х	W3494V21PNVE	09/16/2021	09/16/2022	EACH OCCURRENCE	\$	2,000,000	
		CLAIMS-MADE X OCCUR	х					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	V'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	4,000,000	
		POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:						, , , , , , , , , , , , , , , , , , ,	\$		
Α	AUT	OMOBILE LIABILITY		Х	W3494V21PNVE	09/16/2021	09/16/2022	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ANY AUTO	x					BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	Х	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
	Х	Contingent Auto						(i or dooldone)	\$		
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
		DED RETENTION \$							\$		
		RKERS COMPENSATION						PER OTH- STATUTE ER			
	ANY	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$		
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE			
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT			
Α	Co	ntingent Cargo Broad Form			W3494V21PNVE	09/16/2021	09/16/2022	Any one occ / acc		\$250,000	
	Re	efer Break Down Coverage									
								Deductible		\$5,000	
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
Domestic Freight Broker											
CE	TIE	ICATE HOLDER			CAN	ELLATION				AI 000022	

CERTIFICATE HOLDER	CANCELLATION	AI 000022
Master Certificate	SHOULD ANY OF THE ABOVE DESCRIBED THE EXPIRATION DATE THEREOF, I ACCORDANCE WITH THE POLICY PROVIS	NOTICE WILL BE DELIVERED IN
	AUTHORIZED REPRESENTATIVE	Talkson
	© 1988-2015 ACORD COL	RPORATION All rights reserved

Form W-9 (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.

	SELECT LOGISTICS SERVICES LLC												
	2 Business name/disregarded entity name, if different from above												
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership Trisingle-member LLC	instr	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)										
	✓ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)												
Print or type.	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-mem is disregarded from the owner should check the appropriate box for the tax classification of its owner.	000	Exemption from FATCA reporting code (if any)										
ė.	☐ Other (see instructions) ►	(Appli	(Applies to accounts maintained outside the U.S.)										
S,	5 Address (number, street, and apt. or suite no.) See instructions.	e and a	and address (optional)										
See	6006 N MESA SUITE 702												
	6 City, state, and ZIP code												
	EL PASO, TX 79912												
	7 List account number(s) here (optional)												
Pai	Taxpayer Identification Number (TIN)		_				_			_			
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	So	cial s	ecurity	numbe	,							
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>					. []] -							
TIN, later.													
	: If the account is in more than one name, see the instructions for line 1. Also see What Name and	Employer identification number											
Number To Give the Requester for guidelines on whose number to enter.				- 3	7 !	5 3	3	9	7				
Par	t II Certification	_						_		_			
Unde	er penalties of perjury, I certify that:												
 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 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.													
you ha	fication instructions. You must cross out item 2 above if you have been notified by the IRS that you are converged to report all interest and dividends on your tax return. For real estate transactions, item 2 does not sition or abandonment of secured property, cancellation of debt, contributions to an individual retirement of the thin interest and dividends, you are not required to sign the certification, but you must provide your corrections.	ot ap	ply. I	For mo ent (IRA	rtgage i), and g	nteres enera	st pai	d, aym	ents				
Sign Here			12	115	120	2	1						

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.



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

SERVICE DATE March 22, 2017

DECISION

MC-749880-B SELECT LOGISTICS SERVICES, LLC D/B/A SLS EL PASO, TX

REINSTATEMENT OF AUTHORITY

On November 07, 2016, SELECT LOGISTICS SERVICES, LLC, D/B/A SLS was notified that its broker license was revoked by the Federal Motor Carrier Safety Administration.

SELECT LOGISTICS SERVICES, LLC, D/B/A SLS has now filed a written request for reinstatement of the authority and has submitted evidence of compliance with 49 U.S.C § 13906 and 49 CFR 387.

It is ordered:

The broker license evidenced in Docket No. MC-749880-B is reactivated. The effective date of the reinstatement of this authority is shown below.

Decided: March 22, 2017

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Division Chief

Office of Registration and Safety Information

Alfry f. Stein +

REI