

Bill to: MD CHOICE LOGISTICS, LLC 7001 WESTWIND SUITE 201, El Paso, TX, 79936 Invoice Date: 06/16/2023 Invoice #: 2044356 Terms: NET 30 Due Date: 07/16/2023

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|---|----------|------|--------|
| 06/14/2023 | | 100 Grand Ave, Rothschild, WI 54474, USA - 326 Deming Way, Summerville, SC, USA | | | |
| | | | 1 | 2400 | 2400 |

TOTAL

2400

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

*** Load Confirmation *** MD Choice Logistics 1601 Corrington Ave. Kansas City MO, 64120

Page 1

| | | | Ph: 816-373-7595 | | | -,- | Fax: 816-373-8897 | | | |
|-------------------|-----------------------------|-------------------|--------------------------------------|---|------|------------------------------------|---|-----------------------------------|------------------------|---|
| Carrier: Date: | BRZ BURB 06/13/ | | IL | 60459 | | | Contact: Phone: Fax: Email: | Richar - 120 richard@rtbrz.com | | |
| Order | Orde Miles Tem BOL | s: 116 p: | 14356 58.0 .TM-00330 | 71 | | | Commodity: Weight: Trailer: Reference: | Dry Foods 20930.0 po15479 | 9 pu 766865 | |
| | PU 1 | Name: Address: | 100 Gra 715-35 | aard USA, Ind and Ave 5-3605 SCHILD pu 766865 pu 766865 pu 766865 pu 766865 pu 766865 pu 766865 pu 766865 | WI 5 | | Date: | | 2023 0700 2023 1430 | _ |
| | SO 2 | Name: Address: | EASTP | E B MING WAY ORT INDUS ERVILLE pu 766865 pu 766865 pu 766865 pu 766865 pu 766865 pu 766865 pu 766865 | SC 2 | | Date: | | 2023 0800 | _ |
| Payment | | FUEL SU | Freight Pay JRCHARG rrier Pay: | | | \$1,900.00 500.00 \$2,400.00 | | | | |

Instructions Special instructions here

Agreement

| Ri | cha | rd | Ś | lic | |
|--------|-----|----|---|-----|--|
| Please | | | | | |

Bryan Doerflinger



 Double Brokering Prohibited: Double brokering of this load is strictly prohibited and will void this Load Confirmation Agreement, "Agreement". MD Choice Logistics, LLC, reserves the right to pay the actual carrier.
Additional Authorized Charges: In order to be paid for any additional charges such as lumper fees, detention, etc., such charges must be approved in writing by MD Choice Logistics, LLC. and must be supported by receipts, if applicable.

3. Reporting: An authorized carrier representative must call the MD Choice Logistics, LLC. office at the following times:

- a. When leaving the pick up location.
 - b. When arriving at the destinatio.
 - c. If any delays are experienced during the trip.
 - d. If the receiving party alleges that the cargo was delivered short, over, or with damage of any kind.

4. Deductions: Failure to comply with the terms of this Agreement, late delivery, incorrect or late paperwork, and/or the assertion of a claim by the shipper or consignee may subject the Carrier to deductions from the total agreed amount due to Carrier.

5. Emergencies: If Carrier experiences an emergency outside of normal business hours, please call 915-595-6569 ext 1106, they will direct the carrier to the correct MD Choice after hours personnel.

6. Payment Terms: Net thirty (30) days from the date MD Choice Logistics, LLC. receives Carrier invoice and all required supporting documents in proper form.

7. Advances: Advances may be available on a case by case basis. Carrier must call MD Choice Logistics, LLC. to arrange for any advance.

8. Sole Responsible Party: By executing the Agreement, Carrier agrees that MD Choice Logistics, LLC. is the sole responsible party for paying Carrier charges and Carrier waives its rights to contact any shipper or consignee regarding same.

9. Billing Instructions: To receive payment on this load, Carrier must submit to MD Choice Logistics, LLC. at its office or by mail at the address shown on Page 1 of this Agreement the following documents:

a. Carrier's invoice referencing the Load Number

b. A signed copy of the Agreement

c. The original bill of lading signed by an authorized individual of the receiving party or other proof of delivery satisfactory to MD Choice Logistics, LLC. and its customer

d. If applicable, any receipts or supporting documents for any additional authorized charges

e. Invoices with supporting documentation may be sent to accounting@mdchoicelogistics.com 10. Addendum to Broker / Carrier Contract: This Agreement shall be considered an Addendum to the Broker/Carrier

Contract between MD Choice Logistics, LLC. and Carrier and supersedes any oral agreements between the parties.

THANK YOU FOR DOING BUSINESS WITH MD Choice Logistics, LLC. Dispatch@mdchoicelogistics.com

| DATE: | 6/14/2023 | | | BILL OF L | ADING | | | age 1 | |
|---|---|---|---|---|---|--|--|----------|--|
| | | SHIP FR | OM: | | Shipment Numb | er: | | | |
| Name: Omnia Advanced Materials | | | | | | | 25798 | | |
| Address: 9567 Main Street | | | | | | | | | |
| City/State/Zip: Beaver Falls, NY 13305 | | | 5 | | Carrier Name: C/O | RiKi Trans | JP | | |
| Contact: | Jim Manches | ter | | | Trailer No: | 305783 | 4864403 | | |
| Phone: | 315-346-730 | 0 ext: 10 | 33 | | Seal No. | Contraction of the local division in the local division of the loc | 4864405 | | |
| | | SHIP TO |); | | Freight Charge | Terms: | | | |
| Name: | Car-Freshner | Corpora | tion | | | | | | |
| Address: | 315 E. INDUS | | REET | | PREPAID | | | | |
| City/State/Zip: | DEWITT, IA 5 | 2742 | | | | | | | |
| Contact: | NANCY | | | | COLLECT | | | | |
| Phone: | 563-659-260 | and the local day is a second s | and the second se | | | | | | |
| | 3RD PARTY B | ILL FREI | GHT CHA | ARGES TO: | | | | | |
| Name: | | | | | 3RD PARTY | | | | |
| Address: | | | | | | | | | |
| City/State/Zip: | | | | | PREPAID/ADD | | | | |
| Contact: | | | | 1 | COMMODITY D | ESCRIPTION | ITI | LTL ONLY | |
| HANDI | | | | WEIGHT/LBS | COMINIODITYL | ESCRIPTION | NMFC# | CLAS | |
| QTY | TYPE | QTY | TYPE | | | | IIIII C# | CLAS | |
| | | | | | | FCCDIDTIO | CDOSC W | | |
| CUSTOM | | | | 1 | | TY DESCRIPTION GROSS WEIG 0 24 X 32 30,35 | | | |
| 8367 | /5 | | | 30 | BS-060 2 | 4 X 32 | 50 | ,550 | |
| LOAD IS FS | C CERTIFIED | | | FSC MIX: 709 | CERTIFICATION | # SCS-COC | -007805 | | |
| e agreed or declared value o | of the property is specific | ally stated by ti | he shipper not l | be exceeding | | | limitation for los | | |
| noted (contents, and condition bughout this contract as me in its route, otherwise to deli- i route to destination and as ditions of the Uniform Dom- me applicable motor carrier of | ion of contents of packag aning any person or corp iver to another carrier or s to each party at any tim estic Straight Bill of Ladir classification or tariff, if t | es unknown), r ioration in poss in the route to s he interested in ng set forth (1) his is a motor c | marked, consig session of the p aid destination all or any of sa in Uniform Frei carrier shipmen | ned, and destined as Indi property under the contra- the is mutually agreed as aid property, that every se ight Classifications in effe- it. Shipper hereby certifie | ading, the property described cated above which said carrie ct) agrees to carry to it's usua to each carrier of all or any of envice to be performed hereu ct on the date hereof, if this is is that he is familiar with all th rms and conditions are hereb | above in apparent go r (the word carrier be I place of delivery at s , said property over a nder shall be subject s a rail or rail-water sh be terms and condition | ing understood aid destination II or any portion of to all the terms and ipment or (2) hs of the said bill of | i f | |
| IIPPER SIGNATI | URE/DATE | 1. hu | 12) | | CARRIER SIGN | TIRE /DAT | F | | |
| n. Ma | Mal | 01141 | -5 | 307 | 15 | J | - | | |
| 1111111111 | named materials are pro | operly classified | d, packaged, m o the applicable | arked | Carrier acknowledges rece certifies emergency respon | | | | |

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