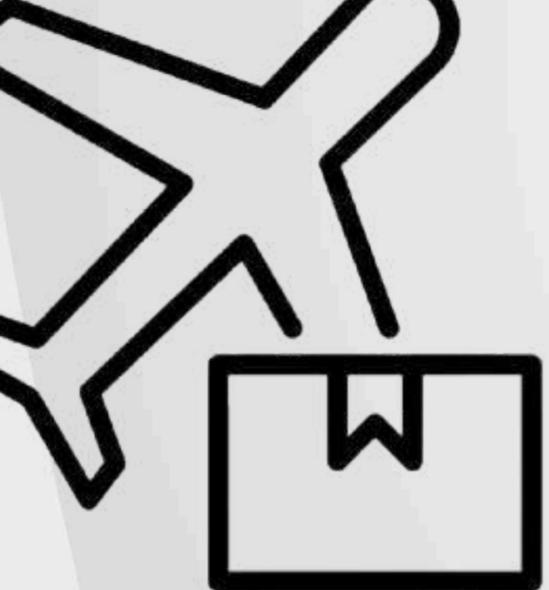




**7 STAR BROKERAGE**

**LOGISTICS &  
TRANSPORTATION BROKERAGE**



A black line-art icon in the top left corner showing a hand holding a rectangular box with a ribbon on top.

# VISION & MISSION

## Our 7 Core Values

**Authenticity | Vision | Honesty | Teamwork | Reliability | Efficiency | Knowledgeable**

At 7 Star Brokerage, our vision encompasses delivering unmatched ground freight, warehousing and consulting services which are fueled by modern technology and partnered with a hands on customer service experience. We aim not just to provide services but to create a seamless experience for all of our customers and their shipments.

Our mission is to pioneer innovation within the logistics industry while setting new standards in global logistics.

# ABOUT COMPANY

In 2018, Mr. Singh founded the 7 Star brokerage and began building it slowly and steadily into the international company it is today. The founder, Joe named the company 7Star Brokerage because of the aspiration to achieve excellence in customer service in the logistics industry. The “7 Star” signifies the commitment to surpassing expectations, symbolism in the dedication to exceptional service that goes beyond the conventional standards in a technologically driven world.

Since opening, we have expanded to three asset companies, a finance company and now a brokerage firm. With three yards in Taylor MI, Wayne MI, and Flint MI we can combine forces with our finance/dispatching and brokerage sides to provide a seamless supply chain solution for our customers and carrier partners.



# MEET OUR **7 STAR** EXECUTIVE TEAM



**JOE SINGH**  
*CEO*



**JOE SINGH JR.**  
*President*

# CUSTOMER CENTRIC OPERATIONS



## PERFORMANCE

With 7 Star Brokerage, you can expect top-tier logistics solutions tailored to your unique business requirements, driving your success in today's dynamic market. We focus on accuracy, precision and results. That is our moto.



## PARTNERSHIPS

7 Star Brokerage partnerships are the lifeblood of our success. By joining forces, we amplify our capabilities, extend our reach and deliver exceptional value to our clients. Our commitment to building lasting relationships drives mutual growth and prosperity.



## PEOPLE

At 7 Star Brokerage, our hands-on customer service is a foundational part of our company. We're proud of our dedicated staff, ensuring personalized and attentive support. This commitment transforms transactions into relationships, offering a seamless experience for our valued clients.

# GROUND FREIGHT SERVICES

7 Star Brokerage, we pride ourselves in offering an array of logistics services tailored to meet the unique needs of each partnering client.

## Long-Haul Expertise

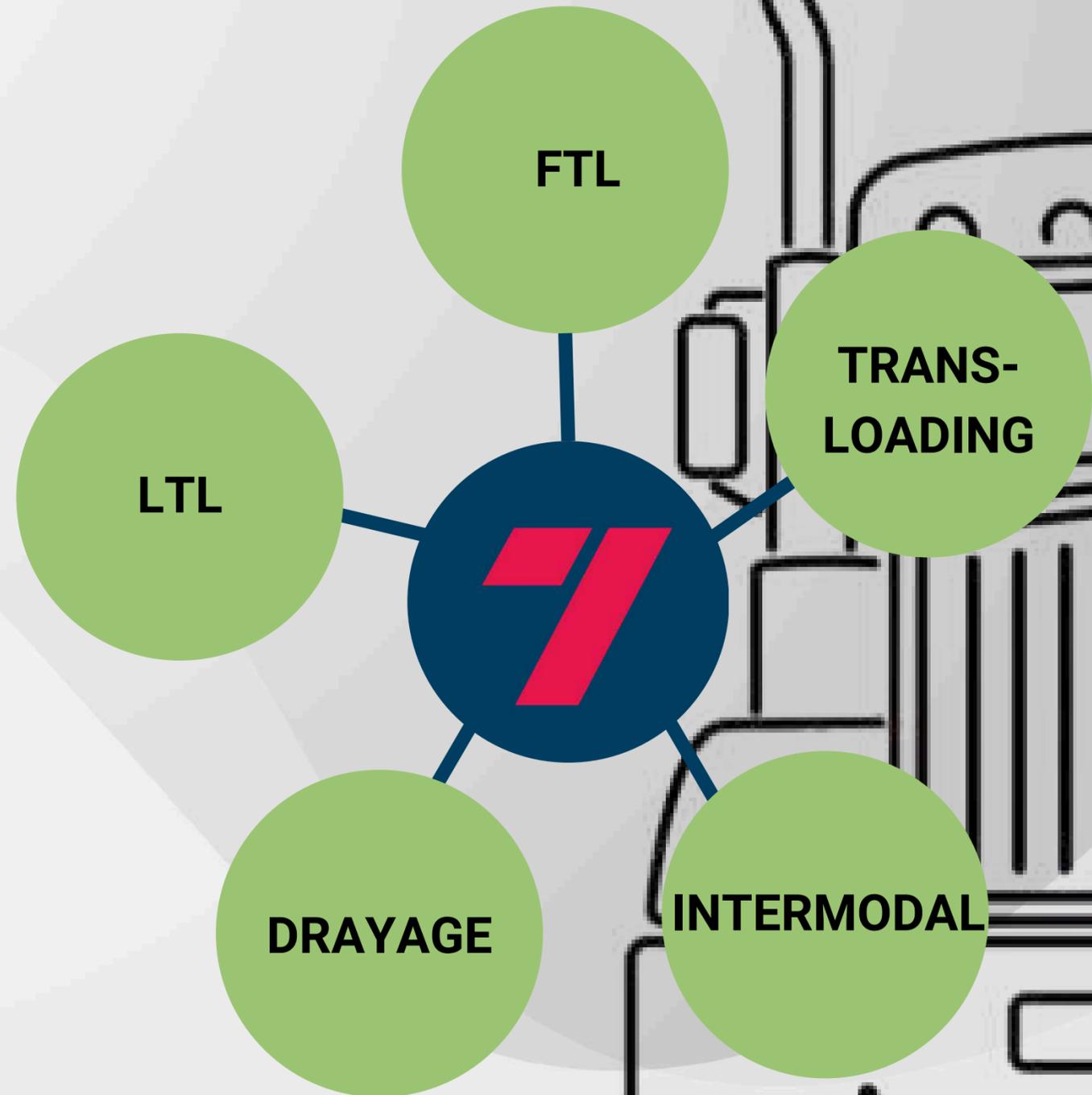
We excel in efficiently moving goods across extended distances, coordinating routes spanning state lines with meticulous planning.

## Versatile Fleet

7 Star operates a diverse fleet including tractor-trailers, flatbeds, and refrigerated trucks, accommodating diverse cargo types and sizes for different industries.

## Cross-Country Coverage

At 7 Star, We service link businesses and consumers nationwide, ideal for transporting large quantities of goods to distant



# DRAYAGE



## SEAMLESS LOCAL TRANSPORTATION

We connect ports to final destinations and ensures efficient delivery and container movement within urban areas.



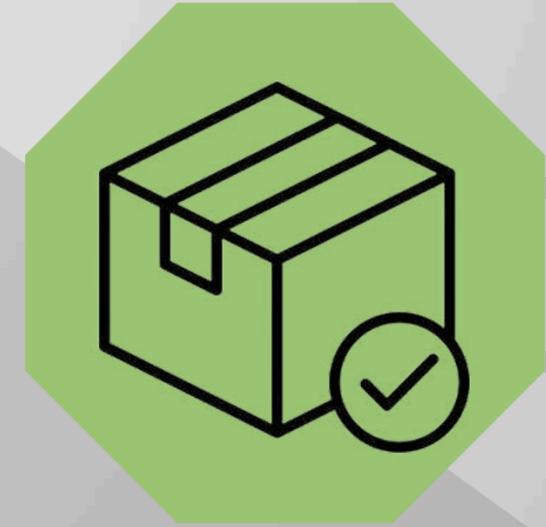
## LAST MILE CONNECTIVITY

We connect ports to final destinations and ensures efficient delivery and container movement within urban areas.



## WAREHOUSE SOLUTIONS

7 Star offers warehousing to store goods temporarily, optimizing supply chain flow and mitigating congestion



## ORDER FULFILLMENT

We also enable pick, pack, and ship operations, ensuring timely Delivery to customer



## WHAT WE MOVE

*LUMBER | HARDWARE | GENERAL MERCHANDISE | TILE | PRODUCE | PLASTIC*



**7 Star.**



# Software/Tools that set us apart



Logi-Sys



# CONTACT US



7 Star Brokerage, headquartered in Okemos, Michigan, extends its reach far and wide, with offices in Phoenix, Houston and India, and ambitious expansion plans on the horizon. Our presence in these key locations lets us offer a global logistics network.

## Michigan (HQ)

 **(810) 212-0607**

 **2182 Commons Parkway, Okemos, MI 48864**

## Phoenix (Office)

 **2325 East Camelback Road, Suite 400, Phoenix, AZ 85016**

## Houston (Office)

 **24 Greenway Plaza, Suite 18101, Houston, TX 77046**

[www.7starbrokerage.com](http://www.7starbrokerage.com)





**TO START THE PROCESS  
WORKING WITH 7 STAR,  
PLEASE FILL OUT THE  
FOLLOWING  
INFORMATION.**

# Registration Document



The U.S. Environmental Protection Agency recognizes

## 7Star Brokerage

*As a Registered*

### SmartWay® Transport Partner

Partnership Date: 10/03/2025

SmartWay ID: 06117112

Expires: 09/16/2026

A handwritten signature in black ink, appearing to read "Sam Waltzer".

Sam Waltzer

*Director, SmartWayTransportPartnership*

**Request for Taxpayer  
Identification Number and Certification**

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

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>S&amp;R Brokerage LLC</b>	
	2 Business name/disregarded entity name, if different from above. <b>7 Star Brokerage</b>	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>C</b> <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. <b>2422 Jolly rd, Suite 400</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Okemos, MI 48864</b>	
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 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.

Social security number									
			-						
or									
Employer identification number									
8	4	-	1	8	9	9	2	2	8

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

**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.

<b>Sign Here</b>	Signature of U.S. person	<i>Sukhjot Singh</i>	Date	January 25, 2026
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**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).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



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

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

**SERVICE DATE**  
January 28, 2021

**DECISION**  
MC-1042964  
S&R BROKERAGE LLC  
GRAND BLANC, MI  
REENTITLED  
S&R BROKERAGE LLC  
D/B/A 7 STAR BROKERAGE

On January 22, 2021, 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 S&R BROKERAGE LLC, D/B/A 7 STAR BROKERAGE.

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://li-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

**Decided:** January 25, 2021  
By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief  
Information Technology Operations Division  
NCA



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/08/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  <b>RoadEx Insurance Group</b> <b>26555 Evergreen Rd Suite 1200</b> <b>Southfield, MI 48076</b>	<b>CONTACT NAME:</b> Anup Kumar <b>PHONE (A/C, No, Ext):</b> (607) 878-2537 <b>E-MAIL ADDRESS:</b> cert@roadex.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  <b>S&amp;R Brokerage LLC DBA 7 Star Brokerage</b> <b>2422 JOLLY RD</b> <b>Okemos, MI 48864</b>	<b>INSURER A :</b> Crum & Forster Specialty Ins Co	<b>NAIC #</b> 44520
	<b>INSURER B :</b> Great Lakes Insurance SE	<b>14167</b>
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 00000031-250508172736      **REVISION NUMBER:** 1

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BAS-22342-2	05/09/2025	05/09/2026	EACH OCCURRENCE \$ <b>2,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$ <b>3,000,000</b>
							PRODUCTS - COMP/OP AGG \$
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED   RETENTION \$			HKCHUBB24493	02/02/2026	02/02/2027	EACH OCCURRENCE \$ <b>\$150,000</b>
							AGGREGATE \$ <b>\$150,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE   OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	<b>MOTOR TRUCK CARGO</b>			HKGLIS241674	02/02/2026	02/02/2027	\$250,000      1,000 DED

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>  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  (AXK)

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/27/2026

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.

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<b>PRODUCER</b> ZAC GARCIA 18875 US 12 STE 2 CEMENT CITY, MI 49233	<b>CONTACT NAME:</b> ZAC GARCIA	
	<b>PHONE (A/C, No, Ext):</b> 517-897-5403	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> zgarcia@fbinsmi.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> Farm Bureau General Insurance Company of MI	21547
<b>INSURED</b>  S&R BROKERAGE LLC dba 7 STAR BROKERAGE 2422 JOLLY RD OKEMOS, MI 48864-3686	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	NA N	BAP-3293595	12/23/2025	12/23/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ See Single Limit BODILY INJURY (Per accident) \$ See Single Limit PROPERTY DAMAGE (Per accident) \$ See Single Limit \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A N	WCC-3293752	01/03/2026	01/03/2027	<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

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b> 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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