



INVOICE

BILL TO:
WEST WIND EXPRESS
2616 NORTH 24TH AVE
PHOENIX, AZ 85009

INVOICE DATE: 07/07/2025
INVOICE #: R99631
TERMS: NET 30
DUE DATE: 08/07/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
07/05/2025		6800 S Archer Rd, Summit, IL 60501, USA - 7415 COMMONWEALTH AVE, Jacksonville, FL 32099			
		Freight Income	1	\$1,900.00	\$1,900.00

TOTAL
\$1,900.00

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



Carrier Rate Confirmation

Page 1 of 2

Load TR-0000073578-02

Bill To West Wind Express, Inc
2616 N. 24th Ave
Phoenix, AZ 85009

Phone (800) 403-9804
Phone (602) 686-7473
Email br@westwindusa.com

Carrier	Royal3 Inc	Driver Name		Truck		Customer reference	106959051
Phone	(630) 485-7370 Ext	Driver Id		Trailer		Reference#	
		Cell Phone		Team required	No	GW#	
		Equipment	VR	Hazmat	No	TRIP#	
		Reefer temp/mode	0.0F/Off	Priority	None	Rail y or n	

Split pickup

Company	West Wind - Bedford Park	P/U Number	7/5/2025 10:00 - FCFS	Appointment	
Address	7050 S Archer Rd			Hours Of Operation	7am - 9pm
City, State, Zip	Summit Argo, IL 60501			Driver Note	DRIVER NEEDS TO PARK THE TRUCK IN PARKING SPACE BEFORE CHECKING IN!!!!
Goods	Description	Weight	Volume	Units	Pallets
Total					
Stop notes					

Delivery

Company	SCF JACKSONVILLE 320	Del. Conf. Number	7/7/2025 08:00 - Set	Appointment	
Address	1100 Kings Rd			Stop notes	
City, State, Zip	Jacksonville, FL 32203				
Phone	(111) 111-1111				
Goods	Description	Weight	Volume	Units	Pallets
Paper	Paper Products	0.0	0.0	0	0
Total		0.0	0.0	0	0

Delivery

Company	BMC JACKSONVILLE NDC 32Z	Del. Conf. Number	7/7/2025 10:00 - Set	Appointment	
Address	7415 COMMONWEALTH AVE			Stop notes	
City, State, Zip	Jacksonville, FL 32099				
Phone	(630) 555-1212				
Goods	Description	Weight	Volume	Units	Pallets
Paper	Paper Products	0.0	0.0	0	0
Total		0.0	0.0	0	0

Pay Type	Description	Note	Quantity	Rate	Amount
FLAT	Contracted flat amount		1	\$1,900.0000	\$1,900.00
Total Agreed to Charges					\$1,900.00



Carrier Rate Confirmation

Page 2 of 2

Load TR-0000073578-02

1. Carrier agrees to pick up and deliver as scheduled. Failure to do so may result up to a 55% rate deduction. If caught consolidating, tampering with seal, or unless agreed on sending freight intermodal a deduction of up to 80% will apply. 2. Daily check calls and in and out times are required daily until the freight is delivered or a fee may be imposed. 3. If carrier holds load for more money or for any other reason, original rate will apply. 4. Carrier must notify West Wind of any exceptions including short, over, damaged, and refused freight at the time of delivery. 5. Detention applies only when West Wind is notified. First three hours are free and \$25/HR after maxing out at \$125.00. Please be advised that not all customers pay detention and if they refuse to pay detention for whatever reason, no detention will be paid. IN & OUT times must be stated on the BOL. 6. Lumpers must be authorized before being paid and a valid receipt must be provided within a 48 hour window after delivery. You must submit a revised rate con with invoice to be paid. 7. Please reference our load number on your invoice. Invoices must be sent within 5 days or a deduction of \$25/day may be applied. 8. It is the carriers responsibility to supply the drivers or driver with the correct amount of driving hours to effectively make pickup and delivery appointments legally. 9. REBROKERING or FORWARDING of freight is NOT allowed. If caught, the invoice will NOT be PAID. 10. CARRIER AGREES NOT TO SOLICIT DIRECTLY OR INDIRECTLY OR DO BUSINESS WITH ANY CUSTOMER (SHIPPER OR COSIGNEE) OF BROKER FOR A PERIOD OF 1 YEAR FROM THE DATE OF THIS AGREEMENT. IF THIS AGREEMENT IS BROKEN CARRIER SHALL PAY TO BROKER WITHIN 10 DAYS OF EACH VIOLATION THE AMOUNT EQUAL TO 15% OF ALL REVENUES INVOICES BROKERS CUSTOMER BY CARRIER OR AFFILIATES. CARRIER ALSO AGREES TO PAY LEGAL FEES TO COLLECT REVENUES FROM BREACH OF CONTRACT. 11. By signing this rate confirmation you agree to the terms and conditions stated above & in Carrier Broker contract. If the load is picked up without a signed rate confirmation, all terms and conditions stated above & in Carrier- Broker contract will remain in full effect. 12. EFS checks issued by West Wind for lumpers, pallets, etc will be charged a \$20 fee/comcheck.

BY _____
Carrier Royal3 Inc
Phone (630) 485-7370 Ext. 138 Fax: _____

Authorized
Signature _____

BY luks
Company West Wind Express, Inc
E-mail luks@westwindusa.com
Phone (800) 403-9804 Fax (602) 686-7473

Date: 7/3/2025 11:43:12PM

BILL OF LADING

WESTWIND Page: 1

SHIP FROM

Name: DC WINDHAM PKWY
Address: 1000 WINDHAM PKWY
City/State/Zip: BOLINGBROOK IL 60490-3507
Shipper ID: LM11141

FOB: ☒

SHIP TO

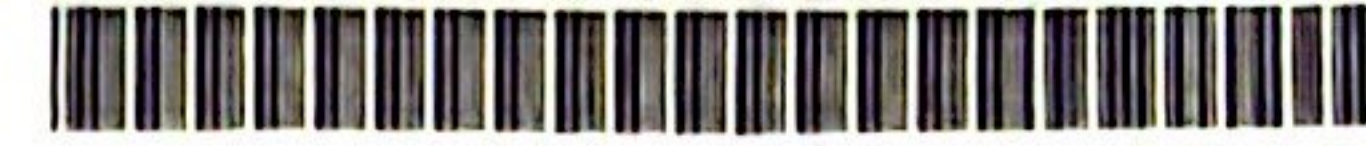
Name: BMC JACKSONVILLE 320
Address: 1100 KINGS RD
City/State/Zip: JACKSONVILLE FL 32203-9996
Consignee ID: LM384631

FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO

Name: LSC COMMUNICATIONS MCL LLC
Address: 1000 WINDHAM PKWY
1-833-744-7572
City/State/Zip: BOLINGBROOK IL 60490-3507

Bill of Lading Number: 0000000000978538



Manifest ID: 106959051

Carrier Name: WEST WIND LOGISTICS INC
Trailer Number: 30256
Seal number(s):

SCAC: WWLD
Pro Number:

Freight Charge Terms: Prepaid



Master Bill of Lading: With attached underlying Bills of Lading

SPECIAL INSTRUCTIONS: Appointment Number : 131320633
Appointment Date : 07/07/2025
Appointment Time : 0800

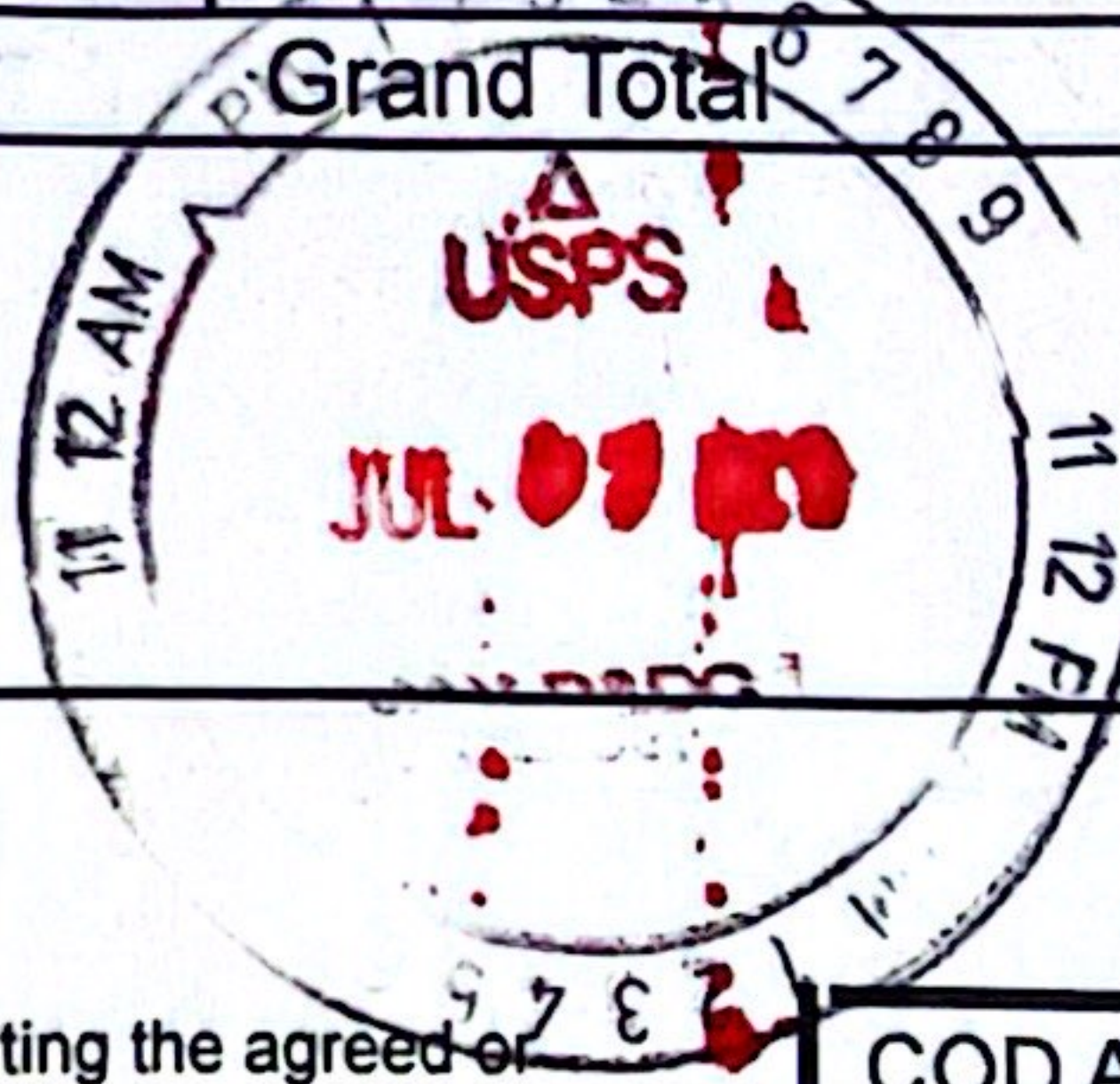
CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	QTY	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
13953-30836-001	5,224	1,511	Y	
13953-30836-002	20,866	5,906	Y	
13954-30836-003	32,055	9,266	Y	
13955-30836-004	17,534	5,314	Y	
30806	9,557	497	Y	
77300	25,109	2,297	Y	
77356	5,016	462	Y	

CARRIER INFORMATION

SKU	HANDLING UNIT PACKAGE				WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) to NMFC Item 360</small>	LTL ONLY	
	QTY	TYPE	QTY	TYPE				NMFC #	CLASS
MAILT	23	CONT	169,812	EACH	13,632		Mail Trays	161700 Sub 3	55
MAILD	24	CONT	82,339	EACH	24,128		Mail Flats	161700 Sub 3	55
	47		252,151		37,760		Grand Total		

7/7/25



Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value for 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, and to all applicable state and federal

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

LSC Communications US, LLC Shipper
Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, package, 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

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

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

Date: 7/3/2025 4:43:12PM

BILL OF LADING

Page: 2

SHIP FROM

Name: DC WINDHAM PKWY
Address: 1000 WINDHAM PKWY
City/State/Zip: BOLINGBROOK IL 60490-3507
Shipper ID: LM11141

FOB: ☒

SHIP TO

Name: BMC JACKSONVILLE NDC 32Z
Address: 7415 COMMONWEALTH AVE
City/State/Zip: JACKSONVILLE FL 32099-0002
Consignee ID: LM59

Location #: _____

FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO

Name: LSC COMMUNICATIONS MCL LLC
Address: 1000 WINDHAM PKWY
1-833-744-7572
City/State/Zip: BOLINGBROOK IL 60490-3507

Bill of Lading Number: 0000000000978538



Manifest ID: 106959051

Carrier Name: WEST WIND LOGISTICS INC

Trailer Number: 30256

Seal number(s):

SCAC: WWLD

Pro Number:

Freight Charge Terms: Prepaid



Master Bill of Lading: With attached underlying Bills of Lading

SPECIAL INSTRUCTIONS: Appointment Number : 131320635

Appointment Date : 07/07/2025

Appointment Time : 1000

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	QTY	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
13953-30836-002	3,550	1,001	Y	
13954-30836-003	5,416	1,556	Y	
13955-30836-004	3,512	1,072	Y	
	6,981	362	Y	
Grand Total	19,459	3,991		

CARRIER INFORMATION

SKU	HANDLING UNIT PACKAGE				WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) to NMFC Item 360)</small>	LTL ONLY	
	QTY	TYPE	QTY	TYPE				NMFC #	CLASS
MAILD	3	CONT	12,478	EACH	3,629		Mail Flats	161700 Sub 3	55
MAILT	1	CONT	6,981	EACH	362		Mail Trays	161700 Sub 3	55
	4		19,459		3,991		Grand Total		



Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value to 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, and to all applicable state and federal

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

LSC Communications US, LLC Shipper

Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, package, 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

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as