OWNER/OPERATOR AGREEMENT

THIS AGREEMENT made this ______________ day of ___________ 20__, BY AND BETWEEN STRITTMATTER EQUIPMENT, LLC. AND ________________, hereafter referred to as “OWNER/OPERATOR,” for the performance by OWNER/OPERATOR of all operations as may be required from time to time Strittmatter Equipment LLC.

It is expressly agreed that Owner/Operator shall always be acting as an independent contractor in performing any services hereunder. Strittmatter Equipment, LLC shall carry no worker’s compensation insurance, or any health or accident insurance to cover Owner/Operator, or any of his employees. Strittmatter Equipment, LLC 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, LLC, there from, and from any consequences of Owner/Operator’s failure to provide same for Owner/Operator and his employees, for himself, his heirs, administrators, personal representative, 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, LLC. 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, LLC, he will not discriminate against any employee or applicant for employment by reason of race, creed, color, sex, or national origin.

This agreement shall not constitute an exclusive arrangement and Strittmatter Equipment, LLC shall remain free to engage persons to performs 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, LLC, Owner/Operator shall not obtain additional work except through Strittmatter Equipment, LLC.

I) BASIC REQUIREMENTS:

a. YOU MUST PROVIDE A CERTIFICATE OF INSURANCE SHOWING STRITTMATTER EQUIPMENT, LLC AS CERTIFICATE HOLDER
   i. Liability coverage must be in accordance with the limits as set by Strittmatter Equipment LLC.
   ii. Worker’s compensation, if required by law, must be shown on certificate.
   iii. All coverage must show an expiration date.
   iv. Insurance company must notify Strittmatter Equipment, LLC within ten (10) days before cancellation.
   v. Any lapse in coverage will result in delay of payment for work rendered.
      1. 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, LLC.

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:
   i. All drivers must be DOT certified.
   ii. All Virginia trucks must be equipped with an automatic tarp system.
   iii. All trucks must be equipped with a back-up warning device.
   iv. The use or possession of firearms while working through Strittmatter Equipment, LLC is prohibited.
   v. 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, LLC 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, LLC MUST BE REPORTED IMMEDIATELY TO OUR DISPATCH OFFICE.

b. WE WILL TRY TO RECTIFY ANY LOST TIME INCURRED WHILE WORKING THROUGH STRITTMATTER EQUIPMENT, LLC HOWEVER,
   i. We will not be held liable for any lost time or damages.
   ii. When reporting damages you must have date, time, location, customer, and if possible a photograph of damage.
   iii. When reporting lost time you must have job location, customer, date, and furnish an explanation of why time was lost.

c. RATE OF PAY
   i. You will be quoted a rate per load job, or,
   ii. You will be quoted a rate per load job, or,
   iii. You will be quoted a special hourly rate per project.

   Only tickets with approved signatures will be honored for payment. It is the responsibility of the Owner/Operator to be sure that the ticket(s) are filled out properly before the submission to Strittmatter Equipment, LLC.

d. OUR PAY WEEK RUNS FROM SUNDAY THROUGH SATURDAY
   i. Checks will be disbursed on Friday.
   ii. All tickets must be received by 9:00AM Monday at 9102 Owens Drive, Manassas Park, VA 20111.
   iii. Any tickets over fourteen (14) days old will not be honored for payment until payment for late ticket is received by Strittmatter Equipment, LLC.

e. RELAYING THESE RULES TO DRIVERS IS THE RESPONSIBILITY OF THE 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.
   i. Anyone stopped for an overweight violation that is given the option of shifting the load from one axle to another must do so.
   ii. All trucks must be able to scale the maximum allowable weight for your wheel base.

   VA (W/S)  | MD  | DC (MUST HAVE DC TAGS)
   60,375    | 70,000 | 65,000
   65,625    | 70,000 | 65,000
   80,000    | 80,000 | 80,000

b. ALL TRUCKS MUST LOAD AND DUMP AT SPECIFIED LOCATIONS ONLY. CHARGES FOR DUMPING FEES TO STRITTMATTER EQUIPMENT, LLC ACCOUNT CAN ONLY BE MADE WITH DAILY AUTHORIZATION FROM STRITTMATTER EQUIPMENT LLC’S DISPATCHER.
   i. Any trucks caught “short dumping” is subject to dismissal, and will be totally responsible for material dumped.
ii. 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.
   i. Any truck that is down or will be late must notify dispatch before the assigned job is scheduled to start.
      1. Any truck not on the job within thirty minutes of start time will have another truck dispatched to replace you.
   ii. In the event of rain, you must check in with dispatch before reporting to the job.
      1. If the rain begins during the day you should report back to the job site.
   iii. You are expected to remain at work site until all work has been completed.
      1. 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 LLC AS A CONSEQUENCE OF OWNER/OPERATOR’S NON-PERFORMANCE OR VIOLATION OF ANY OF THE PROVISIONS OF THIS AGREEMENT, INCLUDING WITHOUT LIMITATIONS THOSE FEES AND COSTS INCURRED IN CONNECTION WITH LEGAL ACTION TAKEN BETWEEN STRITTMATTER EQUIPMENT, LLC 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, LLC.

AGENT FOR OWNER/OPERATOR: ________________________________________________________________

REPRESENTING: ____________________________________________________________________________

DATE: ______________________________________

AGENT FOR STRITTMATTER EQUIPMENT, LLC: ____________________________________________________
Important Information for all Independent Truckers:

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 (VA) and 65,000 lbs (MD).

2.) All Strittmatter Equipment, LLC. rental tickets must have the following to get paid:
   a. Customer Name
   b. PO# when required
   c. Date
   d. Location
   e. Start/Stop time and hours
   f. Load count
   g. Strittmatter Equipment, LLC. Job Number

3.) Strittmatter Equipment LLC. 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 the remarks section of the 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 timekeeper/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.

6.) All tickets are due by Monday at 9:00AM 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.

7.) All trucks must be properly insured. The minimum requirement is $750,000.00, showing Strittmatter Equipment, LLC. 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, number of 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.
# Owner/Operator Time Sheet

**FROM:** __________________________  
**Date:** ____________________

**Type of Equipment:**

**Address:** __________________________  
**Phone Number:** __________________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>TICKET #</th>
<th>JOB #</th>
<th>P/U LOCATION/DUMP SITE</th>
<th>HOURS</th>
<th>MINS</th>
<th>LOADS/TONS</th>
<th>RATE</th>
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</tbody>
</table>

**Total Hours Worked**

**Total Loads/Tons**

Total Loads/Tons: _______ X Rate: _______ Amt. Due =$______________________

Total Loads/Tons: _______ X Rate: _______ Amt. Due =$______________________

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

**OFFICE USE ONLY:**

Total Loads/Tons: _______ X Rate: _______ Amt. Due =$______________________

Total Loads/Tons: _______ X Rate: _______ Amt. Due =$______________________

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

**TOTAL AMOUNT DUE $______________**
RENTAL TICKET

COST CODE _________________________

P.O. # _____________________________ DATE 01/01/2015

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

MOVING CHARGE _________________________________________

REMARKS _______________________________________________

SUBJECT TO TERMS AND CONDITIONS
ON REVERSE SIDE

ACCEPTED AND APPROVED _____________________________

AUTHORIZED SIGNATURE

John Smith
Additional Important Information for Independent Owner/Operators:

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 an 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.

**Lien Releases**

Effective immediately you will be required to sign and submit the attached lien release before the following weeks check will be released.

It is suggested that you turn the lien release in with your rental tickets each week. Please read the document carefully. It is a release for the amount for your check and states that you have paid all the suppliers, employees, etc., that you owe.

Please see the sample lien release attached on the next page.
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, LLC., Strittmatter Equipment, LLC, CW Strittmatter, LLC, and/or their related entities, affiliates, subsidiaries and assigns (collectively referred to as the "Strittmatter Companies"), to the undersigned, or to an owner, officer, director, subcontractor, material man, 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 of this Affidavit and Release of Liens, hereby warrants, affirms, and certifies as follows:

a. 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.

b. The undersigned has received payment in full or 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.

c. The undersigned certifies that all subcontractors, material men, 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.

d. 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 exit 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 leaders, guarantors, successors and assigns, from any and all damages, costs, expenses, demands and suits (including attorney’s fees, consultant fees, accountants’ fees, and any other expenses of litigation) directly 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

____________________
Company

____________________
Signature

____________________
Print Name and Title
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
a. 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 Exempt payee code on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships above.

What is FATCA reporting?
The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information
You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

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 you are 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 $50 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

Line 1
You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-9 application. Partnership should also be the same as the name you entered on your 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(ii)(A). Enter the owner’s name on line 1.

If the name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Backup Withholding
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 dealer exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, 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 requestor the 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 requestor,
2. You do not certify your TIN when required (see the Part II Instructions on page 3 for details),
Line 2
If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3
Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.
Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the “Limited Liability Company” box. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the “Limited Liability Company” box and in the space provided write “C” for C corporation or “S” for S corporation. If it is a single-member LLC that is disregarded as a single entity, do not check the “Limited Liability Company” box; instead check the first box in line 3 “Individual sole proprietor or single-member LLC.”

Line 4, Exemptions
If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.
Exempt payee code.
• Generally, individuals (including sole proprietors) are not exempt from backup withholding.
• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
• Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding.
Enter the appropriate code in the space in line 4.

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 403(b)(6)
2=The United States or any of its agencies or instrumentalities
3=A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
4=A foreign government or any of its political subdivisions, agencies, or instrumentalities
5=A corporation
6=A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
7=A future commission merchant registered with the Commodity Futures Trading Commission
8=A real estate investment trust
9=An entity registered at all times during the tax year under the Investment Company Act of 1940
10=A common trust fund operated by a bank under section 584(a)
11=A financial institution
12=A middleman known in the investment community as a nominee or custodian
13=A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

<table>
<thead>
<tr>
<th>IF the payment is for . . .</th>
<th>THEN the payment is exempt for . . .</th>
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<tbody>
<tr>
<td>Interest and dividend payments</td>
<td>All exempt payees except for 7</td>
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<tr>
<td>Broker transactions</td>
<td>Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.</td>
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<tr>
<td>Barter exchange transactions and patronage dividends</td>
<td>Exempt payees 1 through 4</td>
</tr>
<tr>
<td>Payments over $600 required to be reported and direct sales over $5,000</td>
<td>Generally, exempt payees 1 through 5</td>
</tr>
<tr>
<td>Payments made in settlement of payment card or third party network transactions</td>
<td>Exempt payees 1 through 4</td>
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</tbody>
</table>

1 See Form 1099-MISC, Miscellaneous Income, and its instructions.

However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys’ fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid for by a federal executive agency.
Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-4 with “Not Applicable” (or any similar indication) written or printed on the face of a FATCA exemption code.
A=An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B=The United States or any of its agencies or instrumentalities
C=A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
D=A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(iv)
E=A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(iv)
F=A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, forwards, and options) that is registered as such under the laws of the United States or any state
G=A real estate investment trust
H=A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I=A common trust fund as defined in section 584(a)
J=A bank as defined in section 581
K=A broker
L=A trust exempt from tax under section 664 or described in section 4947(a)(1)
M=A tax exempt trust under section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5
Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6
Enter your city, state, and ZIP code.

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 this page), 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-4, Application for a Federal Tax Identification Number, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-722-1044. 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 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, apply for a TIN and 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.

Cautions: A disregarded U.S. 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-8. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see Exempt payee code earlier.

Signature requirements. Complete the certification as indicated in items 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.
3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.
4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529, IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions). You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester
For this type of account: Give name and SSN of:

1. Individual
   The individual
   The actual owner of the account or, if combined funds, the first individual on the account*
   The minor* (Uniform Gift to Minors Act)
   The grantor-trustee* (Uniform Trust Code)
   The actual owner* (Uniform Trust Code)
   The owner* (Uniform Trust Code)

2. Two or more individuals (joint account)
   The owner* (Uniform Trust Code)

3. Custodial account of a minor
   The individual
   The actual owner of the account or, if combined funds, the first individual on the account*
   The minor* (Uniform Gift to Minors Act)
   The grantor-trustee* (Uniform Trust Code)
   The actual owner* (Uniform Trust Code)
   The owner* (Uniform Trust Code)
   The grantor* (Uniform Trust Code)

4. Sole proprietorship or disregarded entity owned by an individual
   The owner* (Uniform Trust Code)

5. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(ii) (A))
   The owner* (Uniform Trust Code)
   The corporation
   The organization
   The partnership
   The broker or nominee
   The public entity

6. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(ii) (B))
   The trust

* You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN, if you have one, but the IRS encourages you to use your SSN.
* List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 2.
* Note: Grantor must also provide a Form W-8 to trustee of trust.

Secure Your Tax Records from Identity Theft
Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:
- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-909-4498 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@us.gov or contact them at www.ftc.gov/idtheft or 1-877-438-4338.

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice
Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for criminal and civil litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

1 List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.
2 Circle the minor's name and furnish the minor's SSN.
COMPANY NAME: _______________________________________________________________

CONTACT: _____________________________________________________________________

PHONE NUMBERS:

  OFFICE: _____________________________________________

  MOBILE: __________________________________________________________________

  HOME: _____________________________________________

  OTHER: _____________________________________________

YARD ADDRESS: _____________________________________________

____________________________________________________________________________

COUNTY: ___________________________________________________

TRUCKS: ____________________      AXLES: ________________     BTH BTL: ______________________

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<th>Dirt</th>
<th>Rock</th>
<th>Gravel</th>
<th>Hot Rock</th>
<th>Concrete</th>
<th>Other</th>
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TAGS: ________________________________________________________________________

DESCRIPTION:

COMMENTS:
On this _________ day of _______________, 20_____, I/we certify to Strittmatter Equipment, LLC., 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 Strittmatter Equipment LLC., 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 Driver’s License.

I agree to indemnify and hold Strittmatter Equipment LLC. 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 truck operator supplied to Strittmatter Equipment LLC. by or through me to be properly licensed and in full compliance with all federal, state and local laws.

__________________________________  __________________________________
Name of Company                   Date

__________________________________
Signature

__________________________________
Title
Name of Company: _____________________________________________

Address: ______________________________________________________
____________________________________________________

Phone Number: ___________________________________  SSN or Fed ID No.: ______________________________

Insurance Agent: _____________________________  Policy Number: ______________________________

Company: ______________________________________________________

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<th>Driver’s Name</th>
<th>Driver License Number:</th>
<th>Insp. Exp.</th>
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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 Strittmatter Equipment LLC. 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 Strittmatter Equipment LLC. Rental Ticket.

Name: _____________________________  Date: _____________________________
Dump Truck Beds:

We would like to address a matter that has been brought to our attention. Please make sure that your beds are empty of any and all trash before working on any Strittmatter job. This also applies to any job you may go to while working for Strittmatter.

It is up to the driver to make sure the bed is clean each morning. If any trash (oil jugs, tires, soda cans, fast food bags, or previous day’s material) is dumped on a job while working for Strittmatter, the owner operator will be responsible for all cost resulting in the cleanup and disposal of such mentioned material/trash etc.

Overweight Tickets:

I would like to inform everyone on the procedure that should be followed if you should receive an overweight ticket.

1) When returning to the job that loaded you, you must notify the job foreman.
2) Forward Strittmatter a copy of the ticket and a copy of the weight report within 7 days. (Please include the job you worked on, your CWS rental ticket number and the name on the truck.)
3) Under no circumstances should a ticket be paid prior to speaking with Randy Schucker or Joe Tompkins.
4) It is your responsibility as an independent owner operator to maintain legal tags on your vehicle(s). It is your responsibility to understand each jurisdictions weight laws and make sure your vehicles are legally tagged to haul a legal load in the jurisdictions the jobs are set to operate each day. Any ticket that may result from a truck that is tagged improperly is the sole responsibility of the owner operator.

Please sign and date this memo and return it to with the rest of the forms.

___________________________________________  ______________________
Signature                                      Date

____________________________________________
Name
Please check one of the following:

_______ I will pick up my paycheck at the Manassas Park location.

_______ I want my check mailed to me.

Address: _________________________________
_______________________________________

___________________________
Signature                  Date

___________________________
Name