



BILL TO: TRN LOGISTICS LLC 3 KERRY COURT UNIT 3 VINCENTOWN, NJ 08088 INVOICE DATE: 02/12/2025 INVOICE #: R76948 TERMS: NET 30 DUE DATE: 03/12/2025

| DATE | CUSTOMER REF# | ORIGIN - DESTINATION | QUANTITY | RATE | AMOUNT |
|------------|------------------|---|----------|------------|------------|
| 02/11/2025 | | 931 S Matlack St, West Chester, PA 19382, USA - 339 Mason Road, La Vergne, TN 37086 | | | |
| | | Freight Income | 1 | \$1,600.00 | \$1,600.00 |

TOTAL

\$1,600.00

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

PRO# 120414

Rate Confirmation

EST)

| × × | | | | 02/11/25 09:39:00 (E |
|--|--------------------|----------------------------|---|---|
| TRN LOGIS | TICS _{,u} | F R O M | CATHY MAZUR (609) 239-5200 (609) 239-5400 (f) cathy@trnlogistics | |
| TRN LOGISTICS LLC 3 KERRY COURT STE C VINCENTOWN NJ 08088 | | C A R I E R | ROYAL3 INC (630) 485-7370 (p) MC# 944686 DOT 2828543 Driver JAMES | Att: ASTA X108 Truck # 712 Trailer # 94934 Cell # (517) 914-0630 |
| Size & Type: 53' TRUCKLOF Pieces: 10 | D | Description: Weight: | PRINTED MATTER 2000 | Miles: 798 |
| CHARGES | | | DISPATCH | NOTES |
| LINE HAUL RATE | 1600.00 | | D OR THUR, FCFS 7-230. SIVE USE OF TRAILER. | ***MUST DELIVER BY THUR |
| TOTAL RATE | 1600.00 | | | |
| PICK 1 ANRO PRINT & DIGITAL 931 SOUTH MATLACK ST WEST CHESTER PA 1938 | RE | | Арро: | i ntment 02/11/25 @ -8-5 |

STOP 1

Hours : 8-5PM

CARDINAL HEALTH PACKIN 339 MASON ROAD LA VERGNE TN 37086 Hours : 7-230 Phone/Contact: (615) 471-3672 CLAIRE

Phone/Contact: (800) 355-2676

Appointment 02/13/25 Appt Notes: FCFS 7-230

| > SEND CARRIER BILLS TO: | |
|--|--|
| > TRN Logistics, LLC | |
| > 3 Kerry Court Ste C | |
| > Vincentown, NJ 08088 | |
| ***Mail INVOICES or email linda@trnlogistics.com | |
| TRN logistics, LLC must be notified immediately of any accessorial charges. | |
| Proper paperwork is required and authorization for any accessorials to be paid. | |
| TRN Logistics, LLC Load Number (PRO#) must be specified on all billing invoices | |
| Bill of Lading and signed POD is required with invoice. | |
| Payment terms are 30 days upon receipt of invoice with proper paperwork. | |
| Please sign, date, and fax/email rate confirmations. Fax-609-239-5400 or | |
| email the dispatch group: dispatch@trnlogistics.com. | |
| 1) All overages, shortages, and damages ($OS\&D$) must be reported immediately | |
| to TRN at time of incident. It is the drivers responsibility to relay this | |
| information to TRN Dispatch. | |
| 2) Re-brokering or re-assigning load without prior agreement and written notice | |
| is strictly prohibited and subject to a freight bill reduction. | |
| 3) Under no circumstances does TRN authorize or encourage any carrier or driver | |
| assigned to violate hours of service regulations. Routing instructions are for | |
| information purposes only. | |
| 4) Billing any TRN customer direct is subject to a \$100 rate reduction. The | |
| TRN carrier rate confirmation is the agreed rate between carrier and broker. | |
| 5) The Carrier agrees to abide by the TRN Broker-Carrier agreement signed at | |
| the inception of business with TRN Logistics, LLC. | |
| | |

Carrier Signature

Send Carrier Bills to the Address Above

iad

Asta

| PRO # | 120414 | 2 |
|-------|--------|---|
|-------|--------|---|

Date _

М

must appear on all Invoices

D

Bill Of Lading



SCAC:

Bill Of Lading No:

Ship Date:02/11/2025 PO Number: Invoice Number:

11022511350373

Terms: Prepaid: X Collect: 3rd Party: Accessorials:

CSR:284

| | S | HIP F | ROM | | | SHIP TO | | BIL | LTO | | |
|--------------------------|-------------|-------|-------------|----------------|---------------------------------|-------------------|---------|-----------------------------|---|---------------------------|--|
| NRO, Inc. | | | | | ardinal Hea | Ith Packaging S | olutio | Acct: | | | |
| eceiving, 1-800-355-2676 | | | | | aire VanWo | rmer, 615-471-367 | 72 | | | | |
| 31 S. Matlack Street | | | | | 39 Mason Ro | | | | | | |
| | | | | | | | | | | | |
| lest Che | ster, PA, 1 | 9382, | US | La | a Vergne, TN | I, 37086, US | | | | And States and States and | |
| | | | | | CUSTOM | ER ORDER INFO | RMATI | ON | | | |
| ORDER N | UMBER | INVC | DICE NUMBER | PO NUMBE | BER PRODUCT QUANTITY WEIGHT (II | | | IT (lbs / kgs) | ۲ (lbs / kgs) ADDITIONAL INFORMATION/ISBN | | |
| J202502 | 100003 | | 267063 | PO0000889 | 88909 2000 1800 / 816.47 | | | | | | |
| | | | | and the second | CAR | RIER INFORMAT | ION | | | | |
| HAND | LING UNI | Г | PACK | AGE | | | | 1 | and the second second | | |
| QTY | TYP | E | PIECES | TYPE | QUANTITY | WEIGHT (Ibs / kgs | 5) HM | COMMO | DDITY DESCRIPTION | NMFC & Class | |
| 9 | Packa | ige | | | 2000 | 1800 / 816.47 | | B00971: A | urina PSK Kit Boxes - 2 versions | TRN | |
| 9 | | | 0 | | 2000 | 1800 / 816.47 | | NET WEIGHT(lbs/kgs) = 0 / 0 | | GRAND TOTAL | |
| | Charles Mar | | | | SHIP | PING INSTRUCT | IONS | | | | |

roduct(s) : (Large Box Bulk Copies 2,000) ;

Advian 2-12-25

| here the rate is dependent on value, shippers are required to state sp ilue of the property as follows. The agreed or declared value of the pr be not exceeding. | Discount : COD Amount Customer check acceptable: | | | | |
|---|--|-------------------|--|--|--|
| OTE : Liability Limitation for loss or damage in this ship ECEIVED subject to individually determined rates of contracts that ha e carrier and shipper. If applicable otherwise to the rates, classificatio | ve been agreed upon in writi | ing between | S.C -14706(c) (1) (A) a The carrier shall not mak and all other lawful charg | e delivery of this shipment without payment of freight | |
| I the carrier and are available to the shipper on request and to all app HIPPER SIGNATURE DATE his is to certify that the above named materials are properly assified, described, packaged, marked and labeled and is in proper addition for transportation according to the applicable regulations of DT. gnature: | Ilcable state and federal regu Trailer Loaded: | Freight C By S | Shipper Signature counted: hipper Driver/Pallets said | 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 guideboo or equivalent documentation in the vehicle. | |
| ate:acolver | to | | contain Driver/Pieces | Property described above is received in good order, except as noted. | |





Bill Of Lading



SCAC:

Bill Of Lading No:

Ship Date:02/11/2025 PO Number:

Invoice Number:

11022511363274

Terms: Prepaid: X Collect: 3rd Party: Accessorials:

CSR:284

| | S | HIP F | ROM | | | | SHIP TO | | | BI | LL TO |
|----------------------|------------|-------|--|-------------------------------------|----------------------|-----------------------------------|------------------|-----------------------------|---|--------------------------------|---|
| NRO, Inc. | | | | Cardinal Health Packaging Solutions | | | | | Acct: | | |
| eceiving, 1- | 5-267 | 6 | and the second | Claire Var | Wo | rmer, 615-471-367 | 72 | | na na haifan an an an ann an ann a' ge nao an an d'Ar Ann an a | | |
| 31 S. Matlack Street | | | | | 339 Mason Rd | | | | | | n de la companya da decisión da esta discontra da companya da companya da de companya da companya da companya d |
| | | | | | | | | ing to provide sub- | | | |
| est Cheste | er, PA, 1 | 9382, | US | | La Vergne | , TN | N, 37086, US | n fan fan te staat de staat | | | |
| | | | | | CUST | OM | ER ORDER INFO | RMAT | ION | | |
| RDER NUN | MBER | INVO | ICE NUMBER | PO NUME | | | | | | s) ADDITIONAL INFORMATION/ISBN | |
| J202502100 | 0005 | | 267250 | PO00008 | 88909 2000 210/95.25 | | | | | | |
| Server Car | | 1.00 | | | | AR | RIER INFORMAT | ION | | | |
| HANDLI | NG UNIT | • | PACK | AGE | | | | 1 | | | |
| QTY | TYPE | - | PIECES | TYPE | QUANTI | ANTITY WEIGHT (Ibs / kgs) HM COMM | | ODITY DESCRIPTION | NMFC & Class | | |
| 1 | Palle | t | 9 | Box | 2000 | 2000 210 / 95.25 | | | Box | | TRN |
| 1 | | | 9 | | 2000 | | 210/95.25 | | NET WEIG | HT(lbs/kgs) = 0 / 0 | GRAND TOTAL |
| | L'A L'ANTA | | | | S | HIP | PING INSTRUCTION | ONS | a state of the second | | A |

oduct(s) : (Version 1 Bulk Copies 2,000) ;

Autorian 2-12:25 Advian

| here the rate is dependent on value, shippers are required to state sp | Discount : | | | |
|--|---|----|--|---|
| ilue of the property as follows. The agreed or declared value of the pr | COD Amount | | | |
| be not exceeding. | Customer check acceptable: | | | |
| OTE : Liability Limitation for loss or damage in this ship | | | | |
| ECEIVED subject to individually determined rates of contracts that ha | The carrier shall not make delivery of this shipment without payment of freight | | | |
| e carrier and shipper. If applicable otherwise to the rates, classificatio | and all other lawful charges. | | | |
| / the carrier and are available to the shipper on request and to all appl | Shipper Signature | | | |
| HIPPER SIGNATURE DATE is is to certify that the above named materials are properly assified, described, packaged, marked and labeled and is in proper indition for transportation according to the applicable regulations of OT. gnature: ate: acceiver gnature: | Trailer Loaded: | to | | 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 guideboc or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. |

