



INVOICE

BILL TO:
HUB GROUP
2001 HUB GROUP WAY
OAK BROOK, IL 60523

INVOICE DATE: 03/31/2025
INVOICE #: R83686
TERMS: NET 30
DUE DATE: 05/01/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
03/28/2025		620 MINNIS ST, PAYNESVILLE, MN, 563621525 - 555 S PINNACLE DR, ROMEOVILLE, IL, 60476			
			1	\$1,095.00	\$1,095.00

TOTAL
\$1,095.00

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

Hub Group, Inc.
Dispatch Sheet and Terms
PO # - 291416131510124

Driver must call HUB CAPACITY SOLUTIONS and ask for Load # 141613151
DISPATCH 1-844-887-4582 or After Hours 1-419-214-5200

Carrier: ROYAL3 INC (77931) 6850 W 63RD STREET CHICAGO IL 60638	Equip: DRY VAN ONLY 53' Service: SINGLE DRIVER Haz-Mat: NO Miles: 491 Equipment ID: Commodity: DRY GOODS, NEC Weight / UOM: 8,700 / L Pieces / UOM: 8 / PC	
Phone: 1-321-465-5667		
Fax:		
E-Mail: joey@royal3inc.com		

Dispatched by: Tanner Blokel - TBnorthcentralzone@hubgroup.com

Origin #1: Address: SPECTRA METAL SALES INC 620 MINNIE ST PAYNESVILLE MN 563621525 Phone:	Appointment: Start: 3/28/2025 12:00 PM to End: 3/28/2025 12:00 PM
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Pickup Remarks

MACROPOINT REQUIRED ON SHIPMENT. INCLUDE LOWES@UNYSON.COM ONSET UP.
DRIVER MUST PROVIDE ALL PICK UP NUMBERS ON EVERY STOP.
EACH PU# WILL HAVE A SEPARATE BOL! DRIVER TO MATCH PU#S WITH BOLs
2 HOURS FREE TIME FOR DETENTION. NOTIFICATION REQUIRED WITHIN 48 HOURS OF OCCURRENCE. EMAIL LOWESTTEAM@HUBGROUP.COM TO ADVISE.
SWING DOORS ONLY!!!!

Directions

Consignee #1: Address: TAGG TAGG 555 S PINNACLE DR ROMEOVILLE IL 60446 Phone: PINNACLEXDock@HUBGROUP.COM	Appointment: Start: 3/31/2025 7:00 AM to End: 3/31/2025 7:00 AM
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Delivery Remarks

2 HOURS FREE TIME FOR DETENTION. NOTIFICATION REQUIRED WITHIN 48 HOURS OF EVENT
NO ONSITE PARKING, PLEASE ARRIVE 30 MINS PRIOR TO SCHEDULED APPT TIME.

Directions

Hub Group, Inc.
Dispatch Sheet and Terms
PO # - 291416131510124

Overview of Charges / Load # 141613151

Service	R. P. U.	Unit	Amount	Currency
Rate	\$951.63	1	\$951.63	USD
FUEL SURCHARGE	\$.29	491	\$143.37	USD
Grand Total :			\$1,095.00	USD

Driver must sign and date the Bill of Lading at the time of pickup. The driver must also get a signature or stamp the Bill of Lading at the time of delivery to clearly indicate that the freight has been received.

Reference Numbers

P8 (PICKUP REFERENCE) 283269583	CR (CUSTOMER REFERENCE) 27478074
PO (PURCHASE ORDER) 283269583	P8 (PICKUP REFERENCE) 283269593
CR (CUSTOMER REFERENCE) 27478084	PO (PURCHASE ORDER) 283269593
P8 (PICKUP REFERENCE) 283269584	CR (CUSTOMER REFERENCE) 27478075
PO (PURCHASE ORDER) 283269584	P8 (PICKUP REFERENCE) 283509317
CR (CUSTOMER REFERENCE) 27501441	PO (PURCHASE ORDER) 283509317
P8 (PICKUP REFERENCE) 283509320	CR (CUSTOMER REFERENCE) 27501444
PO (PURCHASE ORDER) 283509320	P8 (PICKUP REFERENCE) 283667093
CR (CUSTOMER REFERENCE) 27514990	PO (PURCHASE ORDER) 283667093
P8 (PICKUP REFERENCE) 283667091	CR (CUSTOMER REFERENCE) 27514988

Remarks and Load Notes

Order Remarks

- (A) This shipment will be picked up, transported and delivered by said named Carrier. Carrier agrees this shipment will not be re-brokered, trip leased, or blind shipped. If Carrier brokers this shipment in violation of this agreement, we reserve that right to pay the actual carrier. The shipment may not be transported via intermodal service or on the railroad.
- (B) **The charges indicated include all costs and fees in connection with shipment as tendered including stop charges and any applicable surcharges.** By accepting this shipment, Carrier agrees that the services provided by it are subject to the terms and conditions of its motor transportation contract with Hub or any of its affiliates, including Hub Highway Services or CaseStack.
- (C) Directions are provided to the carrier for informational purposes only. It is the sole responsibility of the carrier to confirm a lawful, safe and appropriate route for their vehicles.
- (D) By accepting this shipment, Carrier agrees it is liable to us under the Carmack standard of liability for the full value of the freight tendered.
- (E) By accepting this shipment, Carrier agrees that all claims for freight loss and damage will be paid promptly. If a valid claim is not paid within a reasonable period of time, Carrier agrees we may offset any money owed by us to Carrier against such valid cargo claim.
- (F) By accepting this shipment, Carrier represents and warrants to us that it has at least \$100,000 of cargo insurance covering each load accepted from us.
- (G) All references to "Hub" or "Hub Group, Inc." herein shall mean and include Hub Group, Inc. and its corporate affiliates and subsidiaries, including Hub City Terminals, Inc.
- (H) Carrier must (i) notify Hub of any accessorial charges prior to their occurrence, (ii) complete accessorial charge information via Hub's carrier portal by 23:59 on the second business day following occurrence, and (iii) submit all required supporting backup documentation by 23:59 of the second business day (Day + 2) of the occurrence. Failure of Carrier to comply with (i), (ii), and (iii) shall result in claims for such accessories being waived. Accessorial charges which are denied by Hub must be disputed by Carrier in writing within 2 business days of Hub's denial, or claims for such accessories are waived.
- (I) Drivers must check in with the Hub Dispatching Office at the time of pickup, at the time of delivery of each stop, and once per day while in transit.

Hub Group, Inc.
Dispatch Sheet and Terms
PO # - 291416131510124



Carrier Invoice for Payment

Carrier: ROYAL3 INC (77931)
6850 W 63RD STREET
CHICAGO

IL 60638

Phone: 1-321-465-5667
Fax:

Submit invoice on Hub Connect (hubconnect.hubgroup.com) for fastest processing
For manual invoicing, email this page, followed by the REQUIRED PAPERWORK noted below
(BOL POD) to hubgroup@e-transflo.com. Remember to enter your invoice# in the box below
PAPERWORK MUST BE SUBMITTED WITHIN 5 DAYS OF DELIVERY.

Manual Invoicing

Write Your Invoice # Here For Email invoicing Only

Required Paperwork:

Bill of Lading

Proof of Delivery

Overview of Charges

Service	R. P. U.	Unit	Amount	Cur
Rate	\$951.63	1	\$951.63	USD
FUEL SURCHARGE	\$.29	491	\$143.37	USD
Grand Total:			\$1,095.00	USD

Hub Group has several invoicing options:

- o Carriers who are not EDI capable, please register and create a login to our portal at <https://hubconnect.hubgroup.com/>. This is the preferred method and the fastest way to get paid. Factors can register and create a login to our portal also.
- o Carriers who are EDI Capable should contact the following teams to discuss EDI connectivity:
 - o Truck Brokerage: Your Hub Group dispatcher
 - o Intermodal - drayage@hubgroup.com
- o Manual / email invoicing can be accomplished but because it is manual, it is the slowest way to get paid. Submit required paperwork (BOL, POD) with Transflo Velocity or Transflo Mobile+ by using recipient ID HUBG. To get started, go to www.transflovelocity.com or your smart phone app store to download the app. This is the least preferred option.
- o Carriers who are unable to invoice due to missing orders or missing charges are required to coordinate with the Hub dispatcher the Load Tender came from to initiate the resolution process. AP cannot create the PO, only pay it.

The process for getting paid for Additional Charges is as follows:

- o Carrier must advise Hub Group of all additional charges associated with the order that could result in additional or accessorial charges. Failure to notify Hub Group within 24 hours of the occurrence, or failure to provide proof of service (POS) could result in a declination of additional charges. Once the charges have been approved, Hub Group will issue an accessorial authorization and can be invoiced out of Hub Connect. To invoice manually, the authorization sheet MUST be emailed as a part of the billing process to get paid.
- o For DETENTION: Carrier is required to notify their Hub Dispatcher from 1 hour before detention begins, to get the issue resolved, and obtain an Accessorial Approval Form as mentioned above. Carrier is required to receive stamped in & out times (signature is acceptable if times are noted) from the shipper/consignee for detention approval and payout. Carrier must also provide a signed hard copy of the required paperwork for support. Detention charges do NOT apply if driver arrives at a time later than the scheduled appointment time.

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5026193353		
Name: SPECTRA METAL SALES INC Address: 620 MINNIE ST City/State/Zip: PAYNESVILLE, MN 56362					ORDER # : 1001475_4QNMDEIKQR10 PO: 263667091 Cn: 27514988 Customer Ship to Location: 4203		
CONSIGNEE					CARRIER		
Name: LOWES RDC 955 Address: 955 LOWES LN City/State/Zip: MOUNT VERNON TX 75457					CARRIER NAME: HUB HIGHWAY SERVICES SCAC: HH-WY PRO NUMBER: 14161315101		
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: LOW C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>		
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
263667091	3	1	900	255	NMFC_CLASS	65.0	MOUNT VERNON
PALLET TYPE							
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 _____.						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 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 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 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.				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	
						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 Property described above is received in good order, except as noted.	

MASTER BILL OF LADING

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

SHIPPER Name: SPECTRA METAL SALES INC Address: 620 MINNIE ST City/State/Zip: PAYNESVILLE, MN 56362				BILL OF LADING :5026193353 ORDER # : 1001475_4QM0GEJOKBL9 PO: 283269583 CR: 27478074 Customer Ship to Location: 4203			
CONSIGNEE Name: LOWES RDC 1421 Address: 1421 LOWES WAY City/State/Zip: PLAINFIELD CT 6374				CARRIER CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14161315101			
THIRD PARTY FREIGHT CHARGES BILL TO Name: LOW C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>			
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
283269583	3	1	900	255	NMFC_CLASS	65.0	PLAINFIELD
PALLET TYPE							
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 _____."						COO Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5026193353 ORDER # : 1001475_4QMM56Q3PO00 PO: 283509317 CR: 27501441 Customer Ship to Location: 4203		
Name: SPECTRA METAL SALES INC Address: 520 MINNE ST City/State/Zip: PAYNESVILLE, MN 56362							
CONSIGNEE					CARRIER		
Name: LOWES RDC IN1 Address: 1201 KEYSTONE BLVD City/State/Zip: MINERSVILLE PA 17954					CARRIER NAME HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14161315101		
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: LOW C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u>X</u> _____		
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
283509317	1	1	300	65	NMFC_CLASS	65.0	MINERSVILLE
PALLET TYPE							
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 _____."						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 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 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 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.			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	
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 Property described above is received in good order, except as noted							

MASTER BILL OF LADING

SHIPPER

Name: SPECTRA METAL SALES INC
Address: 620 MINNIE ST
City/State/Zip: PAYNESVILLE, MN 56362

BILL OF LADING :5026193353
ORDER # : 1001475_4QMOGPTH4E50

PO: 283269593
CR: 27478084
Customer Ship to Location: 4203

CONSIGNEE

Name: LOWES RDC 992
Address: 1301 W JFK DR
City/State/Zip: NORTH VERNON IN 47265

CARRIER

CARRIER NAME: HUB HIGHWAY SERVICES
SCAC: HHWY
PRO NUMBER: 14161315101

THIRD PARTY FREIGHT CHARGES BILL TO

Name: LOW C/O HUB GROUP
Address: 2001 HUB GROUP WAY
City/State/Zip: OAK BROOK, IL 60523

Freight Charge Terms :
(freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party ☒ X _____

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
283269593	7	1	2100	595	NMFC_CLASS	65.0	NORTH VERNON

PALLET TYPE

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 _____."

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 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 / 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.

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

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

Shipper Signature

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

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

MASTER BILL OF LADING

129

ESTIMATED PICK UP DATE: 3/27/2025

SHIPPER

Name: SPECTRA METAL SALES INC
Address: 620 MINNIE ST
City/State/Zip: PAYNESVILLE, MN 56362

Contact:

BILL OF LADING :5026193353

TRAILER # SEAL # 12884019

ORDER # : 1001475_4QM0GEJ0KBLO, 1001475_4QM0GPTH4E50,
1001475_4QM0HDLJLU0, 1001475_4QMM56Q3PO00, 1001475_4QMM5BKS8H30,
1001475_4QNMD9NOKLB0, 1001475_4QNMDIEKQR10

CR 27478074
CR 27478075
CR 27478084
CR 27501441
CR 27501444
CR 27514988
CR 27514990
P8 283269583
P8 283269584
P8 283269593
P8 283509317
P8 283509320
P8 283667091
P8 283667093
PO 283269583
PO 283269584
PO 283269593
PO 283509317
PO 283509320
PO 283667091
PO 283667093

TRI 94935
Royal

CONSIGNEE

Name: TAGG
Address: 555 S PINNACLE DR TAGG
City/State/Zip: ROMEOVILLE, IL 60446
Contact:

CARRIER

CARRIER NAME: HUB HIGHWAY SERVICES
SCAC: HHWY
PRO NUMBER: 14161315101
14161315101

THIRD PARTY FREIGHT CHARGES BILL TO

Name: LOW C/O HUB GROUP
Address: 2001 HUB GROUP WAY
City/State/Zip: OAK BROOK, IL 60523

Freight Charge Terms :

(freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party _____ X _____

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:

Order entered by: j.mcgee@spectraguttersystems.com, Driver must reference PO#283269583, at time of pickup., Final Delivery Location: 1421, Order entered by: j.mcgee@spectraguttersystems.com, Final Delivery Location: 992, Driver must reference PO#283269593, at time of pickup., Order entered by: j.mcgee@spectraguttersystems.com, Final Delivery Location: 1436, Driver must reference PO#283269584, at time of pickup., Final Delivery Location: 961, Order entered by: j.mcgee@spectraguttersystems.com, Driver must reference PO#283509317, at time of pickup., Order entered by: j.mcgee@spectraguttersystems.com, Driver must reference PO#283509320, at time of pickup., Final Delivery Location: 992, Order entered by: j.mcgee@spectraguttersystems.com, Driver must reference PO#283667093, at time of pickup., Final Delivery Location: 961, Order entered by: j.mcgee@spectraguttersystems.com, Final Delivery Location: 955, Driver must reference PO#283667091, at time of pickup. | |

SPECIAL SERVICES:

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
283269583	3	1	900	255	NMFC_CLASS	65.0	PLAINFIELD
283269593	7	1	2100	595	NMFC_CLASS	65.0	NORTH VERNON
283269584	2	1	600	170	NMFC_CLASS	65.0	LEBANON
283509317	1	1	300	85	NMFC_CLASS	65.0	MINERSVILLE
283509320	6	1	1800	510	NMFC_CLASS	65.0	NORTH VERNON
283667093	4	1	1200	340	NMFC_CLASS	65.0	MINERSVILLE
283667091	3	1	900	255	NMFC_CLASS	65.0	MOUNT VERNON
GRAND TOTAL	26	7	7800.00	2210.00			

PALLET TYPE

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 _____.

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)

APB
3/31/25

MASTER BILL OF LADING

129

ESTIMATED PICK UP DATE: 3/27/2025

SHIPPER

Name: SPECTRA METAL SALES INC
Address: 620 MINNIE ST
City/State/Zip: PAYNESVILLE, MN 56362

Contact:

BILL OF LADING :5026193353

TRAILER # SEAL # 12884019
ORDER # : 1001475_4QM0GEJ0KBL0, 1001475_4QM0GPTH4E50,
1001475_4QM0HDLJLU0, 1001475_4QMM56Q3PO00, 1001475_4QMM5BKS8H30,
1001475_4QNMD9NOKLB0, 1001475_4QNMDIEKQR10

CR 27478074
CR 27478075
CR 27478084
CR 27501441
CR 27501444
CR 27514988
CR 27514990
P8 283269583
P8 283269584
P8 283269593
P8 283509317
P8 283509320
P8 283667091
P8 283667093
PO 283269583
PO 283269584
PO 283269593
PO 283509317
PO 283509320
PO 283667091
PO 283667093

TRI 94935
Royal

CONSIGNEE

Name: TAGG
Address: 555 S PINNACLE DR TAGG
City/State/Zip: ROMEOVILLE, IL 60446
Contact:

CARRIER

CARRIER NAME: HUB HIGHWAY SERVICES
SCAC: HHWY
PRO NUMBER: 14161315101
14161315101

THIRD PARTY FREIGHT CHARGES BILL TO

Name: LOW C/O HUB GROUP
Address: 2001 HUB GROUP WAY
City/State/Zip: OAK BROOK, IL 60523

Freight Charge Terms :

(freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party _____ X _____

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:

Order entered by: j.mcgee@spectraguttersystems.com, Driver must reference PO#283269583, at time of pickup., Final Delivery Location: 1421, Order entered by: j.mcgee@spectraguttersystems.com, Final Delivery Location: 992, Driver must reference PO#283269593, at time of pickup., Order entered by: j.mcgee@spectraguttersystems.com, Final Delivery Location: 1436, Driver must reference PO#283269584, at time of pickup., Final Delivery Location: 961, Order entered by: j.mcgee@spectraguttersystems.com, Driver must reference PO#283509317, at time of pickup., Order entered by: j.mcgee@spectraguttersystems.com, Driver must reference PO#283509320, at time of pickup., Final Delivery Location: 992, Order entered by: j.mcgee@spectraguttersystems.com, Driver must reference PO#283667093, at time of pickup., Final Delivery Location: 961, Order entered by: j.mcgee@spectraguttersystems.com, Final Delivery Location: 955, Driver must reference PO#283667091, at time of pickup. | |

SPECIAL SERVICES:

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
283269583	3	1	900	255	NMFC_CLASS	65.0	PLAINFIELD
283269593	7	1	2100	595	NMFC_CLASS	65.0	NORTH VERNON
283269584	2	1	600	170	NMFC_CLASS	65.0	LEBANON
283509317	1	1	300	85	NMFC_CLASS	65.0	MINERSVILLE
283509320	6	1	1800	510	NMFC_CLASS	65.0	NORTH VERNON
283667093	4	1	1200	340	NMFC_CLASS	65.0	MINERSVILLE
283667091	3	1	900	255	NMFC_CLASS	65.0	MOUNT VERNON
GRAND TOTAL	26	7	7800.00	2210.00			

PALLET TYPE

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 _____.

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)

APB
3/31/25

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5026193353		
Name: SPECTRA METAL SALES INC Address: 620 MINNE ST City/State/Zip: PAYNESVILLE, MN 56362					ORDER # : 1001475_4QNMD9NOKL80 PO: 283667093 CR: 27514990 Customer Ship to Location: 4203		
CONSIGNEE					CARRIER		
Name: LOWES RDC 961 Address: 1201 KEYSTONE BLVD City/State/Zip: MINERSVILLE PA 17954					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14161315101		
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: LOW CO HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>		
CUSTOMER							
PO	PALLET	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
283667093	4	1	1200	340	NMFC_CLASS	65.0	MINERSVILLE
PALLET TYPE							
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 _____.						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 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 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 her/himself 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 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.			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	
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 Property described above is received in good order, except as noted							

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5026193353		
Name: SPECTRA METAL SALES INC Address: 620 MINNIE ST City/State/Zip: PAYNESVILLE, MN 56362					ORDER # : 1001475_4QM0HDLJULU0 PO: 283269584 CR: 27478075 Customer Ship to Location: 4203		
CONSIGNEE					CARRIER		
Name: LOWES RDC 1436 Address: 1001 REEVES PKWY City/State/Zip: LEBANON OR 97355					CARRIER NAME: HUB HIGHWAY SERVICES SCAC: HHIWY PRO NUMBER: 14161315101		
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: LOW C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>		
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
283269584	2	1	600	170	NMFC_CLASS	65.0	LEBANON
PALLET TYPE							
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 _____."						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 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 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 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.			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	
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 Property described above is received in good order, except as noted							

MASTER BILL OF LADING

<p>RECEIVED: subject to voluntarily determined rates or conditions 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 it is familiar with all the terms and conditions of the B/L, Uniform 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 its use and further assigns.</p>		<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>
<p>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.</p> <p><i>[Signature]</i></p>	<p>Freight Loaded <input type="checkbox"/> By Shipper <input type="checkbox"/> By Carrier</p> <p>Freight Counted <input type="checkbox"/> By Shipper <input type="checkbox"/> By (Inter)police said to contain <input type="checkbox"/> By (Inter)Police</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and related placards. Carrier certifies that proper shipping information has been made available to the carrier and that the same is correct and complete. Properly described above is received in good order, except as noted.</p> <p><i>[Signature]</i></p>

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5026193353			
Name: SPECTRA METAL SALES INC Address: 620 MINNIE ST City/State/Zip: PAYNESVILLE, MN 56362				ORDER # : 1001475_4QMM58KS8H30 PO: 283509320 CR: 27501444 Customer Ship to Location: 4203			
CONSIGNEE				CARRIER			
Name: LOWES RDC 992 Address: 1301 W JFK DR City/State/Zip: NORTH VERNON IN 47265				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14161315101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: LOW C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>			
CUSTOMER							
PO	PALLET	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
283509320	6	1	1600	510	NMFC_CLASS	65.0	NORTH VERNON
PALLET TYPE: _____							
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 _____."						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 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 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 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.			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	
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 Property described above is received in good order, except as noted							