

**Bill to:**

Summit Transportation INC

,  
,  
,

Invoice Date: 07/26/2023

Invoice #: 0061183

Terms: NET 30

Due Date: 08/26/2023

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/24/2023		1150 W 115th St, Chicago, IL, USA - 1680 N Glenville Dr ste 300, Richardson, TX, USA			
			1	1900	1900

<b>TOTAL</b>
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**

\*\*\* Load Confirmation \*\*\*

Summit Transportation, Inc.  
P.O. Box 540547  
Dallas, TX 75354  
Phone: 214-631-3080  
Fax: 214-631-3442  
MC# 334192



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Order Number  
0061183  
Please reference this number on invoice

<b>Carrier:</b>	ROYAL3 INC CHICAGO IL 60638	<b>Contact:</b>	JASON 630-485-7270 X110
<b>Date:</b>	07/24/2023	<b>Phone:</b>	
		<b>Fax:</b>	

<b>Order</b>	<b>Order:</b> 0061183	<b>Commodity:</b> Freight All Kinds
	<b>Miles:</b> 907.0	<b>Trailer:</b>
	<b>BOL:</b> 28010	<b>Reference:</b>

<b>PU 1</b>	<b>Name:</b> ARCHER DANIELS MIDLAND	<b>Date:</b> 07/24/2023 1300
	<b>Address:</b> SYMBIA LOG 1150 W 115TH ST BOLINGBROOK IL 60490	<b>Contact:</b>
		<b>Phone:</b>
	<b>Reference Number:</b> PU NO HOLES/CLEAN TRAILER	

<b>SO 2</b>	<b>Name:</b> FMSC-RICHARDSON	<b>Date:</b> 07/25/2023 0700
	<b>Address:</b> 1680 N GLENVILLE DR STE 300	<b>Date:</b> 07/26/2023 1200
		<b>Contact:</b>
	RICHARDSON TX 75081	<b>Phone:</b> 214-790-8032

<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$1,900.00
	<b>Total Carrier Pay:</b>	\$1,900.00

TRK# \_\_\_\_\_ TRL# \_\_\_\_\_ DRIVER NAME \_\_\_\_\_ CELL# \_\_\_\_\_

\* **Instructions** \*  
FMSC-RICHARDSON - Del per Phil

**DRIVER MUST ACCEPT MACROPOINT OR P44 TRACKING, NO EXCEPTIONS OR \$100 FEE WILL BE DEDUCTED FROM LOAD.**  
**Agreement**

Please sign and fax/email back to Lindsey Gowin 214-844-3463 lgowin@st-tx.com

\*\*\*FAILURE TO DO ANY OF THE FOLLOWING WILL RESULT IN A REDUCTION IN PAY\*\*\*

- \*DRIVERS MUST CHECK CALL EVERYDAY BY 0900 CST OR A \$50 FEE WILL BE CHARGES
- \*THERE WILL BE A \$100 FINE ACCESSED TO ANY LOAD THAT YOUR DRIVER DOESNT ACCEPT TRACKING.
- \*LATE DELIVERY WITHOUT PRIOR WRITTEN APPROVAL OR ACKNOWLEDGE BY A SUMMIT REP WILL RESULT IN A \$300 PER DAY.
- \*DRIVER MUST REPORT ANY OVERAGES, SHORTAGES OR DAMAGES IMMEDIATELY TO SUMMIT.
- \*ALL RESCHEDULES MUST BE MADE BY SUMMIT, NOT THE CARRIER.
- \*IF THIS LOAD REQUIRED A LUMPER, YOU MUST CALL IN FOR APPROVAL PRIOR TO UNLOADING.
- \*LUMPER FEE WILL ONLY BE REIMBURSED WITH A VALID RECEIPT. RECEIPT MUST BE SUBMITTED WITH YOUR INVOICE.
- \*EFS CHECKS WILL ONLY BE ISSUED FOR LUMPER FEES. THERE WILL BE A \$25 CHARGE PER EFS CHECK ISSUED.
- \*DETENTION: SUMMIT MUST BE NOTIFIED 30 MINUTES BEFORE DETENTION TIME STARTS. FAILURE TO NOTIFY US WILL RESULT IN NONPAYMENT OF DETENTION TIME. DETENTION MUST BE REQUIRED WITHIN 24 HOURS OF OCCURRENCE.
- \*POD MUST BE EMAILED TO US AT THE TIME DETENTION IS REQUESTED WITH THE IN AND OUT TIME WRITTEN ON IT BY THE SHIPPER/RECEIVER.
- \*ANY SEAL BROKEN WITHOUT WRITTEN CONSENT FROM SUMMIT COULD RESULT IN A CARGO CLAIM FOR FULL VALUE OF SHIPMENT.
- \*THERE WILL BE A \$200 DEDUCTION FOR ANY LOAD THAT YOU CANNOT PROVIDE THE POD FOR.
- \*ALL INVOICES AND PODS MUST BE SUBMITTED WITHIN 90 DAYS OF DELIVERY DATE. NO SECONDARY INVOICE WILL BE ACCEPTED AFTER 30 DAYS FROM DELIVERY DATE.
- \*ANY DOUBLE BROKERING WILL RESULT IN NONPAYMENT AND CARRIER WHO ACTUALLY HAULED THE LOAD WILL BE PAID.
- \*EXCLUSIVE USE OF TRAILER WHILE TRANSPORTING FREIGHT BROKERED TO CARRIER LISTED ABOVE BY SUMMIT TRANSPORTATION.
- \*ANY VIOLATION OF THIS EXCLUSIVE USE OBLIGATION SHALL CAUSE THIS AGREEMENT TO BE VOID AND WILL RESULT IN NONPAYMENT OF YOUR INVOICE.
- \*EMAIL INVOICES TO ACCOUNTING@ST-TX.COM.

THANK YOU FOR DURING BUSINESS WITH SUMMIT TRANSPORTATION.



# ARCHER DANIELS MIDLAND COMPANY CERTIFICATE OF ANALYSIS

IXLOTCP: 10AD64

SOLD TO: 901396  
FEED MY STARVING CHILDREN  
ATTN ACCOUNTING  
401 93RD AVE NW  
COON RAPIDS MN

SHIPPED TO: 405680  
FEED MY STARVING CHILDREN-R  
1680 N GLENVILLE DR  
SUITE 300  
RICHARDSON TX

CUSTOMER PO #: 28010

SHIP DATE: 07/24/23  
SHIPPED FROM: BOLINGBROOK ,IL  
MANUFACTURE LOC: BUSHNELL ,IL  
TRAILER/CAR NUMBER:  
ADM ORDER NUMBER: 006928  
INVOICE NUMBER:

PRODUCT DESCRIPTION: TVP U-118 MINCED 180

ADM PRODUCT CODE: 165118

LOT NUMBER: 230607015B

COPC: 1010

MANUFACTURE DATE: 06/07/23  
EXPIRATION DATE: 06/06/25

QUANTITY SHIPPED: 2 QTY  
CONTAINER CODE: 14 DESC: 800#TOTE  
NET WEIGHT: 1,600.000 #

## PROXIMATE DATA:

## ANALYSIS RESULTS:

## SPECIFICATION:

## METHOD:

DENSITY	21.9	17 MIN - 26 MAX	ADM AC-3B-66
PROTEIN	52.20 %	50% MINIMUM	AOCS BA-4E-93
DRY BASIS PROTEIN	55.1 %	53% MINIMUM	AOCS BA-4E-93
MOISTURE %	5.20 %	9% MAXIMUM	ADM AC-6B-64

## MICROBIOLOGICAL DATA:

STANDARD PLATE COUNT	<100 /GRAM	25,000 CFU/G MAXIMUM	FDA/BAM CHAPTER 3
COLIFORM	<3 /GRAM	100 CFU/G MAXIMUM	FDA/BAM CHAPTER 4
E COLI	NEG	NEGATIVE	FDA/BAM CHAPTER 4
SAL CLASS 1	NEG	NEGATIVE IN 1500G	FDA/BAM CHAPTER 5

SHELF LIFE: TWO YEARS.

THIS IS TO CERTIFY THAT ANALYSIS OF MATERIAL IS AS SHOWN.

PRIOR TO APRIL 10, 2023, E.COLI WAS TESTED AND REPORTED IN 11 GRAMS

TANYA CURRENT, LAB SUPERVISOR

ELECTRONICALLY GENERATED

*Tanya Current*



## BILL OF LADING

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<b>SHIP FROM</b>		<b>SHIP TO</b>		<b>CARRIER NAME:</b>	
Name: SYMBIA LOGISTICS  Address: 1150 W. 115 <sup>th</sup> St. City/State/Zip: Bolingbrook IL 60490 SID#: _____ FOB: <input type="checkbox"/>		Name: FEED MY STARVING CHILDREN - R 1680 N GLENVILLE DR SUITE 300 RICHARDSON, TX 75081  CID#: _____ FOB: <input type="checkbox"/>		Bill of Lading Number: 006928  Trailer number: 251824  Seal number(s): 52377 232 SCAC: Pro number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)		<b>BAR CODE SPACE</b>	
Name:  Address:  City/State/Zip:		Prepaid _____ Collect <input checked="" type="checkbox"/> 3 <sup>rd</sup> Party _____		<b>BAR CODE SPACE</b>	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading			
<b>CUSTOMER ORDER INFORMATION</b>					
<b>CUSTOMER ORDER NUMBER</b>	<b># PKGS</b>	<b>WEIGHT</b>	<b>PALLET/SLIP</b> (CIRCLE ONE)	<b>ADDITIONAL SHIPPER INFO</b>	
28010 - 006928					
<b>GRAND TOTAL</b>					
<b>CARRIER INFORMATION</b>					
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>WEIGHT</b>	<b>H.M.</b> (X)
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>		
50	PLT		CTN	40,000	
				165118-14 TVP U-118 MINCED 180	
				<b>RECEIVING STAMP SPACE</b>	
				<b>GRAND TOTAL</b>	
<small>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 _____"</small>				<b>COD Amount: \$</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).</b> <small>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.</small>				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature _____ Shipper	
<b>SHIPPER SIGNATURE / DATE</b>		<b>Trailer Loaded:</b>		<b>Freight Counted:</b>	
This is to certify that the above named materials are properly classified, described, packaged, marked and stored, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.  <div style="font-size: 2em; font-family: cursive;">MAX 7/25/2023</div>		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper By Driver/pallets said to contain <input checked="" type="checkbox"/> By Driver/Pieces	
				<b>CARRIER SIGNATURE / PICKUP DATE</b>	
				<small>Carrier acknowledges receipt of packages and required permits. 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 noted.</small>	

Carton count

Driver's signature

**CERTIFICATE**



