



## INVOICE

**BILL TO:**  
CIRCLE LOGISTICS INC  
1950 W COOK RD STE 102  
FT WAYNE , IN 46818

**INVOICE DATE:** 07/08/2025  
**INVOICE #:** R99577  
**TERMS:** NET 30  
**DUE DATE:** 08/08/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
07/03/2025		1800 Industrial Drive, Libertyville, IL 60048 - 901 East Industrial Circle Unit 4-5, Cape Coral, FL 33909, USA			
		Freight Income	1	\$2,900.00	\$2,900.00

TOTAL
\$2,900.00

**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**



## Dispatcher

Dispatcher: Maurizio Garofalo  
Phone: 312-300-7447 x8156

Emergency Phone: 312-300-7447

## Load and Rate Confirmation Agreement Load #2097206

To accept load please sign and email this sheet back to: [maurizio.garofalo@circledelivers.com](mailto:maurizio.garofalo@circledelivers.com)

## Carrier Information

Load Number: 2097206  
Carrier Number: 15733  
MC Number: 944686  
Carrier Name: ROYAL3 INC  
Attention: Bill

Driver Name: Pressley  
Truck Number: 727  
Trailer Number: P5260154  
Carrier Phone: 630-485-7370  
Carrier Fax: 630-485-6980

## Load Information

Commodity: FAK  
Dimensions: L:53';  
Load Size: Truckload  
Manifest Number: BCI-ETAM-07022025  
Miles: 1,506.00

PO Number: BCI-EFRT-07022025  
Piece Count: 15  
Ref Number: 908963150  
Trailer Req: Van  
Weight: 30,000

## #1 Shipper

Thursday, 07/03/2025 from 08:00 - 16:00

Company: BCI ACRYLIC - LHE  
Address: 1800 INDUSTRIAL DRIVE  
City/St/Zip: LIBERTYVILLE, IL 60048

Contact: Leaf Home Logistics  
Phone: 440-731-5713

53' DRY VAN STRAPS TO SECURE DEDICATED USE OF TRAILER REQUIRED MACROPOINT REQUIRED CARRIER WILL FACE FINES IF DRIVER IS NOT ON MACROPOINT FOR THE DURATION OF THE TRANSIT, AS WELL AS IF THE LOAD IS PARTIALED, CONSOLIDATED, OR SPLIT UP IN ANY WAY CARRIER MUST CONFIRM WITH CIRCLE BEFORE DEPARTING THE SHIPPER THAT THE CARGO IS LOADED IN THE CORRECT ORDER OF STOPS. DRIVER DOES NOT HAVE PERMISSION TO LEAVE THE SHIPPER UNTIL THIS IS CONFIRMED DIRECTLY WITH CIRCLE

## #2 Stop - Stop-Off

Monday, 07/07/2025 08:00

Company: LEAF HOME BATH ATLANTA  
Address: 1745 CORPORATE DR STE 215  
City/St/Zip: NORCROSS, GA 30093

Contact: Leaf Home Logistics  
Phone: 234-284-0370  
Reference #: BCI-EATL-07022025

## #3 Stop - Stop-Off

Monday, 07/07/2025 08:00

Company: LEAF HOME BATH ORLANDO  
Address: 4200 CHURCH ST STE 1042  
City/St/Zip: SANFORD, FL 32771

Contact: Leaf Home Logistics  
Phone: 234-284-0370  
Reference #: BCI-EORL-07022025

## #4 Stop - Stop-Off

Tuesday, 07/08/2025 08:00

Company: LEAF HOME BATH TAMPA  
Address: 4576 EAGLE FALLS PL  
City/St/Zip: TAMPA, FL 33619

Contact: Leaf Home Logistics  
Phone: 234-284-0370  
Reference #: BCI-ETAM-07022025

## #5 Consignee/Final Destination

Tuesday, 07/08/2025 from 08:00 - 17:00

<b>Company:</b>	LEAF HOME BATH FORT MYERS	<b>Contact:</b>	Leaf Home Logistics
<b>Address:</b>	901 E INDUSTRIAL CIR UNIT 4-5	<b>Phone:</b>	234-284-0370
<b>City/St/Zip:</b>	CAPE CORAL, FL 33909		
FINAL DROPS CAN DELIVER ON 7/8 IF DRIVER CANNOT MAKE ALL OF THEM BY 7/7			
<b>Additional Information</b>			
<b>Customer Dispatch Notes:</b> Uber Freight Load ID must be in reference field			
<b>Amount to invoice Circle Logistics, Inc: \$2,900.00</b>			



## Dispatcher

Dispatcher: Maurizio Garofalo  
Phone: 312-300-7447 x8156  
  
Emergency Phone: 312-300-7447

## Load and Rate Confirmation Agreement Load #2097206

**To accept load please sign and email this sheet back to: [maurizio.garofalo@circledelivers.com](mailto:maurizio.garofalo@circledelivers.com)**

**Agreement:** This contract rate addendum is entered into on this date, 07/03/2025, by and between Circle Logistics, Inc (hereinafter referred to as "Broker") and ROYAL3 INC (hereinafter referred to as "Carrier"). All Flatbed open deck loads must tarp! Term and Conditions 1. Broker will remit payment to Carrier for the underlying freight charges within 30 days of receipt of invoice and all required documents. For all detention and truck ordered not used charges, Broker will remit payment to Carrier within 30 days after Broker receives payment from its customers. Broker may offset any cargo claims or other penalties/damages Carrier is responsible for from Carrier's freight charges. 2. Documents required to process payment: a. Invoice b. Original Proof of Delivery w/3 signatures (Shipper, Consignee, and Carrier's driver) c. Signed Rate Confirmation d. Any and all required receipts that Broker requires to invoice its customer e. Arrival and departure times signed by the Shipper and/or Consignee. 3. Carrier or Carrier's driver must fax (317-324-9919) or scan/email proof of delivery within 72 hours of delivery of freight. Failure to send in proof of delivery with 72 hours will result in a \$25 rate reduction. After 3 days, Carrier agrees to a \$5/day rate reduction for each day Carrier does not provide Broker with a proof of delivery. Carrier is responsible for maintaining proof, via fax or email receipt, or submission of POD. 4. Carrier must count and verify the shipment before loading. Carrier must contact Broker re: any discrepancies and must obtain a new confirmation in writing before Carrier's driver departs from Shipper. 5. Carrier agrees that Broker is not liable for any shortages, loss, or damage to cargo transported by Carrier. 6. Unless written waiver is obtained from Broker, Carrier shall look only to Broker, and not to the involved Shipper, Consignee, or customer of Broker, for payment of Carrier's freight charges. Broker shall be entitled to deduct any damages or claims against all of Carrier's outstanding receivables from Broker and shall not be limited to deducting the damage charges solely from the load resulting in the damage and/or claim. No Cargo liability limitations shall apply with respect to this shipment, and Carrier shall be responsible for the full actual cost of any damage or loss to the cargo being transported regardless of the amount of cargo insurance required. 7. Carrier must report any delays in pickup or delivery to Broker. Carrier must obtain a revised rate confirmation from Broker reflecting the revised pickup and/or delivery time(s). 8. Carrier agrees that unauthorized delays in pickup and delivery may result in a rate reduction of greater of 25% of the original agreed rate or the amount that the Broker forfeits on the load. 9. Carrier must tarp all flatbed loads unless authorized on the rate confirmation by Broker that the load does not require tarps. 10. By signing below, Carrier warrants that it is duly and legally qualified to provide transportation services and that it holds auto liability insurance of a minimum of \$1 million and cargo of at least \$100,000. Carrier agrees to notify Broker immediately re: any material changes in Carrier's safety record. 11. Carrier shall also be subject to the Terms and Conditions set forth in the Transportation Brokerage Contract executed with Broker. 12. FATIGUE - Drivers may not operate, nor shall a motor carrier require or permit a driver to operate, a CMV if they are too tired or sick to drive safely. Operation may be discontinued at the driver's discretion. 13. MOBILE PHONE AND TWO-WAY COMMUNICATION DEVICE - Drivers shall not use a hand-held nor a hands-free mobile telephone while driving a CMV. Use of a mobile telephone is permissible by drivers of a CMV when necessary to communicate with law enforcement officials or other emergency services. 14. LOAD SECUREMENT - A driver may not operate a CMV and a motor carrier may not require or permit a driver to operate a CMV unless the CMV's cargo is properly distributed and adequately secured. 15. SEATBELTS - No driver shall operate a commercial motor vehicle, and a motor carrier shall not require or permit a driver to operate a commercial motor vehicle, that has a seat belt assembly installed at the driver's seat unless the driver is properly restrained by the seat belt assembly. 16. RECOMMENDED TRAINING FOR DRIVERS: DEFENSIVE DRIVING TRAINING - Defensive driving training would teach drivers how to recognize potentially hazardous situations sufficiently in advance to allow time to safely maneuver past them. FATIGUE AWARENESS TRAINING - Fatigue awareness training for drivers would teach drivers about the factors contributing to fatigue and their impact on performance along with fatigue awareness and avoidance techniques. 17. When applicable, Carrier agrees to follow the C-TPAT 7/8 and 17/18 Point Container Inspection Process. Carrier also agrees to follow both the C-TPAT Agricultural Processes and the C-TPAT Seal Processes when required.

**Quick Pay:** Please initial the option of your choice. Email Invoice, B.O.L., Proof of Delivery, and Rate Confirmation to [quickpay@circledelivers.com](mailto:quickpay@circledelivers.com).

Option #1 \_\_\_\_\_ Get paid in 48 hours 5% discount.

Option #2 \_\_\_\_\_ Get paid in 7 days 2% discount.

**\* Cash Advance Fee - \$ 2.75 +  
Mandatory 48 Hour Quick Pay 5%**

**Amount to invoice Circle Logistics, Inc: \$2,900.00**

**Carrier:** ROYAL3 INC

**MC #:** 944686

**By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

### Invoicing Methods

1. Email (preferred): [freightpay@circledelivers.com](mailto:freightpay@circledelivers.com)
2. Fax: (317) 324-9919
3. US Mail: Circle Logistics  
Attn: Billing Dept.  
P.O. Box 8067  
Fort Wayne, IN 46898-8067



P 526 0133 DOCK 7

BILL OF LADING - 908963150

Date: 7/2/25

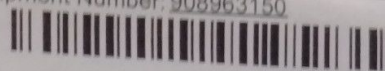
Page 1 of 6

SHIP FROM

Name: BCI ACRYLIC - LHE  
Address: 1800 INDUSTRIAL DRIVE  
City/State/Zip: LIBERTYVILLE, IL 60048  
Contact: Leaf Home Logistics

Phone: 440-731-5713

Shipment Number: 908963150



SHIP TO

Name: LEAF HOME BATH ATLANTA  
Address: 1745 CORPORATE DR STE 215  
City/State/Zip: NORCROSS, GA 30093  
Delivery Date: 07-07-2025  
Contact: Leaf Home Logistics

Phone: 234-284-0370

CARRIER NAME: CIRCLE LOGISTICS INC

Trailer number:

Seal number(s):

Brokerage Carrier:

SCAC: CLIM Mileage : 1445 Miles

Pro number:

Name: LEAF HOME BATH ORLANDO  
Address: 4200 CHURCH ST STE 1042  
City/State/Zip: SANFORD, FL 32771  
Delivery Date: 07-07-2025

Phone: 234-284-0370

Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)

Prepaid: Prepaid Add: Collect: 3rd Party: X

☒ (check box) Master Bill of Lading: with attached underlying Bills of Lading

Name: LEAF HOME BATH TAMPA  
Address: 4576 EAGLE FALLS PL  
City/State/Zip: TAMPA, FL 33619  
Delivery Date: 07-07-2025

Phone: 234-284-0370

MULTIPLE SHIPMENTS

Name: LEAF HOME BATH FORT MYERS  
Address: 901 E INDUSTRIAL CIR UNIT 4-5  
City/State/Zip: CAPE CORAL, FL 33909  
Delivery Date: 07-07-2025

Phone: 234-284-0370

BILL FREIGHT CHARGES TO:

Leaf Home Enhancements, LLC  
1595 Georgetown Rd  
Hudson, OH 44236 USA

Master BOL with underlying BOLs: 908963150-1, 908963150-2, 908963150-3, 908963150-4  
SPECIAL INSTRUCTIONS: CAN LOAD TODAY OR TOMORROW. 53 FOOTER REQUIRED

FREIGHT INFORMATION

Cube			Shipping Length	105	IN	Shipping Height	75	IN	Shipping Width	42	IN
Cube			Shipping Length	105	IN	Shipping Height	75	IN	Shipping Width	42	IN
Cube			Shipping Length	105	IN	Shipping Height	75	IN	Shipping Width	42	IN
Cube			Shipping Length	105	IN	Shipping Height	75	IN	Shipping Width	72	IN

CARRIER INFORMATION

HANDLING		QUANTITY		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.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC	CLASS
1.0	PLT	1	Box	1145 LBS		BATH		70
1.0	PLT	1	Box	490 LBS		BATH		70
1.0	PLT	1	Box	650 LBS		BATH		70
4		4		3835 LBS		GRAND TOTAL		



# BILL OF LADING - 908963150

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HANDLING		QUANTITY		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.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC	CLASS
1.0	PLT	1	Box	1550 LBS		BATH		70
4		4		3835 LBS				
GRAND TOTAL								

## CUSTOMER ORDER INFORMATION

TRANSFER ORDER NUMBER	PURCHASE ORDER NUMBER	# Pkgs	Weight	Pallet/Slip	Additional Shipper info
	BCI-EATL-07022025	1	1145 LBS		BATH
	BCI-EORL-07022025	1	490 LBS		BATH
	BCI-ETAM-07022025	1	650 LBS		BATH
	BCI-EFRT-07022025	1	1550 LBS		BATH
GRAND TOTAL		4	3835 LBS		

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

Consignee Stamp/Signature

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 regulations.

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 Department of Transportation.

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

Shipper Signature

Trailer Loaded:

☐ By Shipper  
☐ By Driver

Freight Counted:

☐ By Shipper  
☐ By Driver/pallets said to contain  
☐ By Driver/Pieces

CARRIER SIGNATURE/PICKUP DATE

07-03-2025

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.



# BILL OF LADING - 908963150

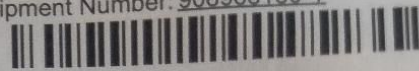
Page 3 of 6

Date: 7/2/25

## SHIP FROM

Name: BCI ACRYLIC - LHE  
Address: 1800 INDUSTRIAL DRIVE  
City/State/Zip: LIBERTYVILLE, IL 60048  
Contact: Leaf Home Logistics Phone: 440-731-5713

Shipment Number: 908963150-1



## SHIP TO

Name: LEAF HOME BATH ATLANTA  
Address: 1745 CORPORATE DR STE 215  
City/State/Zip: NORCROSS, GA 30093  
Delivery Date: 07-07-2025  
Contact: Leaf Home Logistics Phone: 234-284-0370

CARRIER NAME: CIRCLE LOGISTICS INC

Trailer number:

Seal number(s):

Brokerage Carrier:

SCAC: CLIM Mileage: 1445 Miles

Pro number:

## BILL FREIGHT CHARGES TO:

Leaf Home Enhancements, LLC  
1595 Georgetown Rd  
Hudson, OH 44236 USA

Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)

Prepaid: Prepaid Add: Collect: 3rd Party: ☒

☐  
(check box)

Master Bill of Lading: with attached  
underlying Bills of Lading

SPECIAL INSTRUCTIONS: CAN LOAD TODAY OR TOMORROW. 53 FOOTER REQUIRED

## FREIGHT INFORMATION

Cube		Shipping Length	105	IN	Shipping Height	75	IN	Shipping Width	42	IN
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## CARRIER INFORMATION

HANDLING		QUANTITY		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.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC	CLASS
1.0	PLT	1	Box	1145 LBS		BATH		70
1		1		1145 LBS		GRAND TOTAL		

## CUSTOMER ORDER INFORMATION

TRANSFER ORDER NUMBER	PURCHASE ORDER NUMBER	# Pkgs	Weight	Pallet/Slip	Additional Shipper info
	BCI-EATL-07022025	1	1145 LBS		BATH
GRAND TOTAL		1	1145 LBS		

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

Consignee Stamp/Signature

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 regulations.

## 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 Department of Transportation.

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

*[Signature]* Shipper Signature

Trailer Loaded:

☐ By Shipper  
☐ By Driver

Freight Counted:

☐ By Shipper  
☐ By Driver/pallets said to contain  
☐ By Driver/Pieces

## CARRIER SIGNATURE/PICKUP DATE

07-03-2025

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.



## BILL OF LADING - 908963150

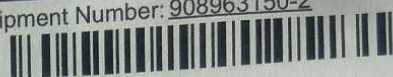
Date: 7/2/25

## SHIP FROM

Name: BCI ACRYLIC - LHE  
 Address: 1800 INDUSTRIAL DRIVE  
 City/State/Zip: LIBERTYVILLE, IL 60048  
 Contact: Leaf Home Logistics

Phone: 440-731-5713

Shipment Number: 908963150-2



## SHIP TO

Name: LEAF HOME BATH ORLANDO  
 Address: 4200 CHURCH ST STE 1042  
 City/State/Zip: SANFORD, FL 32771  
 Delivery Date: 07-07-2025  
 Contact: Leaf Home Logistics

Phone: 234-284-0370

CARRIER NAME: CIRCLE LOGISTICS INC

Trailer number:

Seal number(s):

Brokerage Carrier:

SCAC: CLIM Mileage: 1445 Miles

Pro number:

## BILL FREIGHT CHARGES TO:

Leaf Home Enhancements, LLC  
 1595 Georgetown Rd  
 Hudson, OH 44236 USA

Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)

Prepaid: Prepaid Add: Collect: 3rd Party: ☒
☐  
 (check box)
Master Bill of Lading: with attached  
underlying Bills of Lading

SPECIAL INSTRUCTIONS: CAN LOAD TODAY OR TOMORROW. 53 FOOTER REQUIRED

## FREIGHT INFORMATION

Cube		Shipping Length	105	IN	Shipping Height	75	IN	Shipping Width	42	IN
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## CARRIER INFORMATION

HANDLING		QUANTITY		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.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC	CLASS
1.0	PLT	1	Box	490 LBS		BATH		70
1		1		490 LBS		GRAND TOTAL		

## CUSTOMER ORDER INFORMATION

TRANSFER ORDER NUMBER	PURCHASE ORDER NUMBER	# Pkgs	Weight	Pallet/Slip	Additional Shipper info
	BCI-EORL-07022025	1	490 LBS		BATH
GRAND TOTAL		1	490 LBS		

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

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 regulations.

## 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 Department of Transportation.

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

Shipper Signature

## Trailer Loaded:

☐ By Shipper  
☐ By Driver

## Freight Counted:

☐ By Shipper  
☐ By Driver/pallets said to contain  
☐ By Driver/Pieces
CARRIER SIGNATURE/PICKUP DATE  
07-03-2025

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.

Consignee Stamp/Signature

*Robert*  
*Produce*



## BILL OF LADING - 908963150

Date: 7/2/25

Shipment Number: 908963150-3



## SHIP FROM

Name: BCI ACRYLIC - LHE  
 Address: 1800 INDUSTRIAL DRIVE  
 City/State/Zip: LIBERTYVILLE, IL 60048  
 Contact: Leaf Home Logistics

Phone: 440-731-5713

## SHIP TO

Name: LEAF HOME BATH TAMPA  
 Address: 4576 EAGLE FALLS PL  
 City/State/Zip: TAMPA, FL 33619  
 Delivery Date: 07-07-2025  
 Contact: Leaf Home Logistics

Phone: 234-284-0370

CARRIER NAME: CIRCLE LOGISTICS INC

Trailer number:

Seal number(s):

Brokerage Carrier:

SCAC: CLIM Mileage: 1445 Miles

Pro number:

## BILL FREIGHT CHARGES TO:

Leaf Home Enhancements, LLC  
 1595 Georgetown Rd  
 Hudson, OH 44236 USA

Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)

Prepaid: Prepaid Add: Collect: 3rd Party: X

☐  
 (check box)

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS: CAN LOAD TODAY OR TOMORROW. 53 FOOTER REQUIRED

## FREIGHT INFORMATION

Cube		Shipping Length	105	IN	Shipping Height	75	IN	Shipping Width	42	IN
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## CARRIER INFORMATION

HANDLING		QUANTITY		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.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC	CLASS
1.0	PLT	1	Box	650 LBS		BATH		70
1		1		650 LBS		GRAND TOTAL		

## CUSTOMER ORDER INFORMATION

TRANSFER ORDER NUMBER	PURCHASE ORDER NUMBER	# Pkgs	Weight	Pallet/Slip	Additional Shipper info
	BCI-ETAM-07022025	1	650 LBS		BATH
GRAND TOTAL		1	650 LBS		

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

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 regulations.

## 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 Department of Transportation

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

Shipper Signature

## Trailer Loaded:

☐ By Shipper  
☐ By Driver

## Freight Counted:

☐ By Shipper  
☐ By Driver/pallets said to contain  
☐ By Driver/Pieces

## CARRIER SIGNATURE/PICKUP DATE

07-03-2025

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.

Consignee Stamp/Signature

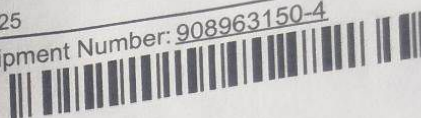
*Robert Rodriguez*



## BILL OF LADING - 908963150

Date: 7/2/25

Shipment Number: 908963150-4



## SHIP FROM

Name: BCI ACRYLIC - LHE

Address: 1800 INDUSTRIAL DRIVE

City/State/Zip: LIBERTYVILLE, IL 60048

Contact: Leaf Home Logistics

Phone: 440-731-5713

## SHIP TO

Name: LEAF HOME BATH FORT MYERS

Address: 901 E INDUSTRIAL CIR UNIT 4-5

City/State/Zip: CAPE CORAL, FL 33909

Delivery Date: 07-07-2025

Contact: Leaf Home Logistics

Phone: 234-284-0370

CARRIER NAME: CIRCLE LOGISTICS INC

Trailer number:

Seal number(s):

Brokerage Carrier:

SCAC: CLIM

Pro number:

Mileage: 1445 Miles

Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)

Prepaid:

Prepaid Add:

Collect:

3rd Party: ☒☐  
(check box)Master Bill of Lading: with attached  
underlying Bills of Lading

## BILL FREIGHT CHARGES TO:

Leaf Home Enhancements, LLC

1595 Georgetown Rd

Hudson, OH 44236 USA

SPECIAL INSTRUCTIONS: CAN LOAD TODAY OR TOMORROW. 53 FOOTER REQUIRED

## FREIGHT INFORMATION

Cube	Shipping Length	IN	Shipping Height	IN	Shipping Width	IN
	105		75		72	

## CARRIER INFORMATION

HANDLING		QUANTITY		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.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC	CLASS
1.0	PLT	1	Box	1550 LBS		BATH		70
1		1		1550 LBS		GRAND TOTAL		

## CUSTOMER ORDER INFORMATION

TRANSFER ORDER NUMBER	PURCHASE ORDER NUMBER	# Pkgs	Weight	Pallet/Slip	Additional Shipper info
	BCI-EFRT-07022025	1	1550 LBS		BATH
GRAND TOTAL		1	1550 LBS		

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

COD Amount: \$

Fee Terms: Collect: ☐ Prepaid: ☐Customer check acceptable: ☐

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.

NOTE Liability Limitation for loss or damage  
in this shipment may be applicable. See 49  
U.S.C. § 14706(c)(1)(A) and (B).

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

Shipper Signature

CARRIER SIGNATURE/PICKUP DATE

07-03-2025

Carrier acknowledges receipt of packages and required placards. Carrier certifies  
emergency response information was made available and/or carrier has the Department of  
Transportation emergency response guidebook or equivalent documentation in the vehicle.

Trailer Loaded:

☐ By Shipper  
☐ By Driver

Freight Counted:

☐ By Shipper  
☐ By Driver/pallets said to contain  
☐ By Driver/Pieces

Consignee Stamp/Signature

  
LUIS  
MARRERO