



INVOICE

BILL TO:

L H P TRANSPORTATION SERVICES INC
2032 E KEARNEY SUITE 213
SPRINGFIELD, MO 65803

INVOICE DATE: 07/06/2025**INVOICE #:** B99367**TERMS:** NET 30**DUE DATE:** 08/06/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
07/02/2025		6901 Lindsey Rd, Little Rock, AR 72206 - 1455 S.E. Feedville Rd, Hermiston, OR 97838			
		Freight Income	1	\$4,300.00	\$4,300.00

TOTAL

\$4,300.00

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**



TRANSPORTATION SERVICES, INC.

PO Box 3178, Springfield, MO 65808
Phone# (417) 865-7577 FAX # (888) 486-3489

LOAD AND RATE CONFIRMATION

Carrier: Riki Transportation INC DBA: BRZ

Carrier Code: RIKITRAILB

Manifest/Leg #: 9174766

***MUST APPEAR ON
ALL BILLING***

Total Pieces:
476

Total Weight:
8554

LOAD INFORMATION:

<u>Load #</u>	<u>Dispatcher</u>	<u>BOL</u>	<u>Pickup Ref. #</u>	<u>Commodity</u>
9174766	HARRA	<u>39762711</u>	587111	FAK

LOAD AT:

HMS MFG CO
6901 LINDSEY RD
LITTLE ROCK AR 72206

FINAL STOP:

DC 6037
1455 S.E FEEDVILLE RD
HERMISTON OR 97838

DEL#: 34171093

Load Date/Time: 07/02/25 @ 1530 Delivery Date/Time: 07/05/25 @ 0530

TRUCK PAY: Total Pay - ~~54300~~

Authorized/Approved by: Princ Luke Mische Sign _____
Date/Time: _____

PAYMENT: Require's BOL (signed by consignee), a signed Rate Confirmation and your Invoice. For prompt payment please
EMAIL TO: accounting@LHPTransport.com

DOUBLE BROKERING: Is not permitted by LHP and will NOT be compensated.

BACK SOLICITING: Will not be tolerated and payment will be retrograded to LHP.



Equip ID 5260157 Status AP

Equip Arrival 07/06/25 06:57 Temp1

Carrier LHPT Temp2

Seal 1920209 Temp3

Reseal Fuel Lvl

DoorZone APPOINTMENT Dept SSTK

Del Date 07/06/25 07:30 Type 53

I have read and understand the posted copy of WalMarts
Appointment Drop Rules and Regulations

Driver Signature _____



Delivery# 34408576

DC 6037

DATE: 6/27/2025

MASTER BILL OF LADING

51,451.00

Page 1 of 1

Ship From

Name: HMS MFG. CO. - LINDSEY
Address: 6901 LINDSEY ROAD
City/State/Zip: LITTLE ROCK AR 72206
SID##

Bill of Lading Number: 0639762711



34171093 0639762711

Ship To

Name: WALMART DC 6037
Address: 2650 HWY 395 SOUTH
City/State/Zip: HERMISTON OR 97838
SID##

Location:

Carrier Name: LHP TRANSPORTATION

Trailer Number: ~~0000~~ P5240157

Tracking Number:

Seal Number(s): 1920209

Third Party Freight Charges

Name:
Address:
City/State/Zip:

DR 17
Jack

Special Instructions:
39762711

SCAC: LHPT

PRO Number:

Bill of Lading: 0639762711

Freight Charge Terms

☐ Prepaid☒ Collect☐ Third Party☒ Master Bill of Lading

Customer Order Information

Customer Order Number	#PKGS	WEIGHT	PALLET/S LIP (circle one)	ADDITIONAL SHIPPER INFO
5079317004	204.00	3,916.80	Y N	PT#: 585806 PS#: 569281 Pallets: 0
5079318198	272.00	4,636.60	Y N	PT#: 587111 PS#: 569280 Pallets: 0
Grand Total	476.00	8,553.40		

Carrier Information

HANDLING UNIT		#PKGS		WEIGHT	H.M. (x)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	Type				NMFC	CLASS
	CS	204.00	CS	3,916.80				
	CS	108.00	CS	4,636.60				
		476.00		8,553.40				

Where the rate is dependent on the 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 to 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 regulations.

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, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

HMS MFG
6/27/2025

Trailer Loaded:

☒ By Shipper☐ By Driver

6/27/2025

Freight Counted:

☒ 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 had the DOT emergency response guide book or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

DIRKIS HEINANDER
6/27/2025


JUL 2 PM4:02

JUL 2 PM4:43

Appt: 11
Arrive: 4:00

34408576

1/5

DATE: 6/27/2025		BILL OF LADING		Page 1 of 1	
Ship From			Bill of Lading Number: 587111		
Name: HMS MFG. CO. - LINDSEY Address: 6901 LINDSEY ROAD City/State/Zip: LITTLE ROCK, AR 72206 SID##			 587111		
Ship To			Carrier Name: LHP TRANSPORTATION		
Name: WAL-MART DC 6037R-REGULAR Location: Address: 2650 HWY 395 SOUTH 6037 City/State/Zip: HERMISTON, OR 97838 SID#:			Trailer Number:		
			Seal Number(s):		
Third Party Freight Charges			SCAC: LHPT		
Name: Address: City/State/Zip:			PRO Number:		
Special Instructions: 39762711			Bill of Lading: 587111 Pack Slip #: 569280		
			Freight Charge Terms <input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> Third Party		
			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill of Lading		
Customer Order Information					
Customer Order Number	#PKGS	WEIGHT	PALLET/SLIP <small>(circle one)</small>		ADDITIONAL SHIPPER INFO
5079318198	272	4,636.60	Y N		
Grand Total	272	4,636.60			
Carrier Information					
HANDLING UNIT		#PKGS		WEIGHT	H.M. (x)
QTY	TYPE	QTY	Type		COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or showing must be so marked and packaged as to insure safe transportation with ordinary care. See section 2(e) of</small>
	CS	188.00	CS	3,417.16	Plastic Articles
	CS	84.00	CS	1,219.44	Plastic Articles
	Pallet	0.00		0.00	Pallet
		272.00		4,636.60	
Where the rate is dependent on the value, shippers are required to state spifically 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 t 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 regulations				The carrier shall not make delevary 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, packaged, marked and labled, and are in proper condition for transportation according to the applicabe regulations of the DOT.		Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" 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 had the DOT emergency response guide book or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.					

DC 6037

PO# 5079318198

DATE: 7/1/2025

FREIGHT BILL RECEIVED IN FULL ☐

TRLR# 524057

TOT CS REC 248

TOT PLTS 0


TOTAL CASES REJECTED R 0

REASON 298460

REC# 248

REC'D BY ELSON

DRV HELPED UNLOAD: N

DATE: 6/27/2025		BILL OF LADING		Page 1 of 1	
Ship From			Bill of Lading Number: 585806		
Name: HMS MFG. CO. - LINDSEY Address: 6901 LINDSEY ROAD City/State/Zip: LITTLE ROCK, AR 72206 SID##			 585806		
Ship To			Carrier Name: LHP TRANSPORTATION		
Name: WAL-MART DC 6037R-REGULAR Location: Address: 2650 HWY 395 SOUTH 6037 City/State/Zip: HERMISTON, OR 97838 SID#:			Trailer Number:		
			Seal Number(s):		
Third Party Freight Charges			SCAC: LHPT		
Name: Address: City/State/Zip:			PRO Number:		
Special Instructions: 39762711			Bill of Lading: 585806 Pack Slip #: 569281		
			Freight Charge Terms <input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> Third Party		
			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill of Lading		
Customer Order Information					
Customer Order Number	#PKGS	WEIGHT	PALLET/SLIP (circle one)	ADDITIONAL SHIPPER INFO	
5079317004	204	3,916.80	Y N		
Grand Total	204	3,916.80			
Carrier Information					
HANDLING UNIT		#PKGS		WEIGHT	H.M.
QTY	TYPE	QTY	Type		(x)
	CS	204.00	CS	3,916.80	
	Pallet	0.00		0.00	
		204.00		3,916.80	
Where the rate is dependent on the 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 to 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 regulations.			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, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.			Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" 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 had the DOT emergency response guide book or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.		

DC 6037 DATE: 7/1/2025

PO# _____

FREIGHT BILL RECEIVED IN FULL ☒

TRLR# 5240157

TOT CS REC _____ S _____

TOT PLTS _____ D _____

TOTAL CASES REJECTED R _____

REASON _____

REC# 598401

REC'D BY: *[Signature]*

DRV HELPED UNLOAD: Y _____ N _____

Trailer Control Record

DC#: 6037

TCR: c7e9ad80-0db3-4f97-a3bb-8b1b758bd87c

Trailer Number	Carrier	Delivery Number	Appointment Time	Arrival Date
5260157	LHPT	34408576	07/06/2025 07:30	07/06/2025 06:57:40

Arrival Information

Inbound Seal #: 1920209

Inbound Seal Condition:

Sealed at Gate: N

Intact: Y

AP Associate: j0g0d88

Current Seal #: 1920209

Load ID#: 39762711

Comments:

Delivery

Cases: SSTK 444 A-DIST 32

Total: 476

Receiving Dock

Door #: 95

Assigned by: k0r0grx

Closed by: k0r0grx

Unloader: k0r0grx

Unload Start Time: 07/06/2025 08:04:13

Unload End Time: 07/06/2025 10:38:01

Driver Arrival at Window: 07/06/2025 07:27

Paperwork Available at Window: 07/06/2025 10:50

Receiving Office

Drop: N

Driver Unload:

Commodity: SSTK

Tractor #: 849

Return/Transfer

Trailer Empty: Y

Return Contents:

Reason:

Description:

Seal Information

Seal Number: 1920209

Sealed By: j0g0d88

Receiving Office

Trailer Resealed By: j0g0d88

Outbound Information

AP Associate:

D/T:

Outbound Seal #:

Door Change Log

Timestamp

Event

User

07/06/2025 07:03:29

Location updated to door 6037 - 95

a0m01fw