

**Bill to:**

KELLEY LOGISTICS / DAYTON FREIGHT
,
GREENWOOD,
IN,

Invoice Date: 01/30/2024

Invoice #: 26956300

Terms: NET 30

Due Date: 03/01/2024

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|--|----------|------------|------------|
| 01/29/2024 | | Decorah, IA 52101 - Hopkinsville, KY 42240 | | | |
| | | | 1 | \$2,000.00 | \$2,000.00 |

| |
|--------------|
| TOTAL |
| \$2,000.00 |

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



Freight Bill Remittance:

Mail: Kelley Logistics, LLC
25 South Park Blvd
Greenwood, IN 46143
Email: ap@kelleylogistics.com

****Shipment ID 26956300****

CARRIER LOAD TENDER/RATE AGREEMENT

This shipment was arranged by Glenda Foster

This Confirmation verifies the mutually agreed upon rate(s) and service(s) on the shipment listed below. This Rate Confirmation Agreement is considered a contractual agreement between Kelley Logistics and Carrier and agreement is subject to service requirements and minimum performance standards. Please retain this Confirmation of our Agreement on file at your office. Confirmation is acceptance of carrier's receipt.

*****Shipment ID # is required on Carrier Invoice*****

| | | | |
|-----------------------------|---|---|--|
| Carrier Information: | ZIGI FREIGHT 6850 W 63RD ST CHICAGO, IL 60638 | Contact: Telephone: Fax: | Tony Bugarin (630)485-7370 (000)000-0000 |
| Mode: | DFT | Rate Type: | All-in |
| Equipment Type: | SEMI | | |
| Charges: | \$2,000.00 | | |
| Total Cost: | \$2,000.00 | | |

| | | | |
|--------------------------|--|--------------------------------------|---------------------|
| Pickup Date: | 01/29/2024 | Pickup Time: | 08:00 AM - 05:00 PM |
| Shipper Location: | STANLEY BLACK & DECKER IN 1304 KERR DR DECORAH, IA 52101 | Contact: Telephone: | (000)000-0000 |
| Shipping Hours: | | | |

| Description | Pieces U/M | Weight | PO | BOL/REF# | Dimensions |
|-------------|------------|-----------|----|----------|-----------------------|
| FREIGHT | 24 | 39800 lbs | | | .00 L x .00 W x .00 H |

| | | | |
|------------------------------------|---|--------------------------------------|---------------------|
| Delivery Date: | 01/30/2024 | Delivery Time: | 08:00 AM - 02:30 PM |
| Delivery Location: | FASTENAL 115 D LACY LN STE 1 HOPKINSVILLE, KY 42240 | Contact: Telephone: | (000)000-0000 |
| Receiving Hours: | | | |
| Delivery Reference Numbers: | | | |
| Special Instructions: | | | |

Milo Morrison

Zigi Freight INC dba Royal3

Authorized Signature
dispatcher

Company
1-29-2024

Title

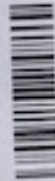
Date

BILL OF LADING

Date: 1/23/2024 EXPORTER EIN: 52-2306147

18473

Bill of Lading Number:



Name: Stanley Engineered Fastening, LLC. Div-Loc
Address: 1304 Kerr Dr.
City/State/Zip: Decatur IA 52101

FOB:

Name: Fastenal Winona 01-main MN Location #:
Address: 115 Lacy Lane
City/State/Zip: Hopkinsville KY 42240 USA
FOB:

Third Party Freight Charges Bill To:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:

Carrier Name: CUST

Seal Number (s)

Pro Number:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid ☐ Collect ☒ 3rd Party ☐
☐ Master Bill of Lading with attached underlying Bills of Lading

Customer Order Information

| CUSTOMER ORDER NUMBER | #TUBS | WEIGHT | PALLETS/SLIP | ADDITIONAL SHIPPER INFO |
|-----------------------|-------|--------|--------------|-------------------------|
| 120525090 | 39 | 37,480 | Y N | 3064114 |
| GRAND TOTAL | 39 | 37,480 | | |

Commodity Information

| HANDLING UNIT | PACKAGE | WEIGHT | H.M (X) | COMMODITY DESCRIPTION | NMFC# | CLASS |
|---------------|----------|--------|---------|-------------------------------------|-------|-------|
| QTY TYPE | QTY TYPE | | | | | |
| 39 TUBS | | 37,480 | | 1/4" TAPPING SCREWS- THREAD FORMERS | | 050 |
| 39 | | 37,480 | | GRAND TOTAL | | |

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 _____

Customer check acceptable:

Collect: ☐ Prepaid: ☐

Fee Terms:

See U.S.C. 7 14706(c)(1)(A) and (B).
The Carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See U.S.C. 7 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 applicable state and federal regulations.

| SHIPPER SIGNATURE/DATE | Trailer Loaded: | Freight Counted: |
|------------------------|---|---|
| | By Shipper <input checked="" type="checkbox"/> By Driver <input type="checkbox"/> | By Shipper <input checked="" type="checkbox"/> By Driver/Pallets <input type="checkbox"/> By Driver/Pieces <input type="checkbox"/> |

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 DOT

Brandi Lanner

FOR CHEMICAL EMERGENCY ? SPILL, LEAK, FIRE, EXPOSURE OR ACCIDENT
CALL: CHEMTREC ? 1-800-424-9300, IF SEA FREIGHT ? 1-703-527-3387


CARRIER COPY

CARRIER SIGNATURE/PICKUP DATE
Signature
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

Date: 1/23/2024 EXPORTER EIN:52-2306147

BILL OF LADING

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| | | |
|---|--|--|
| Ship From Name: Stanley Engineered Fastening, LLC. Div-Loc Address: 1304 Kerr Dr. City/State/Zip: Decorah IA 52101 FOB: | | Bill of Lading Number: 18473  |
| Ship To Name: Fastenal Winona 01-main MN Location #: Address: 115 Lacy Lane City/State/Zip: Hopkinsville KY 42240 USA FOB: | | Carrier Name: CUST Seal Number (s) Pro Number: |
| Third Party Freight Charges Bill To: Name: Address: City/State/Zip: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Landing |
| SPECIAL INSTRUCTIONS: | | |

Customer Order Information

| CUSTOMER ORDER NUMBER | #TUBS | WEIGHT | PALLETS/SLIP | ADDITIONAL SHIPPER INFO |
|-----------------------|-------|--------|--------------|-------------------------|
| 120529090 | 39 | 37,480 | Y N | 3864114 |
| GRAND TOTAL | 39 | 37,480 | | |

Carrier Information

| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional 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 |
| 39 | TUBS | | | 37,480 | <input type="checkbox"/> | --TAPPING SCREWS- THREAD FORMERS | | 050 |
| 39 | | | | 37,480 | | GRAND TOTAL | | |

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 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 applicable state and federal regulations.

The Carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
Signature _____ Shipper

| | | | |
|--|--|--|---|
| SHIPPER SIGNATURE/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 DOT <i>Brandi Lennon</i> | Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver <input type="checkbox"/> By Driver | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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 DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. |
| | FOR CHEMICAL EMERGENCY ? SPILL, LEAK, FIRE, EXPOSURE OR ACCIDENT CALL: CHEMTREC ? 1-800-424-9300, IF SEA FREIGHT ? 1-703-527-3887 | | |

CARRIER COPY