GENERAL INFORMATION -- 2020

1.	FILING STATUS:	Corporation	nCo	rporation –	Sub S	LLC	
	_	Individual ((Sole Proprie	etor) I	Partnership		
2.	TYPE OF CARRIER C	PERATION: _	Passenç	ger	Freight	/Vehicles	
3.	Officer, owner, or partr	ner to whom cor	respondence	or question	s are to be	addressed:	
Name (print)			Title/Position				
	Phone Number	Email Address					
4.	Accounting records are	e maintained at t	the following	address:			
		A	ddress				
	City	 State	z Zip	Pł	none Numbe	er	
VF	RIFICATION UNDE			G ACCUE	RACY OF	REPORT	
	TE: This verification shall er, or the responsible acc		y the chief ex	eculive onic	cer, a semor	ievei iinanciai	
I,	I,(print name), state and attest that the attack						
Annı	ual Report is filed on beha	ılf of					
that inqui infor infor conta Card infor Gene	It Full Name of Common I have reviewed said Repiry into the accuracy of the mation, and belief, all of the mation or fact has been ained in said Report has be blina General Statutes, Commation required by the Commation Statute 62-326, and response to the Commation of the Com	oort and, in the information protection information of knowingly omitteen prepared and mmission Rules ommission is protection.	exercise of ovided herein; contained he ed or misstand presented, and Commitunishable by	due diligence and that, to rein is accuted herein, in accordan ssion Orders criminal pr	e, have many the best of runte and trunce and trunce with all approximations. (Note: Faiosecution p	de reasonable my knowledge, ie, no material he information oplicable North ilure to provide ursuant to NC	
Signature of Person Making Verification				Title	Э		
				Dat	e		
Subs	scribed and sworn before	me this the	day of			_, 2021	
		_		Notary Pub	olic Signatur	e	
		_		Printed Na	me of Notar	y	
		N	ly Commission	on Expires:			