

Bill to: Ryan Transportation Service, Inc. (RYNK) 9350 Metcalf Avenue, Overland Park, KS, 66212

Invoice Date: 12/19/2023 Invoice #: 3957017 Terms: NET 30 Due Date: 01/19/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
12/18/2023		715 Fountain Avenue, Lancaster, PA, USA - 2011 Brown Street, Wisconsin Rapids, WI, USA			
			1	\$1,400.00	\$1,400.00

TOTAL

\$1,400.00

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 ***

Your Response to this Confirmation is Required

MC# 196502 www.ryantra		ON SER	VICE, IN	C					
Broker Pho			913-	218-362	22				
For after-ho	ours suppor	betwe	en 5pm	and 7a	m CS1	T please con	tact our After	Hours Team at 91	3-553-5544 or
afterhours@	Øryantrans.	com							
Email freight	bill to carrier	billing@	ryantrans	.com o	r fax to	913-890-6643	3		3957017
Carrier:	BRZ BURBANK						Contact: Phone: Fax:	john	
Date:	12/18/2023			IL	60459		Fax:		
Derek Hodg	18	913-21	8-3622		AT F	RYAN TRANS	PORTATION S	SERVICE, INC.	
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*** Load Confirmation ***

Your Response to this Confirmation is Required

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ECORE INTERNATIONAL INC FOR ALLEGHENY - Shipper Contact: Michele VanDenBrand - TE: N/A

Please Sign: John Djordjevic

Driver Name: Driver Cell #: Tractor #: Trailer #:

ecore BILL OF LADING Driver Copy

Dat	e:	12/13/2023	BOL Nur	nber: 290063	Page :	1
Ord	ler No	o.: 746018	Pack ID :	471218	PO/REF : 12226	9
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16	S12598	GRAND TOTAL	40,960.00 LB	18,579.13 KG	AND AREA IN A STATE	1/25
сору Ес	ore AIA		23DIX - Total 108,64		@downriver-aia.com fo *Ok to ship early	or BOL and

SHIPPER SIGNATURE / DATE	Trailer Loaded:	Freight Counted:	CARRIER SIG	NATURE / PICKUP 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 regulations of the U.S. DOT. Shipper Date:	By Driver	By Driver/pallets said to contain	required placards. response informaticarrier has the U.S.	Iges receipt of packages and . Carrier certifies emergency tion was made available and/or S. DOT emergency response ivalent documentation in the vehicle.	
Authorization of additonal charges ML	IST be pre-approv	yed by ECORE. Please conta	act 1-800-322-1	923 for assistance.	

and the form the form of the process data described polycity of individual and indexed and inde		009915
This Shipping Order must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent	Ink, in Indelible Pencil, or in Ined by the Agent	Shipper No.
		101-
Name of Carrier	rier (SCAC)	Date Dr. D.
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