Royal 3inc.

Bill to: PIONEER LOGISTICS SYSTEMS, INC. 1 MAPLE STREET UNIT #4 , East Rutherford, NJ, 07073 Invoice Date: 04/08/2024 Invoice #: 64098 Terms: NET 30 Due Date: 05/08/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/05/2024		1501 BELLWOOD RD RICHMOND, VA 23201 - 3500 N MAIN ST OSHKOSH, WI 54901			
			1	\$1,500.00	\$1,500.00

TOTAL			
\$1,500.00			

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



PIONEER FREIGHT SYSTEMS

P.O. BOX 756 JOPLIN, MO 64802 417-782-3525 Contact JAY ROBINSON jay@pioneerfreight.net

Carrier	ZIGI FREIGHT INC dba ROYAL3 INC
Attn	JOEY
Phone	(321)465-5667

VANS		493, 4501200503	BL# 88034				998 Miles
	PU# 78040613	312	COMMOD	DITY: PACKAGING			
Pick up	JAMES RIVER	LOGISTICS/GXO			Earliest	04/05/24 13:00	
	1501 BELLWO	OD RD			Latest	04/05/24 13:00	
	RICHMOND, \	/A 23201			Contact	COLLEEN	
					Phone	(804)549-4710	
	PU# 78040613	312	COMMOD	ITY PACKAGING			
	<u>Pieces</u>	<u>Piece Type</u>	<u>Weight</u>	Description			
	14		30,000	PACKAGING			
				880346446			
Directions	TRAILER MUS	T BE 53', ALL WOC	D FLOORS, S	SWING DOORS, CLE	AN, DRY, ODORL	ESS	
Delivery	AMCOR HEAL	TH PACKAGING			Earliest	04/08/24 10:00	
	3500 N MAIN	ST			Latest	04/08/24 10:00	
	OSHKOSH, W	54901			Contact	KRIS - SHIP/REC	2
					Phone	(920)527-7025	
	PO# 4501191	493, 4501200503					

Special Instructions

TRAILER MUST BE 53' DRY VAN, ALL WOOD FLOOR, SWING DOOR, CLEAN, ODORLESS... OK TO CHECK IN EARLY ON BOTH ENDS...JR

Rate Detail	Quoted Amount	1,500.00	
	Total:	\$1,500.00	Carrier Initials:

All invoices must include a signed delivery receipt and be sent to: ap@pioneerfreight.net

Refer to the Order Number on your invoice: 64098

Or mail to: Pioneer Freight Systems, P O Box 756, Joplin, MO 64802

Or fax to: 417-782-3433

1. All drivers must call Pioneer Freight Systems for dispatch, loaded calls and empty calls.

2. The undersigned is an authorized employee of the Carrier and hereby acknowledges as correct and accepts the referenced shipment on behalf of Carrier.

3. It is agreed that the charges indicated above include all costs and fees in connection with the shipment as described.

<u>Joey Cimbaljevic</u>

4. Invoicing by the Carrier and payment by Pioneer Freight Systems constitutes acceptance of this agreement, creates a valid contract carriage shipment, and amends the Master Contract.

5. This rate agreement & current insurance must be on file, as well as the original bill of lading & proof of delivery with the freight bill for payment to be made. 6. Pioneer Freight Systems, Inc. expressly forbids co-broker or double brokerage of this or any other load.

7. Your signature indicates approval of all rates and terms listed above.

Broker: PIONEER FREIGHT SYSTEMS

PLEASE SIGN & FAX BACK TO 417-782-3433

Carrier Signature: ____

Date: _____

For internal use only

Order# 64098

Date 04/05/2024 07:55

RECEIVED, subject to the classifications	a and lawfully filed unifie in effort on the date of	on on the date of the issue of this full of Laddep.		(DIS) H
FROM: DuPont Specialty Products			170349903	
CARRIER	2 E	BUYT 04. Apr-2024	er for billi	SBS
SHIPPED FROM: JAMES	JAMES RIVER Logistics Center	Richmond	IP	
CONSIGNED TO (Mail by arrest address of	d consignee - for purposes of notification mily)	FREIGHT TERM	FREIGHT TERMS -> COLLEG	
DESTINATION AMCOR HEALTHCARE PA 3500 N MAIN ST OSHKOSH WI 54901-1233	DESTINATION AMCOR HEALTHCARE PACKAGING, INC. 3500 N MAIN ST OSHKOSH WI 54901-1233	ä		
		AGENT BUYT	r river	
	CUST, ORDER NO.	TRAILER NO.	TIME OF PICKUP DATE OF PICKUP	KUP
Core Individual BOL 4) BILL OF LADING NO.(SID) 170140903	(See Individual BOL s) SCHEDULED DATE 10-Apr-2024	CAR INITIALS & NO. 12520593	4. NO. THE DESCRIPTION AND REPORT REQUIRTING ON THIS REL- TINE DESCRIPTION AND REPORTS SIMILATOR DE- TINE DESTINGTION AND SUPPORT AND SUPPORT THIS DESTINGTION REPORTS AND SUPPORTS OF DESERVICE INFORMATION REPORTS AND SUPPORTS OF DESERVICES	TRANSPORT
SHIPPER LOAD AND COUNT CONSIGNEE UNLOAD AND COUNT	NT For a distribution in	EMERGENCY CONTACT: For a distribution incident (spill, leak, exposure, fire or accident) involving	or accident) Subject to Section 7 of conditions of apple the Appendix is its be deformed on the presence on the condition. The conditional that its presence an answer The conditional that and	and the second s
$M_{\rm eff} = \frac{1}{2} \left\{ \frac{1}{2} \right\} \right\} \right\} \right\} \right\} \right\}} \right\}} \right\}}} \right\}} } } } $	any DUPONT amena w any DUPONT amena by a by a by a by a by a by a by a by	 any DUPONT (DuPond/Specially Produced) shipment, any DUPONT (DuPond/Specially Produced) shipment, in USA call CHEMTREC at (800 3424 5400 (oil) free for USA callers) a for indicated and an or (703) 227 5387. For incidents on onicide the USA at (100 257 5483) For incidents in Europe, call DUCHEM HEP (isoci International access per incidents in Europe, call DUCHEM HEP (isoci International access per incidents in Europe, call DUCHEM HEP (isoci International access per incidents in Europe, call DUCHEM HEP (isoci International access) 	uPont Specially Product ()	are of contiguor
NO. C	NO. OF KIND OF PACKAGES	DESCRIPTION OF MATERIAL SPECIAL NAME AND LOCATION		GROSS WEIGHT
STOP AT:		AMCOR HEALTHCARE PAC 3500 N MAIN ST 0SHKOSH WI 54901-1233	AMCOR HEALTHCARE PACKAGING, INC. 3500 N MAIN ST OSHKOSH WI 54901-1233	
To Unload: 7804061312 22	PIECES		1	19,848.313 LB
Delivery Required on 12-Apr-2024	12-Apr-2024		-	11 087 599 LB
7804066885 10	PIECES			
Delivery Required on 12-Apr-2024	12-Apr-2024			
		SUMMARY		
88	PIECES (S)	(TARE WEIGHT)		30,935,842 LB
		TOTAL GROSS WEIGHT		30,935.842 LB
Theorem disclare that the commune of this co	miline	but above by the proper ahipping name of readiations Intermodal Certification i	est up fully and security descripted above by the proper hisping association and sec characteristic packaged, and technologican and a at up fully and security description between AC contractions of typicables.	od, and are in all respects in Fr
8 2				

FROM: DuPont Specialty Products	dty Products	ROM: DuPont Specialty Products			R BILL OF LA	MASTER BILL OF LADING NUMBER (SID)
CARRIER BUIYERS TRUICK			SCAC	DATE 04-Anr-2004 [Use	17034	170349903 Use this number for billing purposes
	JAMES RIVER	JAMES RIVER Logistics Center	Richmond	CHI	CHESTERFIELD V	VA 23237
CONSIGNED TO (Mail or str	cet address of consignoc-	CONSIGNED TO (Mail or street address of consignee - for purposes of notification only)	0	FREIGHT TERMS>	S> COLLECT	ECT
DESTINATION AMCOR HEALTH 3500 N MAIN ST OSHKOSH WI 5	DESTINATION AMCOR HEALTHCARE PA 3500 N MAIN ST OSHKOSH WI 54901-1233	DESTINATION AMCOR HEALTHCARE PACKAGING, INC. 3500 N MAIN ST OSHKOSH WI 54901-1233	, Ċ			
				AGENT BUYT		
				(PER) Truckdriver		
OUR ORDER NO. (See Individual BOLs)		CUST.ORDER NO. (See Individual BOLs)		TRAILER NO. TIME	TIME OF PICKUP	DATE OF PICKUP
BILL OF LADING NO.(SID) 170349903	(ais).o	SCHEDULED DATE 10-Apr-2024		CAR INITIALS & NO. 12520593	IE DESCRIPTION AND W LADING ARE CORREC IE EASTERN, WESTERN SPECTION BUREAUS ACC	THE DESCRIPTION AND WEIGHT INDICATED ON THIS BILL OF LADING ARE CORRECT, SUBJECT TO VERIFICATION BY THE EASTERN AND SOUTHERD WHIGHING AND INSPECTION BUREAUS ACCORDING TO AGREEMENT.
SHIPPER LOAD AND COUNT CONSIGNEE UNLOAD AND COUNT	ND COUNT AD AND COUNT	E For a distribution i	EMERGENCY CONTACT: a incident (spill, leak, exposure	EMERGENCY CONTACT: For a distribution incident (spill, leak, exposure, fire or accident)	Subject to Section 7 of 6 this shipment is to be	conditions of applicable bill of lading. consignee withou
If lower tright charge real, the agreed of the strength of the strength of the strength processing started by the strength of the registered state provision as permitted by RDD (Repeated Rates Deter) 972 or as set (onth in applicable antifi,	result, the agreed or property is hereby hipper and to exceed the as permitted by RRO 372 or as set forth in	in USA call CHEMT1 in USA call CHEMT1 For inciden & request For incidents in Europe DuPont's registrate	T (DuPont Speci f (DuPont Speci or (703) 527 or (703) 527 als outside the US collect call to U e, call DUCHEM e, call DUCHEM for number with	 any ULOYT (DuPowidy) Products) shipment, in USA call CHENTIF or any 0002353890 (of the for USA callers) is For incidents article for USA callers) appendix For incidents article for USA and USA 2015, 235387. For incidents article for USA and USA 2015, 235387. For incidents in Europe, call DUCHIM HELP (local intermational access to the product of the end of the end of the end of the end of the access could + and 0.854 (0005442). DaPart's registration number with CHENTIRE 6 CON442. 	recovers on the complexit, the recovers on the complexit, the carrier alignment without payment of far charges. DuPont Specialty Products per (si	reference on comparity, the compared shall set the properties and an endparity, the compared shall set the charges when Payment of finght and all other bands they are also all other bands and all other bands buffent Specialty Products per
	NO. OF PACKAGES	KIND OF PACKAGES	DESCRIPT SPECIAL N	DESCRIPTION OF MATERIAL SPECIAL NAME AND LOCATION		GROSS WEIGHT
STOP AT:			AMCOR HEALTH 3500 N MAIN ST OSHKOSH WI 5	AMCOR HEALTHCARE PACKAGING, INC. 3500 N MAIN ST OSHKOSH WI 54901-1233	NG, INC.	
To Unload: 7804061312	52	PIECES	ĸ	her after	2	19,848.313 LB
Delivery Requ	Delivery Required on 12-Apr-2024	r-2024	ſ		,	
7804066885	10	PIECES	7	Sevia Watson	+10-	11,087.529 LB
Delivery Requ	Delivery Required on 12-Apr-2024	r-2024		4-8-24		
			S *********	***** SUMMARY ******		
	32	PIECES PALLET(S)	(TARE WEIGHT)	EIGHT)		30,935.842 LB
			TOTAL GF	TOTAL GROSS WEIGHT		30,935.842 LB
I hereby declare that th condition for transport	contents of this consignm according to applicable ins	tent are fully and accurately describ creational and national governments	ed above by the proper pregulations Intermoda	Newly deduce the factorism of this component of this your accently decorded shows by the proper shipping, neurods, and are classified, performed and the teleform of the proper shipping accented for the shipping accented shows by the proper shows be accented shows by the proper shipping accented shows by the proper shows be accented shows by the proper shows be accented shows by the proper shows be accented shows be accented shows by the proper shows be accented shows	d, marked and labeled/placare	bod, and are in all respects in proper