



Bill to:
MYFREIGHTWORLD CARRIER MANAGEMENT
7171 WEST 95TH ST SUITE 310,
Overland Park,
KS,
66210

Invoice Date: 05/29/2024
Invoice #: MFW201383
Terms: NET 30
Due Date: 06/29/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/28/2024		3580 SALT POINT RD, WATKINS GLEN, NY 14891 - 750 N Lallendorf Road, OREGON, OH 43616			
			1	\$700.00	\$700.00

TOTAL
\$700.00

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

Tuesday, May 28, 2024 12:50 PM (Central Standard Time)



MyFreightWorld

7007 College Boulevard
Ste 150 (877) 549-9438
OVERLAND PARK, KS 66211

FROM	DATE	TIME
	TIME	
Patrick Whalen	05/28/2024	06:00
(913) 336-2046 (p)		
pwhalen@myfreightworld.com		
TO	ATT	
RIKI TRANSPORTATION INC	Steve	
PHONE	FAX	
(708) 852-5525		

MC #	DOT #	TRUCK #	TRAILER #	DRIVER	DRIVER CELL	PU REF
86875	3119062	822	289474	Roberto Sanchez Prado	(786) 337-5007	
SIZE & TYPE		DESCRIPTION		PIECES	TOTAL WEIGHT	MILES
Van 53 FT		FIBC USP 3000 W/LINER		0	42,000.00 LB	404.00

Carrier ETA: Tuesday, May 28, 2024 4:00 AM

NOTES

We do not require appointments, we load FCFS 06:00 to 20:00 M - F, Sat/Sun 06:00 to noon at our Watkins Glen facility. Our Horseheads, NY warehouse is FCFS, or appointment, from 0800 to 1530, Monday through Friday. CARRIER MUST MAKE SURE FREIGHT IS PROPERLY SECURED TO PREVENT SHIFTING DURING TRANSPORT, DAMAGE TO PRODUCT & PACKAGING, THEFT AND OTHER LOSS. IF TRUCKLOAD SHIPMENT A SEAL MUST BE USED AND SEAL NUMBER RECORDED ON BOL

YOU MUST EMAIL YOUR INVOICE AND POD TO TLDOCS@MYFREIGHTWORLD.COM IN ORDER TO BE PAID!

FACTORING COMPANIES, TO SAVE TIME, PLEASE GO TO VERIFY.PORTTMS.COM TO VERIFY THE RATE RATHER THAN CALLING OR EMAILING.

DESCRIPTION	WEIGHT	HANDLING UNITS	HAZMAT
FIBC USP 3000 W/LINER; Dims: L48.00 W40.00 H48.00 IN	42,000.00 LB		

Pickup Location (Stop # 1)

Name:	US SALT LLC	Phone:	(607) 535-2067
Address:	3580 SALT POINT RD	Contact:	Shipping
Address:		Appt Date/Time:	05/28/2024 06:00
City, State Zip:	WATKINS GLEN, NY 14891		05/28/2024 20:00
		PO #:	
		Hours:	06:00 -to-19:00
		Pickup Conf#:	

Drop Location (Stop # 2)

Name:	Fresenius Medical Care-Oregon	Phone:	(419) 691-2475
Address:	750 N Lallendorf Road,	Contact:	Shipping
Address:		Appt Date/Time:	05/29/2024 08:00
City, State Zip:	OREGON, OH 43616		05/29/2024 08:00
		PO #:	
		Hours:	08:00 -to-17:00
		Delivery Conf#:	Delivery #: 4511456115-720

CHARGES		
Freight Charge	\$700.00	
Fuel Cost	\$0.00	
TOTAL RATE	\$700.00	

ALL RATES PAID BY WEIGHT WILL BE ADJUSTED BASED ON ACTUAL WEIGHT.
 ADDITIONAL FUEL CHARGES NEED BROKEN OUT SEPARATELY OR WILL BE CONSIDERED INCLUDED IN QUOTE.
 DRIVER IS RESPONSIBLE FOR SECURING AND VERIFYING THE SAFE MOVING CONDITIONS OF THE LOAD PRIOR TO TRANSIT ON ANY LOAD THAT IS NOT SEALED BY THE SHIPPER.
 ALL LUMPERS, DETENTION, AND ANY OTHER ACCESSORIALS MUST BE REPORTED AND DOCUMENTS/RECEIPTS SUBMITTED WITHIN 48 HOURS AFTER DELIVERY TO TLdocs@MYFREIGHTWORLD.COM. Invoices, PODs, NOAs, and all paperwork should be sent to TLdocs@myfreightworld.com. If you want to get paid quicker, include a voided check when you send your invoice and you will be paid via direct deposit.
 PLEASE EMAIL A COPY OF POD AND INVOICE TO: MyFreightWorld (TLdocs@myfreightworld.com)

E-SIGNATURE AGREEMENT
Each party agrees that the electronic signatures, whether digital or encrypted, of the parties included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures under the terms of the Electronic Signatures Act, 15 U.S.C. SS 7001 et. seq.

Carrier Signature Steve Tatum

Date 05/28/2024
 M D YY

US SALT

U.S. Salt LLC.
P.O. Box 110
Salt Point Road
Watkins Glen, NY 14891-0110
Phone (607) 535-2721 Fax (607) 535-2911

(MAIL OR STREET ADDRESS OF CONSIGNEE - FOR PURPOSE OF IDENTIFICATION ONLY)

CUSTOMER SHIPPING NOTICE - INVOICE WILL FOLLOW

Ship To:

Fresenius Medical Care-Oregon
750 N Lallendorf Road
Oregon 97005
43616
USA

Bill To:

5201 Regent Blvd, Suite 100
Fresenius Medical Care
Irving TX 75063
USA

SalesOrderNumber 457888
BillToNumber:
ShipToNumber: 1275002
Shipping Method: PREPAID
Carrier: HOMETOWNLX
Freight Terms: D
Release Number:
EQUIP ACS
POOL NO. POOLED

County:

CustomerPO: 4511456118-970

Ship 05/25/24 Deliver

Ship From:

Special Instructions:

Contract No.

Route

OrderDate 03/05/24 SO APPOINT

Net Product Weight

Carrier Billing Weight

Date Shipped: 5/25/24

Time In 5:00 PM

Dock Time In 6:00 PM

Time Out 8:00 PM

Trailer Length 53'

Trailer Number 289470

Product Code	Product Description	Quantity	UOM	Pallets	Vehicle Number	Code Dates
900058N	FIBC USP 3000 W/LINER	14		TT	14	
X-1275002		1.00		EA	0	

COA MUST GO WITH LOAD AND EMAIL TO
Chandler M Burken <chandler.burken@freseniusmedicalcare.com>,
Chante Roberts <chante.roberts@freseniusmedicalcare.com>,
Courtney Hatch <Courtney.Hatch@freseniusmedicalcare.com>,
Doug Hyer <Doug.Hyer@freseniusmedicalcare.com>,
Emily Henneman <Emily.Henneman@freseniusmedicalcare.com>,
James O'Hearn <James.O'Hearn@freseniusmedicalcare.com>,
Jordan, Alexis Bird <Alexis.Bird@freseniusmedicalcare.com>,
Klaege, Kaitlynn Nicole <Kaitlynn.Klaege@freseniusmedicalcare.com>,
Pedro Martinez <pedro.martinez@fmc-na.com>,
Samuel Meyer samuel.meyer@freseniusmedicalcare.com,
Cody.Merritt@fmc-na.com,
Phillip.Farrar@fmc-na.com,
Thomas.Tipton@fmc-na.com,
William.McDermott@fmc-na.com,
Kimberly.ney@freseniusmedicalcare.com,

Remarks:

Door 6

Counted By

Supervisor Initial SPW

Driver's Signature

US SALT

U.S. Salt L.L.C.
P.O. Box 110
Salt Point Road
Watkins Glen, NY 14891-0110
Phone (607) 535-2721 Fax (607) 535-2911

CUSTOMER SHIPPING NOTICE - INVOICE WILL FOLLOW

(MAIL OR STREET ADDRESS OF CONSIGNEE - FOR PURPOSE OF IDENTIFICATION ONLY)

Ship To:

Fresenius Medical Care-Oregon
750 N Lallendorf Road

Oregon OH
43616
USA

Bill To:

5201 Regent Blvd, Suite 10
Fresenius Medical Care
Irving TX 75063
USA

SalesOrderNumber 457888
BillToNumber:
ShipToNumber: 1275002
Shipping Method: PREPAID
Carrier: HOMETOWNLX
Freight Terms: D
Release Number: EQUIP ACS
POOL NO. POOLED

County:
CustomerPO: 4511456118-970

Ship Deliver
05/28/24

Ship From:
Special Instructions:

Contract No.
Route
OrderDate 03/05/24 SO APPOINT
Net Product Weight
Carrier Billing Weight 42995.000

Date Shipped:
Time In
Dock Time In
Time Out
Trailer Length
Trailer Number

Product Code	Product Description	Quantity	UOM	Pallets	Vehicle Number	Code Dates
--------------	---------------------	----------	-----	---------	----------------	------------

*****NO DELIVERY APPOINTMENT*****
RECEIVING HOURS 6 AM TO 9 PM, FIRST COME FIRST SERVED
CALL ONLY FOR DIRECTIONS 419-698-7301 X110

LOAD MUST BE SEALED
AT POINT OF LOADING AND THE SEAL ID
CODE MUST BE DOCUMENTED ON PAPERWORK.
ANY QUESTIONS OR CONCERNS PLEASE FEEL FREE
TO CONTACT MARGARET @ 419-698-7315.

Remarks:

Door _____
Counted By _____
Supervisor Initial _____

Driver's Signature _____

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE
 RECEIVED, subject to the classifications and tariffs in effect on the date of issue of the Original Bill of Lading.

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and delivered 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 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 Commercial Code (UCC) and the Uniform Freight Classification in effect on the date hereof, if this is a rail or rail-water shipment, or (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, including those on the back thereof, set forth in the classification or tariff which governs the transportation of the shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.
 (MAIL OR STREET ADDRESS OF CONSIGNEE - FOR PURPOSE OF NOTIFICATION ONLY)

Ship To:

Fresenius Medical Care-Oregon
 750 N Lallendorf Road
 Oregon
 43616
 USA

5201 Regent Blvd, Suite 100
 Fresenius Medical Care
 Irving
 TX
 75063
 USA

SalesOrderNumber 457888
 BillToNumber:
 ShipToNumber: 1275002
 Shipping Method: PREPAID
 Carrier:
 Freight Terms: HOMETOWNLX
 Release Number: D
 EQUIP ACS
 POOL NO. POOLED

County:

CustomerPO:

4511456118-970

Ship

Deliver

Ship From:

05/28/24

Special Instructions:

Contract No.

Route

OrderDate

03/05/24

APPOINT

Net Product Weight

Carrier Billing Weight

42995.000

Product Code	Product Description	Quantity	UOM	Pallets	Vehicle Number	Code Dates
--------------	---------------------	----------	-----	---------	----------------	------------

*****NO DELIVERY APPOINTMENT*****
 RECEIVING HOURS 6 AM TO 9 PM, FIRST COME FIRST SERVED
 CALL ONLY FOR DIRECTIONS 419-698-7301 X110

 LOAD MUST BE SEALED
 AT POINT OF LOADING AND THE SEAL ID
 CODE MUST BE DOCUMENTED ON PAPERWORK.
 ANY QUESTIONS OR CONCERNS PLEASE FEEL FREE
 TO CONTACT MARGARET @ 419-698-7315.

Subject to Section 7 of
 Conditions, if this shipment is to
 be delivered to the consignee
 without 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.

(Signature of Consignor)

Received \$ _____
 to apply in prepayment of the
 charges on the property described
 thereon.

Agent or Cashier

Per

(The signature here acknowledges
 only the amount prepaid.)

Charges advanced:

"If the shipment moves between
 two ports by a carrier by water,
 the law requires that the bill of
 lading shall state whether it is
 "carrier's or shipper's weight".

This Shipment is Correctly Described

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

U.S. SALT CORPORATION

Shipper, Per

PER

AGENT, PER

Permanent post-office address of shipper, SALT POINT ROAD, WATKINS GLEN, NY 14891

Chad Schuh 5-29-24

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of the Original Bill of Lading.

The property described below, in 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 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 Domestic Freight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or rail-water shipment, or (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, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

(MAIL OR STREET ADDRESS OF CONSIGNEE - FOR PURPOSE OF NOTIFICATION ONLY)

SalesOrderNumber 457888
 BillToNumber:
 ShipToNumber: 1275002
 Shipping Method: PREPAID
 Carrier: HOMETOWNLX
 Freight Terms: D
 Release Number:
 EQUIP ACS
 POOL NO. POOLED

Ship To:

Fresenius Medical Care-Oregon
 750 N Lallendorf Road

Oregon
 43616
 USA

OH

5201 Regent Blvd, Suite 100
 Fresenius Medical Care
 Irving
 TX 75063
 USA

County:

CustomerPO:

4511456118-970

Ship

05/28/24 Deliver

Ship From:

Special Instructions:

Contract No.

Route

OrderDate

03/05/24 SO

APPOINT

Net Product Weight

Carrier Billing Weight

LT99K

5/28/24
 5:00 PM
 6:15 PM
 8:45 PM
 5/29/24

Product Code	Product Description	Quantity	UOM	Pallets	Vehicle Number	Code Dates
--------------	---------------------	----------	-----	---------	----------------	------------

900058N FIBC USP 3000 W/LINER
 X-1275002

14 TT 14
 1.00 EA 0

COA MUST GO WITH LOAD AND EMAIL TO
 Chandler M Burken <chandler.burken@freseniusmedicalcare.com>,
 Chante Roberts <chante.roberts@freseniusmedicalcare.com>,
 Courtney Hatch <Courtney.Hatch@freseniusmedicalcare.com>,
 Doug Hyer <Doug.Hyer@freseniusmedicalcare.com>,
 Emily Henneman <Emily.Henneman@freseniusmedicalcare.com>,
 James O'Hearn <James.O'Hearn@freseniusmedicalcare.com>,
 Jordan, Alexis Bird <Alexis.Bird@freseniusmedicalcare.com>,
 Klaege, Kaitlynn Nicole <Kaitlynn.Klaege@freseniusmedicalcare.com>,
 Pedro Martinez <pedro.martinez@fmc-na.com>,
 Samuel Meyer samuel.meyer@freseniusmedicalcare.com,
 Cody.Merritt@fmc-na.com,
 Phillip.Farrar@fmc-na.com,
 Thomas.Tipton@fmc-na.com,
 William.McDermott@fmc-na.com,
 Kimberly.Ney@freseniusmedicalcare.com,

Subject to Section 7 of Conditions, if this shipment is to be delivered to the consignee without 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.

(Signature of Consignor)

Received \$ _____
 to apply in prepayment of the charges on the property described thereon.

Agent or Cashier

Per _____
 (The signature here acknowledges only the amount prepaid.)

Charges advanced:

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is 'carrier's or shipper's weight'."

1514243

The Description and Weight indicated on this Bill of Lading are correct.
 Subject to verification by the Weighing and Inspection Bureau According to Agreement
 † The fibre boxes and bags used for this shipment conform to the specifications set forth in the Uniform Freight Classification.
 NOTE - Where the rate is dependent on value, shipper's are required to state specifically in writing the agreed or declared value of the property.

This Shipment is Correctly Described

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

U.S. SALT CORPORATION

Shipper, Per

Permanent post-office address of shipper, SALT POINT ROAD, WATKINS GLEN, NY 14891

Robert Sandoz
 AGENT, PER