OMB No. 3072-0018
(Expires 11/30/2026)

Form FMC-65 Foreign-based Unlicensed NVOCC Registration/Renewal

☐ REGISTRATION ☐ RENEWAL ☐ CHANGE

1. Legal Name of Registrant:

Name listed above must match legal name on official documentation exactly, including punctuation

2. Trade Name(s):

3. Principal Place of Business Address - number, street, and room or suite number:

City or town, and Country (include applicable postal codes)

4. Telephone Number (include country code): Fax Number (include country code):

5. Name of Contact Person: Email Address of Contact Person:

6. Legal Agent for Service of Process in the U.S.:

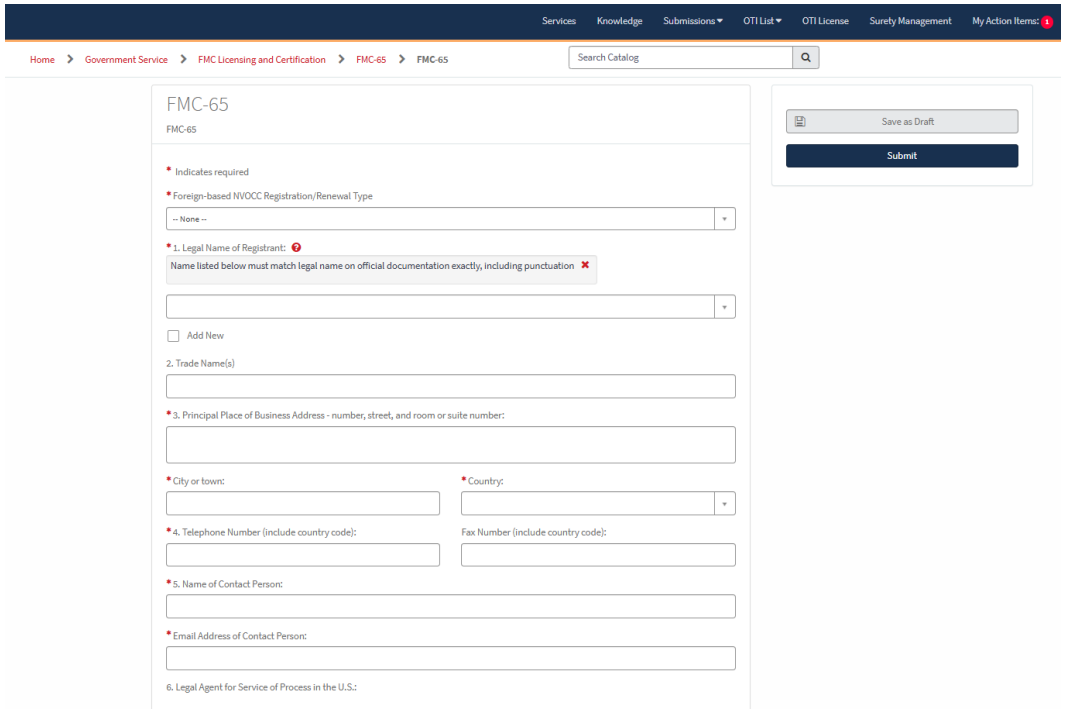
Name of Agent:

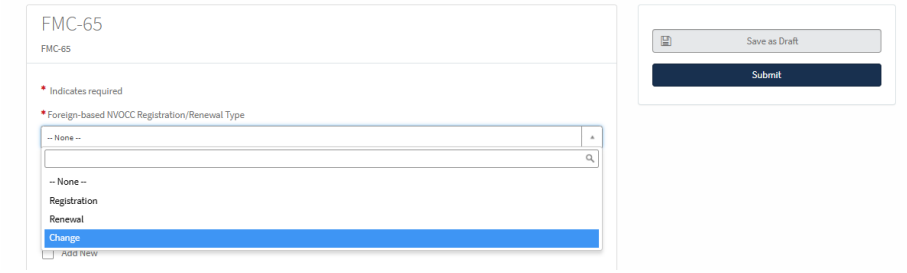
Address - number, street, and room or suite number:

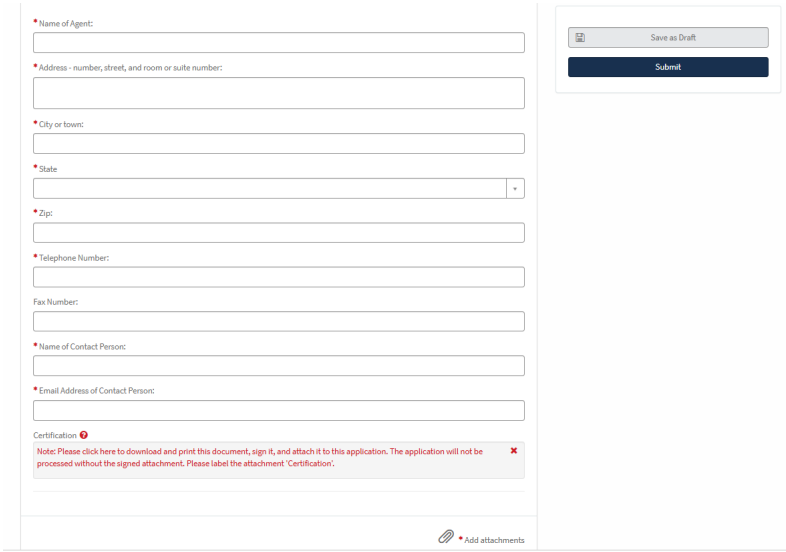
City or town, state, and zip code:

Telephone Number: Fax Number:

Name of Contact Person: Email Address of Contact Person:







FMC-65

FMC-65

* Indicates required

* Foreign-based NVOCC Registration/Renewal Type

-- None --

* 1. Legal Name of Registrant:

Name listed below must match legal name on official documentation exactly, including punctuation

"K" LINE LOGISTICS (U.S.A.) INC.	020694
"K" LINE LOGISTICS, LTD.	027121
"K" LINE ZHENHUA LOGISTICS (TIANJIN) CO.,LTD.	031226
1 TRADE FWDNG INC	021662
101 SHIPPING INC	023988
101 SUPPLY CHAIN GROUP, INC.	032017
10706078 CANADA INC.	033699

City or town:

Country:

* 4. Telephone Number (include country code):

Fax Number (include country code):

* 5. Name of Contact Person:

* Email Address of Contact Person:

CERTIFICATION

I certify that I have read a copy of the Federal Maritime Commission's ocean transportation intermediary regulations, 46 CFR Part 515, and pertinent sections of the Shipping Act of 1984, as amended by the Ocean Shipping Reform Act of 1998 and the Coast Guard Authorization Act of 1998 (46 U.S.C. 40101 et seq.), governing ocean transportation intermediaries, and that I will abide by all the provisions thereof from this date forward.

Under penalties of perjury, I declare that I have examined this registration and to the best of my knowledge and belief, it is true, correct and complete.

Note: Certification must be executed by the sole proprietor if registrant is a sole proprietorship, by all partners if registrant is a partnership, by a corporate officer if registrant is a corporation, or by a member if registrant is a limited liability company.

_____
Signature

_____
Name

_____
Title

_____
Date