

STATE OF NEVADA

**BARBARA K. CEGAVSKE**

*Secretary of State*



**OFFICE OF THE  
SECRETARY OF STATE**

*Commercial Recordings Division*

*202 N. Carson Street  
Carson City, NV 89701  
Telephone (775) 684-5708  
Fax (775) 684-7138*

*North Las Vegas City Hall  
2250 Las Vegas Blvd North, Suite 400  
North Las Vegas, NV 89030  
Telephone (702) 486-2880  
Fax (702) 486-2888*

**KIMBERLEY PERONDI**

*Deputy Secretary for  
Commercial Recordings*

**Business Entity - Filing Acknowledgement**

04/13/2022

**Work Order Item Number:** W2022041202080-2052877  
**Filing Number:** 20222247697  
**Filing Type:** Amendment After Issuance of Stock  
**Filing Date/Time:** 4/12/2022 1:47:00 PM  
**Filing Page(s):** 2

**Indexed Entity Information:**

**Entity ID:** E20450112022-8  
**Entity Name:** CS Truck & Trailer Repair, Inc.  
**Entity Status:** Active  
**Expiration Date:** None

Commercial Registered Agent  
C T CORPORATION SYSTEM  
701 S CARSON ST STE 200, Carson City, NV 89701, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE  
Secretary of State

# SECRETARY OF STATE



## NEVADA STATE BUSINESS LICENSE

**CS Truck & Trailer Repair, Inc.**

**Nevada Business Identification # NV20222334251**

**Expiration Date: 01/31/2023**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**



Certificate Number: B202204132576231

You may verify this certificate  
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my  
hand and affixed the Great Seal of State, at my  
office on 04/13/2022.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

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BARBARA K. CEGAVSKE  
Secretary of State





**BARBARA K. CEGAUSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: www.nvsos.gov

Filed in the Office of <i>Barbara K. Cegauske</i>	Business Number <b>E20450112022-8</b>
Secretary of State State Of Nevada	Filing Number <b>2022247697</b>
	Filed On <b>4/12/2022 1:47:00 PM</b>
	Number of Pages <b>2</b>

**Profit Corporation:**  
**Certificate of Amendment** (PURSUANT TO NRS 78.380 & 78.385/78.390)  
**Certificate to Accompany Restated Articles or Amended and Restated Articles** (PURSUANT TO NRS 78.403)  
**Officer's Statement** (PURSUANT TO NRS 80.030)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

<b>1. Entity information:</b>	Name of entity as on file with the Nevada Secretary of State: <input style="width: 90%;" type="text" value="Epika Acquisition I, Inc."/> Entity or Nevada Business Identification Number (NVID): <input style="width: 80%;" type="text" value="NV20222334251"/>
<b>2. Restated or Amended and Restated Articles:</b> (Select one)  (If amending and restating only, complete section 1,2 3, 5 and 6)	<input type="checkbox"/> Certificate to Accompany Restated Articles or Amended and Restated Articles <input type="checkbox"/> Restated Articles - No amendments; articles are restated only and are signed by an officer of the corporation who has been authorized to execute the certificate by resolution of the board of directors adopted on: <input style="width: 100px;" type="text"/> The certificate correctly sets forth the text of the articles or certificate as amended to the date of the certificate. <input type="checkbox"/> Amended and Restated Articles * Restated or Amended and Restated Articles must be included with this filing type.
<b>3. Type of Amendment Filing Being Completed:</b> (Select only one box)  (If amending, complete section 1, 3, 5 and 6.)	<input type="checkbox"/> Certificate of Amendment to Articles of Incorporation (Pursuant to NRS 78.380 - Before Issuance of Stock) The undersigned declare that they constitute at least two-thirds of the following: (Check only one box) <input type="checkbox"/> incorporators <input checked="" type="checkbox"/> board of directors The undersigned affirmatively declare that to the date of this certificate, no stock of the corporation has been issued  <input checked="" type="checkbox"/> Certificate of Amendment to Articles of Incorporation (Pursuant to NRS 78.385 and 78.390 - After Issuance of Stock) The vote by which the stockholders holding shares in the corporation entitling them to exercise at least a majority of the voting power, or such greater proportion of the voting power as may be required in the case of a vote by classes or series, or as may be required by the provisions of the articles of incorporation* have voted in favor of the amendment is: <input style="width: 50px;" type="text" value="100%"/>  <input type="checkbox"/> Officer's Statement (foreign qualified entities only) - Name in home state, if using a modified name in Nevada: <input style="width: 80%;" type="text"/> Jurisdiction of formation: <input style="width: 150px;" type="text"/> Changes to takes the following effect: <input type="checkbox"/> The entity name has been amended. <input type="checkbox"/> Dissolution <input type="checkbox"/> The purpose of the entity has been amended. <input type="checkbox"/> Merger <input type="checkbox"/> The authorized shares have been amended. <input type="checkbox"/> Conversion <input type="checkbox"/> Other: (specify changes) <input style="width: 400px;" type="text"/>

\* Officer's Statement must be submitted with either a certified copy of or a certificate evidencing the filing of any document, amendatory or otherwise, relating to the original articles in the place of the corporations creation.



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 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
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**Profit Corporation:**  
**Certificate of Amendment** (PURSUANT TO NRS 78.380 & 78.385/78.390)  
**Certificate to Accompany Restated Articles or Amended and**  
**Restated Articles** (PURSUANT TO NRS 78.403)  
**Officer's Statement** (PURSUANT TO NRS 80.030)

<b>4. Effective Date and Time:</b> (Optional)	Date: <input type="text"/> Time: <input type="text"/> (must not be later than 90 days after the certificate is filed)
<b>5. Information Being Changed:</b> (Domestic corporations only)	Changes to takes the following effect: <input checked="" type="checkbox"/> The entity name has been amended. <input type="checkbox"/> The registered agent has been changed. (attach Certificate of Acceptance from new registered agent) <input type="checkbox"/> The purpose of the entity has been amended. <input type="checkbox"/> The authorized shares have been amended. <input type="checkbox"/> The directors, managers or general partners have been amended. <input type="checkbox"/> IRS tax language has been added. <input type="checkbox"/> Articles have been added. <input type="checkbox"/> Articles have been deleted. <input type="checkbox"/> Other. The articles have been amended as follows: (provide article numbers, if available) <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                     The name of the corporation is CS Truck &amp; Trailer Repair, Inc. (Article I).                 </div> (attach additional page(s) if necessary)
<b>6. Signature:</b> (Required)	DocuSigned by: <input checked="" type="checkbox"/> <u><i>Ann Sherburne</i></u> <input type="text" value="Director"/> Signature of Officer or Authorized Signer Title <input checked="" type="checkbox"/> _____ <input type="text"/> Signature of Officer or Authorized Signer Title *If any proposed amendment would alter or change any preference or any relative or other right given to any class or series of outstanding shares, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of shares representing a majority of the voting power of each class or series affected by the amendment regardless to limitations or restrictions on the voting power thereof.

**Please include any required or optional information in space below:**  
 (attach additional page(s) if necessary)

**JOINT WRITTEN ACTION OF THE  
SHAREHOLDER  
AND  
BOARD OF DIRECTORS  
OF  
EPIKA ACQUISITION I, INC.**

**Effective as of April 8, 2022**

THE UNDERSIGNED, being the sole director of the Board of Directors (the “**Board**”) of Epika Acquisition I, Inc., a Nevada corporation (the “**Company**”) and the sole shareholder of the Company (the “**Shareholder**”), in accordance with Chapter 78 of the Nevada Revised Statutes, do hereby take and adopt in writing the following actions with the same force and effect as if adopted at a meeting of the Board or a meeting of the shareholders, as applicable, held as of the effective date hereof:

**NAME CHANGE APPROVAL**

WHEREAS, each of the Board and the Shareholder have determined that it is in the best interests of the Company to change the name of the Company to “CS Truck & Trailer Repair, Inc.” (the “**Name Change**”).

NOW, THEREFORE, BE IT RESOLVED, that the Name Change be and hereby is approved;

RESOLVED FURTHER, that the officers of the Company, and each of them, be and hereby are authorized, on behalf of the Company, to cause to be prepared, a certificate of amendment to the Company’s Articles of Incorporation to effectuate the Name Change in such manner and form as the Company’s officer’s may in their discretion deem to be necessary or appropriate, and with their preparation, execution and delivery of the same to serve as conclusive evidence of their exercise of such discretion; and

RESOLVED FURTHER, that the officers of the Company, and each of them, be and hereby are authorized and directed to file the certificate of amendment with the Nevada Secretary of State, together with such other documents, instruments and information as may be required by law or are necessary or appropriate to effect the name change contemplated by the foregoing resolutions.

**GENERAL AUTHORIZATION**


RESOLVED, that the officers of the Company, and each of them, be and hereby are authorized, empowered and directed, for and on behalf of the Company, to execute and deliver all such agreements, certificates, documents or instruments, or to perform such other acts, as each such officer may deem necessary or appropriate in his or her discretion to effectuate the purpose and intent of each of the foregoing resolutions;

FURTHER RESOLVED, that this Written Action may be executed in any number counterparts, each of which shall constitute an original, but together shall be considered one Written Action.

*[signature page follows]*


IN WITNESS WHEREOF, the undersigned have executed this Joint Written Action to be effective as of the date first written above.

**SOLE DIRECTOR:**

DocuSigned by:  
  
DC1A1DC55E324D2...  
\_\_\_\_\_  
Glenn Sherburne

**SHAREHOLDER:**

EPIKA FLEET SERVICES, INC.

By:   
DC1A1DC55E324D2...  
\_\_\_\_\_  
Glenn Sherburne, *Chief Executive Officer*

# 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.

Print or type. See Specific Instructions on page 3.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**CS Truck & Trailer Repair, Inc**

**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.  
**6575 Marshall Blvd**

**6** City, state, and ZIP code  
**Lithonia, GA 30058**

**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**

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

**OR**

**Employer identification number**

8	8	-	0	9	6	9	1	5	3
---	---	---	---	---	---	---	---	---	---

## 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 ▶

Date ▶

6/23/22

## 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.*