

**ENERGY Logistics Inc.**

2555 Dollard Avenue

Building 8

LaSalle, QC H8N 3A9

Phone: 514-400-9949 Fax: 514-370-5466

LOAD CONFIRMATION**FB#: L1037688****DATE SENT: Monday, September 23, 2024 9:21AM**

CARRIER NAME: ROYAL3 INC
CONTACT: Phil Vukovic
PHONE: 6304857370
CITY: Chicago, IL
EMAIL: phil@royal3inc.com

DISPATCH AGENT: Ravi Panchal
DISPATCH AGENT PHONE #: 514-400-9949
DISPATCH AGENT EXTENSION: 1428

EQUIP. TYPE: FOOD GRADE DRY VAN

Attention: It is a condition of carriage that carrier will install and permit tracking and tracing via MacroPoint.
carrier.macropointconnect.com/energy-connect

CARRIER NOTES:

SHIPMENT IS BLIND, DRIVER SHOULD NOT GIVE ANY PAPERWORK TO RECEIVER UNLESS PROVIDED BY ENERGY TRANSPORTATION.

ONCE LOADED DRIVER MUST TAKE PHOTOS OF PRODUCT PRIOR TO SEALING DOORS.
PHOTOS MUST BE SENT TO ENERGY PRIOR TO DEPARTURE.

FAILURE TO FOLLOW BLIND INSTRUCTIONS WILL RESULT IN FINES APPLIED TO CARRIER.

LOCATION	INFO	DESCRIPTION / INSTRUCTIONS	PCS	PLTS	WGT	TEMP
3G MERMET CORP 5970 N MAIN ST COWPENS, SC 29330	PICK UP: 09/23/2024 10:00 to 11:00 Pick Up Type: Live Load	LACOVYL Delivery Appointment #: A Shipment Identification Number: 6000245569 ProBill: 2 Purchase Order: 4551141232	1	0	42,439.0 LB	0.0

Terms & Conditions:

This Load Confirmation is subject to the terms and conditions of the signed Energy Contract previously agreed to. Nothing in the below is intended to replace these terms but rather provide a reminder of elements thereof.

Compensation requires the carrier to note our load confirmation number on all correspondence and must include the following elements:

- Signed Bill of Lading, indicating either a satisfactory delivery or an intact seal, and/or, a signed Delivery Receipt indicating the above.
- Signed Rate Confirmation sheet.

All accessorial charges must be pre-approved in writing by Energy and included with the above.

Compensation may be withheld if this shipment is double-brokered, moved by rail, consolidated with any other freight or if the agreed services are not fulfilled.

Trailer seals, where applicable, must be applied with the seal number indicated on the Bill of Lading prior to departure from the shipper. Seals may only be broken upon instruction from a duly authorized law enforcement officer. Notice of such a lawful order must be provided as soon as possible to Energy. Breaking of a seal for any other reason can only be performed upon written approval from Energy.

Carrier will be responsible for all losses and damages caused to the non-owned trailer while it is in its custody, care and control.

Dispatch or Drivers are required to provide the following to Energy:

Before Pick Up

Driver contact information
PAPS or PARS number and Border Crossing if applicable
Provide both the truck and trailer numbers

During Transit

Drivers must identify themselves as a carrier arranged for by Energy Transportation Group
Provide live updates for check-ins and transit status as required by Energy

At all times, never deviate from the instructions contained in this load confirmation, if there is a conflict between this document and a Bill of Lading or other document immediately contact the representatives listed on this document.

WORKERS' COMPENSATION BOARD. CARRIER agrees to be exclusively responsible for the Worker's Compensation insurance of its employees and to warrant, indemnify and save harmless the BROKER, PRINCIPALS, DIRECTORS, OFFICERS AND HEIRS against any claims or legal actions or decisions in this regard. If any direct claim for Worker's Compensation benefits or awards or any other claims arising from employment are asserted against the BROKER by any of said employees or, in the event of death, by their personal representatives, then the CARRIER shall indemnify and hold the BROKER harmless from and against any such claim(s) to the extent of all benefits and awards, costs of litigation, disbursements and reasonable attorney's fees the BROKER may incur in connection therewith. At the BROKER's option and upon written notice, CARRIER will undertake to defend the BROKER against such claim(s). CARRIER shall comply with the Workplace Safety and Insurance Board Act or other workers compensation legislation and will provide BROKER with a copy of a Workplace Safety and Insurance Board (or other Board's) Clearance Certificate.

Within 48 hours of delivery, please send the invoice and POD to carrierpayables@shipenergy.com

****For any payment status inquiries please visit our portal at <https://shipenergy.invoiceinfo.com> or email paystatus@shipenergy.com****

imper receipts and all accessorial charges along with all detention must be reported within 24 hours upon arrival and departure. Detention is not valid if the in or out times are reported after the fact. In and out times must be signed/stamped on the BOL/POD in order to be approved and paid.

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carrier.macropointconnect.com/energy-connect**

LOCATION	INFO	DESCRIPTION / INSTRUCTIONS	PCS	PLTS	WGT	TEMP
SAINT GOBAIN ADFORS AMERICA INC 14770 EAST AVENUE ALBION, NY 14411	DELIVER: 09/24/2024 9:00 to 10:00 Delivery Type: Live Unload	LACOVYL Delivery Appointment #: A Shipment Identification Number: 6000245569 ProBill: 2 Purchase Order: 4551141232	1	0	42,439.0 LB	0.0

AGREED RATES

Our Reference	Rate Type	Amount
L1037688	BASE	\$1,700.00
TOTAL: \$USD		\$1,700.00

SPECIAL BILLING NOTES

- * 'Load Number' and 'Our Reference Number(s)' must be referenced on your invoice.
- * A copy of the Original Bills must be provided with your invoice.
- * Rates include all Add-on and Surcharges.
- * Any Freight Claims will be deducted from the agreed rates.

Please sign and return back.

(SIGNATURE)

(PRINTED NAME)

(DATE)

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INVOICE

BILL TO:

ENERGY TRANSPORT USA INC
1100 MARKET ST STE 902
CHATTANOOGA, TN 37402-2937

INVOICE DATE: 09/24/2024**INVOICE #:** L1037688**TERMS:** NET 30**DUE DATE:** 10/24/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
09/23/2024		5970 N Main St, Cowpens, SC 29330 - 14770 East Avenue, Albion, NY 14411			
		Freight Income	1	\$1,700.00	\$1,700.00

TOTAL

\$1,700.00

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

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - Non Negotiable						Page 1 of 2
Date: 09/25/2024		Bill of Lading / No de Connaissance: 6000245569			SHIPPING POINT / LIEU D'EXPEDITION:	
ARKEMA		PREPAID - COLLECT / PORT PAYE: PREPAID			F.O.B. FREIGHT / F.A.B.: DAP ALBION, NY	
CONSIGNEE / CONSIGNATAIRE: SAINT-GOBAIN ADFORES AMERICA, INC. 14770 EAST AVENUE ALBION NY 14411-0390		SHIPPER / EXPEDITEUR: ENERGY EXPRESS TRUCKING INC ARKEMA CANADA 2555 DOLLARD AVE, BUILDING 8 LASALLE QC H8N 3A9 CANADA				
<small>COMBINATION SHORT FORM OF STRAIGHT BILL OF LADING - EXPRESS SHIPPING CONTRACT ADOPTED BY RAIL, FREIGHT AND EXPRESS CARRIERS SUBJECT TO THE JURISDICTION OF THE CANADIAN TRANSPORT COMMISSION - Subject to all the terms, conditions and limitations on reverse. DECLARED VALUATION: Maximum liability of \$4.41/kg (\$2.20/lb) calculated on the total weight of the shipment, unless declared valuation states otherwise. FORMULE COMBINEE ET ABREGEE DE CONNAISSANCE SIMPLE ET DE CONTRAT D'EXPEDITION DE MESSAGERIES ADOPTEE PAR LES CHEMINS DE FER QUI ASSURENT LE TRANSPORT DES MARCHANDISES ET DES MESSAGERIES ET QUI SONT SOUS LA JURIDICTION DE LA COMMISSION CANADIENNE DES TRANSPORTS - Soumise aux modalités au verso cette forme. VALEUR DECLAREE: Responsabilité maximum de \$4.41/kg (\$2.20/livre), calcul sur le poids total de l'expédition, à moins d'indication contraire par la valeur déclarée.</small>						
ROUTING / ITINERAIRE		EETO ENERGY EXPRESS				
Car or Vehicle Initials & No / Init et no. Veh:		TARE		GROSS / BRUT	NET / NETTE	
L1037688				36,337 LB 16,482 KG	35,549 LB 16,125 KG	
ITEM	D.G. M.D.	NO. PACKAGE NOMBRE COLIS	DESCRIPTION AND SPECIAL MARKS / DESCRIPTION ET ANNOTATIONS			WEIGHT POIDS
			Delivery: 83122751 Customer PO: 4551141232 Order: 2361398			
10		645 BAG	PLASTIC RESIN, NOI LACOVYL® PB 1302-H 25K (55.115#) BAG NMFC: 156240 CLASS: 60			36,337 LB 16,482 KG 63336
Customer Required Messages: SAINT GOBAIN PART# 13287						
Routing Messages: CARRIER MUST CALL 585-331-5018 CHRISTOPHER GARDNER or 585-331-5032 MIKE HANLON TO SCHEDULE A DELIVERY APPOINTMENT IF YOU CANNOT MAKE CONTACT, PLEASE ADVISE YOUR DISPATCH. EMAIL: CHRISTOPHER - christopher.gardner@saint-gobain.com MIKE - mike.p.hanlon@saint-gobain.com RECEIVING HOURS: 7:00AM TO 3:00PM COA'S ARE SCANNED AND SENT TO CUSTOMER PREVIOUS TO SHIPMENT						
***END OF BILL OF LADING *** TOTAL PAGES: 2						
24 HOUR NUMBER / NUMÉRO 24 HEURES: CANADA: 1-613-996-6666 USA: 1-800-424-9300						
<small>NOTICE OF CLAIM: a) No carrier is liable for loss, damage or delay to any goods carried under the Bill of Lading unless notice thereof setting out particulars of the origin, destination and date of shipment of the goods and the estimated amount claimed in respect of such loss, damage or delay is given in writing to the originating carrier or the delivering carrier within sixty (60) days after the delivery of the goods, or, in the case of failure to make delivery, within nine (9) months from the date of shipment. b) The final statement of the claim must be filed within nine (9) months from the date of shipment together with a copy of the paid freight bill. AVIS DE RECLAMATION: a) Le transporteur n'est responsable de perte, de dommages ou de retards aux marchandises transportées, qui sont décrites au connaissance, qu'à la condition qu'un avis écrit précisant l'origine des marchandises, leur destination, leur date d'expédition et le montant approximatif réclamé en réparation de la perte, des dommages ou du retard, ne soit signifié au transporteur initial ou au transporteur de destination, dans les soixante (60) jours suivant la date de la livraison des marchandises, ou dans les cas de non-livraison, dans un délai de neuf (9) mois suivant la date de l'expédition. b) La présentation de la réclamation finale accompagnée d'une preuve du paiement des frais de transport doit être soumise au transporteur dans un délai de neuf (9) mois suivant la date de l'expédition. I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, are properly classified and packaged, have dangerous goods safety marks properly affixed or displayed on them, and are in all respects in proper condition for transport according to the Transportation of Dangerous Goods Regulations. Je déclare que le contenu de ce chargement est décrit ci-dessus de façon complète et exacte par l'appellation réglementaire adéquate et qu'il est convenablement classifié, emballé et muni d'indications de danger - marchandises dangereuses et à tous égards bien conditionné pour être transporté conformément au Règlement sur le transport des marchandises dangereuses.</small>						
ERAP 2-1008-087: 1-800-567-7455						
TRANSPORT PORT PAYE FACTURER A:		SHIPPER/EXPEDITEUR:		CARRIER / TRANSPORTEUR:		DATE:
SEND PREPAID FREIGHT BILLS TO: Arkema Canada Inc. 655 Alphonse-Deshaies Boulevard Bécancour, Québec, Canada G9H 2Y8						

J. N. Lee 9/24/24