

**Bill to:**

C.H. Robinson
14701 CHARLSON RD,
Eden Prairie,
MN,
55347

Invoice Date: 05/08/2024

Invoice #: 473906029

Terms: NET 30

Due Date: 06/08/2024

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|--|----------|------------|------------|
| 05/07/2024 | | 300 Tech Shelby Dr., SHELBYVILLE, KY 40065 - 1625 Corporate Dr, Shreveport, LA 71107 | | | |
| | | | 1 | \$1,850.00 | \$1,850.00 |

| TOTAL |
|------------|
| \$1,850.00 |

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**

C.H. Robinson Contract Addendum and Carrier Load Confirmation - #473906029

This load confirmation is confidential information of CH Robinson and may not be disclosed to third parties without CH Robinson's prior written approval.

**Ismael Lopez at Zigi Freight Inc - T5303929
DBA: Royal3 Inc**

C.H. Robinson requires automated shipment check-in and in-transit updates from one of the approved shipment status technologies. Additional information about these technologies can be found at www.chrobinson.com.

If you require assistance during your check-in process, please use one of our mobile apps, or call (888) 278-9441.



C.H. Robinson Communication

Customer-Specified Equipment Requirements

Equipment: Van - Min L=53

Customer Requirements

Use 9-digit CHR load# for PU and DELV #. ****MUST HAVE LOAD LOCKS OR STRAPS****

Drivers cannot check in until one hour before their scheduled delivery appointment or they will be rejected.

POD MUST be submitted to CHR day of delivery. Failure to comply may result in you being barred from moving this business moving forward. Send POD to LoadDocs@chrobinson.com and AmazonPod@chrobinson.com.

| | | | |
|-------------------|---|---------------------|-----------------|
| SHIPPER#1: | Superb IPC llc | Pick Up Date: | 05/07/24 |
| Address: | 300 Isaac Shelby Dr. SHELBYVILLE, KY 40065 | *Scheduled to Pick* | |
| | | Pick Up Time: | 11:00 Appt. |
| | | Pickup#: | CHR load number |
| Phone: | (502) 633-0847 | Appointment#: | |

Please ask for and confirm receipt of:

| Commodity | Est Wgt | Units | Count | Pallets | Temp | Ref # |
|-----------|---------|---------|-------|---------|------|-------|
| Columns | 30,000 | Skid(s) | 12 | 12 | | |

Shipper Instructions

Order Dimensions: 42 x 91 x 32

Warehouse Notes:

This facility has check-in restrictions; please contact C.H. Robinson for Customer's detailed requirements.

This facility has clothing restrictions; please contact C.H. Robinson for Customer's detailed requirements.

Due to health concerns related to COVID-19, drivers arriving to this facility may be subject to a temperature scan or health screening questions.

| | | | |
|---------------------|---|-----------------|-----------------|
| RECEIVER #1: | Amazon SHV1 | Delivery Date: | 05/09/24 |
| Address: | 1625 Corporate Dr Shreveport, LA 71107 | *Open Delivery* | |
| | | Delivery Time: | 14:00 Appt. |
| | | Delivery#: | CHR load number |
| Phone: | (111) 111-1111 | Appointment#: | |

Please confirm delivery of:

| Commodity | Est Wgt | Units | Count | Pallets | Temp | Ref # |
|-----------|---------|---------|-------|---------|------|-------|
| Columns | 30,000 | Skid(s) | 12 | 12 | | |

Receiver Instructions

Warehouse Notes:

This facility has check-in restrictions; please contact C.H. Robinson for Customer's detailed requirements.

This facility has clothing restrictions; please contact C.H. Robinson for Customer's detailed requirements.

Due to health concerns related to COVID-19, drivers arriving to this facility may be subject to a temperature scan or health screening questions.



C.H. Robinson Contract Addendum and Carrier Load Confirmation - #473906029

This facility has restrictions against parking on-street or in front of the building itself; please contact C.H. Robinson for details.
 This facility requires that the Carrier schedule the pick-up or delivery appointment.
 This facility has extremely strict appointments and rescheduling is difficult.

Rate Details

| Service for Load #473906029 | Amount | Rate | Extended |
|------------------------------------|---------------|-------------|-------------------|
| Line Haul - FLAT RATE | 1 | \$1,850.00 | \$1,850.00 |
| Total: | | | \$1,850.00 |

SUBMIT FREIGHT BILL TO:

CHRW Billing
 P.O. Box 3470
 Chicago, IL 60654
 LoadDocs@CHRobinson.com

To insure prompt payment, all billing must be accompanied by an invoice with the Carrier Name and C.H. Robinson Load Number

Fuel Surcharge Information

Please note that C.H. Robinson has included a \$346.84 fuel surcharge within the listed transportation rate on this confirmation. The fuel surcharge is an estimate based off of a weekly national average fuel price from the U.S. Department of Energy.

QUICK PAY and CASH ADVANCE

QUICK PAY - If you are a Carrier who utilizes C.H. Robinson's Quick Pay Program, you may email your invoice and required paperwork to LoadDocs@chrobinson.com or visit NavisphereCarrier.com for other scanning options. Funds will be released from C.H. Robinson, minus the fixed discount, within two business days from receipt of complete and legible paperwork. Paperwork received by 12:00 noon (CST) will be counted as same day; paperwork received after 12:00 noon (CST) will count as the next business day. Carriers enrolled in Quick Pay are no longer required to submit original paperwork for payment in addition to using one of our billing methods unless otherwise instructed by C.H. Robinson. Carrier shall retain custody of the original paperwork and provide it to C.H. Robinson upon Request.

C.H. Robinson also recommends that Carrier only submit "receipt" for payment once, regardless of billing method to avoid additional fees. If you would like more information about becoming enrolled in Quick Pay, please contact the Quick Pay Department at (800) 326-9977. For a list of our billing options, please visit NavisphereCarrier.com.

CASH ADVANCE - Carriers may request a cash advance from C.H. Robinson to be issued at C.H. Robinson's sole discretion as a partial settlement to the agreed upon rate. All cash advances will be deducted from final settlement; including a transaction fee of the greater of 3% of the advance issued or \$15 for each individual advance.

Directions

Any directions given by C.H. Robinson or its Customers, whether orally and/or electronically, are for informational purposes only. It is the Carrier's sole responsibility to confirm that it may lawfully and safely operate its vehicle and its contents over any road, highway, bridge and/or route. Carrier shall be solely responsible for any fines, penalties, or citations that may be levied as a result of operating its vehicle equipment and its contents in any way that may be found to be in violation of any regulation, law or ordinance.

Shipper's Driving Directions

SHIPPER 1 - Superb IPC llc: CHECK IN W/CHR#CANNOT Park on the side of the road

Receiver's Driving Directions

RECEIVER 1 - Amazon SHV1: 0800-1600, M-F, APPT ONLY. DRIVER MUST HAVE PPE, VEST, & STEEL-TOE SHOES. CHECK IN W/NON-INVENTORY MATERIAL FOR AMAZON ROBOTICS. DD for Hybrid Project: 137-140 DD for Sequoia Project: 116-123 & 133-136 POD MUST BE SUBMITTED DAY OF DELIVERY



C.H. Robinson Contract Addendum and Carrier Load Confirmation - #473906029**C.H. Robinson Contract Addendum and Carrier Load Confirmation Conditions**

THIS LOAD CONFIRMATION IS SUBJECT TO THE TERMS OF THE AGREEMENT FOR MOTOR CONTRACT CARRIER SERVICES ("AGREEMENT") PREVIOUSLY EXECUTED BETWEEN OUR COMPANIES AND THIS CONSTITUTES AN ADDENDUM TO THE TERMS OF THAT AGREEMENT. WE AGREE TO PAY THE RATES AND CHARGES SHOWN ABOVE AND NO DIFFERENT TARIFF RATE OR SCHEDULE OF RATES APPLY. THIS LOAD CONFIRMATION IS INCLUSIVE OF ALL CHARGES. UNLESS ORAL AND WRITTEN FAX OBJECTIONS ARE MADE TO ITS TERMS, AT THE EARLIER OF WITHIN TWENTY-FOURS (24) HOURS OF RECEIPT OR PRIOR TO WORK BEING INITIATED, YOU HAVE AGREED TO THESE TERMS.

Additional Terms**1.**

Unless C.H. Robinson provides written notice herein that this term does not apply to this shipment, Carrier's motor vehicle equipment shall be dedicated to C.H. Robinson's exclusive use while transporting the cargo subject to this booking. Carrier's violation of this exclusive use requirement shall result in Carrier's forfeiting its right to be paid for the transportation services contemplated by this Load Confirmation, not as penalty, but as liquidated damages.

2.

Cash advance requests made after regular business hours will not be authorized. If Carrier requires a cash advance, Carrier must make arrangements with the C.H. Robinson booking representative during normal business hours and/or upon booking this shipment. Cash advance requests made outside of the C.H. Robinson booking branch's regular business hours may not be authorized. If Carrier requires a cash advance, Carrier must make arrangements with the C.H. Robinson booking branch during its normal business hours and/or upon booking this shipment.

3.

This rate is contingent upon successful and on-time completion of all load requirements as orally stipulated or written on this Addendum and rate may be subject to reduction if Carrier fails to complete any applicable terms and conditions. Rate may be reduced if load picks up or delivers after originally scheduled time and date. Carrier acknowledges that failure to complete any terms and conditions on this shipment may jeopardize or result in loss of future business opportunities with C.H. Robinson and/or cancelation of the Agreement.

4.

Accessorial charges (including but not limited to labor, detention, and/or layover charges) must be authorized and approved prior to or at time of occurrence. C.H. Robinson will not provide any reimbursement of any non, prior-approved accessorial charges. Carrier shall ensure the bill of lading is notated either when handling is required or when detention occurs, that a lump sum receipt is provided when a lump sum is hired, and/or that both are included as supporting documents with the Carrier's invoice. All overage, shortage, and damage must be reported to C.H. Robinson immediately, at time of occurrence, and noted on the bill of lading.

5.

C.H. Robinson's Customer requires that Carrier provide, through C.H. Robinson, the following electronic shipment status updates via EDI, NavisphereCarrier, the Navisphere driver app, or some other electronic method of providing shipment status updates (unless otherwise specified on this confirmation): - Arrival at and departure from Shipper(s) within thirty (30) minutes of occurrence; - A minimum of one check call per day, prior to 10:00am, each day that Carrier is in possession of this shipment; and - Arrival at and departure from Receiver(s) within thirty (30) minutes of occurrence.

6.

For any problems or issues after regular business hours or over the weekends, please contact C.H. Robinson at (888) 278-9441.

7.

For this shipment, Carrier agrees it shall be in possession of relevant and applicable cargo insurance coverage in an amount sufficient to cover the loss or damage of the cargo being transported. Carrier's cargo insurance policy must not exclude from coverage any commodities or cargo carried on this booking. If Carrier's cargo insurance policy contains a schedule of covered vehicles or equipment, Carrier will not transport any cargo on this booking using a vehicle and/or equipment that is not listed as scheduled on Carrier's cargo insurance policy.



BILL OF LADING

SHIP FROM
 Name: voestalpine Roll Forming Corpo
 Address: 1070 Brooks Industrial Road
 City/State/Zip: Shelbyville KY 40065 US

FOB:
 ORIGIN
 1 -502-6334435
 1 -502-6335824

SHIP TO
 Name: AMAZON SHV1
 Address: 1625 CORPORATE DRIVE
 City/State/Zip: SHREVEPORT LA 71107
 Location#: SHV1

THIRD PARTY FREIGHT CHARGES BILL TO
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:

Bill of Lading Number: 000067372

NOTICE TO CARRIERS

The carrier assumes responsibility for protecting this shipment against weather and other damage this product must be properly covered and secured.

CARRIER NAME: CH Robinson

Trailer Number:

Seal Number(s):

☐ Hazardous Material ☐ Protect from Freezing

SCAC: RBTN

Pro Number:

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

Prepaid Collect ☒ 3rd Party

☐ Supplemental Form Required When Box Checked

| CUSTOMER ORDER INFORMATION | | CUSTOMER ORDER INFORMATION | | ADDITIONAL SHIPPER INFO | |
|----------------------------|---------------|----------------------------|--|-------------------------|--|
| CUSTOMER ORDER NUMBER | CUSTOMER PO # | | | CHR LOAD# 473906029 | |
| | | | | 11 AM | |
| | | | | TRACKER# 2700035138 | |
| 0242359 - 0086733 - 0014 | 1062809 | | | | |

| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (RQ) | COMMODITY DESCRIPTION | LTL ONLY | |
|---------------|--------|---------|--------|------------|-----------|-----------------------|----------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC# | CLASS |
| 12 | BUNDLE | 12 | BUNDLE | 29024.2800 | | | | |
| 12 | | 12 | | 29024.2800 | | | | |

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 \$_____.

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 in all applicable state and federal regulations.

GRAND TOTAL

COD Amount: \$

Fee Terms: Collect ☐ Prepaid: ☐

Customer Check Acceptable: ☐
 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SHIPPER SIGNATURE AND DATE

This is to certify that the above named material is properly classified, described, packaged, marked and secured, and is in proper condition for transportation according to the applicable rules and regulations of the U.S. DOT.

C. Franklin 07/07/24

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

☐ By Shipper
☐ By Driver/pallets
☐ By Driver/Pieces

Signature

Shipper

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required documents. Carrier certifies that the information provided is accurate and that the carrier has the U.S. DOT required registration and insurance information in the vehicle.

Properly described material is required in good order, except as noted.

Date: 05/12/2024

BILL OF LADING

Page 1

| | | | |
|--|---------------|---|-----------------------|
| SHIP FROM | | SHIP TO | |
| Name: voestalpine Roll Forming Corpo Address: 1070 Brooks Industrial Road | | Name: AMAZON SHV1 Address: 1825 CORPORATE DRIVE | |
| City/State/Zip: Shelbyville KY 40065 US | | City/State/Zip: SHREVEPORT LA 71107 | |
| FOB: ORIGIN 1 -502-6334435 1 -502-6335824 | | Location#: SHV1 | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | Bill of Lading Number: 000067372 | |
| Name: Address: | | NOTICE TO CARRIERS The carrier assumes responsibility for protecting this shipment against weather and other damage this product must be properly covered and secured. | |
| City/State/Zip: | | CARRIER NAME: CH Robinson | |
| SPECIAL INSTRUCTIONS: | | Trailer Number: | |
| | | Seal Number(s): | |
| | | <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Protect from Freezing | |
| | | SCAC: RBTN | |
| | | Pro Number: | |
| | | Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) | |
| | | Prepaid Collect <input checked="" type="checkbox"/> 3rd Party | |
| | | <input type="checkbox"/> Supplemental Form Required When Box Checked | |
| CUSTOMER ORDER INFORMATION | | | |
| CUSTOMER ORDER NUMBER | CUSTOMER PO # | ADDITIONAL SHIPPER INFO | |
| | | CHR LOAD# 473906029 | |
| | | 11 AM | |
| | | TRACKER# 27000 35138 | |
| 0242359 - 0086733 - 0014 | 1062809 | | |
| CARRIER INFORMATION | | | |
| HANDLING UNIT | PACKAGE | WEIGHT | COMMODITY DESCRIPTION |
| QTY TYPE | QTY TYPE | | |
| 12 BUNDLE | 12 BUNDLE | 29024.2800 | Michael Ivy |
| | | | 05/08/24 |
| 12 | 12 | 29024.2800 | |
| 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 | | | |
| 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. | | | |
| SHIPPER SIGNATURE AND / DATE | | | |
| C. Franklin 05/07/24 | | | |
| Trailer Loaded: | | | |
| <input type="checkbox"/> By Shipper | | | |
| <input type="checkbox"/> By Driver | | | |
| Freight Counted: | | | |
| <input type="checkbox"/> By Shipper | | | |
| <input type="checkbox"/> By Driver/pallets | | | |
| <input type="checkbox"/> By Driver/Pieces | | | |
| CARRIER SIGNATURE / PICKUP DATE | | | |
| Michael Ivy 5/8/24 | | | |