

**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

<b>TOTAL</b>
\$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](mailto:accounting@mcleodlogistics.com)

**\*Thank you for your business\***

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



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

## Load Confirmation

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1125046

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

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

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

<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$500.00
	<b>Total Carrier Pay:</b>	\$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.

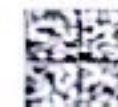


W RAD KADEK

Signature

Date

Number of Boxes





Date: 3/17/2024

## BILL OF LADING

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## 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: ☐

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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

Order ID: 192134110-1

CID Number: 2345360

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GRAND TOTAL	2,620	17,124.21	1,362.24			30

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or moving must be so marked and packaged as to insure safe transportation with ordinary care. See Section 3(c) of NMFC Item 340</small>	LTL ONLY	
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

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.

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Geodis Logistics, LLC

Agent for Shipper

## SHIPPER SIGNATURE/DATE

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## 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 R A D I S E U C

3/17/2024 10:51:48 AM

Date \_\_\_\_\_ Number of \_\_\_\_\_

DELIVERY

CHECK IN TIME: 18:15

CHECK OUT TIME: 22:35

