



COMPANY INFORMATION

Mailing Address: PO Box 770588
Lakewood, OH 44107
Physical Address: 18636 Detroit Avenue
Lakewood, OH 44107

Phone: 216-521-5642

Fax: 216-521-5643

Federal ID#: 26-0096943

MC- 524113-B

BAND/LANDLORD REFERENCE

Huntington National Bank
200 Public Square
Cleveland, OH 44114
P: 216-515-0471

TRADE REFERENCES

Cleveland Express Trucking Co., Inc.
3091 Rockefeller Avenue
Cleveland, OH 44115
P: 216-348-1007 F: 216-348-0999

DB Transport Services
17075 Hawks Lookout Lane
Strongsville, OH 44136
P: 216-644-5272 F: 440-638-4781

Fanton Logistics, Inc.
30200 Gates Mills Blvd.
Pepper Pike, OH 44124
P: 216-896-9600 F: 216-803-9333

Magnum Transportation, LLC
2903 George Avenue
Parma, OH 44134
P: 440-665-7182 F: 440-747-7711

www.phalanxlogistics.com

P.O. Box 770588, Lakewood, Ohio 44107



Customer References

Hi-Tech Extrusions
Bonnie Cunningham
440-286-4000

Great Lakes Textiles
Chris Artl
440-498-3356

Great Lakes Cheese
Nick Viviani
440-834-7218

Fat Head's Brewing
Terry McKenna
216-898-0242

Woodman Agitator
Keith Bielozer
440-937-9865

Pro-Techs Surfacing
George Tomko
330-576-6058

Russell Equipment
Sherri Armstrong
330-405-8300

Ultratech International
Tim Forster
800-353-1611

Sun America Converting
Kelly Ray
330-821-6300

Pentair
Betty Knight
440-279-2960

Pitt Plastics
Kenny Ferguson
614-868-8660

North Coast Container
Rich Strekal
216-441-6239

www.phalanxlogistics.com

P.O. Box 770588, Lakewood, Ohio 44107

tel: 216.521.5642 cell: 216.650.1164 fax: 216.521.5643 e-mail: mmd@phalanxlogistics.com



DAGIGRO-01

DEBBY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2018

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 certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

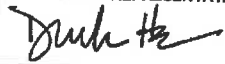
PRODUCER Levery Insurance Group, Inc. 3737 Park East Dr. STE 204 Beachwood, OH 44122	CONTACT NAME: PHONE (A/C, No, Ext): (216) 861-2727		FAX (A/C, No): (216) 861-2957
	E-MAIL ADDRESS: certs@levery.com		
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED The Dagiasis Group, LLC dba Phalanx Logistics Solutions 18636 Detroit Ave Lakewood, OH 44107	INSURER A : Lloyd's, London		14184
	INSURER B : Acuity, A Mutual Insurance Co.		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

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 SUBR INSD 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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		CV180636-617	12/25/2018	12/25/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY Contingent Auto Liab <input type="checkbox"/> NON-OWNED AUTOS ONLY		CV180636-617	12/25/2018	12/25/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below		ZB8800	12/25/2018	12/25/2019	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Contingent Cargo		CV180636-617	12/25/2018	12/25/2019	\$5,000 Deductible 100,000
A	Professional Liab		CV180636-617	12/25/2018	12/25/2019	\$5,000 Deductible 100,000

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

CERTIFICATE HOLDER Proof of Insurance Coverage	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 

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. THE DAGIASIS GROUP LLC	
	2 Business name/disregarded entity name, if different from above PHALANX LOGISTICS SOLUTIONS	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ S 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. <input type="checkbox"/> Other (see instructions) ▶	
	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) 18636 DETROIT AVE, PO BOX 770588	Requester's name and address (optional)
	6 City, state, and ZIP code LAKWOOD, OH 44107	
	7 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 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.

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.

Social security number								
or								
Employer identification number								
2	6	-	0	0	9	6	9	4
3								

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 ▶ **5/25/16**

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.



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

400 7th Street SW
Washington, DC 20590

SERVICE DATE
June 02, 2005

LICENSE

MC-524113-B

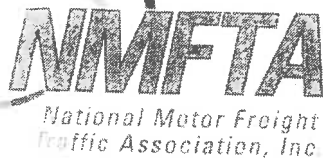
**THE DAGIASIS GROUP, LLC
D/B/A PHALANX LOGISTICS SOLUTIONS
LAKEWOOD, OH**

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 386). 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.

Angeli Sebastian, Chief
Information Systems Division

BPO



May 10, 2017

MICHAEL M DAGIASIS
PHALANX LOGISTICS SOLUTIONS
PO BOX 770588
LAKEWOOD, OH 44107-0030

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **PHAL** has been renewed for:

PHALANX LOGISTICS SOLUTIONS
PO BOX 770588
LAKEWOOD, OH 44107-0030
MC-0524113
US DOT-2234272

This Alpha Code will apply only to the company name shown above through June 30, 2018. **Approximately two months prior to expiration of this SCAC, NMFTA will provide a renewal notice which must be promptly returned together with payment to ensure its continued validity.** Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address below.

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, etc.

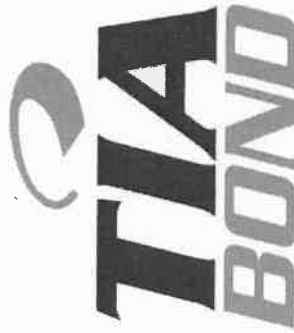
If you participate in the Customs & Border Protection (CBP) ACE program and you have any issue with ACE and your SCAC, please contact CBP at the following address:

Customs and Border Protection
Attention: SCAC Beauregard, Cube C-231-1
1801 N. Beauregard Street
Alexandria, VA 20598-1350
AMS.SCAC@DHS.GOV

NOTICE: Renewal 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 inconnection with freight rates. For participation and membership information, please call (703) 838-1810



The Dagiasis Group, LLC
dba Phalanx Logistics Solutions



is a duly licensed property broker
pursuant to the authority of the
Federal Motor Carrier Safety Administration,
having demonstrated to TIA its integrity
and having successfully met the criterion of financial responsibility
to the amount of \$75,000 through the TIABOND program.



Valid April 5, 2018 through April 5, 2019 – Bond 13522 with a limit of \$75,000

Doug Clark

Doug Clark
Chairman
TIA Services

Robert A. Voltmann

Robert A. Voltmann
President & CEO
Transportation Intermediaries Association



Certificate of Membership

This certificate of membership recognizes

The Dagiasis Group, LLC

DBA Phalanx Logistics Solutions

AS A DISTINGUISHED MEMBER IN GOOD STANDING SINCE 2006

Issued for the 2018 membership year for

LEADERSHIP in third party logistics industry,

COMMITMENT to customer service, and

DEDICATION to ethics and excellence through
adherence to the TIA Code of Ethics



A handwritten signature in black ink, appearing to read "Robert Voltmann".

ROBERT VOLTMANN
PRESIDENT & CEO

A handwritten signature in black ink, appearing to read "Jason Beardsall".

JASON BEARDSALL
CHAIRMAN, TIA BOARD OF DIRECTORS