



Bill to:
ECHO GLOBAL LOGISTICS(ECHO)

Invoice Date: 07/22/2024
Invoice #: 58997868
Terms: NET 30
Due Date: 08/22/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/19/2024		900 Heritage Dr, Osage, IA 50461, USA - 531 Waverly St, Waverly, NY 14892, USA			
			1	\$2,400.00	\$2,400.00

TOTAL
\$2,400.00

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



Transportation Simplified™



Search, Bid, Book, Manage, Track, Get Paid.

Sign Up for EchoDrive Here:
<https://echodrive.echo.com/>

Download EchoDrive from the App Store or Google Play store today!



LOAD CONFIRMATION

24/7 DRIVER SUPPORT (855) 786-3246

Report All Issues, Delays and Additional Charges Immediately to 24/7 Driver Support
Electronic Tracking Must Be Provided Throughout Transit

Call the Driver Support line and ask for Load Number 58997868

ORDER 58997868

CARRIER	ROYAL3 INC	***ORDER NUMBER(S) MUST APPEAR ON ALL BILLING***
Echo Rep	Todd Durham	MODE: TL
Rep Phone	224-251-6510	
Rep Email	Todd.Durham@echo.com	TRAILER TYPE: Van 53' TRAILER #:
Distance	1022.85 Miles	Equipment Notes: ALL DRIVERS SUBJECT TO A NON-CONTACT TEMPERATURE SCREENING BEFORE ENTERING ANY CVS DC AND MUST WEAR PPE PROTECTIVE FACE MASK. DRIVERS WITH TEMP. READING OF 100 + DEGREES (F) WILL NOT BE ALLOWED INSIDE. REFUSAL TO COMPLY WILL RESULT IN NON-ENTRY. CVS DELIVERIES ARE STRICT APPTS, CANNOT ARRIVE LATE. MISSED DELIVERY MAY RESULT IN A 2-3 DAY WAIT FOR NEW APPT. ALL LOADS ARE EXEMPT FROM LUMPER FEES, NO LUMPERS TO BE PAID. ALL DETENTION REQUESTS MUST BE SENT TO CVS@ECHO.COM WITHIN 48 HRS.

Note:

Pursuant to our verbal agreement of 7/18/2024 between Echo Global Logistics, hereafter referred to as ECHO, and ROYAL3 INC, MC944686/DOT2828543, hereafter referred to as CARRIER. Both parties agree that Broker's load number 58997868, moving on 07/19/2024 from OSAGE, IA to WAVERLY, NY (number of stops shown below) will move at the following rate:

Service for Load # 58997868	Amount	Rate	Extended
Line Haul	1.00	\$2,400.00	\$2,400.00
		Total	\$2,400.00

PAY SUMMARY

Line Haul	\$2,400.00
Total:	\$2,400.00

BY MEANS OF EITHER SIGNING THIS LOAD CONFIRMATION OR ITS PROVISION OF SERVICE, CARRIER ACKNOWLEDGES AND AGREES THAT IT WILL TRANSPORT THE LOAD SUBJECT TO THE TERMS AND CONDITIONS OF ITS CARRIER AGREEMENT (THE "AGREEMENT") WITH ECHO AND THAT IT AGREES TO COMPLY WITH THE TERMS OF THIS LOAD CONFIRMATION. CARRIER AGREES THAT THE SHIPPER AND CONSIGNEE ARE EACH A THIRD-PARTY BENEFICIARY OF THE AGREEMENT AND THE TERMS OF THIS LOAD CONFIRMATION.

1. Echo tenders this Load as a broker only and Carrier accepts this Load as the motor carrier responsible for its transportation. This Load Confirmation governs the rate for this Load as of the date specified and hereby amends and is incorporated by reference and becomes part of the Agreement. Carrier represents and warrants that it agrees to the rate herein, said mutually agreed upon rates are reasonable and compensatory, that the freight would not have been tendered to Carrier at higher rates, and that no shipments handled under such rates will subsequently be subject to a later claim of undercharges.
2. All travel directions provided by Echo are for informational purposes only. It is Carrier's sole responsibility to lawfully and safely operate all vehicles and their contents over any road, highway, bridge and/or route in strict

compliance with all applicable laws, rules and regulations. Carrier shall provide electronic tracking throughout transit of the Load. Carrier must immediately advise Echo if any delivery schedules, specifications, instructions, or requirements cannot be legally accomplished or if the avoidance of any fines, penalties or deductions would require or result in the violation of any laws or regulations. Carrier agrees to be CARB compliant when traveling to, from or through California and shall indemnify Echo and its customers from any loss or damage resulting from Carrier's failure to so comply.

3. Only the Carrier identified in this Load Confirmation is authorized to transport this shipment. Compensation may be withheld if this Load is double-brokered, moved by rail, consolidated with any other freight or if the agreed terms hereunder are not satisfied. Carrier agrees, and authorizes its factoring company, if any, to reimburse Echo for all amounts paid on this Load if it is transported by any carrier other than the Carrier identified herein. Carrier waives all rights to payment from the shipper and/or consignee.
4. Carrier hereby confirms current and valid insurance coverage without exclusions in conflict with this Load, in amounts no less than the following: one million dollars (\$1,000,000) auto liability coverage, one million dollars (\$1,000,000) general liability coverage, \$100,000.00 cargo coverage, and workers compensation as required by law. If carrier's insurance policy contains a schedule of covered vehicles, Carrier will only transport this shipment using a vehicle that is listed as a scheduled vehicle on their insurance policy. Carrier further confirms that its cargo insurance covers the Item(s) listed below without exclusion.
5. Carrier confirms that the driver assigned to this load is licensed, qualified and has available hours of service sufficient to pick up, transport and deliver this Load as required hereunder. Driver is responsible for an accurate count of crates, pallets/skids, and pieces.
6. Trailer seals must be applied, with the seal number noted on the bill of lading, prior to departure from the shipper. A seal may not be broken with prior written approval from Echo management. Failure to deliver at the designated consignee with the proper seal intact will result in a claim for full value of the Load.

Pickup	
RR DONNELLEY	PKU# 0147828
900 HERITAGE DR	Earliest: 07/19/2024 07:00
OSAGE IA 50461	Latest: 07/19/2024 14:00
507-481-0131	Weight: 41900
Cartons: 1690	Pallets: 26
Item: Rx Labels-0147828	
Pickup INSTRUCTIONS	
MUST PICK UP 00/00 @ 0000 APPT PU# PENDING ALL CHARGES MUST BE SENT TO CVS@ECHO.COM WITHIN 48 HOURS	
Drop	
CVS-WAVERLY	DELV# 5635598, 5635598
1 CVS DR	Earliest: 07/22/2024 12:00
WAVERLY NY 14892	Latest: 07/22/2024 12:00
607-249-0140	Weight: 41900
Cartons: 1690	Pallets: 26
Item: Rx Labels-0147828	
Drop INSTRUCTIONS	
MUST DELIVER 00/00 @ 0000 APPT DEL# PENDING CVS DELIVERIES ARE STRICT APPTS, CANNOT ARRIVE LATE. MISSED DELIVERY MAY RESULT IN A 2-3 DAY WAIT FOR NEW APPT	

INVOICE PAYMENT REQUIREMENTS:

- SIGNED BOL / SIGNED DELIVERY RECEIPT / SIGNED RATE CONFIRMATION SHEET.
- LOAD / UNLOAD / LUMPER RECEIPTS MUST ACCOMPANY INVOICING OR THEY WILL NOT BE PAID.
- MUST REFERENCE LOAD # ON ALL CORRESPONDENCES.
- ALL ACCESSORIAL CHARGES MUST BE PRE-APPROVED & BILLED WITH RECEIPT & POD.

SUBMIT INVOICE TO:

EMAIL
APTRUCKLOAD@ECHO.COM
PHONE: (312) 824-6483



INSTAPAY
INSTAPAY@ECHO.COM
InstaPay Payment - 1.9% Fee*
IP Fax: (312) 784-2380
*Subject to terms and conditions as outlined in the Echo carrier packet

SIGNATURE: _____

DATE: _____



Date 24 Jul 2024

BILL OF LADING

Page 1

SHIP FROM

Name: RR DONNELLEY, INC.
Address: 900 HERITAGE DRIVE
City/State/Zip: OSAGE, IA 50461
SID#: SUP 14539 50461 01

Bill of Lading Number: LD002695223

Quote #:

SHIP TO

Name: CVS-WAVERLY
Address: 1CVS DRIVE
City/State/Zip: WAVERLY, NY 14892
CID#:

CARRIER NAME: ECHO GLOBAL LOGISTICS

Trailer Number:

Seal Number(s)

SCAC: ECHS
Pro Number: 58997868

Services:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: CVS Health
Address: 1 CVS Drive
MC 5035
City/State/Zip: Woonsocket, RI 02895

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

Prepaid Collect X 3rd Party

Special Instructions:

PO NUMBER(s): 0147828,

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

CUSTOMER ORDER INFORMATION

PURCHASE ORDER NUMBER	# CASES	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
0147828 - 399469	1690.0	Y N	PRESC LBL CVS
GRAND TOTAL			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE					COMMODITY DESCRIPTION/ SPECIAL INSTRUCTIONS		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	DIMS	H.M. (X)	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360		NMFC #	CLASS
26.0	NSP	1690.0	CAS	41900.0	48.0 X 42.0 X 48.0 in		Rx Labels			55.0
							GRAND TOTAL			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."

COD Amount: \$

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

NOTE Liability Limitation for loss or damage is this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

SH 7/19/24

Trailer Loaded:

☒ By Shipper
☐ By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

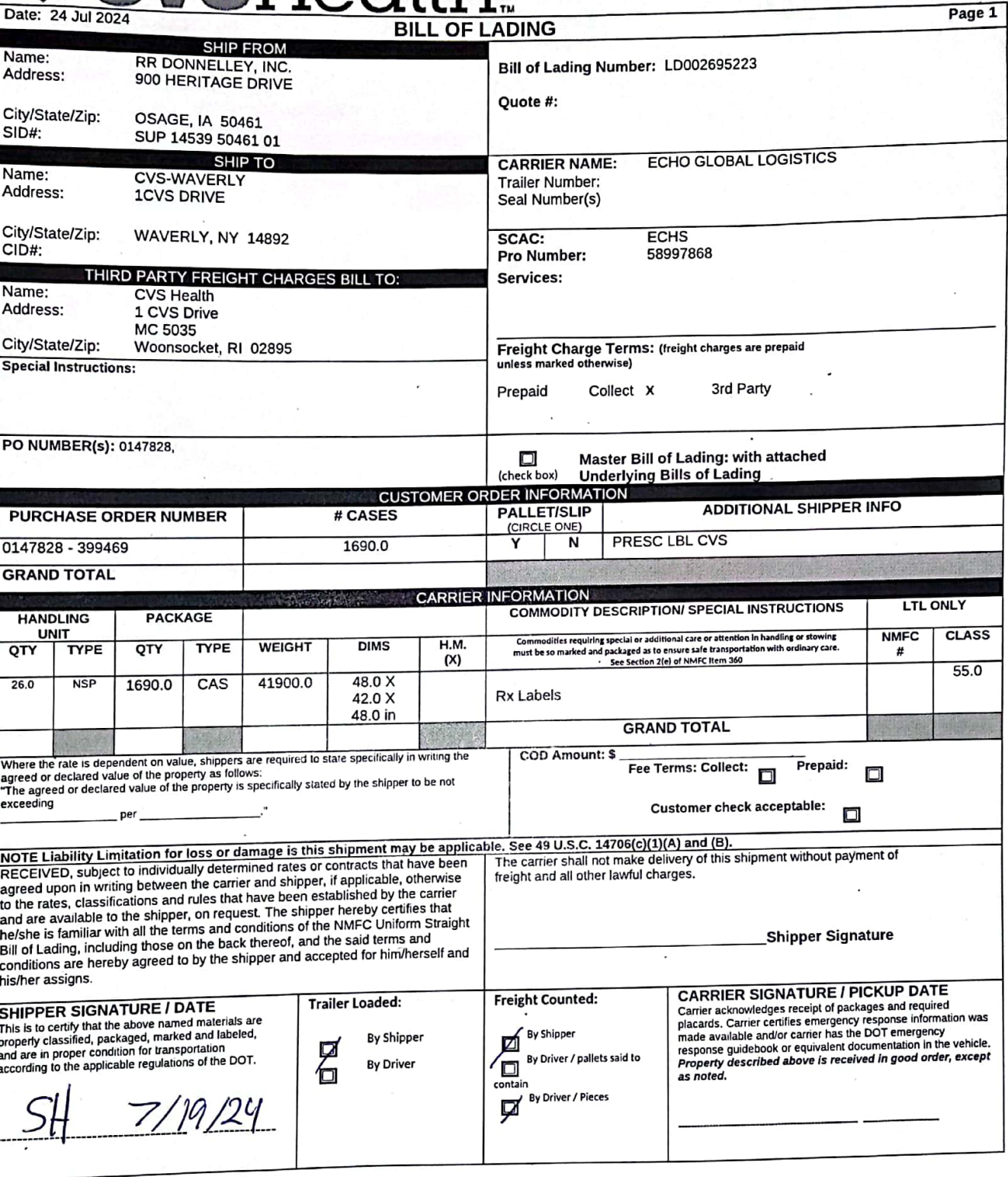


Date: 24 Jul 2024

BILL OF LADING

Page 1

SHIP FROM						
Name:		RR DONNELLEY, INC.				
Address:		900 HERITAGE DRIVE				
City/State/Zip:		OSAGE, IA 50461				
SID#:		SUP 14539 50461 01				
SHIP TO						
Name:		CVS-WAVERLY				
Address:		1CVS DRIVE				
City/State/Zip:		WAVERLY, NY 14892				
CID#:						
THIRD PARTY FREIGHT CHARGES BILL TO:						
Name:		CVS Health				
Address:		1 CVS Drive				
		MC 5035				
City/State/Zip:		Woonsocket, RI 02895				
Special Instructions:						
PO NUMBER(s): 0147828,						
Bill of Lading Number: LD002695223						
Quote #:						
CARRIER NAME: ECHO GLOBAL LOGISTICS						
Trailer Number:						
Seal Number(s)						
SCAC: ECHS						
Pro Number: 58997868						
Services:						
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)						
Prepaid Collect X 3rd Party						
<input type="checkbox"/> Master Bill of Lading: with attached Underlying Bills of Lading						
CUSTOMER ORDER INFORMATION						
PURCHASE ORDER NUMBER		# CASES		PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
0147828 - 399469		1690.0		Y N		PRESC LBL CVS
GRAND TOTAL						
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION/ SPECIAL INSTRUCTIONS		LTL ONLY
QTY	TYPE	QTY	TYPE	WEIGHT	DIMS	H.M. (X)
26.0	NSP	1690.0	CAS	41900.0	48.0 X 42.0 X 48.0 in	Rx Labels
GRAND TOTAL						
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						
COD Amount: \$						
Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>						
Customer check acceptable: <input type="checkbox"/>						
NOTE Liability Limitation for loss or damage is this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).						
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.						
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.						
Shipper Signature						
SHIPPER SIGNATURE / DATE		Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP DATE
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver / pallets said to contain <input checked="" type="checkbox"/> By Driver / Pieces		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
SH 7/19/24						



1690 CARELEC
ABWEN
7/22/24