

**Bill to:**

SBI dba SHERMAR BROKERAGE, INC,
1130 Mason Rd.,
Waterville,
NY,
13480

Invoice Date: 12/23/2023

Invoice #: #78670

Terms: NET 30

Due Date: 01/23/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
12/22/2023		301 Butterfly Commons Dr, York, PA, USA - 76 Main Street, North Reading, MA, USA			
			1	\$5,200.00	\$5,200.00

TOTAL
\$5,200.00

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**

Shermar Brokerage Inc.
1130 Mason Rd
Waterville, NY 13480

Please have driver call for dispatch.
Phone: (315) 841-3400
Confirmation must be signed and returned
before driver can be dispatched.
Fax: (315) 841-3228
MC # 497974
After-hours phone #: (315) 481-7687

Carrier: **ZIGI FREIGHT INC** Phone: **(630) 485-7370, ext. 113**
Contact: **Joey Joey@royal3inc.com** Fax: **(630) 485-7370**

MC # **MC944686**
DOT # **2828543**

LOAD CONFIRMATION AND PAYMENT AGREEMENT -- PLEASE SIGN & RETURN ASAP

MILES: **410** WEIGHT: **43,500 lbs** TEMPERATURE: **N/A** Flat Rate: \$1,325.00
EQUIPMENT: **Van or Reefer** SIZE: **53'** DRIVER: **Darren 239-391-5038** Stops (2): \$0.00
PRO #: **Unloading Manassas VA 0800** SERVICE TYPE: **Next Day** Total: **\$1,325.00**

Initial Pickup

RR DONNELLEY/LSC
COMMUNICATIONS
301 BUTTERFLY COMMONS DR.
YORK, PA 17402
(717) 894-3383

Date: Fri, 12/22/2023
Time: REQ 1700
Pickup #: 106770373

Product: Dry Palletized
PO #:
Weight: 43,500 lbs
Quantity: 0 Type:

Pickup Note:
Trailer must be clean, dry and odor free
LOAD BARS : Minimum of 2 reqd
Swing Doors ONLY
PICK UP IN THE NAME OF STI Transportation - the pick up number is assigned to STI Transportation.
DRIVER MUST SIGN IN AS STI AND USE THE PICK UP NUMBER GIVEN.

Stop #1 (Delivery)

(000) 000-0000
USPS
225 LIBERTY ST, room 234
BROCKTON, MA 02301

Date: Sat, 12/23/2023
Time: 0900
Delivery #:

Product: Dry Palletized
PO #:
Weight: 0 lbs
Quantity: 0 Type:
BOL #:
Pickup ____ Delivery **X** Via Pt ____

Delivery Note:

Stop #2 (Delivery)

USPS
25 DORCHESTER AVE
BOSTON, MA 02205
(000) 000-0000

Date: Sat, 12/23/2023
Time: 1100
Delivery #:

Product: Dry Palletized
PO #:
Weight: 0 lbs
Quantity: 0 Type:
BOL #:
Pickup ____ Delivery **X** Via Pt ____

Delivery Note:

Final Destination

USPS
76 MAIN ST
NORTH READING, MA 01889
(978) 664-7006

Date: Sat, 12/23/2023
Time: 1300
Delivery #:

Product: Dry Palletized
PO #:
Weight: 0 lbs
Quantity: 0 Type:
BOL #:

Delivery Note:

ASSIGNED CARRIER - YOU AGREE YOUR DRIVERS HAVE THE HOURS TO PICK & DELIVER AS SCHEDULED. MINIMUM LATE FEE \$200.00 !! NOT NEGOTIABLE !!
*DRIVER MUST BE COMPANY DRIVER OR WE MUST HAVE THEIR INSURANCE ETC ON FILE. DO NOT DOUBLE BROKER THIS LOAD
*READ & UNDERSTAND CONTRACT&RATE CONFIRM PRIOR TO SIGNING

DISPATCHER Sean Conigliaro, Shermar Brokerage
SIGNATURE: Inc.
sean@shermarinc.com

CARRIER
SIGNATURE:

Joey Cimbaljevic

Please send bills to:
Shermar Brokerage Inc.
1130 Mason Rd
Waterville, NY 13480

12/22/2023
11:14 AM

By signing this rate sheet you agree to the terms of load contract. Thank you for accepting this shipment. Please contact our after hours person at 315-481-7687 if you need assistance after 1700 M-F or Saturday, Sunday.

BILL OF LADING

SHIP FROM

Name: DC YORK
Address: 301 BUTTERFLY COMMONS
DR
City/State/Zip: YORK PA 17402-7704
Shipper ID: LM126728

FOB: ☒

Bill of Lading Number: 00000000000252485



Manifest ID: 106770373

Carrier Name: STILOGISTICS INC

Trailer Number: 03261

Seal number(s):

SHIP TO

Name: SCF MIDDLESEX ESSEX 018
Address: 76 MAIN ST

Location #: _____

City/State/Zip: NORTH READING MA 018897001
Consignee ID: LM4174

FOB: ☐

SCAC: STJI

Pro Number:

Freight Charge Terms: Prepaid

THIRD PARTY FREIGHT CHARGES BILL TO

Name: LSC COMMUNICATIONS MCL LLC
Address: 1000 WINDHAM PKWY
1-833-744-7572

City/State/Zip BOLINGBROOK IL 60490-3507

☒ Master Bill of Lading: With attached
underlying Bills of Lading

SPECIAL INSTRUCTIONS: Appointment Number : 129601221
Appointment Date : 12/23/2023
Appointment Time : 1400

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	QTY	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
Cooperative Mailing Pool Titles	28,383	6,457	Y	
	32,622	3,389	Y	
Grand Total	61,005	9,845		

CARRIER INFORMATION

SKU	HANDLING UNIT PACKAGE				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 See Section 2(e) to NMFC Item 350</small>	LTL ONLY	
	QTY	TYPE	QTY	TYPE				NMFC #	CLASS
MAILED	20	CONT	61,005	EACH	9,845	(X)	Mail Flats	161700	55
	20		61,005		9,845		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value for 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

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

DC YORK Shipper
Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, package, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

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

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as

Date: 12/22/2023 5:04:16PM

BILL OF LADING

Page: 2

SHIP FROM

Name: DC YORK
 Address: 301 BUTTERFLY COMMONS
 DR
 City/State/Zip: YORK PA 17402-7704
 Shipper ID: LM126728

FOB: ☒

Bill of Lading Number: 0000000000252485



Manifest ID: 106770373

Carrier Name: STI LOGISTICS INC

Trailer Number: 03261

Seal number(s):

SHIP TO

Name: SCF BOSTON 021
 Address: 25 DORCHESTER AVE RM 4025B

Location #:

City/State/Zip: BOSTON MA 02205-0016
 Consignee ID: LM5511

FOB: ☐

SCAC: STJI

Pro Number:

Freight Charge Terms: Prepaid

THIRD PARTY FREIGHT CHARGES BILL TO

Name: LSC COMMUNICATIONS MCL LLC
 Address: 1000 WINDHAM PKWY
 1-833-744-7572

City/State/Zip: BOLINGBROOK IL 60490-3507

☒ Master Bill of Lading: With attached
 underlying Bills of Lading

SPECIAL INSTRUCTIONS: Appointment Number : 129601220
 Appointment Date : 12/23/2023
 Appointment Time : 1200

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	QTY	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
22390	9,909	476	Y	
2401 0101	1,747	1,413	Y	
337742	27,978	1,668	Y	
4	2	1,063	Y	
5	2	1,721	Y	
5086601A	29,846	739	Y	
75517	1,101	107	Y	

CARRIER INFORMATION

SKU	HANDLING UNIT PACKAGE				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 See Section 2(e) to NMFC Item 360)</small>	LTL ONLY	
	QTY	TYPE	QTY	TYPE				NMFC #	CLASS
MAILT	22	CONT	143,918	EACH	9,205		Mail Trays	161700	55
MAILD	19	CONT	76,049	EACH	14,963		Mail Flats	161700	55
	41		219,967		24,168		Grand Total		

DBA 12-23-23 10:05

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value to 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

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

DC YORK Shipper

Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, package, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

[Signature]

Trailer Loaded:

☐ By Shipper☐ By Driver

Freight Counted:

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

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as

BILL OF LADING

SHIP FROM
 Name: DC YORK
 Address: 301 BUTTERFLY COMMONS
 DR
 City/State/Zip: YORK PA 17402-7704
 Shipper ID: LM126728 FOB: ☒

Bill of Lading Number: 00000000000252485



Manifest ID: 106770373

Carrier Name: STI LOGISTICS INC

Trailer Number: 03261

Seal number(s):

SHIP TO
 Name: SCF BROCKTON 023 Location #: _____
 Address: 225 LIBERTY ST RM 234
 City/State/Zip: BROCKTON MA 02301-9701
 Consignee ID: LM3876 FOB: ☐

SCAC: STJI

Pro Number:

Freight Charge Terms: Prepaid

THIRD PARTY FREIGHT CHARGES BILL TO

Name: LSC COMMUNICATIONS MCL LLC
 Address: 1000 WINDHAM PKWY
 1-833-744-7572
 City/State/Zip: BOLINGBROOK IL 60490-3507

☒ Master Bill of Lading: With attached
 underlying Bills of Lading

SPECIAL INSTRUCTIONS: Appointment Number: 129601217
 Appointment Date: 12/23/2023
 Appointment Time: 12:00

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	QTY	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
22176	7,816	336	Y	
4	1	958	Y	
5	1	476	Y	
5086601A	8,157	210	Y	
CATHOLIC TV MONTHLY	2,319	271	Y	
Cooperative Paletization Titles	17,045	801	Y	
	43,495	3,057	Y	

CARRIER INFORMATION

SKU	HANDLING UNIT PACKAGE				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 See Section 2(e) to NMFC Item 360)</small>	LTL ONLY	
	QTY	TYPE	QTY	TYPE				NMFC #	CLASS
MAILD	3	CONT	19,120	EACH	2,240		Mail Flats	161700	55
MAILT	8	CONT	59,714	EACH	3,868		Mail Trays	161700	55
	11		78,834		6,108		Grand Total		

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 12-23-23

TEFOL Tom O'CONNOR

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value for 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

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

DC YORK
 Signature _____ Shipper

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, package, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

DM 12/23

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

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

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as