

**Bill to:**

GILTNER LOGISTIC SERVICES, INC
PO BOX 5129,
TWIN FALLS,
ID,
83303

Invoice Date: 01/10/2024

Invoice #: 1109325

Terms: NET 30

Due Date: 02/10/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
01/09/2024		126 South Missouri Street, Indianapolis, IN, USA - 15928 Tournament Drive, Gaithersburg, MD, USA			
			1	\$1,700.00	\$1,700.00

TOTAL
\$1,700.00

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



GILTNER LOGISTICS, INC.
DOCS@GILTNER.COM
PO BOX 5129
TWIN FALLS ID 83303

PRO # 1109325 Rate Confirmation

FROM	FROM	DATE	TIME
	KASIE LOYD	01/08/24	15:20:39
	(817) 672-5709 (p) (208) 914-7181 (f)		
CARRIER	TO	ATT	
	ROYAL3 INC	DONNA 630-566-0576	
	PHONE	FAX	
	(630) 485-7370	(630) 485-6980	

PICK UP			
From Address	INDIANAPOLIS CONVENTIO 126 S MISSOURI STREET	Phone/Contact	(321) 363-6700 JASON
Address		Ship Date/Time	01/09/24 @ 13:45
City, State, Zip	INDIANAPOLIS IN 46225	Appt Date/Time	01/09/24 @ 13:45
Hours	145PM	Special Inst.	145PM
		Special Inst.	

MC #	DOT #	TRUCK #	TRAILER #	DRIVER	DRIVER CELL	PU REF
944686	2828543	753	W94946	ARMANDO	(832) 628-2266	145PM
SIZE & TYPE		DESCRIPTION		PIECES	WEIGHT	MILES
53 'VAN		EXHIBIT MATERIAL			35000	

FINAL DESTINATION			
Company Address	ARATA EXPOSITIONS 15928 TOURNAMENT DRIVE	Phone Contact	
City, State, Zip	GAITHERSBURG MD 20877	Appt Date/Time	01/10/24 0800-1400
Hours	0800-1400	Ref #	0800-1400

CHARGES		DISPATCH NOTES
LINE HAUL RATE	1700.00	* MUST DELIVER BY 01/10/24 * MACROPOINT TRACKING REQUIRED. VAN WITH VERTICAL E TRACK POSTS AND 5 RATCHET STRAPS.
TOTAL RATE	\$ 1700.00	

This confirmation governs the shipment/freight movement referenced above as of the date specified & hereby amends, is incorporated by reference, & becomes part of that certain BROKER-CARRIER agreement executed between BROKER and CARRIER. Carrier agrees to sign and return confirmation via fax. Carrier shall

(Instructions Continue On Next Page)

Carrier Signature _____

Date _____ / _____ / _____
M D YYYY

Send Carrier Bills to the Address Above

PRO #

must appear on all Invoices



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DOCS@GILTNER.COM
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be in agreement with rates listed on rate agreement and any change in the rate agreement between BROKER & CARRIER must have subsequent rate agreement issued by BROKER & signed by CARRIER. Rates include all charges including fuel surcharge. A minimum charge of one hundred dollars shall apply to all missed appts. No detention will be paid at PU or DEL without IN AND OUT TIMES marked on the bills by SHIPPER or CONSIGNEE and prior approval by BROKER. If this shipment is double brokered, the agreement is VOID. Carrier is responsible for compliance with CA Air Resources Board if operating in CA. Carrier will indemnify BROKER for any fines received for not complying. ****PLEASE EMAIL OR FAX SIGNED RATE CONFIRMATION TO EMAIL OR FAX ON UPPER RIGHT HAND CORNER LISTED ON RATE CONFIRMATION**** *****ALL INVOICES MUST BE EMAILED TO DOCS@GILTNER.COM FOR PROMPT PAYMENT****

Send Carrier Bills to the Address Above

PRO #1109325

must appear on all Invoices

E-Signed : 01/08/2024 02:23 PM CST

Donna Kolaric

donna@royal3inc.com
IP: 91.143.219.198

Sertifi Electronic Signature
DocID: 20240108142030570

STRAIGHT FORM BILL OF LADING - ORIGINAL - NOT NEGOTIABLE

INSTRUCTIONS. RETURN COMPLETED BILL OF LADING TO SERVICE DESK WHEN MATERIALS ARE PACKED AND READY FOR SHIPMENT.

PLACE STICKER
HERE

Date/Time Received _____ A.M.
P.M.

FROM:
Exhibiting Company Name Arata Expositions Inc Booth No. _____
Shipping location (Exhibit Facility) TLC
Name of Event/Show 112 Date Prepared 1-9-24

TO:
Consigned to (Ship to) Arata Expositions Inc
Attention Kenny Miller 201-370-9305
Destination (Street Address) 15928 Townsend Dr
City Go Hachung State 411 Zip 20177

METHOD: ☐ T3 Logistics ☐ Truck ☐ Air Freight ☐ Van Line ☐ Other _____

CARRIER: _____

BY ACCEPTING THIS BILL OF LADING, ARATA EXPOSITIONS, INC. ASSUMES NO RESPONSIBILITY FOR SHIPMENTS LEFT IN BOOTH BY EXHIBITOR. ALL MATERIALS ARE SUBJECT TO FINAL COUNT AND CORRECTION AT TIME OF ACTUAL REMOVAL FROM BOOTH. In the event your scheduled carrier fails to show per the move-out schedule, your shipment will be rerouted via contractors choice, unless otherwise noted.

No Pieces	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight (Sub to Cor.)	Class or Rate	Check Column	CHECKER SIGNATURE <u>B. Smith</u>
	Crates (Wooden) <u>REPORT 1-10-24</u>				TRAILER NO <u>6194946</u>
	Cartons (Cardboard) <u>10 Mtl</u>				DATE LOADED <u>1-09-24</u>
	Fiber Cases/Trunks				TIME LOADED <u>2 PM</u>
	Skids/Pallets				CONTRACTOR USE ONLY Reroute Carrier _____ Reroute Date _____ Reroute Time _____ Remarks _____
	Carpets (Color _____)				
	Carpet Pads				
<u>1</u>	<u>Trade Show Equipment</u>				

FREIGHT CHARGES TO BE BILLED TO:

By signing below, I confirm all information on this bill is correct and authorize AEI to charge all applicable charges to the credit card on file.

Shipper/Exhibitor Same as above Attention _____

Permanent address of shipper: (Street) _____

City _____ State 232-62-2776 Zip _____

Shipper (signature) [Signature]

Received in apparent good order except as noted:

Shipper (print name) Sam [Signature]

Carrier Name Bojard 7

Telephone NO. (407) 422 3126

Agent/Driver [Signature]

This Bill of Lading is to be signed by the shipper and agent of the carrier.

Date 1-9-24

TRAILER # 1194946

SHOW _____
SITE _____

OF PIECES

[illegible]

WHITE:RIBLE CANARY:TRAILER PINK:CARRIER GOLD:FREIGHT MANAGER

INSTRUCTIONS. RETURN COMPLETED BILL OF LADING TO SERVICE DESK WHEN MATERIALS ARE PACKED AND READY FOR SHIPMENT.

Date/Time Received _____ A.M.
P.M.

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	Cartons (Cardboard) <i>10 AM</i>				DATE LOADED <i>1-10-24</i>
	Fiber Cases/Trunks				TIME LOADED <i>2 PM</i>
	Skids/Pallets				CONTRACTOR USE ONLY
	Carpets (Color _____)				Reroute Camer _____
	Carpet Pads				Reroute Date _____
					Reroute Time _____
					Remarks _____
	<i>Each Shipper's Receipt</i>				

By signing below, I confirm all information on this bill is correct and authorize AEI to charge all applicable charges to the credit card on file.

This Bill of Lading is to be signed by the shipper and agent of the carrier.

Date 1-8-24

White: Arata Copy Canary: Driver Copy Pink: Control Copy Gold: Exhibitor Copy Manilla Card: Load Copy