

**Bill to:**

HEARTLAND LOGISTICS GROUP LLC
8343 MONTICELLO RD,
SHAWNEE,
KS,

Invoice Date: 07/18/2024

Invoice #: Shipment ID 207206

Terms: NET 30

Due Date: 08/18/2024

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|---|----------|----------|----------|
| 07/17/2024 | | 1 Webster St, Richford, VT 05476, USA - 50 WILLIAM ST., ARCADE, NY, 14009 | | | |
| | | | 1 | \$950.00 | \$950.00 |

| |
|--------------|
| TOTAL |
| \$950.00 |

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**

Carrier Rate Confirmation

Shipment ID: 207206**Send all invoices to:**

Preferred -> email:

carrierap1@shiphlg.com**HEARTLAND LOGISTICS GROUP, LLC**
8735 ROSEHILL RD SUITE 160
LENEXA, KS 66215

This legally binding agreement is between Heartland Logistics Group and the below mentioned carrier. Shipment is to be hauled only by below authority:

Carrier: BRZ**MC#:** 86875**Dispatcher:** John Djordjevic**Driver:** Benito .**Driver Phone:** (786) 754-7558**DOT#:** 3119062**Dispatcher Phone:** (708) 303-5150**Truck:** 831**Trailer:** w94924**Heartland Logistics Group
Contact****Dispatcher:** Tyler Koch**Phone:** (901) 422-6562**Email:** tyler.koch@shiphlg.com**Contract Carrier Rate**

| DESCRIPTION | RATE UNIT TYPE | RATE UNITS | UNIT RATE | SUB-TOTAL |
|-------------|----------------|------------|-----------|-------------------------------------|
| LINE HAUL | FLAT | 1.00 | 950.0000 | \$950.00 |
| | | | | Carrier Total Rate: \$950.00 |

**Special Instructions and Rate
Confirmation Notes****Shipment Details****Customer Reference Number:** BSF2004**Declared Cargo Value:** 100000.00**Required Equipment:** VAN**Service Type:** Transactional**Trailer Length:****Commodity:**

• PET FEED SUPPLEMENT

Weight: 43930.00**Stop #: 1****Stop type:** Pickup**Order Reference Numbers:****Location Name:**

BLUE SEAL - RICHFORD

Location Address:BLUE SEAL - RICHFORD,
1 WEBSTER ST,
RICHFORD, VT, 5476**Location Phone:**

(802) 848-7718

Contact:**Scheduling Type:** FCFS**Ready Date:** 07/17/2024**Location Hours:**

M-F: 09:00-15:00

Sat: -CLOSED

Sun: -CLOSED

Appointment Notes: Need ETA when booked**Location Reference #:****Location Notes:** MUST HAVE ETA**Stop #: 2****Stop type:** Receiver**Order Reference Numbers:****Location Name:**

KENT NUTRITION - ARCADE

Location Address:KENT NUTRITION - ARCADE,
50 WILLIAM ST.,
ARCADE, NY, 14009**Location Phone:**

(585) 492-4120

Contact:**Scheduling Type:** APPOINTMENT**Date:** 07/18/2024 09:00**Appointment Notes:****Location Reference #:****Location Notes:**

Terms and Conditions

Please send all invoices and back up paperwork to CarrierAP1@shipHLG.com. The Broker Carrier Agreement between Heartland Logistics Group LLC(HLG), a Licensed Property Broker, and 'trucking company' is amended by the verbal agreement between (HLG) hereafter referred to as the BROKER, and representative of the 'trucking company' hereafter referred to as the CARRIER. This confirmation is subject to the terms of the master Broker-Carrier agreement and this document constitutes an amendment to the master agreement. If the carrier has not signed the master agreement, then the rate shown above is the agreed individually negotiated rate and no other rates shall apply including and tariff rate of terms. THE LOAD SHALL NOT BE DOUBLE BROKERED. No additional charges not listed above may be added by the carrier. Any additional charges must appear on a revised confirmation sheet signed by the broker. Carrier must include signed copy of the shipper's bill of lading and any other proof of delivery with invoice to broker. Rates, except as specifically designated above, are inclusive of any fuel surcharge. Carrier certifies that it is in compliance with the requirement of the CARB with respect to Transport Refrigeration Units (TRU's or reefers) are similar requirements of the EPA and other states, where applicable. Carrier shall be responsible for any fines imposed on Broker and/or shipper resulting from noncompliance. Carrier further confirms that in transporting the shipment describe here in above, it will comply with all USDOT and FDA regulations applicable to its operations while transporting the said shipment, including but not limited to driver's hours of service, and the Food Safety Modernization Act (FSMA), if applicable. Carrier agrees to the attached requirement from the shipper, if any. This rate is contingent upon successful and on-time completion of all load terms as orally stipulated or written on this addendum and rate may be subject to reduction if carrier fails to complete to complete any shipment terms and conditions. Rate may be reduced if load picks up or delivers after originally scheduled time and date. Carrier acknowledges that failure to complete any terms and conditions on this shipment may jeopardize or result in loss of future business opportunities with Broker and/or cancellations of Broker/Carrier contract. Accessorial charges (including but not limited to labor, detention, and/or layover charges) MUST BE authorized and approved prior to or at time of occurrence, (HLG) will NOT provide any reimbursement of any non, prior approved accessorial charges. Carrier shall ensure the bill of lading is notated either when handling is required or when detention occurs, that a lumper receipt is provided when a lumper is hired, and/or that both are included as supporting documents with the Carrier's invoice. This may also include scale tickets for bulk hauling. All overage, shortage, and damage must be reported to Broker immediately, at time of occurrence, and noted on the bill of lading. Pursuant to Broker-Carrier contract, carrier will provide an amount of cargo insurance coverage sufficient to cover the loss of damage of any commodities and cargo carried. Carrier's cargo insurance policy must not exclude from coverage and commodities or cargo carried on this order. If carrier's cargo insurance policy contains a schedule of covered vehicles, carrier WILL NOT transport and cargo of this shipment using a vehicle that is not listed as a scheduled vehicle on carrier's cargo insurance policy. SUBMITTING PAPERWORK FOR PAYMENT: Please send all invoices and or signed rate confirmations & proof of delivery to carrierAP1@shipHLG.com. **Proof of delivery MUST include ALL pages, be legible & MUST include date delivered & receivers signature. **Invoices & POD's should identify the PRO/LOAD # for each load hauled **Please submit ONE load per Email or ONE load per attachment. **Please list shipment number only in the subject line of the email with no additional wording, ie, 200133. Faxes are also accepted @ 913-945-1455 For questions please email carrierAP1@shipHLG.com or call 913-359-6475 Ext3 **Failure to provide required docs may result in non-payment until resolved**

B I L L O F L A D I N G
Driver Delivery Report

Order No.: 157088

Shipper:

Kent Nutrition Group, Inc.
1 Webster St
Richford VT, 05476-0220
1-800-451-3200

Date: 7/17/24
Carrier: HEARTLAND
Carrier's Number: _____
Freight Charges: COLLECT
Trailer #: HEARTLAND
Seal #: 69081
Pallets: Mini: _____ 4x4: _____
Load: Straps: _____ Bars: _____

Deliver To:

BLUE SEAL FEEDS (ARC) [1102]
50 WILLIAM STREET
ARCADE, NY 14009

585-492-4120

Special Instructions:
4X4 THUR DEL.
PO 2004

Description: Animal / Bird Feeds in Packages

Weight (in Pounds): 42,240

FEED RETURNS

CRIPPLED FEED NOT RETURNED

Only feed delivered on this load may be returned. Other feeds will not receive credit unless pre-authorized by plant.
* received in good condition except as listed.

| Quantity | Size | Prod. # | Reason | % |
|----------|-------|---------|--------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

SHORTAGES

| Quantity | Size | Product # and Name |
|----------|-------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Comments: _____

OVERAGES

| Quantity | Size | Product # and Name |
|----------|-------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

FEED RETURNED

| Quantity | Size | Product # and Name |
|----------|-------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |


Reason Returned

From Order
No./Date

Mini Pallets returned: _____

Check sent back with driver? Yes _____ No _____
Seal Intact? Yes _____ No _____

Dealer: _____

Driver: 

WHITE - DEALER

YELLOW - RETURN

PINK - CARRIER

GOLDENROD - MILL OFFICE

BILL OF LADING
Driver Delivery Report

Order No.: 157088

Shipper:
Kent Nutrition Group, Inc.
1 Webster St
Richford VT, 05476-0220
1-800-451-3200

Date: 7/17/24
Carrier: HEARTLAND
Carrier's Number:
Freight Charges: COLLECT
Trailer #: HEARTLAND
Seal #: 69081
Pallets: Mini: 200 4x4:
Load: Straps: Bars:

Deliver To:
BLUE SEAL FEEDS (ARC) (1102)
50 WILLIAM STREET
ARCADE, NY 14009
585-492-4120

Special Instructions:
4X4 THUR DEL.
PD 2004

Description: Animal / Bird Feeds in Packages

Weight (in Pounds): 42,240

FEED RETURNS

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SHORTAGES

| Quantity | Size | Product # and Name |
|----------|------|--------------------|
| | | |
| | | |
| | | |

OVERAGES

| Quantity | Size | Product # and Name |
|----------|------|--------------------|
| | | |
| | | |
| | | |

FEED RETURNED

| Quantity | Size | Product # and Name |
|----------|------|--------------------|
| | | |
| | | |
| | | |

Reason Returned

From Order No./Date

Mini Pallets returned: 3

Check sent back with driver? Yes ___ No ___
Seal Intact? Yes ___ No ___

Yes ___ No ___
Yes ___ No ___

Dealer: *DC Group*
Dee Lee

Driver: *RA*

WHITE - DEALER

YELLOW - RETURN

PINK - CARRIER

GOLDENROD - MILL OFFICE