

Bill to: ARRIVE LOGISTICS 200 EAST SIXTH ST., Austin, TX, 78749 Invoice Date: 07/05/2024 Invoice #: 5607316 Terms: NET 30 Due Date: 08/05/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/03/2024		Hormel Foods Corp, 1115 Elaine Dr, Beloit, WI 53511 - Center Valley, 2700 Saucon Valley Road, Center Valley, PA 18034			
			1	\$2,500.00	\$2,500.00

TOTAL	
\$2,500.00	

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



7701 Metropolis Dr | Bldg 15 Austin, TX 78744 Phone: (888) 861-0650 | Fax: (512) 872-5109

Have your driver call in for dispatch at (888) 861-0650 ext. 1 and reference the Arrive order 5607316

Load		Carrier		Truck	
Arrive Order Cargo Value Total Miles Total Cases Total Weight Load Mode Load EQ Type EQ Size Driver Requirements Length BOL # Shipment ID	5607316 \$100,000.00 868 Miles 1918 Cases 19000 lbs TL Van Only 53 ft Autotracking 53.00' 0" BOLND41327641 CM31695230	Carrier Attn Phone Fax	Royal3 Inc Nikola Stamenkovic (620) 485-7370	Equipment Equipment Requirements Truck Number Driver Driver Phone	Van Food Grade, Load Bars, No Roll Doors, Straps 765 Julio 941-250-7606
Rate Details LineHaul Fuel Surcharge Total	\$2,109.40 \$390.60 \$2,500.00				

HOW TO GET PAID!

All invoices must either be emailed to $\underline{invoices@arrivelogistics.com} \ OR \ directly \ uploaded \ via$

the 'Documents Tab' of a load in ARRIVEnow Carrier.

DOCUMENTS NEEDED

- · Carrier invoice
- All pages of the signed Proof of Delivery (POD)
- · Rate confirmation
- All approved accessorial documents and receipts previously approved by your sales rep

PAYMENT TERMS

• Default payment terms are Net 30 from the date all required documents are received. You can select standard terms or our QuickPay option of Net-2 for a 2% fee, through TriumphPay.

GETTING STARTED ON TriumphPay

- Visit https://secure.triumphpay.com/ to create an account with TriumphPay or if you already have a TriumphPay account, enter your login information.
- \bullet Once logged in, select Arrive Logistics as your broker and confirm the relationship through authentication.
- Select your preferred payment term, your payment type, and verify your carrier information.



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Pickup #1

t Ref/PO#		Commodity	Weight	
PO #	CTV-359259	DRY GOODS	3500 lb	
Reference #2	CTV-359259	318 CASES		
Reference #	CTV-359259-20	24		
	0620			
Appointment #	312040			
	PO # Reference #2 Reference #	PO # CTV-359259 Reference #2 CTV-359259 Reference # CTV-359259-20 0620 Appointment # 312040	PO # CTV-359259 DRY GOODS Reference #2 CTV-359259 318 CASES Reference # CTV-359259-2024 0620 Appointment # 312040	PO # CTV-359259 DRY GOODS 3500 lb Reference #2 CTV-359259 318 CASES Reference # CTV-359259-2024 0620 Appointment # 312040

Special Requirements: Driver count

Driver Instructions: BY APPOINTMENT Pallets: CHEP // 3 Leave room for 40 Pallets next stop

Pickup Notes: Pallets: CHEP // 3 Leave room for 40 Pallets next stop

Pickup #2

Pickup Address	Appointment	Ref/PO#		Commodity	Weight	
PRETZELS INC. AA		P0 #	CTV-358343	DRY GOODS	15500 lb	
123 HARVEST RD	Jul 3, 2024	Reference #2	CTV-358343	1600 CASES		
Bluffton, IN 46714	18:00 EDT	Reference #	CTV-358343-20	24		
	Appt. Type		0617			
	By Appointment	Appointment #	400214094			

Special Requirements: Driver count

Driver Instructions: BY APPOINTMENT Pallets: CHEP // 40 Request to Double stack

Pickup Notes: Pallets: CHEP // 40 Request to Double stack

Delivery #1

Delivery Address	Appointment	Ref/PO#		Commodity	Weight
CENTER VALLEY 2700 SAUCON VALLEY ROAD	Jul 4, 2024	PO # PO #	CTV-358343 CTV-359259	DRY GOODS 318 CASES	3500 lb
Center Valley, PA 18034 6107989200	23:55 EDT Appt. Type	Reference #2 Reference #	CTV-358343 CTV-358343-2024 0617	DRY GOODS 1600 CASES	15500 lb
	By Appointment Confirmed	Reference #2	CTV-359259		
	- Committee	Reference #	CTV-359259-2024 0620		
		Appointment #	APP8960462		

Special Requirements: Lumper Expected

Driver Instructions: BY APPOINTMENT ***RELAY FACILITY. PAY LUMPER WITH A RELAY CODE***

Delivery Notes: Pallets: CHEP

Pickup Comments IF DRIVER CANNOT WATCH LOADING, DR MUST WRITE 'SHIPPER LOAD & COUNT-SLC' & SEAL # ON THE BOL. IF DRIVER FAILS TO NOTE THIS ON BOL AT TIME OF LOADING, BOL WILL SERVE AS EVIDENCE DRIVER WAS ABLE TO WATCH & CONFIRM LOADING PROCESS. Req to Double stack

Delivery Comments Load all PO or recovery will be deducted from LH rate. Do not yard. DR must be awake/onsite dock while unloading. Prepaid lumpermust send extensive pics of any rework to get the overage reimbursed if charged more! \$250 fine for missed delivery.

All invoices must include signed proof of delivery and supporting documents.

Please email to invoices@arrivelogistics.com or send to:

DM Trans, LLC dba Arrive Logistics 7701 Metropolis Dr | Bldg 15 Austin, TX 78744 PH# (888) 861-0650 FAX (512) 872-5109



7701 Metropolis Dr | Bldg 15 Austin, TX 78744 Phone: (888) 861-0650 | Fax: (512) 872-5109

Have your driver call in for dispatch at (888) 861-0650 ext. 1 and reference the Arrive order 5607316

All trailers must be absolutely free of all debris of any kind or will be turned away and refused loading. Reasons to reject trailer at loading include, but are not limited to the following: Foul Odors, Broken glass, Metal shavings, Infestation, and mold.

Load locks or 2 straps or a combination of these two options - Mandatory for each load. Drivers will be turned away if noncompliant.

All drivers must arrive 15 minutes prior to their scheduled pick up time at this location. You will be considered late if you arrive less than 15 minutes prior to your pickup appointment.

Drivers must confirm trailer seal on correct trailer door prior to departure

Operational Rules:

1. If a driver is not permitted to confirm (by visual inspection) that the load is secure and the piece count is correct.

The driver is required to call Arrive immediately and have this information documented on the BOL with the words - Shipper Load/Count per ______ Shipper Signature / Initials.

Communication to Arrive must take place PRIOR to the driver leaving the facility.

- 2. Do not dispatch a driver who cannot meet transit time without violating Hours of Service or other safety rules. Nothing in this Rate Confirmation constitutes a request to violate Hours of Service or other safety rules or to coerce a driver to do so.
- 3. This Rate Confirmation is deemed accepted by Carrier unless it is rejected within 48 hours of receipt.
- 4. Receipt of shipment by Carrier constitutes acceptance of and agreement to the terms of this Rate Confirmation.
- 5. Double brokering without prior written authorization will result in forfeiture of payment by Arrive to Carrier.
- 6. Any communication regarding this load must be addressed to Arrive and not its customer.
- 7. All charges are included in this Rate Confirmation.
- 8. Carrier must give Arrive notice 1 Hour prior to detention occurring.
- 9. Carrier agrees in the event there are overages, shortages, or damages, Carrier will contact Arrives office to report the discrepancy before leaving the customers premises.
- 10. Payment will be made within thirty (30) days after receipt of invoice, original BOL, and signed Load-Rate Confirmation unless Arrive disputes the invoice or any part thereof.
- 11. Freight must not be handled or trans loaded by Carrier without approval from Arrive. In the event of Carrier so violation of this Operational Rule, the limitation of liability as to cargo loss or damage set forth in the Broker Carrier Agreement between Arrive and Carrier shall be voided and payment by Arrive to Carrier shall be forfeited by Carrier.
- 12. Carrier or its agent certifies that any Transportation Refrigeration Unit (TRU or reefer) equipment furnished will be in compliance with the in-use requirements of the California TRU regulations.
- 13. This Rate Confirmation incorporates the terms and conditions of a Broker Carrier Agreement signed by Arrive and Carrier.
- 14. In the event of a conflict between this Rate Confirmation and any Broker Carrier Agreement between Arrive and Carrier, this Load-Rate Confirmation shall govern as to the provisions in conflict.

If this load is a temp-controlled load follow these guidelines:

- 1. All temp-controlled loads should be run on continuous.
- 2. The temperature must follow the Bill Of Lading.

Broker. DM Trans, LLC dba Arrive Logistics

- If no temperature, please call Arrive immediately.
- If there are any discrepancies in the Arrive Rate Confirmation and BOL Please call Arrive immediately. Temp on BOL will prevail.

 Do not dispatch a driver who cannot meet transit time without violating Hours of Service or other safety rules. Nothing in this Rate Confirmation

Do not dispatch a driver who cannot meet transit time without violating Hours of Service or other safety rules. Nothing in this Rate Confirmation constitutes a request to violate Hours of Service or other safety rules or to coerce a driver to do so.

Carrier Signature: _			
Print Name:			
Driver:		Cell #:	
Truck#:	Tllr:	Tllr. Type:	

A Rate Confirmation from Arrive Logistics will only be sent from the following email addresses: @arrivelogistics.com @arrivefresh.com @arvy.us. It is the Carriers responsibility to verify that a Rate Confirmation has come from a legitimate Arrive email prior to accepting a load and performing services; Arrive will not be held responsible for any payments, losses or damages incurred by Carrier or any third party associated with a Rate Confirmation that has not legitimately originated from Arrive.

NOTE:By accepting this Rate Confirmation, Carrier warrants and agrees that it will follow all rules and regulations concerning its choice of driver(s), including assigning a driver who can perform the transportation services without violating the Hours of Service of Drivers Regulations contained in 49 CFR 395 applicable at the time of acceptance of the shipment.





	Page 1 of 1
Summary	Print Date / Time :07-03-2024 / 18:12:44
	Bill of Lading Number: 400214094
	CARRIER SCAC/NAME : CPU1 CUSTOMER PICKUP
	Trailer Number: W9 49 3 6 Seal number: 23 8 2 6 3 Delivery Note Number: 850141745 Purchase Order: 358343
	ACTION AND ACTION ACTION AND ACTION AND ACTION AND ACTION AND ACTION AND ACTION AND ACTION ACTION AND ACTION ACTION AND ACTION ACTION AND ACTION ACTION ACTION AND ACTION A
	Freight Charge Terms:(freight charges are prepald unless marked otherwise) Prepaid Collect 3rd Party
Delivery	0850141745
PO	358343
1,600.000 CS	
20,467.200 LB	9,283.758 KG
1,624.000 FT	3 45.986 M3
0.000 PA	L
DRIVER SIGN	Supplier and the supplier of t
	Driver Name:
	Driver Signature:
	Check Cartons Carefully
mus	naged or lost products or other order inaccuracies (overages/shortages) at be noted by the delivery driver on your copy of this delivery receipt at the of delivery.
ease contact ine inac	shey must receive notice of any damaged or lost products or other order curacies within the notice period described in consignee's agreement with shey, or, if no notice period is identified, no later than seven days.
LIVERY RECEIPT	rages that are accepted at the time of delivery are subject to payment of all icable rates and charges for the products.
	Delivery PO 1,600.000 CS 20,467.200 LB 1,624.000 FT 0.000 PA DRIVER SIGN Dan mus time Herri

Escaneado con CamScanner

BILL OF LADING - Driver Copy - Not-Negotiable RECEIVED, subject to a contract another party and carrier, if any, otherwise to the rates, classifications, and rules that have to below, in apparent good order, except as noted (contents and conditions of contents of pacishown below, which said carrier agrees to carry to destination if on its route or otherwise to	been established by the carrier, kages unknown), marked, cons	the property described igned, and destined as	Bill of Lading No. 312040 Trailer Initial and No.
SCAC: CARRIER:			94936 Date: .
W/C CUST ARRANGED FREIGHT			2024-07-03
FROM: (FROM:			Rom Miles.
Frieds BELLOTT	WI of patification and		813
Consigned To: (Mail or street address of consignee - for purposes ALDI INC			
Destination CENTER VALLEY	PA 18034-9	340	"IF THE TRANSPORTATION IS I
	Delivering Carrier	.310	ACCOMPLISHED V REASONABLE DISPATCH, SHIPPER MAY INCUR SPEC
Kind of Package, Description of Articles, Special Marks and Exceptions	*WEIGHT (Sub. to Cor.)	Boxes	ADDITIONAL LABOR CHARG STORAGE, ADDITION
See attached Shipment Packing List	3,188	318	DRAYAGE CHARGES AND LOSS OF SALE, IF DELAY APPARENT, CONT IMMEDIATELY BY TELEPHO EITHER CONSIGNEE CONSIGNOR"
			FOR FREIGHT COLLECT SHIPMENTS
			THIS SHIPMENT IS TO BE DELIVERED THE CONSIGNEE WITHOUT RECOURS ON THE CONSIGNOR AND THE CARR
VICS BOL: 00000376003120404			MAY DECLINE TO MAKE DELIVERY O THE SHIPMENT WITHOUT PAYMENT
ORIGIN: MURRAY BELOIT WHS A/C HORMEL FOODS 1115 ELAINE DR BELOIT WI 53511-2	2213		CHARGES. Hormel Foods Co (Signature of Consignor)
318 BOXES 3,188 GROSS WE 1ST STOP: ALDI INC DLV 2700 SAUCON VALLEY RD		'UAL **	FREIGHT CHARGES ARE PREPAID UNLESS CARRIER IS LISTED AS "CUSTOMER ARRANGED FREIGHT THEN SHIPMENT IS FREIGHT COLLECT
CENTER VALLEY PA 18034-9 TO ARRIVE: 08.00 HRS WED PURCHASE ORDER: CTV-359259 DRIVER: CALL 610-798-9200 X3 318 BOXES 3,188 GROSS WE BY APPT MON-SUN 0400-0800 DRY AND REF CARRIERS NOT TO ARRIVE PRIOR TO 2400,NO	07/03/24		NOTICE & WAIVER (BROKERED SHIPMENT): To the extent this shipment is arrange by a broker or other third-party logisti provider (collectively "broker"), the broker shall be solely responsible for remitting payment to the carrier of all freight charges received by the shipp or consignee, pursuant to 49 CFR 37- The carrier agrees that it will look sole to the broker for payment of its freigh charges and shall not seek payment f shipper, consignee or beneficial owne
	у д	CONE #	the shipment. The carrier further agre- that to the extent it is determined to h
ORDER CUST NAME QTY WGHT A/E P.C). #	CONF #	any legal right to payment from shipp consignee or beneficial owner of the
984123 ALDI INC - C 318 3,188 A CTV-	359259		shipment, carrier hereby waives such rights and/or claim to payment.
			"No credit for discrepancies will be allowed unles noted on the Shipment Packing List"
		GMA/C	PALLETS Chep
815-871-1710 563-333-4586 CLI SEAL#S 009511 SI	FF KREGER STE EALS TO BE BROKEN UNDER SU OF CONSIGNEE ONLY	A - I HAVE BEEN AND A STATE OF THE PARTY OF	0
Horings MAINTAIN TEMPERATURE IN TRANShipper	ISIT OF	E F	3
Per Hormel Foods Corporation Driver must retain this Bill of Lading. Must sign this form and the Original Bill of Lading. Driver's Copy	Printed Name Driver's Printed Name		Driver's Signature

MERIT 💋 LOGISTI

(949) 481-0685

Aldi (ALDCTV), Center Valley, PA

Tax Id

461734845

WO #

ALDCTV8617007052024030624

Time

7/5/2024 3:06:00 AM

PO#

359259 358343 - 11

RESTACKS

Truck #

765 / Green

Trailer #

W94936

Door #

25

Client's Dept

~~~

Cheur's

Unloading (GRP)

Product

GM

Vendor

The Hershey Salty

Snacks Company

Carrier

ROYAL 3

BIII To

ROYAL 3

QTY < Case >

0

Activity

\$0.00

Additional Charge

, 00 , 00

Work Order Charge

\$330.00 \$330.00

Service Charge

\$8.00

Total

\$338.00

Payment

Check

Check #

7466700

Authorization

7466700

Driver

OlluL

Driver's Signature

Supervisor's Signature

To day

07/05/2024 07:21 www.meridogistics.com

# MERIT O LOGISTI

(949) 481-0685

Aldi (ALDCTV), Center Valley

Tax Id

461734845

WO #

ALDCTV99995507042024230019

Time

7/4/2024 11:00:00 PM

PO#

359259 358343

Truck #

765 / Green W84936

Trailer #

25

Door # Client's Dept

Unloading (GRP)

Product

GM

Vendor Carrier Hormel Foods Corp.
Royal 3

Carrier

Royal 3

BIII To

TOYAL 4

QTY < Case >

1918

Activity

\$11200

Work Order Charge

\$11200

Service Charge

\$8.00

Total

\$120.00

Payment

Check

Check #

7462696

Authorization

7462696

Driver

Julio

Driver's Signature

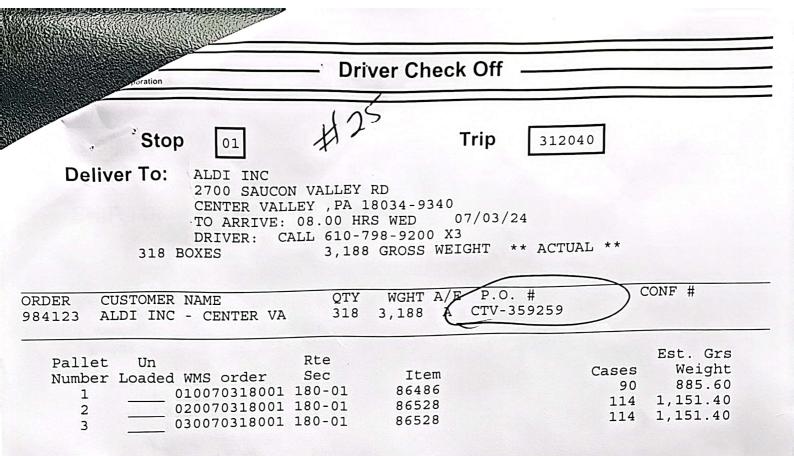
Supervisor's Signature

1

07/05/2024 07:23 www.meritiogistics.com

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| - Driver Copy - Not-Negotiable RECEIVED, subject to a concarrier, if any, otherwise to the rates, classifications, and rules that h | tract between Hormel Foods Corp. and ca                                                                                         | arrier or between                                               | Bill of Lading No.                                                                                                                                                                                                                                                                                                  |                    |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| ood order, except as noted (contents and conditions of contents of                                                                  | f packages unknown), marked, consigned                                                                                          | , and destined as                                               | 312040<br>Trailer Initial and No.                                                                                                                                                                                                                                                                                   | -                  |
| show be said carrier agrees to carry to destination if on its foute or otherwise SCAC:                                              | se to deliver to another carrier on the rout                                                                                    | e to destination.                                               | 94936<br>Date: .                                                                                                                                                                                                                                                                                                    | _                  |
| W/C CUST ARRANGED FREIGHT                                                                                                           |                                                                                                                                 |                                                                 | 2024 - 07 - 03                                                                                                                                                                                                                                                                                                      | 3_                 |
| FROM: Horaci BELOIT                                                                                                                 | WI                                                                                                                              |                                                                 | 813                                                                                                                                                                                                                                                                                                                 |                    |
| Consigned To: (Mail or street address of consignee - for purpose                                                                    | oses of notification only)                                                                                                      |                                                                 |                                                                                                                                                                                                                                                                                                                     |                    |
| ALDI INC Destination                                                                                                                | State Zip                                                                                                                       |                                                                 |                                                                                                                                                                                                                                                                                                                     |                    |
| CENTER VALLEY                                                                                                                       | PA 18034-934                                                                                                                    | . 0                                                             | "IF THE TRANSPORTATION IS ACCOMPLISHED                                                                                                                                                                                                                                                                              | NOT                |
| Routing                                                                                                                             | Delivering Carrier                                                                                                              |                                                                 | REASONABLE DISPATCH,<br>SHIPPER MAY INCUR SPE<br>DAMAGES CAUSED                                                                                                                                                                                                                                                     | THE                |
| Kind of Package, Description of Articles, Special Marks and Exceptions                                                              | *WEIGHT (Sub. to Cor.)                                                                                                          | Boxes                                                           | ADDITIONAL LABOR CHARGE STORAGE, ADDITIONAL LABOR CHARGE                                                                                                                                                                                                                                                            | GES,<br>DNAL       |
| See attached Shipment Packing List                                                                                                  | 3,188                                                                                                                           | 318                                                             | LOSS OF SALE, IF DELAY                                                                                                                                                                                                                                                                                              | TACT               |
|                                                                                                                                     |                                                                                                                                 |                                                                 | FOR FREIGHT COLLECT SHIPMENT: THIS SHIPMENT IS TO BE DELIVERE THE CONSIGNEE WITHOUT RECOU                                                                                                                                                                                                                           | ED TO              |
| VICS BOL: 00000376003120404                                                                                                         |                                                                                                                                 |                                                                 | ON THE CONSIGNOR AND THE CAR<br>MAY DECLINE TO MAKE DELIVERY<br>THE SHIPMENT WITHOUT PAYMENT<br>FREIGHT AND ALL OTHER LAWFUL                                                                                                                                                                                        | RIER<br>OF<br>T OF |
| ORIGIN: MURRAY BELOIT WHS A/C HORMEL FOODS 1115 ELAINE DR BELOIT WI 5351                                                            | 1-2213                                                                                                                          |                                                                 | CHARGES.  Hormel Foods C  (Signature of Consignor)                                                                                                                                                                                                                                                                  | orp                |
| 318 BOXES 3,188 GROSS  1ST STOP: ALDI INC DLV 2700 SAUCON VALLEY RD                                                                 | 그는 이 맛이 되는 바람이 되었다면 가게 하나 있는데 하면 하게 되었다면 하셨다면 하는데 하다 되었다.                                                                       | L **                                                            | FREIGHT CHARGES ARE PREPAID UNLESS CARRIER IS LISTED AS "CUSTOMER ARRANGED FREIGHT THEN SHIPMENT IS FREIGHT COLLECT                                                                                                                                                                                                 |                    |
| TO ARRIVE: 08.00 HRS WED PURCHASE ORDER: CTV-359259 DRIVER: CALL 610-798-9200 318 BOXES 3,188 GROSS BY APPT                         | 07/03/24<br>X3                                                                                                                  |                                                                 | MOTICE & WAIVER (BROKERED SHIPMENT):  To the extent this shipment is arrange by a broker or other third-party logist provider (collectively "broker"), the broker shall be solely responsible for remitting payment to the carrier of all freight charges received by the ahipp or consignee, pursuant to 49 CPR 37 | r<br>I             |
| MON-SUN 0400-0800 DRY AND REF CARRIERS NOT TO ARRIVE PRIOR TO                                                                       | en inspected for a thomas of infestation, of trailer. The product has been inspected formage and commingling. The Country of Or | eenliness, condition<br>or evidence of<br>igh is present on the | The carrier agrees that it will look sol to the broker for payment of its freight charges and shall not seek payment shipper, consignee or beneficial own the shipment. The carrier further agre that to the extent it is determined to it.                                                                         | from<br>er of      |
| ORDER CUST NAME QTY WGHT SAME 984123 ALDI INC - C 318 3,188 Add Algorithm                                                           | Pre- Secretary under profess pending main                                                                                       | NF #                                                            | any legal right to payment from ships<br>consignee or beneficial owner of the<br>shipment, carrier hereby waives such<br>rights and/or claim to payment.                                                                                                                                                            | per,               |
| Driver Signat                                                                                                                       | The toll of the                                                                                                                 | 7.5.24                                                          | "No credit for                                                                                                                                                                                                                                                                                                      |                    |
| Time                                                                                                                                | 10:57                                                                                                                           | , , ,                                                           | discrepancies<br>will be allowed unle<br>noted on the                                                                                                                                                                                                                                                               | SS                 |
| Check In (Gu                                                                                                                        | 11 AM                                                                                                                           |                                                                 | Shipment<br>Packing List"                                                                                                                                                                                                                                                                                           |                    |
| Unloaded &                                                                                                                          | Signed Out: 4-3[                                                                                                                | GMA/O                                                           | PALLETS<br>her Peco Chep                                                                                                                                                                                                                                                                                            |                    |
| 009511                                                                                                                              | CLIFF KREGER STEVE<br>SEALS TO BE BROKEN UNDER SUPER                                                                            |                                                                 | 0                                                                                                                                                                                                                                                                                                                   |                    |
| Back Side Other Other                                                                                                               | OF CONSIGNEE ONLY                                                                                                               | WISION .                                                        | 0                                                                                                                                                                                                                                                                                                                   |                    |
| Hornel Foods Corporation                                                                                                            | NONE NONE                                                                                                                       | F                                                               |                                                                                                                                                                                                                                                                                                                     | 3_                 |
| Driver must retain this Bill of Lading.                                                                                             | CARRIER Printed Name                                                                                                            |                                                                 |                                                                                                                                                                                                                                                                                                                     |                    |
| Must sign this form and the Original Bill of Lading.                                                                                | Driver's Printed Name                                                                                                           |                                                                 | Driver's Signature                                                                                                                                                                                                                                                                                                  |                    |



| ely aspectal                                                                           | A TOTAL OF | ion, neurliness, condition<br>circ for exhibites of |
|----------------------------------------------------------------------------------------|------------|-----------------------------------------------------|
| a prince In ske ned com-<br>oct if appendic Recoved as<br>count/quantity verification. |            | of calgless areas on the faulty Aspection and       |
| Aidi Signature                                                                         | σος γ      | 1 - 1                                               |
| Gate Pass                                                                              | Date       | 7.5.24                                              |
| Time Check In (Guard):                                                                 | 0:57       |                                                     |
| Appointment Time:                                                                      | 2AM        |                                                     |
| Unloaded & Signed Out:                                                                 | 6.31       |                                                     |

"No credit for discrepancies will be allowed unless noted on the Shipment Packing List"

# Shipment Packing List

el Foods Corporation

| Ship To<br>Account Number | Route<br>Number | Shipping Date | Purchase<br>Order Number | Terms      | Invoice<br>Number |
|---------------------------|-----------------|---------------|--------------------------|------------|-------------------|
| 0183121                   | 180-01          | 07/03/24      | CTV-359259               | EFT 2 % 17 | 099412005         |

SHIP TO:

ALDI INC - CENTER VA 2700 SAUCON VALLEY RD

CENTER VALLEY PA 18034-9340

ORDER: 984123 TRIP: 312040

CAR NO: W/C 94936

SALES REP: ALDI

07/03/24 08:48AM

| Product |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quantity | Quantity |            |             |  |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|------------|-------------|--|
| Number  | Product Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ordered  | Shipped  | Net Weight | Gross Weigh |  |
| 36486   | 44 CT BAK COR MIXED CHOC SHP<br>CASE GTIN: 1-0037600-86486-9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 90       | 90       | 768.60     | 885.        |  |
| 86528   | 48/30Z MIXED GELATIN SHP CASE GTIN: 1-0037600-86528-6 WILL CALL PALLETIZED LOAD WOOD PALLETS CALL NUMBER 610-798-9200 EXT. 350                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 228      | 228      | 2,052.00   | 2,302.      |  |
|         | Resident State Control of College Control of Colleg | 2        | 2        |            |             |  |
|         | Time 10:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |          |            |             |  |
|         | Check In (Guard):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |          |            |             |  |
|         | Appointment Time: 12AM Unloaded & Signed Out: 4-31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OTAL     |          |            |             |  |

| Signed | by: | k | оу | customer |
|--------|-----|---|----|----------|
|        |     |   |    |          |

Rec

### "No credit for discrepancies will be allowed unless noted above on this form"

"I hereby certify that the meat or meat food products described herein, which are offered for shipment in interstate or foreign commerce, have been U.S. inspected and passed by Department of Agriculture, are so marked, and at this date are sound, healthful, wholesome and fit for human food."

"We guarantee to the purchaser of the articles of food described in this invoice that the same are not adulterated or mis-branded within the meaning of the Federal Food, Drug and Cosmetic Act of 1938, nor the laws of the state to which we ship the same. We certify that the goods listed hereon have been produced in accordance with the provisions of the Fair Labor Standards Act of 1938, as amended,"

"All orders are subject to the approval of Sellers' Headquarters Office. Terms are subject to change without notice by the Sellers's Credit Department."

HORMEL FOODS CORPORATION

|                                                                      | A STATE OF THE STA |                        | Summa           | ry B                                  | OL Print Date / Time :07-03-2024 / 18:12:44                                                                                                                                                              |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                      | FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | Bil             | l of Lading Number: 400214094         |                                                                                                                                                                                                          |
|                                                                      | on Plant<br>arvest Rd.<br>1 IN 46714<br>US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | CAI             | RRIER SCAC/NAME: CPU1 CUSTOMER PICKUP |                                                                                                                                                                                                          |
|                                                                      | SH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IIP TO                 |                 |                                       |                                                                                                                                                                                                          |
| ALDI CENTER VALLEY 2700 SAUCON VALLEY ROAD CENTER VALLEY PA 18034 US |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                 | Se<br>De                              | Ilivery Note Number: 358343                                                                                                                                                                              |
|                                                                      | SPECIAL II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NSTRUCTIONS            |                 |                                       |                                                                                                                                                                                                          |
|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                 | ma                                    | eight Charge Terms:(freight charges are prepaid unless<br>rked otherwise)                                                                                                                                |
|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                 | Pre                                   | epaid Collect 3rd Party                                                                                                                                                                                  |
| ALDI CENTER VALLEY 2700 SAUCON VALLEY ROAD                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | Delive          | гу 085                                | 0141745                                                                                                                                                                                                  |
| CE                                                                   | ENTER VALLEY PA 1<br>US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 8034                   | 1597. P         | 358                                   | 343 400 60K                                                                                                                                                                                              |
|                                                                      | Total Cases:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | specied to a sign and  | 11.600.000 g    | CS inion                              |                                                                                                                                                                                                          |
|                                                                      | Total Weight:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and communes.          | 20,467.200      | LBt on the                            | 9,283.758 KG                                                                                                                                                                                             |
|                                                                      | Co Total Cuberi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | cation.                | 1,624.000       | FT3 <sup>a</sup>                      | 45.986 M3                                                                                                                                                                                                |
|                                                                      | A Total Pallet:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Michel                 | le \$ 200 l     | En                                    | ea .                                                                                                                                                                                                     |
|                                                                      | Driver Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | DRIVER SIG      |                                       |                                                                                                                                                                                                          |
| Carrier:                                                             | Gate Pass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | Date 150        | 2_Driv                                | ver Name:                                                                                                                                                                                                |
| Trailer #:<br>License:                                               | Time Check In (Guard):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10:57                  | 7               |                                       | rer Signature:                                                                                                                                                                                           |
| Date:                                                                | Appointment Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 12AM                   |                 |                                       |                                                                                                                                                                                                          |
| Seal #:                                                              | Unloaded & Signed C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | )-t: 6-31              | The Co          |                                       | Check Cartons Carefully                                                                                                                                                                                  |
|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | r               | Damaged<br>must be r<br>ime of de     | or lost products or other order inaccuracies (overages/shortages) noted by the delivery driver on your copy of this delivery receipt at the                                                              |
| If carrier expend<br>Hershey Compan                                  | ences difficulty in comp<br>ny at once.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | oleting delivery, plea | ase contact the | naccurac                              | must receive notice of any damaged or lost products or other order ies within the notice period described in consignee's agreement with or, if no notice period is identified, no later than seven days. |
| LINI FSS SUPP                                                        | SHORTAGE AND/OR D.<br>FORTED BY YOUR CO<br>E SHORTAGE OR DAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OPY OF THIS DEL        | IVERY RECEIPT   | Overages<br>applicable                | that are accepted at the time of delivery are subject to payment of all rates and charges for the products.                                                                                              |

**Customer's Copy**