

**Scotlynn USA Division**

9597 Gulf Research Lane  
 Fort Myers, FL 33912  
 Ph: 888-263-1888  
 Fax: 239-433-3372  
 www.scotlynn.com

**Operations Contact**

Dakota Beasley  
 dbeasley@scotlynn.com  
 ph: 888-263-1888 x 3107  
 cell:  
 fax:

**Billing Contact**

9597 Gulf Research Lane  
 Fort Myers, FL 33912  
 ph: 800-263-9117 x 2541  
 fax: 239-603-8407  
 email: usa-accounting@scotlynn.com

**Carrier:** ROYAL3 INC  
 CHICAGO  
**Date:** 09/13/2024

IL 60638

**Contact:** ASTA  
**Phone:**  
**Fax:**

**Commodity:** Dry Grocery  
**Temp:** to

Run Continuous: Y

**Trailer:** 53 Ft Van - Dry

**Stop Details**

**PU 1** **Name:** Ancient Brands Milling  
**Address:** 2360 Industrial Parkway SW  
 DYERSVILLE IA 52040

**Arrive Between:** 09/13/2024 1400

**And:**

**Contact:** Main

**Phone:** 888-587-0750

**Pallets:** IN: OUT:

**Cases:**

**Weight:**

**Ref:** PO 20240011768

**Pcs:** 60 **Weight:** 21600.0 **Desc:** 60 PLT

**Stop Details**

**SO 2** **Name:** Bridgetown Natural Foods  
**Address:** 11601 SE Foster Rd  
 PORTLAND OR 97266

**Arrive Between:** 09/17/2024 0930

**And:**

**Contact:** Main

**Phone:** 503-427-8900

**Pallets:** IN: OUT:

**Cases:**

**Weight:**

**Carrier Freight Pay:** \$3,800.00  
**Total Carrier Pay:** \$3,800.00

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**Comments**

Ancient Brands Milling - BRIDPOO1: \*\*DRIVERS MUST CONFIRM BOL LOCATIONS ONCE LOADED AND SEND TO DBEASLEY@SCOTLYNN.COM, SCOTLYNN WILL NOT BE AT FAULT IF LOCATION/PRODUCE ON BOL DOES NOT MATCH WITHOUT NOTICE BEFORE LEAVING SHIPPER\*\*

\* Detention is paid four hours after appointment time at twenty dollars per hour with a maximum of two hundred per day. FCFS are not eligible for detention. If requesting detention an email must be sent to dbeasley@scotlynn.com day of delivery. Please be sure to attach the BOLs with the check-in & check-out times and where and what you are requesting. \*

\*EARLY/LATE DELIVERY MUST BE APPROVED IN WRITING\*

\*ATTEMPTS OF CALLING / EMAILING / CONTACTING OUR SHIPPERS OR RECIEVERS ARE NOT ALLOWED AND WILL RESULT IN SERIOUS CONSEQUENCES.\*

\*MINIMUM OF TWO LOCATION UPDATES PER DAY ARE REQUIRED ON ALL SCOTLYNN LOADS\*



## INVOICE

**BILL TO:**  
SCOTLYNN COMMODITIES INC  
1150 VITTORIA ROAD  
VITTORIA, ON N0E 1W0

**INVOICE DATE:** 09/17/2024  
**INVOICE #:** 0980814  
**TERMS:** NET 30  
**DUE DATE:** 10/17/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/13/2024		2360 Industrial Parkway SW, DYERSVILLE, IA 52040 - 11601 SE Foster Rd, PORTLAND, OR 97266			
		Freight Income	1	\$3,800.00	\$3,800.00

TOTAL
\$3,800.00

**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**

Page 1 of 1		BOL NO: 52965175LN																																	
<b>BILL OF LADING</b>																																			
<b>Shipper</b>		<b>Carrier:</b> Scotlynn USA Division Inc																																	
Grainwell Puffed Grains 2360 Industrial Parkway SW Dyersville, IA 52040		<b>Trailer Number:</b> <b>Seal Number:</b> <b>Pickup Date:</b> 09/12/2024																																	
<b>Consignee</b>		PRO LABEL HERE																																	
Bridgetown Natural Foods 11601 SE Foster Rd Portland, OR 97266		<b>References</b>																																	
<b>Bill To</b>		Shipping Order: 20240011768 Load Number: 52965175LN Client Shipment Reference: 20240011768																																	
Bridgetown Natural Foods c/o Transportation Insight PO Box 23000 HICKORY, NC 28603-0230		<b>Freight Terms</b>																																	
<b>Special Instructions</b>		Prepaid: _____ Collect: <u>  X  </u> 3rd Party: _____																																	
Seals or padlocks are required on all deliveries to Bridgetown Natural Foods. Carrier is required to use load bars or straps as appropriate to secure all freight. Delivery appointment is required. Shipper Inst: Pickup is by Appointment Only. Logistics@grainwellfoods.com		<b>Accessorials</b>																																	
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<p>Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 30%;"> <small>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, and to all applicable state and federal regulations.</small> </td> <td style="width: 20%; text-align: center;">Trailer</td> <td style="width: 20%; text-align: center;">Freight</td> <td rowspan="2" style="width: 30%;"> <small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small> </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> by Shipper  <input type="checkbox"/> by Driver         </td> <td style="text-align: center;"> <input type="checkbox"/> by Shipper  <input type="checkbox"/> by Driver         </td> <td>           Shipper: <u>                    </u> </td> </tr> </table>				<small>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, and to all applicable state and federal regulations.</small>	Trailer	Freight	<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small>	<input type="checkbox"/> by Shipper <input type="checkbox"/> by Driver	<input type="checkbox"/> by Shipper <input type="checkbox"/> by Driver	Shipper: <u>                    </u>																									
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<b>Shipper Signature/Date:</b> <small>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.</small> Shipper: <u>                    </u> 9/13/24		<b>Carrier Signature/Pickup Date:</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted.</small> Carrier: <u>                    </u>																																	
Consignee acknowledges receipt of goods. Please note any shortages or damages on BOL upon delivery.		Consignee: <u>                    </u> <u>                    </u>																																	