



BILL TO: OMNI LOGISTICS LLC 3200 OLYMPUS BLVD SUITE 300 COPPELL, TX 75019 INVOICE DATE: 12/02/2024 INVOICE #: R67000 TERMS: NET 30 DUE DATE: 01/02/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
11/25/2024		251 E Rider St, Perris, CA 92571 - 6653 Hopkins Rd, Tracy, CA 95377			
		Freight Income	1	\$1,600.00	\$1,600.00
		Detention	1	\$160.00	\$160.00

### **Payments:**

DATE	METHOD	CHECK#	CHECK DATE	REFERENCE	AMOUNT
11/27/2024	Direct Deposit	699195	11/27/2024	699195	\$1,600.00

TOTAL	
\$160.00	

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

# **Omni Logistics**

Rate Confirmation Agreement for Omni Logistics, LLC dba LiVe Logistics

- All Invoices must include a SIGNED DELIVERY RECEIPT, BOL, and RATE AGREEMENT.
- Please send to the following address:

Omni Logistics, LLC dba LiVe Logistics

150 N. Fairway Drive Suite 144

Vernon Hills, IL 60061

- Invoicing, document collection and payment will be done using Epay Manager, an ACH payment system. Please upload paperwork to Epay Manager (epaymanager.com). This is the preferred method of payment for timely payments. A secondary option is to email invoices and supporting documentation to <u>Brokerageap@omnilogistics.com</u>
- The rate on this confirmation is the agreed upon sum between Carrier and Omni Logistics, LLC dba LiVe Logistics Corp
- This load cannot be double brokered. Double brokering of this load will result in nonpayment to the carrier, in addition to any other penalties applicable by contract or law.
- Any additional charges must be approved and added to the rate confirmation prior to invoicing.
- By signing the below, CARRIER agrees to provide a minimum of \$100,000 in Cargo insurance and \$1,000,000 in automotive liability insurance.
- The CARRIER acknowledges that the product listed is covered by their insurance policy and does not fall under any exclusions from their cargo policy.
- For any Team shipment there will be a \$500 rate reduction for using a SoloDriver
- Any Team load a driver does not accept Macropoint or Project 44 Tracking, there will be a \$500 rate reduction
- If a shipment is co-loaded with other freight or put on the rail without LiVe-Omni consent, The linehaul rate will be cut by 50%
- In order for detention to be paid the driver must accept Macropoint or Project 44. If the driver accepts tracking, then detention will be paid upon delivery and POD being received with notated Bol's. If the driver does not accept tracking, then there will be a delay, or no detention paid.
- POD required upon delivery. CARRIER is subject to a \$50 per day rate reduction

if PODs are not submitted within 48 hours.

## Omni Logistics, LLC dba LiVe Logistics 150 N. Fairway Drive Vernon Hills, IL 60061 844-351-3780



Page 1

844-351-37	780				L	oad Confiri	mation		0257516
Carrier: Date:	Royal3 LOMB/ 11/25/2	ARD	IL.	60148			Contact: Phone: Fax:	Peter Pajic 630-485-7370 630-485-6980	
Order	Order Miles: Temp BOL:	391.( :					Commodity: Weight: Trailer: Reference:	Palletized lightweight c 12147.0 Van (DAT) <b>TILNAF</b>	ommodity
		Name: Address:		SE USA C RIDER ST		DRATION	Date: Contact:	11/25/2024 1000 11/25/2024 1000	
		Phone:	PERRI	S	C/	92571	Driver Lo	ad: No driver loading or	unload
		Reference	number:		PO	1001965646			
		Reference	number:		PO	TILKCL			
		Reference	number:		PO	TILKJM			
		Reference	number:		PO	TILNAF			
		Name: Address:		uy San Fra opkins Rd		o DDC	Date:	11/26/2024 0530 11/26/2024 0530	
			TRACY	<i>,</i>	C	A 95377	Contact:	ad: No driver loading or	unload
		Phone: Reference			CG	1001965646		ad. No unvertidading of	unioad
		Reference	number:		PO	TILKCL			
		Reference	number:		PO	TILKJM			
		Reference	number:		PO	TILNAF			
Payment		Carrier Fro Total Carr	1995-1 (1	y:		\$1,600.00 \$1,600.00			



Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded. HISENSE USA CORPORATION - CARRIER MUST SEND COMPLETE DRIVER INFO PRIOR TO ARRIVING FOR LOADING OR DETENTION WILL NOT BE APPROVED. DRIVER INFO NEEDED IS...DRIVER'S FIRST AND LAST NAME, TRUCK #, TRAILER #, TRUCK VIN #, AND BOTH LICENSE PLATE NUMBERS

NO OUTWARD FACING HEX BOLTS ALLOWED ON THE TRAILER LOCK. TRAILER WILL BE REFUSED AND NO TONU WILL BE GIVEN IF DRIVER SHOWS UP WITH A TRAILER LOCK THAT HAS OUTWARD FACING BOLTS HISENSE USA CORPORATION - BESTMIMN: SWING DOORS ONLY. NO LIFT GATES

HISENSE USA CORPORATION - BESTMIMN: SWING DOORS ONLY. NO LIFT GATES HISENSE USA CORPORATION - BESTMIMN: DRIVER MUST BE ABLE TO SLIDE TANDEMS HISENSE USA CORPORATION - BESTMIMN: VAN TRAILER ONLY, REEFER TRAILERS WILL BE REJECTED AT THE SHIPPER.

# Please Sign: Milo Morrison

(X) Accept

() Decline

From: Roberto Ruiz Phone: Email: rruiz@omnilogistics.com Driver Name: Driver Cell: Driver Email: Tractor #: Trailer #:



150 N. Fairway Drive Vernon Hills, IL 60061 844-351-3780

# Omni Logistics, LLC dba LiVe Logistics Rate Confirmation Order: 0257516

**Roberto Ruiz** From:

Phone:

Email: rruiz@omnilogistics.com



Logistics.

Carrier: Date:	Royal LOME 11/29	BARD	IL	60148			Contact: Phone: Fax:	Peter Pajic 630-485-7370 630-485-6980
Order	BOI Mile Ten	es: 391	1965646 .0				Commodity: Weight: Trailer: Reference:	Palletized lightweight commodity 12147.0 Van (DAT) TILNAF
	PU 1	Name: Address:		SE USA RIDER S		ORATION	Date: Contact:	11/25/2024 1000 11/25/2024 1000
		Phone:	PERRI	S	C	A 92571	•	nld: No driver loading or unload
		Reference	Number	:	PO	1001965646		
		Reference	Number	:	PO	TILKCL		
		Reference	Number	:	PO	TILKJM		
		Reference	Number	:	PO	TILNAF		
	SO 2	Name:		uy San F		o DDC	Date:	11/26/2024 0530
		Address:	6653 H	opkins F	Rd			11/26/2024 0530
					-		Contact:	
		5	TRACY		C	4 95377	Drvr Ld/U	nld: No driver loading or unload
		Phone:			~~	4004005040		
		Reference			CG	1001965646		
		Reference			PO			
		Reference Reference			PO PO	TILKJM TILNAF		
		Relefence	Inditioel	•	PU	TILINAF		
Payment		Carrier Fr	eight Pa	y:		\$1,600.00		······································
		Detention	-	-		160.00		
		Total Carr				\$1,760.00		

#### Instructions

HISENSE USA CORPORATION - CARRIER MUST SEND COMPLETE DRIVER INFO PRIOR TO ARRIVING FOR LOADING OR DETENTION WILL NOT BE APPROVED. DRIVER INFO NEEDED IS...DRIVER'S FIRST AND LAST NAME, TRUCK #, TRAILER #, TRUCK VIN #, AND BOTH LICENSE PLATE NUMBERS

NO OUTWARD FACING HEX BOLTS ALLOWED ON THE TRAILER LOCK. TRAILER WILL BE REFUSED AND NO TONU WILL BE GIVEN IF DRIVER SHOWS UP WITH A TRAILER LOCK THAT HAS OUTWARD FACING BOLTS

HISENSE USA CORPORATION - BESTMIMN: SWING DOORS ONLY. NO LIFT GATES HISENSE USA CORPORATION - BESTMIMN: DRIVER MUST BE ABLE TO SLIDE TANDEMS HISENSE USA CORPORATION - BESTMIMN: VAN TRAILER ONLY, REEFER TRAILERS WILL BE REJECTED AT THE SHIPPER.

#### Agreement

All invoices must include a SIGNED DELIVERY RECEIPT, BOL and RATE AGREEMENT. Please send invoices to the following address.

Omni Logistics, LLC dba LiVe Logistics 150 N. Fairway Drive Vernon Hills, IL 60061

Invoicing, document collection and payment will be done using Epay Manager, an ACH payment system. Please upload paperwork to Epay Manager (epay manager.com) or email invoices to brokerageap@omnilogistics.

The rate on this confirmation is the agreed upon sum between CARRIER and Live Logistics

This load cannot be double brokered. Double brokering of their load WILL result in non-payment to the carrier, in addition to any other penalties applicable by contract or law

Any additional charges must be approved and added to rate confirmation.

By signing the below, CARRIER agrees it has at least \$100,000 in cargo insurance and \$1,000,000 in automotive liability insurance.

For any team shipment there will be a \$500 rate reduction for using a Solo driver

Any team load a driver does not accept Macropoint or P44 there will be a \$500 rate reduction

If a shipment is co-loaded with other freight or put on the rail without LIVe/Omni's consent the linehaul linehaul rate will be cut by 50%

In order for detention to be paid the driver must accept Macropoint or P44. If the driver accepts tracking then detention will be paid upon delivery and POD being received. If the driver does not accept tracking then there will be no detention paid.

POD required upon delivery. Subject to a \$50 per day rate reduction for PODs submitted after delivery date.

OTAL	96	12170	
Date (Fecha):			Dock Door (Puerta): 12
-	For drivers	ONLY, fill out	1- 6 (Para Conductores, Llenen 1-6)
Pick up information: exa	mple (PU#, PO#, F	OL#, Trip#, Load	#) Informaccion de Carga: por ejemplo (PU#, PO#, BOL#, Trip#, Load#)
Load Number/Numero de	Carga: 100(9	6564 2).D	iver Contact Phone#/# Telefono de Conductor: 305 - 824-7091
Driver Name (Print)/Nom	bre de Conductor	(Escrito): AN	Leviop River-
). Driver Name (Signature)	Nombre de Condu	ictor (Firma):	Jule Kin
5). Carrier Name/Nombre d	le Empressa:	Donal	3
6). Trailer# brought in/Nun	nero de Contenedo	r Entrante:	PTL 2232177
*DRIVERS DC	NOT FILL OUT*	(Only Security)	*Conductores NO DEBEN LLENAR* (SOLO SEGURIDAD)
Class A/B License	Verified: KN Ir	nitials: TB	Fraud Fighter Validated: N Initials:B
Driver License EXP	Date: 01111	32 Me	xico Drivers License Class B: Y/N EXP Date:
			icense Plate #: 329944T Chassis: 14
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Carrier Name on	Trailer/Tractor:		
0'5			** **SOLO OFICINA DE SHIPPING**
and the second se			Store: Bostbuy Prepaid/Collect: Fraud Fighter Validate NN Initials:
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Name: Hisense C/O iDC Logistics	Bill of Lading Number:	00888150000001524728
Address: 251 E RIDER ST	Appointment Date: Nov	25 2024 10:00 AM
City/State/Zip: Perris, CA 92571	0, / Load Number: 1001	965646
1010	~	
KOB:	Carrier Name: LIVE LOG	GISTICS
SHIP TO	Equipment: PTLZ23	2177
Name: BEST BUY-TRACY	Seal number(s): 244221:	3
Address: 6653 HOPKINS RD		
City/State/Zip: Tracy, CA 95377	SCAC: LVLP	
1×9 FOB: (1)	Pro Number:	-re (VAU)
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EMP BERYELE Beline Date 110002423	(check box) Lading	
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CUSTOMER ORDER NUMBER # PKGS	WEIGHT (LB) Pallet/Slip	
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SUPPLEMENT PAGE       GRAND TOTAL         GRAND TOTAL       96         HANDLING UNIT       PACKAGE       WEIGHT (LB)       H.M. (X)         QTY       TYPE       QTY       TYPE         QT       TYPE       QTY       TYPE         Q       96       1220.0       QTY         Merea the trate is is dependent on value, shippers are required to state specifically in writediated value of the property as follows:       The agreed of declared value of the property as follows:         The agreed of declared value of the property as follows:       The agreed of declared value of the property as follows:         The agreed of declared value of the property dassifications and rules tha have been agrees	Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Arrise       Y         N       Y         Arrise       Y         N       Y         Arrise       Y         N       Y         Arrise       Y         N       N         Arrise       Y         N       N         Arrise       Y         Arrise	be so marked  MMFC #  CLASS  CLASS  CLASS  OIIect:  Prepaid:  CLASS  OIIect:  Prepaid:  CLASS  OIIect:  OIIect:  OIIect:  DI  CLASS  OIIect:  OIIect:  DI  CLASS  OIIect:
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SUPPLEMENT PAGE       GRAND TOTAL         GRAND TOTAL       96         MANDLING UNIT       PACKAGE       WEIGHT (LB)       H.M.         QTY       TYPE       QTY       TYPE         MANDLING UNIT       PACKAGE       WEIGHT (LB)       H.M.         QTY       TYPE       QTY       TYPE         QTY       TYPE       QTY       TYPE         Variation       QG       1220.0         Mere the tate is dependent on value, shippers are required to state specifically in witedate value of the property is specifically stated by the shipper to b         Port	Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         ARRIER INFORMATION COMMODITY DESCRIPTION         Commodiles requiring special or additional attention in handling or stowing must and pachted of a contrailer         Commodiles requiring special or additional attention with ordinanceme         Date       If Stiff204 or March 2010 with ordinanceme         Seal #1 on trailer       2	be so marked  MMFC #  CLASS  CLASS CLA
SUPPLEMENT PAGE       GRAND TOTAL         GRAND TOTAL       96         MANDLING UNIT       PACKAGE       WEIGHT (LB)       H.M.         QTY       TYPE       QTY       TYPE         MANDLING UNIT       PACKAGE       WEIGHT (LB)       H.M.         QTY       TYPE       QTY       TYPE         QTY       TYPE       QTY       TYPE         Variation       QG       1220.0         Mere the tate is dependent on value, shippers are required to state specifically in witedate value of the property is specifically stated by the shipper to b         Port	Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Arrison       Y	be so marked       NMFC #       CLASS         ct       NMFC #       CLASS         ollect:       Prepaid:
SUPPLEMENT PAGE       GRAND TOTAL         GRAND TOTAL       96         HANDLING UNIT       PACKAGE       WEIGHT (LB)       H.M.         QTY       TYPE       QTY       TYPE         Manual Control       96         Manua Control       96	Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         ARRIER INFORMATION COMMODITY DESCRIPTION         Commodiles requiring special or additional attention in handling or stowing must and pachted of a contrailer         Commodiles requiring special or additional attention with ordinanceme         Date       If Stiff204 or March 2010 with ordinanceme         Seal #1 on trailer       2	be so marked       NMFC #       CLASS         ct       NMFC #       CLASS         ollect:       Prepaid:
SUPPLEMENT PAGE       GRAND TOTAL         GRAND TOTAL       96         HANDLING UNIT       PACKAGE       WEIGHT (LB)       H.M.         QTY       TYPE       QTY       TYPE         Manual Control       96         Manua Control       96	Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         Y       N         ARRIER INFORMATION COMMODITY DESCRIPTION         Commodiles requiring special or additional attention in handling or stowing must and pachted of a contrailer         Commodiles requiring special or additional attention with ordinanceme         Date       If Stiff204 or March 2010 with ordinanceme         Seal #1 on trailer       2	be so marked       NMFC #       CLASS         ct       NMFC #       CLASS         ollect:       Prepaid: