



Bill to:
LANDSTAR RANGER

Invoice Date: 03/28/2024
Invoice #: 7401143
Terms: NET 30
Due Date: 04/28/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
03/28/2024		570 Enterprise Dr, Neenah, WI 54956-4865 - 6800 River Road, Hodgkins, IL 60525			
			1	\$650.00	\$650.00

TOTAL
\$650.00

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



Landstar Ranger Inc

Carrier Load Tender & Rate Confirmation

Any questions or concerns about this load please contact the Landstar Agent at: (872) 777-1799

Important: Carrier must call agent if your dispatch instructions below differ from the bill of lading.

Carrier shall not in any way subcontract, broker, or arrange for freight to be transported by a third party.

Download the free Landstar Connect™ App prior to pick up to view below load details, transmit automated status updated & submit paperwork while under Landstar load only. Available in Google Play and Apple App stores.

**LOAD VERIFICATION**To verify this load originates from a Landstar agency, please visit the Landstar load verification site at <http://www.landstar.com> and select "Verify" from the homepage.**Freight Bill # 7401143****EL # EL3067659****Date** 03/28/2024 11:52**Equipment** 53VN**Total Miles** 185**Services****Sent From**Posting Code: **VIJ****Agency Name:** Jamescook LLC - VIJ

Contact Name: Michael Berrones

Contact Phone: (872) 777-1799

Contact Email: M.Berrones@landstarmail.com

References**Route Details****Stop #1 pickup -****Appointment:** -**Target Window:** 03/28/2024 07:45 - 03/28/2024 14:00**Location** Tidi Products**Address** 570 Enterprise Dr**Address** Neenah, WI 54956-4865**Contact** Phone**Comment****Item** CONSUMER GOODS OR APPLIANCES **Qty** 0.0 **Wgt** 30,000**Stop #2 drop -****Appointment:** -**Target Window:** 03/28/2024 14:30 - 03/28/2024 18:00**Location** Hodgkins Warehouse**Address** 6800 River Road**Address** Hodgkins, IL 60525**Contact** Contact Phone**Comment****Item** CONSUMER GOODS OR APPLIANCES **Qty** 0.0 **Wgt** 30,000**Notes**

Contact Information: Michael Berrones (872) 777-1799

Agreed Rate

Description	Charge
Pay Capacity	\$650.00
Total	\$650.00 USD

Item ID	Haz Mat	Description	Qty	Weight	Class	NMFC	Temp	Dimensions
CGAPP		CONSUMER GOODS OR APPLIANCES	0	30,000	0.0			

Important Billing Instructions

- Invoice, bill of lading (for each stop) and proof of delivery (for each stop) required. Documents must be legible.
- Invoices must include Landstar's freight bill number or EL#.
- The rate on the carrier's invoice must match the rate confirmation and any accessorials must be authorized in writing by the agent in order to prevent delays in payment.
- Receipts (lumper, tolls, etc.) and permit and/or escort invoices must be submitted.
- For carrier payable questions call: 800-435-1791, opt 2.

PAPERWORK SUBMISSION OPTIONS

Send electronically by 2:00pm EST for same day receipt via:

Transflo Mobile +

Go to your app store to download to your mobile device. Enter LCGB as the Recipient ID when registering. Cost: \$2.00 per trip.

Transflo Express

To find a participating truck stop go to:
<http://transfloexpress.com/locations/>
 Cost: 2.00 per trip with cover sheet
 For a cover sheet call 800-435-1791, opt 5

Landstar Savings Plus Members Send To:		
Mailing address: Landstar Transportation Logistics Attn: Imaging P.O. Box 19139 * Jacksonville, FL 32245-9139	For Express Mailing: Landstar Transportation Logistics Attn: Brokerage Billing - LSP 1000 Simpson Rd * Rockford, IL 61102	Regular Mail: Landstar Transportation Logistics Attn: LSP - Imaging P.O. Box 19119 * Jacksonville, FL 32245-9119
	Call 866-321-PLUS (7587) to learn how to get paid in 2 days	

Tracking

Capacity must comply with all requested load tracking requirements. If Capacity is unable to comply with requested load tracking requirements, communicate with the Landstar Agent immediately. Capacity is subject to rate reduction in an amount up to 15% of line-haul in the event of non-compliance with requested load tracking requirements.

CARRIER certifies it is aware of the California Air Resources Board's Truck and Bus, Drayage and Greenhouse Gas Rules and that, on all loads originating in, destined for, or passing through California, CARRIER will utilize only vehicles that are compliant with those rules. Please see CARB regulations available at [Http://www.arb.ca.gov](http://www.arb.ca.gov)

Full terms and requirements are within the Landstar TBA. The Transportation Brokerage Agreement between CARRIER and BROKER provides that CARRIER shall refrain from all collection efforts against the shipper, receiver, consignor, consignee, or the customer. CARRIER acknowledges that any effort by CARRIER or any representative of CARRIER to contact any such third party to collect on freight charges relating to this shipment shall constitute a material breach of the Transportation Brokerage Agreement between CARRIER and BROKER.

FSMA
 CARRIER certifies it is aware of, and compliant with, all regulations and requirements regarding the sanitary transportation of human and animal food, including the federal food safety and modernization act (FSMA).

Electronic Rate Confirmations

CARRIER acknowledges that Load or Rate Confirmation may be submitted by BROKER to the CARRIER via electronic means and such shall constitute the CARRIER's binding acceptance of such Load or Rate Confirmation upon the earlier to occur of (a) the CARRIER's electronic acceptance of the Load or Rate Confirmation as verified by the BROKER's Information Services System, or (b) the CARRIER's pick up of the shipment in question.

Nothing herein is intended to modify or amend the terms and conditions of the Transportation Brokerage Agreement between CARRIER and BROKER.

Thank you for doing business with Landstar
To confirm please accept using the link in the tender email.

Carrier BRZ ID CP197920 MC 86875 DOT 3119062 Phone 708-303-5150 Email SARA.V@RTBRZ.COM	Signature
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BILL OF LADING - ME 879972045

Page 1 of 1

Date: 3/28/24

SHIP FROM

Name: TIDI PRODUCTS LLC
 Address: 570 ENTERPRISE DR
 City/State/Zip: NEENAH, WI 54956
 Contact: UNKNOWN
 PRO Number:

Phone: 9207514300

Shipment Number: 879972045



SHIP TO

Name: MCKESSON MEDICAL SURGICAL INC
 Address: 2530 B STREET NW STE 101A
 City/State/Zip: AUBURN, WA 98001
 Delivery Date: 04-02-2024
 Contact: Unknown
 Seal Number: 98183133

Phone: 555-555-1212

CARRIER NAME: DEDICATED LOGISTICS SERVICES

Trailer number: 403237

Seal number(s): 98183133

SCAC: DCLH Mileage: 1930 Miles

Pro number:

Name: MCKESSON MEDICAL-SURGICAL #23
 Address: 1704 B STREET NW
 City/State/Zip: AUBURN, WA 98001
 Delivery Date: 04-02-2024
 Seal Number: 98183133

Phone: 555-555-1212

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

Prepaid: X Prepaid Add: Collect: 3rd Party:

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

BILL FREIGHT CHARGES TO:

TIDI Products LLC C/O Uber Freight US LLC
 PO Box 425
 Lowell, AR 72745 USA

Master BOL with underlying BOLs: 879972045-1, 879972045-2

SPECIAL INSTRUCTIONS:

SHIPPER NOTES: APPT REQD Email: PSSSeattleReceiving@mckesson.com PH:253-929-1777

FOR DISPOSITION EMAIL TIDI_TRAFFIC@transplace.com

CONSIGNEE NOTES: DO NOT USE LUMPER DRIVER MUST TAILGATE OR UNLOAD TO DOCK

FREIGHT INFORMATION

Cube	1781.5	CF	Shipping Length		Shipping Height		Shipping Width	
Cube	873.86	CF	Shipping Length		Shipping Height		Shipping Width	

CARRIER INFORMATION

HANDLING		QUANTITY		WEIGHT	H.M.(x)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC	CLASS
20.0	PLT	0	Case	800 LBS		Pallet		60
		216	Case	2764.8 LBS		GM 21" CREPE TABLE PAPER 125FT	150930	70
		72	Case	702 LBS		GM DRAPE SHEET 2PLY 40X48	056545	125
		9	Case	123.75 LBS		GM DRAPE SHEET 2PLY 40X60	151460	60
		6	Case	61.8 LBS		GM 2PLY DRAPE 40X48 BL	151460	60
		3	Case	43.95 LBS		GM DRAPE 3PLY 40X48 WHT 100/CS	151460	60
		40	Case	300 LBS		GM EXAM GOWN-TPT BLUE 30"X 42"	151460	60
		10	Case	69.5 LBS		GM EXAM CAPE-WHITE 30" X 21"	151460	60
		10	Case	67 LBS		GM EXAM CAPE-BLUE 30" X 21"	151460	60
		1	Case	25.85 LBS		GM SMOOTH ROLL 18X260 12/CS	150930	70
		4	Case	114.4 LBS		GM SMOOTH ROLL 21X260 12/CS	150930	70
		9	Case	159.3 LBS		GM CSR WRAP 20"X20"	056545	125
		4	Case	87.2 LBS		GM CSR WRAP 24"X24"	056545	125
		1	Case	34.05 LBS		GM CSR WRAP 30"X30"	056545	125
		30	Case	654 LBS		GM EXAM TABLE PAPR SM 18"X225	150930	70
		1	Case	10.1 LBS		GM DRAPE 2PLY 40X24 WHT 200/CS	151460	60
		72	Case	723.6 LBS		GM DRAPE SHEET 2-PLY 40 X 48	056545	125
		27	Case	351 LBS		GM DRAPE SHEET 2-PLY 40 X 60	151460	60
30		2311		26033.7 LBS		GRAND TOTAL		



STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 3/28/2024 8:00AM -
2:00PM

Bill of Lading Number: 4859595

TIDI PRODUCTS LLC
570 Enterprise Drive
Neenah, WI 54956

Carrier: LANDSTAR RANGER INC

Load #: 4859595
Van

Consignee: Due Date 3/28/2024 3:00PM -
6:00PM

All Freight Charges Bill To:

HODGKINS WAREHOUSE
6800 River Road
Hodgkins, IL

Name: Accounting
Email:
Company: LANDSTAR RANGER INC
Street: PO Box 19139
City/State/Zip: Jacksonville, FL 32224

All Freight Charges Prepaid Bill To:

Agent or Cashier: Per _____ (the signature here acknowledge only the amount prepaid)	Received: \$ _____ To apply in prepayment of the charges on the property described hereon	Charges Advanced: \$ _____
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Cust Ref #	SKU/UPC Item Ref#	Class Description	UOM	Qty	Vol	Pallets	Weight (klbs)	Length	Notes
							26	53	
							26	53	

Special Instructions (Origin)

Special Instructions (Destination)

Comments: DELIVERY APPOINTMENT REQUIRED

Please print shipper name next to signature below. By signature below, I acknowledge and attest that seal notes in this BOL has been placed on trailer.

The Shipper certifies that the above named materials are property classified, described, labeled, and packaged, and are in proper condition for transportation, according to the application regulation of the Department of Transportation.

Shipper Signature X _____
Consignee Signature X Manuel E
Driver Signature X _____

Date _____ Trailer # _____
Date 03/28/24 Seal # _____
Date _____ Seal # _____