

**Bill to:**

SOUTHLAND BROKERAGE COMPANY, INC.
7925 U.S. HIGHWAY 601 ,
Boonville,
NC,
27011

Invoice Date: 07/03/2023

Invoice #: 819652

Terms: NET 30

Due Date: 08/03/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/30/2023		U.S. 30, Warsaw, IN 46580, USA - 955 Goffs Falls Rd ste 997, Manchester, NH 03103, USA			
			1	2950	2950

TOTAL
2950

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



Southland Brokerage Co., Inc.
CINCINNATI, OH OFFICE
PO BOX 99 BOONVILLE, NC 27011
Local: (336) 551-7010
FID 56-2010528 MC 364070 B

Order #: 819652

Carrier Confirmation

Carrier Information

BRZ
8225 Leclair Ave
BURBANK, IL 604592734

Contact: Ana
Phone: 708-303-5150
Fax:
Email:

Stop Information

Load At

LSC COMMUNTICATIONS
2801 WEST OLD ROUTE 30
WARSAW, IN46580
Directions:

Mileage:

Earliest date: 06/30/23 14:00
Latest date: 06/30/23 14:00

Stop Notes:

***DRIVER MUST CHECK IN AS SOUTHLAND ***
PU# 106684852

Deliver To

SCF CENTRAL 015
192 MAIN ST
SHREWSBURY, MA01546
Directions:

Mileage: 854

Earliest date: 07/03/23 08:00
Latest date: 07/03/23 08:00

Stop Notes:

129062611

Deliver To

SCF MIDDLESEX ESSEX 018
76 MAIN ST
NORTH READING, MA01864
Directions:

Mileage: 51

Earliest date: 07/03/23 11:00
Latest date: 07/03/23 11:00

Stop Notes:

129062613

Deliver To

SCF MANCHESTER
955 GOFFS FALLS RD STE 997
MANCHESTER, NH03103
Directions:

Mileage: 38

Earliest date: 07/03/23 14:00
Latest date: 07/03/23 14:00

Stop Notes:

129062615

Upon delivery, send copy of POD to
cintracking@sltrans.com

Load Summary

Load Stop Count: 4

PCS 43,500 LBS

Load Miles: 957

Trailer Type: VAN OR REEFER

Pay Information

Description	Quantity	Rate	Unit	Amount
BROKERAGE CARRIER PAY	1	\$2,950.00	FLT	\$2,950.00
			Total Pay:	\$2,950.00



Southland Brokerage Co., Inc.
CINCINNATI, OH OFFICE
PO BOX 99 BOONVILLE, NC 27011
Local: (336) 551-7010
FID 56-2010528 MC 364070 B

Order #: 819652

Carrier Confirmation

CARRIER TERMS:

DISPATCH:

Upon dispatch, the DRIVER must accept PROJECT44 (P44) tracking. Tracking must be used via the phone text message or through the P44 App. Failure to allow P44 tracking will result in NON-PAYMENT of any detention or layover fees incurred. DRIVERS MUST CALL (336) 551-7010 WITH BILL OF LADING INFORMATION UPON PICKUP. DRIVERS are responsible for number of pieces count stated on the BOL

RATE ACCEPTANCE:

The payable rate quoted by BROKER: SOUTHLAND BROKERAGE COMPANY to the below Signed CARRIER is acknowledgement of the rate assessed for this shipment. This agreement becomes an addendum to the CARRIER/BROKER Agreement and by accepting this shipment at the rate quoted, the CARRIER agrees to hold harmless the Shipper, Consignee, and BROKER for any billings in excess of quoted rate. Fuel surcharges are included in the quoted rate.

PAYMENT and PAPERWORK:

All Carrier Payments are now processed through **TriumphPay.com**

Go to secure.TriumphPay.com Carrier Portal to register online to receive payments:

All paperwork associated for the load will need to be uploaded on the TriumphPay carrier portal to receive payment for loads Paperwork can also be emailed to carrierinvoice@sltrans.com if the website is not available.

- Go to www.secure.TriumphPay.com
- Register your company
- Connect with Southland
- Add your payment information
- Control your money!



Get Paid Now!

Login to TriumphPay.com to set up your default payment method.

BROKER: SOUTHLAND BROKERAGE CO.

CARRIER: BRZ

BY: _____
CINCINNATI, OH Dispatcher

BY: _____

TITLE: _____


DATE: _____

ATTENTION CARRIERS: Upon dispatch, the DRIVER must accept PROJECT44 (P44) tracking through the phone text message or through the P44 App. Also, the proper procedures needed to allow tracking must be followed to allow successful tracking. Failure to download and accept tracking via P44 will result in NON-PAYMENT of any detention or layover incurred on this load.

Date: 6/30/2023 1:54:16PM

BILL OF LADING

Page: 3

SHIP FROM		Bill of Lading Number: 00000000001757927	
Name: LSC COMMUNICATIONS MCL LLC			
Address: 2801 West Old Road 30		Manifest ID: 106684852	
City/State/Zip: Warsaw IN 46580		Carrier Name: SOUTHLAND TRANSPORTATION	
Shipper ID: RRD	FOB: <input checked="" type="checkbox"/>	Trailer Number: W-97035	
		Seal number(s): 4032	
SHIP TO		SCAC: SLDD	
Name: SCF MANCHESTER	Location #: _____	Pro Number: _____	
Address: 955 GOFFS FALLS RD STE 997			
City/State/Zip: MANCHESTER NH 03103-9997			
Consignee ID: LM179316	FOB: <input type="checkbox"/>	Freight Charge Terms: Prepaid	
THIRD PARTY FREIGHT CHARGES BILL TO		<input checked="" type="checkbox"/> Master Bill of Lading: With attached underlying Bills of Lading	
Name: LSC COMMUNICATIONS MCL LLC		SPECIAL INSTRUCTIONS: Appointment Number : 129062615	
Address: 1000 WINDHAM PKWY		Appointment Date : 07/03/2023	
1-833-744-7572		Appointment Time : 1400	
City/State/Zip: BOLINGBROOK IL 60490-3507			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	QTY	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
ATM - 70	61,044	15,100	Y	
Grand Total	61,044	15,100		

CARRIER INFORMATION

SKU	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 See Section 2(e) to NMFC item 360)</small>	LTL ONLY	
	QTY	TYPE	QTY	TYPE				NMFC #	CLASS
MAIL	9	CONT	61,044	EACH	15,100		Mail		55
	9		61,044		15,100		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value for the property as follows:

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"

COD Amount: \$ _____
Fee Terms: Collect: ☐ Prepaid: ☐
Customer check acceptable: ☐

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C - 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

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
LSC COMMUNICATIONS MCL LLC Shipper
Signature _____

SHIPPER SIGNATURE / DATE

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

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as _____

Ben Hore 6-30-23

Date: 6/30/2023 1:54:16PM

BILL OF LADINGPage: 2**SHIP FROM**Name: LSC COMMUNICATIONS MCL LLC
Address: 2801 West Old Road 30

City/State/Zip: Warsaw IN 46580

Shipper ID: RRD

FOB: ☒

Bill of Lading Number: 00000000001757927



Manifest ID: 106684852

Carrier Name: SOUTHLAND TRANSPORTATION

Trailer Number: W-97035

Seal number(s): 4056

SCAC: SLDD

Pro Number:

SHIP TOName: SCF MIDDLESEX ESSEX 018
Address: 76 MAIN ST

Location #: _____

City/State/Zip: NORTH READING MA 01889-7001

Consignee ID: LM4174

FOB: ☐

Freight Charge Terms: Prepaid

Master Bill of Lading: With attached
underlying Bills of Lading

SPECIAL INSTRUCTIONS: Appointment Number : 129062613

Appointment Date : 07/03/2023

Appointment Time : 1100

THIRD PARTY FREIGHT CHARGES BILL TO

Name: LSC COMMUNICATIONS MCL LLC

Address: 1000 WINDHAM PKWY
1-833-744-7572

City/State/Zip: BOLINGBROOK IL 60490-3507

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	QTY	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
ATM - 70	45,067	11,083	Y	
Grand Total	45,067	11,083		

CARRIER INFORMATION

SKU	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 See Section 2(e) to NMFC Item 360)</small>	LTL ONLY	
	QTY	TYPE	QTY	TYPE				NMFC #	CLASS
MAIL	7	CONT	45,067	EACH	11,083		Mail		
	7		45,067		11,083		Grand Total		55

[Signature]
BAVARO 7/3

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value for the property as follows:

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."

COD Amount: \$ _____

Fee Terms: Collect: ☐ Prepaid: ☐Customer check acceptable: ☐**NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C - 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

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

LSC COMMUNICATIONS MCL LLC Shipper

Signature

SHIPPER SIGNATURE / DATE

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

[Signature] 6-30-23

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as

x

BILL OF LADING

SHIP FROM
 Name: LSC COMMUNICATIONS MCL LLC
 Address: 2801 West Old Road 30
 City/State/Zip: Warsaw IN 46580
 Shipper ID: RRD FOB: ☒

SHIP TO
 Name: SCF MIDDLESEX ESSEX 018
 Address: 76 MAIN ST Location #: _____
 City/State/Zip: NORTH READING MA 01889-7001
 Consignee ID: LM4174 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO
 Name: LSC COMMUNICATIONS MCL LLC
 Address: 1000 WINDHAM PKWY
 1-833-744-7572
 City/State/Zip: BOLINGBROOK IL 60490-3507

Bill of Lading Number: 00000000001757927



Manifest ID: 106684852

Carrier Name: SOUTHLAND TRANSPORTATION

Trailer Number: W-97035

Seal number(s): 4056

SCAC: SLDD

Pro Number:

Freight Charge Terms: Prepaid



Master Bill of Lading: With attached underlying Bills of Lading

SPECIAL INSTRUCTIONS: Appointment Number : 129062613

Appointment Date : 07/03/2023

Appointment Time : 1100

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	QTY	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
ATM - 70	45,067	11,083	Y	
Grand Total	45,067	11,083		

CARRIER INFORMATION

SKU	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 See Section 2(e) to NMFC Item 360)</small>	LTL ONLY	
	QTY	TYPE	QTY	TYPE				NMFC #	CLASS
MAIL	7	CONT	45,067	EACH	11,083		Mail		55
	7		45,067		11,083		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value for the property as follows:

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."

COD Amount: \$ _____

Fee Terms: Collect: ☐ Prepaid: ☐Customer check acceptable: ☐

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C - 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

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

LSC COMMUNICATIONS MCL LLC Shipper

Signature

SHIPPER SIGNATURE / DATE

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

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as

x

BOL Summary Report - Shipping Manifest

Shipment ID: 106684852

BOL ID: 00000000001757927
Manifest ID: 106684852
Date Shipped: 6/30/2023
Trailer ID: W-97035
Carrier Pro:
Payment Method:
Freight Terms: Prepaid
Delivery Terms: Free On Board

Ship From

LSC COMMUNICATIONS MCL LLC
2801 West Old Road 30
Warsaw IN 46580

Ship To

SCF MIDDLESEX ESSEX 018
76 MAIN ST
NORTH READING MA 01889-7001

Stop:

Consignee: SCF MIDDLESEX ESSEX 018, 76 MAIN ST, NORTH READING, MA 01889-7001

Title Descr	Insert / OnSale	Version	Job ID	Job Descr	SKU	Lot ID	Quantity	Weight	Conts
ATM - 70		002	80158	23 4C JunJuly	MAILD	80158-002-0001	45,067	11,083	7
Consignee Totals:							45,067	11,083	7
Stop 2 Totals:							45,067	11,083	7

Date: 6/30/2023 1:54:16PM

BILL OF LADING

Page: 1

SHIP FROM
Name: LSC COMMUNICATIONS MCL LLC
Address: 2801 West Old Road 30
City/State/Zip: Warsaw IN 46580
Shipper ID: RRD FOB: ☒

Bill of Lading Number: 00000000001757927



Manifest ID: 106684852

Carrier Name: SOUTHLAND TRANSPORTATION

Trailer Number: W-97035

Seal number(s): 4031

SHIP TO
Name: SCF CENTRAL 015 Location #: _____
Address: 192 MAIN ST
City/State/Zip: SHREWSBURY MA 01546-0001
Consignee ID: LM4366 FOB: ☐

SCAC: SLDD

Pro Number:

Freight Charge Terms: Prepaid

THIRD PARTY FREIGHT CHARGES BILL TO
Name: LSC COMMUNICATIONS MCL LLC
Address: 1000 WINDHAM PKWY
1-833-744-7572
City/State/Zip: BOLINGBROOK IL 60490-3507

☒ Master Bill of Lading: With attached underlying Bills of Lading

SPECIAL INSTRUCTIONS: Appointment Number : 129062611

Appointment Date : 07/03/2023

Appointment Time : 0800

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	QTY	WEIGHT	PALLET/SKID	ADDITIONAL SHIPPER INFO
ATM - 70	46,671	11,435	Y	
Grand Total	46,671	11,435		

CARRIER INFORMATION

SKU	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 See Section 2(e) to NMFC Item 360</small>	LTL ONLY	
	QTY	TYPE	QTY	TYPE				NMFC #	CLASS
MAIL	6	CONT	46,671	EACH	11,435		Mail		55
	6		46,671		11,435		Grand Total		

Robin Harris 7/3/23 850AM

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value to the property as follows:

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."

COD Amount: \$ _____

Fee Terms: Collect: ☐ Prepaid: ☐Customer check acceptable: ☐

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C - 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

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

LSC COMMUNICATIONS MCL LLC Shipper

Signature

SHIPPER SIGNATURE / DATE

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

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is in good order, except as

X