



Bill to:
CRST LOGISTICS
PO BOX 3261,
CEDAR RAPIDS,
IA,
52406

Invoice Date: 05/03/2024
Invoice #: 56342799
Terms: NET 30
Due Date: 06/03/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/01/2024		20013 2102 N Main St SPANISH FORK UT 84660 - 400 49TH AVE DR SW CEDAR RAPIDS IA 52404			
			1	\$2,400.00	\$2,400.00

TOTAL
\$2,400.00

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

*** Carrier Confirmation ***

Broker: Osvaldo Pacheco

osvaldo.pacheco@crst.com

800-876-0461

Send invoices & all required legible documents to Carrier Settlements
 TRANSFLO Velocity and TRANSFLO Mobile are the preferred delivery methods
 Go to your smart phone store or to www.transflovLOCITY.com and download the app for free
 -via TRANSFLO - Please enter the Broker/Recipient ID CRSTV or CRSTVQP (QuickPay Carriers Only)
 ** FOR EMAIL PLEASE MAKE SURE TO LIST YOUR COMPANY NAME IN THE SUBJECT LINE **
 -via EMAIL - carrierpaperwork@crst.com | CRSTlogisticsQP@crst.com (QuickPay Carriers Only)
 -via MAIL - PO Box 9349, Louisville, KY 40209

Carrier: ROYAL3 INC
 CHICAGO IL 60638
 Date: 05/01/2024

Contact: Bonnie
 Phone:
 Fax:

Order
 Order: 56342799
 Miles: 1201.0
 Temp:
 BOL: CS0001134944
 Hazmat: N
 Hazmat UN Code:

Commodity: PET FOOD/SUPPLIES
 Weight: 42900.0
 Pieces: 60
 Trailer: Van
 Reference #:

PU 1 Mountain Country Foods Plant 2 20013 Date: 05/01/2024 1300
 2102 N Main St 05/01/2024 1300
 SPANISH FORK UT 84660 Drvr Ld/Unld: Live load

Cases: 3367 Weight: 42900.0
 Reference Number: 56342799
 Reference Number: 1217.2
 Reference Number: 4500393484
 Reference Number: 4500393484_40252118
 Reference Number: CS00011349440001

SO 2 BLUE BUFFALO FACILITY 1094 Date: 05/03/2024 0700
 400 49TH AVE DR SW 05/03/2024 0700
 CEDAR RAPIDS IA 52404 Drvr Ld/Unld: Live unload

Cases: 3367 Weight: 42900.0
 Reference Number: 4500393484
 Reference Number: 4500393484_40252118
 Reference Number: CS00011349440002

Payment Carrier Freight Pay: \$2,400.00
 Total Carrier Pay: \$2,400.00

Load Requirements

Instructions:

Special instructions here

Bonnie Rajkovic

1. Carrier will transport the load evidenced hereon in equipment operated pursuant to Carrier's for-hire motor carrier authority and will not tender this load to any third party for transportation including, but not limited to, any broker, rail carrier, intermodal marketing company, or other motor carrier. Furthermore, unless expressly agreed in writing by CRST The Transportation Solution, Inc., Carrier agrees that it will not transport any other cargo on any trailer while such trailer is being used to transport the shipment identified herein. In addition, Carrier shall ensure that seals remain intact throughout transit.
2. Carrier is to provide status updates at pick-up, deliver, and if it becomes apparent that Carrier will miss a pick-up or delivery appointment Carrier will provide notice to CRST The Transportation Solution, Inc. as soon as it is safe to do so. CRST The Transportation Solution, Inc. prefers that all communications from Carrier to CRST The Transportation Solution, Inc. be made via Carrier dispatch. If, however, the driver contacts CRST The Transportation Solution, Inc. directly, the driver will not do so while operating a vehicle. Carrier shall have sole discretion in determining the route of transport.
3. Carrier is to provide Carrier's freight invoice, including the assigned CRST The Transportation Solution, Inc. rate confirmation number, shipper's bill of lading (if any), a signed delivery receipt proving exception free deliver, and receipts proving pre-authorized reimbursement expenses and all other documents required by CRST The Transportation Solution, Inc. or shipper. Please ensure the CRST The Transportation Solution, Inc. rate confirmation number appears on the freight invoice.
4. The rates set forth herein are comprehensive and inclusive for any fuel surcharges unless otherwise noted. No additional charges (including, but not limited to stop off, unloading, etc.) will be paid unless approved by CRST The Transportation Solution, Inc. prior to such charges being incurred. Approval, if any, will be evidenced by issuance of a revised confirmation sheet authorizing extra charges by CRST The Transportation Solution, Inc.
5. This rate confirmation is an addendum to the transportation contract between CRST The Transportation Solution, Inc. and Carrier and is to be signed and returned by Fax/Email prior to loading. If any provisions of this rate confirmation sheet conflicts with the terms of the transportation contract, the terms of the transportation contract shall prevail and control.

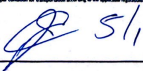
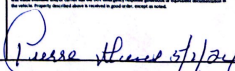
66382399**** CRST #: (866) 721-5647 ****

Bonnie Rajkovic

DATE: 5/1/2024

BILL OF LADING - SHORT FORM - NOT NEGOTIABLE

PO#: 4500393484

SHIP FROM Mountain Country Foods - Plant 2 2102 N Main St Spanish Fork, UT 84660		BILL OF LADING # <h1>201724</h1>						
SHIP TO BLUE BUFFALO - CEDAR RAPIDS BLUE BUFFALO - CEDAR 400 49th AVE Dr SW Cedar Rapids, IA 52404		CARRIER NAME <h2>CRST</h2>						
COLLECT PARTY FREIGHT CHARGES BILL TO BLUE BUFFALO 11 RIVER RD WILTON, CT 06897		SCAC/PRO# <h2>CRST</h2>						
LOAD ID:		FREIGHT CHARGE TERMS <small>FREIGHT CHARGES ARE PREPAID UNLESS MARKED OTHERWISE</small> <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input checked="" type="checkbox"/> 3RD PARTY <input type="checkbox"/> MASTER BILL OF LADING WITH ATTACHED UNDERLYING BILLS OF LADING						
SPECIAL INSTRUCTIONS:		CHECKED BY: SCANNED: PIW FILE CHECKED: FINAL CHECK:						
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER # PO# 4500393484	# OF PACKAGES 1200	WEIGHT 39000	PALLET/SLIP (Y) N Y N					
GRAND TOTAL		1200	39000					
CARRIER INFORMATION								
LINE #	TYPE	CARTON COUNT	WEIGHT (LBS)	COMMODITY DESCRIPTION <small>Commodity 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. See Section 205 of HAPC Item 360</small>	Batch Date	Dry Date	Pack Date	Exp Date
1	CHEP	160	5200	BPB TopChew 40oz CHKN -APPL Sausage 12ct - 804508			1104W	20251011MS
2	CHEP	240	7800	BPB TopChew 40oz CHKN -APPL Sausage 12ct - 804508			1114W	20251012MS
3	CHEP	800	26000	BPB TopChew 40oz CHKN -APPL Sausage 12ct - 804508			1124W	20251013MS
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
NOTES:		SHIPPED ON: CHEPS - 60		PALLETS - 0		SLIP SHEETS - 0		CLASS: 50
<small>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 _____"</small>				<small>COD AMOUNT \$</small> <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> CUSTOMER CHECK ACCEPTABLE				
<small>Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B).</small>								
<small>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.</small>				<small>The carrier shall not make delivery of this shipment without payment of charges and all other lawful fees.</small>				
SHIPPER SIGNATURE/DATE  5/1				TRAILER LOADED: <input checked="" type="checkbox"/> BY SHIPPER <input type="checkbox"/> BY DRIVER		FREIGHT COUNTED: <input checked="" type="checkbox"/> BY SHIPPER <input type="checkbox"/> BY DRIVER - PALLETS SAID TO CONTAIN <input type="checkbox"/> BY DRIVER/PIECES		CARRIER SIGNATURE/PICKUP DATE  5/1/24

DATE: 5/1/2024

BILL OF LADING - SHORT FORM - NOT NEGOTIABLE

PO#: 4500393484

SHIP FROM Mountain Country Foods - Plant 2 2102 N Main St Spanish Fork, UT 84660		BILL OF LADING # 201724	
		SEAL # 0006196	**Driver Initials Indicate Seal is Correct And Placed On Trailer Door Prior To Departure From MCF Property
SHIP TO BLUE BUFFALO - CEDAR RAPIDS BLUE BUFFALO - CEDAR 400 49th AVE Dr SW Cedar Rapids, IA 52404		CARRIER NAME CRST	
		TRAILER # 94951	
COLLECT PARTY FREIGHT CHARGES BILL TO BLUE BUFFALO 11 RIVER RD WILTON, CT 06897		SCAC/PRO# CRST	
		CHECKED BY: SCANNED: PIW FILE CHECKED: FINAL CHECK:	

LOAD ID:	FREIGHT CHARGE TERMS <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input checked="" type="checkbox"/> 3RD PARTY
SP: AL	FREIGHT CHARGES ARE PREPAID UNLESS MARKED (Y/N/F/R/W/M/P)
INSTRUCTIONS:	<input type="checkbox"/> MASTER BILL OF LADING WITH ATTACHED UNDERLYING BILLS OF LADING

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER #	# OF PACKAGES	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFORMATION
PO# 4500393484	1200	39000	(Y)	N	
			Y	N	
GRAND TOTAL	1200	39000			

CARRIER INFORMATION

LINE #	TYPE	CARTON COUNT	WEIGHT (LBS)	COMMODITY DESCRIPTION	Batch Date	Dry Date	Pack Date	Exp Date
1	CHEP	160	5200	BPB TopChew 40oz CHKN -APPL Sausage 12ct - 804508			1104W	20251011MS
2	CHEP	240	7800	BPB TopChew 40oz CHKN -APPL Sausage 12ct - 804508			1114W	20251012MS
3	CHEP	800	26000	BPB TopChew 40oz CHKN -APPL Sausage 12ct - 804508			1124W	20251013MS
4								
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13								
14								

WORLEY
SUBJECT TO INSPECTION & RECOUNT

5-3-24
T. B. B.

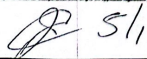
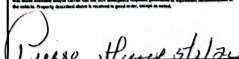
NOTES:	SHIPPED ON: CHEPS - 60	PALLETS - 0	SLIP SHEETS - 0	CLASS: 50
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"			COD AMOUNT \$ <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> CUSTOMER CHECK ACCEPTABLE	

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 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, reference 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 charges and all other lawful fees.

SHIPPER SIGNATURE

SHIPPER SIGNATURE/DATE  5/1	TRAILER LOADED: <input checked="" type="checkbox"/> BY SHIPPER <input type="checkbox"/> BY DRIVER	FREIGHT COUNTED: <input checked="" type="checkbox"/> BY SHIPPER <input type="checkbox"/> BY DRIVER - PALLETS SAID TO CONTAIN <input type="checkbox"/> BY DRIVER/PIECES	CARRIER SIGNATURE/PICKUP DATE  5/1/24
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This is to certify that the above named materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Carrier acknowledges receipt of packages and required placards. Carrier on their emergency response information also made available under carrier has the DOT emergency response guidelines or equivalent documentation in the vehicle. Properly described above is treated in good order, except as noted.