



## INVOICE

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

**INVOICE DATE:** 01/20/2025  
**INVOICE #:** R72706  
**TERMS:** NET 30  
**DUE DATE:** 02/20/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
01/13/2025		6135 Anderson Mill Rd, Moore, SC 29369, USA - 3407 142nd Ave E, Sumner, WA 98390, USA			
		Freight Income	1	\$4,750.00	\$4,750.00

TOTAL
\$4,750.00

**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**



GILTNER LOGISTICS, INC.  
DOCS@GILTNER.COM  
PO BOX 5129  
TWIN FALLS ID 83303

PRO # 1254841 Rate Confirmation

FROM	FROM	DATE	TIME
	CAITY TOWNSEND	01/13/25	09:20:14
FORM	(208) 260-4930 (p)		
	(208) 914-7181 (f)		
TO	TO	ATT	
	ROYAL3 INC	SAM	
PHONE	PHONE	FAX	
	(630) 485-7370	(630) 485-6980	

PICK UP			
From Address	KEURIG DR PEPPER 6135 ANDERSON MILL RD	Phone/Contact	(864) 278-0932 NA NA
Address		Ship Date/Time	01/13/25 @ 15:00
City, State, Zip	MOORE SC 29369	Appt Date/Time	01/13/25 @ 15:00
Hours	0001-2359	Special Inst.	CALL FOR PU# @SHPR
		Special Inst.	

MC #	DOT #	TRUCK #	TRAILER #	DRIVER	DRIVER CELL	PU REF
944686	2828543	745	W97036	FRANCISCO	(772) 323-7569	
SIZE & TYPE		DESCRIPTION		PIECES	WEIGHT	MILES
53 'VAN		0 PC		60	44000	2802

FINAL DESTINATION			
Company Address	KEURIG GREEN MOUNTAIN- 3418 142ND AVENUE EAST	Phone Contact	(253) 447-9120
City, State, Zip	SUMNER WA 98390	Appt Date/Time	01/17/25 12:00 CALL FOR DEL# @RECV
Hours	1200-1200	Ref #	

CHARGES		DISPATCH NOTES
LINE HAUL RATE	4750.00	* MUST DELIVER BY 01/17/25 * 53' DRY VAN REQ / CALL FOR PU# / TRAILERS MUST BE DRY, CLEAN, AND EMPTY / NO REEFERS / *** PROTECT FROM FREEZE *** NO AMAZON TRAILERS / MUST BE ON TIME FOR PICK UP & DELIVERY APPOINTMENTS OR THERE WILL BE A DEDUCTION FOR ONE OR BOTH MISSED APPOINTMENTS / MACROPOINT MUST BE ACCEPTED PRIOR TO LOADING, FAILURE TO ACCEPT MACROPOINT WILL RESULT IN A \$200 FINE AT TIME OF SETTLEMENT  CALL FOR DEL# / PLEASE ALLOW 4 HOURS AT SHIPPER & RECEIVER / *** MUST PROTECT THE LOAD FROM FREEZE *** ON TIME DELIVERY REQUIRED!!! / PLEASE REACH DISPATCH AT 208-260-4930 - DRIVER NEEDS TO SEND DISPATCHER THE POD NO MORE THAN 48 HOURS AFTER D
TOTAL RATE	\$ 4750.00	

\*\*\*REQUIRED\*\*\* IF THE TEMPERATUR FALLS BELOW FREEZING,  
CARRIER MUST PROTECT THE LOAD FROM FREEZING.  
WHICH WOULD INCLUDE IDLING WHEN PARKED.

Carrier Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D YYYY

Send Carrier Bills to the Address Above

PRO #

must appear on all Invoices

1254841

Printed Date: 8/16/2025

## KEURIG MASTER BILL OF LADING

42 84/09 @ 16:00 2 Page 1 of 1

<b>SHIP FROM</b>		<b>Bill of Lading Number: 85273776</b>	
Ship From Code: 1054			
Name: KEURIG DR PEPPER		<b>CARRIER: GILTNER TRANSPORTATION</b>	
Address: 6135 ANDERSON MILL RD		<b>INC TL</b>	
Address 2: MOORE, SC 29369		<b>SCAC: GTNY</b>	
City/State/Zip: NA NA		<b>Freight Class: 125</b>	
Contact Name: 864-278-0932		<b>Freight Charge Terms:</b>	
		<input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party	
<b>SHIP TO</b>		<b>Seal Number: 934678</b>	
Ship To Code: 1006		<input type="checkbox"/> Master Bill of Lading: with attached	
Name: KEURIG GREEN MOUNTAIN-1006		(check box) underlying Bills of Lading	
Address: 3418 142ND AVENUE EAST		<b>24 HR EMERGENCY CONTACT PHONE</b>	
Address 2: SUMNER, WA 98390		<b>NUMBER:</b>	
City/State/Zip: NA SHIPPING/RECEIVING			
Contact Name: 253-447-9120			
Contact Number:			
<b>BILL TO:</b>			
Name: Keurig c/o Ryder Freight Bill Processing			
Address: 39550 THIRTEEN MILE ROAD			
City/State/Zip: NOVI, MI 48377 USA			

## SPECIAL INSTRUCTIONS:

## CUSTOMER ORDER INFORMATION

Delivery Doc #	Order Type	PO #	Case Count	Weight
1006 8063470707	Transfer - DC to DC	1006		28500
<b>GRAND TOTAL:</b>				28500

## CARRIER INFORMATION

## HANDLING UNIT

Total Pallets QTY	Total Case QTY	Commodity	Freight Class (LTL)	Total Weight
60		MISC	125	28500

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

**COD Amount: \$**  
**Fee Terms:** Collect: ☐ Prepaid: ☐  
 Customer check acceptable: ☐

**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 the 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 the freight and all other lawful charges.

Shipper Signature

## SHIPPER SIGNATURE / DATE

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.

*[Signature]*

## Trailer Loaded:

☒ By Shipper  
☐ By Driver

## Freight Counted:

☒ By Shipper  
☐ By Driver/pallets said to contain  
☐ By Driver/Pieces

## CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required permits. 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.  
*[Signature]*

Staging Lane 521  
 Dock Door 14  
 Trailer Number W93036

SB: AZ✓ AB: CB

*Brent Dale*  
 1/17/2025



Date: 1/17/2025		BILL OF LADING		Page: _____
<b>SHIP FROM</b>		<b>SHIP TO</b>		
Apex Freight LLC MC1191964 15022 Puyallup St E Ste 101 SUMNER, WA 98390 Shipping - (206) 434-0949		Abbianno Pasta Co. 1900 Governors Dr CASSELTON, ND 58012 Receiving - (701) 238-8860		
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>		<b>Freight charge terms: (freight charges are prepaid unless marked otherwise)</b>		
Name: Primary Freight Services Address: 1 Centerpointe Dr., Suite 330 City/State/Zip: LA PALMA, CA, 90623 Service Level: Normal		3rd Party		
SERVICE LEVEL: Normal		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill of Lading (check box)		
<b>CUSTOMER ORDER INFORMATION</b>				
CUSTOMER PO NUMBER	#PKGS	WEIGHT	PALLET / SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
	36	40,675 lbs		STACKABLE
<b>CARRIER INFORMATION</b>				
HANDLING UNIT	PACKAGE	WEIGHT	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE	
36	Bags	36	PCS	40,675 lbs
36		36		40,675 lbs
Chickpea Protein 48x40x40in				
<small>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 _____."</small>				NMFC# CLASS# No Class
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C 14705(c)(1)(A) and (B). (A). Primary Freight Services is acting as a transportation broker only and does not assume responsibility for loss, damage, or delay to the freight. All claims for loss or damage must be filed directly with the carrier in accordance with the carrier's terms and conditions.				
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.	
<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 regulation of the Department of Transportation.			<b>CARRIER SIGNATURE / PICKUP DATE</b> 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 the vehicle.	
Trailer loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/pieces			1/17/2025 Property described above is received in good order, except as noted.	



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<b>SHIPPER SIGNATURE / DATE</b>		<b>Trailer loaded: Freight Counted:</b>		<b>CARRIER SIGNATURE / PICKUP 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 regulation of the Department of Transportation.		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		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 the vehicle. 1/17/2025