



Bill to:
COYOTE LOGISTICS , LLC
191 E.DEERPATH ROAD,
Lake Forest,
IL,
60045

Invoice Date: 08/10/2024
Invoice #: 31683867
Terms: NET 30
Due Date: 09/10/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
08/09/2024		1860 OUTER LOOP, Louisville, KY 40219 - 153 Refreshment Ln SW, Cleveland, TN 37311, USA			
			1	\$1,000.00	\$1,000.00

TOTAL
\$1,000.00

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



Rate Confirmation Load 31683867

Send invoices to:
CarrierInvoices@coyote.com
960 Northpoint Parkway
Suite 150
Alpharetta, GA 30005

877-6COYOTE
(877-626-9683)

Cust Requirements

Equipment	Van, 53'
Pre Cooled Temp	None
Load Temp	None
Tarps	NA
Value	\$100,000

Booked By

Jared Soderholm
Jared.Soderholm@coyote.com
Phone: +1 (773) 365 6497
x2228
Fax: +1 (773) 365 7804



Get CoyoteGO Today!

- Dispatch
- Send updates
- Check in
- Submit paperwork

*Available for An-
droid or iPhone,
at App Store or
Google Play*

Load Requirements

Tech Tracking Required

Equipment Requirements

N/A

Notes

All Van/Container loads MUST be sealed at origin either by shipper or driver with a seal number noted on bill of lading. The driver is responsible for re-sealing the trailer after each pickup/drop on a multi-stop shipment. 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 such shipment and (ii) the shipper shall have the right, in its sole discretion, to deem the entire shipment damaged, adulterated/contaminated and unsalvageable, without the need for any inspection and the Carrier shall be liable for the full value of the shipment. Carrier is required to weigh shipment within 50 miles of departing each shipper. If carrier fails to weigh shipment within 50 miles of departing each shipper, any citations/expenses incurred due to the equipment and/or shipment weight will be the carrier's sole responsibility. Carrier must meet and comply to shipper requirements at the facility. All drivers must wear masks or facial coverings to the extent required by laws or facilities. **Carrier must be in full compliance with the Food Safety Modernization Act (FSMA), if applicable. By accepting the shipment, Carrier agrees that the driver has consented to receiving text messages and/or phone calls from or on behalf of Coyote.**

Approval for payment of detention is contingent upon the following eligibility requirements:

- 1) Carrier must report facility departure time and total detention hours within 24 hours of shipment delivery at the final facility.
- 2) Carrier must provide proof of the on time arrival and departure times in the form of a BOL or other shipping document with arrival and departure times notated by facility within 24 hours of shipment delivery at final facility.

Route Directions

Carrier acknowledges that any routing instructions from the shipper herein are being provided for convenience only, and the Carrier may choose the route.

Signature Line

By signing below, ROYAL3 INC agrees to the terms and conditions set forth below and provided herewith, if any.



Rate Confirmation

Load 31683867

Stop 1: Pick Up

Pick Up 31683867; DR Numbers REDDY'S	Scheduled For Fri 08/09/2024 from 11:00 - 15:00	Facility Notes DOOR 316 P
Confirmation None Numbers		**STRICT APPOINTMENTS** **TECH TRACKING REQUIRED TO QUALIFY FOR DETENTION PAYMENT**
Facility UPS LOUISVILLE KY	Driver Work No Touch	
Address 1860 OUTER LOOP Louisville, KY 40219	SLIC N/A	
Contact Laura Nichols Phone +1 (502) 262 5492		

Stop 1 Requirements

100% Tank Of Fuel At Shipper CDL – Hardcopy

Commodity	MinWt	Exp Wt	Pieces
Healthcare	3,000 Lbs	26,000 Lbs	20

Stop 2: Delivery

Delivery None Numbers	Appointment Scheduled For Fri 08/09/2024 - Sat 08/10/2024 from 18:00 - 13:00	Facility Notes CRITICAL SHIPMENT - LATE FEE \$200
Confirmation None Numbers		Must deliver no later than 08/10 at 13:00
Facility Peytons Southeastern Inc.	Driver Work Driver Count	
Address 153 Refreshment Lane Appalachian Industrial Park Cleveland, TN 37311	SLIC C31PE	
Contact Leah Stevenson Phone +1 (423) 614 1000		

Stop 2 Requirements

CDL – Hardcopy

Commodity	MinWt	Exp Wt	Pieces
Healthcare	3,000 Lbs	26,000 Lbs	20

Charges

Description	Units	Per	Amount
Fuel Surcharge	326.00	\$0.470	\$153.22
Flat Rate	1.00	\$846.780	\$846.78

Contact

Send invoices to: 960 Northpoint Parkway Suite 150 Alpharetta, GA 30005	Please contact Coyote at 877-626-9683 if the charges are incorrect.
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Rate Confirmation

Load 31683867

Total USD \$1,000.00

Agreement

Carrier ZIGI FREIGHT INC

USDOT 2828543

Phone None

Email bonnie@royal3inc.com

Fax None

Broker Coyote Logistics, LLC

Rep Jared Soderholm

Title Sales Rep

Phone +1 (773) 365 6497 x2228

Fax +1 (773) 365 7804

Date 08/09/2024 11:26

By signing below, ROYAL3 INC agrees to the terms and conditions set forth below and provided herewith, if any.

Name and Title (Print)

Signature

Date

PLEASE SIGN THIS AGREEMENT AND EMAIL TO Jared.Soderholm@coyote.com

Coyote Logistics, LLC is an Equal Opportunity Employer



Rate Confirmation

Load 31683867

Terms and Conditions

The Broker-Carrier Agreement or Carrier Agreement (in each case, the "Agreement") between Coyote Logistics, LLC, a Licensed Property Broker - USDOT # 2236410, and ROYAL3 INC is amended by the verbal agreement between Jared Soderholm of Coyote Logistics, LLC hereafter referred to as BROKER, and Bonnie Rajkovic of ROYAL3 INC hereafter referred to as CARRIER, dated 08/09/2024.

This confirmation is subject to the terms of the Agreement and this document constitutes an amendment thereto. If the CARRIER has not signed the Agreement, then the rate shown above is the agreed individually negotiated rate and no other rate shall apply including any carrier tariff rate or terms.

THIS 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 all requirements of the California Air Resources Board (CARB) that are applicable to the scope of CARRIER's operations, including, but not limited to: Statewide Truck and Bus Regulations, Transport Refrigeration Unit (TRU) Regulations, Tractor-Trailer Greenhouse (GHG) Gas Regulations, and Drayage Truck Regulations. CARRIER also warrants that it is in compliance with any comparable requirements of the Environmental Protection Agency (EPA) and other states, where applicable. CARRIER shall be responsible for any fines imposed on BROKER and/or shipper resulting from noncompliance.

CARRIER hereby confirms that it maintains applicable and valid insurance without exclusions that would prevent coverage for the items listed above. CARRIER has at least \$100,000.00 in cargo insurance and \$1,000,000.00 in automobile liability coverage. CARRIER further confirms that in transporting the shipment described hereinabove, it will comply with all U.S. DOT and FDA regulations applicable to its operations while transporting said shipment, including, but not limited to drivers' hours of service, and the Food Safety Modernization Act (FSMA), if applicable. CARRIER agrees to the attached requirements from the shipper, if any.

ALL LOADS ARE SUBJECT TO ELECTRONIC TRACKING

By accepting this shipment, CARRIER agrees that it has obtained a written agreement from each driver transporting a shipment tendered by BROKER to CARRIER pursuant to the Agreement in which each driver provides all necessary consents to (i) receiving text messages and/or phone calls from or on behalf of BROKER and (ii) allowing BROKER or its vendor to track such driver's location while transporting such shipment. CARRIER shall comply with all applicable laws relating to the collection, use, storage, retention, disclosure, and disposal of any information CARRIER provides to BROKER, including information regarding the drivers transporting shipments. CARRIER shall indemnify, defend, and hold BROKER and its affiliates harmless from and against any and all claims, damages, liabilities, losses, actions and expenses (including attorneys' fees) arising out of or in connection with CARRIER's breach of this Section. This Section shall survive the expiration or termination of the Agreement between BROKER and CARRIER.

Operating Parameters

UPS Healthcare Logistics & Distribution (HLD)

Lupin Pharmaceuticals, Inc c/o UPS SCS HLD

CIPLA c/o UPS SCS HLD

DR REDDY'S LABORATORIES INC. c/o UPS SCS HLD

Alvogen c/o UPS SCS HLD

Wockhardt c/o UPS SCS HLD

Strides c/o UPS SCS GLD

Sunovion - Harrisburg, PA c/o UPS SCS HLD

Sunovion - Louisville, KY c/o UPS SCS HLD

Atrium Freedom c/o UPS Supply Chain Solutions

ALCON LABORATORIES INC c/o UPS SCS HLD

AMBU c/o UPS SCS HLD

Ascend c/o UPS SCS HLD

Carrier shall adhere to the following customer requirements:

Carrier shall provide for the security and integrity of any dangerous drugs or dangerous devices tendered by Coyote (UPS) until the drugs or devices are delivered to the consignee at its premises.

SHIP FROM

Name:

DR REDDY'S C/O UPS SCS

Address:

1860 OUTER LOOP

City/State/Zip:

LOUISVILLE, KY 40219 US

Contact Name:

Phone / Fax:


P: F:

SIID#:

SD1DRX001

BOL Number :

8022628082DRRX



PRO Number: 31683867

SHIP TO

Name:

Peytons Southeastern

Address:

153 Refreshment Ln

City/State/Zip:

CLEVELAND, TN 37311-8125 US

Contact Name:

Phone / Fax:

P: F:

CID#:

DRX0020007415

Services:

Prescription Order (RX)

CARRIER NAME:

Coyote Logistics

Trailer Number:

Seal Number(s):

W197036, 4796446

SCAC:

CLLQ

Planned Delivery

16 Aug 2024 - 20 Aug 2024

PO Number

38926

Pickticket Ctrl Nbr

GH8022628082

SO#

0090752035

BILL TO:

Name:

DR REDDYS LABS C/O UPS-SCS

Address:

2240 Outer Loop

ATTN:

ACCOUNTS PAYABLE

MAILSTOP 149

City/State/Zip

Louisville, KY 40219 US

Special Instructions:

0090752035-ld1781793

TRUCKLOAD = 1 ORDER, 10 PALLETS

Freight Charge Terms:

(freight charges are prepaid unless marked otherwise)

Prepaid X Collect 3rd Party

☐ (check box)

Master Bill of Lading: with attached Underlying Bills of Lading

Load ID:

LD17817937

Stop	Location
1 - Pickup	DR REDDY'S C/O UPS SCS 1860 OUTER LOOP LOUISVILLE, KY 40219 US
2 - Drop	Peytons Southeastern 153 Refreshment Ln CLEVELAND, TN 37311-8125 US

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	TOTAL PKGS	TOTAL WEIGHT	PALLET/SLIP (CIRCLE ONE)			
GH8022628082	53.0	3469.14	Y N			

CARRIER INFORMATION						LTL ONLY	
HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	NMFC #	Dimensions	CLASS
QTY TYPE	QTY TYPE			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(e) of NMFC Item 360			
10.0 PALLET	994 CAS ES	4276.00		MEDICAL ITEMS		48.0 X 48.0 X 48.0	70.0
10.0	0994 CAS ES	4276.00		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 the same 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 / DATE

Trailer Loaded:

Freight Counted:

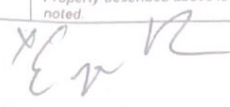
CARRIER SIGNATURE / PICKUP DATE

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.

By Shipper ☐ By Driver ☐

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


8-7-24

ite:

BILL OF LADING

Page 1

SHIP FROM		SHIP TO	
Name:	DR REDDY'S C/O UPS SCS	Name:	Peytons Southeastern
Address:	1860 OUTER LOOP	Address:	153 Refreshment Ln
City/State/Zip	LOUISVILLE, KY 40219 US	City/State/Zip	CLEVELAND, TN 37311-8125 US
Contact Name:		Contact Name:	
Phone / Fax:	P: F:	Phone / Fax:	P: F:
SID#:	SD1DRX001	CID#:	DRX0020007415
		Services:	Prescription Order (RX)
BOL Number : 8022628082DRRX		CARRIER NAME: Coyote Logistics	
		Trailer Number:	
PRO Number: 31683867		Seal Number(s): W197036, 4796446	
		SCAC: CLLQ	
		Planned Delivery 16 Aug 2024 - 20 Aug 2024	
		PO Number 38926	
		Pickticket Ctrl Nbr GH8022628082	
		SO# 0090752035	
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
Prepaid x Collect 3rd Party			
Master Bill of Lading: with attached Underlying Bills of Lading			
Load ID: LD17817937			

Stop	Location
1 - Pickup	DR REDDY'S C/O UPS SCS 1860 OUTER LOOP LOUISVILLE, KY 40219 US
2 - Drop	Peytons Southeastern 153 Refreshment Ln CLEVELAND, TN 37311-8125 US

CUSTOMER ORDER NUMBER		TOTAL PKGS	TOTAL WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
GH8022628082		53.0	3469.14	Y	N		
HANDLING UNIT		PACKAGE		CARRIER INFORMATION			
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	
10.0	PALLET	994	Carton	4276.00		MEDICAL ITEMS	
10.0		0994	CAS	4276.00		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: \$	
NOTE Liability Limitation for loss or damage is this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>	
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.						Customer check acceptable: <input type="checkbox"/>	
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. <i>Glenn S. McGowan</i>						Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	
Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver / pallets said to contain <input type="checkbox"/> 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. <i>Er</i> 8-7-24	