



BILL TO: B-BAM INC 218 STEARNS DR SAUK RAPIDS, MN 56379 INVOICE DATE: 10/31/2024 INVOICE #: R63649 TERMS: NET 30 DUE DATE: 12/01/2024

| DATE | CUSTOMER REF# | ORIGIN - DESTINATION | QUANTITY | RATE | AMOUNT |
|------------|------------------|--|----------|------------|------------|
| 10/30/2024 | | 2500 Delta Ln, Elk Grove Village, IL 60007, USA - 5888 E County Rd 180, Blytheville, AR 72315, USA | | | |
| | | Freight Income | 1 | \$1,500.00 | \$1,500.00 |

TOTAL

\$1,500.00

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



Load Number 0081435

| Carrier: Date: | ZIGI F CHIC/ 10/30/ | | C IL 60638 | | Contact: Phone: Fax: | JOEY |
|-------------------|-----------------------------|---------------------------|--------------------------------|--------------------------|---|------------------------------------|
| Order | Orde Miles Tem BOL | s: 482.0 | | Pieces: 18 | Commodity: Weight: Trailer: Reference: | FREIGHT OF ALL KINDS 44500.0 |
| | PU 1 | Name: Address: | BECKER SPECI 2500 DELTA LAN | ALTY CORPORATI NE | ON Date: Contact: | 10/30/2024 1700 10/30/2024 1800 |
| | | Phone: | ELK GROVE VIL | LA IL 60007 | | Jnld: No driver loading or unload |
| | SO 2 | Name: Address: | NUCOR COATIN 5888 COUNTY R | IGS CORPORATIO | N Date: Contact: | 10/31/2024 0800 10/31/2024 1500 |
| | | Phone: | BLYTHEVILLE | AR 72315 | | Jnld: No driver loading or unload |
| Payment | | Carrier Fre Total Carr | | \$1,500.00 \$1,500.00 | | |

Instructions

PLEASE CHECK IN AS B-BAM LOGISTICS PU # ASK FOR LOAD GOING TO BLYTHEVILLE, AR 18 SKIDS - NON HAZMAT PAINT Agreement

Carrier Signature

Please sign and send back to Szymon Krajewski Phone Email Cell

Joey Cimbalievic

All invoices must include a signed delivery receipt and be sent to: accounting@bbamlogistics.com

Refer to the Load Number on your invoice: 0081435

Invoices and signed delivery receipt(s) may also be sent to:

B-Bam Inc. | 980 Lambert Lane, Suite B | Elgin, IL 60123

This load confirmation is subject to the terms of the agreement for motor contract carrier services ("agreement") previously executed between our companies and this constitutes an addendum to the terms of that agreement. We agree to pay the rates and charges shown on this agreement and no different tariff rate or schedule of rates apply. This load confirmation is inclusive of all charges. Unless oral and written objections are made to its terms, at the earlier of within twentyfour (24) hours of receipt or prior to work being initiated, you have agreed to the terms.

a. This rate is contingent upon successful and on-time completion of all load terms as orally stipulated or written on this addendum and rate may be subject to reduction if carrier fails to complete any shipment terms and conditions. Rate may be reduced if load picks up or delivers after originally scheduled time and date. Carrier acknowledges that failure to complete any terms and conditions on this shipment may jeopardize or result in loss of future business.

b. Problems or issues after regular business hours or over the weekends, must be reported to B-Bam, Inc at 224-407-2990.

c. Pursuant to the B-Bam Inc carrier contract, carrier will provide an amount of cargo insurance coverage sufficient to cover the loss or damage of any commodities and cargo carried. Carrier's cargo insurance policy must not exclude from coverage any commodities or cargo carried on this order. If carrier's cargo insurance policy contains a schedule of covered vehicles, carrier will not transport any cargo on this shipment using a vehicle that is not listed as a scheduled vehicle on carrier's cargo insurance policy. d. Re-brokering, assigning or interlining of this load will void B-Bam's obligation to pay carrier's freight invoice.

| | Ship From: | BOL #: 10/30/2 | 024-NUCBL0-1CH | 411 | |
|--|---|---|--|-------|--|
| ddress: 2526 Elk C | er Specialty Corporation | Date:10/30/2024Return any damaged product to the shipper:Beckers Group-Contact: WarehouseMgr (847)766-35552500 Delta LaneElk Grove Village, IL 60007 | | | |
| 51 C C C | Ship To: | Carrie | Carrier Name: | | |
| Address: 5888 | OR COATINGS CORP COUNTY ROAD EAST 180 THEVILLE, AR 72315 USA | B-BAM LOGISTICS | | | |
| No. of Units & Container Type | HM Commodities requiring special or a | cription / Classification dditional in handling or stowing must be so ure safe transportation with ordinary care | WEIGHT (Subject to Correction) | CLASS | |
| DRUM(\$) | NON REGULATED UNDER 49 CFR 17 870-762-7835 Receiving Hours: Monday - Friday 7am - 5pm DRUMS MUST BE PALLETIZED Total Number of Skids: 18 Gross Weight SE OF CHEMICAL EMERGENCY CALL: | Robert | 41,141 Lbs | 55 | |
| SHIPPER BEC This is to certify th properly classified, labeled/placarded transportation accc the DEPARTMENT Print Name/Signa | KER SPECIALTY CORPORATION at the above named materials are described, packaged, marked, and and are in proper condition for orging to the applicable regulations of OF TRANSPORTATION | Placards Furnished By: Shipper Carrier Print Name/Signature/Date Trailer Loaded, Blocked, & Braced By Carrier Print Name/Signature/Date | Consignee: Print Name/Signature Print Name/Signature Freight Charges Freight is prepaid except when box is checked. Check box if charges are to be collect.Prepaid | 1.000 | |