

UNIFORM STRAIGHT BILL OF LADING ORIGINAL---NOT NEGOTIABLE

All services are subject to the terms and conditions of the FXF 100 Series Rules Tariff. See fedex.com for details--- QUESTIONS? CALL 1.866.393.4585

| | | |
|---|--|------------------|
|  773323731105  | Date 09/06/2023 | Purchase Order # |
| | Shipper # | Shipper # |
| | REQUIRED: Please select a service type <input checked="" type="checkbox"/> FedEx Freight® Priority <input type="checkbox"/> FedEx Freight® Economy | |

| SHIPPER (from) Please provide ZIP codes and phone numbers. | | CONSIGNEE (to) | |
|---|---|---|---|
| Shipper NUTRIENT CONTROL SYS | FXF Acct. # XXXXX1526 | Consignee RBraun Inc. | FXF Acct. # |
| Attn to | Area Code Phone Number (717) 261-5711 | Attn. to Larry Petrie | Area Code Phone Number (920) 773-2143 |
| Address 130 INDUSTRIAL DR | | Address 209 North 4th Avenue | |
| Address (Store, Dept., Ste., Flr., Apt., Div.) | | Address (Store, Dept., Ste., Flr., Apt., Div.) | |
| Address | | Address | |
| City CHAMBERSBURG | | City SAINT NAZIANZ | |
| State/Province PA | ZIP/Postal Code 172013255 | Country US | State/Province WI |
| | | | ZIP/Postal Code 54232 |
| | | | Country US |
| Optional or Additional Services Fees and Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Pickup <input type="checkbox"/> Limited Access | | Optional or Additional Services Fees and Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Limited Access | |
| Shipper Bill of Lading # | | <input type="checkbox"/> Custom Delivery Window. | |
| Special Instructions | | | |

| BILL FREIGHT CHARGES TO (if different than above): | | | |
|--|-------------|-----------------|---------|
| Name | FXF Acct. # | Mailing Address | |
| City | State | ZIP/Postal Code | Country |
| | Area Code | Phone Number | |

| | | | |
|---|---|---------------|--|
| Freight charges are PREPAID unless marked collect. CHECK BOX IF COLLECT <input type="checkbox"/> | <input type="checkbox"/> USD <input type="checkbox"/> CAD | C.O.D. AMOUNT | 1. The letters "C.O.D." must appear in box before consignee's name above. 2. C.O.D. funds to be collected as: <input type="checkbox"/> Certified Funds <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check 3. C.O.D. fee to be paid by: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee |
|---|---|---------------|--|

| REMIT C.O.D. TO (if different than shipper above): | | | |
|--|-----------------|-----------------|--------------|
| Name | Mailing Address | | |
| City | State | ZIP/Postal Code | Country |
| | Country Code | Area Code | Phone Number |

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. The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned and destined as shown hereon, 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 its conditions not prohibited by law, whether printed or written, hereth contained, including the conditions on the back hereof and the conditions of the FXF 100 Series Rules Tariff, or otherwise referenced, which are hereby agreed to by the shipper and accepted for himself and his assigns.

| HANDLING UNITS (H/U) | H/U PKG TYPE | PIECES | HM (Y/N) | KIND OF PACKAGE | DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (subject to correction) | WEIGHT IN LBS. (subject to correction) | NMFC ITEM # | CLASS | CUBE (cu. ft.) |
|----------------------|--------------|--------|----------|------------------------------------|---|--|-------------|-------|----------------|
| 1 | PLT | 1 | | HBC 1000 complete mixing planetary | | 785.0 LB | | 055 | |
| | | | | DIMS: 45 X 45 X 40 IN | | | | | |
| TOTAL WEIGHT | | | | | | 785.0 LB | | | |

TOTAL H/U: 1 MARK 'X' OR 'RO' IN THE HM COLUMN TO DESIGNATE HAZARDOUS MATERIALS OR REPORTABLE QUANTITY AS DEFINED IN DOT REGULATIONS.

HM EMERGENCY CONTACT PHONE NUMBER _____
 CUSTOMER REGISTERED WEEMERGENCY RESPONSE INFO, PROVIDER or CONTRACT# _____

FOR INTERNATIONAL SHIPMENTS INDICATE BROKER NAME, FAX AND PHONE NUMBERS

EEI/SED Number or Exception _____ Phone # _____
AREA CODE

Broker Name _____ Fax # _____
AREA CODE

NOTE (1) Where the rate and carrier's liability for loss or damage may be dependent on value, shippers must state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per lbs."

Note (2) liability limitation for loss or damage on this shipment shall be applicable as provided by contract or in the current NMFC or this carrier's governing tariffs. See FXF 100 Series Rules Tariff for complete limited liability provisions. Carrier's maximum standard liability is limited to \$25 per pound per package for NEW articles and \$50 per pound per package (or its equivalent in Mexican Pesos (MXN) or Canadian Dollars (CAD), at the rate of exchange which is in effect at the place and on the date of shipment) for USED or RECONDITIONED articles. In no case shall carrier liability exceed \$100,000 per occurrence (or its equivalent in MXN or CAD at the rate of exchange which is in effect at the place and on the date of shipment) for NEW articles or \$10,000 per occurrence (or its equivalent in MXN or CAD at the rate of exchange which is in effect at the place and on the date of shipment) for USED or RECONDITIONED articles. For availability and limits of excess liability coverage and applicable rates and charges, please refer to FXF 100 Series Rules Tariff. Not selecting an additional coverage option is considered to be a waiver of same and standard liability coverage will apply.

FOR FREIGHT COLLECT SHIPMENTS

Subject to Section 7 of conditions of applicable Bill of Lading. 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.

Consignor Signature _____

SHIPPER CERTIFICATION

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Shipper Signature _____ Date _____

CARRIER CERTIFICATION

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

| DATE | DRIVER/EMPLOYEE NUMBER | PIECE COUNT | TRAILER # |
|--------|------------------------|-------------|-----------|
| 9/7/23 | 2663068 | 1 | 1546 |