

PROSTAR VENTURES INC.

717 8th St. – PO Box 330
Gothenburg, NE 69138-0330
Phone: 308-537-4280 – Fax: 308-537-7279



PROSTAR VENTURES INC.

PO BOX 330
Gothenburg, NE 69138

ProStar Ventures Inc. is a licensed, bonded, ICC brokerage with three locations. Two are in Nebraska Lexington and Gothenburg. We have been loading trucks, daily since 1986 all over the United States. We deliver over 25,000,000 pounds of processor onions throughout the year to various locations.

We specialize in loading bulk equipment, but also load flats, vans, and reefers. Our company is very much involved with onion growers and shippers in all growing areas of the country, as well as other produce shippers. We load lumber, steel, nursery, agricultural feed ingredients, fertilizer, and other products for all types of equipment.

We look forward to hearing from you when the need arises. Our office phone contact information is listed below for all locations.

DUANE KAUTZ	LEXINGTON, NE	(308) 324-9984;	FAX (308) 324-9920
BROCKMASSIN	GOTHENBURG NE	(308) 537-4280;	FAX (308) 537-7279
JD MORGAN	PUEBLO, CO	(308) 537-4280;	FAX (308) 537-7279

For billing and accounting questions, please contact our Gothenburg office at (308) 537-4280.

PROSTAR VENTURES INC.

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**PLEASE FILL OUT
& FAX THIS PAGE
BACK TO:
308-537-7279**

*** Customer Profile ***

Business Name On Check: _____

Address on Check: _____

City: _____ State: _____ Zip Code: _____

Years in Business: _____

DBA: _____

Phone: _____ Fax: _____

(Check One)
Corporation: Partnership: Individual:

Social Security #/ Corp. ID: _____

Owner Information:

Owner(s) Name(s): _____

Owner(s) Name(s): _____

Owner(s) Name(s): _____

Owners Phone: _____ Owners Fax: _____

Accounts Receivable Information:

Accounts Receivable Contact: _____

Phone: _____ Fax: _____

Signed: _____ Title: _____

Printed: _____ Date: _____

PLEASE COMPLETE AND FAX INFORMATION TO 308-537-7279

*****THANK YOU*****



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/16/2016

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 HUB Transportation (CO) 6075 E. 60th Avenue Commerce City CO 80022	CONTACT NAME: PHONE (A/C, No. Ext): 800-880-0975 FAX (A/C, No.): 303-287-2311 E-MAIL ADDRESS: TISCERTREQ@HUBInternational.com
INSURED ProStar Ventures, Inc. 717 8th Street, Suite 1 Gothenburg NE 69138	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Zurich American Insurance Co. 16535 INSURER B: Lloyd's of London INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER: 1901322751** **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
B	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		H3316-006	7/1/2016	8/1/2017	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 \$2,000,000 Deductible \$1,000
B	AUTOMOBILE LIABILITY <input 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		CV150501-192	7/1/2016	8/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ CONTINGENT \$COVERAGE ONLY EACH OCCURRENCE \$ AGGREGATE \$ RETENTION \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ RETENTION \$
A	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 N/A	WC 593220	8/1/2016	8/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	Contingent Cargo		CV150501-192	7/1/2016	8/1/2017	\$100,000 Per Vehicle \$5,000 Deductible

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

CERTIFICATE HOLDER	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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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. ProStar Ventures Inc	
	2 Business name/disregarded entity name, if different from above	
	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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 717 8th Street	Requester's name and address (optional)
	6 City, state, and ZIP code Gothenburg NE 69138	
	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												
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Employer identification number												
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8	1	-	2	4	4	3	6	2	1			

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 ▶ 7/18/16
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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

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

SERVICE DATE

July 28, 2016

DECISION

MC-452700

SKYVIEW TRANSPORTATION, INC.

D/B/A GOLD STAR VENTURES

GOTHENBURG, NE

REENTITLED

PROSTAR VENTURES, INC.

On July 22, 2016, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as PROSTAR VENTURES, INC.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://fi-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: July 25, 2016

By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division
NCA

FMCSA Motor Carrier

USDOT Number: **2230429**
Docket Number: **MC452700**
Legal Name: **PROSTAR VENTURES, INC.**
DBA (Doing-Business-As) Name



Addresses

Business Address: **717 8TH ST STE 2
GOTHENBURG, NE 69138**
Business Phone: **(719) 948-1456** Business Fax:
Mail Address: **PO BOX 330
GOTHENBURG, NE 69138**
Mail Phone: **(719) 948-1456** Mail Fax: Undeliverable Mail: **NO**

Authorities:

Common Authority:	NONE	Application Pending:	NO	
Contract Authority:	NONE	Application Pending:	NO	
Broker Authority:	ACTIVE	Application Pending:	NO	
Property:	YES	Passenger:	NO	Household Goods: NO
Private:	NO	Enterprise:	NO	

Insurance Requirements:

BIPD Exempt:	NO	BIPD Waiver:	NO	BIPD Required:	\$0	BIPD on File:	\$0
Cargo Exempt:	NO			Cargo Required:	NO	Cargo on File:	NO
BOC-3:	YES			Bond Required:	YES	Bond on File:	YES

Blanket Company: **PROCESS AGENT SERVICE COMPANY, INC.**

Comments:

Active/Pending Insurance:

Form: 84	Type: SURETY	Posted Date: 02/21/2014
Policy/Surety Number: NIC10071	Coverage From: \$0	To: \$75,000*
Effective Date: 02/20/2014	Cancellation Date: 08/30/2016	

Insurance Carrier **NAVIGATORS INSURANCE COMPANY**
Attn: **THOMAS MCNAMARA, VP - COMMERCIAL AUTO**
Address: **ONE PENN PLAZA 32ND FLR
NEW YORK, NY 10119 US**
Telephone: **(212) 613 - 4236** Fax: **(847) 285 - 9003**

If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

FMCSA Motor Carrier

USDOT Number: **2230429**

Docket Number: **MC452700**

Legal Name: **PROSTAR VENTURES, INC.**

DBA (Doing-Business-As) Name



Rejected Insurances:

Form:	Type:	Coverage From:	\$0	To:	\$0
Policy/Surety Number:		Received:		Rejected:	
Rejected Reason:					

FMCSA Motor Carrier

USDOT Number: **2230429**
Docket Number: **MC452700**
Legal Name: **PROSTAR VENTURES, INC.**
DBA (Doing-Business-As) Name



Insurance History:

Form: 91X	Type: BIPD/Primary				
Policy/Surety Number: P62277	Coverage From	\$0	To:	\$10,000	
Effective Date From: 03/01/2003	To: 03/22/2003	Disposition: Cancelled			

Insurance Carrier: **PIONEER GENERAL INSURANCE COMPANY**
Attn:
Address: **6780 E. HAMPDEN AVE.**
DENVER, CO 80224 US
Telephone: **(303) 758 - 8122** Fax: **(303) 758 - 6186**

Form: 84	Type: SURETY				
Policy/Surety Number: P62277	Coverage From	\$0	To:	\$10,000 *	
Effective Date From: 03/01/2003	To: 03/01/2006	Disposition: Replaced			

Insurance Carrier: **PIONEER GENERAL INSURANCE COMPANY**
Attn:
Address: **6780 E. HAMPDEN AVE.**
DENVER, CO 80224 US
Telephone: **(303) 758 - 8122** Fax: **(303) 758 - 6186**

Form: 84	Type: SURETY				
Policy/Surety Number: 70037213	Coverage From	\$0	To:	\$10,000 *	
Effective Date From: 03/01/2006	To: 10/01/2013	Disposition: Replaced			

Insurance Carrier: **WESTERN SURETY CO.**
Attn:
Address: **101 SOUTH PHILLIPS AVE.**
SIOUX FALLS, SD 57104 US
Telephone: **(605) 336 - 0850** Fax: **(605) 335 - 0357**

Form: 84	Type: SURETY				
Policy/Surety Number: 70037213	Coverage From	\$0	To:	\$75,000 *	
Effective Date From: 10/01/2013	To: 11/22/2013	Disposition: Transferred			

Insurance Carrier: **WESTERN SURETY CO.**
Attn:
Address: **101 SOUTH PHILLIPS AVE.**
SIOUX FALLS, SD 57104 US
Telephone: **(605) 336 - 0850** Fax: **(605) 335 - 0357**

FMCSA Motor Carrier

USDOT Number: **2230429**
 Docket Number: **MC452700**
 Legal Name: **PROSTAR VENTURES, INC.**
 DBA (Doing-Business-As) Name



Insurance History:

Form: 84	Type: SURETY				
Policy/Surety Number: NIC10071	Coverage From	\$0	To:	\$75,000 *	
Effective Date From: 11/22/2013	To: 02/25/2014	Disposition: Name Changed			

Insurance Carrier **NAVIGATORS INSURANCE COMPANY**
 Attn: **THOMAS MCNAMARA, VP - COMMERCIAL AUTO**
 Address: **ONE PENN PLAZA 32ND FLR**
NEW YORK, NY 10119 US
 Telephone: **(212) 613 - 4236** Fax: **(847) 285 - 9003**

Form: 84	Type: SURETY				
Policy/Surety Number: NIC10071	Coverage From	\$0	To:	\$75,000 *	
Effective Date From: 11/22/2013	To: 02/20/2014	Disposition: Replaced			

Insurance Carrier **NAVIGATORS INSURANCE COMPANY**
 Attn: **THOMAS MCNAMARA, VP - COMMERCIAL AUTO**
 Address: **ONE PENN PLAZA 32ND FLR**
NEW YORK, NY 10119 US
 Telephone: **(212) 613 - 4236** Fax: **(847) 285 - 9003**

If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	PROPERTY BROKER	GRANTED	12/09/2013
	PROPERTY BROKER	GRANTED	04/09/2003 TRANSFER CONSUMMATED 11/26/2013

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906 FORM BMC-84

Bond No. NIC10071

Filer FMCSA Account Number: 09135

License No. MC- 452700

KNOW ALL MEN BY THESE PRESENTS, that we, PROSTAR VENTURES, INC.
(Name of Broker or Freight Forwarder)
of 717 8TH ST STE 2 GOTHENBURG, Nebraska 69138
(Street) (City) (State) (Zip)
as PRINCIPAL (hereinafter called Principal), and Navigators Insurance Company
(Name of Surety)

a corporation, or a Risk Retention Group established under the Liability Risk Retention Act of 1986, Pub. L. 99-563, created and existing under the laws of the State of Connecticut (hereinafter called Surety), are held and firmly bound unto the United States of America in the sum of \$75,000 for a broker or freight forwarder, for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker or Freight Forwarder pursuant to the provisions of Title 49 U.S.C. 13904, and the rules and regulations of the Federal Motor Carrier Safety Administration relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Federal Motor Carrier Safety Administration such a bond as will ensure financial responsibility and the supplying of transportation subject to the ICC Termination Act of 1995 in accordance with contracts, agreements, or arrangements therefore, and

WHEREAS, this bond is written to assure compliance by the Principal as either a licensed Broker or a licensed Freight Forwarder of Transportation by motor vehicle with 49 U.S.C. 13906(b), and the rules and regulations of the Federal Motor Carrier Safety Administration, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, and arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the ICC Termination Act of 1995 under license issued to the Principal by the Federal Motor Carrier Safety Administration, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the Federal Motor Carrier Safety Administration forthwith of all suits filed, judgements rendered, and payments made by said Surety under this bond.

This bond is effective the 31st day of August, 2016, 12:01 a.m., standard time at the address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the Federal Motor Carrier Safety Administration at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA on the prescribed Form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond. The Surety shall not be liable hereunder for the payment of any damages herein before described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified above, and that such company is qualified to make this filing under Section 387.315 of Title 49 of the Code of Federal Regulations. Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001.

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 28th day of July, 2016.

PRINCIPAL

PROSTAR VENTURES, INC.

COMPANY NAME

717 8TH ST STE 2

STREET ADDRESS

Nebraska

STATE

69138

ZIP CODE

GOTHENBURG,

CITY

(719) 948-1456

TELEPHONE NUMBER

Ben Rickertson

(type or print Principal officer's name and title)

[Signature]

(Principal officer's signature)

Adam Green

(type or print witness's name)

[Signature]

(witness's signature)

SURETY

Navigators Insurance Company

COMPANY NAME

400 Atlantic Street, 8th Floor

STREET ADDRESS

Stamford

CITY

Connecticut

STATE

06901

ZIP CODE

847-285-9000

TELEPHONE NUMBER

Michelle E. Lucaccioni

(type or print Principal officer's name and title)

Michael E. Jones

(Principal officer's signature)

Philip DiChiara

(type or print witness's name)

[Signature]

(witness's signature)





August 03, 2016

BENJAMIN RICKERTSEN
PROSTAR VENTURES INC
717 8TH ST STE 2
GOTHENBURG, NE 69138

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT

The Standard Carrier Alpha Code of **PVNQ** has been assigned to:

PROSTAR VENTURES INC
717 8TH ST STE 2
GOTHENBURG, NE 69138
MC-452700
US DOT- 2230429

This Alpha Code will apply only to the company name shown above through June 30, 2017. **Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal 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. *If you participate in the Bureau of Customs & Border Protection ACE, AMS, CAFES, FAST or PAPS programs, it is your responsibility to ensure that a copy of this letter is forwarded (email preferred) to 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

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, tariffs, etc.

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