

**Bill to:**

SAIA TL PLUS, LLC dba LINKEX
PO BOX 956398 ,
Duluth,
GA,
30097

Invoice Date: 06/04/2024

Invoice #: LD501511

Terms: NET 30

Due Date: 07/04/2024

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|--|----------|------------|------------|
| 06/03/2024 | | 18940 Woodfield Rd, Gaithersburg, MD 20879 - 21 A NORTHWESTERN DR, SALEM, NH 03079 | | | |
| | | | 1 | \$1,500.00 | \$1,500.00 |

| |
|--------------|
| TOTAL |
| \$1,500.00 |

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

Load Confirmation / Rate Agreement

Date: 06/03/2024 12:00 PM

Load ID: LD501511



The following is pursuant to the verbal agreement of 06/03/2024 between SAIA TL PLUS d/b/a LINKEX and LINKEX, hereafter referred to as BROKER, and MILO IN DISPATCH of ROYAL3 INC, hereafter referred to as CARRIER:

| Carrier Name | FHWA# | Phone | FAX | Email |
|--------------|-------|--------------------|--------------|--------------------|
| ROYAL3 INC | | 630-485-7370 X 104 | 630-485-6980 | MILO@ROYAL3INC.COM |

Load ID: LD501511

| BILL TO | | SAIA Contact Information | |
|---|-------------------------------------|--------------------------|---------------------------|
| BILL TO NAME: | SAIA TL PLUS | CONTACT NAME: | Enrique Palacios |
| ADDRESS: | 11465 JOHNS CREEK PKWY SUITE 300 | PHONE NUMBER: | |
| CITY, STATE: | JOHNS CREEK, GA 30097 | REPLY FAX NUMBER: | |
| SEND INVOICES TO E-MAIL ADDRESS: apinvoices@linkex.us | | EMAIL ADDRESS: | jpalaciosordonez@saia.com |
| REFER TO THIS NUMBER FOR BILLING OR INQUIRIES | | | |
| LD501511 | | | |

| Carrier Information | |
|---------------------|--------------------|
| CARRIER NAME: | ROYAL3 INC |
| CARRIER MODE: | Truckload |
| CONTACT NAME: | MILO IN DISPATCH |
| PHONE NUMBER: | 630-485-7370 X 104 |
| FAX NUMBER: | 630-485-6980 |
| EQUIPMENT REQ: | Van (V)(V) |
| MILES: | 466.42 |
| PICKS/STOPS: | 2 |
| ACCESSORIALS: | |
| Hazmat Load: | No |

PLEASE NOTE***\$250.00 rate reduction will occur if carrier misses or fails to notify SAIA TL PLUS d/b/a LINKEX and LINKEX within 4 hours of a scheduled pick up or delivery appointment. Carriers are required to make sure drivers have the hours of service to deliver Saia TL Plus, LLC dba/ LINKEX and LINKEX freight on time, as rate reductions will be taken if freight is not delivered by the designated date stated on the rate confirmation and Saia TL Plus, LLC dba/ LINKEX and LINKEX has not been notified timely of any delays or incidents preventing the driver from delivering on time. All shipments are exclusive, unless otherwise specified in this document.

Both parties agree that BROKER's reference number LD501511, moving on 06/03/2024, from Gaithersburg, MD to SALEM, NH (number of immediate stops shown below), will move at the following rate:

Rate Amount: \$1,500.00

Special Instructions: TRAILER FOR EXCLUSIVE USE ONLY***Carrier is required to check call with dispatch/tracking with reference LD# for pick up and delivery*** Carrier must contact dispatch 30 minutes before entering detention. *** Any shipper seals must be intact at time of delivery. ***Carriers must notify dispatch(CHARICE 863-800-7306) immediately with any delays for pick up or delivery to ensure no rate deduction.

| Pickup | | | | | |
|-----------------------------------|-------------|------------------------|--|---------------------------------|------------------------------------|
| Stop 1 | | | | Appointment # : | |
| EARLIEST DATE 06/03/2024 11:30 AM | | | | LATEST DATE 06/03/2024 03:00 PM | |
| NAME: | | R S Willard | | | |
| ADDRESS: | | 18940 Woodfield Rd. | | | |
| ADDRESS 2: | | | | | |
| CITY, STATE, ZIP: | | Gaithersburg, MD 20879 | | | |
| CONTACT: | | DINO | | PHONE: 301-948-7700 | |
| EMAIL: | | | | | |
| | | Pickup Instructions: | | | |
| PIECES | TYPE OF PKG | HAZ MAT | DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS | DIMENSIONS | WEIGHT LBS (subject to correction) |
| 14.0 | PLT | | PACKAGING MATERIAL | 48.0 X 48.0 X 40.0 in | 22422.0 |

PLEASE SIGN AND FAX BACK IMMEDIATELY TO SAIA TL PLUS, LLC dba/LINKEX AT (770)662-5644.
DRIVER MUST CALL (877) 578-4607 (OPTION 1) FOR PICKUP AND DELIVERY INSTRUCTIONS

Load Confirmation / Rate Agreement

Date: 06/03/2024 12:00 PM

Load ID: LD501511



The following is pursuant to the verbal agreement of 06/03/2024 between SAIA TL PLUS d/b/a LINKEX and LINKEX, hereafter referred to as BROKER, and MILO IN DISPATCH of ROYAL3 INC, hereafter referred to as CARRIER:

| | |
|------------|-----------|
| Temp Range | |
| TOTAL PCS | TOTAL WGT |
| 14.0 | 22422.0 |

| Drop | | | | | |
|-----------------------------------|-------------|-----------------------|--|-----------------------|------------------------------------|
| Stop 2 | | | Appointment # : | | |
| EARLIEST DATE 06/04/2024 08:00 AM | | | LATEST DATE 06/04/2024 03:00 PM | | |
| NAME: | | ADVANCED PROGRAMS INC | | | |
| ADDRESS: | | 21 A NORTHWESTERN DR | | | |
| ADDRESS 2: | | | | | |
| CITY, STATE, ZIP: | | SALEM, NH 03079 | | | |
| CONTACT: | | Kathleen Arsenault | PHONE: 603-685-6706 | | |
| EMAIL: | | | | | |
| Pickup Instructions: | | | | | |
| PIECES | TYPE OF PKG | HAZ MAT | DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS | DIMENSIONS | WEIGHT LBS (subject to correction) |
| 14.0 | PLT | | PACKAGING MATERIAL | 48.0 X 48.0 X 40.0 in | 22422.0 |
| Temp Range | | | | | |
| TOTAL PCS | | | TOTAL WGT | | |
| 14.0 | | | 22422.0 | | |

This confirmation governs the movement of the above-referenced freight as of the date specified and hereby amends, Is incorporated by reference and becomes a part of that certain Transportation Contract by and between "BROKER" and "CARRIER", CARRIER agrees to sign the Confirmation and return it to BROKER via FAX and CARRIER shall be conclusively presumed to have agreed to the rates set forth herein. By its signature below CARRIER further represents and warrants that said mutually agreed upon rates are reasonable and compensatory, that the freight would not have been tendered to CARRIER at higher rates, and that no shipments handled under agreed upon rates are reasonable and compensatory, that the freight would not have been tendered to CARRIER at higher rates, and that no shipment handled under such rates will be subsequently be subject to a later claim for undercharges. CARRIER specifically agrees that all freight tendered to it by BROKER shall be transported on equipment operated only under the authority of CARRIER and that CARRIER shall not in any manner sub-contract, broker, double broker, rebroker, or in any other form arrange for the freight to be transported by a third party without the prior written consent of BROKER. CARRIER WILL BE LIABLE FOR INCIDENTAL AND CONSEQUENTIAL DAMAGES INCURRED BY BROKER AS A RESULT OF CARRIER'S BREACH OF THIS PARAGRAPH.

\$250.00 rate reduction will occur if carrier misses or fails to notify Linkex within 4 hours of a scheduled pick up or delivery appointment. Carriers are required to make sure drivers have the hours of service to deliver Saia TL Plus, LLC dba/ LINKEX and LINKEX freight on time, as rate reductions will be taken if freight is not delivered by the designated date stated on the rate confirmation and Saia TL Plus, LLC dba/ LINKEX and LINKEX has not been notified timely of any delays or incidents preventing the driver from delivering on time.

| | |
|---|--|
| CARRIER NAME - ROYAL3 INC Carrier: MC# 944686 MODE: Truckload By: _____ Title: _____ Date: _____ Phone: 630-485-7370 X 104 Email: MILO@ROYAL3INC.COM Truck: _____ Trailer Number: _____ Driver 1: Name/Cell _____ Driver 2: Name/Cell _____ | BROKER: FHWA# MC442995 Saia TL Plus, LLC dba/ LINKEX Contact: Enrique Palacios Title: Dispatcher Date: 06/03/2024 12:00 PM Phone: _____ Fax: _____ Email: jpalaciosordonez@saia.com |
|---|--|

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DRIVER MUST CALL (877) 578-4607 (OPTION 1) FOR PICKUP AND DELIVERY INSTRUCTIONS

Load Confirmation / Rate Agreement

Date: 06/03/2024 12:00 PM

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DRIVER MUST CALL (877) 578-4607 (OPTION 1) FOR PICKUP AND DELIVERY INSTRUCTIONS

Date: 03 Jun 2024

BILL OF LADING

Load #: LD501511

(Page 1)

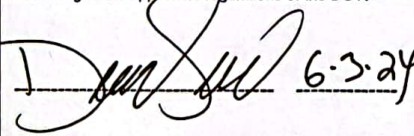
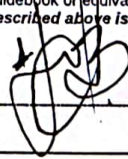
| SHIP FROM | | REFERENCES | | | |
|--|------------------------|--|---|---|--------------------|
| Name: | R S Willard | LD501511(Load ID),1121313S(Customer Acct Number),8364S(Customer Acct Number),SO430413(Customer Load Number),ZFIH(SCAC),244785(Trailer Number), | | | |
| Address: | 18940 Woodfield Rd. | | | | |
| Address 2: | | | | | |
| City/State/Zip: | Gaithersburg, MD 20879 | | | | |
| Contact Name: | DINO | Accessorial: | | | |
| Contact Email: | | Equipment: Van (V), | | | |
| Phone: | 301-948-7700 | | | | |
| SHIP TO | | CARRIER NAME: ROYAL3 INC | | | |
| Name: | ADVANCED PROGRAMS INC | CARRIER MODE: Truckload | | | |
| Address: | 21 A NORTHWESTERN DR | Trailer Number: 244785 | | | |
| Address 2: | | Seal Number(s): | | | |
| City/State/Zip: | SALEM, NH 03079 | | | | |
| Contact Name: | Kathleen Arsenault | Pickup 06/03/2024 11:30 AM - 06/03/2024 03:00 PM | | | |
| Contact Email: | | Delivery 06/04/2024 08:00 AM - 06/04/2024 03:00 PM | | | |
| Phone: | 603-685-6706 | | | | |
| BILL FREIGHT CHARGES TO: | | | | | |
| Name: | SAIA TL PLUS | | | | |
| Address: | 11465 JOHNS CREEK PKWY | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | | | |
| City/State/Zip: | JOHNS CREEK, GA 30097 | Prepaid Collect 3rd Party X | | | |
| Special Instructions: TRAILER FOR EXCLUSIVE USE ONLY***Carrier is required to check call with dispatch/tracking with reference LD# for pick up and delivery*** Carrier must contact dispatch 30 minutes before entering detention. *** Any shipper seals must be intact at time of delivery. ***Carriers must notify dispatch(CHARICE 863-800-7306) immediately with any delays for pick up or delivery to ensure no rate deduction. | | <input type="checkbox"/> (check box) Master Bill of Lading: with attached Underlying Bills of Lading | | | |
| CUSTOMER ORDER INFORMATION | | | | | |
| ITEM ID | # PKGS | WEIGHT | DIMENSIONS | CLASS | DESCRIPTION |
| TL_PLTS | 14.0 | 22422.0 | 48.0 X 48.0 X 40.0 | 0.0 | PACKAGING MATERIAL |
| GRAND TOTAL | 14.0 | 22422.0 | | | |
| NOTE Liability Limitation for loss or damage is 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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns. | | | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. | | |
| SHIPPER SIGNATURE / DATE 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. | | | Consignee Signature | | |
| Trailer Loaded: | | Freight Counted: | | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. | |
| <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver / pallets said to contain <input type="checkbox"/> By Driver / Pieces | | | |

Date: 03 Jun 2024

BILL OF LADING

Load #: LD501511

(Page 1)

| SHIP FROM | | REFERENCES | | | |
|--|------------------------|--|---|-------|---|
| Name: | R S Willard | LD501511(Load ID),1121313S(Customer Acct Number),8364S(Customer Acct Number),SO430413(Customer Load Number),ZFIH(SCAC),244785(Trailer Number), | | | |
| Address: | 18940 Woodfield Rd. | | | | |
| Address 2: | | | | | |
| City/State/Zip: | Gaithersburg, MD 20879 | | | | |
| Contact Name: | DINO | | | | |
| Contact Email: | | | | | |
| Phone: | 301-948-7700 | Accessorial: Equipment: Van (V), | | | |
| SHIP TO | | CARRIER NAME: ROYAL3 INC | | | |
| Name: | ADVANCED PROGRAMS INC | CARRIER MODE: Truckload | | | |
| Address: | 21 A NORTHWESTERN DR | Trailer Number: 244785 | | | |
| Address 2: | | Seal Number(s): | | | |
| City/State/Zip: | SALEM, NH 03079 | | | | |
| Contact Name: | Kathleen Arsenault | Pickup 06/03/2024 11:30 AM - 06/03/2024 03:00 PM | | | |
| Contact Email: | | Delivery 06/04/2024 08:00 AM - 06/04/2024 03:00 PM | | | |
| Phone: | 603-685-6706 | | | | |
| BILL FREIGHT CHARGES TO: | | | | | |
| Name: | SAIA TL PLUS | | | | |
| Address: | 11465 JOHNS CREEK PKWY | | | | |
| City/State/Zip: | JOHNS CREEK, GA 30097 | | | | |
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| | | Prepaid Collect 3rd Party X | | | |
| | | <input type="checkbox"/> (check box) Master Bill of Lading: with attached Underlying Bills of Lading | | | |
| CUSTOMER ORDER INFORMATION | | | | | |
| ITEM ID | # PKGS | WEIGHT | DIMENSIONS | CLASS | DESCRIPTION |
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| SHIPPER SIGNATURE / DATE 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.  6.3.24 | | | Trailer Loaded: | | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.  6.3.24 |
| | | | <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | |
| Freight Counted: | | | | | |
| <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver / pallets said to contain <input type="checkbox"/> By Driver / Pieces | | | | | |

Deb H
6/4/24

14 skds