



INVOICE

BILL TO:
SCOTLYNN USA DIVISION INC
9597 GULF RESEARCH LANE
FORT MYERS, FL 33912

INVOICE DATE: 03/19/2025
INVOICE #: R82006
TERMS: NET 30
DUE DATE: 04/19/2025

| DATE | CUSTOMER REF# | ORIGIN - DESTINATION | QUANTITY | RATE | AMOUNT |
|------------|---------------|--|----------|------------|------------|
| 03/18/2025 | | 8 Catamount DRV, MILTON, VT 05468 - 1703 East D Street, BUTNER, NC 27509 | | | |
| | | Freight Income | 1 | \$1,750.00 | \$1,750.00 |

| |
|--------------|
| TOTAL |
| \$1,750.00 |

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



Rate Confirmation 1098954



1098954

Scotlynn USA Division

9597 Gulf Research Lane
Fort Myers, FL 33912
Ph: 888-263-1888
Fax: 239-433-3372
www.scotlynn.com

Operations Contact

Samuel Conboy
sconboy@scotlynn.com
ph: 239-204-5876 x
cell:
fax: 239-204-5880

Billing Contact

9597 Gulf Research Lane
Fort Myers, FL 33912
ph: 800-263-9117 x 2541
fax: 239-603-8407
email: usa-accounting@scotlynn.com

Carrier: ROYAL3 INC
CHICAGO
Date: 03/17/2025

IL 60638

Contact: betty
Phone: 630-485-7370 x131
Fax:

Commodity: pasta sauce
Temp: to

Run Continuous: N

Trailer: Van or Reefer (DAT)

Stop Details

PU 1 Name: BOVE'S
Address: 8 Catamount DRV
MILTON VT 05468

Arrive Between: 03/18/2025 0800
And: 03/18/2025 1530
Contact:
Phone:

Ref: PU 12626461

Pcs: Weight:

Desc:

Stop Details

SO 2 Name: Food Lion
Address: 1703 East D Street
BUTNER NC 27509

Arrive Between: 03/19/2025 1600
And:
Contact: TEAMWC - APPOINTMENT
Phone: 239-676-3484

Ref: CG Appointment ID: 014200224

Pcs: Weight:

Desc:

Rate Approval Signature:

Carrier Freight Pay: \$1,750.00
Total Carrier Pay: \$1,750.00

Comments



Terms and Conditions

Scotlynn Order number must appear on your Freight Bill.

Quick Pay is available on all orders at a rate of 3%, Proof of Delivery required.

Standard Payment Terms are Net 30 days from receipt of your Freight Bill and Proof of Delivery.

Notify Scotlynn immediately of potential Late Pickup/Delivery

Check Calls must be made to Scotlynn Operations Contact before 10am and again before 4pm EST each day the load is in transit, including weekends and holidays. Failure to communicate may result in fines.

All additional expenses such as pallets and unloading fees require receipts in order to be reimbursed.

Loading/Unloading delays must be reported while truck is on site, and detention requests must be accompanied by dock in and out times noted on Bill of Lading.

Case and pallet count must match confirmation, any discrepancies must be reported at time of loading.

All temperature control loads must be run on continuous cycle only.

Each pallet of a temperature controlled shipment must be pulped at the time to loading to ensure temperature matches the Bill of Lading. Temperature must be reported to Scotlynn at time of loading.

All trailers must be sealed with the seal number noted on the Bill of Lading.

Double Brokerage without written consent will result in non-payment.

All load claims will be assessed at the Bill of Lading, Invoice or Retail value whichever is greater.

For After Hours Dispatch call the toll-free number and follow the prompts.

Certificate of Insurance shall evidence that the following cargoes are not excluded: Fresh and/or frozen produce; fresh and/or frozen meat/seafood

Print Name: _____

Truck/Trailer: _____

Signature: _____

Kelly Ivanovic

Driver/Cell: _____

Capstone Logistics

30 TECHNOLOGY PKWY SOUTH SUITE 200
PEACHTREE CORNERS, GA 30092
770-414-1929
FED ID# 45-3087555

19:14:17 March 19, 2025

| | |
|-----------------|--------------------------------------|
| Receipt #: | 229055e6-e850-48d2-992c-c68898034e7a |
| Location: | ADUSA DC9 BUTNER NC |
| Work Date: | 2025-03-19 |
| Bill Code: | 180RCOD |
| Carrier: | ROYAL 3 INC |
| Dock: | GEN MERCH |
| Door: | 125 |
| Purchase Orders | Vendor |
| 12626461 | BOVES OF VERMONT |

| | |
|-------------------------|--------|
| Total Initial Pallets: | 22.00 |
| Total Finished Pallets: | 38 |
| Total Case Count: | 3137 |
| Trailer Number: | 289477 |
| Tractor Number: | |
| BOL: | |

| | |
|------------------|---|
| Comments: | |
| Canned Comments: | |
| Unloaders: | 1 |

| | |
|--------------------|---------|
| Add Fee | |
| PO: 12626461 | |
| Badwood | \$15.00 |
| PO: 12626461 | |
| Trailer Sweep Add | \$20.00 |
| Total Add Charges: | \$35.00 |
| Base Charge: | 175.00 |
| Convenience Fee: | 10.00 |
| Total Cost: | 220.00 |

| | |
|----------------------|----------|
| Payments: | Amount |
| CapstonePay-36294270 | \$220.00 |
| Total Payments | \$220.00 |

TS NV 125



MDS Gate Pass

Trailer Information



1 2 6 2 6 4 6 1

Trailer#: 12626461 Inbound Gate Pad: DC9-IN
 Driver: Ricardo Roviroso Tractor#: 759 Drop Pad: CC108
 Seal#: 62008911 Appt DT: 3/19/2025 5:00:00 PM
 Carrier: Royal3 inc
 Comments: tr1289477 // 786-450-3791

Load Information

Load#: 12626461
 Door#: Door DT: 3/19/2025 3:28:34 PM
 Commodity: HBC Inbound
 Vendor/Customer: BOVE'S OF VERMONT

DOCK USE ONLY

FOOD LION DC09-Butner, NC

Please observe the following procedures:

1. All drivers must wear reflective vests.
Vest Provided Y___ N___
2. Visitor passes must be visible at all times.
3. Drop and unhook at Drop Pad listed above.
4. This facility uses automatic door locks. Pull out on green light only
5. When exiting, keep your trailer doors open until you have been cleared by security.
6. I have reviewed the posted Hygiene & Ammonia Awareness Procedures on the back of this document.
7. Sign and return this form to security when leaving.

Driver's Signature _____

Date 3/19/25 Outgoing Trailer # 289477Complete unload NAH Partial Unload _____

Comments _____

Guard Signature _____

BILL OF LADING

Page 1

Date: 3/18/25

SHIP FROM

Name: BOVES
Address: 8 CATAMOUNT DRIVE
City/State/Zip: MILTON VT, 05468
SID#: _____ FOB: _____

Bill of Lading Number: _____

BAR CODE SPACE

SHIP TO

Name: FOOD LION DC09 Location #: _____
Address: 1703 EAST D STREET
City/State/Zip: BUTNER, NC 27509
CID#: _____ FOB: _____

CARRIER NAME: _____

Trailer number: _____

Seal number(s): 62008911

SCAC: _____

Pro number: _____

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
Address: _____
City/State/Zip: _____

Freight Charge Terms:

(freight charges are prepaid unless marked collect)

Prepaid ☒ Collect ☐ 3rd Party ☐

Master Bill of Lading: with attached
(check box) underlying Bills of Lading

SPECIAL INSTRUCTIONS:

P-U 3/18/25, DUE 3/19/25 *** DO NOT DOUBLE STACK ***

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO |
|-----------------------|--------|--------|--|-----------------------------|
| 12626461 | 3137 | 39874 | Y X | ADUSA DC # <u>4</u> |
| | | | Y X | REC'D BY <u>[Signature]</u> |
| | | | Y | DATE REC'D <u>3/19/25</u> |
| | | | Y | TOTAL QTY REC'D <u>3136</u> |
| GRAND TOTAL | 3137 | 39874 | OVER <input type="checkbox"/> SHORT <input type="checkbox"/> PALLET <input type="checkbox"/> | |

CARRIER INFORMATION

| HANDLING UNIT | PACKAGE | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION | NMFC # | CLASS |
|---------------|---------|--------|-------------|-----------------------|--------|----------------------------------|
| QTY | TYPE | QTY | TYPE | | | |
| 22 | SKID | 3137 | CASES | 39874 | X | TOI'S MIXED PASTA / PIZZA SAUCES |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 22 | 3137 | 39874 | | GRAND TOTAL | | |

RECEIVING
STAMP SPACE

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: Noting a value is not a request for Additional Cargo Liability under OD Rules 100, Item 574. The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.

COD Amount: \$ _____

Fee Terms: Collect: _____ Prepaid: _____
Personal/company check NOT acceptable: ☐

NOTE - Liability Limitation applies. See OD Rules 100, Items 574 and 594.

RECEIVED, subject to the rates, classifications and rules that have been established by the Carrier and are available on request to the Shipper (Shipper defined in 49 U.S.C.A. § 13102(13)(c)), and to all applicable state and federal regulations. Shipper 1) warrants it has read all applicable contract(s) or Carrier's applicable tariff(s) and the limitation of liability provisions set forth therein, and 2) has actual knowledge of and accepts the applicable contract or tariff terms, including the limits on carrier liability. Carrier's tariff(s), including OD Rules 100, take precedence in the event of any terms or conditions conflicts.

The carrier shall not make delivery of this shipment without payment of 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 U.S. DOT.

[Signature] 3/18/25

Trailer Loaded:

X By Shipper
By Driver

Freight Counted:

X By Shipper
By Driver/pallets said to contain
By Driver/Pieces

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

Boves

g Catamount Drive
Milton VT 05468
802-891-6056

PACKING SLIP

DATE

3/18/2025

SHIP TO:

FOOD LION DC09 1703 East D Street
Butner, NC 27509

| ORDER DATE | PURCHASE ORDER # | CUSTOMER CONTACT |
|------------|------------------|------------------|
| 3/18/2025 | 12626461 | Purchasing Dept. |

| UPC # | DESCRIPTION | ORDER QTY | SHIP QTY |
|-------------|---|-----------|----------|
| 72543980333 | TOI Roasted Garlic Pasta Sauce 6/24oz | 220 | 220 |
| 72543980337 | TOI Neapolitan Pizza Sauce 6/16oz | 392 | 392 |
| 72543980338 | TOI Tomato Basil Pasta Sauce 6/24oz | 220 | 220 |
| 72543980339 | TOI Arrabbiata Pasta Sauce 6/24oz | 220 | 220 |
| 72543980420 | TOI Marinara Pasta Sauce 6/24oz | 440 | 440 |
| 72543981045 | TOI Sweet Basil Pizza Sauce 6/16oz | 392 | 392 |
| 72543981046 | TOI Spicy Arrabbiata Pizza Sauce 6/16oz | 392 | 392 |
| 72543981047 | TOI Vodka Pasta Sauce 6/24oz | 462 | 462 |
| 72543981048 | TOI Romano Pomodoro Pasta Sauce 6/24oz | 399 | 399 |
| TOTAL: | | 3137 | 3137 |

COMMENTS:

If you have any questions or concerns, please contact
(Justin Keene @ justin@boves.com)
Thank You For Your Business!



ADUSA
Distribution, LLC

ADUSA RECEIVING VERIFICATION

COMPLETE FORM WITH BLACK OR BLUE INK ONLY

DC: 9 PO#: 12626461 SEAL#: 62008911 DATE: 3/19/25

TOTAL CASES ON BOL: 3137

CASES REFUSED OR RETURNED: _____

CASES SHORT: (-) _____

CASES OVER: (+) _____

TOTAL CASES RECEIVED INTO WHSE: 3136

CASES DAMAGED: 1

POS WITH BOL BUT NOT PRODUCT: _____

RECEIVERS SIGNATURE: [Signature]

DRIVERS SIGNATURE: _____

CARRIER NAME: _____

FHI SIGNATURE: _____ (FHI SIGNATURE REQUIRED FOR DAMAGED CASES)

EXCEPTION REASON CODES:

S: SHORTAGE OF PRODUCT

V: VENDOR SUBSTITUTION OF PRODUCT(PACK, OZ, OVERAGE

D: DAMAGED PRODUCT

N: NON-SALABLE (INFESTED, OUT OF DATE, ETC)

P: PO NOT ON TRUCK

T: TRANSPORTATION PROBLEM (LOAD, SHIFT, LEAKING, DRIVER ACCIDENT)

EXCEPTIONS TO FREIGHT BILL

CASES: 1 CODE: D UPC: 987 045 PO: 12626461 EXPLANATION: Damage

CASES: _____ CODE: _____ UPC: _____ PO: _____ EXPLANATION: _____

CASES: _____ CODE: _____ UPC: _____ PO: _____ EXPLANATION: _____

CASES: _____ CODE: _____ UPC: _____ PO: _____ EXPLANATION: _____

CASES: _____ CODE: _____ UPC: _____ PO: _____ EXPLANATION: _____

CASES: _____ CODE: _____ UPC: _____ PO: _____ EXPLANATION: _____

CASES: _____ CODE: _____ UPC: _____ PO: _____ EXPLANATION: _____

CASES: _____ CODE: _____ UPC: _____ PO: _____ EXPLANATION: _____

IQAR KEYED BY: _____ SUPERVISOR APPROVAL: _____