

UNIFORM STRAIGHT BILL of LADING

Original - Not Negotiable

PALLETS

RECEIVED, subject to individually determined rates or contracts that have been agreed to 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;

FROM: SHIPPERS BOL# 2460639352 DATE 01/09/2023 COMPANY NAME MEDLINE INDUSTRIES LP 5701 PROMONTORY PARKWAY C46 TRACY, CA 95377 CARRIER SCAC RTRE Seal No _____ Trailer No _____ CARRIER Pro No _____

The property described below is received by the carrier in apparent good order, except as noted (contents and condition of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether herein contained, including the conditions on the back hereof or contained in a separate contract, the contract terms to govern, which are hereby agreed to by the shipper and accepted for himself or his assigns.

DESCRIPTION	PIECES	WEIGHT	Shipper's Reference	Consignee's PO	Packing List
Medical Supplies FAK70	2	3	8126058922	27395321	Yes
CONSIGNEE TO: 0001057006	CUSTOMER NAME & ADDRESS		8126198824	27395321	Yes
DEMAND PLANNING G401 780 QUARRY RD 1010 PALO ALTO, CA 94304 999-999-9999					

For all OSAD issues please send an email to carrierdisposition@medline.com

BILLABLE ACCESSORIALS

SPECIAL DELIVERY INSTRUCTIONS

Freight is prepaid unless otherwise noted.

☐ Check Box if Collect

Collect on Delivery \$ _____ and remit to: _____
Street _____ City _____ State _____

COD Charges paid by

☐ Shipper

☐ Consignee

For collect shipments: if this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

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

CARRIER'S SIGNATURE CONFIRMS RECEIPT OF PIECE COUNT

Agent per _____

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 Department of Transportation.
Shipper per _____

Mail all freight bills to: Medline Industries, Inc. C/O Data2Logistics (MEDL01)
PO BOX 61050
Ft Myers, FL 33906

Date _____

1. Carrier agrees to cancel all transportation charges on shipments for which an original freight bill is not presented to Shipper within 180 days after the date of shipment. Carrier shall not submit a freight bill for additional charges claimed to be due on any shipment after 180 days from the date of the original freight bill. Any claim by shipper for overcharge on any freight bill must be sent within 180 days from the date of payment of that freight bill. No civil action for collection of undercharge or overcharge claims may be brought unless such action is instituted within 18 months after the claim accrues. Where carrier asserts a timely claim for undercharges, shipper is not to contest Carrier claim within 180 days in order to have the right to defend against a later action for recovery of such charges.

2. Carrier shall bill (invoice) the shipper within 15 business days of the completion of the movement of the cargo so as to provide for the receipt by Shipper of the bill (invoice) within 15 business days of the completion of the movement of the cargo. Each carrier invoice and all documentation prepared by the Carrier evidencing shipments under this contract, shall contain the following information and/or documentation which information and documentation are conditions precedent to payment:

- In the case of outbound shipments: the SCAC of the Carrier to be paid for the movement and complete and valid bill of lading number.
- In the case of third party shipments: the SCAC of the Carrier to be paid for the movement and the valid ten-digit Shipper order number or work order number.
- Inbound shipments and collect shipments to a Shipper facility: valid ten-digit Shipper purchase order number, work order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement, and valid and complete bill of lading.

3. Pursuant to 49 U.S.C. & 14101 (b), the parties expressly waive any and all provisions of the ICC Termination Act of 1995, U.S. Code Title 49, Subtitle IV, Part B, and of the regulation thereunder, to the extent that such provisions conflict with the terms of this Contract or the parties' course of performance hereunder.

4. It is the intent of the parties unless additional carriers are specifically named herein, that shipments tendered to the Carrier will normally be handled in single line service. Handling of a shipment by Carrier and a connecting Carrier will be considered convenience interlining, and such shipments will be covered by this Contract and transportation of the rates and charges in this Contract.

Freight received in good order unless otherwise noted

Consignee (Print Name) Agustin Jimenez

Consignee Signature [Signature]

Date 1/9/23

Pieces 2

Shrink Wrap Intact ☐ Yes ☐ No

Medline Tape Intact ☐ Yes ☐ No

Packing List Intact ☐ Yes ☐ No

10:30 am

UNIFORM STRAIGHT BILL of LADING

Original - Not Negotiable

PALLETS

RECEIVED, subject to individually determined rates or contracts that have been agreed to 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:

FROM:

SHIPPERS BOL#

2460639442

DATE

01/09/2023

COMPANY NAME

MEDLINE INDUSTRIES LP

5701 PROMONTORY PARKWAY

C46

TRACY, CA 95377

CARRIER SCAC

RTRE

Seal No

Trailer No

CARRIER Pro No

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DESCRIPTION

Medical Supplies FAK70

PIECES

43

WEIGHT

465

Shipper's

Reference

8126363724

8126391724

Consignee's PO

27397099

27397203

Packing

List

Yes

Yes

CONSIGNEE TO:

CUSTOMER NAME & ADDRESS

0001057006

SH SM 300P S MATERIALS H0541A

820 QUARRY RD

1954 SHC- MAIN DOCK

PALO ALTO, CA 94304

999-999-9999

For all OSAD issues please send an email to carrierdisposition@medline.com

BILLABLE ACCESSORIALS

SPECIAL DELIVERY INSTRUCTIONS

REQ REC HRS: 8PM-10PM. IF GOING TO BE

DELAYED PLEASE CALL SIMON @

650-313-8578 OR OLU @ 650-785-1274

Freight is prepaid unless otherwise noted.

☐ Check Box if Collect

Collect on Delivery \$ _____ and remit to: _____

Street _____ City _____ State _____

For collect shipments: if this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

COD Charges paid by

☐ Shipper☐ Consignee

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

CARRIER'S SIGNATURE CONFIRMS RECEIPT OF PIECE COUNT

Agent per _____

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 Department of Transportation.
Shipper per _____

Mail all freight bills to: Medline Industries, Inc. C/O Data2Logistics (MEDL01)

Date _____

PO BOX 61050

Ft Myers, FL 33906

1. Carrier agrees to cancel all transportation charges on shipments for which an original freight bill is not presented to Shipper within 180 days after the date of shipment. Carrier shall not submit a freight bill for additional charges claimed to be due on any shipment after 180 days from the date of the original freight bill. Any claim by shipper for overcharge on any freight bill must be sent within 180 days from the date of payment of that freight bill. No civil action for collection of undercharge or overcharge claims may be brought unless such action is instituted within 18 months after the claim accrues. Where carrier asserts a timely claim for undercharges, shipper is not to contest Carrier claim within 180 days in order to have the right to defend against a later action for recovery of such charges.

2. Carrier shall bill (invoice) the shipper within 15 business days of the completion of the movement of the cargo so as to provide for the receipt by Shipper of the bill (invoice) within 15 business days of the completion of the movement of the cargo. Each carrier invoice and all documentation prepared by the Carrier evidencing shipments under this contract, shall contain the following information and/or documentation which information and documentation are conditions precedent to payment:

I. In the case of outbound shipments: the SCAC of the Carrier to be paid for the movement and complete and valid bill of lading number.

II. In the case of third party shipments: the SCAC of the Carrier to be paid for the movement and the valid ten-digit Shipper order number or work order number.

III. Inbound shipments and collect shipments to a Shipper facility: valid ten-digit Shipper purchase order number, work order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement, and valid and complete bill of lading.

3. Pursuant to 49 U.S.C. & 14101 (b), the parties expressly waive any and all provisions of the ICC Termination Act of 1995, U.S. Code Title 49, Subtitle IV, Part B, and of the regulation thereunder, to the extent that such provisions conflict with the terms of this Contract or the parties' course of performance hereunder.

4. It is the intent of the parties unless additional carriers are specifically named herein, that shipments tendered to the Carrier will normally be handled in single line service. Handling of a shipment by Carrier and a connecting Carrier will be considered convenience interlining, and such shipments will be covered by this Contract and transported at the rates and charges in this Contract.

Freight received in good order unless otherwise noted.

Consignee (Print Name) JOHN WALKER MURPHYConsignee Signature [Signature]Date 1/9/23Pieces 43

Shrink Wrap Intact

☐

Yes

☐

No

Medline Tape Intact

☐

Yes

☐

No

Packing List Intact

☐

Yes

☐

No

SHIPPERS BOL#

2460639442

Originally printed on 1/9/23 at 10:48PM.

1:30am Page 1 of 1

UNIFORM STRAIGHT BILL of LADING
Original - Not Negotiable

PALLETS

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FROM:
SHIPPER'S BOL# DATE COMPANY NAME CARRIER SCAC RTRE
 2460639657 01/10/2023 MEDLINE INDUSTRIES LP
 5701 PROMONTORY PARKWAY
 C46
 TRACY, CA 95377
 Seal No _____
 Trailer No _____
 CARRIER Pro No _____

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<u>DESCRIPTION</u>	<u>PIECES</u>	<u>WEIGHT</u>	<u>Shipper's Reference</u>	<u>Consignee's PO</u>	<u>Packing List</u>
Medical Supplies FAK70	14	345	8126559518	27398089	Yes

CONSIGNEE TO: CUSTOMER NAME & ADDRESS
 0001057006 DS 300P GF H0541A SURG MATLS
 820 QUARRY RD
 1949 SHC- MAIN DOCK
 PALO ALTO, CA 94304
 999-999-9999

For all OSAD issues please send an email to carrierdisposition@medline.com

BILLABLE ACCESSORIALS

SPECIAL DELIVERY INSTRUCTIONS

Freight is prepaid unless otherwise noted.

☐ Check Box if Collect

Collect on Delivery \$ _____ and remit to: _____
 Street _____ City _____ State _____

COD Charges paid by

☐ Shipper

☐ Consignee

For collect shipments: if this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
 The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

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

CARRIER'S SIGNATURE CONFIRMS RECEIPT OF PIECE COUNT

Agent per _____

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 Department of Transportation.
 Shipper per _____

Mail all freight bills to: **Medline Industries, Inc. C/O Data2Logistics (MEDL01)**
PO BOX 61050
Ft Myers, FL 33906

Date _____

1. Carrier agrees to cancel all transportation charges on shipments for which an original freight bill is not presented to Shipper within 180 days after the date of shipment. Carrier shall not submit a freight bill for additional charges claimed to be due on any shipment after 180 days from the date of the original freight bill. Any claim by shipper for overcharge on any freight bill must be sent within 180 days from the date of payment of that freight bill. No civil action for collection of undercharge or overcharge claims may be brought unless such action is instituted within 18 months after the claim accrues. Where carrier asserts a timely claim for undercharges, shipper is not to contest Carrier claim within 180 days in order to have the right to defend against a later action for recovery of such charges.

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- II. In the case of third party shipments: the SCAC of the Carrier to be paid for the movement and the valid ten-digit Shipper order number or work order number.
- III. Inbound shipments and collect shipments to a Shipper facility: valid ten-digit Shipper purchase order number, work order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement, and valid and complete bill of lading.

3. Pursuant to 49 U.S.C. & 14101 (b), the parties expressly waive any and all provisions of the ICC Termination Act of 1995, U.S. Code Title 49, Subtitle IV, Part B, and of the regulation thereunder, to the extent that such provisions conflict with the terms of this Contract or the parties' course of performance hereunder.

4. It is the intent of the parties unless additional carriers are specifically named herein, that shipments tendered to the Carrier will normally be handled in single line service. Handling of a shipment by Carrier and a connecting Carrier will be considered convenience interlining, and such shipments will be covered by this Contract and transported at the rates and charges in this Contract.

Freight received in good order unless otherwise noted.

Consignee (Print Name) Augustin Jalmer Consignee Signature [Signature] Date 1-10-23 Pieces 14
 Shrink Wrap Intact ☐ Yes ☐ No Medline Tape Intact ☐ Yes ☐ No Packing List Intact ☐ Yes ☐ No

ETP
2:51 PM

UNIFORM STRAIGHT BILL of LADING

Original - Not Negotiable

PALLETS

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FROM: SHIPPERS BOL# 2460639676 DATE 01/10/2023 COMPANY NAME MEDLINE INDUSTRIES LP 5701 PROMONTORY PARKWAY C46 TRACY, CA 95377 CARRIER SCAC RTRE Seal No _____ Trailer No _____ CARRIER Pro No _____

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DESCRIPTION	PIECES	WEIGHT	Shipper's Reference	Consignee's PO	Packing List
Medical Supplies FAK70	1	13	8126583335	27398155	Yes

CONSIGNEE TO: CUSTOMER NAME & ADDRESS
0001057006 DS 300P GF H0541A SURG MATLS
820 QUARRY RD
1949 SHC- MAIN DOCK
PALO ALTO, CA 94304
999-999-9999

For all OSAD issues please send an email to carrierdisposition@medline.com

BILLABLE ACCESSORIALS

SPECIAL DELIVERY INSTRUCTIONS

Freight is prepaid unless otherwise noted.

☐ Check Box if Collect

Collect on Delivery \$ _____ and remit to: _____
Street _____ City _____ State _____

COD Charges paid by

☐ Shipper

☐ Consignee

For collect shipments: if this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

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

CARRIER'S SIGNATURE CONFIRMS RECEIPT OF PIECE COUNT

Agent per _____

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 Department of Transportation.
Shipper per _____

Mail all freight bills to: Medline Industries, Inc. C/O Data2Logistics (MEDL01)
PO BOX 61050
Ft Myers, FL 33906

Date _____

1. Carrier agrees to cancel all transportation charges on shipments for which an original freight bill is not presented to Shipper within 180 days after the date of shipment. Carrier shall not submit a freight bill for additional charges claimed to be due on any shipment after 180 days from the date of the original freight bill. Any claim by shipper for overcharge on any freight bill must be sent within 180 days from the date of payment of that freight bill. No civil action for collection of undercharge or overcharge claims may be brought unless such action is instituted within 18 months after the claim accrues. Where carrier asserts a timely claim for undercharges, shipper is not to contest Carrier claim within 180 days in order to have the right to defend against a later action for recovery of such charges.

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II. In the case of third party shipments: the SCAC of the Carrier to be paid for the movement and the valid ten-digit Shipper order number or work order number.

III. Inbound shipments and collect shipments to a Shipper facility: valid ten-digit Shipper purchase order number, work order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement, and valid and complete bill of lading.

3. Pursuant to 49 U.S.C. & 14101 (b), the parties expressly waive any and all provisions of the ICC Termination Act of 1995, U.S. Code Title 49, Subtitle IV, Part B, and of the regulation thereunder, to the extent that such provisions conflict with the terms of this Contract or the parties' course of performance hereunder.

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Freight received in good order unless otherwise noted.

Consignee (Print Name) MARY LARA Consignee Signature _____

Date 01/10/2023 Pieces 1

Shrink Wrap Intact

☐ Yes

☐ No

Medline Tape Intact

☐ Yes

☐ No

Packing List Intact

☐ Yes

☐ No

ETA
6:40 PM

SHIPPERS BOL#

2460639676

Originally printed on 1/10/23 at 5:32PM.

Page 1 of 1

UNIFORM STRAIGHT BILL of LADING

Original - Not Negotiable

PALLETS

RECEIVED, subject to individually determined rates or contracts that have been agreed to 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;

FROM: SHIPPERS BOL# DATE COMPANY NAME CARRIER SCAC RTRE
 2460639675 01/10/2023 MEDLINE INDUSTRIES LP
 5701 PROMONTORY PARKWAY
 C46
 TRACY, CA 95377

Seal No _____
 Trailer No _____
 CARRIER Pro No _____

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DESCRIPTION	PIECES	WEIGHT	Shipper's Reference	Consignee's PO	Packing List
Medical Supplies FAK70	1	1	8126584856	27398139	Yes

CONSIGNEE TO: CUSTOMER NAME & ADDRESS

0001057006

S OPC RECEIVING DOCK RWC
 430 BROADWAY ST
 2015
 REDWOOD CITY, CA 94063
 999-999-9999

For all OSAD issues please send an email to carrierdisposition@medline.com

BILLABLE ACCESSORIALSSPECIAL DELIVERY INSTRUCTIONS

Freight is prepaid unless otherwise noted.

☐ Check Box if Collect

Collect on Delivery \$ _____ and remit to: _____
 Street _____ City _____ State _____

COD Charges paid by

☐ Shipper

☐ Consignee

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 The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

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CARRIER'S SIGNATURE CONFIRMS RECEIPT OF PIECE COUNT

Agent per _____

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 Shipper per _____

Mail all freight bills to: **Medline Industries, Inc. C/O Data2Logistics (MEDL01)**
PO BOX 61050
Ft Myers, FL 33906

Date _____

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Freight received in good order unless otherwise noted.

Consignee (Print Name) Raymond Figueroa Consignee Signature [Signature] Date 01/10/2023 Pieces 1
 Shrink Wrap Intact ☐ Yes ☐ No Medline Tape Intact ☐ Yes ☐ No Packing List Intact ☐ Yes ☐ No

UNIFORM STRAIGHT BILL of LADING
Original - Not Negotiable

PALLETS

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FROM:

SHIPPER'S BOL#
2460640045

DATE
01/11/2023

COMPANY NAME
MEDLINE INDUSTRIES LP
5701 PROMONTORY PARKWAY
C46
TRACY, CA 95377

CARRIER SCAC RTRE
Seal No _____
Trailer No _____
CARRIER Pro No _____

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<u>DESCRIPTION</u>	<u>PIECES</u>	<u>WEIGHT</u>	<u>Shipper's Reference</u>	<u>Consignee's PO</u>	<u>Packing List</u>
Medical Supplies FAK70	11	169	8126861665	27399313	Yes

CONSIGNEE TO: **CUSTOMER NAME & ADDRESS**

0001057006 DS 300P GF H0541A SURG MATLS
820 QUARRY RD
1949 SHC- MAIN DOCK
PALO ALTO, CA 94304
999-999-9999

For all OSAD issues please send an email to carrierdisposition@medline.com

BILLABLE ACCESSORIALS

SPECIAL DELIVERY INSTRUCTIONS

Freight is prepaid unless otherwise noted.

☐ Check Box if Collect

Collect on Delivery \$ _____ and remit to: _____
Street _____ City _____ State _____

COD Charges paid by

☐ Shipper
☐ Consignee

For collect shipments: if this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor) _____

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

CARRIER'S SIGNATURE CONFIRMS RECEIPT OF PIECE COUNT

Agent per _____

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 Department of Transportation.

Shipper per _____

Mail all freight bills to: **Medline Industries, Inc. C/O Data2Logistics (MEDL01)**
PO BOX 61050
Ft Myers, FL 33906

Date _____

1. Carrier agrees to cancel all transportation charges on shipments for which an original freight bill is not presented to Shipper within 180 days after the date of shipment. Carrier shall not submit a freight bill for additional charges claimed to be due on any shipment after 180 days from the date of the original freight bill. Any claim by shipper for overcharge on any freight bill must be sent within 180 days from the date of payment of that freight bill. No civil action for collection of undercharge or overcharge claims may be brought unless such action is instituted within 18 months after the claim accrues. Where carrier asserts a timely claim for undercharges, shipper is not to contest Carrier claim within 180 days in order to have the right to defend against a later action for recovery of such charges.

2. Carrier shall bill (invoice) the shipper within 15 business days of the completion of the movement of the cargo so as to provide for the receipt by Shipper of the bill (invoice) within 15 business days of the completion of the movement of the cargo. Each carrier invoice and all documentation prepared by the Carrier evidencing shipments under this contract, shall contain the following information and/or documentation which information and documentation are conditions precedent to payment:

- I. In the case of outbound shipments, the SCAC of the Carrier to be paid for the movement and complete and valid bill of lading number.
- II. In the case of third party shipments, the SCAC of the Carrier to be paid for the movement and the valid ten-digit Shipper order number or work order number.
- III. Inbound shipments and collect shipments to a Shipper facility, valid ten-digit Shipper purchase order number, work order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement, and valid and complete bill of lading.

3. Pursuant to 49 U.S.C. & 14101 (b), the parties expressly waive any and all provisions of the ICC Termination Act of 1995, U.S. Code Title 49, Subtitle IV, Part B, and of the regulation thereunder, to the extent that such provisions conflict with the terms of this Contract or the parties' course of performance hereunder.

4. It is the intent of the parties unless additional carriers are specifically named herein, that shipments tendered to the Carrier will normally be handled in single line service. Handling of a shipment by Carrier and a connecting Carrier will be considered convenience interlining, and such shipments will be covered by this Contract and transported at the rates and charges in this Contract.

Freight received in good order unless otherwise noted.

Consignee (Print Name) Sam Consignee Signature [Signature] Date 01/11/2023 Pieces 11

Shrink Wrap Intact ☐ Yes ☐ No Medline Tape Intact ☐ Yes ☐ No Packing List Intact ☐ Yes ☐ No

ETP
9:05 PM
Sam
Araya

SHIPPER'S BOL# 2460640045

Originally printed on 1/11/23 at 8:02PM

Page 1 of 1

UNIFORM STRAIGHT BILL of LADING

Original - Not Negotiable

PALLETS

RECEIVED, subject to individually determined rates or contracts that have been agreed to 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:

FROM:

SHIPPER'S BOL#

2090510568

DATE

01/11/2023

COMPANY NAME

MEDLINE INDUSTRIES LP

1960 W. MIRO WAY

C09

RIALTO, CA 92376

CARRIER SCAC

RTRE

Seal No

Trailer No

CARRIER Pro No

The property described below is received by the carrier in apparent good order, except as noted (contents and condition of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether herein contained, including the conditions on the back hereof or contained in a separate contract, the contract terms to govern, which are hereby agreed to by the shipper and accepted for himself or his assigns.

DESCRIPTION

Medical Supplies FAK70

PIECES

4

WEIGHT

140

Shipper's
Reference

8126843170

Consignee's PO

157484

Packing
List

Yes

CONSIGNEE TO:

0001002150

CUSTOMER NAME & ADDRESS

USC ARCADIA HOSPITAL (BULK)

300 W HUNTINGTON DR

USC ARCADIA HOSPITAL

ARCADIA, CA 91007

626-898-8546

For all OSAD issues please send an email to carrierdisposition@medline.com

BILLABLE ACCESSORIALS

LIFT GATE

SPECIAL DELIVERY INSTRUCTIONS

IF DELIVERY PAST 0300AM

PLEASE CALL 626-898-8546.

IF NO ONE ANSWERS PLEASE CALL

DAN SHAY 626 898-8754

Freight is prepaid unless otherwise noted.

☐ Check Box if Collect

Collect on Delivery \$ _____ and remit to: _____
Street _____ City _____ State _____

COD Charges paid by

☐ Shipper☐ Consignee

For collect shipments: if this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

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

CARRIER'S SIGNATURE CONFIRMS RECEIPT OF PIECE COUNT

Agent per _____

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 Department of Transportation.

Shipper per _____

Mail all freight bills to: Medline Industries, Inc. C/O Data2Logistics (MEDL01)

Date _____

PO BOX 61050

Ft Myers, FL 33906

1. Carrier agrees to cancel all transportation charges on shipments for which an original freight bill is not presented to Shipper within 180 days after the date of shipment. Carrier shall not submit a freight bill for additional charges claimed to be due on any shipment after 180 days from the date of the original freight bill. Any claim by shipper for overcharge on any freight bill must be sent within 180 days from the date of payment of that freight bill. No

civil action for collection of undercharge or overcharge claims may be brought unless such action is instituted within 18 months after the claim accrues; Where carrier asserts a timely claim for undercharges, shipper is not to contest Carrier claim within 180 days in order to have the right to defend against a later action for recovery of such charges.

2. Carrier shall bill (invoice) the shipper within 15 business days of the completion of the movement of the cargo so as to provide for the receipt by Shipper of the bill (invoice) within 15 business days of the completion of the movement of the cargo. Each carrier invoice and all documentation prepared by the Carrier evidencing shipments under this contract, shall contain the following information and/or documentation which information and documentation are conditions precedent to payment:

I. In the case of outbound shipments: the SCAC of the Carrier to be paid for the movement and complete and valid bill of lading number.

II. In the case of third party shipments: the SCAC of the Carrier to be paid for the movement and the valid ten-digit Shipper order number or work order number.

III. Inbound shipments and collect shipments to a Shipper facility: valid ten-digit Shipper purchase order number, work order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement, and valid and complete bill of lading.

3. Pursuant to 49 U.S.C. & 14101 (b), the parties expressly waive any and all provisions of the ICC Termination Act of 1995, U.S. Code Title 49, Subtitle IV, Part B, and of the regulation thereunder, to the extent that such provisions conflict with the terms of this Contract or the parties' course of performance hereunder.

4. It is the intent of the parties unless additional carriers are specifically named herein, that shipments tendered to the Carrier will normally be handled in single line service. Handling of a shipment by Carrier and a connecting Carrier will be considered convenience interlining, and such shipments will be covered by this Contract and transported at the rates and charges in this Contract.

Freight received in good order unless otherwise noted.

Consignee (Print Name) Anthony GonzalezConsignee Signature [Signature]Date 1-11-23Pieces 4

Shrink Wrap Intact

☐

Yes

☐

No

Medline Tape Intact

☐

Yes

☐

No

Packing List Intact

☐

Yes

☐

No

SHIPPER'S BOL#

2090510568

Originally printed on 1/11/23 at 5:25PM.

Page 1 of 1

Plu 5:37pm

01-11-23

Delivery 6:34pm

UNIFORM STRAIGHT BILL of LADING

Original - Not Negotiable

PALLETS

4

RECEIVED, subject to individually determined rates or contracts that have been agreed to 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:

FROM:

SHIPPER'S BOL#

2090510569

DATE

01/11/2023

COMPANY NAME

MEDLINE INDUSTRIES LP

1960 W. MIRO WAY

C09

RIALTO, CA 92376

CARRIER SCAC

RTRE

Seal No

Trailer No

CARRIER Pro No

The property described below is received by the carrier in apparent good order, except as noted (contents and condition of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether herein contained, including the conditions on the back hereof or contained in a separate contract, the contract terms to govern, which are hereby agreed to by the shipper and accepted for himself or his assigns.

DESCRIPTION

Medical Supplies FAK70

PIECES

110

WEIGHT

2,244

Shipper's

Reference

8126856560

Consignee's PO

4515553

Packing

List

Yes

CONSIGNEE TO:

CUSTOMER NAME & ADDRESS

0001002521

HUNTINGTON MEMORIAL HOSPITAL (BULK)

100 W CALIFORNIA BLVD

RT13

PASADENA, CA 91105

626-397-5000

For all OSAD issues please send an email to carrierdisposition@medline.com

BILLABLE ACCESSORIALS

SPECIAL DELIVERY INSTRUCTIONS

KELLY SILVER 626-397-3238

IF LATE, CALL ROB KNIGHT:

(213) 925-4189

Freight is prepaid unless otherwise noted.

☐ Check Box if Collect

Collect on Delivery \$ _____ and remit to: _____

Street _____ City _____ State _____

COD Charges paid by

☐ Shipper☐ Consignee

For collect shipments: if this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

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

CARRIER'S SIGNATURE CONFIRMS RECEIPT OF PIECE COUNT

Agent per _____

Shipper per _____

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 Department of Transportation.

Mail all freight bills to: Medline Industries, Inc. C/O Data2Logistics (MEDL01)

PO BOX 61050

Ft Myers, FL 33906

Date _____

1. Carrier agrees to cancel all transportation charges on shipments for which an original freight bill is not presented to Shipper within 180 days after the date of shipment. Carrier shall not submit a freight bill for additional charges claimed to be due on any shipment after 180 days from the date of the original freight bill. Any claim by shipper for overcharge on any freight bill must be sent within 180 days from the date of payment of that freight bill. No civil action for collection of undercharge or overcharge claims may be brought unless such action is instituted within 18 months after the claim accrues. Where carrier asserts a timely claim for undercharges, shipper is not to contest Carrier collection within 180 days in order to have the right to defend against a later action for recovery of such charges.

2. Carrier shall bill (invoice) the shipper within 15 business days of the completion of the movement of the cargo so as to provide for the receipt by Shipper of the bill (invoice) within 15 business days of the completion of the movement of the cargo. Each carrier invoice and all documentation prepared by the Carrier evidencing shipments under this contract, shall contain the following information and/or documentation which information and documentation are conditions precedent to payment:

- I. In the case of outbound shipments: the SCAC of the Carrier to be paid for the movement and complete and valid bill of lading number.
- II. In the case of third party shipments: the SCAC of the Carrier to be paid for the movement and the valid ten-digit Shipper order number or work order number.
- III. Inbound shipments and collect shipments to a Shipper facility: valid ten-digit Shipper purchase order number, work order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement, and valid and complete bill of lading.

3. Pursuant to 49 U.S.C. & 14101 (b), the parties expressly waive any and all provisions of the ICC Termination Act of 1995, U.S. Code Title 49, Subtitle IV, Part B, and of the regulation thereunder, to the extent that such provisions conflict with the terms of this Contract or the parties' course of performance hereunder.

4. It is the intent of the parties unless additional carriers are specifically named herein, that shipments tendered to the Carrier will normally be handled in single line service. Handling of a shipment by Carrier and a connecting Carrier will be considered convenience interlining, and such shipments will be covered by this Contract and transported at the rates and charges in this Contract.

Freight received in good order unless otherwise noted.

Consignee (Print Name)

GRANDA

Consignee Signature

RAYMOND

Date 1-11-23

Pieces

4 pallets

Shrink Wrap Intact

☐

Yes

☐

No

Medline Tape Intact

☐

Yes

☐

No

Packing List Intact

☐

Yes

☐

No

SHIPPER'S BOL#

2090510569

Originally printed on 1/11/23 at 5:25PM.

Page 1 of 1

Plu 5:37pm

01-11-23 Delivery

7:17pm

UNIFORM STRAIGHT BILL of LADING
Original - Not Negotiable

PALLETS

RECEIVED, subject to individually determined rates or contracts that have been agreed to 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;

FROM:

SHIPPERS BOL#

2090510570

DATE

01/11/2023

COMPANY NAME

MEDLINE INDUSTRIES LP

1960 W. MIRO WAY

C09

RIALTO, CA 92376

CARRIER SCAC

RTRE

Seal No

Trailer No

CARRIER Pro No

The property described below is received by the carrier in apparent good order, except as noted (contents and condition of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether herein contained, including the conditions on the back hereof or contained in a separate contract, the contract terms to govern, which are hereby agreed to by the shipper and accepted for himself or his assigns.

DESCRIPTION

Medical Supplies FAK70

PIECES

6

WEIGHT

31

Shipper's

Reference

8126859036

Consignee's PO

543606

Packing

List

Yes

CONSIGNEE TO:

0001222851

CUSTOMER NAME & ADDRESS

GREATER EL MONTE HOSPITAL

1701 SANTA ANITA AVE

SOUTH EL MONTE, CA 91733

626-350-7908

For all OSAD issues please send an email to carrierdisposition@medline.com

BILLABLE ACCESSORIALS

LIFT GATE

SPECIAL DELIVERY INSTRUCTIONS

CALL 626.579.7777 X8031.

ASK FOR THE HOUSE SUPERVISOR

TO OPEN THE GATE

Freight is prepaid unless otherwise noted.

☐ Check Box if Collect

Collect on Delivery \$ _____ and remit to: _____

Street _____ City _____ State _____

For collect shipments: if this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

COD Charges paid by

☐ Shipper

☐ Consignee

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

CARRIER'S SIGNATURE CONFIRMS RECEIPT OF PIECE COUNT

Agent per _____

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 Department of Transportation.

Shipper per _____

Mail all freight bills to: **Medline Industries, Inc. C/O Data2Logistics (MEDL01)**

PO BOX 61050

Ft Myers, FL 33906

Date _____

1. Carrier agrees to cancel all transportation charges on shipments for which an original freight bill is not presented to Shipper within 180 days after the date of shipment. Carrier shall not submit a freight bill for additional charges claimed to be due on any shipment after 180 days from the date of the original freight bill. Any claim by shipper for overcharge on any freight bill must be sent within 180 days from the date of payment of that freight bill. No

civil action for collection of undercharge or overcharge claims may be brought unless such action is instituted within 18 months after the claim accrues. Where carrier asserts a timely claim for undercharges, shipper is not to contest Carrier claim within 180 days in order to have the right to defend against a later action for recovery of such charges.

2. Carrier shall bill (invoice) the shipper within 15 business days of the completion of the movement of the cargo so as to provide for the receipt by Shipper of the bill (invoice) within 15 business days of the completion of the movement of the cargo. Each carrier invoice and all documentation prepared by the Carrier evidencing shipments under this contract, shall contain the following information and/or documentation which information and documentation are conditions precedent to payment:

I. In the case of outbound shipments: the SCAC of the Carrier to be paid for the movement and complete and valid bill of lading number.

II. In the case of third party shipments: the SCAC of the Carrier to be paid for the movement and the valid ten-digit Shipper order number or work order number.

III. Inbound shipments and collect shipments to a Shipper facility: valid ten-digit Shipper purchase order number, work order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement, and valid and complete bill of lading.

3. Pursuant to 49 U.S.C. & 14101 (b), the parties expressly waive any and all provisions of the ICC Termination Act of 1995, U.S. Code Title 49, Subtitle IV, Part B, and of the regulation thereunder, to the extent that such provisions conflict with the terms of this Contract or the parties' course of performance hereunder.

4. It is the intent of the parties unless additional carriers are specifically named herein, that shipments tendered to the Carrier will normally be handled in single line service. Handling of a shipment by Carrier and a connecting Carrier will be considered convenience interlining, and such shipments will be covered by this Contract and transported at the rates and charges in this Contract.

Freight received in good order unless otherwise noted.

Consignee (Print Name) Abigail Chavella

Consignee Signature [Signature]

Date 1-11-23

Pieces 6

Shrink Wrap Intact

☐ Yes

☐ No

Medline Tape Intact

☐ Yes

☐ No

Packing List Intact

☐ Yes

☐ No

SHIPPERS BOL# 2090510570

Originally printed on 1/11/23 at 5:25PM.

Page 1 of 1

P/U 5:37pm

01-11-23

Delivery 8:08pm

UNIFORM STRAIGHT BILL of LADING

Original - Not Negotiable

PALLETS

RECEIVED, subject to individually determined rates or contracts that have been agreed to 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;

FROM:

SHIPPER'S BOL#

2460640288

DATE

01/12/2023

COMPANY NAME

MEDLINE INDUSTRIES LP

5701 PROMONTORY PARKWAY

C46

TRACY, CA 95377

CARRIER SCAC

RTRE

Seal No

Trailer No

CARRIER Pro No

The property described below is received by the carrier in apparent good order, except as noted (contents and condition of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether herein contained, including the conditions on the back hereof or contained in a separate contract, the contract terms to govern, which are hereby agreed to by the shipper and accepted for himself or his assigns.

DESCRIPTION	PIECES	WEIGHT	Shipper's Reference	Consignee's PO	Packing List
Medical Supplies FAK70	1	6	8126943708	27379352	Yes

CONSIGNEE TO: CUSTOMER NAME & ADDRESS

0001057006

DS 300P GF H0541A SURG MATLS
820 QUARRY RD
1949 SHC- MAIN DOCK
PALO ALTO, CA 94304
999-999-9999

For all OSAD issues please send an email to carrierdisposition@medline.com

BILLABLE ACCESSORIALS

SPECIAL DELIVERY INSTRUCTIONS

Freight is prepaid unless otherwise noted.

☐ Check Box if Collect

Collect on Delivery \$ _____ and remit to: _____
Street _____ City _____ State _____

COD Charges paid by

☐ Shipper

☐ Consignee

For collect shipments: if this shipment is to be delivered to the consignee, without resource on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

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

CARRIER'S SIGNATURE CONFIRMS RECEIPT OF PIECE COUNT

Agent per _____

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 Department of Transportation.

Shipper per _____

Mail all freight bills to: **Medline Industries, Inc. C/O Data2Logistics (MEDL01)**
PO BOX 61050
Ft Myers, FL 33906

Date _____

1. Carrier agrees to cancel all transportation charges on shipments for which an original freight bill is not presented to Shipper within 180 days after the date of shipment. Carrier shall not submit a freight bill for additional charges claimed to be due on any shipment after 180 days from the date of the original freight bill. Any claim by shipper for overcharge on any freight bill must be sent within 180 days from the date of payment of that freight bill. No

civil action for collection of undercharge or overcharge claims may be brought unless such action is instituted within 18 months after the claim accrues. Where carrier asserts a timely claim for undercharges, shipper is not to contest Carrier claim within 180 days in order to have the right to defend against a later action for recovery of such charges.

2. Carrier shall bill (invoice) the shipper within 15 business days of the completion of the movement of the cargo so as to provide for the receipt by Shipper of the bill (invoice) within 15 business days of the completion of the movement of the cargo. Each carrier invoice and all documentation prepared by the Carrier evidencing shipments under this contract, shall contain the following information and/or documentation which information and documentation are conditions precedent to payment:

- I. In the case of outbound shipments: the SCAC of the Carrier to be paid for the movement and complete and valid bill of lading number.
- II. In the case of third party shipments: the SCAC of the Carrier to be paid for the movement and the valid ten-digit Shipper order number or work order number.
- III. Inbound shipments and collect shipments to a Shipper facility: valid ten-digit Shipper purchase order number, work order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement, and valid and complete bill of lading.

3. Pursuant to 49 U.S.C. & 14101 (b), the parties expressly waive any and all provisions of the ICC Termination Act of 1995, U.S. Code Title 49, Subtitle IV, Part B, and of the regulation thereunder, to the extent that such provisions conflict with the terms of this Contract or the parties' course of performance hereunder.

4. It is the intent of the parties unless additional carriers are specifically named herein, that shipments tendered to the Carrier will normally be handled in single line service. Handling of a shipment by Carrier and a connecting Carrier will be considered convenience interlining, and such shipments will be covered by this Contract and transported at the rates and charges in this Contract.

Freight received in good order unless otherwise noted.

Consignee (Print Name) Augustin Jimenez Consignee Signature [Signature]

Date 1/12/23

Pieces 1

Shrink Wrap Intact

☐ Yes

☐ No

Medline Tape Intact

☒ Yes

☐ No

Packing List Intact

☐ Yes

☐ No

9:45am

UNIFORM STRAIGHT BILL OF LADING
Original - Not Negotiable

PALLETS

RECEIVED, subject to individually determined rates or contracts that have been agreed to 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;

FROM:

SHIPPER'S BOL#
2090511405

DATE
01/13/2023

COMPANY NAME
MEDLINE INDUSTRIES LP
1960 W. MIRO WAY
C09
RIALTO, CA 92376

CARRIER SCAC
RTRE
Seal No _____
Trailer No _____
CARRIER Pro No _____

The property described below is received by the carrier in apparent good order, except as noted (contents and condition of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether herein contained, including the conditions on the back hereof or contained in a separate contract, the contract terms to govern, which are hereby agreed to by the shipper and accepted for himself or his assigns.

DESCRIPTION	PIECES	WEIGHT	Shipper's Reference	Consignee's PO	Packing List
Medical Supplies FAK70	350	8,431	8127999852	6796725-0-KECK	Yes
CONSIGNEE TO:	CUSTOMER NAME & ADDRESS		8128002937	6796726-0-KECK	Yes
0001303382	KECK WAREHOUSE INVENTORY 1500 SAN PABLO ST LOS ANGELES, CA 90033 999-999-9999				

For all OSAD issues please send an email to carrierdisposition@medline.com

BILLABLE ACCESSORIALS

SPECIAL DELIVERY INSTRUCTIONS

AFTER HOURS CONTACT PERSON: RAQUEL AGUIRRE- 323-442-9119 OR 562-228-5839
ANNE HESTON
323 442-8466

Freight is prepaid unless otherwise noted.

☐ Check Box if Collect

Collect on Delivery \$ _____ and remit to: _____
Street _____ City _____ State _____

COD Charges paid by

☐ Shipper
☐ Consignee

For collect shipments: if this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

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

CARRIER'S SIGNATURE CONFIRMS RECEIPT OF PIECE COUNT

Agent per _____

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 Department of Transportation.
Shipper per _____

Mail all freight bills to: **Medline Industries, Inc. C/O Data2Logistics (MEDL01)**
PO BOX 61050
Ft Myers, FL 33906

Date _____

1. Carrier agrees to cancel all transportation charges on shipments for which an original freight bill is not presented to Shipper within 180 days after the date of shipment. Carrier shall not submit a freight bill for additional charges claimed to be due on any shipment after 180 days from the date of the original freight bill. Any claim by shipper for overcharge on any freight bill must be sent within 180 days from the date of payment of that freight bill. No civil action for collection of undercharge or overcharge claims may be brought unless such action is instituted within 18 months after the claim accrues. Where carrier asserts a timely claim for undercharges, shipper is not to contest Carrier claim within 180 days in order to have the right to defend against a later action for recovery of such charges.

2. Carrier shall bill (invoice) the shipper within 15 business days of the completion of the movement of the cargo so as to provide for the receipt by Shipper of the bill (invoice) within 15 business days of the completion of the movement of the cargo. Each carrier invoice and all documentation prepared by the Carrier evidencing shipments under this contract, shall contain the following information and/or documentation which information and documentation are conditions precedent to payment:

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- II. In the case of third party shipments: the SCAC of the Carrier to be paid for the movement and the valid ten-digit Shipper order number or work order number.
- III. Inbound shipments and collect shipments to a Shipper facility: valid ten-digit Shipper purchase order number, work order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement, and valid and complete bill of lading.

3. Pursuant to 49 U.S.C. & 14101 (b), the parties expressly waive any and all provisions of the ICC Termination Act of 1995, U.S. Code Title 49, Subtitle IV, Part B, and of the regulation thereunder, to the extent that such provisions conflict with the terms of this Contract or the parties' course of performance hereunder.

4. It is the intent of the parties unless additional carriers are specifically named herein, that shipments tendered to the Carrier will normally be handled in single line service. Handling of a shipment by Carrier and a connecting Carrier will be considered convenience interlining, and such shipments will be covered by this Contract and transported at the rates and charges in this Contract.

Freight received in good order unless otherwise noted.

Consignee (Print Name) Raquel Aguirre Consignee Signature Raquel Aguirre

Date 1-14-23

Pieces 9

PAID

Shrink Wrap Intact ☐ Yes ☐ No

Medline Tape Intact ☐ Yes ☐ No

Packing List Intact ☐ Yes ☐ No

SHIPPER'S BOL#

2090511405

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UNIFORM STRAIGHT BILL of LADING
Original - Not Negotiable

PALLETS

RECEIVED, subject to individually determined rates or contracts that have been agreed to 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;

FROM:
SHIPPER'S BOL# 2460640620 **DATE** 01/13/2023 **COMPANY NAME** MEDLINE INDUSTRIES LP
5701 PROMONTORY PARKWAY
C46
TRACY, CA 95377

CARRIER SCAC _____ **RTRE** _____
Seal No _____
Trailer No _____
CARRIER Pro No _____

The property described below is received by the carrier in apparent good order, except as noted (contents and condition of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether herein contained, including the conditions on the back hereof or contained in a separate contract, the contract terms to govern, which are hereby agreed to by the shipper and accepted for himself or his assigns.

<u>DESCRIPTION</u>	<u>PIECES</u>	<u>WEIGHT</u>	<u>Shipper's Reference</u>	<u>Consignee's PO</u>	<u>Packing List</u>
Medical Supplies FAK70	1	1	8127430336	27395321	Yes

CONSIGNEE TO: 0001057006 **CUSTOMER NAME & ADDRESS**
DEMAND PLANNING G401
780 QUARRY RD
1010
PALO ALTO, CA 94304
999-999-9999

For all OSAD issues please send an email to carrierdisposition@medline.com

BILLABLE ACCESSORIALS

SPECIAL DELIVERY INSTRUCTIONS

Freight is prepaid unless otherwise noted.

☐ **Check Box if Collect**

Collect on Delivery \$ _____ **and remit to:** _____
Street _____ **City** _____ **State** _____

COD Charges paid by

☐ **Shipper**
☐ **Consignee**

For collect shipments: if this shipment is to be delivered to the consignee, without resource on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor) _____

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

CARRIER'S SIGNATURE CONFIRMS RECEIPT OF PIECE COUNT

Agent per _____

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 Department of Transportation.

Shipper per _____

Mail all freight bills to: **Medline Industries, Inc. C/O Data2Logistics (MEDL01)**
PO BOX 61050
Ft Myers, FL 33906

Date _____

1. Carrier agrees to cancel all transportation charges on shipments for which an original freight bill is not presented to Shipper within 180 days after the date of shipment. Carrier shall not submit a freight bill for additional charges claimed to be due on any shipment after 180 days from the date of the original freight bill. Any claim by shipper for overcharge on any freight bill must be sent within 180 days from the date of payment of that freight bill. No civil action for collection of undercharge or overcharge claims may be brought unless such action is instituted within 18 months after the claim accrues. Where carrier asserts a timely claim for undercharges, shipper is not to contest Carrier claim within 180 days in order to have the right to defend against a later action for recovery of such charges.

2. Carrier shall bill (invoice) the shipper within 15 business days of the completion of the movement of the cargo so as to provide for the receipt by Shipper of the bill (invoice) within 15 business days of the completion of the movement of the cargo. Each carrier invoice and all documentation prepared by the Carrier evidencing shipments under this contract, shall contain the following information and/or documentation which information and documentation are conditions precedent to payment:

- I. In the case of outbound shipments: the SCAC of the Carrier to be paid for the movement and complete and valid bill of lading number.
- II. In the case of third party shipments: the SCAC of the Carrier to be paid for the movement and the valid ten-digit Shipper order number or work order number.
- III. Inbound shipments and collect shipments to a Shipper facility: valid ten-digit Shipper purchase order number, work order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement, and valid and complete bill of lading.

3. Pursuant to 49 U.S.C. & 14101 (b), the parties expressly waive any and all provisions of the ICC Termination Act of 1995, U.S. Code Title 49, Subtitle IV, Part B, and of the regulation thereunder, to the extent that such provisions conflict with the terms of this Contract or the parties' course of performance hereunder.

4. It is the intent of the parties unless additional carriers are specifically named herein, that shipments tendered to the Carrier will normally be handled in single line service. Handling of a shipment by Carrier and a connecting Carrier will be considered convenience interlining, and such shipments will be covered by this Contract and transported at the rates and charges in this Contract.

Freight received in good order unless otherwise noted
Consignee (Print Name) Agustin Jama **Consignee Signature** _____ **Date** _____ **Pieces** 1
Shrink Wrap Intact ☐ Yes ☐ No **Medline Tape Intact** ☐ Yes ☐ No **Packing List Intact** ☐ Yes ☐ No

ETA
10:35 PM