



Bill to:
COYOTE LOGISTICS , LLC
191 E.DEERPATH ROAD,
Lake Forest,
IL,
60045

Invoice Date: 04/12/2023
Invoice #: 28976676
Terms: NET 30
Due Date: 05/12/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/12/2023		11 Twin Rivers Dr, Wiscasset, ME 04578, USA - 100 Schmid Plaza Road Anderson, SC 29624			
			1	2100	2100

TOTAL
2100

PLEASE NOTE

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below. Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

COMPASS FUNDING SOLUTIONS LLC
P.O.BOX 205154
DALLAS, TX 75320-5154
Tel: 844-899-8092



Rate Confirmation Load 28976676

Send invoices to:
CarrierInvoices@coyote.com
960 Northpoint Parkway
Suite 150
Alpharetta, GA 30005

877-6COYOTE
(877-626-9683)

Cust Requirements

Equipment	Van, 53' x 102 x 110
Pre Cooled Temp	None
Load Temp	None
Tarps	NA
Value	\$100,000

Booked By

Jared Soderholm
Jared.Soderholm@coyote.com
Phone: +1 (773) 365 6497
x2228
Fax: +1 (773) 365 7804



Get

CoyoteGO

Today!

- Dispatch
- Send updates
- Check in
- Submit paperwork

Available for An-
droid or iPhone,
at App Store or
Google Play

Load Requirements

Tech Tracking Required

Equipment Requirements

N/A

Notes

All Van/Container loads MUST be sealed at origin either by shipper or driver with a seal number noted on bill of lading. The driver is responsible for re-sealing the trailer after each pickup/drop on a multi-stop shipment. In the event a shipment that was sealed at origin or after each additional pickup/drop arrives at the destination with a tampered seal or without the seal intact then (i) the Carrier shall be liable for any shortage or damage claims with respect to such shipment and (ii) the shipper shall have the right, in its sole discretion, to deem the entire shipment damaged, adulterated/contaminated and unsalvageable, without the need for any inspection and the Carrier shall be liable for the full value of the shipment. Carrier is required to weigh shipment within 50 miles of departing each shipper. If carrier fails to weigh shipment within 50 miles of departing each shipper, any citations/expenses incurred due to the equipment and/or shipment weight will be the carrier's sole responsibility. Carrier must meet and comply to shipper requirements at the facility. All drivers must wear masks or facial coverings to the extent required by laws or facilities. **Carrier must be in full compliance with the Food Safety Modernization Act (FSMA), if applicable. By accepting the shipment, Carrier agrees that the driver has consented to receiving text messages and/or phone calls from or on behalf of Coyote.**

Approval for payment of detention is contingent upon the following eligibility requirements:

- 1) Carrier must report facility departure time and total detention hours within 24 hours of shipment delivery at the final facility.
- 2) Carrier must provide proof of the on time arrival and departure times in the form of a BOL or other shipping document with arrival and departure times notated by facility within 24 hours of shipment delivery at final facility.

Route Directions

Carrier acknowledges that any routing instructions from the shipper herein are being provided for convenience only, and the Carrier may choose the route.

Signature Line

By signing below, BRZ agrees to the terms and conditions set forth below and provided herewith, if any.



Rate Confirmation

Load 28976676

Stop 1: Pick Up

Pick Up 1952855 Numbers	Appointment Scheduled For Wed 04/12/2023 at 11:00	Facility Notes Do not arrive more than 30 minutes early to appointment. Limited dock space, limited parking space. Use Dock 7 or 8 Must be notified of detention 30 minutes prior to start.
Confirmation None Numbers	Driver Work No Touch	
Facility Molnlycke Health Care	SLIC N/A	
Address 11 TWIN RIVERS DR Wiscasset, ME 04578		
Contact None		
Phone +1 (207) 882 0200		

Stop 1 Requirements

N/A

Commodity	Packaging	Load On	Exp Wt	Pallets
medical supplies	Case	Pallets	15,000 Lbs	17

Stop 2: Delivery

Delivery 1952855 Numbers	Appointment Scheduled For Fri 04/14/2023 at 08:00	Facility Notes POD must be submitted within 72 hours. 1) Driver must have a copy of the BOL for delivery. 2) Must be notified of detention 30 minutes prior to start.
Confirmation None Numbers	Driver Work No Touch	
Facility Molnlycke Health Care US, LLC	SLIC N/A	
Address 100 Schmid Plaza Road Anderson, SC 29624		
Contact Karen Thrasher		
Phone +1 (678) 250 7900		

Stop 2 Requirements

N/A

Commodity	Exp Wt	Pallets
medical supplies	15,000 Lbs	17

Charges

Description	Units	Per	Amount
Fuel Surcharge	1126.00	\$0.540	\$608.04
Flat Rate	1.00	\$1,491.960	\$1,491.96
Total			USD \$2,100.00

Contact

Send invoices to:
**960 Northpoint Parkway
Suite 150
Alpharetta, GA 30005**

Please contact Coyote
at 877-626-9683 if the
charges are incorrect.



Rate Confirmation

Load 28976676

Agreement

Carrier Riki Transportation Inc
USDOT 3119062
Phone None
Email leo@rtbrz.com
Fax None

Broker Coyote Logistics, LLC
Rep Jared Soderholm
Title Sales Rep
Phone +1 (773) 365 6497 x2228
Fax +1 (773) 365 7804
Date 04/10/2023 07:58

By signing below, BRZ agrees to the terms and conditions set forth below and provided herewith, if any.

Name and Title (Print)

Signature

Date

PLEASE SIGN THIS AGREEMENT AND EMAIL TO Jared.Soderholm@coyote.com

Coyote Logistics, LLC is an Equal Opportunity Employer



Rate Confirmation

Load 28976676

Terms and Conditions

The Broker-Carrier Agreement or Carrier Agreement (in each case, the "Agreement") between Coyote Logistics, LLC, a Licensed Property Broker - USDOT # 2236410, and BRZ is amended by the verbal agreement between Jared Soderholm of Coyote Logistics, LLC hereafter referred to as BROKER, and Leo of BRZ hereafter referred to as CARRIER, dated 04/10/2023.

This confirmation is subject to the terms of the Agreement and this document constitutes an amendment thereto. If the CARRIER has not signed the Agreement, then the rate shown above is the agreed individually negotiated rate and no other rate shall apply including any carrier tariff rate or terms.

THIS LOAD SHALL NOT BE DOUBLE BROKERED. No additional charges not listed above may be added by the CARRIER. Any additional charges must appear on a revised confirmation sheet signed by the BROKER. CARRIER must include signed copy of the shipper's bill of lading and any other proof of delivery with invoice to BROKER. Rates, except as specifically designated above, are inclusive of any fuel surcharge. CARRIER certifies that it is in compliance with all requirements of the California Air Resources Board (CARB) that are applicable to the scope of CARRIER's operations, including, but not limited to: Statewide Truck and Bus Regulations, Transport Refrigeration Unit (TRU) Regulations, Tractor-Trailer Greenhouse (GHG) Gas Regulations, and Drayage Truck Regulations. CARRIER also warrants that it is in compliance with any comparable requirements of the Environmental Protection Agency (EPA) and other states, where applicable. CARRIER shall be responsible for any fines imposed on BROKER and/or shipper resulting from noncompliance.

CARRIER hereby confirms that it maintains applicable and valid insurance without exclusions that would prevent coverage for the items listed above. CARRIER has at least \$100,000.00 in cargo insurance and \$1,000,000.00 in automobile liability coverage. CARRIER further confirms that in transporting the shipment described hereinabove, it will comply with all U.S. DOT and FDA regulations applicable to its operations while transporting said shipment, including, but not limited to drivers' hours of service, and the Food Safety Modernization Act (FSMA), if applicable. CARRIER agrees to the attached requirements from the shipper, if any.

ALL LOADS ARE SUBJECT TO ELECTRONIC TRACKING

By accepting this shipment, CARRIER agrees that it has obtained a written agreement from each driver transporting a shipment tendered by BROKER to CARRIER pursuant to the Agreement in which each driver provides all necessary consents to (i) receiving text messages and/or phone calls from or on behalf of BROKER and (ii) allowing BROKER or its vendor to track such driver's location while transporting such shipment. CARRIER shall comply with all applicable laws relating to the collection, use, storage, retention, disclosure, and disposal of any information CARRIER provides to BROKER, including information regarding the drivers transporting shipments. CARRIER shall indemnify, defend, and hold BROKER and its affiliates harmless from and against any and all claims, damages, liabilities, losses, actions and expenses (including attorneys' fees) arising out of or in connection with CARRIER's breach of this Section. This Section shall survive the expiration or termination of the Agreement between BROKER and CARRIER.

Operating Parameters
Mölnlycke Health Care US, LLC

Carrier shall adhere to the following customer requirements:

Transportation requirements for transportation service of medical devices and medicinal products:

This document constitutes the technical and quality agreements/requirements covering contractual transport activities. It defines the respective responsibilities of Mölnlycke and the Carrier with regard to transport of medical devices and medicinal products.

These technical and quality agreements/requirements take the form of a detailed checklist of the main activities associated with transport of medical devices and medicinal products. Responsibility for each applicable activity is assigned to Mölnlycke and/or Carrier or, marked as "NA" if not applicable.

These technical and quality agreements/requirements become effective from the date last signed by the parties hereto.

Responsibilities for Transportation

General

- | | |
|---|---------|
| a. Transport Products in accordance with applicable Quality and/or Regulatory requirements. | Carrier |
| b. Transport Products in accordance with applicable Environmental and Health & Safety requirements. | Carrier |

License/ Authorization

- | | |
|--|-------------------|
| a. Inform the other party without delay of any restriction imposed on their Authorization /License which affects their ability to fulfil their duties. | Carrier/Mölnlycke |
|--|-------------------|

Quality Management

- | | |
|--|-------------------|
| a. Maintain a Quality management System (QMS) that conforms to the requirements of ISO 9001. | Carrier/Mölnlycke |
|--|-------------------|

Personnel

- | | |
|---|---------|
| a. Ensure that personnel involved in the handling of hazardous goods has the appropriate training in order to take appropriate measure to avoid damage or injury. | Carrier |
| b. Appoint Health & Safety Officer, responsible for the handling of hazardous goods. | Carrier |

Vehicles (truck, trailer, container), Premises (hub) and Equipment

Vehicles/Premises

- | | |
|---|---------|
| a. Ensure to maintain suitable and adequate vehicles/premises for proper transportation/transit of Medical devices and medicinal products. | Carrier |
| b. Ensure that vehicles/premises are clean and free from water, litter, dust, organic rubbish or smell and hole in the structure must be avoided. | Carrier |

Equipment

- | | |
|---|---------|
| a. Ensure that all equipment impacting transportation of products is maintained. Maintenance programme must be in place for key equipment and records must be kept. | Carrier |
|---|---------|

Documentation and records

- | | |
|---|---------|
| a. Ensure that quality system covers any operation that has an impact on the quality of the products or on their transportation. | Carrier |
| b. Ensure to generate, control and maintain all documentation relating to the collection, transportation, customs and delivery of products during 1 year. | Carrier |

Operations

- | | |
|--|---------|
| a. Perform trailer or container inspection before collection of the goods. Vehicle needs to be in good state (no organic rubbish or smell, no dirt, no wet trace, no hole in the structure). Mölnlycke or its Logistics service providers has the possibility to refuse the vehicle if one of these criteria is not respected. | Carrier |
| b. Check the goods, prior to departure, according to appropriate regulations and thereby check the number of pallets, the apparent conditions of the goods and their packaging, the total weight of the goods based on assumptions from loading list. Any claim or objection must be provided to Mölnlycke prior departure. | Carrier |
| c. Undertake all necessary precautions to protect products against breakage, dirt, moist, water, contamination and adulteration. | Carrier |
| d. Notify Mölnlycke, without delay, any event that could affect the quality of the product. | Carrier |
| e. If case of incidents with an impact on the quality of the products it must be reported within 24 hours to Mölnlycke (car crashes, water leakage,...). | Carrier |

Complaints, CAPA and returns

- | | |
|--|---------|
| a. Ensure that returns are identified, kept apart from sellable stock in the hub. | Carrier |
| b. Investigate service complaints related to products distributed under this agreement and provide answer within 5 working days. | Carrier |
| c. Maintain a CAPA process (Corrective and preventive actions) and raise CAPA in case of nonconformance such as deviation of quality, environmental or safety system for critical activities, release or distribution of a product identified as non-conform, deviation in the customer traceability, any fire incident, deviation of a critical equipment with an impact on the quality of the product or issue that prevent the delivery to the customers. | Carrier |

Audits/ Self-Inspections

- | | |
|--|-----------|
| a. Maintain a Self-inspection plan covering the activities conducted under this agreement. | Carrier |
| b. Authorise Mölnlycke, competent authorities and/or notified bodies to audit the activities under this agreement. Any third party acting on Mölnlycke's behalf for the audit shall enter into a non-disclosure agreement with Carrier prior to the conduct of the audit. Such audit only relates to records and information which are not confidential or financially sensitive in nature | Carrier |
| c. Notify Carrier about audit (performed by Mölnlycke) one month in advance. | Mölnlycke |

Notification of Change/Change Control

- | | |
|---|---------|
| a. Communicate any changes prior to their implementation that could affect the quality of Mölnlycke products or the quality of services provided. | Carrier |
|---|---------|

COYOTE →

Load Date: 4/12/2023

Coyote Load #: 28976676

BILL OF LADING						
Shipper					Shipment #: 1952855 PU#: 1952855 DEL#: 1952855 BOOK#:	
Molnlycke Health Care 11 TWIN RIVERS DR Wiscasset, ME 04578 P: 1 (207) 882-0200 Name:						
Consignee						
Molnlycke Health Care US, LLC 100 Schmid Plaza Road Anderson, SC 29624 P: 1 (678) 250-7900 Name: Karen Thrasher						
3rd Party Freight Charges Bill To						
Coyote Logistics (prepaid/third party) 960 North Point Parkway, Suite 150 Alpharetta, GA 30005						
SPECIAL INSTRUCTIONS: Do not arrive more than 30 minutes early to appointment. Limited dock space, limited parking space. Use Dock 7 or 8 Must be notified of detention 30 minutes prior to start.					Freight Terms: Prepaid: _____ Collect: _____ 3rd Party: <input checked="" type="checkbox"/>	
Qty	Type	Weight	HM(X)	Commodity	LTL Class	
17	PLT	15,000		medical supplies	65	
				Dimensions: 0.00 x 0.00 x 0.00		
17	PLT	15,000		GRAND TOTALS		
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						
Remit COD to:						
Collect: _____ Prepaid: _____ Customer Check Acceptable: _____ COD Amount: \$ _____						
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B).						
Received, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.				Trailer Loaded: ____ by Shipper ____ by Driver	Freight Counted: ____ by Shipper ____ by Driver	The carrier shall not make delivery of this shipment without payment of and all other lawful charges. Shipper: _____
Shipper Signature / Date: This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. Shipper: _____		Carrier Signature / Pickup Date: Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted. Carrier: _____		Consignee Signature / Delivery Date: Consignee acknowledges receipt of packages and required placards. Property described above is received in good order, except as noted. Consignee: <u>RYAN Goldsmith</u> <u>4-14-23</u>		