This agreement made this ___________. day of ___________. ___________. 20___. BY AND BETWEEN STRITTMATTER EQUIPMENT, L.L.C. and ______________________________, hereafter referred to as "OWNER/OPERATOR," for the performance by OWNER/OPERATOR of all operations as may be required from time to time by STRITTMATTER EQUIPMENT, L.L.C. 

It is expressly agreed that Owner/Operator shall always be acting as an independent contractor in performing any services hereunder Strittmatter Equipment, L.L.C. shall carry no worker's compensation insurance, or any health or accident insurance to cover Owner/Operator, or any of his employees. Strittmatter Equipment, L.L.C. shall not pay any contribution to social security, unemployment insurance, federal or state withholding taxes, nor provide any other contributions which might be expected in an employer-employee relationship. Owner/Operator agrees to report and pay any necessary amounts for worker's compensation, taxes, unemployment insurance, social security, health insurance and other benefits for himself and his employees, and indemnify, defend and hold harmless Strittmatter Equipment, L.L.C. therefrom, and from any consequences of Owner/Operator's failure to provide same for Owner/Operator and his employees, for himself, his heirs, administrators, personal representatives, and all other persons claiming by or through him, hereby unconditionally waives, releases and forever relinquishes any and all claims, rights or demands of any nature whatsoever against Strittmatter Equipment, L.L.C. arising out of any unemployment worker's compensation or other statute or system which could in any way derive from or arise out of Owner/Operator's performance of any work hereunder.

All Owner/Operators agree that as to any work obtained through Strittmatter Equipment, L.L.C. he will not discriminate against any employee or applicant for employment by reason of race, creed, color, sex or national origin, or any protected group.

This agreement shall not constitute an exclusive arrangement and Strittmatter Equipment, L.L.C. shall remain free to engage persons to perform work including work of the same type then being performed by the Owner/Operator. It is expressly understood that as to any project to which Owner/Operator is introduced, or performs work, through Strittmatter Equipment, L.L.C. Owner/Operator shall not obtain additional work except through Strittmatter Equipment, L.L.C.

I) BASIC REQUIREMENTS:

   A) YOU MUST PROVIDE A CERTIFICATE OF INSURANCE SHOWING Strittmatter Equipment, L.L.C. AS ADDITIONAL INSURED.
      1) Liability coverage must be in accordance with the limits as set by Strittmatter Equipment, L.L.C.
      2) Worker's compensation, if required by law, must be shown on certificate.
      3) All coverage must show an expiration date.
      4) Insurance company must notify Strittmatter Equipment, L.L.C. within ten (10) days before cancellation.
      5) Any lapse in coverage will result in delay of payment for work rendered.
         a) If insurance expires or is canceled, you must provide proof of reinstatement before returning to work or before any monies are released.
   B) YOU AND/OR YOUR DRIVERS ARE NOT EMPLOYEES Of Strittmatter Equipment, L.L.C. 
   C) ANY AND ALL GOVERNING INTER-STATE AND INTRA-STATE TRUCKING OR OTHER LAWS AND REQUIREMENTS ARE YOUR RESPONSIBILITY AND MUST BE FULLY COMPLIED WITH.
      NOTE: 
      1) All drivers must be D.O.T. certified.
      2) All trucks must be equipped with an automatic tarp system.
      3) All trucks must be equipped with a back-up warning device.
      4) The use or possession of firearms while working through Strittmatter Equipment, L.L.C. is prohibited.
      5) Unlawful movement or discharge upon roadway is prohibited.
   D) OWNER/OPERATOR SHALL AT ALL TIMES BE GOVERNED BY THE TERMS AND CONDITIONS OF THE STANDARD FORM RENTAL TICKETS OF STRITTMATTER EQUIPMENT, L.L.C. SAID TERMS AND CONDITIONS BEING INCORPORATED BY REFERENCE IN THIS AGREEMENT.

II) GENERAL INFORMATION - ALL TRUCKS:

   A) ANY ACCIDENT OR INJURY INVOLVING YOU OR YOUR DRIVERS WHILE WORKING THROUGH STRITTMATTER EQUIPMENT, L.L.C. MUST BE REPORTED IMMEDIATELY TO OUR DISPATCH OFFICE.
   B) WE WILL TRY TO RECTIFY ANY LOST TIME INCURRED WHILE WORKING THROUGH STRITTMATTER EQUIPMENT, L.L.C. HOWEVER, 
      1) We will not be held liable for any lost time or damages.
      2) When reporting damages you must have date, time, location, customer, and if possible a photograph of damage.
      3) When reporting lost time you must have job location, customer, date, and furnish an explanation of why time was lost.
   C) RATE OF PAY:
      1) You will be quoted an hourly rate for work obtained through Strittmatter Equipment, L.L.C. or;
      2) You will be quoted a rate per load job, or;
      3) You will be quoted a special hourly rate per project.
      Only tickets with approved signature will be honored for payment. It is the responsibility of the Owner/Operator to be sure the ticket(s) are filled out properly before submission to Strittmatter Equipment, L.L.C.
   D) OUR PAY WEEK RUNS FROM SUNDAY THROUGH SATURDAY.
      1) Checks will be disbursed on Friday.
      2) All tickets must be received by 9:00 a.m. Monday at 9102 Owens Drive, Manassas Park, VA.
      3) Any tickets over fourteen (14) days old will not be honored for payment until payment for late ticket is received by Strittmatter Equipment, L.L.C.
   E) RELAYING THESE RULES TO DRIVERS IS THE RESPONSIBILITY OF OWNER/OPERATOR.

III) GENERAL INFORMATION - HOURLY TRUCKS:

   A) ANY HOURLY TRUCK RECEIVING AN OVERWEIGHT TICKET MUST TURN TICKET INTO DISPATCH WITHIN TWENTY-FOUR (24) HOURS.
      1) Anyone stopped for an overweight violation that is given the option of shifting the load from one axle to another must do so.
      2) All trucks must be able to scale the maximum allowable weight for your wheel base.
      
      | VA (W/5 ) | MD | DC (MUST HAVE DC TAGS) |
      |----------|----|-----------------------|
      | Tri-axle | 60,375 | 70,000 | 65,000 |
      | Quad-axle | 65,625 | 70,000 | 65,000 |
      | Trailer  | 80,000 | 80,000 | 80,000 |

   B) ALL TRUCKS MUST LOAD AND DUMP AT SPECIFIED LOCATIONS ONLY. CHARGES FOR DUMPING FEES TO STRITTMATTER EQUIPMENT, L.L.C. ACCOUNT CAN ONLY BE MADE WITH DAILY AUTHORIZATION FROM
STRITTMATTER EQUIPMENT, L.L.C.'S DISPATCHER.

1) Any truck caught "short dumping" is subject to dismissal, and will be totally responsible for material dumped.
2) If you start at one location and the customer requests you go to another job, you must notify our dispatcher before changing jobs.

C) IT IS GOOD PRACTICE TO ARRIVE TEN TO FIFTEEN MINUTES EARLY ON ALL JOBS.

1) Any truck that is down or will be late must notify dispatch before the assigned job is scheduled to start.
   a) Any truck not on the job within thirty minutes of start time will have another truck dispatched to replace you.
2) In the event of rain, you must check in with dispatch before reporting to the job.
   a) If rain begins during the day you should report back to job site.
3) You are expected to remain at work site until all work has been completed.
   a) Any truck leaving early without prior approval will not be set-up the following day.
4) ALL OWNER/OPERATORS MUST CHECK IN WITH DISPATCH EACH AFTERNOON.

IV) OWNER/OPERATOR AGREES TO BE RESPONSIBLE FOR ALL ATTORNEY'S FEES AND COSTS INCURRED BY STRITTMATTER EQUIPMENT, L.L.C. AS A CONSEQUENCE OF OWNER/OPERATOR'S NON-PERFORMANCE OR VIOLATION OF ANY OF THE PROVISIONS OF THIS AGREEMENT, INCLUDING WITHOUT LIMITATION THOSE FEES AND COSTS INCURRED IN CONNECTION WITH LEGAL ACTION TAKEN TO COMPEL PERFORMANCE OR RECOVER DAMAGES FROM OWNER/OPERATOR, OR IN CONNECTION WITH LEGAL ACTION TAKEN BETWEEN STRITTMATTER EQUIPMENT, L.L.C. AND ANY THIRD PARTY AS RESULT OF OWNER/OPERATOR'S ACTS OR OMISSIONS.

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT I FULLY ACCEPT AND UNDERSTAND ALL OF THE ABOVE REQUIREMENTS OF AN OWNER/OPERATOR FOR STRITTMATTER EQUIPMENT, L.L.C.

AGENT FOR
OWNER/OPERATOR:

REPRESENTING:

DATE:

AGENT FOR STRITTMATTER EQUIPMENT, L.L.C.
To: All Independent Truckers

Re: Important Information

Anticipating a busy spring and summer, we would like to address some important issues:

1) Due to customer demand and increase of competition in the trucking market, we need Independents with Tri-axles and Quad-axles. This will affect your hourly rate and your position on the priority list. Trucks must be able to scale a minimum weight of 57,000 lbs (Virginia) and 65,000 lbs (Maryland).

2) All Strittmatter Equipment, L.L.C. rental tickets must have the following to get paid
   - Customers name
   - PO# when required
   - Date
   - Location
   - Start/Stop time, and Hours
   - Load count
   - Strittmatter Equipment, L.L.C. Job Number

3) Strittmatter Equipment has a Job Number system. Every job will have a job number. This number must be on every rental ticket. It should be written in the upper left-hand corner of each rental ticket. (See sample ticket)

4) When Subcontracting, every ticket must have a PO#. This number should be just under the location section of the ticket. If your ticket does not have this PO#, you will not be paid. (See sample ticket)

5) If you work through lunch, it must be written on the ticket in remarks section of ticket and initialed by job foreman/timekeeper. If it is not, you will not be paid.

   Every ticket must have a signature in accepted and approved or authorized signature section of ticket to be paid. This should be done each day by job foreman or time keeper/lad counter. If for some reason (breakdown, accident, illness, pulled from job) you are not able to get back to the job, give your ticket to another truck to get it signed for you.
7) All tickets are due by Monday at 9:00 AM for the prior week. There must be two copies of each ticket. These are labeled Office Copy and Accounting Copy at the bottom of the ticket. All tickets must be accompanied by a timesheet upon which each ticket is listed.

8) All trucks must be properly insured. The minimum requirement is $750,000.00, showing Strittmatter Equipment L.L.C. as the certificate holder. If you have more than two trucks, you are required to have workers compensation.

Please take the time to make sure your tickets are filled out correctly. There is no guarantee that you will be paid on time, or at all, if there is missing information. (Customer, own/op, location, time in/out, #loads, authorized/approved signature, job numbers and PO numbers).

In closing, we are anticipating a very good season. Our customers are looking towards us to service them the best we can. In turn, we are looking towards all of you to provide us with quality trucks, quality drivers, and quality attitudes.

Thank you for your help concerning this matter.

Sincerely,
Strittmatter Equipment, L.L.C.

Owner/Operator Specialist
JOB # SCO501D

Rental Ticket

Cost Code

P.O. #

Date 4-1-2005

Lessee CWS

Equipment Tri-Axle

Owner/Operator John Doe / ABC Trucking

Job Location McNair School DC MD VA
Fairfax Drive, Fairfax, VA

Dump Location

No. of Loads 4

Time Started 7:15 AM

Time Stopped 3:30 PM

Hours Worked 8.25 hrs

Hours Down

No Lunch

Moving Charge Yes

Remarks

Accepted and Approved

Authorized Signature

Subject to Terms and Conditions on Reverse Side

Office Copy
MEMO

To: All Independent Owner/Operators

Re: Invoicing/Payment

For payment on Friday tickets must be in the Manassas Park, VA office no later than 9:00 AM on Monday.

All tickets must be accompanied with an invoice for payment. The copies of tickets which should be separated as follows:

1) Green - Our Office
2) Pink - Our Office
3) Blue - Job Site
4) Hard Copy - For Your Records

Tickets returned in with NO LUNCH not initialed will be deducted for a half hour lunch.

Tickets must be turned in within fourteen (14) days of the job date. Any tickets over fourteen (14) days old will not be honored for payment until payment for late tickets are received by Strittmatter Equipment, L.L.C.

If a holiday is on a Monday there is a convenient drop box located to the right of our office next to the fence.

If you have any questions or concerns, please do not hesitate to call me at 703-335-2255 EXT 120.
**OWNER/OPERATOR TIME SHEET**

**FROM:** Name: ____________________________  
Address: __________________________________  
Date: ____________________________  
Type of Equipment: ____________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>TICKET #</th>
<th>CUSTOMER</th>
<th>LOCATION</th>
<th>HOURS</th>
<th>MINS</th>
<th>LOADS</th>
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</table>

**TOTAL HOURS WORKED**

**TOTAL LOADS**

Total Loads: _______ X Rate: _______ Amt. Due = $_______

Total Hours: _______ X Rate: _______ Amt. Due = $_______

Total Other: _______ X Rate: _______ Amt. Due = $_______

Total Amt. Due = $_______

**OFFICE USE ONLY:** Total Loads: _______ X Rate: _______ Amt. Due = $_______

Total Hours: _______ X Rate: _______ Amt. Due = $_______

Total Other: _______ X Rate: _______ Amt. Due = $_______

Total Amt. Due = $_______
To: Owner/Operators
From: Rob Strittmatter
Re: Lien Releases

Effective with checks dated February 19, 2004 you will be required to sign and submit the attached lien release before the following weeks check will be released.

I would suggest that you turn the lien release in with your rental tickets each week.

Please read carefully.

This document is a release for the amount of your check and states that you have paid all the suppliers, employees, etc. that you owe.

Please call if you have any questions.
AFFIDAVIT AND RELEASE OF LIENS

I. The undersigned, to support its entitlement to the requested payment identified herein, and for and in consideration of the prior and current payments made by Strittmatter Contracting, L.L.C., Strittmatter Equipment, L.L.C., Strittmatter Management, L.L.C. and/or their related entities, affiliates, subsidiaries, successors and assigns (collectively referred to as the “Strittmatter Companies”), to the undersigned, or to an owner, officer, director, subcontractor, materialman, or supplier of the undersigned, for labor, materials, equipment, and/or services rendered or performed for the Strittmatter Companies by or through the undersigned prior to, up to and including the date of this Affidavit and Release of Liens, hereby warrants, affirms and certifies as follows:

1. Payment in the amount of $________________, plus any prior payments received by the undersigned prior to the date of this Affidavit and Release of Liens, represents the total value of the labor, materials, equipment, and/or services rendered by or through the undersigned for which payment is due prior to, up to and including the date of this Affidavit and Release of Liens, including all authorized changes thereto, between the undersigned and the Strittmatter Companies, including all (a) labor, materials, equipment and/or services expended and performed on behalf of the Strittmatter Companies, (b) any and all claims, delays, accelerations, field and home office overhead, impacts, labor inefficiencies, overtime, or any other costs, claims, damages, or expenses incurred by the undersigned.

2. The undersigned has received payment in full for all labor, materials, equipment, and/or services rendered or performed for the Strittmatter Companies by or through the undersigned for which payment is due prior to, up to and including the date of this Affidavit and Release of Liens, and there are no outstanding claims of any nature including, but not limited to, impact, delay, acceleration, labor inefficiency/productivity, field or home office extended overhead, or any other claims or damages of any nature whatsoever against the Strittmatter Companies in connection with the work performed by the undersigned.

3. The undersigned certifies that all subcontractors, materialmen, suppliers, employees, and others with respect to all labor, materials, equipment, and/or services performed by the undersigned have been paid in full prior to, up to and including the date of this Affidavit and Release of Liens including, but not limited to, all benefits; funds; insurance; workman’s compensation insurance; applicable state, federal and local taxes; applicable fees; duties and other like charges. The undersigned further warrants and guarantees that no individual, corporation or other entity has filed, can properly file, or has been assigned any right by the undersigned to file any claim including, but not limited to, the claims enumerated in Paragraph 2 above, demand lien, encumbrance or action of any nature against the Strittmatter Companies. The undersigned further certifies that it has complied with all applicable federal, state, and local taxes, codes, ordinances and regulations applicable to work performed by the undersigned.

4. The undersigned has the right, power and authority to execute this Affidavit and Final Release of Liens.

II. In consideration of the payment enumerated herein, the undersigned does hereby forever waive and release in favor of the Strittmatter Companies all rights that existed, presently exist or hereafter may accrue to the undersigned by reason of the labor, materials, equipment, and/or services rendered or performed for the Strittmatter Companies by or through the undersigned prior to, up to and including the date of this Affidavit and Release of Liens, and further does hereby forever waive and release its right to assert any lien upon the land and/or improvements comprising any project involved with the labor, materials, equipment, and/or services rendered or performed for the Strittmatter Companies by or through the undersigned.

III. The undersigned hereby agrees to indemnify and hold harmless the Strittmatter Companies, their lenders, guarantors, successors and assigns, from any and all damages, costs, expenses, demands and suits (including attorneys’ fees, consultant fees, accountants’ fees, and any other expenses of litigation) directly or indirectly relating to any cause of action, claim (including but not limited to the claims enumerated in Paragraph 2 above) or lien filing by any individual, corporation or entity with respect to any (a) labor, materials, equipment, and/or services rendered by or through the undersigned prior to, up to and including the date of this Affidavit and Release of Liens, (b) any rights waived or released herein, and (c) any misrepresentation or breach of any condition, affirmation or warranty made by the undersigned in this Affidavit and Final Release of Liens. Upon the request of the Strittmatter Companies, the undersigned will undertake to defend any such cause of action, claim or lien filing at its sole cost and expense.

DATE

[Signature]

COMPANY

SIGNATURE

PRINT NAME AND TITLE
**Form W-9**

**Request for Taxpayer Identification Number and Certification**

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

<table>
<thead>
<tr>
<th>Name (as shown on your income tax return)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business name, if different from above</td>
</tr>
<tr>
<td>Check appropriate box:</td>
</tr>
<tr>
<td>☐ Individual/Sole proprietor</td>
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<tr>
<td>☐ Corporation</td>
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<tr>
<td>☐ Partnership</td>
</tr>
<tr>
<td>☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership)</td>
</tr>
<tr>
<td>☐ Other (see instructions)</td>
</tr>
<tr>
<td>☐ Exempt payee</td>
</tr>
<tr>
<td>Address (number, street, and apt. or suite no.)</td>
</tr>
<tr>
<td>Requester’s name and address (optional)</td>
</tr>
<tr>
<td>City, state, and ZIP code</td>
</tr>
<tr>
<td>List account number(s) here (optional)</td>
</tr>
</tbody>
</table>

### 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.

**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. citizen or other U.S. person (defined below).

**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.

### General Instructions

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

**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, or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

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. 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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**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,
• The U.S. grantor or other owner of a grantor trust and not the trust, and
• The U.S. trust (other than a grantor trust) and not the
  beneficiaries of the trust.

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 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 payee 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.
4. The type and amount of income that qualifies for the
   exemption from tax.
5. Sufficient facts to justify the exemption from tax under the
terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows
an exemption from tax for scholarship income received by a
Chinese student temporarily present in the United States. Under
U.S. law, this student will become a resident alien for tax
purposes if his or her stay in the United States exceeds 5
calendar years. However, paragraph 2 of the first Protocol to the
U.S.-China treaty (dated April 30, 1984) allows the provisions of
Article 20 to continue to apply even after the Chinese student
becomes a resident alien of the United States. A Chinese
student who qualifies for this exception (under paragraph 2 of
the first protocol) and is relying on this exception to claim an
exemption from tax on his or her scholarship or fellowship
income would attach to Form W-9 a statement that includes the
information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to
backup withholding, give the requester the appropriate
completed Form W-8.

What is backup withholding? Persons making certain payments
to you must under certain conditions withhold and pay to the
IRS 28% of such payments. This is called “backup withholding.”
Payments that may be subject to backup withholding include
interest, tax-exempt interest, dividends, broker and barter
exchange transactions, rents, royalties, nonemployee pay, and
certain payments from fishing boat operators. Real estate
transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments
you receive if you give the requester your correct TIN, make the
proper certifications, and report all your taxable interest and
dividends on your tax return.

Payments you receive will be subject to backup
withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II
instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect
TIN,
4. The IRS tells you that you are subject to backup
withholding because you did not report all your interest and
dividends on your tax return (for reportable interest and
dividends only), or
5. You do not certify to the requester that you are not subject
to backup withholding under 4 above (for reportable interest and
dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup
withholding. See the instructions below and the separate
Instructions for the Requester of Form W-9.

Also see Special rules for partnerships on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a
requester, you are subject to a penalty of $50 for each such
failure unless your failure is due to reasonable cause and not to
willful neglect.

Civil penalty for false information with respect to
withholding. If you make a false statement with no reasonable
basis that results in no backup withholding, you are subject to a
$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying
certifications or affirmations may subject you to criminal
penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in
violation of federal law, the requester may be subject to civil and
criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name
shown on your income tax return. However, if you have changed
your last name, for instance, due to marriage without informing
the Social Security Administration of the name change, enter
your first name, the last name shown on your social security
card, and your new last name.

If the account is in joint names, list first, and then circle, the
name of the person or entity whose number you entered in Part I
of the form.

Sole proprietor. Enter your individual name as shown on your
income tax return on the “Name” line. You may enter your
business, trade, or “doing business as (DBA)” name on the
“Business name” line.

Limited liability company (LLC). Check the “Limited liability
company (LLC)” box only and enter the appropriate code for the tax
classification (“D” for disregarded entity, “C” for corporation, “P”
for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a
domestic owner) that is disregarded as an entity separate from
its owner under Regulations section 301.7701-3, enter the
owner’s name on the “Name” line. Enter the LLC’s name on the
“Business name” line.

For an LLC classified as a partnership or a corporation, enter
the LLC’s name on the “Name” line and any business, trade, or
DBA name on the “Business name” line.

Other entities. Enter your business name as shown on required
federal tax documents on the “Name” line. This name should
match the name shown on the charter or other legal document
creating the entity. You may enter any business, trade, or DBA
name on the “Business name” line.

Note. You are requested to check the appropriate box for your
status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as
described above and check the appropriate box for your status,
then check the “Exempt payee” box in the line following the
business name, sign and date the form.
Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

| 1. | An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2), |
| 2. | The United States or any of its agencies or instrumentalities, |
| 3. | A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities, |
| 4. | A foreign government or any of its political subdivisions, agencies, or instrumentalities, or |
| 5. | An international organization or any of its agencies or instrumentalities. |

Other payees that may be exempt from backup withholding include:

| 6. | A corporation, |
| 7. | A foreign central bank of issue, |
| 8. | A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States, |
| 9. | A futures commission merchant registered with the Commodity Futures Trading Commission, |
| 10. | A real estate investment trust, |
| 11. | An entity registered at all times during the tax year under the Investment Company Act of 1940, |
| 12. | A common trust fund operated by a bank under section 584(a), |
| 13. | A financial institution, |
| 14. | A middleman known in the investment community as a nominee or custodian, or |
| 15. | A trust exempt from tax under section 664 or described in section 4947. |

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

<table>
<thead>
<tr>
<th>IF the payment is for...</th>
<th>THEN the payment is exempt for...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividend payments</td>
<td>All exempt payees except for 9</td>
</tr>
<tr>
<td>Broker transactions</td>
<td>Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker</td>
</tr>
<tr>
<td>Barter exchange transactions and patronage dividends</td>
<td>Exempt payees 1 through 5</td>
</tr>
<tr>
<td>Payments over $600 required to be reported and direct sales over $5,000</td>
<td>Generally, exempt payees 1 through 7</td>
</tr>
</tbody>
</table>

1 See Form 1099-MISC, Miscellaneous Income, and its instructions.
2 However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6845(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys’ fees, and payments for services paid by a federal executive agency.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see Limited liability company (LLC) on page 2), enter the owner’s SSN (or EIN, if the owner has one). Do not enter the disregarded entity’s EIN. If the LLC is classified as a corporation or partnership, enter the entity’s EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write “Applied For” in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see Exempt Payee on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
COMPANY NAME: __________________________

CONTACT: __________________________

PHONE NUMBERS: __________________________

OFFICE: __________________________
PAGER: __________________________
MOBILE: __________________________
HOME: __________________________
OTHER: __________________________

YARD ADDRESS: __________________________

COUNTY: __________________________

TRUCK(S) AXLES: BTH: BTL: __________________________

DIRT | ROCK | GRAVEL | HOT ROCK | CONCRETE | OTHER

TAGS: __________________________

DESCRIPTION: __________________________

COMMENTS: __________________________
On this _____ day of ________, 20___, I/we certify to C.W. Strittmatter, Inc.,
under the penalties of perjury, that I/we and all of my/our employees, drivers, independent
drivers and any other operators I may supply to C.W. Strittmatter, Inc., are each duly licensed
pursuant to all federal, state, and local laws and regulations including, but not limited to, the
Commercial Motor Vehicle Safety Act of 1986, and further that each such driver will have in
his/her possession at all times all necessary licenses including a valid federal Commercial
Drivers License.

I agree to indemnify and hold C.W. Strittmatter, Inc. harmless against all liabilities and
financial responsibilities, legal fees and costs and damages as may be incurred as a
consequence of my failure or that any of my employee drivers, independent owner-operators
or any other truck operator supplied to C.W. Strittmatter, Inc. by or through me to be properly
licensed and in full compliance with all federal, state and local laws.

Date: __________________________

(Name of Company)

______________________________

(Signature)

______________________________

(Title)
Name of Company: ________________________________
Address: ______________________________________

________________________________________________

Phone No.: ____________________  SSN or Fed ID No.: ____________________
Insurance Agent: ____________________  Policy No.: ____________________

Company: ____________________
Truck Model & Year  Driver's Name  Driver Lic. No.  Insp. Exp.
________________________  ____________________  ____________________  ____________________
________________________  ____________________  ____________________  ____________________
________________________  ____________________  ____________________  ____________________
________________________  ____________________  ____________________  ____________________
________________________  ____________________  ____________________  ____________________
________________________  ____________________  ____________________  ____________________
________________________  ____________________  ____________________  ____________________

* IF YOU HAVE MORE THAN SIX TRUCKS, PLEASE USE AN ADDITIONAL SHEET

Please indicate to whom checks should be made payable to: ____________________

WE REQUIRE CURRENT INSURANCE CERTIFICATES, APPORTIONED TAGS, & AUTOMATIC TARPS

I am an Independent Owner/Operator and not an employee of C.W. Strittmatter, Inc. I accept full responsibility for Workman's Compensation Insurance for myself and all drivers employed by me. I agree to the conditions outlined in the C.W. Strittmatter, Inc. Rental Ticket.

Name: ____________________  Date: ____________________
Please check one:

_____ I will pick up my check in dispatch at the Manassas Park location.

_____ I want my check mailed to me.

_____ I will pick up my check at the North Keys location at 13911 Gibbons Church Road, Brandywine, Maryland 20613.