



Bill to:
VOLK TRANSFER INC
2205 7TH AVENUE,
Mankato,
MN,
56001

Invoice Date: 07/26/2024
Invoice #: 247953
Terms: NET 30
Due Date: 08/26/2024

| Date | Customer Ref # | Origin - Destination | Quantity | Rate | Amount |
|------------|----------------|--|----------|------------|------------|
| 07/24/2024 | | 705 Industrial Dr SW, Cleveland, TN 37311, USA - 9315 Winnetka Ave N, Brooklyn Park, MN 55445, USA | | | |
| | | | 1 | \$1,725.00 | \$1,725.00 |

| TOTAL |
|------------|
| \$1,725.00 |

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

Volk Transfer Inc.
2205 7th Avenue
Mankato, MN 56001
MC: 326836 P: 507-388-1683 F: 507-388-7859

LOAD NUMBER
247953

7/24/2024

DISPATCH CONFIRMATION

Carrier: **Royal 3 Inc**
Chicago, IL
Ph/Fax: **630-485-7370** x101 **630-485-7370**
Attn: **Kim**
MCID: **944686**
Reference:
Trailer: **W94937**
Driver: **Rafael**
Cell: **347-969-9997**
Truck: **741**

| Load Info | | The Following Pay Is Authorized For This Load | | | |
|-----------------------|-----------------------------|---|-------------|-----------------|-----------------|
| Pieces: 28 | Miles: 1057 | Pay Code | Pay Type | Rate | Total |
| Space: 53 | Pallets: 28 | Load | Flat | 1,725.00 | 1,725.00 |
| Act Wgt: 13608 | Type: | | | Total | 1,725.00 |
| As Wgt: 13608 | Trailer: 53' Dry Van | | | | |
| Value: | | | | | |

| Stop | From | To | Name Address | City Phone | St Zip | Ref Contact | Appt Appt Ref |
|------|------|---------------|-----------------|---|-------------------------------|----------------|----------------------------------|
| 1 | PU | 7/24 07:00 | 7/24 15:30 | Starplex Scientific 705 Industrial Drive SW | Cleveland 423-479-4108 | TN 37320 | PO # 0600047650 No Johnnie J. |
| 2 | Del | 7/26 09:00 | 7/26 09:00 | Berlin Packaging Warehouse 9315 Winnetka Ave North, Suite 11 | Brooklyn Park 763-957-1146 | MN 55445 | Jason Shoemaker Yes |

| Commodity | Description Reference | Pieces Space | Weight |
|----------------------|--------------------------|-----------------|--------|
| Appointment Required | | 0 | 0 |
| | Deliver: | 0 | |
| Medical Supplies | 560 cases | 28 | 13,608 |
| | Sales order 54841 | 53 | |
| | Totals | 28 53 | 13,608 |

Upon Delivery Email POD to Logistics@volktransfer.com

For Dispatch please call 507-385-6173/After hours emergency call 507-380-0009

You may now email your invoices to carrierinvoices@volktransfer.com or mail them to Volk Transfer 2205 7th Avenue, Mankato, MN 56001. All invoices must contain the following: Signed Dispatch Rate Confirmation, Proof of Delivery, and all other supporting documents. PODs must be signed by the receiver or payments will be denied. Payment terms are 30 days upon receipt of invoice.

1. Drivers must provide a daily check call by 10am CST. \$25.00 per each missed call will be deducted from the carrier's original rate agreed upon when accepting the load from VOLK.
2. If you will be late for pickup or delivery, you must call Volk immediately so we can notify the customers and warehouses accordingly. Failure to follow these instructions will result in fines up to \$500.00/day that will be deducted from the carrier's original rate agreed upon when accepting the load from VOLK.
3. All additional charges must be cleared by a Volk Rep. before performed. If they are not approved payment can be denied.
4. Carrier MUST call VOLK prior to departing for Shipper.
5. Carrier must call VOLK when loaded with weight, piece count and seal number.
6. VOLK Representatives are the only individuals to call the Shipper or Consignee for any reason.
7. This load cannot be double brokered, product transferred or product broken down.
8. All loads must be sealed at origin either by the shipper or driver with a seal number noted on the bill of lading. The driver is responsible for re-sealing the trailer after each pickup/drop on multi-stop shipments. In the event a shipment that was sealed at origin, or after each additional pickup/drop, arrives at the destination with a tampered seal or without the seal intact, then (i) the carrier shall be liable for any shortage or damage claims with respect to said shipment, and (ii) the shipper shall have the right, in his sole discretion, to deem the entire shipment damaged, contaminated and unsalvageable, without the need for any inspection and the carrier shall be liable for the full value of the shipment and transportation amount.

PLEASE SIGN AND EMAIL TO LOGISTICS@VOLKTRANSFER.COM

Wade Volk

Volk Transfer Inc.

7/24/24

DATE:

Samm Stanojewic
Royal 3 Inc

7/24/24

DATE:

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

| | | | |
|---------------------------------------|-------------------------|-------------------|----------------------------------|
| NAME OF CARRIER Volk Transfer Inc. | CARRIER'S NO. 247953 | DATE 7/24/2024 | SHIPPER'S NO. PO # 0600047650 |
|---------------------------------------|-------------------------|-------------------|----------------------------------|

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of this Bill of Lading.

the property described below in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any portion of said route to destination, and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

| | |
|-------------------------------------|---|
| FROM: | TO: |
| SHIPPER Starplex Scientific | CONSIGNEE Berlin Packaging Warehouse |
| (ORIGIN) 705 Industrial Drive SW | 9315 Winnetka Ave North, Suite 100 |
| Cleveland, TN 37320 | Brooklyn Park, MN 55445 |
| | DESTINATION |

| | | |
|-----------------------------------|-------|-----------------------|
| DELIVERING CARRIER Royal 3 Inc | ROUTE | VEHICLE NUMBER 741 |
|-----------------------------------|-------|-----------------------|

| PIECES | HM | KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS | WEIGHT | CHARGES (FOR CARRIER USE ONLY) |
|---|----|---|--------|-----------------------------------|
| 0 | | Appointment Required Deliver: 7/26 0900 | 0 | |
| 28 | | Medical Supplies Sales order 54841 560 cases | 13608 | |
| <div>Tracked #LW94937</div> <div>Seal #8919341</div> <div>*** THIRD PARTY BILLING - REMIT PAYMENT TO *** Volk Transfer Inc. 2205 7th Avenue Mankato, MN 56001</div> | | | | |

PLACARDS SUPPLIED

☐ YES☐ NO

DRIVER'S SIGNATURE

EMERGENCY RESPONSE PHONE NO.

REMIT C.O.D. TO:

C.O.D. Amt \$

C.O.D. FEE

☐ PREPAID
☐ COLLECT

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is 'carrier's or shipper's weight.'"

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

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

TOTAL CHARGES \$

Freight charges are PREPAID unless marked collect.

☐ Check box if charges are Collect.

Shipper's imprint in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission.

\$ Per

(Signature of Consignor)

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

Shipper, Per

Agent, Per

* MARK WITH "X" TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS.

Permanent post office address of shipper

When transporting hazardous materials include the technical or chemical name for H.A. (not otherwise specified) or generic description of material with appropriate U.N. or H.A. number as defined in U.S. DOT Emergency Response Communication Standard (49 CFR 126.201). Provide emergency response phone number in case of incident or accident.

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

| | | | |
|---------------------------------------|-------------------------|-------------------|----------------------------------|
| NAME OF CARRIER Volk Transfer Inc. | CARRIER'S NO. 247953 | DATE 7/24/2024 | SHIPPER'S NO. PO # 0600047650 |
|---------------------------------------|-------------------------|-------------------|----------------------------------|

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of this Bill of Lading.

the property described below in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any portion of said route to destination, and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

| | |
|-------------------------------------|---|
| FROM: | TO: |
| SHIPPER Starplex Scientific | CONSIGNEE Berlin Packaging Warehouse |
| (ORIGIN) 705 Industrial Drive SW | 9315 Winnetka Ave North, Suite 100 |
| Cleveland, TN 37320 | Brooklyn Park, MN 55445 |
| | DESTINATION |

| | | |
|-----------------------------------|-------|-----------------------|
| DELIVERING CARRIER Royal 3 Inc | ROUTE | VEHICLE NUMBER 741 |
|-----------------------------------|-------|-----------------------|

| PIECES | HTM | KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS | WEIGHT | CHARGES (FOR CARRIER USE ONLY) |
|--------|-----|--|--------|--------------------------------|
| 0 | | Appointment Required Deliver: 7/26 0900 | 0 | |
| 28 | | Medical Supplies Sales order 54841 560 cases | 13608 | |

Trail # W94937
Seal # 8919341

*** THIRD PARTY BILLING - REMIT PAYMENT TO ***
 Volk Transfer Inc.
 2205 7th Avenue
 Mankato, MN 56001

| | | |
|---|--|--|
| PLACARDS SUPPLIED <input type="checkbox"/> YES <input type="checkbox"/> NO | DRIVER'S SIGNATURE | EMERGENCY RESPONSE PHONE NO. |
| REMIT C.O.D. TO: | C.O.D. Amt \$ | C.O.D. FEE <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT |
| <p>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____</p> <p>Shipper's Import in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission.</p> | <p>Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>(Signature of Consignor)</p> | <p>TOTAL CHARGES \$</p> <p>Freight charges are PREPAID unless marked collect. <input type="checkbox"/> Check box if charges are collect.</p> |

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

Shipper, Per *[Signature]* Agent, Per *[Signature]*

Permanent post office address of shipper

When transporting hazardous materials, include the technical or chemical name for P.O.D. and reference specified or generic description of material with appropriate U.N. or NA number as defined in U.S. DOT Emergency Response Communication

Marked with "X" to designate hazardous material as defined in Title 49 of Federal Regulations



8919341

Master

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

| | | | |
|--------------------|---------------|-----------|-----------------|
| NAME OF CARRIER | CARRIER'S NO. | DATE | SHIPPER'S NO. |
| Volk Transfer Inc. | 247953 | 7/24/2024 | PO # 0600047650 |

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of this Bill of Lading,

the property described below in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

| | |
|-------------------------|------------------------------------|
| FROM: | TO: |
| SHIPPER | CONSIGNEE |
| (ORIGIN) | STREET |
| | DESTINATION |
| Starplex Scientific | Berlin Packaging Warehouse |
| 705 Industrial Drive SW | 9315 Winnetka Ave North, Suite 100 |
| Cleveland, TN 37320 | Brooklyn Park, MN 55445 |

| | | |
|--------------------|-------|----------------|
| DELIVERING CARRIER | ROUTE | VEHICLE NUMBER |
| Royal 3 Inc | | 741 |

| PIECES | HM | KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS | WEIGHT | CHARGES (FOR CARRIER USE ONLY) |
|---|----|--|--------|--------------------------------|
| 0 | | Appointment Required Deliver: 7/26 0900 | 0 | |
| 28 | | Medical Supplies Sales order 54841 560 cases | 13608 | |
| <p>Trailer # L94937</p> <p>Seal # 8919341</p> <p>*** THIRD PARTY BILLING - REMIT PAYMENT TO ***</p> <p>Volk Transfer Inc.</p> <p>2205 7th Avenue</p> <p>Mankato, MN 56001</p> | | | | |

| | | | |
|-------------------|--|--------------------|-----------------------------|
| PLACARDS SUPPLIED | <input type="checkbox"/> YES <input type="checkbox"/> NO | DRIVER'S SIGNATURE | EMERGENCY RESPONSE PHONE NO |
|-------------------|--|--------------------|-----------------------------|

| | | |
|------------------|---------------|---|
| REMIT C.O.D. TO: | C.O.D. Amt \$ | C.O.D. FEE |
| | | <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT |

| | | | |
|---|--|--|--|
| <p>"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is 'carrier's or shipper's weight'."</p> <p>Shipper's Imprint in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission.</p> | <p>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.</p> <p>The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding</p> <p>\$ Per</p> | <p>Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>(Signature of Consignor)</p> | <p>TOTAL CHARGES \$</p> <p>Freight charges are PREPAID unless marked collect. <input type="checkbox"/> Check box if charges are Collect.</p> |
|---|--|--|--|

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

| | |
|--------------|------------|
| Shipper, Per | Agent, Per |
|--------------|------------|

Permanent post office address of shipper

+ MARK WITH "X" TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS.

When transporting hazardous materials include the technical or chemical name for U.S. (not otherwise specified) or generic description of material with appropriate UN or NA number as defined in U.S. DOT Emergency Response Communication Standard (49 CFR 129.61). Provide emergency response phone number in case of incident or accident.