



INVOICE

BILL TO:

DELVE FREIGHT SOLUTIONS LLC
7300 W 110TH STREET SUITE 700
OVERLAND PARK, KS 66210

INVOICE DATE: 06/20/2025**INVOICE #:** B96679**TERMS:** NET 30**DUE DATE:** 07/20/2025

| DATE | CUSTOMER REF# | ORIGIN - DESTINATION | QUANTITY | RATE | AMOUNT |
|------------|---------------|---|----------|------------|------------|
| 06/18/2025 | | 5300 Gerber Rd, Fort Smith, AR 72904, United States - 4461 U.S. 301, Latta, SC, USA | | | |
| | | Freight Income | 1 | \$2,000.00 | \$2,000.00 |

TOTAL

\$2,000.00

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**

Created By: Eathan Clark
Phone: (913) 347-8428
Docket: MC1310512

LOAD CONFIRMATION

| | |
|------------------|---------------------|
| Load# | 10079 |
| Date | 06/16/2025 |
| Equipment | Van |
| Equipment Length | 53' |
| Weight | 45000lbs |
| Commodity | Dry Goods (General) |

Carrier Information

| | | |
|---|--|---|
| RIKI TRANSPORTATION INC 8225 LECLAIRE AVE BURBANK, IL 60459 | MC Number MC86875 Primary Contact Carlos Phone 561-567-1365 Email | Driver Phone Email Fax |
|---|--|---|

Notes and References

Notes

PRIOR TO LEAVING THE DOCK THE DRIVER MUST SEND A COPY OF THE BOL FOR A REVIEW. POD MUST BE SUBMITTED WITHIN 48 HOURS, ELSE THERE WILL BE \$150 DEDUCTION. DRIVER MUST SECURE THE LOAD. MUST SEND PICTURE OF TRUCK & TRAILER , MUST HAVE SHIPPER AND RECEIVER STAMP ON THE BOL AND POD, OTP & OTD DEDUCTION \$150 EACH. ALSO MAKE SURE THE DRIVER DO NOT DISCLOSE ANY CRUCIAL INFORMATION AT THE SHIPPER OR THE RECEIVER ELSE \$500 DEDUCTION.

References

A610918-13

Stops / Actions

| # | Action | Date/Time | Location | Contact |
|---|--------|-------------------------------------|---|---------|
| 1 | Pickup | 06/18/2025 08:45 - 06/18/2025 23:00 | Covia - Fort Smith 5300 Gerber Rd, Fort Smith, AR 72904, United States | Name: |
| 2 | Drop | 06/20/2025 07:00 - 06/20/2025 14:00 | ELITE QUARTZ 4461 U.S. 301, Latta, SC, USA | Name: |

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Payment & Terms

- A minimum of \$100,000.00 cargo insurance is required.
- Driver responsible to ensure the load is safe, secure and legal for transport.
- All trailers must be clean, empty and odor-free with no holes.
- For any deviations from instructions, call us immediately.
- All product shortages must be reported at time of pickup.
- "Quick Pay" option: 3.5% Discount (Paid in 5 days) | 5% (Paid in 2 days).
- Re-brokering or assigning of this load will void our obligation to pay.
- Carrier must submit signed BOL within 24 hours of delivery or \$50/day fine imposed.
- Freight delivery must comply with the agreed-upon delivery date and time as outlined in the rate confirmation. Any anticipated delays must be communicated promptly, along with a detailed explanation and supporting evidence. Failure to adhere to these requirements will result in a daily penalty of \$100.
- You agreed to the Delve Freight Solutions Carrier Terms & Conditions at <https://delvefreight.com/delve-terms-and-conditions>
The undersigned hereby acknowledges as correct and accepts the referenced shipment on behalf of RIKI TRANSPORTATION INC. It is agreed that the charges indicated above include all costs and fees in connection with the shipment. Invoicing by the carrier and payment by the broker constitutes acceptance of this agreement. By signing, this creates a contract carriage shipment.

AGREED ALL-IN AMOUNT \$2000.00

Note:

To get paid, send these to accounting@delvefreight.com

- **Your Invoice** (w/ address)
- **Signed POD** (legible & clear)
- **Factoring Info / Void Check** (if any)
- **Lumper Receipts** (if any)

| | |
|-------------|--------------|
| Driver Name | Driver phone |
|-------------|--------------|

| | |
|-----------|------|
| SIGNATURE | Date |
|-----------|------|

End of Load Confirmation

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Original Bill of Lading.
The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination, it is mutually agreed, as to each carrier of all or any of said property, over all or any portion of said route to destination, and as to each party at any time interested in all or any of the said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

| | | | | | | |
|----------------|---------------|-----------------------------|--------------|------------------|----------|----------------------|
| From | Covia ISP Inc | | At | Fort Smith, AR | | |
| SHIPPER'S NO | AGENT NO | CUSTOMER ORDER NO | OUR ORDER NO | SHIP DATE | SHIP VIA | |
| A610918-999-13 | | 0101158 | A610918 | Jun 18, 2025 | TRUCK | |
| CONSIGNEE TO: | | ELITE QUARTZ | | STATE: SC | | ZIP CODE: 29565-4678 |
| DESTINATION: | | 4461 HIGHWAY 301 S LATTA | | | | |
| CARRIER: | | CUSTOMER TRUCK | | ICC CONTRACT NO: | | |
| ROUTE: | | DISTRIBUTOR'S PO: | | | | |

| Qty Ordered | UOM | Kind of package, Description of Articles, Special Marks and Exceptions | No. of Packages | Seal No | Lot No | Vehicle or Car No | Qty Shipped | Class or Rate |
|-------------|-----|--|-----------------|---------|--------|-------------------|-------------|---------------|
| 14 | PCS | LUMINEX 14 3150# IBC MT PRICING PLANT 2 | | | | 830-W94931 | 14 | |

SHIPPER'S SPECIAL INSTRUCTIONS:

Cust

This is to certify that the above named articles are properly classified, described, packaged, marked and labeled and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.

Joby Cooper
6/20/25

Jun 18, 2025 10:47 AM
Jun 18, 2025 11:05 AM

| | | |
|-------|--------------|------------|
| GROSS | 77,100 lbs | 38.55 tons |
| TARE | 33,000 lbs | 16.50 tons |
| NET | 44100.00 lbs | 22.05 tons |

| | | | | | |
|--|--|--|--|--------------------------|---|
| For TERMS & CONDITIONS Please Visit : | | SHIPPER Covia ISP Inc | | Per <i>[Signature]</i> | Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. |
| IMPORTANT - This section must be completed by customer READ HEALTH HAZARD WARNING BELOW | | AGENT <i>BRZ</i> | | Per <i>[Signature]</i> | |
| RECEIVED BY _____ | | CORPORATE OFFICE | | (Signature of Consignor) | |
| TIME & DATE OF DELIVERY _____ | | 3 Summit Park Dr Independence, OH 44131 | | | If charges are to be prepaid, write or stamp here, "To be Prepaid" |
| | | | | | Received \$ _____ COLLECT _____ to apply in prepayment of the charges on the property described hereon. |
| | | | | | Agent or Cashier |
| | | | | Per _____ | (The signature here acknowledges only the amount prepaid.) |