



## INVOICE

**BILL TO:**  
RIGHT PEAK LLC  
5757 N SHERIDAN RD APT 8D  
CHICAGO, IL 60660

**INVOICE DATE:** 11/26/2024  
**INVOICE #:** R66892  
**TERMS:** NET 30  
**DUE DATE:** 12/26/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/23/2024		1307 N Lombard Rd, Lombard, IL 60148 - 932 Maple St., Contoocook, NH 03229			
		Freight Income	1	\$2,400.00	\$2,400.00

<b>TOTAL</b>
\$2,400.00

### 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**



Right Peak  
5757 N Sheridan Rd Unit 8D  
Chicago, IL  
MC: 1493265 P: 773-572-0009 F:

LOAD NUMBER

102631

11/23/2024

## DISPATCH CONFIRMATION

Carrier: **Zigi Freight Inc**  
Chicago, IL

Ph/Fax: **630-485-7370**

Attn:

**630-485-7370**

MCID: **944686**

Reference:

Trailer:

Driver:

Cell:

Truck:

### Load Info

Pieces: **0** Miles: **1127**  
Space: **0** Pallets:  
Act Wgt: **40000** Type: **Mathew**  
As Wgt: **40000** Trailer:  
Value:

### The Following Pay Is Authorized For This Load

Pay Code	Pay Type	Rate	Total
<b>Load</b>	<b>Flat</b>	<b>2,400.00</b>	<b>2,400.00</b>
	<b>Total</b>		<b>2,400.00</b>

Stop	From	To	Name Address	City Phone	St Zip	Ref Contact	Appt Appt Ref
1	PU	11/23 08:00	11/23 12:00	Right Peak Warehouse 1307 N Lombard Rd	Lombard	IL 60148	DOCK 37 No 102631

### Notes

FOOD GRADE PLATED TRAILERS ONLY! Must scale up to legal.  
Accessorial Rates payable to Carrier that are applicable to dry van shipments shall be as follows:  
a. TONU: \$100 flat rate  
b. Layover: \$150 flat rate  
c. Detention: \$35/hour up to 5 total hours (Detention time begins 3 hours after the scheduled appointment time; the driver must be on time for the appointment to qualify.)  
d. Lumpers: Right Peak will reimburse lumpers with an approved lumper receipt ("Receipt"). Lumper charges must be submitted to Right Peak using the Receipt within twenty-four (24) hours of delivery to ensure timely and accurate reimbursement.  
e. Documentation: Pictures of the BOL, seal, and loaded trailer must be taken after pickup; otherwise, a \$100 fee will be applied.  
PU#102631

2	Del	11/25 07:00	11/25 07:00	High Liner Foods USA Inc 1 Highliner Ave	Portsmouth	NH 03801	Yes
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### Notes

If Lumper is requested, Right Peak must get the receipt and be notified within 24 hours of the service being performed. Otherwise, lumper payment will not be PAID. 50\$ will be deducted per day if POD is not received within 24 hours after delivery. Loads that are late for the scheduled pick up or delivery appointment will be charged a late fee of \$500.00 (per day)  
All invoices must go to ap@rightpeak.net  
Carrier Responsibilities: It's the carrier's responsibility to plan the delivery accordingly, considering 2-3 hours for loading. In the case of a missed delivery appointment, accessorial charges such as reloading, cross-docking services, etc., may be incurred, and the carrier may be charged.  
Instructions for UNFI Loads: For all UNFI loads requiring detention, we need to receive the UNFI detention form immediately to process the request!  
DEL#20863667 #24602771 @183281588

# DISPATCH CONFIRMATION

Page 2 of 2

Load No 102631 - 11/23/24

3	Del	11/25 11/25	NE/CONCORD	Contoocook	NH	Yes
		20:00 20:00	932 Maple St.		03229	

Notes

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Instructions for UNFI Loads: For all UNFI loads requiring detention, we need to receive the UNFI detention form immediately to process the request!

DEL#MY1005849801 #30488-5386126

Commodity	Description Reference	Pieces	Weight
FAK		0	40,000
Totals		0	40,000

Right Peak

11/23/24  
DATE:

*Bill Carson*

Zigi Freight Inc

11/23/24  
DATE:

# Gate Pass

## Attention: DRIVERS

Please leave your doors open. The contents of you trailer is subject to verification prior to leaving the premises at the security gate.

Date: 11/24/24 Carrier Name: Zigi Freight  
Door: 9 Receiver Name: Angela Weaver  
Empty Pallets: 0 Pallet Jacks: 0  
Full Pallets: 0 Load Bars: 0  
Damages: Y N Bulk Heads: 0  
Straps: 0 Other: 0  
P.O #: MU100 58498-01

Back Gate Security: You must notify the receiving clerk at EXT# 8030 if any items on the trailer are not listed above. The receiver must sign off on this report before the carrier leaves.

Approved Signature Angela Weaver

Time IN 7:30 PM  
Time OUT 5:30 AM



## BILL OF LADING

SHIP FROM		SHIP TO	
Name:	General Mills Operations, LLC	Name:	MCLANE MY CONCORD Loc#: 60083347
Address:	1210 IRENE ROAD	Address:	932 MAPLE ST
City/State/Zip:	BELVIDERE, IL 61008	City/State/Zip:	CONTOOCOOK, NH 03229
FOB:	<input checked="" type="checkbox"/>	SID#:	2095168554
THIRD PARTY FREIGHT CHARGES BILL TO:		FOB:	<input type="checkbox"/>
Name:	General Mills AP	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:	P.O. Box 59145	Prepaid _____ Collect <u>X</u> 3rd Party _____	
City/State/Zip: MINNEAPOLIS, MN 55459-0145		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Dry			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)	
	0	0	Y	N
MY10058498-01	4052	16241	Y	N
GRAND TOTAL	4052	16241		

CARRIER INFORMATION				
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION
QTY	TYPE	QTY	TYPE	
				Commodities requiring special or additional attention in handling or slowing must be so marked and packaged as to insure safe transportation with ordinary care Date: _____
				See Section 2(e) of NMFC Item 360
				PO #: <u>1041065 5100-00</u>
				Trailer #: <u>WA2034</u>
				Total Rec'd: <u>3925</u>
				Rec'd By: <u>[Signature]</u>
				Driver: <u>[Signature]</u>
				Signature: _____
				Pallets: CHEP _____ White _____
				IGPS _____ PECO _____
				Bad Pallets: _____
38		4052		GRAND TOTAL <u>18161</u>

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: \$ _____ Driver Unload <u>Y</u> <u>(N)</u> Fee Terms: <input type="checkbox"/> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).

RECEIVED, subject to the transportation contract or rate agreement in effect between shipper and Contract Carrier (the word contract carrier being understood through this bill of lading as meaning the motor carrier, forwarder, broker, or other intermediary that has obligated itself to transport the freight from origin to destination) on the date of issue of this bill of lading, the property described below in apparent good order and condition except as noted. This bill is a receipt for goods, it is not of itself a contract of carriage. It is manually agreed between Shipper and Contract Carrier as well as any person or company otherwise authorized to be in possession of the property during transportation that the services to be performed will be subject to all the terms and conditions contained in the Transportation Contract or rate agreement and no other document. The Contract Carrier agrees to this for itself and its subcontractors, agents and assigns. The weights are certified by the Shipper to be true and accurate.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SHIPPER SIGNATURE/DATE General Mills Operations, LLC Number One General Mills Blvd, Minneapolis, MN 55426 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 US DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver NA JEET TO COUNT***	Freight Counted: <input checked="" 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.
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Trailer Seal Verified Intact: YES or NO

03331571

11/18/24

Time IN 7:30 PM

Time out 5:30 AM





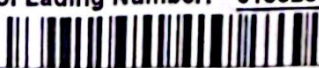


**KERRY**

Driver

**BILL OF LADING**

Date: 11/22/2024 Page 1

<b>SHIP FROM</b> Name: KERRY FRANKSVILLE DC Address: 13300 CAROL CT City/State/Zip: Franksville, WI 53126 SID: P173		<b>Bill of Lading Number: 0183281588</b> 	
<b>SHIP TO</b> Name: HIGH LINER FOODS (USA) INC Address: 1 HIGHLINER AVENUE City/State/Zip: PORTSMOUTH, NH 038020839 CID: 0001134524		<b>Carrier Name:</b> Equipment: -20863667 Seal number(s): 0049373 Container Tare Weight: LBS <b>SCAC:</b> <b>Pro Number:</b>	
<b>BOOKING DETAILS</b>		<b>Freight Charge Terms:</b> Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

**Special Instructions**

0020863667 COA- Printed COA required with shipment BOL- Please send BOL for all PO ending in -02- to customerarena-meet@kerry.com and melody.mcnell@kerry.com REV- YB 1/2024

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	KERRY ORDER NUMBER	KERRY DELIVERY NUMBER
24602771 O6	390	19500.000 LBS 8845.051 KG	0020863667	0813357719
	0	LBS KG		
	0	LBS KG		
	0	LBS KG		
	0	LBS KG		
<b>GRAND TOTAL</b>	390	19500.000 LBS 8845.051 KG		

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300	NMFC #	CLASS
8	GMA	390	Bag	19500.000		BEVERAGE PREPARATION NOI	74490	60
0		0		0.000				
0		0		0.000				
0		0		0.000				
0		0		0.000				
8		390		19500.000		<b>GRAND TOTAL</b>		

Mark with an 'X' to designate Hazardous Materials as defined in the Department of Transportation Regulations Governing Transportation of Hazardous Materials. The use of this column is an optional method of designating hazardous materials on Bill of Lading per section 172.201 and 172.201(b) of the regulations governing the transportation of such materials. EMERGENCY (US) #800-424-6300 or Direct #703-527-3667 and (CA) #813-995-6666.

NOTE Liability Limitation for loss or damage in 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, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature \_\_\_\_\_ Shipper

<b>SHIPPER SIGNATURE/DATE</b> 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 DOT.  11-22-24	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE/PICKUP DATE</b> Carrier acknowledges receipt of packaged and required placards. Carrier certifies emergency response information was made available and the carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  R. And Smith
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