



Bill to:
JB BROKERAGE LLC

Invoice Date: 06/08/2023

Invoice #: 39613

Terms: NET 30

Due Date: 07/08/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/07/2023		1000 Broadway Grand Hall A-E Booth 706 Nashville, TN, 37203 - 1875 West Walnut Hill Lane, Irving, TX, USA			
			1	1600	1600

TOTAL
1600

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 & Load Confirmation

JB BROKERAGE LLC
 231 Gilbert Cir
 Grand Prairie, TX, USA 75050
 Phone: 214-790-7927
 Fax:

Dispatcher:	Rick G	LOAD #	39613
Phone #:	281-744-3727	Ship Date:	2023-06-07
Fax #:		Today's Date:	2023-06-05
Email:	dispatch@jbbrokeragellc.com		
W/O:	99196910		

Carrier	Phone #	Fax #	Equipment	Agreed Amount	Load Status
Riki Transportation DBA BRZ	708-852-5664		Van	\$1,600.00 USD	Open

Shipper 1 Grand Hyatt 1000 Broadway Grand Hall A-E Booth 706 Nashville, TN, 37203 Phone: 847-426-3100	Date: 2023-06-07 Time: 8:00 AM Type: Quantity: Weight: lbs Notes: Kris is the point of contact	Purchase Order #: Major Intersection: Shipping Hours: Appointment: No Description:
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Consignee 1 Hollman Inc 1875 W. Walnut Hill Lane Irving, TX, 9728154081	Date: 2023-06-08 Time: 8:00 AM Type: Quantity: Weight: lbs	Purchase Order #: Major Intersection: Receiving Hours: Appointment: No Description:
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Dispatch Notes:

Please sign and return the rate confirmation upon receipt. Shipper BoL's must be sent before departing shipper. POD's are due within 3 hours of delivery. For billing send a copy of the rate confirmaiton, POD, and your invoice to ar@jbbrokeragellc.com All attachments MUST be in PDF format and be the original documents for invoicing, no pictures or jpeg documents will be accepted. Payment terms are net 30 days upon receipt of required documents.

Carrier Pay: Line Haul: \$1600.00, **TOTAL: \$1600.00 USD**

Accepted By: Edith Taylor **Date:** 06/05/2023 **Signature:** *Edith Taylor*
Driver Name: Jose **Cell #:** 469- 667-1816 **Truck #:** 802 **Trailer #:** W97038



STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

RETURN COMPLETED BILL OF LADING TO THE VIPER SERVICE DESK WHEN MATERIALS ARE PACKED AND READY FOR SHIPMENT

BOI Received (Date/Time/Initials)
4:06 PM 6/7/23

NUMBER OF SEPARATE SHIPMENTS IN BOOTH: 1 2 3 4 OR MORE

Viper
Number: 706
Booth Number: 706
Show Name: PFIFC
Date Prepared: 6.7.2023

FROM: (14)

Your Exhibiting Company Name: **HOLLMAN, INC.**

Shipping Location (Exhibit Facility): **GRAND HYATT NASHVILLE, 1000 BROADWAY, NASHVILLE, TN 37203**

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described below, in apparent good order, except as noted (contents and condition of contents of package unknown), marked, counted, sealed and delivered as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in the Uniform Freight Classification in effect on the date hereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.
Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

TO:
Consigned to (Ship to) **HOLLMAN, INC.**
Attention **Alexandra Schroeder** Cell **817.727.5361**
Destination (Street Address) **1825 W. Walnut Hill Lane, Suite 110**
City, State and Zip Code **Irving, TX 75038**

Method: Motor Freight Air Freight: Next Day 2nd Day Deffered Van Line POV Other:
Carrier: **PEGASUS LOGISTICS** Special Instructions:

IN THE EVENT YOUR SELECTED CARRIER FAILS TO ARRIVE BY THE DESIGNATED MOVE OUT TIME, VIPER WILL FORCE THE SHIPMENT ACCORDING TO OUR HOUSE CARRIERS.
1. GROUND 2. Air -Received By *Deep Singh* 6-8-23
BY RECEIVING THIS BILL OF LADING, VIPER ASSUMES NO RESPONSIBILITY FOR SHIPMENTS LEFT IN BOOTH BY EXHIBITOR. ALL MATERIALS ARE SUBJECT TO FINAL COUNT AND CORRECTION AT TIME OF ACTUAL REMOVAL FROM BOOTH. VIPER ASSUMES NO RESPONSIBILITY FOR MISDIRECTED SHIPMENTS AS A RESULT OF OLD SHIPPING LABELS WHICH REMAIN ON CONTAINERS. It is the shipper's responsibility to state the National Motor Freight Classification Commodity Description, otherwise, shipment shall be described as Exposition Materials. This is to certify that the named articles are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Checker	No. Of Pieces	Kind of Package, Description of Articles	Weight	Class of Rate
	2	Crates (Wooden) Exhibition Material		
		Cartons (Cardboard)		
		Fiber Cases/Trunks (color) (Shape)		
		Skids/Pallets		
		Carpets (Color)		
		Machines		
		Miscellaneous		
	2	Total		

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The Carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)
Freight Charges
Prepaid/3rd Party Billing Collect
Checker Signature: *OSAM*
Title Number: *4491/253*
Date Loaded: *6/7/23*
Checker Signature: *OSAM*

Freight Charges Guaranteed by:
Company/Exhibitor: **EXHIBITOR OUTLINED ABOVE**
Attention: _____
Billing Address: _____
City, State Zip: _____
Telephone No.: _____
Email Address: _____

Received in apparent good order, except as noted
Date *6/7/23* Time: _____
Carrier Name *BRZ*
Agent/Driver Signature *JOSE RIVERA*
Agent/Driver Print *JOSE RIVERA*
PRO LABEL BELOW

Shipper hereby certifies that he/she is familiar with all the terms and conditions of the said bill of lading set forth in the classification or tariff which govern the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself/herself and his/her assigns.

This Bill of Lading is to be signed by the shipper and agent of carrier
ORIGINAL / NON-NEGOTIABLE



6/06/23

FOOD RELIEF BILL OF LADING

Page

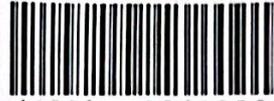
1

SHIP FROM

American Italian Pasta/OHL
1000/1100 Italian Way
Excelsior Springs/MO/64024
SID#: 113268265

FOB:

Bill of Lading Number: 00418200012787646



(402) 00418200012787646

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SHIP TO

Sysco Corp - Nashville
1 Hermitage Plz
Nashville, TN 37209
CID#: 502025

USA

FOB:

CARRIER NAME: MG Default

Trailer number: W97038

Seal number(s): 705111

SCAC: CPUS LOAD#

Pro number:

For Over/Short/Damage or other issues please contact
TreeHouse Foods: (800) 772-6757
OSD@treehousefoods.com

THIRD PARTY FREIGHT CHARGES BILL TO:

Sysco Corp - Nashville
1 Hermitage Plz
Nashville, TN 37209

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect X 3rd Party _____

Master Bill of Lading: with attached underlying Bills of Lading (check box)

SPECIAL INSTRUCTIONS: 615-350-7100 The goods on this load have been properly loaded to provide damage free shipping

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	Ord#	ADDITIONAL SHIPPER INFO Del#	Shp#
58220620	40	40287.7	Y (N)	0006804434	0085439669	0010148878
			Y N			
			Y N			
			Y N			
			Y N			
			Y N			
GRAND TOTAL	40	40288				

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
39	PLT	2020	Box	39635.1			74250.01	60.0
1	PLT	41	Box	652.6			74250.01	60.0
	PLT		BOX			MACARONI, NOODLES, SPAGHETTI, OR VERMICELLI, DRY.	74250.01	60.0
40		2061		40288				

GRAND TOTAL

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:
Customer check acceptable:

Carrier's liability for loss, damage or delay is limited to:

\$ _____ per lb
\$ _____ per shipment (truckload)

NOTE Carrier's liability is for the actual loss unless otherwise agreed in contract, or stated above and signed by Shipper.

RECEIVED, subject to the written transportation contract between shipper and carrier, if applicable, otherwise subject to the terms and conditions of the shipper's standard transportation contract in effect on the date of shipment, which is available to the carrier on request. This shipment is not subject to any classification or tariffs which may be established by the carrier.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable DOT regulations.

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

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 DOT emergency response guidebook or equivalent documentation in the vehicle. Properly described above is received in good order, except as noted.

X

6-6-23
2202

IN: 11:00 AM
out: 10:15 PM

Rec'd 2, Old
Hank
6/7/23

Case short



8225 Leclair Ave., Burbank, IL 60459

Phone: 708-303-5150 email: bol@rtbrz.com

Driver	JOSE md	Co-Driver		Truck	802	Trailer	W97038
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*NOTE: All trip sheets must ONLY be from Monday pick-up to Monday delivery of the following week.

Date	Start Location City, State, Zip Code	Notes
6/05/23	GRAND SALINE, TX 75140	
Date	End Location City, State, Zip Code	Notes
6/06/23	KAUSA S CITY, MO 64120	
Date	PICKUP City, State, Zip Code	Notes
6/06/23	EXCELSIOR SPRINGS, MO 64024	
Date	DELIVERY City, State, Zip Code	Notes
6/07/23	NASHVILLE, TN 37209	
Date	PICKUP City, State, Zip Code	Notes
6/07/23	NASHVILLE, TN 37209	
Date	DELIVERY City, State, Zip Code	Notes
6/08/23	IRVING, TX 75038	
Date	PICKUP City, State, Zip Code	Notes
Date	DELIVERY City, State, Zip Code	Notes
Date	PICKUP City, State, Zip Code	Notes
Date	DELIVERY City, State, Zip Code	Notes
Date	PICKUP City, State, Zip Code	Notes
Date	DELIVERY City, State, Zip Code	Notes