



INVOICE

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

INVOICE DATE: 07/13/2025
INVOICE #: B100621
TERMS: NET 30
DUE DATE: 08/13/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
07/11/2025		7050 S Archer Rd, Summit Argo, IL 60501 - 10880 Jetport Loop, Fort Myers, FL 33913			
		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



Carrier Rate Confirmation

Load TR-0000073889-02

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	Brz	Driver Name		Truck		Customer reference	106959008
Phone	(708) 303-5150	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

Appointment

Company West Wind - Bedford Park **P/U Number** 7/11/2025 08:00 - 7/11/2025 18:00 - FCFS
Address 7050 S Archer Rd
City, State, Zip Summit Argo, IL 60501

Hours Of Operation

7am - 9pm

Driver Note

DRIVER NEEDS TO PARK THE TRUCK IN
PARKING SPACE BEFORE CHECKING IN!!!!

Goods	Description	Weight	Volume	Units	Pallets
Total					

Stop notes

Delivery

Appointment

Company SCF TAMPA 335 **Del. Conf. Number** 7/13/2025 08:00 - Set
Address 3501 Bessie Coleman Blvd
City, State, Zip Tampa, FL 33607
Phone (000) 000-0000

Stop notes

Goods	Description	Weight	Volume	Units	Pallets
Paper	Paper Products	0.0	0.0	0	0
Total		0.0	0.0	0	0

Delivery

Appointment

Company SCF Manasota 342 **Del. Conf. Number** 7/13/2025 10:00 - Set
Address 850 Tallevast Rd
City, State, Zip Sarasota, FL 34260
Phone (000) 000-0000

Stop notes

Goods	Description	Weight	Volume	Units	Pallets
Paper	Paper Products	0.0	0.0	0	0
Total		0.0	0.0	0	0



Carrier Rate Confirmation

Load TR-0000073889-02

Delivery

Company SCF Fort Myers 339
Address 14080 Jetport Loop
City, State, Zip Fort Myers, FL 33913
Phone (000) 000-0000

Del. Conf. Number

Appointment

7/13/2025 12:00 - Set

Goods	Description	Weight	Volume	Units	Pallets
Paper	Paper Products	0.0	0.0	0	0
Total		0.0	0.0	0	0

Stop notes

Pay Type	Description	Note	Quantity	Rate	Amount
FLAT	Contracted flat amount		1	\$2,900.0000	\$2,900.00
Total Agreed to Charges					\$2,900.00

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 Steve Tatum
Carrier Brz
Phone (708) 303-5150 **Fax:**

Authorized Signature *Steve Tatum* 07/11/2025

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

7/11/2025

Date: 7/9/2025 5:46PM

BILL OF LADING

Page: 1

SHIP FROM

Name: DC WINDHAM PKWY
Address: 1000 WINDHAM PKWYCity/State/Zip: BOLINGBROOK IL 60490-3507
Shipper ID: LM11141FOB: ☒

SHIP TO

Name: SCF TAMPA 335
Address: 3501 BESSIE COLEMAN BLVD

Location #: _____

City/State/Zip: TAMPA FL 33630-5009
Consignee ID: LM163909FOB: ☐

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: 0000000000980852



Manifest ID: 106959008

Carrier Name: WEST WIND LOGISTICS INC

Trailer Number: 5982

Seal number(s):

SCAC: WWLD

Pro Number:

Freight Charge Terms: Prepaid

Master Bill of Lading: With attached
underlying Bills of LadingSPECIAL INSTRUCTIONS: Appointment Number : 131341598
Appointment Date : 07/10/2025
Appointment Time : 0800

0001021624

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	QTY	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
01D	28,850	2,009	Y	
01E	25,222	1,633	Y	
0701	32,658	1,903	Y	
25053090	15,818	455	Y	
30816	15,266	775	Y	
500210	2,577	297	Y	
77300	7,432	565	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 380</small>	LTL ONLY	
	QTY	TYPE	QTY	TYPE				NMFC #	CLASS
MAIL	22	CONT	204,867	EACH	11,438		Mail Trays	161700 Sub 3	55
	22		204,867		11,438		Grand Total		

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

If the property is not properly classified, described, packaged, marked and labeled, it must be in proper condition for transportation according to the applicable regulations of the U.S. DOT.

WV 7-9

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

BILL OF LADING

SHIP FROM

Name: DC WINDHAM PKWY
Address: 1000 WINDHAM PKWYCity/State/Zip: BOLINGBROOK IL 60490-3507
Shipper ID: LM11141FOB: ☒

SHIP TO

Name: SCF MANASOTA 342
Address: 850 TALLEVAST RD

Location #: _____

City/State/Zip: SARASOTA FL 34260-5000
Consignee ID: LM165292FOB: ☐

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: 0000000000980852



Manifest ID: 106959008

Carrier Name: WEST WIND LOGISTICS INC

Trailer Number: 5982

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 : 131334212

Appointment Date : 07/10/2025

Appointment Time : 1000

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	QTY	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
01D	26,094	1,836	Y	
0701	43,284	2,513	Y	
500210	2,551	295	Y	
77356	9,870	578	Y	
	58,074	2,461	Y	
Grand Total	139,873	7,683		

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 380)</small>	LTL ONLY	
	QTY	TYPE	QTY	TYPE				NMFC #	CLASS
MAILT	15	CONT	139,873	EACH	7,683		Mail Trays	161700 Sub 3	55
	15		139,873		7,683		Grand Total		

Chelle
HEY D MOON
7/13/2025 1915

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.

WW 7-9

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.

Chelle *7/13/25*
Every shipment above is received in good order, except as noted.*Q 1915*

Date: 7/9/2025 6:51:46PM

BILL OF LADING

Page: 3

SHIP FROM

Name: DC WINDHAM PKWY
Address: 1000 WINDHAM PKWYCity/State/Zip: BOLINGBROOK IL 60490-3507
Shipper ID: LM11141FOB: ☒

Bill of Lading Number: 0000000000980852



Manifest ID: 106959008

Carrier Name: WEST WIND LOGISTICS INC

Trailer Number: 5982

Seal number(s):

SHIP TO

Name: SCF FORT MYERS 339
Address: 14080 JETPORT LOOP RM B-111

Location #:

City/State/Zip: FORT MYERS FL 33913-9997

Consignee ID: LM5263

FOB: ☐

SCAC: WWLD

Pro Number:

Freight Charge Terms: Prepaid

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

☒ Master Bill of Lading: With attached
underlying Bills of Lading

SPECIAL INSTRUCTIONS: Appointment Number: 131334227

Appointment Date: 07/10/2025

Appointment Time: 1200

#40001021627

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	QTY	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
01D	13,207	946	Y	
01E	27,058	1,780	Y	
0701	27,570	1,580	Y	
77356	4,883	296	Y	
Cooperative Mailing Pool Titles	44,016	13,945	Y	
LIFE EXTENSION AUG 2025	7,045	3,177	Y	
	21,091	1,141	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 slowing 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	16	CONT	51,061	EACH	17,122		Mail Flats	161700 Sub 3	55
MAILT	12	CONT	93,809	EACH	5,743		Mail Trays	161700 Sub 3	55
	28		144,870		22,866		Grand Total		

Ft Myers P&DC

(Kim)
Kim Martin

Where the rate is dependent on value, shippers are required to declared value to the property as follows:

*The agreed or declared value of the property is specifically stated exceeding _____ per _____

21:19
07/13/25

COD Amount: \$

Fee Terms:

Collect: ☐Prepaid: ☐Customer check acceptable: ☐

NOTE: Liability Limitation for loss or damage

RECEIVED, subject to individually determined rates or contracts 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

le. See 49 U.S.C - 14706(c)(1)(A) and (B).

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

WW 7-9

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 package 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