



## INVOICE

**BILL TO:**  
POLARIS LOGISTICS GROUP INC  
104 N. SUMMIT ST.SUITE 100  
TOLEDO, OH 43604

**INVOICE DATE:** 06/25/2025  
**INVOICE #:** B97093  
**TERMS:** NET 30  
**DUE DATE:** 07/25/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
06/19/2025		4595 Industrial Rd, Jackson, AL 36545 - 451 N 5600 W, Salt Lake City, UT 84116			
		Freight Income	1	\$3,900.00	\$3,900.00
		Detention	1	\$200.00	\$200.00

### Payments:

DATE	METHOD	CHECK#	CHECK DATE	REFERENCE	AMOUNT
06/24/2025	Direct Deposit	758821	06/24/2025	758821	\$3,900.00

TOTAL
\$200.00

### 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

P: 801-883-8776 F: 801-883-8755

Accounting# 419-214-5969 / accounting@polarislogisticsgroup.com

0322606

<b>Carrier:</b>	BRZ	<b>Contact:</b>	John
	Burbank IL 60459	<b>Phone:</b>	708-303-5150 x110
<b>Date:</b>	06/19/2025	<b>Fax:</b>	

<b>Order</b>	<b>Order #</b>	0322606	<b>Commodity:</b>	PAPER ROLLS
	<b>Miles:</b>	1919.0	<b>Weight:</b>	38469.0
	<b>Temp:</b>		<b>Trailer:</b>	Van
	<b>Shipper PO#</b>	3441J652J62025	<b>Consignee PO#</b>	3441J652J62025
	<b>Pickup #</b>	3441		

<b>PU 1</b>	<b>Name:</b>	PCA (JACKSON, AL)	<b>Date:</b>	<b>06/19/2025 0100</b>
	<b>Address:</b>	4585 Industrial Rd		<b>06/19/2025 2359</b>
		JACKSON AL 36545	<b>Contact:</b>	Main
	<b>Phone:</b>	251-246-4461	<b>Driver Load:</b>	No driver loading or unload
	<b>Reference number:</b>	PO 3441J652J62025		

<b>SO 2</b>	<b>Name:</b>	PCA (SALT LAKE CITY, UT)	<b>Date:</b>	<b>06/23/2025 0700</b>
	<b>Address:</b>	451 N 5600 W		<b>06/23/2025 1700</b>
		SALT LAKE CITY UT 84116	<b>Contact:</b>	RICKY
	<b>Phone:</b>	801-321-6251	<b>Driver Load:</b>	No driver loading or unload

<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$3,900.00
	<b>Total Carrier Pay:</b>	\$3,900.00

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

PCA (JACKSON, AL) - \*\*\*\*AT CHECK-IN - PLEASE REFERENCE 4-DIGIT PICKUP# @ CHECK-IN\*\*\*\*

\*BOISE IS A TOBACCO FREE FACILITY - SEE SAFETY REQUIREMENTS BELOW\*

1. NO MINORS OR PETS ALLOWED OUTSIDE OF THE TRACTOR.
2. GO THROUGH GATE & STOP @ THE ORANGE #3 SIGN TO SLIDE TANDEM TO THE REAR AND LOCK BEFORE GOING DOWN DRIVEWAY.
3. RESTRICTED ACCESS INSIDE FACILITY - FOR SAFETY REASONS, PLEASE DO NOT LEAVE DESIGNATED AREA.
4. PLEASE USE PEDESTRIAN ENTRANCES ONLY!! DO NOT WALK ON RAMPS
5. PLEASE HELP REDUCE TRAFFIC CONGESTION BY EXITING THE BOISE FACILITY AS SOON AS YOU COMPLETE YOUR PICK (LAYOVERS/BREAKS AREN'T ALLOWED ON BOISE PROPERTY DUE TO SPACE CONSTRAINTS).
6. CARRIER MUST OBSERVE AND ADHERE TO POSTED MILL/TRAFFIC SIGNS - SPEED LIMIT IS 8MPH.
7. PLEASE SECURE 1 TRAILER DOOR IN THE OPEN POSITION WHEN DROPPING AN EMPTY TRAILER.
8. DROP AND HOOK PROCEDURES: SECURITY WILL REQUEST THE PICKUP ID AND DIRECT THE DRIVER.
9. WHEN RAIL-CROSSING SIGNALS ARE LIGHTED AND BELLS RINGING - STOP AT CROSSINGS AND BE CAUTIOUS! ALWAYS LOOK BOTH DIRECTIONS BEFORE CROSSING TRACKS WITH OR WITHOUT ALARMS!

**\*\*\*\*Carrier: Submit invoice & delivery documents to: [accounting@polarislogisticsgroup.com](mailto:accounting@polarislogisticsgroup.com)\*\*\*\***

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Polaris Logistics Group Dispatcher:

**Blake Mattarocci**  
**801-797-1663**

Polaris Logistics Group Inc. (SLC)

100 N. Summit St. #400

Toledo, OH 43604

P: 801-883-8776 F: 801-883-8755

Accounting# 419-214-5969 / accounting@polarislogisticsgroup.com

Page 1

## LOAD CONFIRMATION

0322606

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	Burbank IL 60459	<b>Phone:</b>	708-303-5150 x110
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		SALT LAKE CITY UT 84116	<b>Contact:</b>	RICKY
	<b>Phone:</b>	801-321-6251	<b>Driver Load:</b>	No driver loading or unload

<b>Payment</b>	<b>Carrier Freight Pay:</b>	\$3,900.00
	<b>Detention</b>	200.00
	<b>Total Carrier Pay:</b>	\$4,100.00

Polaris Logistics Group Dispatcher:

**Blake Mattarocci**  
**801-797-1663**

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**Blake Mattarocci**  
**801-797-1663**

## STRAIGHT BILL OF LADING-SHORT FORM-Original-Not Negotiable

A

RECEIVED 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 company (the word company 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. 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 said property, that every service to be performed hereunder shall be subject to all the conditions of the Uniform Domestic Straight Bill of Lading. Except as agreed in writing between shipper and carrier, this bill of lading is not subject to any tariffs, rates, classifications, rules or practices of carrier.

NAME OF INITIAL  
TRANSPORT COMPANY

POLARIS LOGISTICS GROUP

STOP this car at	FOR	WEIGHT IN TONS			LENGTH OF CAR		MARKED CAPACITY OF CAR		Stenciled Weight of Car
		Gross	Tare	Net	Ordered	Furnished	Ordered	Furnished	
CAR INITIALS AND NUMBER	KIND	SPOT (LCL)	CL Transferred To		Freight Bill Date	Freight Bill No.	WAYBILL DATE	WAYBILL NO.	
TRK 94939							6/19/2025	170844	
TO		ORIGIN ROAD CODE		AT ( )		STATION		STATE	
SALT LAKE CITY		UT		NO.					
ROUTE				B/A ( )					
451 N. 5600 W.				FROM (SHIPPER)		PACKAGING CORPORATION OF AMERICA			
BILL OF LADING DATE	TALLY NO.	INVOICE NO.		CUSTOMER'S NO.		# KIND OF CAR: AR-AUTO RACK, AP-AUTO PARTS, B-BOX, CH-COV. HOPPER, G-GONDOLA, H-HOPPER, F-FLAT, R-REFGT, S-STOCK, T-TANK, V-BOX VENT.			
6/19/2025	3441								

CONSIGNEE TO (Mail or street address of consignee - For purposes of notification only)

PACKAGING CORP OF AMERICA  
451 N. 5600 W.

(801) 321-6246

DESTINATION	STATE OF	COUNTY OF
SALT LAKE CITY	UT	
ROUTE (Shipper's)		
POLARIS LOGISTICS GROUP		

Subject to Section 7 of Conditions, 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.

Signature of Consignor P C A

NOTE Where the rate is dependent upon value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

PER

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is 'carrier's or shipper's weight.'"

PICKUP SERVICE

YES NO

DELIVERY SERVICE  
REQUESTED

YES NO

AMOUNT

C. \$

O. \$

D. \$

WEIGHED AT

GROSS

TARE

NET

Received \$

to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per

(The signature here acknowledges only the amount prepaid.) Charges advanced \$

IF CHARGES ARE TO BE PREPAID, WRITE OR STAMP HERE.

"TO BE PREPAID"  
TO BE PREPAID

## SHIPPER'S SPECIAL INSTRUCTIONS

If freight charges are to be paid to a broker, Carrier agrees not to hold Shipper or Consignee liable for said charges. Therefore, PAYMENT TO BROKER CONSTITUTES PAYMENT TO CARRIER. If prepaid, Carrier must return a copy of this Bill of Lading with freight bill for payment. Subject to Section 7 of the Uniform Straight Bill of Lading.

SHIPPER P C A AGENT

PERMANENT POST OFFICE PER

NO. PKGS	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	*WEIGHT (Sub. to Corr.)	RATE	FREIGHT	ADVANCES	PREPAID
7	ROLLS PULPBOARD  COM. CODE 26-311-17  IN 7:00 OUT 3:19 625-25	38,536				
B/L DATE: 6/19/2025 TIME: 4:05:41 PM SHIPPER'S LOAD AND COUNT. SEAL NO'S: 4758			*** SEAL BROKEN BY *** *Date : *Name: *Company: *Reason:			