



P.O. Box 4414 • Missoula, MT 59806

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406/721-4629  
1-800/877-1075

Incorporated 1984

Tax ID #: **81 0419094**

MC #: **159075**

D.O.T. # **205056**

Safety Rating: **Satisfactory**

SCAC Code: **JBRS**

**BANK REFERENCE**

**First Security Bank**  
1704 Dearborn Ave.  
Missoula, MT 59802  
**406-728-3115**  
Contact: Tim Polich

**CUSTOMER REFERENCES**

**Roseburg Forest Products**  
P.O. Box 1088  
Roseburg, OR 97470  
**800-622-2357**  
Contact: Gayle Whiteman

**Keystone Steel and Wire**  
7000 SW Adams  
Peoria, IL 61600  
**309-697-7020**  
Contact: Ernie Smalley

**Teton West**  
P.O. Box 1929  
Cheyenne, WY 82003  
**307-778-5030**  
Contact: Bill Colderbank

**TRADE REFERENCES**

**Peterbilt of Fargo**  
3611 38<sup>th</sup> St. NW  
Fargo, ND  
**701-282-6200**  
Contact: Gary Klein

**Kenworth Sales Missoula**  
P.O. Box 16145  
Missoula, MT 59808  
**406-721-2760**  
Contact: Dennis Martin

SERVICE DATE

NOV 14 1990

PM-31

(Rev. 10/84)

INTERSTATE COMMERCE COMMISSION

PERMIT

No. MC 159075 (Sub 4-P)

JONES BROTHERS TRUCKING, INC.  
MISSOULA, MT

This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier by motor vehicle.

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 1043); the designation of agents upon whom process may be served (49 CFR 1044); the execution of contracts (49 CFR 1053)<sup>1</sup>; and for passenger carriers, tariffs or schedules (49 CFR 1312).

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

SIDNEY L. STRICKLAND, JR.  
Secretary

(SEAL)

**NOTE:** If there are any discrepancies regarding this Permit, please notify the Commission within 30 days.

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<sup>1</sup>While the execution of contracts must be accomplished, it is unnecessary to file them with the Commission.

To operate as a contract carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except hazardous materials, household goods, and commodities in bulk), between points in the U.S. (except AK and HI), under continuing contract(s) with commercial shippers or receivers of such commodities.



U.S. Department  
of Transportation

**Federal Motor  
Carrier Safety  
Administration**

400 Seventh St. S.W.  
Washington, D.C. 20590  
NOVEMBER 01, 2000

IN REPLY REFER TO:  
YOUR USDOT NO.: 205056  
REVIEW NO.: 00231266/CR

JONES BROTHERS TRUCKING INC  
PO BOX 4414  
MISSOULA MT 59806-4414

DEAR MOTOR CARRIER:

THE MOTOR CARRIER SAFETY RATING FOR YOUR COMPANY IS:

**SATISFACTORY**

THIS SATISFACTORY RATING IS THE RESULT OF A OCT 12, 2000, REVIEW AND EVALUATION. A SATISFACTORY RATING INDICATES THAT YOUR COMPANY HAS ADEQUATE SAFETY MANAGEMENT CONTROLS IN PLACE TO EFFECT SUBSTANTIAL COMPLIANCE WITH THE FEDERAL MOTOR CARRIER SAFETY AND/OR HAZARDOUS MATERIALS REGULATIONS.

PLEASE ASSURE YOURSELF THAT ANY SPECIFIC DEFICIENCIES IDENTIFIED IN THE REVIEW REPORT HAVE BEEN CORRECTED. WE APPRECIATE YOUR EFFORTS TOWARD PROMOTING MOTOR CARRIER SAFETY THROUGHOUT YOUR COMPANY. IF YOU HAVE QUESTIONS OR REQUIRE FURTHER INFORMATION, PLEASE CONTACT THE SAFETY SPECIALIST WHO CONDUCTED THE REVIEW.

STEPHEN E. BARBER  
ACTING DIRECTOR, OFFICE OF ENFORCEMENT  
AND COMPLIANCE

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**SafesStat Online**

[Overview](#)
[Accident](#)
[Driver](#)
[Vehicle](#)
[Safety](#)
[History](#)

US DOT #: 205056    MC #: 159075    Carrier Name: JONES BROTHERS TRUCKING INC    Carrier Operation: INTERSTATE

**Carrier Information**

The March 03, 2009 SafesStat Release contains Carrier Information as of February 20, 2009, which is the date of the latest SafesStat run. For more up-to-date Carrier Information visit the website.

Carrier Name	JONES BROTHERS TRUCKING INC	DBA	
Address	7145 US HIGHWAY 10 W MISSOULA, MT 59808-9370	Mailing Address	
Telephone/Fax	(406) 721-4629/(406) 728-5997	Email	tom@jonesbrothers
Number of Power Units	44	Number of Drivers	44
Date of Last MCS-150 Update	10/22/2007	Date of Last FMCSA Review	10/12/2000
		Transports or Ships HM	
		Review Type	COMPLIAN

**SafesStat Information**

**Summary of Safety Evaluation Areas (SEAs)**

Deficient SEAs are those (>= 75)	100.00
75.00	
50.00	
25.00	
0.00	

ACSEA, DRSEA, VHSEA, SMSEA  
ACSEA value is temporarily removed. Crash event data will still be available.

A SEA value not displayed on the graph indicates insufficient data available in that SEA, and the SEA value could not be calculated.

**Performance vs. Available Data**

Performance Groups	(1) Extensive	(2) Moderate	(3) Minimal
[1] All SEAs less than 50			
[2] No Deficient SEAs (All Below 75)			
[3] 1 Deficient SEA (One Above 75)			
[4] 2+ Deficient SEAs (SafesStat Score)			

**\*Specific SafesStat information has been temporarily removed.**

**SafesStat**

Score Category State Rank National Rank  
**\*Specific SafesStat information has been temporarily removed.**

Link to Click to view ISS-D Recommendation (Inspection Selection System) recommendation information

\* Specific SafesStat information has been temporarily removed; click here for details.

**SafesStat Calculation**

$$\text{SEA Value} = 2 \times \text{Accident SEA Value} + 1.5 \times \text{Driver SEA Value} + \text{Vehicle SEA Value} + \text{Safety Management SEA Value}$$



*	*	21.65	32.24	Insuf. Data
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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.

Name (as shown on your income tax return)  
**Jones Brothers Trucking, Inc.**

Business name, if different from above

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  Exempt payee  
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)  
**7145 U.S. Hwy 10 West**

City, state, and ZIP code  
**Missoula, MT 59808**

Requester's name and address (optional)

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 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 chart on page 4 for guidelines on whose number to enter.

Social security number

or

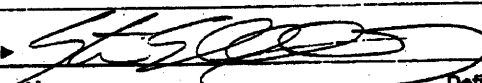
Employer identification number  
**8110419094**

### Part II Certification

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).

**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 4.

Sign Here      Signature of U.S. person ▶       Date ▶ **1/3/10**

### General Instructions

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

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. 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.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

