



## **GILLSON TRUCKING LTD.**

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Unit 109 - 30468 Great Northern Ave, Abbotsford, BC V2T 6H4

Toll Free: 1-877-580-4445 | Office: 604-853-2227

Jag: 604-832-2598 | Paul: 604-832-2564

Fax: 604-853-2228 | Email: [info@gillsontrucking.ca](mailto:info@gillsontrucking.ca)

[www.gillsontrucking.ca](http://www.gillsontrucking.ca)



**THANK YOU FOR YOUR BUSINESS**



**GILLSON TRUCKING MISSION (BC) LTD.**

Unit#109-30468 Great Northern Ave  
ABBOTSFORD, BC  
V2T 6H4

Tel: (604)-853-2227  
Fax: (604)-853-2228



Date: April-05-2019

**Credit Information**

Company Name: Gillson Trucking (See Info Above)

Business Type: Trucking

Account Payable Contact: Management

Date Business Start: April 2005

Bank Reference: TD Canada Trust

Account Name: Gillson Trucking

Contact: Manager

Ph. (604) 820-5600

**Trucking/Trade References:**

Name: Van Haul Trucking

Address: Abbotsford BC

Ph. (604) 556-3933

Contact Name: Bob

ACCESS AMERICA TRANSPORT

Address: Chatnooga, TN

PH:1-855-256-3136 Prescott

Name: Spady Transport Logistics

Address: White Rock BC

Ph. (604) 535-1825

Contact Name: Shelly

Metro Transport LTD

Surrey BC

Ph:604-543-0505

Cont. Jas

Name: GHOST TRANSPORTATION

Address: SASKATOON,SK

Ph:1-306-249-3515

Contact Name: MIKE OR DANI

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <b style="font-size: 1.2em;">CSIO</b> </div> <div> <b style="font-size: 1.2em;">CERTIFICATE OF INSURANCE</b> </div> <div style="text-align: right; font-size: 0.8em;">             DATE (YY/MM/DD)  <b>18/09/10</b> </div> </div>																									
<b>BROKER</b> Mid Valley Ins. Agencies Ltd. 1 - 32442 George Ferguson Way Abbotsford, BC V2T 4Y4			This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.																						
<b>BROKER'S CLIENT ID:</b> GILLS-2			<b>COMPANIES AFFORDING COVERAGE</b>																						
<b>INSURED'S FULL NAME AND MAILING ADDRESS</b> Gillson Trucking Mission (BC) Ltd 109 - 30468 Great Northern Ave Abbotsford, BC V2T 6H4			<b>COMPANY A</b> Northbridge - Burns & Wilcox <b>COMPANY B</b> ICBC <b>COMPANY C</b> <b>COMPANY D</b>																						
<b>COVERAGES</b>																									
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.																									
<b>LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</b>																									
TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (YY/MM/DD)	POLICY EXPIRATION DATE (YY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)																				
<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS MADE OR <input type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYERS'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> POLLUTION LIABILITY EXTENSION		BWTIM6668	18/09/15	19/09/15	<table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 2000000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2000000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ INC</td></tr> <tr><td>PERSONAL INJURY</td><td style="text-align: right;">\$ INC</td></tr> <tr><td>TENANT'S LEGAL LIABILITY</td><td style="text-align: right;">\$ 500000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ INC</td></tr> <tr><td>NON-OWNED AUTO</td><td style="text-align: right;">\$</td></tr> <tr><td>OPTIONAL POLLUTION LIABILITY EXTENSION</td><td style="text-align: right;">\$</td></tr> <tr><td>(Per Occurrence)</td><td style="text-align: right;">\$</td></tr> <tr><td>(Aggregate)</td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 2000000	GENERAL AGGREGATE	\$ 2000000	PRODUCTS - COMP/OP AGG	\$ INC	PERSONAL INJURY	\$ INC	TENANT'S LEGAL LIABILITY	\$ 500000	MED EXP (Any one person)	\$ INC	NON-OWNED AUTO	\$	OPTIONAL POLLUTION LIABILITY EXTENSION	\$	(Per Occurrence)	\$	(Aggregate)	\$
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<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> LEASED AUTOMOBILES  <input type="checkbox"/> Non-owned Trailer <input type="checkbox"/> Policy Dedc \$2500 <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	B A	BC 04091-001 BWTIM6668 LIMIT \$110,000	18/10/01 18/09/15	19/10/01 19/09/15	<table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr><td>BODILY INJURY PROPERTY DAMAGE COMBINED</td><td style="text-align: right;">\$ 2000000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$ INC</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$ INC</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$ INC</td></tr> <tr><td> </td><td> </td></tr> </table>	BODILY INJURY PROPERTY DAMAGE COMBINED	\$ 2000000	BODILY INJURY (Per person)	\$ INC	BODILY INJURY (Per accident)	\$ INC	PROPERTY DAMAGE	\$ INC												
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<b>OTHER LIABILITY (SPECIFY)</b> Cargo - Broad Form	A	BWTIM6668	18/09/15	19/09/15	<table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr><td>Limit</td><td style="text-align: right;">\$250000</td></tr> <tr><td>Dedc</td><td style="text-align: right;">\$2500</td></tr> <tr><td>Reefr Brk Dwn</td><td style="text-align: right;">\$5000</td></tr> </table>	Limit	\$250000	Dedc	\$2500	Reefr Brk Dwn	\$5000														
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<b>ADDITIONAL INSURED</b>			<b>DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS</b> Long Haul Trucking																						
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>																						
SIGNATURE OF AUTHORIZED REPRESENTATIVE 			Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.																						
<b>FAX NUMBER</b>	<b>EMAIL ADDRESS</b> trucking@midvalleyins.ca	<b>COMPANY</b> Mid Valley Insurance	<b>DATE</b> 18/09/10																						
<small>CSIO CERT (2000/06)</small>																									

OP ID: KA

CSR: BV





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

400 7th Street SW  
Washington, DC 20590

**SERVICE DATE**  
April 22, 2005

**CERTIFICATE**  
**MC-518015-C**  
GILLSON TRUCKING MISSION (BC) LTD  
MISSION, BC, CD

This Certificate is evidence of the carrier's authority to engage in transportation as a **common carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to 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 carrier 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

**NOTE:** Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

CMO



BRITISH  
COLUMBIA

Ministry of Public Safety  
and Solicitor General

Commercial Vehicle Safety and  
Enforcement Division

National Safety Code

Revenue  
Number: 011613

PO Box 9250 Stn Prov Govt  
Victoria BC V8W 9J2

201-386-150

This Safety Certificate, issued pursuant to the Motor Vehicle Transport Act, 1987 (Canada) and the Motor Vehicle Act (RSBC 1996 c.318), is granted to

*Gillson Trucking Mission (BC) Ltd.*

This certificate is issued on the *15th* day of *February 2005*. It is valid as long as the named holder operates all vehicles governed by this certificate according to requirements set by the Motor Vehicle Transport Act 1987 (Canada) and the Motor Vehicle Act (RSBC 1996 c.318), or until it is cancelled by the Director.

*Robert L. Hurd*

Director, Commercial Vehicle Safety and Enforcement  
Ministry of Public Safety and Solicitor General  
Director, Motor Vehicle Transport Act, 1987 (Canada)



# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**GILLSON TRUCKING MISSION (BC) LTD.**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☒ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ 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) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**UNIT # 109,30468 GREAT NORTHERN AVE**

6 City, state, and ZIP code  
**ABBOTSFORD, BC V2T 6H4 CANADA**

7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-					
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or

Employer identification number

9	8	-	0	4	5	2	1	4	8
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## 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 for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

*JPS*

Date ► **03-19-2019**

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## 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, later.



Form **W-8BEN**

(Rev. July 2017)

Department of the Treasury  
Internal Revenue Service**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

► For use by individuals. Entities must use Form W-8BEN-E.

► Go to [www.irs.gov/FormW8BEN](http://www.irs.gov/FormW8BEN) for instructions and the latest information.

► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

**Do NOT use this form if:**

- You are NOT an individual . . . . . W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . 8233 or W-4
- You are a person acting as an intermediary . . . . . W-8IMY

**Note:** If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

**Part I Identification of Beneficial Owner (see instructions)**

<b>1</b> Name of individual who is the beneficial owner GILLSON TRUCKING MISSION (BC) LTD.	<b>2</b> Country of citizenship CANADA
<b>3</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b> UNIT # 109-30468 GREAT NORTHERN AVE City or town, state or province. Include postal code where appropriate. ABBOTSFORD, BC V2T 6H4	
<b>4</b> Mailing address (if different from above) SAME ABOVE City or town, state or province. Include postal code where appropriate.	
<b>5</b> U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) 98-0452148	<b>6</b> Foreign tax identifying number (see instructions)
<b>7</b> Reference number(s) (see instructions)	<b>8</b> Date of birth (MM-DD-YYYY) (see instructions)

**Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)**

- 9** I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.
- 10** **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_
- Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
  - The person named on line 1 of this form is not a U.S. person,
  - The income to which this form relates is:
    - (a) not effectively connected with the conduct of a trade or business in the United States,
    - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
    - (c) the partner's share of a partnership's effectively connected income.
  - The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
  - For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
- Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

**Sign Here**

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

03-20-2019

Date (MM-DD-YYYY)

JAG GILL

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)



Form **W-8BEN-E**

(Rev. July 2017)

Department of the Treasury  
Internal Revenue Service**Certificate of Status of Beneficial Owner for  
United States Tax Withholding and Reporting (Entities)**

► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code.  
► Go to [www.irs.gov/FormW8BENE](http://www.irs.gov/FormW8BENE) for instructions and the latest information.  
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

**Do NOT use this form for:**

- U.S. entity or U.S. citizen or resident . . . . . W-9
- A foreign individual . . . . . W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the U.S. (unless claiming treaty benefits) . . . . . W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) . . . . . W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) . . . . . W-8IMY

**Instead use Form:****Part I Identification of Beneficial Owner**

<b>1</b> Name of organization that is the beneficial owner GILLSON TRUCKING MISSION (BC) LTD.		<b>2</b> Country of incorporation or organization CANADA																
<b>3</b> Name of disregarded entity receiving the payment (if applicable, see instructions)																		
<b>4</b> Chapter 3 Status (entity type) (Must check one box only): <table border="0"><tr><td><input type="checkbox"/> Simple trust</td><td><input type="checkbox"/> Grantor trust</td><td><input checked="" type="checkbox"/> Corporation</td><td><input type="checkbox"/> Disregarded entity</td><td><input type="checkbox"/> Partnership</td></tr><tr><td><input type="checkbox"/> Central Bank of Issue</td><td><input type="checkbox"/> Tax-exempt organization</td><td><input type="checkbox"/> Complex trust</td><td><input type="checkbox"/> Estate</td><td><input type="checkbox"/> Government</td></tr><tr><td colspan="2"></td><td><input type="checkbox"/> Private foundation</td><td colspan="2"><input type="checkbox"/> International organization</td></tr></table> If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes" complete Part III. <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				<input type="checkbox"/> Simple trust	<input type="checkbox"/> Grantor trust	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government			<input type="checkbox"/> Private foundation	<input type="checkbox"/> International organization	
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		<input type="checkbox"/> Private foundation	<input type="checkbox"/> International organization															
<b>5</b> Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.) <table border="0"><tr><td><input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).  <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions.  <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI.</td><td><input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.  <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.  <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII.  <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. <input type="checkbox"/> Active NFFE. Complete Part XXV. <input type="checkbox"/> Passive NFFE. Complete Part XXVI. <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. <input type="checkbox"/> Direct reporting NFFE. <input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII. <input type="checkbox"/> Account that is not a financial account.</td></tr></table>				<input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).  <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions.  <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI.	<input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.  <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. 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<b>6</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address</b> (other than a registered address). UNIT # 109-30468 GREAT NORTHERN AVE City or town, state or province. Include postal code where appropriate. ABBOTSFORD, BC V2T 6H4																		
<b>7</b> Mailing address (if different from above)  City or town, state or province. Include postal code where appropriate.		Country CANADA																
<b>8</b> U.S. taxpayer identification number (TIN), if required 98-0452148		<b>9a</b> GIIN  <b>b</b> Foreign TIN																
<b>10</b> Reference number(s) (see instructions)																		

**Note:** Please complete remainder of the form including signing the form in Part XXX.**For Paperwork Reduction Act Notice, see separate instructions.**

Cat. No. 59689N

Form **W-8BEN-E** (Rev. 7-2017)



**Part II Disregarded Entity or Branch Receiving Payment.** (Complete only if a disregarded entity with a GIIN or a branch of an FFI in a country other than the FFI's country of residence. See instructions.)

- 11 Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment  
☐ Branch treated as nonparticipating FFI. ☐ Reporting Model 1 FFI. ☐ U.S. Branch.  
☐ Participating FFI. ☐ Reporting Model 2 FFI.
- 12 Address of disregarded entity or branch (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address).

City or town, state or province. Include postal code where appropriate.

Country

- 13 GIIN (if any)

**Part III Claim of Tax Treaty Benefits (if applicable).** (For chapter 3 purposes only.)

- 14 I certify that (check all that apply):
- a ☒ The beneficial owner is a resident of CANADA within the meaning of the income tax treaty between the United States and that country.
- b ☒ The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):
- |  |   |
|--|---|
| <input type="checkbox"/> Government                                  | <input type="checkbox"/> Company that meets the ownership and base erosion test                         |
| <input type="checkbox"/> Tax exempt pension trust or pension fund    | <input type="checkbox"/> Company that meets the derivative benefits test                                |
| <input type="checkbox"/> Other tax exempt organization               | <input type="checkbox"/> Company with an item of income that meets active trade or business test        |
| <input type="checkbox"/> Publicly traded corporation                 | <input type="checkbox"/> Favorable discretionary determination by the U.S. competent authority received |
| <input type="checkbox"/> Subsidiary of a publicly traded corporation | <input type="checkbox"/> Other (specify Article and paragraph): _____                                   |
- c ☐ The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).
- 15 **Special rates and conditions** (if applicable—see instructions):  
 The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_  
 of the treaty identified on line 14a above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_  
 Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part IV Sponsored FFI**

- 16 Name of sponsoring entity: \_\_\_\_\_
- 17 **Check whichever box applies.**
- ☐ I certify that the entity identified in Part I:
- Is an investment entity;
  - Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; and
  - Has agreed with the entity identified above (that is not a nonparticipating FFI) to act as the sponsoring entity for this entity.
- ☐ I certify that the entity identified in Part I:
- Is a controlled foreign corporation as defined in section 957(a);
  - Is not a QI, WP, or WT;
  - Is wholly owned, directly or indirectly, by the U.S. financial institution identified above that agrees to act as the sponsoring entity for this entity; and
  - Shares a common electronic account system with the sponsoring entity (identified above) that enables the sponsoring entity to identify all account holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limited to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.



WORKING TO MAKE A DIFFERENCE

**Assessment Department Location**

**Mailing Address**

PO Box 5350  
Station Terminal  
Vancouver BC V6B 5L5

6951 Westminster Highway  
Richmond BC  
V7C 1C6  
www.worksafebc.com

**Clearance Section**

Telephone 604 244 6380  
Toll Free within Canada  
1 888 922 2768  
Fax 604 244 6390

GILLSON TRUCKING MISSION (BC) LTD.  
unit#109,30468 Great Northern Ave  
ABBOTSFORD, BC V2T 6H4

March 19, 2019

**Person/Business : GILLSON TRUCKING MISSION (BC) LTD.**

**AAP IJT**

**Account number : 731924**

This letter provides clearance information for the purposes of Section 51 of the *Workers Compensation Act*.

We confirm that the above-referenced firm is active, in good standing, and has met WorkSafeBC's criteria for advance clearance. Accordingly, if the addressee on this letter is the prime contractor, the addressee will not be held liable for the amount of any assessment payable for work undertaken by the above-referenced firm to **April 01, 2019**.

This firm has had continuous coverage with us since April 01, 2005.

Employer Service Centre  
Assessment Department

**Clearance Reference # : C130814645**

**CLRAAA**

**For more information about Section 51 and clearance letters visit [WorkSafeBC.com](http://WorkSafeBC.com)**

*Please refer to your account number in your correspondence or when contacting the Assessment Department.*

**To alter this document constitutes fraud.**





# Gillson Trucking

Unit # 109-30468 Great Northern Ave.  
Abbotsford, BC. V2T 6H4

Tel: 604-853-2227  
Fax: 604-853-2228

## STRAIGHT BILL OF LADING - NOT NEGOTIABLE

PICK-UP DATE & TIME		TRIP #		PRO BILL #		DELIVERY DATE & TIME		
CONSIGNOR (SHIPPER)				CONSIGNEE (RECEIVER)				
ADDRESS		POSTAL/ZIP CODE		ADDRESS		POSTAL/ZIP CODE		
CITY, PROV/STATE				CITY, PROV/STATE				
TEL #		FAX #		TEL #		FAX #		
SPECIAL INSTRUCTIONS				ROUTING				
				CUSTOMS BROKER		PN CONFIRMATION #		
TEMP. °F		TEMP. °C		TEL #		FAX #		
PIECES / QTY	PRODUCT DESCRIPTION / ARTICLES AND SPECIAL MARKS / MOC			DANGEROUS GOODS		WEIGHT (lbs)	WEIGHT (kgs)	FREIGHT CHARGES SHIPPER TO CHECK
				CLASS	UN #	PKG. GRP.		PREPAID <input type="checkbox"/>
								COLLECT <input type="checkbox"/>
								If not specified, shipment will move prepaid.
24 HOUR EMERGENCY RESPONSE TELEPHONE #		TYPE OF PLACARD		QUANTITY		EMERGENCY PLAN #		DECLARED VALUE OF SHIPMENT
								Maximum liability of \$4.41 Kg (\$2.00/lb) computed on the total weight of the shipment unless declared valuation states otherwise.
TRUCK #	TRAILER/CONTAINER #	CHASSIS #	SEAL #					US <input type="checkbox"/>
							\$	CDN <input type="checkbox"/>

NOTICE OF CLAIM (a) No carrier is liable for loss, damage or delay to any goods under the Bill of Lading unless notice thereof setting out particulars of the origin, destination and date of shipment of the goods and the estimated amount claimed in respect of such loss, damage or delay is given in writing to the originating carrier or the delivering carrier within sixty (60) days after the delivery of the goods, or, in case of failure to make delivery, within nine (9) months from the date of shipment. (b) The final statement of the claim must be filed within nine (9) months from the date of shipment together with a copy of the paid freight bill.

Received, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading, goods described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned and destined as indicated below, which said Company agrees to carry to its usual place of delivery at said destination, if on its road, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, that every service to be performed hereunder shall be subject to all the terms and conditions (which are hereby incorporated by reference and have the same force and effect as if the same were severally, fully and specifically set forth herein). General Order No. T-5, dated February 1, 1965 set forth in the Canadian Freight Classification, and of the bill of lading set forth in or prescribed by the relevant tariffs, classifications, statutes and regulations pertaining to motor carrier's services.

DRIVER'S SIGNATURE		CONSIGNEE'S NAME (please print)	
SHIPPER NAME / SIGNATURE		CONSIGNEE'S SIGNATURE (received in good order)	
CONSIGNEE LOAD SEAL VERIFICATION		DATE RECEIVED	
SEAL INTACT	YES <input type="checkbox"/> NO <input type="checkbox"/>		

White - Office

Yellow - Driver

Pink - Consignee (Receiver)

## **GILLSON TERMINAL LOCATIONS**

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### **Abbotsford, BC, Canada:**

29020 Fraser Hwy, Abbotsford, BC V4X 1G8

### **Surrey, BC, Canada:**

11686 Pine Rd, Surrey, BC V3V 7Y2

### **Utah, USA**

2597 California Ave, Salt Lake City, UT 84104