



## INVOICE

**BILL TO:**

ECHO GLOBAL LOGISTICS INC  
600 WEST CHICAGO AVENUE, SUITE 830  
CHICAGO, IL 60610

**INVOICE DATE:** 03/18/2025**INVOICE #:** R81791**TERMS:** NET 30**DUE DATE:** 04/18/2025

| DATE       | CUSTOMER REF# | ORIGIN - DESTINATION  | QUANTITY | RATE     | AMOUNT   |
|------------|---------------|---|----------|----------|----------|
| 03/17/2025 |               | 121 BATA BLVD, BELCAMP, MD 21005 - 1 CVS DRIVE, WAVERLY, NY 14892 |          |          |          |
|            |               | Freight Income  | 1        | \$900.00 | \$900.00 |

**TOTAL**

\$900.00

**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**

## LOAD CONFIRMATION

**24/7 DRIVER SUPPORT (855) 786-3246**

**Report All Issues, Delays and Additional Charges Immediately to 24/7 Driver Support**  
**Electronic Tracking Must Be Provided Throughout Transit**

**Call the Driver Support line and ask for Load Number 61871836**

### ORDER 61871836

|                  |                      |  |
|------------------|----------------------|--|
| <b>CARRIER</b>   | ROYAL3 INC           | <b>***ORDER NUMBER(S) MUST APPEAR ON ALL BILLING***</b>  |
| <b>Echo Rep</b>  | Todd Durham          | MODE: TL   |
| <b>Rep Phone</b> | 224-251-6510         |  |
| <b>Rep Email</b> | Todd.Durham@echo.com | TRAILER TYPE: Van 53'<br>TRAILER #:  |
| <b>Distance</b>  | 230.49 Miles         | Equipment Notes: ALL DRIVERS SUBJECT TO A NON-CONTACT TEMPERATURE SCREENING BEFORE ENTERING ANY CVS DC AND MUST WEAR PPE PROTECTIVE FACE MASK. DRIVERS WITH TEMP. READING OF 100 + DEGREES (F) WILL NOT BE ALLOWED INSIDE. REFUSAL TO COMPLY WILL RESULT IN NON-ENTRY.<br><br>CVS DELIVERIES ARE STRICT APPTS, CANNOT ARRIVE LATE. MISSED DELIVERY MAY RESULT IN A 2-3 DAY WAIT FOR NEW APPT. ALL LOADS ARE EXEMPT FROM LUMPER FEES, NO LUMPERS TO BE PAID. ALL DETENTION REQUESTS MUST BE SENT TO CVS@ECHO.COM WITHIN 48 HRS. |
| Note:            |                      |  |

Pursuant to our verbal agreement of 3/17/2025 between Echo Global Logistics, hereafter referred to as ECHO, and ROYAL3 INC, MC944686/DOT2828543, hereafter referred to as CARRIER. Both parties agree that Broker's load number 61871836, moving on 03/17/2025 from BELCAMP, MD to WAVERLY, NY (number of stops shown below) will move at the following rate:

| Service for Load # 61871836 | Amount      | Rate            | Extended        |
|-----------------------------|-------------|-----------------|-----------------|
| <b>Line Haul</b>            | <b>1.00</b> | <b>\$900.00</b> | <b>\$900.00</b> |
|                             |             | <b>Total</b>    | <b>\$900.00</b> |

| PAY SUMMARY      |                 |
|------------------|-----------------|
| <b>Line Haul</b> | <b>\$900.00</b> |
| <b>Total:</b>    | <b>\$900.00</b> |

**BY MEANS OF EITHER SIGNING THIS LOAD CONFIRMATION OR ITS PROVISION OF SERVICE, CARRIER ACKNOWLEDGES AND AGREES THAT IT WILL TRANSPORT THE LOAD SUBJECT TO THE TERMS AND CONDITIONS OF ITS CARRIER AGREEMENT (THE "AGREEMENT") WITH ECHO AND THAT IT AGREES TO COMPLY WITH THE TERMS OF THIS LOAD CONFIRMATION. CARRIER AGREES THAT THE SHIPPER AND CONSIGNEE ARE EACH A THIRD-PARTY BENEFICIARY OF THE AGREEMENT AND THE TERMS OF THIS LOAD CONFIRMATION.**

1. Echo tenders this Load as a broker only and Carrier accepts this Load as the motor carrier responsible for its transportation. This Load Confirmation governs the rate for this Load as of the date specified and hereby amends and is incorporated by reference and becomes part of the Agreement. Carrier represents and warrants that it agrees to the rate herein, said mutually agreed upon rates are reasonable and compensatory, that the freight would not have been tendered to Carrier at higher rates, and that no shipments handled under such rates will subsequently be subject to a later claim of undercharges.
2. All travel directions provided by Echo are for informational purposes only. It is Carrier's sole responsibility to lawfully and safely operate all vehicles and their contents over any road, highway, bridge and/or route in strict

compliance with all applicable laws, rules and regulations. Carrier shall provide electronic tracking throughout transit of the Load. Carrier must immediately advise Echo if any delivery schedules, specifications, instructions, or requirements cannot be legally accomplished or if the avoidance of any fines, penalties or deductions would require or result in the violation of any laws or regulations. Carrier agrees to be CARB compliant when traveling to, from or through California and shall indemnify Echo and its customers from any loss or damage resulting from Carrier's failure to so comply.

3. Only the Carrier identified in this Load Confirmation is authorized to transport this shipment. Compensation may be withheld if this Load is double-brokered, moved by rail, consolidated with any other freight or if the agreed terms hereunder are not satisfied. Carrier agrees, and authorizes its factoring company, if any, to reimburse Echo for all amounts paid on this Load if it is transported by any carrier other than the Carrier identified herein. Carrier waives all rights to payment from the shipper and/or consignee.
4. Carrier hereby confirms current and valid insurance coverage without exclusions in conflict with this Load, in amounts no less than the following: one million dollars (\$1,000,000) auto liability coverage, one million dollars (\$1,000,000) general liability coverage, \$100,000.00 cargo coverage, and workers compensation as required by law. If carrier's insurance policy contains a schedule of covered vehicles, Carrier will only transport this shipment using a vehicle that is listed as a scheduled vehicle on their insurance policy. Carrier further confirms that its cargo insurance covers the Item(s) listed below without exclusion.
5. Carrier confirms that the driver assigned to this load is licensed, qualified and has available hours of service sufficient to pick up, transport and deliver this Load as required hereunder. Driver is responsible for an accurate count of crates, pallets/skids, and pieces.
6. Trailer seals must be applied, with the seal number noted on the bill of lading, prior to departure from the shipper. A seal may not be broken with prior written approval from Echo management. Failure to deliver at the designated consignee with the proper seal intact will result in a claim for full value of the Load.

| Pickup  |                              |
|---|------------------------------|
| LIFOAM IND  | PKU# 0165504                 |
| 121 BATA BLVD   | Earliest: 03/17/2025 13:00   |
| BELCAMP MD 21017  | Latest: 03/17/2025 13:00     |
| 4103067316  | Weight: 11480                |
| Cartons: 599  | Pallets: 15                  |
| Item: gel freeeze packs-0165504   |                              |
| Pickup INSTRUCTIONS   |                              |
| <b>MUST PICK UP 00/00 @ 0000 APPT</b><br><b>PU# LD002839091</b><br><b>ALL CHARGES MUST BE SENT TO</b><br><b>CVS@ECHO.COM WITHIN 48 HOURS</b>  |                              |
| Drop  |                              |
| CVS-WAVERLY   | DELV# CHE0005822, CHE0005822 |
| 1CVS DRIVE  | Earliest: 03/18/2025 09:00   |
| WAVERLY NY 14892  | Latest: 03/18/2025 09:00     |
| 6072490140  | Weight: 11480                |
| Cartons: 599  | Pallets: 15                  |
| Item: gel freeeze packs-0165504   |                              |
| Drop INSTRUCTIONS   |                              |
| <b>MUST DEL 03/18@ 0900APPT</b><br><b>DEL # CHE0005822</b><br><b>CVS DELIVERIES ARE STRICT APPTS,</b><br><b>CANNOT ARRIVE LATE.</b><br><b>MISSED DELIVERY MAY RESULT IN A 2-3 DAY</b> |                              |

#### INVOICE PAYMENT REQUIREMENTS:

- SIGNED BOL / SIGNED DELIVERY RECEIPT / SIGNED RATE CONFIRMATION SHEET.
- LOAD / UNLOAD / LUMPER RECEIPTS MUST ACCOMPANY INVOICING OR THEY WILL NOT BE PAID.
- MUST REFERENCE LOAD # ON ALL CORRESPONDENCES.
- ALL ACCESSORIAL CHARGES MUST BE PRE-APPROVED & BILLED WITH RECEIPT & POD.

**SUBMIT INVOICE TO:**

EMAIL  
[APTRUCKLOAD@ECHO.COM](mailto:APTRUCKLOAD@ECHO.COM)  
PHONE: (312) 824-6483



INSTAPAY  
[INSTAPAY@ECHO.COM](mailto:INSTAPAY@ECHO.COM)  
InstaPay Payment - 2.0% Fee\*  
IP Fax: (312) 784-2380  
\*Subject to terms and conditions as outlined in the Echo carrier packet

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



Date: 10 Mar 2025

## BILL OF LADING

Page 1

| SHIP FROM  |      |         |      |         |                             | SHIP TO  |  |                          |  | THIRD PARTY FREIGHT CHARGES BILL TO:   |  |   |  |   |       |  |  |
|--|------|---------|------|---------|-----------------------------|--|--|--------------------------|--|--|--|---|--|---|-------|--|--|
| Name: LIFOAM IND<br>Address: 121 BATA BLVD<br>City/State/Zip: BELCAMP, MD 21017<br>SID#: SUP 11748 21017 01  |      |         |      |         |                             | Name: CVS-WAVERLY<br>Address: 1CVS DRIVE<br>City/State/Zip: WAVERLY, NY 14892<br>CID#:       |  |                          |  |  |  | Name: CVS Health<br>Address: 1 CVS Drive<br>MC 5035<br>City/State/Zip: Woonsocket, RI 02895 |  |   |       |  |  |
| Bill of Lading Number: LD002839091   |      |         |      |         |                             | CARRIER NAME: ECHO GLOBAL LOGISTICS  |  |                          |  |  |  | Special Instructions:   |  |   |       |  |  |
| Quote #:   |      |         |      |         |                             | Trailer Number:  |  |                          |  |  |  | Freight Charge Terms: (freight charges are prepaid unless marked otherwise)                 |  |   |       |  |  |
| Seal Number(s)   |      |         |      |         |                             | SCAC: ECHS   |  |                          |  |  |  | Prepaid Collect X 3rd Party   |  |   |       |  |  |
| Pro Number: 61871836   |      |         |      |         |                             | Services:  |  |                          |  |  |  | Master Bill of Lading: with attached Underlying Bills of Lading                             |  |   |       |  |  |
| CUSTOMER ORDER INFORMATION   |      |         |      |         |                             |  |  |                          |  |  |  |   |  |   |       |  |  |
| PURCHASE ORDER NUMBER  |      |         |      | # CASES |                             |  |  | PALLET/SKIP (CIRCLE ONE) |  |  |  | ADDITIONAL SHIPPER INFO   |  |   |       |  |  |
| 0165504 - 136363   |      |         |      | 442.0   |                             |  |  | Y N                      |  |  |  | SMALL FREEZ PAK   |  |   |       |  |  |
| 0165504 - 136364   |      |         |      | 157.0   |                             |  |  | Y N                      |  |  |  | MINI FREEZPAK   |  |   |       |  |  |
| GRAND TOTAL  |      |         |      |         |                             |  |  |                          |  |  |  |   |  |   |       |  |  |
| CARRIER INFORMATION  |      |         |      |         |                             |  |  |                          |  |  |  |   |  |   |       |  |  |
| HANDLING UNIT  |      | PACKAGE |      | WEIGHT  |                             | DIMS   |  | H.M. (X)                 |  | COMMODITY DESCRIPTION/ SPECIAL INSTRUCTIONS  |  |   |  | LTL ONLY  |       |  |  |
| QTY  | TYPE | QTY     | TYPE |         |                             |  |  |                          |  | Commodities requiring special or additional care or 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 |  |  |
| 15.0   | NSP  | 599.0   | CAS  | 11480.0 | 48.0 X<br>40.0 X<br>48.0 in |  |  |                          |  | gel freeze packs   |  |   |  |   | 60.0  |  |  |
| GRAND TOTAL  |      |         |      |         |                             |  |  |                          |  |  |  |   |  |   |       |  |  |
| 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:<br>The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.   |      |         |      |         |                             |  |  |                          |  | COD Amount: \$   |  |   |  | Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>  |       |  |  |
|  |      |         |      |         |                             |  |  |                          |  | Customer check acceptable: <input type="checkbox"/>  |  |   |  |   |       |  |  |
| NOTE Liability Limitation for loss or damage is 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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns. |      |         |      |         |                             |  |  |                          |  | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  |  |   |  | Shipper Signature   |       |  |  |
| SHIPPER SIGNATURE / DATE<br>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 DOT.  |      |         |      |         |                             | Trailer Loaded:<br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver |  |                          |  | Freight Counted:<br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver / pallets said to contain<br><input type="checkbox"/> By Driver / Pieces                                     |  |   |  | CARRIER SIGNATURE / PICKUP DATE<br>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. |       |  |  |

599 CS. ROW.  
awikro Brown  
3-18-25