



INVOICE

BILL TO:
MCLEOD LOGISTICS LLC
1001 CRAIG RD
ST. LOUIS, MO 63146

INVOICE DATE: 06/17/2025
INVOICE #: R96322
TERMS: NET 30
DUE DATE: 07/17/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/16/2025		30900 W 185th St, Gardner, KS 66030, USA - 408 Lubbock Business Park Blvd, Lubbock, TX 79403, USA			
		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



Trailer must be clean, dry, and odor-free. Please have driver call 855-241-3100 for dispatch. If carrier/driver fails to report detention within the first 2 hours of occurrence, detention compensation will be denied. In addition, IN and OUT times need to be notated on BOL with a legible customer signature. The original seal must be on the trailer upon delivery to avoid rejection and/or future claim and if original seal is not intact and load is rejected, carrier is responsible for full contents of load. Driver must check in under MCLEOD on ALL loads.

- Carrier acknowledges that Shipper's insertion of McLeod Logistics or McLeod Express name on the bill of lading, freight tender, or any other document shall be for Shipper's convenience only and shall not change McLeod Logistics status as a transportation broker. In the event Broker's name is listed on the bill of lading, shipping manifest or other similar document, as the carrier, Carrier shall cross-out or otherwise remove Broker's name and enter Carrier's name as applicable. Invoice must include McLeod load number and a signed copy of the BOL or POD.
- Lumpers will be reimbursed with a valid receipt as long as lumper is reported within 24 HR. If a receipt is not submitted, carrier will not be reimbursed and/or freight bill will be deducted by that amount.
- Invoices can be mailed to P.O. Box 1368, St Louis, MO 63188 or e-mailed to accounting@mcleodlogistics.com

Thank you for your business

McLeod Logistics LLC
PO Box 1368
St. Louis, MO 63188
(855) 241-3100
www.mcleodexpress.com



McLeod Logistics
1001 Craig Rd. Ste. 352
St. Louis, MO 63146
855-241-3100 888-237-5655

Load Confirmation

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Carrier:	ROYAL3 INC CHICAGO IL 60638	Contact:	Aaron
Date:	06/16/2025	Phone:	(630) 566-0562
		Fax:	
Order	Order: 1145831 Miles: 642.0 Temp: BOL: TM000102618	Commodity:	Auto Parts
		Weight:	25000.0
		Trailer:	Van (DAT)
		Reference:	2705040A17CF00

PU 1	Name: Hopkins Edgerton DC t	Date: 06/16/2025 1300
	Address: 30900 W 185th St GARDNER KS 66030	Contact:
	Phone:	Driver Load: No driver loading or unload
	Reference number: EMM 696.6	
	Reference number: P8 H2164201, H2164202	
	Reference number: PC 26	
	Reference number: PG 10316.0	
	Reference number: PO T0000101102	
	Reference number: QN 01	
	Reference number: SI TM000102618	
	Reference number: Z1 SPLYR163_AKC	
	Reference number: ZZ ZZ	

SO 2	Name: OZARK AUTOMOTIVE - LUB DC	Date: 06/17/2025 1100
	Address: 408 LUBBOCK BUS PARK BLVD LUBBOCK TX 79403	Contact: Leo
	Phone: (806) 747-8257	Driver Load: No driver loading or unload
	Reference number: P8 H2164201, H2164202	
	Reference number: PC 26	
	Reference number: PO T0000101102	
	Reference number: QN 02	
	Reference number: SI TM000102618	



McLeod Logistics
1001 Craig Rd. Ste. 352
St. Louis, MO 63146
855-241-3100 888-237-5655

Load Confirmation

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Carrier: ROYAL3 INC
CHICAGO IL 60638
Date: 06/16/2025

Contact: Aaron
Phone: (630) 566-0562
Fax:

Reference number: Z1 17

Reference number: ZZ ZZ

Payment Carrier Freight Pay: \$1,600.00

Carrier Instructions and Requirements: This form must be completed and returned before driver can be loaded.

Hopkins Edgerton DC t - OREISPMO: NO REEFERS DRY VANS ONLY

Hopkins Edgerton DC t - OREISPMO: Driver must track on DriveView Project44 tracking before leaving the shipper to avoid a 10% linehaul deduction. Failure to track the full length of the shipment leads to a 10% linehaul deduction as well.

Please Sign: *Aaron Bojovic*

(X) Accept

() Decline

Attention: Seth Brousseau
(314) 558-6723
logistics@mcleodlogistics.com

Driver Name: Jake
Driver Cell: (772) 867-4007
Driver Email:
Tractor #: 425314
Trailer #: P5260117



SCAC-146636

BILL OF LADING

SHIP FROM Name: Hopkins Manufacturing Corporation Address: 30900 W. 185th Street City/State/Zip: Edgerton, KS 66021 FOB:		SHIP TO Name: OZARK O'REILLY LUB CO #17 Address: 408 LUBBOCK BUSINESS PARK BLVD. Address: LUBBOCK TX 79403 City/State/Zip: LUBBOCK TX 79403 CID#: TM000102618		BILL TO Name: Address: City/State/Zip:		Name: Address: City/State/Zip:	
Bill of Lading Number: 745781		Order Number: H2164201 Carrier Name: Customer Pick Up Trailer Number: PS260117 SEAL Number: 10124358 SCAC: CSPU		PRO NUMBER : TM000102618		Freight Charge Terms (freight charges prepaid unless marked otherwise): Freight Charge Terms: Collect <input checked="" type="checkbox"/>	
				Master Bill of Lading: with attached underlyin bills of lading <input type="checkbox"/> (check box)			

CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	
7705040A17CF00	101	403.80	
7705041A17NC00	229	3,652.80	
	330	4,056.60	

CUSTOMER ORDER NUMBER	PALET/SUP	DELIVER BY	LOC	TYPE	DEPT
7705040A17CF00	Y / N	6/16/2025			
7705041A17NC00	Y / N	6/16/2025			

HANDLING UNIT		CARRIER INFORMATION			DESCRIPTION		LTL ONLY
QTY	TYPE	PACKAGE	WEIGHT	H. M.	Commodities requiring special or additional care or attention handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care (see Section 246) of NMFC Item 350		NMFC # CLASS
			LBS		PLASTIC OR RUBBER, NOI	156600-04	100
		82.00	1,249.00		PLASTIC OR RUBBER, NOI	156600-04	200
		512.00	711.00		PLASTIC OR RUBBER, NOI	156600-04	125
		16.00	21.00		PLASTIC OR RUBBER, NOI	156600-04	175
		22.00	775.00		PLASTIC OR RUBBER, NOI	156600-07	92.5
		5.00	29.00		PLASTIC OR RUBBER, NOI	156600-07	250
27.00	SKIDS	154.00	1,424.00		SKIDS	199550	CL 70
			1,080.00				
			5,140.00				
27.00	SKIDS	330.00					

Albert + Morales - *Albert Morales*
6/17/25 Dec 2004

<p>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 _____</p> <p>NOTE liability limitation for loss or damage in this shipment may be applicable, see 49 U.S.C. § 14706(c)(1)(a) and (b)</p> <p>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.</p>		<p>Trailer Loaded: <input type="checkbox"/> by shipper <input type="checkbox"/> by driver</p> <p>Freight Counted: <input type="checkbox"/> by shipper <input type="checkbox"/> by driver/pallets <input type="checkbox"/> by driver/pieces</p>	
<p>SHIPPER SIGNATURE/DATE <i>Carroll</i> Justice Carroll</p>		<p>CARRIER SIGNATURE/PICKUP DATE Carrier acknowledges receipt of packages and required information and certifies that the information was made available (and/or carrier has the Department of emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.) <i>[Signature]</i> 6-16-85</p>	
<p>COD AMOUNT: \$ _____ Fee Terms <input type="checkbox"/> collect: <input type="checkbox"/> prepaid: <input type="checkbox"/> customer check acceptable: <input type="checkbox"/></p>		<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges Shipper Signature _____</p>	