U.S. XPRESS ENTERPRISES, INC.

U.S. Xpress Enterprises, Inc.
Employee Stock Purchase Plan Enrollment Form

Please complete this form and return it to:

U.S. Xpress Enterprises, Stock Plan Enrollment
c/o Arnold Transportation Services
Carol Anderson, Payroll Department
451 Freight Street
Camp Hill, PA 17011

Name: _____

Social Security No.: _____

Company or subsidiary: Arnold Transportation Services

Phone Number: _____

( ) I designate that $_____ be deducted from my pay each week to purchase U.S. Xpress Enterprises Class A Common Stock through the U.S. Xpress Enterprises, Inc. Employee Stock Purchase Plan.

I understand that stock will be purchased in my name and that my rights are not transferable under this plan. Stock purchases will be made in early January and early July of each year with contributions made by me during the previous six-month period. I understand that this enrollment form must be received by the company at least 15 days before July 1 and January 1 in order to take effect in the periods beginning on those dates each year. Participants in the Employee Stock Purchase Plan will be able to sell shares of the common stock acquired under this Plan one-year after the exercise date.

These deductions will continue to be made during both six-month periods each year until I either: 1) change the amount of my deductions by submitting another enrollment form; 2) withdraw from the plan by submitting a withdrawal form to the company; or 3) am no longer employed by the company or its subsidiaries.

_____ _____
Signature Date

Notification of stock purchased in my name should be sent to this address:

_____
Name

_____
Mailing Address City State Zip