



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

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

SERVICE DATE
April 11, 2016

DECISION

MC-263097-P
HENDERSON TRUCKING, LLC
SACRAMENTO, CA

REINSTATEMENT OF AUTHORITY

On December 08, 2000, HENDERSON TRUCKING, LLC, was notified that its permit was revoked by the Federal Motor Carrier Safety Administration.

HENDERSON TRUCKING, LLC, 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 permit evidenced in Docket No. MC-263097-P is reactivated. The effective date of the reinstatement of this authority is shown below.

Decided: April 11, 2016
By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Division Chief
Office of Registration and Safety Information

REI


DEPARTMENT OF MOTOR VEHICLES

Registration Operations Division MS H875
 P.O. BOX 932370 Sacramento, CA. 94232-3700
 (916) 657-8153



06/21/2016

HENDERSON TRUCKING, LLC.
 P. O. BOX 231461
 SACRAMENTO, CA 95823

 <p>NON-EXPIRING MOTOR CARRIER PERMIT Combined Carrier</p>	
DEPARTMENT OF MOTOR VEHICLES Registration Operations Division P.O. BOX 932370 Sacramento, CA. 94232-3700 HENDERSON TRUCKING, LLC. P. O. BOX 231461 SACRAMENTO, CA 95823	Valid From: 06/21/2016 Valid Through: Non-Expiring
	CA#: 0483742
The carrier named on this permit is subject to the Unified Carrier Registration Act (UCRA) of 2005, and is granted a non-expiring permit of the following classification: <p style="text-align: center;">For Hire Limited Liability Company</p>	
<p>Not Valid for Intrastate Only Operations</p>	
Pmt Date: 06/21/2016 Office #: 154	
Account #: 658397 Tech ID: MB	
Sequence #: 0001 Amt Paid: \$240.00	

!!!IMPORTANT REMINDERS!!!

1. This non-expiring Motor Carrier Permit (MCP) will remain valid as long as you continue to conduct interstate operations. The Unified Carrier Registration Act (UCRA) of 2005 exempts combined carriers (carriers who operate both intra and interstate) from MCP requirements.
2. Federal Motor Carrier Safety Administration insurance requirements must be maintained.
3. If you commence intrastate only operations, you must renew your MCP.

California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/07/2017

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 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 (800) 795-1207 O'Rourke Machado Insurance 2590 Lovelace Road Manteca, California 95336	CONTACT NAME: O'Rourke Machado Insurance PHONE (A/C, No, Ext): (800) 795-1207 FAX (A/C, No): E-MAIL ADDRESS: orourkemachado@aol.com														
INSURED (916) 282-1860 Henderson Trucking LLC PO Box 231461 Sacramento, CA 95823-0407	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Hudson Ins Co</td> <td></td> </tr> <tr> <td>INSURER B: Lloyds of London Ins</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hudson Ins Co		INSURER B: Lloyds of London Ins		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER:

REVISION 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BUI-00-5696-01	01/12/2017	01/12/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTHER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
B	Cargo			2003HJM-000219-01	04/08/2017	04/08/2018	\$150,000 \$2500 ded per occurrence

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 2016 Dodge Ram ID#3C63RRJL3GG144087
 2016 PJ Trailer ID#4P5FD4023G1252097

CERTIFICATE HOLDER <p style="text-align: center;">ID PURPOSES</p>	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 <p style="text-align: center;">Peggi O'Rourke</p>
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HENDERSON TRUCKING, LLC



MAILING ADDRESS

Edward Henderson, President
Henderson Trucking, LLC
P.O. Box 231461
Sacramento, CA. 95823-0407
Email: edward@hendersontruckingllc.com
Website: www.hendersontruckingllc.com

USDOT #522173
MC #263097
Ph: 916-282-1860 x1
Fax: 916-282-1891
EIN: 81-2122218
SCAC Code: HTYC

Financial Institution

Bank of America
5001 Laguna Blvd
Elk Grove, CA 95758

Ph: 916-683-7610
Fax: 916-683-7617

Insurance Agent

O'Rourke Machado Insurance
2590 Lovelace Road
Manteca, CA 95336
Email: orourkemachado@aol.com

Contact: Peggy O'Rourke
Ph: 209-858-0318
Fax: 209-858-9010

HENDERSON TRUCKING, LLC



REFERENCES

Albert Guzman
Guzman Express Inc.
14241 Santa Ana Avenue
Fontana, CA 92337
Ph.: 909-226-2060 Fax: 909-829-4584

Lapepito Jones
Space Age Investment, Inc.
8556 Culpepper Drive
Sacramento, CA 95823
Ph.: 916-889-3146 Fax: 916-427-8852

Bill Michel
Bill Michel Trucking
1984 Cabana Drive
Lake Havasu City, AZ 86404
Ph.: 909-241-1665 Fax: 928-855-5049

Larry Barber
Barber Trucking
P.O. Box 6227
Moreno Valley, CA 92554
Ph.: 951-830-0792 Fax: 951-601-0022

Brian Jordan
BE Jordan Trucking
3452 Churchill Lane
Perris, CA 92571
Ph.: 310-696-3515 Fax: 888-614-7707

Tyrone Gilmore
Beaumont Trucking, Inc.
1510 West 64th Street
Los Angeles, CA 90047
Ph.: 323-422-2637 Fax: 323-759-9964

Glenn Ennis
G. Ennis Trucking
1228 West 64th Street
Los Angeles, CA 90047
Ph: 213-842-0297 Fax: 323-758-7535

Vincent Jenkins
After MidNight Trucking
1545 S. Oaks Avenue
Ontario, CA 91762-5349
Ph.: 951-966-8611 Fax: 951-986-8511

Herman Armstrong
H. Armstrong Trucking
1102 Gladwick
Carson CA 90746
Ph: 626-255-1129 Fax: 310-632-5258

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.

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

2 Business name/disregarded entity name, if different from above
HENDERSON TRUCKING, LLC

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____
 C Corporation
 S Corporation
 Partnership
 Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
P.O. BOX 231461

6 City, state, and ZIP code
SACRAMENTO, CA 95823-0407

7 List account number(s) here (optional)

Requester's name and address (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 generally 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

			-			-				
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or

Employer identification number

8	1	-	2	1	2	2	2	1	8
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Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

Sign Here Signature of U.S. person ▶  Date ▶ 09/12/16

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. 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, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.