

**Bill to:**

McLeod Logistics

,
,
,

Invoice Date: 03/17/2024

Invoice #: 1125046

Terms: NET 30

Due Date: 04/17/2024

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|---|----------|----------|----------|
| 03/17/2024 | | 9387 S County Rd 100 E, Clayton, IN 46118, USA - 1111 S Adams St, Bluffton, IN 46714, USA | | | |
| | | | 1 | \$500.00 | \$500.00 |

| |
|--------------|
| TOTAL |
| \$500.00 |

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



Trailer must be clean, dry, and odor-free. Please have driver call 855-241-3100 for dispatch. If carrier/driver fails to report detention within the first 2 hours of occurrence, detention compensation will be denied. In addition, IN and OUT times need to be notated on BOL with a legible customer signature. The original seal must be on the trailer upon delivery to avoid rejection and/or future claim and if original seal is not intact and load is rejected, carrier is responsible for full contents of load. Driver must check in under MCLEOD on ALL loads.

- Carrier acknowledges that Shipper's insertion of McLeod Logistics or McLeod Express name on the bill of lading, freight tender, or any other document shall be for Shipper's convenience only and shall not change McLeod Logistics status as a transportation broker. In the event Broker's name is listed on the bill of lading, shipping manifest or other similar document, as the carrier, Carrier shall cross-out or otherwise remove Broker's name and enter Carrier's name as applicable. Invoice must include McLeod load number and a signed copy of the BOL or POD.
- Lumpers will be reimbursed with a valid receipt as long as lumper is reported within 24 HR. If a receipt is not submitted, carrier will not be reimbursed and/or freight bill will be deducted by that amount.
- Invoices can be mailed to P.O. Box 1368, St Louis, MO 63188 or e-mailed to accounting@mcleodlogistics.com

Thank you for your business

McLeod Logistics LLC
PO Box 1368
St. Louis, MO 63188
(855) 241-3100
www.mcleodexpress.com



McLeod Logistics
1001 Craig Rd. Ste. 352
St. Louis, MO 63146
855-241-3100 888-237-5655

Load Confirmation

Page 1
1125046

| | | | |
|-----------------|---|-------------------|----------------------|
| Carrier: | ROYAL3 INC CHICAGO IL 60638 | Contact: | george x 106 |
| Date: | 03/15/2024 | Phone: | (630) 485-7370 |
| | | Fax: | |
| Order | Order: 1125046 Miles: 128.0 Temp: BOL: H19237256 | Commodity: | Health Care Products |
| | | Weight: | 20000.0 |
| | | Trailer: | Van (DAT) |
| | | Reference: | 17544 |

| | | |
|-------------|--|---|
| PU 1 | Name: Emerson Healthcare Address: 9472 Distribution Drive CLAYTON IN 46118 | Date: 03/17/2024 1100 |
| | | Driver Load: No driver loading or unload |
| | Reference number: BM H19237256 | |
| | Reference number: PO 192134110-1 | |
| | Reference number: PU 17544 | |
| | Reference number: PU 2345360 | |

| | | |
|-------------|---|---|
| SO 2 | Name: Peyton North Address: 1111 S Adams Street BLUFFTON IN 46714 | Date: 03/17/2024 1830 |
| | | Driver Load: No driver loading or unload |
| | Reference number: CG 17544 | |

| | | |
|----------------|-----------------------------|----------|
| Payment | Carrier Freight Pay: | \$500.00 |
| | Total Carrier Pay: | \$500.00 |

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

Please Sign: *George Parkovic*

(X) Accept

() Decline

Attention: Jim Barnes
(855) 241-3100
logistics@mcleodlogistics.com

Driver Name: Nemanja
Driver Cell: 708 929 2716
Driver Email: dispatch@royal3inc.com
Tractor #: 352
Trailer #: PTLZ241131



SHIP FROM

Name: EMERSON HEALTHCARE
Address: 9472 Distribution Drive
City/ST/Zip: CLAYTON, IN 46118
LOAD #: H19237256
Emerson.Transportation@Geodis.com

FOB: ☐

SHIP TO

Name: PEYTON'S NORTH
Address: 1111 SOUTH ADAMS STREET
Address: WHSE # 181
City/ST/Zip: BLUFFTON, IN 46714
Phone: 0000000000

Do Not Deliver Before Date: 03/13/2024

FOB: ☐

Delivery Requested Date: 03/16/2024

SEND FREIGHT BILL TO:

Emerson c/o GEODIS
Attn: Freight Pay
P.O. Box 2208
Brentwood, TN 37024

Bill of Lading Number: 697022000000000006



CARRIER NAME: McLeod Express LLC
Trailer number: PTLZ241131
Seal number(s): 8820860

SCAC: MLXO
Pro Number: H19237256



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

Prepaid ☒ Collect ☐ 3rd Party ☐☐
(check box)Master Bill of Lading: with attached
underlying Bills of Lading

Order ID: 192134110-1

CID Number: 2345360

SPECIAL INSTRUCTIONS:

Food/Drugs Do Not Load With Poisons

Include load# (under shipper information) in the billing process. Required for invoice processing

For delivery exceptions contact EHC_CSR.cl.us@Geodis.com or 855-269-2008 x107.

[DRIVER TO UNLOAD, SORT, SEGREGATE. SHOW PO ON BL [INV ATTACH PACK SLIP TO FRT BILL. CALL 6024773165 [MUST USE GRADE A PALLETS [1. PHARMACEUTICALS ORDERED IN PIECES [2. NOTIFY BUYER IF UNABLE TO MAKE DELIVERY OR IF QUANTITY OR [COST CHANGES [3. SHOW P.O. NUMBER 17544 ON YOUR BL INVOICE. ATTACH [PACKING SLIP TO FREIGHT BILL [4. DELIVERY BY APPOINTMENT ONLY, CALL RECEIVING DEPT 72 [HOURS IN ADVANCE 260-827-2064 [5. MUST SHIP TO ARRIVE ON OR BEFORE DELIVERY DATE [6. SUBJECT TO TERMS AND CONDITIONS OF PURCHASE AS PREVIOUSLY---

CUSTOMER ORDER INFORMATION

| PO NUMBER | # PKGS | WEIGHT | CUBE | PALLET/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO (PALLET TYPE) | (COUNT) |
|-------------|--------|-----------|----------|-----------------------------|--|---------|
| 17544 | 2,620 | 17,124.21 | 1,362.24 | Y N | HEATPLTA | 30 |
| GRAND TOTAL | 2,620 | 17,124.21 | 1,362.24 | | | 30 |

CARRIER INFORMATION

| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION | LTL ONLY | |
|---------------|------|---------|------|--------|-------------|-------------------------|----------|-------|
| QTY | TYPE | QTY | TYPE | | | See Supplemental to BOL | NMFC # | CLASS |
| | | | | | | | | |

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.

Geodis Logistics, LLC

Agent for 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.

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 guidelines or equivalent documentation in the vehicle.

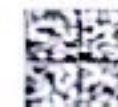


W RAD KADEK

Signature

Date

Number of Boxes



Date: 3/17/2024

BILL OF LADING

Page: 1

SHIP FROM

Name: EMERSON HEALTHCARE
Address: 9472 Distribution Drive
City/ST/Zip: CLAYTON, IN 46118
LOAD #: H19237256
Emerson.Transportation@Geodis.com

FOB: ☐

SHIP TO

Name: PEYTON'S NORTH
Address: 1111 SOUTH ADAMS STREET
Address: WHSE # 181
City/ST/Zip: BLUFFTON, IN 46714
Phone: 0000000000

Do Not Deliver Before Date: 03/13/2024

Delivery Requested Date: 03/16/2024

FOB: ☐

SEND FREIGHT BILL TO:

Emerson c/o GEODIS
Attn: Freight Pay
P.O. Box 2208
Brentwood, TN 37024

Bill of Lading Number: 697022000000000006



CARRIER NAME: McLeod Express LLC
Trailer number: PTLZ241131
Seal number(s): 8820860

SCAC: MLXO

Pro Number: H19237256

KROGER RECEIVING STAMP

DATE 3/17/24 TOTAL # OF CASES ON BOL 2620

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

SHORT CASES 0 TOTAL CASES RECD 2619

Prepaid ☒ Collect ☐

RECEIVER PRINTED NAME

3rd Party

☐
(check box)Master Bill of Lading with attached
underlying Bills of Lading

SIGNATURE

Order ID: 192134110-1

CID Number: 2345360

SPECIAL INSTRUCTIONS:

Food/Drugs Do Not Load With Poisons

***Include load# (under shipper information) in the loading process. Shipper's invoice is the primary source for all information. All bills of lading must be dated by the shipper.
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[DRIVER TO UNLOAD, SORT, SEGREGATE. SHOW PO ON BL [INV. ATTACH PACK SLIP TO FRT BILL. CALL 6024773165 [MUST USE GRADE A PALLETS [1. PHARMACEUTICALS ORDERED IN PIECES [2. NOTIFY BUYER IF UNABLE TO MAKE DELIVERY OR IF QUANTITY OR [COST CHANGES [3. SHOW P.O. NUMBER 17544 ON YOUR BL INVOICE. ATTACH [PACKING SLIP TO FREIGHT BILL [4. DELIVERY BY APPOINTMENT ONLY, CALL RECEIVING DEPT 72 [HOURS IN ADVANCE 260-827-2064 [5. MUST SHIP TO ARRIVE ON OR BEFORE DELIVERY DATE [6. SUBJECT TO TERMS AND CONDITIONS OF PURCHASE AS PREVIOUSLY---

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|---------------|---------|--------|-------------|-------------------------|--------------|
| QTY | TYPE | QTY | TYPE | | NMFC # CLASS |
| | | | | See Supplemental to BOL | |

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

COD Amount: 5

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.

Geodis Logistics, LLC

Agent for 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.

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.



W RAD R DEUC

3/17/2024 10:51:48 AM

Date: _____ Number of _____

DELIVERY

CHECK IN TIME: 18:15

CHECK OUT TIME: 22:35

