

INVOICE

BILL TO: GILTNER LOGISTICS INC 834 FALLS AVE SUITE 1220 TWIN FALLS, ID 83301

INVOICE DATE: 10/22/2024 INVOICE #: B62098 TERMS: NET 30 DUE DATE: 11/22/2024

| DATE | CUSTOMER REF# | ORIGIN - DESTINATION | QUANTITY | RATE | AMOUNT |
|------------|------------------|--|----------|------------|------------|
| 10/21/2024 | | Woody Warehouse Nursery, 3339 W 850 N, Lizton, IN 46149 - Red Bison Services, LLC, 115 4th Ave, Camanche, IA 52730 | | | |
| | | Freight Income | 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

| GUAR Logistic | F R O M | 10/18/24 14:10:08 (ES PHILLIP SHINKLE (859) 414-2157 (208) 914-7181 (f) pshinkle@giltner.com | | | | |
|---|------------------|--|---------------------------------------|--|--|--|
| GILTNER LOGISTICS, DOCS@GILTNER.COM PO BOX 5129 TWIN FALLS ID 8330 | INC. | C A R I E R | BRZ (708) MC # DOT Driver | 303-5150 (p) 86875 3119062 SANTIAGO DWAYN | Truck # 853 Trailer # w94945 E Cell # (959) 111–0708 | |
| Size & Type: 53' VAN Pieces: 1705 | | Description: Weight: | | PLANTS | Miles: 297 | |
| CHARGES | | | | DISPATCH NO | TES | |
| LINE HAUL RATE | 1000.00 | Driver must accept tracking prior TO PICK AND MUST REMAIN ON UNTIL THE POD IS RECEIVED BY ME. FAILURE TO DO SO WILL LOWER THE RATE \$350. DRIVER MUST PICK UP ON 10/21 IN LIZTON, IN BETWEEN 0800-0900 AND deliver the same day in Camanche, IA between 1400-1700. Driver must remain their truck unless specified otherwise by a WW employee. Failure to comply will lower the rate \$250. | | | | |
| TOTAL RATE | 1000.00 | | ······ | | | |

PRO # 1225011

PICK 1

WOODY WAREHOUSE NURSER 3339 W 850 N LIZTON IN 46149 Hours : 8-10 Phone/Contact: (317) 994-5487 STEPHEN Ready Date: 10/21/24 08:00 **Ref #** 199126

Rate Confirmation

STOP 1

RED BISON SERVICES, LL 115 4TH AVE. CAMANCHE IA 52730 Phone/Contact: (414) 534-9977 EVAN GRASSMAN Must Deliver: 10/21/24 **Ref #** 199126

This confirmation governs the shipment/freight movement referenced above as of the date specified & hereby amends, is incorporated by reference, & becomes part of that certain BROKER-CARRIER agreement executed between BROKER and CARRIER. Carrier agrees to sign and return confirmation via fax. Carrier shall be in agreement with rates listed on rate agreement and any change in the rate agreement between BROKER & CARRIER must have subsequent rate agreement issued by BROKER & signed by CARRIER. Rates include all charges including fuel surchar ge. A minimum charge of one hundred dollars shall apply to all missed appts. No detention will be paid at PU or DEL without IN AND OUT TIMES marked on the bills by SHIPPER or CONSIGNEE and prior approval by BROKER. If this shipment is double brokered, the agreement is VOID. Carrier is responsible for compliance with CA Air Resources Board if operating in CA. Carrier will indemnify BROKER for any fines received for not complying. **PLEASE EMAIL OR FAX SIGNED RATE CONFIRMATION TO EMAIL OR FAX ON UPPER RIGHT HAND CORNER LISTED ON RATE CONFIRMA TION** ***ALL INVOICES MUST BE EMAILED TO DOCS@GILTNER.COM FOR PROMPT PAYMENT**

Carrier Signature _____ Kicke

PRO #1225011 Send Carrier Bills to the Address Above

must appear on all Invoices

Date

| ILTNER LOGISTICS, INC. O BOX 5129 WIN FALLS ID 83303 (916) 900-1843 (208) 286-1259 Fax | | STRAIGHT BILL OF | | | Date : 10/21/24 | | | | |
|--|---|---|---|---|--|--|--|--|--|
| SHIPPER | | CONSIGNEE | | | | | | INSTRUCTIONS | |
| WOODY WAREHOUSE NURSER 3339 W 850 N LIZTON IN 46149 (317) 994-5487 STEPHEN Ref # 199126 | | CAMANCHE IA 52730 (414) 534-9977 EVAN GRASSMAN Ref # 199126 | | LL | | | | | |
| Description | | | Class | Pcs | | Weight | Plts | Additional Info | |
| POTTED PLANTS | | | | 1705 1705 | 211 | 60 | | | |
| Totals | | | 1705 | 21: | 160 | | | | |
| NOTE · Liability 1 | | | | | | | | Nvoice to Ensure Prompt Payment 8) 286-1259 after Pickup & Delivery ICS, INC. @ (916) 900-1843 Pursuant to an exconomic between | |
| Subject to Section 7 be delivered to the consignor, the consi statement: The carrier shall no without payment of f Shipper : WOODY WA Signature | conditions consignee w gnor shall t make deli reight and REHOUSE NUR | , if this shipmer ithout recourse of sign the followin very of this ship all other lawful SER Date / | nt is t on the ng oment charge / / ls are | Carri Carri avail guide descr Carri Signa Licer Recei | er a able bool ibeo er/l uturo ise j | acknowledges pertifies eme and/or carr or equivale about is priver plate | receip rgency ier ha ceivec wou I | pt of packages and required placards. y response information was made as the DOT emergency response sumentation in the vehicle. Property d in Tood order, except as noted. Pieces Date / / Irailer # MC # | |
| This is to certify t classified, marked a condition for transp regulations of the D Shipper : WOODY WA tame of Signor: Signature Time In : | ortation ac OT. | cording to the ap | oplicak | and r avail state | able and gne | if applicable | e, oth een es per, c ulatic | Jually determined rates or contracts in writing between the carrier and nerwise the rates, classifications stablished by the carrier and are on request, and to all applicable ons. ICES, LL Move Date O.A. 24 Time Out: U.A. | |