



Bill to:
ECHO GLOBAL LOGISTICS(ECHO)

Invoice Date: 04/12/2024
Invoice #: 57743047
Terms: NET 30
Due Date: 05/12/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
04/11/2024		14310 N Columbia Blvd, Portland, OR 97203, USA - 412 N Haven St, Spokane, WA 99202, USA			
			1	\$1,100.00	\$1,100.00

TOTAL
\$1,100.00

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



600 W. Chicago Ave #725
Chicago IL 60610

PHONE (855) 786-3246

Please call when
unloaded for a release
number

LOAD CONFIRMATION

Please call the Echo Shipment Info line at 855-786-3246 and ask for Load Number 57743047

ORDER 57743047

CARRIER	ROYAL3 INC	***ORDER NUMBER(S) MUST APPEAR ON ALL BILLING***
Echo Rep	Todd Durham	MODE: TL
Rep Phone	224-251-6510	
Rep Email	Todd.Durham@echo.com	TRAILER TYPE: Van 53' TRAILER #:
Distance	354.13 Miles	Equipment Notes:

Note: SHOULD DETENTION OCCUR AT SHIPPER/RECEIVER, NEED BOL/POD/TCR Form WITH IN/OUT TIMES WITHIN 72 HOURS FOR APPROVAL- if times diff

Pursuant to our verbal agreement of 4/8/2024 between Echo Global Logistics, hereafter referred to as BROKER, and ROYAL3 INC, hereafter referred to as CARRIER. Both parties agree that Broker's load number 57743047, moving on 04/11/2024 from PORTLAND, OR to SPOKANE, WA (number of stops shown below) will move at the following rate:

Service for Load # 57743047	Amount	Rate	Extended
Line Haul	1.00	\$1,100.00	\$1,100.00
		Total	\$1,100.00

PAY SUMMARY	
Line Haul	\$1,100.00
Total:	\$1,100.00

ALL TRAVEL DIRECTIONS PROVIDED BY ECHO GLOBAL LOGISTICS ARE FOR INFORMATIONAL PURPOSES ONLY. IT IS THE CARRIER'S SOLE RESPONSIBILITY TO LAWFULLY AND SAFELY OPERATE ALL VEHICLES AND THEIR CONTENTS OVER ANY ROAD, HIGHWAY, BRIDGE AND/OR ROUTE IN STRICT COMPLIANCE WITH ALL APPLICABLE LAWS, RULES AND REGULATIONS.

CARRIER MUST ADVISE IF ANY DELIVERY SCHEDULES, SPECIFICATIONS, INSTRUCTIONS OR REQUIREMENTS CANNOT BE LEGALLY ACCOMPLISHED OR IF THE AVOIDANCE OF ANY FINES, PENALTIES OR DEDUCTIONS WOULD REQUIRE OR RESULT IN THE VIOLATION OF ANY LAWS OR REGULATIONS.

COMPENSATION MAY BE WITHHELD IF THIS SHIPMENT IS DOUBLE-BROKERED, MOVED BY RAIL, CONSOLIDATED WITH ANY OTHER FREIGHT OR IF THE AGREED SERVICES ARE NOT FULFILLED.

Carrier must be CARB compliant when traveling to, from or through California and Carrier agrees to and indemnify Echo and all other parties from any loss or damage resulting from Carrier's failure to comply.

TRAILER SEALS: SEAL MUST BE APPLIED, WITH THE SEAL NUMBER NOTED ON THE BILL OF LADING, PRIOR TO DEPARTURE FROM THE SHIPPER. SEALS MUST NOT BE BROKEN WITHOUT PRIOR WRITTEN APPROVAL FROM ECHO GLOBAL LOGISTICS MANAGEMENT. FAILURE TO DELIVER AT THE DESIGNATED CONSIGNEE WITH THE PROPER SEAL INTACT WILL RESULT IN A CLAIM.

This confirmation governs the rate for the movement of the above-referenced freight as of the date specified and hereby amends, and is incorporated by reference and becomes part of that certain Agreement by and between BROKER and CARRIER. By means of either its signature on the Confirmation or its provision of service: i) CARRIER shall perform its services in accordance with all applicable laws, rules, and regulations (including, if applicable, the requirement to record hours of service via electronic logging device); and ii) CARRIER shall be conclusively presumed to have agreed to the rates and conditions set forth herein. CARRIER shall be conclusively presumed to have agreed to the rates and conditions set forth herein. CARRIER further represents and warrants that said mutually agreed upon rates are reasonable and compensatory, that the freight would not have been tendered to CARRIER at higher rates, and that no shipments handled under such rates will subsequently be subject to a later claim of undercharges.

CARRIER hereby confirms current and valid insurance coverage without exclusions in conflict with load 57743047, in amounts no less than the following: one million dollars (\$1,000,000) auto liability coverage, one million dollars (\$1,000,000) general liability coverage, \$100,000.00 cargo coverage. If carrier's insurance policy contains a schedule of covered vehicles, carrier will only transport this shipment using a vehicle that is listed as a scheduled vehicle on their insurance policy.

Pickup	
PORTLAND FULFILLMENT CENTER	PKU# 7002049918
14310 N COLUMBIA BLVD	Earliest: 04/11/2024 09:45
PORTLAND OR 97203	Latest: 04/11/2024 09:45
1111111111	Weight: 34624.81
Case: 4417	: 0
Item: General Cargo -	
Pickup INSTRUCTIONS	
24/7 SHIPPING & RECEIVING - BY APPOINTMENT ONLY	
Drop	
SPOKANE WA DU	DELV# 7002049918
412 N HAVEN ST	Earliest: 04/12/2024 05:45
SPOKANE WA 99202	Latest: 04/12/2024 05:45
NA	Weight: 34624.81
Case: 4417	: 0
Item: General Cargo -	
Drop INSTRUCTIONS	
STRICT LIVE APPT DRIVER MUST ARRIVE ON TIME OR WILL BE REJECTED	

DRIVERS ARE RESPONSIBLE FOR AN ACCURATE COUNT OF CRATES, PALLETS/SKIDS & PIECES

PAYMENT REQUIREMENTS:

- SIGNED BOL / SIGNED DELIVERY RECEIPT / SIGNED RATE CONFIRMATION SHEET.
- LOAD / UNLOAD / LUMPER RECEIPTS MUST ACCOMPANY INVOICING OR THEY WILL NOT BE PAID.
- MUST REFERENCE LOAD # ON ALL CORRESPONDENCES.
- ALL ACCESSORIAL CHARGES MUST BE PRE-APPROVED & BILLED WITH RECEIPT & POD.

SIGNATURE: _____ DATE: _____

PLEASE SIGN AND FAX TO (312) 544-8490
Load Number 57743047

Invoice, bill of lading, and any supporting documentation (weight tickets, lumper receipt, etc)
may be faxed to Accounts Payable at 312-544-8490
or e-mailed to aptruckload@echo.com

PAYMENT OPTIONS

PHONE: 312-824-6483
EMAIL: APTRUCKLOAD@ECHO.COM
FAX: (312) 544-8490
MAIL: Echo Global Logistics, 600 W. Chicago Ave., Ste. 725,
Chicago, IL 60654


InstaPay Payment - 1.9% Fee*
IP Email: InstaPay@echo.com
IP Fax: 312-784-2380

*Subject to terms and conditions as outlined in the Echo carrier packet

Date: 4/11/2024

BILL OF LADING

Page 1

SHIP FROM Name: Portland Fullfillment Center Plant: 1143 Address: C/O KENCO LOGISTICS SERVICES 14310 N Lombard St City/State/Zip: Portland, OR 97203-6485 US FOB:		Bill of Lading Number: 7002049918  (402) 7002049918 Shipment # 7002049918 Customer Order #	
SHIP TO Name: SPOKANE WA DU Location #: Address: 412 NORTH HAVEN STREET City/State/Zip: SPOKANE, WA 99202-3828 US FOB:		Carrier Name: ECHS Equipment: 99432 Seal number(s): 6897335	
THIRD PARTY FREIGHT CHARGES BILL TO Name: SPOKANE WA DU Address: 412 NORTH HAVEN STREET City/State/Zip: SPOKANE, WA 99202-3828 US		SCAC: ECHS Pro Number:	
SPECIAL INSTRUCTIONS:		Temp: Ambient	
		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION					
DELIVERY NUMBER	# CASES SHIPPED	NET WEIGHT(LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO
1872009737	4322	29265.24	Y	N	
	0	0.00	Y	N	
	0	0.00	Y	N	
GRAND TOTAL	4322	29265.24			

REPORT DISCREPANCIES TO NATIONAL CLAIMS CENTER AT 800-337-7776 IF SHIPMENT DELAYED OR REFUSED CALL DISPATCHER IF UNABLE TO ARRIVE ON TIME PHONE THE CONSIGNEE

CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		GROSS WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE			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 300	NMFC # CLASS
SEE ATTACHED SUPPLEMENT PAGE							
57		4322		33317.0		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 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.

Shipper

Signature

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

Packing List

Ship From: 1143 Portland Fulfillment Center C/O KENCO LOGISTICS SERVICES 14310 N Lombard St Portland, OR 97203-6485	Customer Order: 1872009737 SAP Shipment No.: 7002049918 Customer PO Number: 872009737 Customer PO Date: 04/07/2024
Ship To: PL6167 SPOKANE WA DU 412 NORTH HAVEN STREET SPOKANE, WA 99202-3828	Carrier: ECHS Vehicle #: 99432 Seal Number: 6897335 Scheduled Ship: 04/10/2024 Shipped Date: CHEP Pallets: 5 Other Pallets: 52
Bill To: PL6167 SPOKANE WA DU 412 NORTH HAVEN STREET SPOKANE, WA 99202-3828	

Notes:

Product Description	UPC	Item Number	Shipment Making of			Cube	Gross Weight	
			Pal	Lay	Cas			
PREMIUM SALTINE CRACKERS 16Z	10044000000575	00440000005700	5.000	25.000	200	255.018	2778.000	
7.5Z FLAVOR ORIGINAL CHKN IN BISK	10044000030497	00440000304900	4.000	36.000	648	190.766	2604.960	
8.8Z BELVITA CIN BR SUG CKIE 6	10044000031951	00440000319500	1.000	8.000	160	50.186	650.720	
18.2Z CA! COOKIE ORIG 12	10044000033382	00440000333800	5.000	20.000	220	241.668	3342.680	
20Z NAB CKIES FUN SHAPES MULTI PK 4	10044000041011	00440000410100	1.000	4.000	60	58.545	25.372	
8.8Z BLVTA SNDWCH DARK CHOC 6	10044000043282	00440000432800	1.000	8.000	160	48.958	649.600	
21.12Z BLVTA BRK BLUEBERRY 6	10044000043558	00440000435500	1.000	9.000	72	47.323	710.640	
10Z FIG NEWTON BARS 12	10044000046542	00440000465400	1.000	5.000	90	43.409	769.320	
8.5Z TRISCUIT HINT OF SALT 6	10044000051003	00440000510000	1.000	6.000	144	51.495	561.600	
27.4Z RITZ PARTY SIZE 6	10044000058323	00440000583200	6.000	30.000	240	235.103	2890.320	
17.6Z OREO MEGA STUF 12	10044000058699	00440000586900	4.000	16.000	192	154.167	2769.600	
18.71Z OREO GLDN LEMON CRM FMSZE 12	10044000060289	00440000602800	1.000	5.000	60	45.495	929.400	
13.1Z OREO THINS DARK CHOCOLATE 12	10044000061132	00440000611300	1.000	9.000	54	39.564	608.040	
20Z RBS CHEESE AND PB MUP 4	10044000067905	00440000679000	1.000	4.000	60	58.545	25.590	
20Z WHEAT THINS PARTY 6CT	10044000069183	00440000691800	2.000	10.000	140	102.739	1252.440	
14Z WHEAT THINS ORIGINAL 6CT	10044000069213	00440000692100	6.000	30.000	540	314.350	3812.940	
12.5Z TRISCUIT RSTD GRL FAM 6	10044000071667	00440000716600	1.000	5.000	90	49.407	32.006	
8.1Z RITZ TOASTED CHIPS RANCH 6CT	10044000072497	00440000724900	1.000	5.000	50	43.921	12.291	
11.4Z RITZ TOASTED CHIPS ORIG FS	10044000075474	00440000754700	2.000	8.000	80	81.594	427.440	
10.68Z OREO SPK	10044000077065	00440000770600	8.000	56.000	672	375.245	6179.712	
19Z HANDI SNACKS RITZ CHEESE 4	10044000077515	00440000775100	2.000	12.000	204	99.070	1282.956	
11.78Z OREO THINS TIRAMISU 12	10044000077591	00440000775900	1.000	9.000	72	46.421	729.360	
3.5Z GOOD THINS MIXED SEED 6	10044000078284	00440000782800	1.000	6.000	114	44.410	272.346	
			Total Quantity:			4.322	2667.0	33316.8

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		GROSS WEIGHT (LB)	TARE WEIGHT (LB)	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
9	MDLZ BLK PLT	564	Case	5021.52	4362.48		DRY PRODUCTS	2022032	FAK
5	Palletized Chep	396	Case	1244.85	1142.17		DRY PRODUCTS	2022032	FAK
		204	Case	1282.96	969.00		null		
29	Palletized No Exchange	582	Case	5020.96	4406.45		null		FAK
		444	Case	6442.01	6003.00		DRY PRODUCTS	2022032	
		896	Case	5105.45	4414.04		DRY PRODUCTS	2022032	FAK
		80	Case	427.44	342.00		null		
14	Slip Sheet	652	Case	3234.02	2622.33		DRY PRODUCTS	2022032	FAK
		336	Case	3089.86	2691.36		null		FAK
		168	Case	2448.27	2312.40		DRY PRODUCTS	2022032	
		9	EACH	414.00	0.00		MDLZ BLK PLT		
		5	EACH	200.00	0.00		Palletized Chep		
		29	EACH	1160.00	0.00		Palletized No Exchange		
		14	EACH	14.00	0.00		Slip Sheet		
		0		0.00	0.00				
		0		0.00	0.00				
		0		0.00	0.00				
		0		0.00	0.00				
		0		0.00	0.00				
		0		0.00	0.00				
		0		0.00	0.00				
		0		0.00	0.00				
		0		0.00	0.00				
		0		0.00	0.00				
		0		0.00	0.00				
		0		0.00	0.00				
		0		0.00	0.00				
		0		0.00	0.00				
		0		0.00	0.00				
		0		0.00	0.00				
		0		0.00	0.00				
57		4379		35105.33	29265.24		GRAND TOTAL		

BILL OF LADING

Date: 4/11/2024

SHIP FROM

Name: Portland Fulfillment Center
Address: C/O KENCO LOGISTICS SERVICES
14310 N Lombard St
City/State/Zip: Portland, OR 97203-6485
FOB:

SHIP TO

Name: SPOKANE WA DU
Address: 412 NORTH HAVEN STREET
City/State/Zip: SPOKANE, WA 99202-3828
US

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: SPOKANE WA DU
Address: 412 NORTH HAVEN STREET
City/State/Zip: SPOKANE, WA 99202-3828
US

SPECIAL INSTRUCTIONS:

Bill of Lading Number: 7002049918



(402) 7002049918

Shipment # 7002049918

Customer Order #

Carrier Name: ECHS

Equipment: 99432

Seal number(s): 6897335

SCAC: ECHS

Pro Number:

Temp: Ambient

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

Prepaid Collect 3rd Party

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

CUSTOMER ORDER INFORMATION

* DELIVERY NUMBER	# CASES SHIPPED	NET WEIGHT(LB)	Pallet/Slip (Circle One)	ADDITIONAL SHIPPER INFO
1872009737	4322	29265.24	Y N	
	0	0.00	Y N	
	0	0.00	Y N	
GRAND TOTAL	4322	29265.24		

REPORT DISCREPANCIES TO NATIONAL CLAIMS CENTER AT 800-337-7776 IF SHIPMENT DELAYED OR REFUSED CALL DISPATCHER IF UNABLE TO ARRIVE ON TIME PHONE THE CONSIGNEE

CARRIER INFORMATION

HANDLING UNIT	PACKAGE	GROSS WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	NMFC #	CLASS
QTY	TYPE	QTY		Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care <small>See Section 210 of NMFC Item 340</small>			
SEE ATTACHED SUPPLEMENT PAGE							
57	4322	33317.0					
GRAND TOTAL							

When 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 _____

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: I am subject to individually determined rate or contract that have been agreed upon in writing between the carrier and the shipper. I agree to the terms, conditions and classifications as stated on the bill of lading and to the payment of freight and all other lawful charges.

SHIPPER SIGNATURE/DATE: _____
This is to certify that the above named consignee is the owner of the property and is authorized to receive the same and to make any disposition of the same.

SHIPPER SIGNATURE/DATE: _____
Trailer Loaded: ☐ By Shipper ☐ By Driver

Freight Counted: ☐ By Shipper ☐ By Driver

CARRIER SIGNATURE/PICKUP DATE: _____

CARRIER SIGNATURE/PICKUP DATE: _____

CARRIER SIGNATURE/PICKUP DATE: _____

CARRIER SIGNATURE/PICKUP DATE: _____

CARRIER SIGNATURE/PICKUP DATE: _____

CARRIER SIGNATURE/PICKUP DATE: _____

CARRIER SIGNATURE/PICKUP DATE: _____

CARRIER SIGNATURE/PICKUP DATE: _____

CARRIER SIGNATURE/PICKUP DATE: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Signature: