



AG Source, Inc. is a third-party transportation logistics provider built on **integrity** and **service**. We are a non-asset based company, we work with truck and rail carriers to serve our customers with a single call. Our staff collectively has over **200 years** in the transportation industry providing exceptional customer service. We have the technology and expertise to solve logistic challenges, and move products from origin to destination anywhere in the continental United States and Canada.

AG Source works with Fortune 500 and Blue Chip companies as well as family-owned and start-up businesses. We develop logistic plans and provide cost effective options. As your single point of contact, we are able to provide competitive solutions to meet your logistic needs.

We seek out the mode of transportation that provides the greatest efficiencies while meeting the needs of the customer, alleviating the issues of carrier capacity. We manage relationships with carriers so our customers do not have to. Through years of transportation experience we have built and maintained an elite carrier pool. Each carrier must have qualifying safety scores, minimum insurance coverage with reputable providers, a proven track record, 24/7 availability, and secured capacity.

AG Source offers the flexibility and personalized service to provide customized solutions as the demands of transportation rapidly change. Regardless of your specific need, our tailored solutions empower you to manage costs, and focus on your core business. We believe in building a solid relationship on **integrity** and **service** that you can count on every day.



## **Corporate Fact Sheet**

With a combined 200 years' experience, AG Source has been a leader in providing companies with their logistics needs across North America. We are a full service transportation provider specializing in the truckload, dry bulk, van, and LTL Services.

AG Source will provide you with the right transportation solution for all your business needs. Throughout the history of AG Source, we have worked to anticipate the future needs of our customers. Whether the challenge is capacity issues, complex lanes or other difficult issues in the marketplace, we stand committed to help our customers grow and succeed.

**Authority:** MC-413830-B

**SCAC:** AGAQ

**TIN:** 43-1934956

### **"GOLD BOOK" Reference**

First Advantage/Compunet

800-872-3748

## **Corporate Headquarters**

Mailing & Physical Address:

4910 Corporate Centre Drive, Suite 110  
Lawrence, KS 66047

Phone: 785-841-1315

Fax: 785-312-5353

## **Contact Information**

President: Troy Bird

Vice Pres: Brad Bird

Secretary: Todd Bird

Van Div. Mgr: Steve Spencer

## **Credit Reference**

Central National Bank

711 Wakarusa Drive

Lawrence, KS 66049

785-838-1893

David Moore



CUSTOMER CREDIT APPLICATION

I understand that the following information is needed in order for you to determine credit worthiness in extending services to my Company. I affirm that the following information is true and correct. By signing this application, I am granting permission to AG SOURCE, INC to contact the references enclosed and to verify the information given, including the right to seek a credit report. I further authorize disclosure of this information to credit agencies and other creditors as needed. I understand acceptance of this application does not constitute an extension of credit nor a promise to extend credit, does it promise to extend additional future credit.

Full Name of Firm or Individual Applicant: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

President/Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E Mail Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Billing Address (if different than address above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Account Contact Person: \_\_\_\_\_ E Mail Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Corporation \_\_\_\_\_ Limited Liability Co. \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Other, please specify \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

If you do not have a federal Tax ID number, state your SSN: \_\_\_\_\_

Signed by President/Owner: \_\_\_\_\_



### INVOICE REQUIREMENTS

Accounts Payable Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Are Purchase Order Numbers Required? (check one) YES NO (Provide a sample: \_\_\_\_\_)  
Invoice Paid on origin or destination weight or flat rate? (check one) FLAT ORIGIN DESTINATION  
Special requirements for invoices: \_\_\_\_\_  
Invoice Preference: (Please provide email address, fax number or 3<sup>rd</sup> party processor)  
USPS Mail: ☐ Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Third party Processor: \_\_\_\_\_

### PAYMENT OPTIONS

ACH Transfer: (check one)	YES	NO
Wire Transfer: (check one)	YES	NO
Paper Check: (check one)	YES	NO

### BANK REFERENCE:

Name of Bank: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E Mail Address: \_\_\_\_\_  
Account #: \_\_\_\_\_



**TRADE CREDIT REFERENCE: (Charge Accounts, Loans, Contract Purchases)**

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
AP Contact: \_\_\_\_\_ Credit Line: \_\_\_\_\_  
Terms \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**TRADE CREDIT REFERENCE: (Charge Accounts, Loans, Contract Purchases)**

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
AP Contact: \_\_\_\_\_ Credit Line: \_\_\_\_\_  
Terms \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**CARRIER REFERENCE:**

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
AP Contact: \_\_\_\_\_ Credit Line: \_\_\_\_\_  
Terms \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**CARRIER REFERENCE:**

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
AP Contact: \_\_\_\_\_ Credit Line: \_\_\_\_\_  
Terms \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_



**TERMS AND CONDITIONS:**

The applicant(s) executing this Application and Agreement ("Customer") hereby agree(s) that payment for all services is subject to the following terms and conditions:

1. Customer agrees that all amounts due for services provided by Ag Source Inc. ("Company") or otherwise pursuant to this Agreement are payable at 4910 Corporate Centre Drive, Suite 110, Lawrence, Kansas, 66047.
2. Customer agrees that all amounts due are not payable in installments, but are payable **Net 30 days** from date of invoice. Company reserves the right to demand payment of all outstanding and past due freight charges as a precondition for releasing any shipments(s) at destination. This right includes the right to demand payment upon delivery of any shipment(s) at any time. If any amount due is not paid within said period a delinquency charge of 1½ percent per month of the delinquent balance shall be added to the sum due.
3. In the event the Account becomes delinquent and is turned over for collection, Customer agrees to pay all costs of collection including but not limited to reasonable attorney fees and court costs.
4. Customer agrees to notify the Company by certified mail of any changes in ownership of Customer and further agrees to be liable for all losses incurred as a result of failure to comply with said notifications.
5. Customer authorizes the Company and/or its Credit Agency(ies) to investigate all credit history, bank references and any other information required to process this application and as it deems necessary in the future.

Applicant Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax back to us at (785) 312-5353 or email to [megan@ag-source.com](mailto:megan@ag-source.com) or [michelle@ag-source.com](mailto:michelle@ag-source.com).

WE ASSURE YOU THAT THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.  
Your immediate reply will be very much appreciated.



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

OCT 01 2001

400 Virginia Avenue, SW, Suite 600  
Washington, DC 20024

SERVICE DATE  
September 14, 2001

LICENSE  
MC-413830-B  
AG SOURCE INC  
LAWRENCE, KS

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a broker, arranging for transportation of freight(except household goods) by motor vehicle.

This authority will be effective as long as the broker maintains 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 applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Terry Shelton, Director  
Office of Data Analysis & Information Systems

BPO





## CERTIFICATE OF ASSIGNMENT

For Standard Carrier Alpha Code™ (SCAC®)

<b>SCAC</b>	AGAQ
<b>Assigned Date</b>	Saturday, 20 August 2005
<b>Assigned To</b>	AG SOURCE INC 4910 CORPORATE CENTRE DR SUITE 110 LAWRENCE, KS USA 66047 USDOT # 2228140 MC # 413830
<b>Company Contact</b>	TROY BIRD
<b>Expiration Date</b>	Sunday, 05 July 2026



### SCAC Assignment

This SCAC only applies to the company name shown above through the expiration date. Renewal notices are sent approximately three months prior to expiration of this SCAC. A successful renewal must be made prior to the expiration date to ensure its continued validity. For easy renewal, go to <https://scaccode.com>.

To update the company name, address, or contact information affiliated with this SCAC, please fill out and submit your request to NMFTA customer service at <https://nmfta.org/support>.

To update the authority numbers affiliated with this SCAC, please first contact the U.S. Department of Transportation, and then fill out and submit your update request to NMFTA customer service at <https://nmfta.org/support>.

Refer to our Terms of Sale at <https://nmfta.org/terms-of-sale> for additional information regarding our policies governing the handling and administration of a SCAC.

### SCACs Ending in "U "

SCACs ending with the letter "U" are reserved for the identification of freight containers. If your SCAC ends with the letter "U", it should only be used for this purpose. A non-U ending SCAC should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

### U.S. Customs and Border Protection (CBP) Automated Commercial Environment (ACE) Program Participants

If you participate in the Customs & Border Protection (CBP) ACE program, all SCACs are automatically uploaded to ACE/AES within 24 hours. If you are having issues with your code after 48 hours, please send an email along with a copy of the NMFTA SCAC letter to [AMSSCAC@cbp.dhs.gov](mailto:AMSSCAC@cbp.dhs.gov) and [askaes@census.gov](mailto:askaes@census.gov) for review. Additional information on CBP's automated programs can be found at: <https://www.cbp.gov/trade/automated/getting-started>

### National Motor Freight Classification (NMFC) Participation and NMFTA Membership

A SCAC assignment is not related to the participation in the National Motor Freight Classification (NMFC), and it does not allow for the use of the NMFC in connection with freight rates. In addition, a SCAC assignment does not grant membership in the National Motor Freight Traffic Association, Inc. For assistance, please contact NMFTA Customer Service at (866) 411-6632.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/09/2024

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> LOGISTIQ Insurance Solutions 2609 Manhattan Beach Blvd. Suite 220 Redondo Beach CA 90278	<b>CONTACT NAME:</b> Marisela Infante <b>PHONE (A/C, No. Ext):</b> (310) 379-9660 <b>E-MAIL ADDRESS:</b> Certificates@logistiq.com <b>FAX (A/C, No):</b> (310) 374-2431
<b>INSURED</b> AG Source Inc.  4910 Corporate Centre Drive Suite 110 Lawrence KS 66047	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> QBE Group <b>INSURER B:</b> Markel, Chaucer, QBE, Brit Syn <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**

GJ

**CERTIFICATE NUMBER:** Cert ID 4955 (1)**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			MC24000-147	10/19/2024	10/19/2025	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
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"/> Freight Broker Auto <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> 3rd Party Liability			MC24000-147	10/19/2024	10/19/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			MC24000-147	10/19/2024	10/19/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$
	<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 <input type="checkbox"/>	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>FB Cargo Legal Liability</b>			MC24000-147	10/19/2024	10/19/2025	any one acc/occ \$ 250,000
A	<b>Cont Cargo Broad Form</b>			MC24000-147	10/19/2024	10/19/2025	any one acc/occ \$ 250,000

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

**CERTIFICATE HOLDER****CANCELLATION**

## For Informational Purposes Only

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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/25/2025

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>  Kurt Goeser 1811 Wakarusa Drive, Ste 100  Lawrence KS 66047		<b>CONTACT</b> NAME: Kurt Goeser PHONE (A/C, No, Ext): 785-843-0003 E-MAIL ADDRESS: kurt.goeser.jyt@statefarm.com FAX (A/C, No):  <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: State Farm Fire and Casualty Company  <b>NAIC #</b> 25143	
<b>INSURED</b> AG SOURCE INC 4910 CORP CENTRE DR STE 110  LAWRENCE KS 660471002		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES****CERTIFICATE NUMBER:****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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <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 <input type="checkbox"/> OTHER:	N	N	91-AP-2830-8	03/27/2025	03/27/2026	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000						
	MED EXP (Any one person) \$ 10,000						
	PERSONAL & ADV INJURY \$ 2,000,000						
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	91-CJ-H697-0	03/27/2025	03/27/2026	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$
	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)

**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



This form was system-generated on 03/25/2025

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**Request for Taxpayer  
Identification Number and Certification**

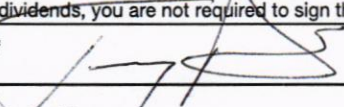
Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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.	<b>1</b> 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>AG Source, Inc</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <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) _____	<b>4</b> 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.)
	<b>3b</b> 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"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>4910 CORPORATE CENTRE DRIVE, SUITE 110</b>	<b>Requester's name and address (optional)</b>
	<b>6</b> City, state, and ZIP code <b>LAWRENCE, KS 66047</b>	
	<b>7</b> List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b> 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 <i>How to get a TIN</i> , later.  <b>Note:</b> If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1"><tr><td colspan="9">Social security number</td></tr><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr><tr><td colspan="11">or</td></tr><tr><td colspan="11">Employer identification number</td></tr><tr><td>4</td><td>3</td><td>-</td><td>1</td><td>9</td><td>3</td><td>4</td><td>9</td><td>5</td><td>6</td><td></td></tr></table>	Social security number												-				-				or											Employer identification number											4	3	-	1	9	3	4	9	5	6	
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Employer identification number																																																						
4	3	-	1	9	3	4	9	5	6																																													

<b>Part II Certification</b> Under penalties of perjury, I certify that: 1. 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 2. 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 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.  <b>Certification instructions.</b> 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  Date <b>01/03/2025</b>

**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