



Anytime Logistics.Biz

Certified Broker

**"A" Credit
Rating**

Customer/ Carrier Info

Call Us:
1-866-493-3465

CONTACT ANYTIME LOGISTICS TODAY • Service to & from all 48 US States plus Canada & Mexico
Anytime Logistics, Inc • 530 W Oklahoma Ave # 300 Milwaukee, Wisconsin 53207-2602
Local # 414-290-1082 • Toll Free Fax # 866-493-2309 • Toll Free # 866-493-3465 • Email info@anytimelogistics.biz

Anytime Logistics, Inc., as a division of ICM Corporation, is committed to serving our customers with distinction. We've dedicated ourselves to building trusting relationships with customers as well as our employees. We take pride in our longstanding reputation as a caring, motivated company.

Anytime Logistics, Inc. is the newest division of ICM Corporation, a fast-growing Catalog/Internet marketing and manufacturing company based in Milwaukee, WI. We were founded in 1987 and began producing mail-order catalogs. Our biggest division is Postal Products Unlimited, which is a major supplier to the USPS of postal-unique equipment/supplies, promotional products, and other postal specific products. In addition, ICM Corporation employs a full-service manufacturing division. The division was created to fulfill hard-to-find custom orders and to ensure lower customer costs. All these products are stored in our 200,000 square feet warehouse with six loading docks. We use the space for storage and for receiving and distributing thousands of products.

Our experience in distributing products nationwide is what motivated us to start Anytime Logistics. Our president wanted to extend everything he's learned in shipping his own products to other companies. He knows the ins and outs of shipping and would like to make your shipping goals as easy and seamless as possible. At Anytime Logistics, we will put the same amount of care in sending out your products as if the product were our own. Over 20 years in business has left us with the experience as well as the tools and technology necessary to find the solution to all your logistical needs.

Let us take care of your shipping needs so you can focus on what you specialize in and generate more sales.

W-9

**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) Anytime Logistics, 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"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) 530 W. Oklahoma Ave. Suite 300	
	City, state, and ZIP code Milwaukee, WI 53207	
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 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.

Social security number	
OR	
Employer identification number	
26	0264524

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).

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 ▶
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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, acquisition 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:

- 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.

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,

ANYTIME LOGISTICS, INC.
530 W. OKLAHOMA AVE. SUITE 300
MILWAUKEE, WI 53207-2602
TOLL FREE: 866-493-3465
LOCAL: 414-290-1085
FAX: 414-290-1086
MC-608892

CREDIT REFERENCE SHEET

**** CARRIERS MUST SEND ALL PAPERWORK/INVOICES/ATTACHMENTS TO THE MILWAUKEE OFFICE**
FOR PAYMENT**

B&T Mail Service
19625 W. Lincoln Avenue
New Berlin, WI 53151
262-544-6010 – Contact Kevin

RTS Financial Services
PO Box 932001
Kansas City, MO 64193-2001
800-860-7926 – Accounts Receivable

Surfaces Transport
6066 N. 76th Street
Milwaukee, WI 53218
414-461-8600--Contact Pooch

Wittenburg Trucking
PO Box 99
Readlyn, IA 50668
Contact Denny : # 319-279-3371

Grafton Transit
5001 HWY G
West Bend, WI 53095
262-306-9191--Contact Mark

Mega Systems
2100 North 15th Avenue
Melrose Park, IL 60160
708-410-2222 Contact-- Bart or Paul

Caine Transfer Inc.
255 Beaver Dam Street
Lowell, WI 53557
920-927-3838 Contact--Greg, Steve or Tom

Graval Corporation
2971 Higgins Rd.
Elk Grove Village, IL 60007
847-593-7801 Contact-- Jerry or Walter

BANK REFERENCES:

NATIONAL CITY
3545 S. Kinnickinnic Ave
St. Francis, WI 53235
414-486-7101
FEIN: 26-0264524



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

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

SERVICE DATE
July 02, 2007

LICENSE

MC-608892-B
ANYTIME LOGISTICS, INC
MILWAUKEE, WI

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a broker, arranging for transportation of freight (except household goods) by motor vehicle.

This authority will be effective as long as the broker maintains insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

A handwritten signature in cursive script, reading "Kathy A. Weiner".

Kathy Weiner, Chief
Information Systems Division

BPO

**HCC****HCC Surety Group***601 South Figueroa Street, Suite 1600
Los Angeles, California 90017

Your commission for this bond is 10%.

Net premium will be billed on your monthly JM Wilson Agency Statement.

Principal:**ANYTIME LOGISTICS, INC.**530 W. OKLAHOMA AVENUE, SUITE 300
MILWAUKEE, WI 53207**Agent:**11002 - WILSON JM INSURANCE SERVICES
P.O. BOX 529
CARMEL, IN 46082**This bond is CONTINUOUS UNTIL CANCELLED.**

We need no further action from your agency in order to renew this bond.

If bond is to be cancelled, please complete the below before the renewal date:

Reason for Cancellation: _____

Agent Signature & Date: _____

*Cancellation requested after the renewal date may be subject to minimum earned premiums.

Email: surety@jmwilson.com / Fax: 317-566-8291

American Contractors Indemnity Company, U.S. Specialty Insurance Company, United States Surety Company, a division of HCC Insurance Holdings, Inc.

Please detach portion for principal's record as evidence of continuation for the bond.

CONTINUATION CERTIFICATE**Insurance Company**

American Contractors Indemnity Company

601 S. Figueroa St., Suite 1600 Los Angeles, CA 90017

BOND NUMBER	BOND DESCRIPTION	BOND AMOUNT	EFFECTIVE DATE	EXPIRATION DATE
1001000299	964 - ICC BROKER	\$ 75000.00	10/1/2015	10/1/2016

Obligee:**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)**1200 NEW JERSEY AVE SE
WASHINGTON, DC 20590

THIS BOND CONTINUES IN FORCE TO THE ABOVE EXPIRATION DATE CONDITIONED AND PROVIDED THAT THE LOSSES OR RECOVERIES ON IT AND ALL ENDORSEMENTS SHALL NEVER EXCEED THE PENALTY SET FORTH IN THE BOND AND WHETHER THE LOSSES OR RECOVERIES ARE WITHIN THE FIRST AND/OR SUBSEQUENT OR WITHIN ANY EXTENSION OR RENEWAL PERIOD, PRESENT, PAST OR FUTURE, ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

Principal:**ANYTIME LOGISTICS, INC.**530 W. OKLAHOMA AVENUE, SUITE 300
MILWAUKEE, WI 53207**Agent:**11002 - WILSON JM INSURANCE SERVICES
P.O. BOX 529
CARMEL, IN 46082

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT**

USER ID: AMERICANCON
TRANSMISSION NUMBER: WEB60418
TRANSMITTED ON: 05/19/2011 16:42:51
COMPANY NAME: AMERICAN CONTRACTORS INDEMNITY COMPANY
SUBMITTED BY: AMERICAN CONTRACTORS INDEMNITY COMPANY (21292-00)

Docket	Form/Type	Policy Number	Effective Date	Action
MC-608892	BMC-84/SURETY	1000897034	06/13/2011	ACCEPTED

Values in FMCSA Licensing & Insurance Database:

Legal Name: ANYTIME LOGISTICS, INC.
Address: 530 W. OKLAHOMA AVE., SUITE 300
MILWAUKEE WI US 53207

91X Coverage(Type/Max/Underlying):

Total: 1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/19/2016

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 Ansay & Associates, LLC. PW 101 East Grand Ave. Suite #11 Port Washington WI 53074		CONTACT NAME: Brian Dandoy PHONE (A/C, No, Ext): 262-284-3205 E-MAIL ADDRESS: brian.dandoy.com FAX (A/C, No): 262-387-8005	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Acuity, A Mutual Insurance Co	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1832338431 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			F64939	4/17/2016	4/17/2017	EACH OCCURRENCE \$1,000,000 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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			F64939	4/17/2016	4/17/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			F64939	4/17/2016	4/17/2017	EACH OCCURRENCE \$14,000,000 AGGREGATE \$14,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	F64939	4/17/2016	4/17/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Informational

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

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