



ORIGINAL INVOICE

FXFE PRIORITY

Send payment to: P O BOX 223125 PITTSBURGH PA 15251-2125
 Direct Billing Inquiries to 2200 Forward Dr Harrison AR 72602-0840
 EMAIL customersolutions@fedex.com WEBSITE www.fedex.com
 PHONE 870.741.9000 FAX 870.365.4354 TOLL-FREE 866.393.4585

Shipper
 NUTRIENT CONTROL SYS
 130 INDUSTRIAL DR
 CHAMBERSBURG PA 17201

Freight Bill Number 771601178829
Ship Date / Invoice Date 01/22/2025 / 01/24/2025
Bill of Lading Number
P.O. Number
Shipper Reference Number
I/L PRO Number
Terms PREPAID
Origin / Destination HGR / WNY
Total Amount Due 539.06
Payment Due Date 02/08/2025

Consignee
 LF BIO
 1080 COUNTY ROUTE 55
 NORTH LAWRENCE NY 12967

Bill To / Payment Due From
 NUTRIENT CONTROL SYSEMS
 130 INDUSTRIAL DR
 CHAMBERSBURG PA 17201-3255

Account# 93729259

PIECES	PALLETS/HS	DESCRIPTION	WT(LBS)	NMFC	CLASS	RATE	TOTAL CHARGES
16		PUMP AND MIXER PARTS FEDEX.COM-U.S. *FXF 100001/06/25 ILS 09685 UPDATE PER INSPECTION 6073764343 MATT STERNS 7174916649 0430 CUBIC FEET DIMS:0001HU@ 048.0"X041.0"X038.0" 007319 FUEL SURCHG LTL SHPT30.90% 840 LESS DISCOUNT 000053906 ORIGINAL REVENUE 84529-9000-FXF-136 0022900 RESIDENTIAL DELIVERY CHARGE DIMENSION INSPECTION 16.86046511627907 PCF HGR INSPECTING TERMINAL 0 WEB INCENTIVE DISCOUNT	722		055	205.050	1,480.46
		----- Invoicing Summary ----- Original Invoice Amount Less Amount Paid Less Freight Bill Adjustments Totals / Amount Due by (02/08/2025)				.840	73.19 1,243.59- 229.00 539.06
16			722				539.06

Rate Tariff: 84529-9000-FXF



Remittance Advice

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Payment Due From Account # 93729259

Send to: P O BOX 223125
 PITTSBURGH PA 15251-2125

Address Change? Please check the appropriate box and fill out the information on the reverse side of this form.

FXF

NUTRIENT CONTROL SYSEMS
 130 INDUSTRIAL DR
 CHAMBERSBURG PA 17201-3255

FREIGHT BILL NUMBER 771601178829
SHIP DATE / INVOICE DATE 01/22/2025 / 01/24/2025
TERMS PREPAID
PAYMENT DUE DATE 02/08/2025
PLEASE PAY THIS AMOUNT 539.06

Thank You!

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

 771601178829 	Date 01/22/2025	Purchase Order #
	Shipper #	Shipper #
	REQUIRED: Please select a service type <input checked="" type="checkbox"/> FedEx Freight® Priority <input type="checkbox"/> FedEx Freight® Economy	OPTIONAL You may select a money-back guarantee delivery (charges and tariff limitations may apply) <input type="checkbox"/> A.M. Delivery <input type="checkbox"/> Close of Business Delivery

SHIPPER (from) Please provide ZIP codes and phone numbers.		CONSIGNEE (to)	
Shipper NUTRIENT CONTROL SYS	FXF Acct # XXXXX1526	Consignee LF Bio	FXF Acct #
Attn to	Area Code Phone Number (717) 491-6649	Attn to Matt Sterns	Area Code Phone Number (607) 376-4343
Address 130 INDUSTRIAL DR Address (Store Dept Ste Flr Apt Div)		Address 1080 County Route 55 Address (Store, Dept Ste., Flr Apt Div)	
Address		Address	
City CHAMBERSBURG		City North Lawrence	
State/Province PA	ZIP/Postal Code 172013255	Country US	State/Province NY
			ZIP/Postal Code 12967
			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	<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
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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 the conditions not prohibited by law, whether printed or written, herein 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 (M) (X)	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (subject to correction)	WEIGHT IN LBS. (subject to correction)	NMFC ITEM #	CLASS	CUBE (cubic)
1	CRT	16	Pump and Mixer Parts DIMS 48 X 41 X 38 IN	722.0 LB		055	
TOTAL WEIGHT				722.0 LB			
TOTAL H/U 1							

MARK X OR TOP IN THE HM COLUMN TO DESIGNATE HAZARDOUS MATERIALS OR REPORTABLE QUANTITY AS DEFINED IN DOT REGULATIONS.

EMERGENCY CONTACT PHONE NUMBER
 CUSTOMER REGISTERED EMERGENCY RESPONSE NUMBER PROVIDED BY CARRIER

FOR INTERNATIONAL SHIPMENTS INDICATE BROKER NAME, FAX AND PHONE NUMBERS.

EEI/SED Number or Exception _____ Phone # _____
 AREA CODE _____
 Broker Name _____ Fax # _____
 AREA CODE _____

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 #
1/22/25	2663068	1 crate	X15461

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.

Articles are NEW and Require Excess Liability Coverage in the amount _____
 USD MXN per lb or kg Additional charges will apply
 Articles are USED or RECONDITIONED and require Excess Liability Coverage. Additional charges will apply.

NOTE (3) 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 Sec. 2(e) of NMFC Item 360.

Create your next Bill of Lading online at fedex.com/en-us/shipping/ship-manager/login.html

FedEx Freight

etc 16 pcs

CO202/112-FXF



DELIVERY RECEIPT



Freight Bill 771601178829 R0

2200 FORWARD DRIVE
HARRISON, AR 72601
fedex.com 1 866 393 4585

Ship Date 01/22/2025	Bill of Lading
P O	Shipper Reference
Origin HGR	Destination WNY
Consignee LF BIO 1080 COUNTY ROUTE 55 NORTH LAWRENCE NY 12967 US	Trailer # X9413 Shipper NUTRIENT CONTROL SYS 130 INDUSTRIAL DR CHAMBERSBURG PA 17201 US

FedEx Freight Priority

DRIVER COPY

PIECES	PKG	H/U	HM	DESCRIPTION	WT(LBS)	NMFC	PCF CLASS	RATE	TOTAL CHARGES
16				PUMP AND MIXER PARTS DIMS:0001HU@ 048 0"X041.0"X038 0" 7174916649 6073764343 MATT STERNS FEDEX.COM-U S WEB INCENTIVE DISCOUNT 0000044CUBIC FEET FUEL SURCHG LTL SHPT30.90% 84529-9000-FXF-136 *FXF 100001/06/25 ILS 09685	722		055		
** BY ACCEPTING THE SHIPMENT, YOU AGREE TO BE FULLY RESPONSIBLE FOR ANY ADDITIONAL APPLICABLE CHARGES FOR DELIVERY SERVICES RENDERED INCLUDING BUT NOT LIMITED TO DETENTION **									
16			1	PREPAID - WILL INVOICE THIRD PARTY	722				

ACCESSORIAL SERVICES PERFORMED:

INSIDE DELIVERY SORT & SEGREGATE DETENTION
 RESIDENTIAL-LIMITED ACCESS LIFT GATE OTHERS

Delv Driver & # 88 2390457

Date: 1-23-25 Arrive 1544 Depart 1553

of Skids. 1 # of Pcs. OS&D #.

Shipment received in apparent good order with wrap intact unless otherwise noted

Received by: [Signature] **STEARNS**

Over Damage Exceptions
 Short Wrap Broken

WILL INVOICE RESPONSIBLE PARTY
DRIVER COL REL AUTH #88S117

Customer Requirements/Appointment Instruction