

**Bill to:**

ALLEN LUND COMPANY, LLC  
PO BOX 339,  
La Canada Flintridge,  
CA,  
91012

Invoice Date: 05/06/2024

Invoice #: 6930127

Terms: NET 30

Due Date: 06/06/2024

| Date       | Customer Ref # | Origin - Destination  | Quantity | Rate       | Amount     |
|------------|----------------|---|----------|------------|------------|
| 05/04/2024 |                | 144 Main Street, Baileyville, ME 04694 - 19320 Airbase Rd, Wagram, NC 28396 |          |            |            |
|            |                |   | 1        | \$1,800.00 | \$1,800.00 |

| TOTAL      |
|------------|
| \$1,800.00 |

**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 Load Confirmation - 6930127

**Driver must call prior to heading to shipper**  
 Call (800) 497-5863 or (864) 508-7256 and ask for Load 6930127

05/03/24 11:13 (EST)

| ATTENTION: CARRIER CONTACT  | LOAD REQUIREMENTS   | ALLEN LUND BOOKING CONTACT   |
|---|---|--|
| MILO<br><br>ZIGI FREIGHT INC *<br>DBA ROYAL3 INC<br>CHICAGO, IL<br><br>(630) 485-7370<br>Sent To:milo@royal3inc.com | <b>Equipment Type:</b> DRY VAN<br><b>Special Equipment Needs:</b> PERSONAL<br>PROTECTIVE EQUIPMENT<br><b>Equipment Size:</b> 53<br><b>Temp:</b><br><b>Hazmat:</b> NO<br><b>Estimated Weight:</b> 30,000 | <b>Contact:</b> Jared Pitts<br>Allen Lund Company, Greenville<br><b>Tel:</b> (800) 497-5863 <b>Ofc:</b> (864) 508-7256<br><b>Cell:</b><br><b>Fax:</b> (855) 734-5863<br><b>Email:</b> jared.pitts@allenlund.com<br><b>After Hours:</b> |

### Comments:-

### SPECIAL INSTRUCTIONS:

**EMERGENCY CONTACT INFO:** For any urgent problems or issues, after regular business hours or over weekends, you may reach our After Hours Dispatcher at (800) 497-5863.

### PICKUP INFORMATION

|                    |   |
|--------------------|---|
| <b>Pick UP #1:</b> | WOODLAND PULP - TISSUE DOMESTIC<br>OUTBOUND |
| <b>Address:</b>    | 144 MAIN STREET<br>BAILEYVILLE, ME 04694    |
| <b>Contact:</b>    | WAREHOUSE                                   |
| <b>Phone:</b>      |   |

|                      |                     |
|----------------------|---------------------|
| <b>Pick Up Date:</b> | 05/04/2024 Saturday |
| <b>Pick Up Time:</b> | 06:00               |
| <b>FCFS Notes:</b>   |                     |
| <b>Appt Conf #:</b>  | 13007976            |
| <b>PU/PO #:</b>      | 186425              |
| <b>BOL #:</b>        |                     |

### Directions :

### Notes:

| Line# | Commodity/Product | Description | Quantity      |     | Pallets | PU PO#        | DEL/PO# | BOL# | Weight |
|-------|-------------------|-------------|---------------|-----|---------|---------------|---------|------|--------|
| 1     | PAPER             | Tissue      | 0             | ROL |         |               |         |      | 30,000 |
|       |                   |             | <b>Total:</b> | 0   |         | <b>Total:</b> | 0       |      |        |

### DELIVERY INFORMATION

ALLEN LUND RATE CONFIRMATION

|                     |                  |                       |                   |
|---------------------|------------------|-----------------------|-------------------|
| <b>Delivery #1:</b> | CASCADES TISSUE  | <b>Delivery Date:</b> | 05/06/2024 Monday |
| <b>Address:</b>     | 19320 AIRBASE RD | <b>Delivery Time:</b> | 10:00             |
|                     | WAGRAM, NC 28396 | <b>FCFS Notes:</b>    |                   |
| <b>Contact:</b>     |                  | <b>Confirm #:</b>     | 12989737          |
| <b>Phone:</b>       | (404) 229-8177   | <b>DEL PO #:</b>      |                   |

**Directions:**

**Notes:**

| Commodity/Product | Description | Quantity      |     | Pallets       |   |
|-------------------|-------------|---------------|-----|---------------|---|
| PAPER             | Tissue      | 0             | ROL |               |   |
|                   |             | <b>Total:</b> | 0   | <b>Total:</b> | 0 |

| RATE DETAILS           |             |     |            |     |            |
|------------------------|-------------|-----|------------|-----|------------|
|                        | Description | UOM | Rate       | QTY | Total      |
| Truck Rate             |             | FLT | \$1,800.00 | 1   | \$1,800.00 |
| Advance Amount         | \$0.00      |     |            |     |            |
| Advance Fee            | \$0.00      |     |            |     |            |
| Additional Payments    |             |     |            |     |            |
| Total Carrier Payments | \$1,800.00  |     |            |     |            |
| Balance Due            | \$1,800.00  |     |            |     |            |
|                        |             |     |            |     |            |

| INVOICE INFORMATION   |
|---|
| <p><b>FOR STANDARD PAY or ACH, PLEASE EMAIL YOUR FREIGHT BILLS TO: <a href="mailto:billing@allenlund.com">billing@allenlund.com</a> or FAX TO: (800) 375-5109</b></p> <p><i>If you email or fax your required paperwork, please do not submit copies by mail unless otherwise instructed by the Allen Lund Company.</i></p> <p><b>QUICK PAY BY COMCHECK CARRIERS ONLY:</b> If you wish to be paid by comcheck, you may email or fax your invoice and required paperwork to: <a href="mailto:GVBilling@allenlund.com">GVBilling@allenlund.com</a> or . Please include the load number and "Quick Pay" in the subject line and ensure your invoice is marked with "Quick Pay by ComCheck."</p> <p><i>If you request and receive payment by comcheck, please <b>do not mail original paperwork</b> unless otherwise instructed by Allen Lund Company. Carrier shall retain custody of original paperwork and provide it to the Allen Lund Company upon request.</i></p> <p>Freight Charges will not be paid without required paperwork. To insure prompt payment, the following paperwork must be included with your invoice: copy of this load confirmation, customer signed Bill of Lading, and lumper receipts (if applicable).</p> <p>In the event you wish to mail required paperwork for payment , please send all required documents listed above to: Allen Lund Company, PO BOX 339, LA CANADA, CA 91012</p> <p><b>Please enter Load Confirmation #6930127-GV on all paperwork before emailing, faxing or mailing.</b></p> <p>Please direct payment inquiries to: <a href="mailto:billing@allenlund.com">billing@allenlund.com</a> or by calling .</p> |

#### CONTRACT ADDENDUM AND LOAD CONFIRMATION PROVISIONS

1. There will be a charge for all advances and/or advanced settlements as follows:
  - a. Fee for an advance is 2% of the due carrier amount or \$25.00, whichever amount is higher.

- b. Fee for an advanced settlement upon delivery is 2% of the settlement amount or \$25.00, whichever is higher.
- c. There is no fee for normal payments.
- 2. Any accessorial charges must be approved in advance by **BROKER** and must be supported by an invoice or signed receipt of funds.
- 3. FINAL PAYMENT CANNOT BE MADE WITHOUT A SIGNED COPY OF THE BILL OF LADING AND A SIGNED COPY OF THE RATE CONFIRMATION.
- 4. To facilitate payment, please include a copy of this signed RATE CONFIRMATION with your invoice.
- 5. CARRIER REPRESENTS AND AGREES THAT ONLY TRACTORS AND TRAILERS COVERED BY THE VALID, EXISTING INSURANCE FOR BOTH LIABILITY AND CARGO RISKS WILL BE UTILIZED TO TRANSPORT THIS LOAD.
- 6. CARRIER SHALL NOT CAUSE OR PERMIT ANY SHIPMENT TENDERED HEREUNDER TO BE BROKERED TO OR TRANSPORTED BY ANY OTHER MOTOR CARRIER, OR IN SUBSTITUTED SERVICE BY RAILROAD OR BY OTHER MODES OF TRANSPORTATION.
- 7. Directions supplied by the Allen Lund Company or its customers either orally and/or written form are for informational purposes only. It is the Carrier's sole responsibility to confirm that it may lawfully operate a loaded vehicle of any weight, commodity or dimension over any highway, bridge or route.
- 8. Carrier is responsible for supplying equipment that is compliant with regulations of the California Air Resources Board (CARB) if operating in the state of California. Carrier will indemnify Allen Lund Company for any fines assessed for the carrier's failure to comply with the regulations.
- 9. The carrier agrees that it will not double-broker the load or change the specified mode of transportation. If this agreement is breached and another carrier's MC# or name is on the tractor, trailer, or bill of lading, or if other facts convincingly show that another carrier transported the load, ALC will exercise its contractual right to pay the delivering carrier directly. Additionally, ALC reserves the right to charge the booking carrier up to \$5,000 for the time and resources ALC must spend in investigating the carrier-delivery or mode-of-transportation issue. Any exceptions to this agreement must be in writing, signed by the parties, at the time the load is booked.

This document clarifies, augments and amends the carrier and broker agreement between ALLEN LUND COMPANY, INC. and CARRIER and becomes part of that agreement.

PRINT & SIGN THIS PAGE and then  
FAX to: (855) 734-5863 or EMAIL to: jared.pitts@allenlund.com

|              |                                    |
|--------------|------------------------------------|
| Carrier Name | Print Name of Authorized Signature |
| Date         | Authorized Carrier Signature       |

Thank you to all of the professional truck drivers.  
Allen Lund Company appreciates your hard work and dedication to keep freight moving every day!

**Load #6930127**



## St. Croix Tissue, Inc.

## DELIVERY NOTE

|   |  |   |
|---|--|---|
| <b>Consignor</b><br>St. Croix Tissue, Inc.<br>144 Main Street<br>Use Access Road from USRT 1 to 222 Main<br>St. Gate 1 for pickups/deliveries<br>Baileyville, ME 04694<br>UNITED STATES | <b>Delivery Note</b><br><b>104415</b><br><b>Shipping time</b><br><br><b>Delivery time</b><br>04/29/2024 0:00 | <b>Load No</b><br><b>186425</b><br><b>Booking Reference</b><br>4501158269 |
| <b>Consignee</b><br>CASCADES TISSUE GROUP-WAGRAM #1705<br>19320 AIRBASE ROAD<br>WAGRAM, NC 28396<br>UNITED STATES   | <b>Carrier</b><br>Allen Lund Company, LLC<br>4529 Angeles Crest Hwy<br>La Canada, CA 91011<br>UNITED STATES  |   |
| <b>Final destination</b><br>NC-WAGRAM   | <b>Vehicle ID</b><br>289471  | <b>Seal</b>   |
| <b>Freight paid by</b><br>Consignor (Mill)  |  |   |
| <b>Attachments</b>  |  |   |

| Order   | Description of Goods                | Width<br>cm | Diam / Len<br>cm / m | Pkgs                                   | Mass Net<br>kg | Mass Gross<br>kg |
|---|-------------------------------------|-------------|----------------------|--|----------------|------------------|
| 10003731-1  | Kitchen Towel - 23.1 gsm - 1<br>ply | 259.1       | 177.8                | 10                                     | 17523          | 17523            |
| KT231 TOWEL<br>ROLLS  | 1KT231                              |             |                      | 1KT231<br>WAGRAM PLANT<br>TRA01571-001 |                |                  |
| St. Croix Tissue Claim & Code: FSC Mix Credit<br>FSC CERT# SAI-COC-002177 |                                     |             |                      |  |                |                  |
| <b>Total</b>  |                                     |             |                      | <b>10</b>                              | <b>17523</b>   | <b>17523</b>     |

Truck Pickup/Deliveries are to: Use Access Road from USRT 1 to 222 Main Street, Gate 1

The individual in possession of this document is a critical infrastructure employee and the products in this shipment are considered critical materials of the Forest Products Industry. Therefore, the employee and materials should be exempt from any curfews, shelter-in-place orders or other mobility restrictions.

Wood Type: Hardwood, Softwood.

Outgoing truck inspections:

- ☐ Truck visually inspected for cleanliness and meets SCT requirements.  
☐ Load Plan Carrier and trailer number is correct.

Received, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described below in the apparent good order, except as noted, contents and condition of contents of packages unknown, marked consigned and destined as indicated below, which said carrier, the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract agrees to carry to its usual place of delivery at said destination, if on its route otherwise to deliver to another carrier on the route to said destination, it is mutually agreed, as to each carrier of all or any said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property that every service to be performed hereunder shall be subject to all the terms and conditions of the uniform Bill of Lading set forth #1 in uniform freight classification in effect on the date hereof if this is a rail or a rail-water shipment, #2 in the applicable motor carrier classification or tariff if this is a motor carrier shipment, shipper hereby certifies that he is familiar with all the terms and conditions of the said Bill of Lading, which is attached, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions as hereby agreed to by the shipper and accepted for himself and his assigns. Subject to Section 7 of the Terms and Conditions, of this shipment is to be delivered to the consignee with recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

|                       |                    |                       |
|-----------------------|--------------------|-----------------------|
| Consignor's signature | Driver's signature | Consignee's signature |
|                       |                    |                       |



Driver copy



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| Final destination<br>NC-WAGRAM   | Vehicle ID<br>289471   | Seal  |
| Freight paid by<br>Consignor (Mill)  |  |   |
| Attachments  |  |   |

| Order   | Description of Goods                | Width<br>cm | Diam / Len<br>cm / m | Pkgs                                   | Mass Net<br>kg | Mass Gross<br>kg |
|---|-------------------------------------|-------------|----------------------|--|----------------|------------------|
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| KT231 TOWEL<br>ROLLS  | 1KT231                              |             |                      | 1KT231<br>WAGRAM PLANT<br>TRA01571-001 |                |                  |
| St. Croix Tissue Claim & Code: FSC Mix Credit<br>FSC CERT# SAI-COC-002177 |                                     |             |                      |  |                |                  |
| <b>Total</b>  |                                     |             |                      | 10                                     | 17523          | 17523            |

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**Cascades, Wagram**  
**Receive Date:**

|                       |                    |                       |
|-----------------------|--------------------|-----------------------|
| Consignor's signature | Driver's signature | Consignee's signature |
|                       |                    | 05/06/24<br>          |

05/04/2024

08:16:40

Revised: 1-may-2017 10:00