



Bill to:
CLIPPERSHIP LTD.
P.O. Box 2116 ,
Mansfield,
OH,
44905

Invoice Date: 06/27/2024
Invoice #: C57352
Terms: NET 30
Due Date: 07/27/2024

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|---|----------|------------|------------|
| 06/26/2024 | | 132 Postle Ave, Morral, OH 43337 - 2307 Alabama St, St Joseph, MO 64501 | | | |
| | | | 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



CLIPPERSHIP LTD.

Transportation Brokers
PO BOX 2116
MANSFIELD, OH 44905
PHONE: (937) 725-9375
FAX: (888) 326-9447

*** RATE CONFIRMATION SHEET ***

CARRIER PHONE # 630-566-1434 CARRIER FAX #: bonnie@royal3inc.com
CONFIRMATION DATE 6/26/2024 SHIPMENT DATE 6/26/2024
IN CONSIDERATION OF TRANSPORTING A SHIPMENT FROM Morral, OH
TO St Joseph, MO, IT IS AGREED THAT CLIPPERSHIP
WILL PAY TO Royal3 Inc A SUM OF \$1,500.00
THIS SHIPMENT WAS SET UP BETWEEN Bonnie OF Royal3 Inc
AND KATHY OF CLIPPERSHIP ON 6/26/2024.

IF THERE ARE ANY DISCREPANCIES IN THIS CONFIRMATION, PLEASE CONTACT CLIPPERSHIP IMMEDIATELY. DRIVERS' TO CALL CLIPPERSHIP AT **937-725-9375** FOR PICK UP INFORMATION. TRUCK PAY QUOTED, INCLUDES ANY FUEL CHARGES.

LOAD# C57352

PICK UP ADDRESS:

Morral Companies
132 Postle Ave
Morral, OH 43337

Pick up 0800-1500 on Weds 6/26/24
PU# 1008016/ BOL# 883485322

****TANKER ENDORSEMENT REQUIRED****

DELIVERY ADDRESS:

Pony Express Whse
2307 Alabama St
St Joseph, MO 64501
816-238-7460

Deliver on Thursday 6/27/24 0800-1100
Please call if there are delays on delivery time!!

IF CHECKED, PLEASE BE SURE THAT PACKET, INSURANCE AND FEDERAL ID ARE SENT.
FAILURE TO COMPLY WILL RESULT IN DELAY/NON-PAYMENT OF YOUR INVOICE
FAX #:888-326-9447

NOTE: IF ANY ACTION BY A SHIPPER/RECEIVER REQUIRES ADDITIONAL SERVICES TO BE PERFORMED WHICH HAD NOT BEEN COVERED AT THE TIME OF CONFIRMATION, CLIPPERSHIP WILL NOT BE RESPONSIBLE FOR ANY ASSOCIATED COSTS INCURRED **UNLESS** WE ARE NOTIFIED PRIOR TO THE EXTRA SERVICES HAVING BEEN PERFORMED.

Please note, double-brokering, co-brokering, or trip leasing is NOT permitted without prior written approval by an authorized representatvie of Clippership LTD!

SIGNATURE:

Bonnie Rajkovic

SHIP FROM

Name: MORRAL COMPANIES-MORRAL OH-TOL
Address: 132 POSTLE AVE

City/State/Zip: MORRAL, OH 43337
Contact: No Name Phone: 999-999-999

SHIP TO

Name: PONY EXPRESS-ST.JOSEPH MO-DC
Address: 2307 ALABAMA ST

City/State/Zip: SAINT JOSEPH, MO 64504
Delivery Date: 05/24/2024
Contact: No Name Phone: 999-999-999

BILL TO

Name: Verdesian Life Sciences LLC
Address: c/o Uber Freight US LLC
PO Box 425

City/State/Zip: Lowell, AR 72745

Shipment Number: 883485322



CARRIER NAME: CLIPPERSHIP LTD.

Trailer Number:
Seal Number(s):

SCAC: CPKL
Pro Number:

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

Prepaid: X Prepaid Add: Collect: 3rd Party:



Master Bill of Lading with attached underlying Bills of Lading

DO NOT BREAK SHIPPER SEAL/NO TRANS-LOADING: CARGO CLAIM MAY RESULT

Special Instructions:

Shipper Notes:

References: 1002519, 1000491, 1000751

Consignee Notes:

Special Services:

CARRIER INFORMATION

| HANDLING | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodity, quantity, weight or additional unit of measure is required in loading or unloading, must be so marked and indicated on a vehicle and accompanied with shipping label.</small> | LTL ONLY | |
|----------|------|---------|------|------------|-------------|--|----------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 5.0 | TE | 5.0 | TE | 15235.0 LB | | | | 65 |
| 3.0 | TE | 3.0 | TE | 8400.0 LB | | | | 65 |
| 9.0 | PLT | 324.0 | CA | 18272.0 LB | | | | 65 |
| 17.0 | | 332.0 | | 41907.0 LB | | GRAND TOTAL | | |

CUSTOMER ORDER INFORMATION

| CUSTOMER PO # | CUSTOMER ORDER # | # PKGS | WEIGHT | PALLET / SLIP | Additional Shipper Info |
|---------------|------------------|--------|------------|---------------|---|
| | 1008016-1+ | 5.0 | 15235.0 LB | | Avail HV (250 gal) |
| | 1008016-1+ | 3.0 | 8400.0 LB | | Avail T5 for Granular (1000 ltr) (Spanish) |
| | 1008016-1+ | 324.0 | 18272.0 LB | | Avail T5 for Granular (2.5 gal) |
| GRAND TOTAL | | 332.0 | 41907.0 LB | | |

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 _____ per _____"

COD Amount: \$

Fee Terms: Collect ☐ Prepaid ☐Customer Check Acceptable ☐

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.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE

Trailer Loaded:

- ☐ By Shipper
☐ By Driver

Freight Counted:

- ☐ By Shipper
☐ By Driver/Pallets
☐ By Driver/Trailer

CARRIER SIGNATURE / DATE

Carrier, by accepting this bill of lading, warrants that the information provided is accurate and complete. Carrier, by accepting this bill of lading, warrants that the information provided is accurate and complete. Carrier, by accepting this bill of lading, warrants that the information provided is accurate and complete.

Date: 6/26/24

BILL OF LADING - ME

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SHIP FROM

Name: MORRAL COMPANIES-MORRAL OH-TOL
 Address: 132 POSTLE AVE
 City/State/Zip: MORRAL, OH 43337
 Contact: No Name Phone: 999-999-999

Shipment Number: 885797142



SHIP TO

Name: PONY EXPRESS-ST.JOSEPH MO-DC
 Address: 2307 ALABAMA ST
 City/State/Zip: SAINT JOSEPH, MO 64504
 Delivery Date: 06-27-2024
 Contact: No Name Phone: 999-999-999

CARRIER NAME: CLIPPERSHIP LTD.

Trailer number:
 Seal number(s):

SCAC: CPKL Mileage: 719 Miles
 Pro number:

BILL FREIGHT CHARGES TO:

Verdesian Life Sciences LLC
 c/o Uber Freight US LLC, PO Box 425
 Lowell, AR 72745 USA

Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)
 Prepaid: ☒ Prepaid Add: Collect: 3rd Party:

☐ Master Bill of Lading with attached
 (check box) underlying Bills of Lading

DO NOT BREAK SHIPPER SEAL/NO TRANS-LOADING: CARGO CLAIM MAY RESULT.
 SPECIAL INSTRUCTIONS:

CARRIER INFORMATION

| HANDLING | | QUANTITY | | WEIGHT | H.M. (x) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care</small> | LTL ONLY | |
|----------|------|----------|-------|-----------|-------------|---|----------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 9.0 | PLT | 324 | Case | 18272 LBS | | | | 65 |
| 5.0 | TE | 5 | Totes | 15235 LBS | | | | 65 |
| 3.0 | TE | 3 | Totes | 8400 LBS | | | | 65 |
| 17 | | 332 | | 41907 LBS | | GRAND TOTAL | | |

CUSTOMER ORDER INFORMATION

| SEAL NUMBER | PRIMARY REFERENCE | # Pkgs | Weight | Pallet/Slip | Additional Shipper info |
|-------------|-------------------|--------|-----------|-------------|--|
| | 883485322 6/26 | 324 | 18272 LBS | | Avail T5 for Granular (2.5 gal) |
| | 883485322 6/26 | 5 | 15235 LBS | | Avail HV (250 gal) |
| | 883485322 6/26 | 3 | 8400 LBS | | Avail T5 for Granular (1000 ltr) (Spanish) |
| GRAND TOTAL | | 332 | 41907 LBS | | |

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 _____ per _____."

COD Amount: \$ _____

Fee Terms: Collect: ☐ Prepaid: ☐Customer check acceptable: ☐

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.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named shipments are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

☐ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE/PICKUP DATE

06-26-2024

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information regarding vehicles and/or carrier has the DOT emergency response guidebook and/or placard documentation in the vehicle.

Sherry Riley 6/27/24

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