



INVOICE

BILL TO:
COYOTE LOGISTICS LLC
2545 W. DIVERSEY AVENUE
CHICAGO, IL 60647

INVOICE DATE: 01/15/2025
INVOICE #: R72040
TERMS: NET 30
DUE DATE: 02/15/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
01/07/2025		11901 Amedicus Lane Unit B, Fort Myers, FL 33907 - 2nd Ave & Surgical Pavilion Ent., Hines, IL 60141, USA			
		Freight Income	1	\$1,100.00	\$1,100.00
		Layover	1	\$200.00	\$200.00

Payments:

DATE	METHOD	CHECK#	CHECK DATE	REFERENCE	AMOUNT
01/10/2025	Direct Deposit	714993	01/10/2025	714993	\$1,100.00

TOTAL
\$200.00

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



Rate Confirmation Load 32675314

Send invoices to:
CarrierInvoices@coyote.com
960 Northpoint Parkway
Suite 150
Alpharetta, GA 30005

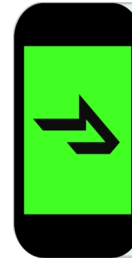
877-6COYOTE
(877-626-9683)

Cust Requirements

Equipment	Van, 53'
Pre Cooled Temp	None
Load Temp	None
Tarps	Undefined
Value	\$100,000

Booked By

Jared Soderholm
Jared.Soderholm@coyote.com
Phone: +1 (773) 365 6497
x2228
Fax: +1 (773) 365 7804



Get CoyoteGO Today!

- Dispatch
- Send updates
- Check in
- Submit paperwork

*Available for An-
droid or iPhone,
at App Store or
Google Play*

Load Requirements

Tech Tracking Required

Equipment Requirements

N/A

Notes

All Van/Container loads MUST be sealed at origin either by shipper or driver with a seal number noted on bill of lading. The driver is responsible for re-sealing the trailer after each pickup/drop on a multi-stop shipment. In the event a shipment that was sealed at origin or after each additional pickup/drop arrives at the destination with a tampered seal or without the seal intact then (i) the Carrier shall be liable for any shortage or damage claims with respect to such shipment and (ii) the shipper shall have the right, in its sole discretion, to deem the entire shipment damaged, adulterated/contaminated and unsalvageable, without the need for any inspection and the Carrier shall be liable for the full value of the shipment. Carrier is required to weigh shipment within 50 miles of departing each shipper. If carrier fails to weigh shipment within 50 miles of departing each shipper, any citations/expenses incurred due to the equipment and/or shipment weight will be the carrier's sole responsibility. Carrier must meet and comply to shipper requirements at the facility. All drivers must wear masks or facial coverings to the extent required by laws or facilities. **Carrier must be in full compliance with the Food Safety Modernization Act (FSMA), if applicable. By accepting the shipment, Carrier agrees that the driver has consented to receiving text messages and/or phone calls from or on behalf of Coyote.**

Approval for payment of detention is contingent upon the following eligibility requirements:

- 1) Carrier must report facility departure time and total detention hours within 24 hours of shipment delivery at the final facility.
- 2) Carrier must provide proof of the on time arrival and departure times in the form of a BOL or other shipping document with arrival and departure times notated by facility within 24 hours of shipment delivery at final facility.

Route Directions

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Signature Line

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Rate Confirmation

Load 32675314

Stop 1: Pick Up

Pick Up None Numbers	Appointment Scheduled For Tue 01/07/2025 at 13:00	Facility Notes
Confirmation None Numbers		
Facility First Nation Group	Driver Work No Touch	
Address 11901 Amedicus Lane Unit B Fort Myers, FL 33907	SLIC N/A	
Contact Jose Phone +1 (239) 333 1293		

Stop 1 Requirements

N/A

Commodity	Load On	Exp Wt	Pieces
Medical supplies	Pallets	38,000 Lbs	24

Stop 2: Delivery

Delivery None Numbers	Scheduled For Thu 01/09/2025 - Fri 01/10/2025 from 07:00 - 14:00	Facility Notes
Confirmation None Numbers		
Facility Department Of Veterans	Driver Work No Touch	
Address 1st Ave - Bldg 37 Service Center Bldg 37 - 1 Block N of 22nd Hines, IL 60141	SLIC N/A	
Contact John Burke Phone +1 (708) 786 7758		

Stop 2 Requirements

Strict Appt

Commodity	Load On	Exp Wt	Pieces
Medical supplies	Pallets	40,000 Lbs	24

Charges

Description	Units	Per	Amount
Fuel Surcharge	1310.00	\$0.430	\$563.30
Flat Rate	1.00	\$536.700	\$536.70

Contact

Send invoices to: 960 Northpoint Parkway Suite 150 Alpharetta, GA 30005	Please contact Coyote at 877-626-9683 if the charges are incorrect.
--	---



Rate Confirmation

Load 32675314

Total

USD \$1,100.00

Agreement

Carrier ZIGI FREIGHT INC

USDOT 2828543

Phone None

Email dispatch@royal3inc.com

Fax None

Broker Coyote Logistics, LLC

Rep Jared Soderholm

Title Sales Rep

Phone +1 (773) 365 6497 x2228

Fax +1 (773) 365 7804

Date 01/07/2025 11:02

By signing below, ROYAL3 INC agrees to the terms and conditions set forth below and provided herewith, if any.

Name and Title (Print)

Leo Djordjevic

Signature

Date

PLEASE SIGN THIS AGREEMENT AND EMAIL TO Jared.Soderholm@coyote.com

Coyote Logistics, LLC is an Equal Opportunity Employer



Rate Confirmation

Load 32675314

Terms and Conditions

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This confirmation is subject to the terms of the Agreement and this document constitutes an amendment thereto. If the CARRIER has not signed the Agreement, then the rate shown above is the agreed individually negotiated rate and no other rate shall apply including any carrier tariff rate or terms.

THIS LOAD SHALL NOT BE DOUBLE BROKERED. No additional charges not listed above may be added by the CARRIER. Any additional charges must appear on a revised confirmation sheet signed by the BROKER. CARRIER must include signed copy of the shipper's bill of lading and any other proof of delivery with invoice to BROKER. Rates, except as specifically designated above, are inclusive of any fuel surcharge. CARRIER certifies that it is in compliance with all requirements of the California Air Resources Board (CARB) that are applicable to the scope of CARRIER's operations, including, but not limited to: Statewide Truck and Bus Regulations, Transport Refrigeration Unit (TRU) Regulations, Tractor-Trailer Greenhouse (GHG) Gas Regulations, and Drayage Truck Regulations. CARRIER also warrants that it is in compliance with any comparable requirements of the Environmental Protection Agency (EPA) and other states, where applicable. CARRIER shall be responsible for any fines imposed on BROKER and/or shipper resulting from noncompliance.

CARRIER hereby confirms that it maintains applicable and valid insurance without exclusions that would prevent coverage for the items listed above. CARRIER has at least \$100,000.00 in cargo insurance and \$1,000,000.00 in automobile liability coverage. CARRIER further confirms that in transporting the shipment described hereinabove, it will comply with all U.S. DOT and FDA regulations applicable to its operations while transporting said shipment, including, but not limited to drivers' hours of service, and the Food Safety Modernization Act (FSMA), if applicable. CARRIER agrees to the attached requirements from the shipper, if any.

ALL LOADS ARE SUBJECT TO ELECTRONIC TRACKING

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960 Northpoint Parkway
Suite 150
Alpharetta, GA 30005

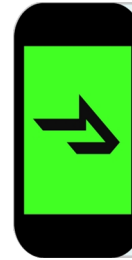
877-6COYOTE
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Cust Requirements

Equipment	Van, 53'
Pre Cooled Temp	None
Load Temp	None
Tarps	Undefined
Value	\$100,000

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Jared.Soderholm@coyote.com
Phone: +1 (773) 365 6497
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Fax: +1 (773) 365 7804



Get CoyoteGO Today!

- Dispatch
- Send updates
- Check in
- Submit paperwork

*Available for An-
droid or iPhone,
at App Store or
Google Play*

Load Requirements

Tech Tracking Required

Equipment Requirements

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Load 32675314

Stop 1: Pick Up

Pick Up None Numbers	Appointment Scheduled For Tue 01/07/2025 at 13:00	Facility Notes
Confirmation None Numbers		
Facility First Nation Group	Driver Work No Touch	
Address 11901 Amedicus Lane Unit B Fort Myers, FL 33907	SLIC N/A	
Contact Jose Phone +1 (239) 333 1293		

Stop 1 Requirements

N/A

Commodity	Load On	Exp Wt	Pieces
Medical supplies	Pallets	38,000 Lbs	24

Stop 2: Delivery

Delivery None Numbers	Scheduled For Thu 01/09/2025 - Fri 01/10/2025 from 07:00 - 14:00	Facility Notes
Confirmation None Numbers		
Facility Department Of Veterans	Driver Work No Touch	
Address 1st Ave - Bldg 37 Service Center Bldg 37 - 1 Block N of 22nd Hines, IL 60141	SLIC N/A	
Contact John Burke Phone +1 (708) 786 7758		

Stop 2 Requirements

Strict Appt

Commodity	Load On	Exp Wt	Pieces
Medical supplies	Pallets	40,000 Lbs	24

Charges

Description	Units	Per	Amount
Fuel Surcharge	1310.00	\$0.430	\$563.30
Flat Rate	1.00	\$536.700	\$536.70

Contact

Send invoices to: 960 Northpoint Parkway Suite 150 Alpharetta, GA 30005	Please contact Coyote at 877-626-9683 if the charges are incorrect.
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Rate Confirmation

Load 32675314

Layover Charges	1.00	\$200.000	\$200.00
Total			USD \$1,300.00

Agreement

Carrier ZIGI FREIGHT INC
USDOT 2828543
Phone +1 (630) 485 7370 x142
Email phil@royal3inc.com
Fax None

Broker Coyote Logistics, LLC
Rep Jared Soderholm
Title Sales Rep
Phone +1 (773) 365 6497 x2228
Fax +1 (773) 365 7804
Date 01/15/2025 09:14

By signing below, ROYAL3 INC agrees to the terms and conditions set forth below and provided herewith, if any.

Name and Title (Print)

Signature

Date

PLEASE SIGN THIS AGREEMENT AND EMAIL TO Jared.Soderholm@coyote.com

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Load 32675314

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Rate Confirmation Load 32675314

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960 Northpoint Parkway
Suite 150
Alpharetta, GA 30005

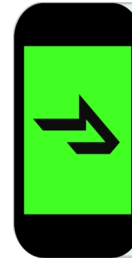
877-6COYOTE
(877-626-9683)

Cust Requirements

Equipment	Van, 53'
Pre Cooled Temp	None
Load Temp	None
Tarps	Undefined
Value	\$100,000

Booked By

Jared Soderholm
Jared.Soderholm@coyote.com
Phone: +1 (773) 365 6497
x2228
Fax: +1 (773) 365 7804



Get CoyoteGO Today!

- Dispatch
- Send updates
- Check in
- Submit paperwork

*Available for An-
droid or iPhone,
at App Store or
Google Play*

Load Requirements

Tech Tracking Required

Equipment Requirements

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Load 32675314

Stop 1: Pick Up

Pick Up None Numbers	Appointment Scheduled For Tue 01/07/2025 at 13:00	Facility Notes
Confirmation None Numbers		
Facility First Nation Group	Driver Work No Touch	
Address 11901 Amedicus Lane Unit B Fort Myers, FL 33907	SLIC N/A	
Contact Jose Phone +1 (239) 333 1293		

Stop 1 Requirements

N/A

Commodity	Load On	Exp Wt	Pieces
Medical supplies	Pallets	38,000 Lbs	24

Stop 2: Delivery

Delivery None Numbers	Scheduled For Thu 01/09/2025 - Fri 01/10/2025 from 07:00 - 14:00	Facility Notes
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Address 1st Ave - Bldg 37 Service Center Bldg 37 - 1 Block N of 22nd Hines, IL 60141	SLIC N/A	
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Stop 2 Requirements

Strict Appt

Commodity	Load On	Exp Wt	Pieces
Medical supplies	Pallets	40,000 Lbs	24

Charges

Description	Units	Per	Amount
Fuel Surcharge	1310.00	\$0.430	\$563.30
Flat Rate	1.00	\$536.700	\$536.70

Contact

Send invoices to: 960 Northpoint Parkway Suite 150 Alpharetta, GA 30005	Please contact Coyote at 877-626-9683 if the charges are incorrect.
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Rate Confirmation

Load 32675314

Layover Charges	1.00	\$200.000	\$200.00
Total			USD \$1,300.00

Agreement

Carrier ZIGI FREIGHT INC

USDOT 2828543

Phone +1 (630) 485 7370 x142

Email phil@royal3inc.com

Fax None

Broker Coyote Logistics, LLC

Rep Jared Soderholm

Title Sales Rep

Phone +1 (773) 365 6497 x2228

Fax +1 (773) 365 7804

Date 01/15/2025 09:14

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Name and Title (Print)

Signature

Date

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Load 32675314

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COYOTE

Load Date: 1/7/2025

Coyote Load #: 32675314

BILL OF LADING

Shipper

First Nation Group
11901 Amedicus Lane Unit B
Fort Myers, FL 33907
P: 1 (239) 333-1293 Name: Jose

Consignee

Department Of Veterans
1st Ave - Bldg 37
Hines, IL 60141
P: 1 (708) 786-7758 Name: John Burke

Warehouse in & out time:

5000 S
5927
5TH Ave

3rd Party Freight Charges Bill To

Coyote Logistics (prepaid/third party) # 791D51045 # 791D50792
960 North Point Parkway, Suite 150 # 791D50760 # 791D51029
Alpharetta, GA 30005 # 791D51027 # 791D51046 # 791D50977
791D50976 # 791D50886

ROYALS INC

Shipment #:

PU#:

DEL#:

BOOK#:

Seal # 1304684

SPECIAL INSTRUCTIONS:

Freight Terms:

Prepaid: _____
Collect: _____
3rd Party: X

Qty	Type	Weight	HM(X)	Commodity	LTL Class
30	PLT	15,000		Medical supplies	
				Dimensions: 0.00 x 0.00 x 0.00	
GRAND TOTALS					

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 _____."

Remit COD to:

Collect: _____ Prepaid: _____ Customer Check Acceptable: _____ COD Amount: \$ _____

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 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.

Trailer

Loaded:
by Shipper
by Driver

Freight

Counted:
by Shipper
by Driver

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

Shipper: _____

Shipper Signature / Date:

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Shipper: _____

1/7/25

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 Department of Transportation emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted.

Carrier: _____

Consignee Signature / Delivery Date:

Consignee acknowledges receipt of packages and required placards. Property described above is received in good order, except as noted.

Consignee: _____

1/10/25