Royal 3inc.

Bill to: INTEGRATED CONNECTION, LLC 1501 BOYSON SQUARE DR STE# 101, Hiawatha, IA, 52233 Invoice Date: 05/24/2024 Invoice #: #119094637 Terms: NET 30 Due Date: 06/24/2024

| Date       | Customer Ref # | Origin - Destination  | Quantity | Rate       | Amount     |
|------------|----------------|---|----------|------------|------------|
| 05/24/2024 |                | 400 Federal Ave, Saginaw, MI 48607 - 7485 Polk Ln, Olive Branch, MS 38654 |          |            |            |
|            |                |   | 1        | \$1,400.00 | \$1,400.00 |

| TOTAL      |   |
|------------|---|
| \$1,400.00 | ĺ |

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 TRUCKLOAD RATE CONFIRMATION Integrated Connection (TSM) 306 6th Ave SE CEDAR RAPIDS, IA 52401

Carrier Name: ROYAL3 INC

(319) 363-1235



Load #: 119094637

| Broker: Casey    |                        |              |                      |  |  |  |
|------------------|------------------------|--------------|----------------------|--|--|--|
| Ready Date: 5/2  | 23/2024                | Customer PO: |                      |  |  |  |
| Date Needed: 5   | /24/2024               | Shipper Ref: |                      |  |  |  |
| Service Level: N | Normal                 | Equipment Ty | <b>pe:</b> Van       |  |  |  |
| Shipper Informa  | ation:                 |              |                      |  |  |  |
| Name:            | Whalebacker            | Contact:     |                      |  |  |  |
| Address:         | 400 Federal Ave        | Phone:       |                      |  |  |  |
|                  | SAGINAW, MI 48607      | Ready Time:  | 9:00 AM -<br>1:00 PM |  |  |  |
| Consignee Info   | rmation:               |              |                      |  |  |  |
| Name:            | Diamond Comics         | Contact:     |                      |  |  |  |
| Address:         | 7485 Polk Ln           | Phone:       |                      |  |  |  |
|                  | OLIVE BRANCH, MS 38654 | Close Time:  | 7:00 AM -            |  |  |  |
|                  |                        | Close Time:  | 3:00 PM              |  |  |  |

| Handling Units | Package Type | Pieces | HAZMAT | List of Items | Total Weight |
|----------------|--------------|--------|--------|---------------|--------------|
| 26             | Pallet       | 1      |        | Comic Books   | 16,200       |

**PICKUP INSTRUCTIONS:** 

DELIVERY INSTRUCTIONS:

| Rate:  | USD \$1,400.00 |
|--------|----------------|
| TOTAL: | USD \$1,400.00 |

## This confirmation is for exclusive truck and guarantee truck service. If there are any problems or delays carrier must call 1-319-363-1235 24/7 to avoid any rate

**reduction** - carrier/driver is to provide verbal POD upon delivery and hard copy POD within 24 hours The confirmation governs the movement of the above-referenced freight as of the specified and hereby amends, is incorporated by reference and becomes a part of the certain transportation contract by and between "Broker" and "Contract carrier". Carrier Agrees to sign the confirmation and return it to the broker via FAX and carrier shall be conclusively presumed and compensatory that the freight would not have been tendered to Carrier at higher rates and that not shipments handled under such rates will subsequently be subject to a later claim for undercharges. IF AGREED SERVICES ARE FULFILLED, RATES ARE NOT NEGOTIABLE. Carrier is responsible for all delivery appointments.

The undersigned accepts the referenced shipment on behalf of the carrier and acknowledge as correct the information contained herein, the carrier agrees to the terms of the Master agreement previously executed between our companies. Invoicing by the carrier and payment by Integrated Connection (TSM), constitutes acceptance of this agreement and creates a valid contract for carriage shipment.

When loading, the driver must count and inspect his/ her load. The Driver / Carrier is responsible for piece count and condition of load at time of delivery. For payment of freight charges, we must receive original and signed Bill of landing and **Proof of Delivery with a carrier invoice**. Payment will be made 30 days after all required paperwork is received at Integrated Connection (TSM), facilities. We are not responsible for Overweight. If Dimensions, Weight, Quantity or type of commodity are different than those consigned in our Load Confirmation Agreement, the carrier or Broker contracted MUST notify Integrated Connection (TSM) Before picking up and request a WRITTEN AUTHORIZATION. Integrated Connection (TSM) will not pay any extra charges without AUTHORIZATION.

## Please sign and return via fax (319) 365-9011 or email to Cargo@IC-L.com

## \*\*\*Send Invoices to: Accountspayable@IC-L.com \*\*\*

**Carrier Signature:** 

\_ Driver Name:

MC#:

Driver Phone#:

| Date                                      | 5/23/24                                |                         |                            |  | E                         | BILL               | OF                                       | LA                      | DING   | n na gana fan de   | Page 1 of  |  |
|---|--|-------------------------|----------------------------|--|---------------------------|--------------------|--|-------------------------|--|--|--|--|
| Addr                                      | e: Whale<br>ess: 400 F<br>State/Zip: ; | ederal /                | CGS<br>Ave                 | P FROM   |                           |                    |  |                         | Bill of Ladin  | BAR CODE S   |  |  |
| SID#                                      | Devin Fo                               | bether (                | 989)529-0                  | 6528   |                           |                    | FOB: C                                   |                         |  |  |  |  |
| Name                                      | : Diamon<br>55: 7485                   | d Comic                 | Dist, Inc                  | IP TO<br>Loca  | ation #                   |                    |  |                         | CARRIER NA<br>Trailer numb<br>Seal number  |  | ection.  |  |
| City/S                                    | itate/Zip: (                           | Yolk Lai                | ne<br>anch MS              | 39654  |                           |                    |  |                         | Seal number  | (5):   | · · · · · · · · · · · · · · · · · · ·  |  |
| CID#:                                     |  |                         |                            | 00004  |                           |                    | FOB: C                                   | 1                       | Pro number   |  |  |  |
| Name<br>Addre<br>City/S                   |  | HIRD PA                 | RTY FREIG                  | HT CHARGES   | BILL TO                   |                    |  |                         | Freight Cha  | BAR CODE S   |  | i uniess   |
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| SPEC                                      | IAL INSTE                              | KUG HU                  | NS:                        |  |                           |                    |  | F                       | Prepaid  | Master Bill of Lading<br>Bills of Lading   | 1  | 1  |
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|   |  |                         |                            |  | Comic Related             |                    |  | tems                    | and a second second  | 6 - 10, 3  | 85   |  |
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| leclared val                              | ue of the proper                       | ty as follows:          |                            | ally stated by the st  |                           |                    |  |                         | COD Am<br>Fee T  |  | Prepaid: 🗆<br>atable: 🗆  | -  |
| ECENED,<br>elvican lhe                    | subject to indivi<br>carrier and ship  | dually determ           | able, otherwise            | damage in th<br>ontracts thei have b<br>to the rates, classif<br>ar, on request, and t | ean agreed<br>cations and | upon in t          | witing<br>I have bee                     |                         | able. See 49<br>The carrier shall r<br>and all other lawf  | U.S.C. = 14706(c)(1)(A<br>not make delivery of this ship<br>ul charges.  | ment without paymer  | nt of freight<br>Signature                       |
| egulations.<br>SHIPPEI<br>Nis is to cardi | RSIGNATU                               | IRE / DA'               | TE<br>are properly classif | Trailer I  | oaded:<br>Shipper         | Freix              | aht Cour<br>By Shippe                    | nted:<br>er<br>/pallets | said to contain  | CARRIER SIGNATU<br>Genter autometidges mostes of par-<br>snargancy response information w<br>energying response guidebook or /<br>Property described above is need | RE / PICKUP DA   | ATE<br>a. Carrier certifice<br>rrier bes the DOT |

| Date:  | 5/23/24  |  |                                       |  | B                             | LL                 | OFL          | AD                                     | ING  | 19                     | 72             | Page 1 of _   |                             |  |  |
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|  | : Whaleba  |  |                                       |  |                               |                    |              |  | n or Laung r   | umor                   |                |   |                             |  |  |
| City/S   | state/Zip: Sa  | iginaw, N  | AI 48607                              |  |                               |                    |              |  | E  | BARCOD                 | E SF           | PACE  |                             |  |  |
| SID#:  | Devin Foe  | ther (98   | 9)529-65<br>SHIP                      |  |                               | ł                  | FOB: 🗖       |  | DDIED MANE   | Integrated             | Conno          |   |                             |  |  |
| Name   | Diamond  | Comic D  | 1                                     |  | on # 2                        | 6                  |              |  | aller number:  |                        | Conned         | cuon.   |                             |  |  |
|  | ss: 7485 Pc  |  | 1.1.1                                 |  |                               |                    |              | Se                                     | al number(s)   |                        | ·              |   |                             |  |  |
| City/St<br>CID#:                                 | ate/Zip: Oli   | ve Branc   | ch, MS. 3                             | 8654   |                               |                    |              | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | CAC:   |                        |                |   |                             |  |  |
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| QTY  | TYPE   | QTY  | TYPE                                  | WEIGHT                                       | H.M.<br>(X)                   | (X) marked and peo |              |  | scheged as to ensure sale transportation with ordinary care.<br>See Section 2(4) of NMFC Nam. 344      |                        |                | NMPC #  | CLASS                       |  |  |
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| NOTE   | Liability Lim  | nitation fo  | or loss or                            | damage in th                                 | nis ship                      | ment               | may be       | applica                                | ble. See 49 U  | .S.C. = 14706          | c)(1)(A)       | and (B).  | of of keight                |  |  |
| RECEIVED   | , subject to Indivi  | dually determ  | lined rates or c                      | to the rates, class<br>or, on request, and   | fications an                  | d rules            | that have be | en la                                  | nd all other lawful  |                        | ene anten      |   | Signature                   |  |  |
| SHIPPE   | R SIGNATI  |  | re                                    | Traller                                      | Loaded:                       | Fr                 | elaht Cou    | inted:                                 |  | Carrier acimowiedoas r | scalpt of paci | RE / PICKUP D.  | da. Carrier certifi         |  |  |
| This is to say<br>packaged, an<br>transportation | Uly shall the above ria<br>larkad and labeled, ar<br>n according to the ap | med materials a<br>no are in proper<br>plicable regulation     | condition for<br>one of the DOT.      | fled, X By                                   | Shipper<br>Driver             |                    |              | CONTRACTOR STREET                      | said to contain  | emergency reaponed in  | formation we   | e trade evelable and/br c<br>quivalent documentation i<br>ved in good order, excep  | arrier has the DO           |  |  |
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