



Bill to:
LARKIN EXPRESS LOGISTICS LLC
737 DELAWARE AVE STE104,
Buffalo,
NY,
14209

Invoice Date: 07/05/2023
Invoice #: 1148908
Terms: NET 30
Due Date: 08/05/2023

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|--|----------|------|--------|
| 07/03/2023 | | 180 Corporate Drive, Rocky Mount, VA, USA - 1105 Industrial Lane, Malvern, AR, USA | | | |
| | | | 1 | 1900 | 1900 |

| |
|--------------|
| TOTAL |
| 1900 |

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

LARKIN
EXPRESS LOGISTICS
ASSURANCE DELIVERED™

Rate Confirmation Agreement for Larkin Express Logistics LLC

The undersigned carrier hereby acknowledges and accepts the shipment described above (the "Order") and agrees that it shall be performed pursuant to and in accordance with all of the terms and conditions of the Broker Carrier Agreement between the undersigned and Larkin Express Logistics, LLC (the "Carrier Agreement") including, but not limited to, the following:

- (i) the undersigned has all legal operating authorities (on file and in good standing) which are necessary to complete the Order including those required by the Carrier Agreement, the Federal Motor Carrier Safety Administration (the "FMCSA"), and any other applicable regulatory authorities or bodies;
- (ii) the undersigned and its drivers are, and will continue to be, subject to and in compliance with all current federal, state, and international rules and regulations with respect to this Order, including, without limitation, those rules related to transporting hours and service limitations; and
- (iii) the undersigned has and will maintain the cargo, liability, and other insurance required by the Carrier Agreement, the FMCSA and any other state or international regulatory bodies, to transport the cargo and other materials for the Order;
- (iv) Upon arrival to Shipper, Carrier is responsible for completing visual inspection of cargo prior to loading onto transport. If there are any condition issues of the cargo, pictures are to be taken with condition description notated on BOL, and is to be signed by both Shipper and Driver. Broker to be notified prior to departure from Shipper.

The undersigned further acknowledges and agrees that the costs and the rates described include all the costs and fees required for the undersigned to complete this Order and in accordance with the delivery schedule listed above. This Order, rate confirmation sheet and the Carrier Agreement constitute the entire agreement between the parties. In the event of any conflict between the terms of this Order, the rate confirmation sheet or the Carrier Agreement, the terms of the Carrier Agreement shall control. Doc #619764.2.

Larkin Express Logistics LLC
P.O. Box 50910
Knoxville, TN 37950
(865) 329-7160
APaccounting@LarkinExpress.com

LARKIN

EXPRESS LOGISTICS

ASSURANCE DELIVERED™

Larkin Express Logistics, LLC
P.O. Box 50910
Knoxville, TN 37950
PH: (843) 410-4850

(716) 332-5919

Load Confirmation

Page 1

1148908

Carrier: BRZ
BURBANK IL 60459
Date: 06/30/2023

Contact: Bill Carson
Phone:
Fax:

Order Order: 1148908
Miles: 848.0
Cases/pieces: 48
BOL:

Commodity:
Weight: 30048.0
Trailer: Van (DAT)
Reference: Custom PO 4503265303

PU 1 Name: McAiraid's
Address: 180 Corporate Dr
ROCKY MOUNT VA 24151
Phone: (540) 352-5050

Date: 07/03/2023 0700
07/03/2023 1500
Contact: Main
Driver Load: No driver loading or unload

SO 2 Name: Pactiv Corporation
Address: 1105 Industrial Ln
MALVERN AR 72104
Phone: (800) 476-4300

Date: 07/05/2023 0700
07/05/2023 1500
Contact: Main
Driver Load: No driver loading or unload

Payment Carrier Freight Pay: \$1,900.00
Total Carrier Pay: \$1,900.00

BOL/POD (signed by the Consignee) must be submitted to Broker following delivery.

Our Payment terms are 30 days from the date of receipt of all required supporting documentation. Originals are not required unless requested for legibility. Please submit by one of the following methods: APaccounting@larkinexpress.com or Mail to Larkin Express Logistics PO BOX 50910 Knoxville, TN 37950

For questions concerning payment, please contact Accounting at: APaccounting@larkinexpress.com or call 865-329-7160
Payment will be withheld if load is double brokered without our knowledge & authorization. Payment will also be denied if carrier name on rate confirmation does not match on bill of lading.

Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.

This is also a requirement or you won't be loaded: Please make sure that you send in a 53' dry van with swing open doors, no roll up doors. The trailer must be completely dry with no visible leaks or holes in the ceiling, walls, or floors. The trailer must also be clean with no odors, infestations, contamination, or previous cargo residue that can be transferred to our product, which is absorbent meat pads. If the trailer is a reefer trailer, please check with me before sending it in. Some of our loads won't fit on those kind of trailers?and, as I mentioned before, it would need to be completely dry for us to load it.

Please Sign: *Bill Carson*

Driver Name: Remy
Driver Cell: 806-316-9138
Driver Email: /
Tractor #: 829
Trailer #: w94934

(X) Accept

() Decline



Attention: Jason Fisher

Date: 07/03/23

BILL OF LADING

SHIP FROM

Name: McAirLaid's, Inc.
 Address: 180 Corporate Drive
 City/State/Zip: Rocky Mount, VA 24151
 SID#: (540)352-5050

FOB: ☒

Bill of Lading Number: 2307031

BAR CODE SPACE

SHIP TO

Name: Pactiv
 Address: 1105 Industrial Lane
 City/State/Zip: Malvern, AR 72104
 CID#:

Location #: _____

FOB: ☐

CARRIER NAME: 322
 Trailer number: 94934
 Seal number(s): 39685933

SCAC:
 Pro number:

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: Larkin Express Logistics LLC
 Address: P.O. Box 50910
 City/State/Zip: Knoxville, TN 37950 (865) 323-7185

SPECIAL INSTRUCTIONS:
 Needs a delivery appointment with Salina Fields at (501)609-4075
 or email at Salina.Fields@pactivevergreen.com

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

Prepaid X Collect _____ 3rd Party _____

☐ Master Bill of Lading: with attached underlying
 Bills of Lading

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO |
|-----------------------|--------|-------------|--|--|
| PO#: 4503265303 | 48 | 30,048 lbs. | <input checked="" type="radio"/> Y <input type="radio"/> N | SO#: 2370827 |
| | | | <input type="radio"/> Y <input type="radio"/> N | |
| | | | <input type="radio"/> Y <input type="radio"/> N | |
| | | | <input type="radio"/> Y <input type="radio"/> N | ***Delivery Appointment: 7/5/23 at 1:30 p.m. |
| | | | <input type="radio"/> Y <input type="radio"/> N | |
| | | | <input type="radio"/> Y <input type="radio"/> N | |
| | | | <input type="radio"/> Y <input type="radio"/> N | |
| | | | <input type="radio"/> Y <input type="radio"/> N | |
| GRAND TOTAL | 48 | 30,048 lbs. | | |

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 |
| 24 | Pallets | 24 | Cases | 14,568 lbs. | | MG-435XL-1461-06E-19 (Absorbent Meat Pads) | | |
| 24 | Pallets | 24 | Cases | 15,480 lbs. | | MG-360XL-1461-06E-15 (Absorbent Meat Pads) | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 48 | | 48 | | 30,048 lbs. | | GRAND TOTAL | | |

RECEIVING
 STAMP SPACE

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 _____

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 regulations.

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, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Shirley 7-3-23

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

Richy Nelson 7/5/2023