

Fill in this information to identify the case:

Debtor 1 Jagged Peak, Inc.; A Nevada CorporationDebtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: District of Nevada

Case number 19-15959

RECEIVED

MAR 23 2020

BMC GROUP

Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

XPO Logistics Freight

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

XPO Logistics Freight

Name

9151 Boulevard 26

Number Street

North Richland Hills TX 76180

City State ZIP Code

Contact phone 888-321-3520Contact email Ltlcwybankruptcy@xpo.com

Where should payments to the creditor be sent? (if different)

XPO Logistics Freight

Name

29559 Network Place

Number Street

Chicago IL 60673

City State ZIP Code

Contact phone 888-321-3520Contact email Ltlcwybankruptcy@xpo.comUniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) _____Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? _____

JAGGED PEAK Ctl ID



00093

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>1</u> <u>5</u> <u>2</u> <u>3</u>
7. How much is the claim?	\$ <u>5,023.23</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Services Performed</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.☒ I am the creditor's attorney or authorized agent.☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/16/2020
MM / DD / YYYY

/s/ Shakyra Hopkins

Signature

Print the name of the person who is completing and signing this claim:

Name	Shakyra		Hopkins	
	First name	Middle name	Last name	
Title	Delinquent Account Specialist			
Company	XPO Logistics Freight			
	Identify the corporate servicer as the company if the authorized agent is a servicer.			
Address	9151 Boulevard 26			
	Number	Street		
	North Richland Hills		TX	76180
	City	State	ZIP Code	
Contact phone	817-812-5319		Email	Ltlcwybankruptcy@xpo.com



LTL Invoice Statement

Statement Date

03/16/2020

Per Your Request

Please find enclosed copies of the invoice(s) you requested. Total amount due upon receipt.

Total of Invoices

1

Total Amount

\$179.21

Invoice Number	Shipment Date	Age of Invoice	Amount	
559-765264	10-Jun-19	280	\$179.21	US

XPOLogistics**Past
Due****LTL Invoice 559-765264****CNWX**

DUNS# 10-276-6383 FED TAX ID# 94-2904084

Mailing Address

JAGGED PEAK
 WATERFORD PLAZA SUITE 1200 7650 W COURTNEY
 CAMPBELL CSWY
 TAMPA, FL US 33607

Account Number JAPEA991000
 Carrier SCAC CNWY

Shipment Date 06/10/2019
 Shipment Terms Prepaid

Total Due US \$179.21
by 06/26/2019

Shipper	Consignee	Reference Number
JAGGED PEAK 3441 W MACARTHUR BLVD SANTA ANA, CA US 92704 JAPAU000	CANTEEN O SULLIVAN VENDING CERISSE CARDOZA 4900 HANNOVER PL FREMONT, CA 94538-6390	SN# OMS 30324415

Pieces	Description of Article and Marks	Weight(lbs)	Rate	Charges
1	PLT COFFEE CLASS 110 CLASS 110	757	212.37	\$1,607.64
	XPO LOGISTICS DISCOUNT SAVES YOU			-\$1,470.99
	CCS CALIFORNIA COMPLIANCE SURCHARGE			\$8.40
	FSC FUEL SURCHARGE 25.00%			\$34.16
1	TOTAL	757	Total Charges	\$179.21

DELIVERY APPTS REQUIRED FOR ALL LOADS AT LEAST 24 HOURS PRIOR TO DELIVERY.FOR ALL
 DELIVERY ISSUES, PLEASE CALL MOLLY SMITH AT 813.514.2580 X111
 OREMAILSMITH@JAGGEDPEAK.COM. 1 PLT .CONS PH: 408-971-4362

Contacting XPOLogistics**Customer Service**

On the Web <https://LTL.xpo.com>
 E-mail ltlcustomercaregroup@xpo.com
 Phone 800-755-2728
 Fax 888-890-3874

Correspondence

Past due balances are subject to a late penalty charge as referenced in tariff 199

XPOLogistics**CNWX**

DUNS# 10-276-6383 FED TAX ID# 94-2904084

Send payment to:

XPO Logistics Freight, Inc.
 29559 Network Place
 Chicago, IL 60673-1559

Please return this form with your payment

Payment Form

LTL Invoice **559-765264**
 Payment Term Prepaid

Total Due US \$179.21
by 06/26/2019

XPOLogistics **STRAIGHT BILL OF LADING**DRIVER PLEASE NOTE
IF SINGLE SHIPMENT
CHECK BOX BELOW
☐SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT

☐ COLLECT

Reminder: Print/Affix Pro Labels To Your Shipment

ORIGINAL - NOT NEGOTIABLE

Page 1 of 1

Motor
Move

Dest SIC: USJ

XPO PRO#: 559-765264

DATE 6/10/19	P.O. NO.	SHIPPER NO: OMS#30324415
CUSTOMER'S SPECIAL REFERENCE NUMBER:		

SHIPPER (FROM) JAGGED PEAK		CONSIGNEE (TO) CANTEN O'SULLIVAN VENDING CERISSE CARDOZA	
STREET 3441 W MACARTHUR BLVD		STREET 4900 HANNOVER PL	
CITY, STATE/PROVINCE, ZIP/POSTAL CODE (TELEPHONE) SANTA ANA, CA 92704-6805 (US)		CITY, STATE/PROVINCE, ZIP/POSTAL CODE (TELEPHONE) FREMONT, CA 94538-6390 (US) (408) 971-4362	
BILL TO JAGGED PEAK WATERFORD PLAZA SUITE 1200		CUSTOMS BROKER	
STREET 7650 W COURTNEY CAMPBELL CSWY		STREET	
CITY, STATE/PROVINCE, ZIP/POSTAL CODE (TELEPHONE) TAMPA, FL 33607 (US)		CITY, STATE/PROVINCE, ZIP/POSTAL CODE (TELEPHONE)	
ACCOUNT CODE		<input type="checkbox"/> Guaranteed	

NUMBER SHIPPING UNITS	HM	KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS Hazardous material sequence (ISHP) must read: UN/NA ID#, proper Shipping name, Hazard class and Packing group (SUBJECT TO INSPECTION AND CORRECTION)	NMFC NO.	CLASS OR DENSITY OF ARTICLES	WEIGHT (Subject to Correction) # lb kg
1		PLT(s) COFFEE		110	757

COD AMOUNT: \$ _____

☐ U.S. ☐ Canadian

COD Fee: ☐ Prepaid ☐ Collect

REMIT COD TO:

ADDRESS:

CITY: STATE/PROVINCE ZIP/POSTAL CODE

NOTE: Consignee's company check made payable to the Shipper will be accepted by:
XPO Logistics Freight and forwarded to shipper unless otherwise directed to do so by the shipper.

Notice: Unless the Shipper completes the requirements as provided below, Carrier's liability shall be limited as stated herein and in Tariff CNWY-199 in effect on date of shipment, which is available on line at www.xpo.com or may be obtained upon request to Carrier. Shipment is subject to the release value provisions of the NMFC as set forth in paragraph 2 on the reverse side of this Bill of Lading. In no event shall Carrier be liable for loss of profit, income, interest, attorney fees, or any special, incidental or consequential damages.

Carrier liability with shipment originating within the United States: Carrier's liability shall be based on actual NMFC class of the shipment and is limited between \$1.00 and \$25.00 per pound as set forth in Tariff CNWY-199. Carrier's liability for all household goods, personal effects, and articles other than new, including but not limited to used, remanufactured or refurbished articles shall not exceed \$1.00 per pound per individual lost or damaged piece within the shipment. Carrier's highest level of liability is \$25.00 per pound per individual lost or damaged piece within the shipment, subject to \$150,000.00 maximum total liability per shipment. Shipper may increase Carrier's limits on liability if the Shipper declares excess value on the Bill of Lading below, requests excess liability coverage from the Carrier and pays an additional charge. For this purpose the declared value of the property is hereby specifically stated by the Shipper to be \$ _____ and Shipper agrees to pay an additional charge for excess liability coverage. Total declared value may not exceed \$650,000.00 per shipment.

Carrier liability with shipment originating within Canada: Unless the Shipper completes the Special Agreement below, declares the value in the box below and agrees to pay the excess liability charge by initialing where indicated, Carrier's maximum liability is CAN\$2.00 per pound (CAN\$4.41 per kilogram) per individual lost or damaged piece within the shipment, subject to a maximum total liability per shipment of CAN\$20,000.00, and provided further that Carrier's liability on household goods, personal effects articles other than new articles, including but not limited to used, remanufactured or refurbished articles, shall not exceed one dollar (\$1.00) (CAN) per pound per individual lost or damaged piece within the shipment.

SPECIAL AGREEMENT: Declared Value: CAN \$ _____ per pound. (Declared value may not exceed CAN \$100,000.00 per shipment.)
Shipper agrees to pay excess liability charge: _____ (Shipper's Initials)

Where the NMFC classification is dependent on value, shippers are required to state specifically below in writing the declared value of the property as follows: The declared value of the property is specifically stated by the shipper to be not exceeding \$ _____.

Shipper's 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.

Shipment Received: The shipment is received subject to Tariff CNWY-199, Carrier's pricing schedules, terms, conditions and rules maintained at Carrier's general offices in effect on the date of issue of this Bill of Lading, as well as the National Motor Freight Classifications (NMFC), the Hazardous Materials Transportation Regulations (Title 49 - CFR, Subtitle B, Chapter 1, Sub Chapter A-C), and the Household Goods Mileage Guide (HHGB 105 Series), for shipments originating in the United States; and the Canadian Motor Vehicle Transport Act, the Transportation of Dangerous Goods Act, and the regulations in force in the provincial jurisdiction at the time and place of the shipment for shipments originating in Canada. The property described on this Bill of Lading is in apparent good order, but only to the extent that it is unconcealed and visible without further inspection and except as noted or marked. The property is consigned and destined as indicated above. The word Carrier is defined throughout this contract as meaning any person or corporation in possession of the property under this contract. It is mutually agreed as to Carrier and each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all of this Bill of Lading's terms and conditions in effect on the date of shipment, including, but not limited to, the "Terms and Conditions" listed on the back side of this Bill of Lading.

SHIPPER JAGGED PEAK	CARRIER XPO LOGISTICS FREIGHT, INC. XPO LOGISTICS FREIGHT CANADA INC.
AUTHORIZED SIGNATURE <i>[Signature]</i> 6/10/19	AUTHORIZED SIGNATURE <i>[Signature]</i> 6/10/19 PH
0403240 (10/15) Printed in USA	NUMBER OF UNITS RECEIVED

XPOLogistics**Past
Due****LTL Invoice 515-388926****CNWX**

DUNS# 10-276-6383 FED TAX ID# 94-2904084

Mailing Address

JAGGED PEAK
 WATERFORD PLAZA SUITE 1200
 7650 W COURTNEY CAMPBELL CSWY
 TAMPA FL 33607 1462

Account Number JAPEA991000
 Carrier SCAC CNWY

Shipment Date 05/23/2019
 Shipment Terms Prepaid

Total Due US \$2,174.31
by 05/23/2019

Shipper	Consignee	Reference Number
JAGGED PEAK % NESPRESSO 1400 RANDOLPH AVE AVENEL, NJ 07001 JAPEAXNJ000	CANTEEN-GARDEN 1260 KNOTT STREET GARDEN GROVE, CA 92841	PO# 60141729

Pieces	Description of Article and Marks	Weight(lbs)	Rate	Charges
1	PLT COFFEE ACC 0-0 CLASS 925 CLASS 925	525	543.42	\$2,852.96
	XPO LOGISTICS DISCOUNT SAVES YOU			-\$1,141.18
	CCS CALIFORNIA COMPLIANCE SURCHARGE			\$8.40
	CBR REWEIGH OF SHIPMENT FEE			\$28.75
	FSC FUEL SURCHARGE 24.85%			\$425.38
1	TOTAL	525	Total Charges	\$2,174.31

FOOD 1 PLTS .SHP PH: 020-455-6203 RE-WEIGHED PER WEIGHT CERTIFICATE

EXB CWQ BILLING ERROR - ENTRY ERROR, MISSED ON BOL 01-13-2020

Contacting XPOLogistics**Customer Service**

On the Web <https://LTL.xpo.com>
 E-mail ltlcustomercaregroup@xpo.com
 Phone 800-755-2728
 Fax 888-890-3874

Correspondence

Past due balances are subject to a late penalty charge as referenced in tariff 199

XPOLogistics**CNWX**

DUNS# 10-276-6383 FED TAX ID# 94-2904084

Send payment to:

XPO Logistics Freight, Inc.
 29559 Network Place
 Chicago, IL 60673-1559

Please return this form with your payment

Payment Form

LTL Invoice 515-388926
 Payment Term Prepaid

Total Due US \$2,174.31
by 05/23/2019

IMAGE

NOT

AVAILABLE

XPOLogistics**Past
Due****LTL Invoice 559-754716****CNWX**

DUNS# 10-276-6383 FED TAX ID# 94-2904084

Mailing Address

JAGGED PEAK
 WATERFORD PLAZA SUITE 1200 7650 W COURTNEY
 CAMPBELL CSWY
 TAMPA, FL US 33607

Account Number JAPEA991000
 Carrier SCAC CNWY

Shipment Date 06/10/2019
 Shipment Terms Prepaid

Total Due US \$496.70
by 06/25/2019

Shipper	Consignee	Reference Number
JAGGED PEAK NESPRESSO USA 2007 GANDY BLVD N STE 1210 SAINT PETERSBURG, FL US 33702 JAPEANTP001	ASSOCIATED SERVICES CO NATALIE MONTANO 600 MCCORMICK ST SAN LEANDRO, CA 94577-1110	

Pieces	Description of Article and Marks	Weight(lbs)	Rate	Charges
2	PLT ACCESSORIES/COFFEE CLASS 925 CLASS 925	830	548.03	\$4,548.65
	XPO LOGISTICS DISCOUNT SAVES YOU			-\$4,162.01
	CCS CALIFORNIA COMPLIANCE SURCHARGE			\$8.40
	DNC DEST NOTIFICATION			\$5.00
	FSC FUEL SURCHARGE 25.00%			\$96.66
2	TOTAL	830	Total Charges	\$496.70

CALL BEFORE DELIVERY. DELIVERY APPTS REQUIRED FOR ALL LOADS AT LEAST 24HOURS PRIOR TO DELIVERY. FOR ALL DELIVERY ISSUES, PLEASE CALL MOLLY SMITH AT 813.514.2580 X111 OR EMAIL MSMITH@JAGGEDPEAK.COM. 2 PLT .CONS PH:800-750-5282.SHP PH: 813-514

Contacting XPOLogistics**Customer Service**

On the Web <https://LTL.xpo.com>
 E-mail ltlcustomercaregroup@xpo.com
 Phone 800-755-2728
 Fax 888-890-3874

Correspondence

Past due balances are subject to a late penalty charge as referenced in tariff 199

XPOLogistics**CNWX**

DUNS# 10-276-6383 FED TAX ID# 94-2904084

Send payment to:

XPO Logistics Freight, Inc.
 29559 Network Place
 Chicago, IL 60673-1559

Please return this form with your payment

Payment Form

LTL Invoice 559-754716
 Payment Term Prepaid

Total Due US \$496.70
by 06/25/2019

IMAGE
NOT
AVAILABLE

XPOLogistics**Past
Due****LTL Invoice 559-904774****CNWX**

DUNS# 10-276-6383 FED TAX ID# 94-2904084

Mailing Address

JAGGED PEAK
 WATERFORD PLAZA SUITE 1200 7650 W COURTNEY
 CAMPBELL CSWY
 TAMPA, FL US 33607

Account Number JAPEA991000
 Carrier SCAC CNWY

Shipment Date 06/14/2019
 Shipment Terms Prepaid

Total Due US \$139.65
by 06/29/2019

Shipper	Consignee	Reference Number
JAGGED PEAK 3441 W MACARTHUR BLVD SANTA ANA, CA US 92704 JAPEAUIV000	ASSOCIATED SERVICES CO BRIAN COOK 600 MCCORMICK ST SAN LEANDRO, CA 94577-1110	SN# OMS#30403703 PO# 229603

Pieces	Description of Article and Marks	Weight(lbs)	Rate	Charges
	XPO LOGISTICS DISCOUNT SAVES YOU			-\$443.19
1	PLT COFFEE CLASS 110 CLASS 110	245	223.75	\$548.19
	SSC ORIG SINGLE SHIPMENT			\$0.00
	CCS CALIFORNIA COMPLIANCE SURCHARGE			\$8.40
	FSC FUEL SURCHARGE 25.00%			\$26.25
1	TOTAL	245	Total Charges	\$139.65

DELIVERY APPTS REQUIRED FOR ALL LOADS AT LEAST 24 HOURS PRIOR TO DELIVERY.FOR ALL
 DELIVERY ISSUES, PLEASE CALL MOLLY SMITH AT 813.514.2580 X111
 OREMAILMSMITH@JAGGEDPEAK.COM. 1 PLT .CONS PH: 510-430-1001

Contacting XPOLogistics**Customer Service**

On the Web <https://LTL.xpo.com>
 E-mail ltlcustomercaregroup@xpo.com
 Phone 800-755-2728
 Fax 888-890-3874

Correspondence

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XPOLogistics**CNWX**

DUNS# 10-276-6383 FED TAX ID# 94-2904084

Send payment to:

XPO Logistics Freight, Inc.
 29559 Network Place
 Chicago, IL 60673-1559

Please return this form with your payment

Payment Form

LTL Invoice 559-904774
 Payment Term Prepaid

Total Due US \$139.65
by 06/29/2019

XPOLogistics**STRAIGHT BILL OF LADING**

DRIVER PLEASE NOTE
IF SINGLE SHIPMENT
CHECK BOX BELOW

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT

☐ **COLLECT**

Reminder: Print/Affix Pro Labels To Your Shipment

ORIGINAL - NOT NEGOTIABLE

Page 1 of 1



Motor
Move:

Dest SIC: UOA

XPO PRO#: 559-904774

SHIPPER (FROM) JAGGED PEAK		CONSIGNEE (TO) ASSOCIATED SERVICES CO. BRIAN COOK	
STREET 3441 W MACARTHUR BLVD		STREET 600 MCCORMICK ST	
CITY, STATE/PROVINCE, ZIP/POSTAL CODE (TELEPHONE) SANTA ANA, CA 92704-6805 (US)		CITY, STATE/PROVINCE, ZIP/POSTAL CODE (TELEPHONE) SAN LEANDRO, CA 94577 (US) (510) 430-1001	
BILL TO JAGGED PEAK WATERFORD PLAZA SUITE 1200		CUSTOMS BROKER	
STREET 7650 W COURTNEY CAMPBELL CSWY		STREET	
CITY, STATE/PROVINCE, ZIP/POSTAL CODE (TELEPHONE) TAMPA, FL 33607 (US)		CITY, STATE/PROVINCE, ZIP/POSTAL CODE (TELEPHONE)	
ACCOUNT CODE		<input type="checkbox"/> Guaranteed	

NUMBER SHIPPING UNITS	HM	KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS: Hazardous material sequence (ISHP) must read: UN/NA ID#, proper Shipping name, Hazard class and Packing group (SUBJECT TO INSPECTION AND CORRECTION)	NMFC NO.	CLASS OR DENSITY OF ARTICLES	WEIGHT (Subject to Correction) # lb kg
1		PLT(s) Coffee		110	245

COD AMOUNT: \$ _____ **COD** ☐ Prepaid ☐ Collect
Fee: ☐ U.S. ☐ Canadian

NOTE: Consignee's company check made payable to the Shipper will be accepted by XPO Logistics Freight and forwarded to shipper unless otherwise directed to do so by the shipper.

REMIT COD TO _____
ADDRESS _____
CITY _____ **STATE/PROVINCE** _____ **ZIP/POSTAL CODE** _____

Notice: Unless the Shipper completes the requirements as provided below, Carrier's liability shall be limited as stated herein and in Tariff CNWY-199 in effect on date of shipment, which is available on line at www.xpo.com or may be obtained upon request to Carrier. Shipment is subject to the release value provisions of the NMFC as set forth in paragraph 2 on the reverse side of this Bill of Lading. In no event shall Carrier be liable for loss of profit, income, interest, attorney fees, or any special, incidental or consequential damages.

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Where the NMFC classification is dependent on value, shippers are required to state specifically below in writing the declared value of the property as follows: The declared value of the property is specifically stated by the shipper to be not exceeding \$_____.

Shipper's 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.

Shipment Received: The shipment is received subject to Tariff CNWY-199, Carrier's pricing schedules, terms, conditions and rules maintained at Carrier's general offices in effect on the date of issue of this Bill of Lading, as well as the National Motor Freight Classifications (NMFC), the Hazardous Materials Transportation Regulations (Title 49 - CFR, Subtitle B, Chapter 1, Sub Chapter A-C), and the Household Goods Mileage Guide (HGG-10S Series), for shipments originating in the United States; and the Canadian Motor Vehicle Transport Act, the Transportation of Dangerous Goods Act, and the regulations in force in the provincial jurisdiction at the time and place of the shipment for shipments originating in Canada. The property described on this Bill of Lading is in apparent good order, but only to the extent that it is unconcealed and visible without further inspection and except as noted or marked. The property is consigned and destined as indicated above. The word Carrier is defined throughout this contract as meaning any person or corporation in possession of the property under this contract. It is mutually agreed as to Carrier and each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all of this Bill of Lading's terms and conditions in effect on the date of shipment, including, but not limited to, the "Terms and Conditions" listed on the back side of this Bill of Lading.

SHIPPER JAGGED PEAK		CARRIER <input type="checkbox"/> XPO LOGISTICS FREIGHT, INC. <input type="checkbox"/> XPO LOGISTICS FREIGHT CANADA INC.	
AUTHORIZED SIGNATURE <i>[Signature]</i> 6/14/19		AUTHORIZED SIGNATURE <i>[Signature]</i> 6-14-19	
DATE		DATE	
04032-Q0 (10/15) Printed in USA.		(CNWY) NUMBER OF UNITS RECEIVED 1 PIF	

XPOLogistics**Past
Due****LTL Invoice 559-946811****CNWX**

DUNS# 10-276-6383 FED TAX ID# 94-2904084

Account Number JAPEA991000
Carrier SCAC CNWX**Mailing Address**JAGGED PEAK
WATERFORD PLAZA SUITE 1200 7650 W COURTNEY
CAMPBELL CSWY
TAMPA, FL US 33607Shipment Date 06/17/2019
Shipment Terms Prepaid**Total Due** US \$131.25
by 07/02/2019

Shipper	Consignee	Reference Number
JAGGED PEAK 2007 GANDY BLVD N STE 1210 SAINT PETERSBURG, FL US 33702 JAPEANTP001	PARADISE COFFEE GRAND CAYMAN % SEA CARMELA GIORDANO 8001 NW 79TH AVE MEDLEY, FL 33166-2100	PO# NES-419

Pieces	Description of Article and Marks	Weight(lbs)	Rate	Charges
1	PLT COFFEE CLASS 85 CLASS 85 XPO LOGISTICS DISCOUNT SAVES YOU FSC FUEL SURCHARGE 25.00%	602	184.47	\$1,110.51 -\$1,005.51 \$26.25
1	TOTAL	602	Total Charges	\$131.25

DELIVERY APPTS REQUIRED FOR ALL LOADS AT LEAST 24 HOURS PRIOR TO DELIVERY.FOR ALL
DELIVERY ISSUES, PLEASE CALL MOLLY SMITH AT 813.514.2580 X111 OREMAIL
MSMITH@JAGGEDPEAK.COM. 1 PLT .CONS PH: 305-863-4614.SHP PH:727-564-1191**Contacting XPOLogistics****Customer Service**On the Web <https://LTL.xpo.com>
E-mail ltlcustomercaregroup@xpo.com
Phone 800-755-2728
Fax 888-890-3874**Correspondence**

Past due balances are subject to a late penalty charge as referenced in tariff 199

XPOLogistics**CNWX**

DUNS# 10-276-6383 FED TAX ID# 94-2904084

Send payment to:

XPO Logistics Freight, Inc.
29559 Network Place
Chicago, IL 60673-1559

Please return this form with your payment

Payment FormLTL Invoice 559-946811
Payment Term Prepaid**Total Due** US \$131.25
by 07/02/2019

XPOLogistics**STRAIGHT BILL OF LADING**IF SINGLE SHIPMENT
CHECK BOX BELOWSHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT

☐ COLLECT

Reminder: Print/Affix Pro Labels To Your Shipment

ORIGINAL - NOT NEGOTIABLE
Page 1 of 1Motor
Move

Dest SIC: NMF

XPO PRO#: 559-946811

SHIPPER (FROM) JAGGED PEAK		CONSIGNEE (TO) Paradise Coffee Grand Cayman & Sea Carmela Giordano	
STREET 2007 GANDY BLVD N STE 1210		STREET 8001 NW 79TH AVE	
CITY, STATE/PROVINCE, ZIP/POSTAL CODE SAINT PETERSBURG, FL 33702-2172 (727) 564-1191		CITY, STATE/PROVINCE, ZIP/POSTAL CODE Medley, FL 33166-2100 (US) (305) 863-4614	
BILL TO JAGGED PEAK WATERFORD PLAZA SUITE 1200		CUSTOMS BROKER	
STREET 7650 W COURTNEY CAMPBELL CSWY		STREET	
CITY, STATE/PROVINCE, ZIP/POSTAL CODE TAMPA, FL 33607 (US) (813) 637-6900		CITY, STATE/PROVINCE, ZIP/POSTAL CODE	
ACCOUNT CODE		<input checked="" type="checkbox"/> Guaranteed	
NUMBER SHIPPING UNITS 1	HM	KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (SUBJECT TO INSPECTION AND CORRECTION) PLT(s) Coffee	WEIGHT (Subject to Correction) kg 602
Ref Numbers: RO#-5190448332746, PO#-NES-419, OMS-OMS# 30416314, NBC-NES - 20		607	
COD AMOUNT: \$		REMIT COD TO	
<input type="checkbox"/> U.S. <input type="checkbox"/> Canadian		ADDRESS	
NOTE: Consignee's company check made payable to the Shipper will be accepted by XPO Logistics Freight and forwarded to shipper unless otherwise directed to do so by the shipper.		CITY STATE/PROVINCE ZIP/POSTAL CODE	

Notice: Unless the Shipper completes the requirements as provided below, Carrier's liability shall be limited as stated herein and in Tariff CNWV-199 in effect on date of shipment, which is available on line at www.xpo.com or may be obtained upon request to Carrier. Shipment is subject to the release value provisions of the NMFC as set forth in paragraph 2 on the reverse side of this Bill of Lading. In no event shall Carrier be liable for loss of profit, income, interest, attorney fees, or any special, incidental or consequential damages.

Carrier liability with shipment originating within the United States: Carrier's liability shall be based on actual NMFC class of the shipment and is limited between \$1.00 and \$25.00 per pound as set forth in Tariff CNWV-199. Carrier's liability for all household goods, personal effects, and articles other than new, including but not limited to used, remanufactured or refurbished articles, shall not exceed \$1.00 per pound per individual lost or damaged piece within the shipment. Carrier's highest level of liability is \$25.00 per pound per individual lost or damaged piece within the shipment, subject to \$150,000.00 maximum total liability per shipment. Shipper may increase Carrier's limited liability if the Shipper declares excess value on the Bill of Lading below, requests excess liability coverage from the Carrier and pays an additional charge. For this purpose the declared value of the property is hereby specifically stated by the Shipper to be \$ and Shipper agrees to pay an additional charge for excess liability coverage. Total declared value may not exceed \$650,000.00 per shipment.

Carrier liability with shipment originating within Canada: Unless the Shipper completes the Special Agreement below, declares the value in the box below and agrees to pay the excess liability charge by insuring where indicated, Carrier's maximum liability is CAN\$2.00 per pound (CAN\$4.41 per kilogram) per individual lost or damaged piece within the shipment, subject to a maximum total liability per shipment of CAN\$20,000.00, and provided further that Carrier's liability on household goods, personal effects, articles other than new articles, including but not limited to used, remanufactured or refurbished articles, shall not exceed one dollar (\$1.00) (CAN) per pound per individual lost or damaged piece within the shipment.

SPECIAL AGREEMENT: Declared Value: CAN \$ _____ per pound. (Declared value may not exceed CAN \$100,000.00 per shipment.)
Shipper agrees to pay excess liability charge: _____ (Shipper's Initials)

Where the NMFC classification is dependent on value, shippers are required to state specifically below in writing the declared value of the property as follows: The declared value of the property is, specifically stated by the shipper to be not exceeding \$ _____

Shipper's 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.

Shipment Received: The shipment is received subject to Tariff CNWV-199, Carrier's pricing schedules, terms, conditions and rules maintained at Carrier's general offices in effect on the date of issue of this Bill of Lading, as well as the National Motor Freight Classifications (NMFC), the Hazardous Materials Transportation Regulations (Title 49 - CFR, Subtitle B, Chapter 1, Sub-Chapter A-C), and the Household Goods Mixture Guide (HGB 105 Series), for shipments originating in the United States; and the Canadian Motor Vehicle Transport Act, the Transportation of Dangerous Goods Act, and the regulations in force in the provincial jurisdiction at the time and place of the shipment for shipments originating in Canada. The property described on this Bill of Lading is in apparent good order, but only to the extent that it is unobscured and visible without further inspection and except as noted or marked. The property is consigned and destined as indicated above. The word Carrier is defined throughout this contract as meaning any person or corporation in possession of the property under this contract. It is mutually agreed as to Carrier and each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all of this Bill of Lading's terms and conditions in effect on the date of shipment, including, but not limited to, the "Terms and Conditions" listed on the back side of this Bill of Lading.

SHIPPER JAGGED PEAK	CARRIER <input checked="" type="checkbox"/> XPO LOGISTICS FREIGHT, INC. <input checked="" type="checkbox"/> XPO LOGISTICS FREIGHT CANADA INC.		DATE 6/7/19	
AUTHORIZED SIGNATURE ERIC LITTLE	AUTHORIZED SIGNATURE			
04032-Q0 (10/15) Printed in USA		(CNWV) NUMBER OF UNITS RECEIVED		

XPOLogistics**Past
Due****LTL Invoice 864-881872****CNWX**

DUNS# 10-276-6383 FED TAX ID# 94-2904084

Account Number JAPEA991000
Carrier SCAC CNWX**Mailing Address**JAGGED PEAK
WATERFORD PLAZA SUITE 1200 7650 W COURTNEY
CAMPBELL CSWY
TAMPA, FL US 33607Shipment Date 06/12/2019
Shipment Terms Prepaid**Total Due US \$193.38**
by 06/27/2019

Shipper	Consignee	Reference Number
JAGGED PEAK KIND 1701 3RD AVE S SAINT PETERSBURG, FL US 33712 JAPEANTP000	XERIS PHARMACEUTICALS AMY REECE 180 N LA SALLE ST CHICAGO, IL 60601-2501	PO# OMS 73466

Pieces	Description of Article and Marks	Weight(lbs)	Rate	Charges
1	PLT SNACKS BARS CLASS 70 CLASS 70 XPO LOGISTICS DISCOUNT SAVES YOU HCD HIGH COST DELIVERY REGION SRCHG FSC FUEL SURCHARGE 25.00%	250	336.49	\$841.23 -\$723.73 \$46.50 \$29.38
1	TOTAL	250	Total Charges	\$193.38

DELIVERY APPTS REQUIRED FOR ALL LOADS AT LEAST 24 HOURS PRIOR TO DELIVERY.FOR ALL
DELIVERY ISSUES, PLEASE CALL MOLLY SMITH AT 813.514.2580 X111 OREMAIL
MSMITH@JAGGEDPEAK.COM. 1 PLT STC 6 CTN**Contacting XPOLogistics****Customer Service**On the Web <https://LTL.xpo.com>
E-mail ltlcustomercaregroup@xpo.com
Phone 800-755-2728
Fax 888-890-3874**Correspondence**

Past due balances are subject to a late penalty charge as referenced in tariff 199

XPOLogistics**CNWX**


DUNS# 10-276-6383 FED TAX ID# 94-2904084

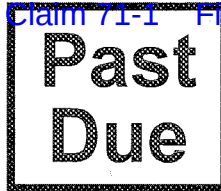
Send payment to:

XPO Logistics Freight, Inc.
29559 Network Place
Chicago, IL 60673-1559

Please return this form with your payment

Payment FormLTL Invoice 864-881872
Payment Term Prepaid**Total Due US \$193.38**
by 06/27/2019

Date: 6/12/19		BILL OF LADING		Page _____	
SHIP FROM				Bill of Lading Number: FOR CODE SPACE	
Name: Jagged Peak/KIND Address: 1701 3rd Ave. S. City/State/Zip: Saint Petersburg, FL 33712 SID#: _____ FOB: <input type="checkbox"/>					
SHIP TO					
Name: Amy Reece Location #: _____ Xeris Pharmaceuticals Address: 180 N La Salle St Ste 1600 City/State/Zip: Chicago, Illinois, 60601-2603 Contact: Amy Reece T: _____ FOB: <input type="checkbox"/>					
CARRIER NAME: XPO Logistics Trailer number: _____ SCAC: XPO Pro Number: _____				Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract. If any, otherwise subject to the terms, conditions and limitations of liability set forth in XPO Logistics Freight, Inc. rules tariff. (see www.xpo.com)	
THIRD PARTY FREIGHT CHARGES BILL TO:				864-881872 	
Name: _____ Address: _____ City/State/Zip: _____				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3 rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTION					
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	
OMS# 73466		6	250	Y N	
REF# 705287				Y N	
				Y N	
				Y N	
GRAND TOTAL					
CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE	WEIGHT	LTL ONLY
1	PLT	6	CTN	250	NMFC # CLAS S
1		6		250	
				GRAND TOTAL	
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.					
Signature: _____ By Driver/Pieces: <input type="checkbox"/>				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature: _____ Property described above is received in good order, except as noted.	
6-12-19 Warren Hughes				1 PLT 6/12/19 16:54	



LTL Invoice 864-881883



DUNS# 10-276-6383 FED TAX ID# 94-2904084

Account Number JAPEA991000
Carrier SCAC CNWY

Mailing Address

JAGGED PEAK
WATERFORD PLAZA SUITE 1200 7650 W COURTNEY
CAMPBELL CSWY
TAMPA, FL US 33607

Shipment Date 06/12/2019
Shipment Terms Prepaid

Total Due US \$201.88
by 06/27/2019

Shipper	Consignee	Reference Number
JAGGED PEAK KIND 1701 3RD AVE S SAINT PETERSBURG, FL US 33712 JAPEANTP000	SIMPALO SNACKS LLC BLAINE ANDREASEN 2649 E MULBERRY ST STE 14 FORT COLLINS, CO 80524-3674	PO# 71564

Pieces	Description of Article and Marks	Weight(lbs)	Rate	Charges
1	PLT SNACKS BARS CLASS 70 CLASS 70 XPO LOGISTICS DISCOUNT SAVES YOU DLG DEST LIFTGATE SERVICE FSC FUEL SURCHARGE 25.00%	294	438.68	\$1,289.72 -\$1,172.22 \$55.00 \$29.38
1	TOTAL	294	Total Charges	\$201.88

DELIVERY APPTS REQUIRED FOR ALL LOADS AT LEAST 24 HOURS PRIOR TO DELIVERY.FOR ALL
DELIVERY ISSUES, PLEASE CALL MOLLY SMITH AT 813.514.2580 X111 OREMAIL
MSMITH@JAGGEDPEAK.COM. 1 PLT STC 39 CTN .CONS PH: 970-581-7365

Contacting XPOLogistics

Customer Service

On the Web <https://LTL.xpo.com>
E-mail ltlcustomercaregroup@xpo.com
Phone 800-755-2728
Fax 888-890-3874

Correspondence

Past due balances are subject to a late penalty charge as referenced in tariff 199



DUNS# 10-276-6383 FED TAX ID# 94-2904084

Send payment to:

XPO Logistics Freight, Inc.
29559 Network Place
Chicago, IL 60673-1559

Please return this form with your payment


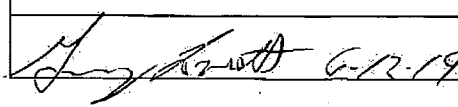
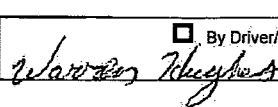
Payment Form

LTL Invoice 864-881883
Payment Term Prepaid

Total Due US \$201.88
by 06/27/2019

12-134

Date: 6/12/19 **BILL OF LADING** Page _____

SHIP FROM		Bill of Lading Number:
Name: Jagged Peak/KIND Address: 1701 3 rd Ave. S. City/State/Zip: Saint Petersburg, FL. 33712 SID#: _____ FOB: <input type="checkbox"/>		
SHIP TO		
Name : Blaine Andreasen Location #: Simpalo Snacks, LLC Address: 2649 E Mulberry St Ste 14 City/State/ Zip : Fort Collins, Colorado, 80524-3674 Contact: Blaine Andreasen T: 9705817365		
THIRD PARTY FREIGHT CHARGES BILL TO:		CARRIER NAME: XPO Logistics Trailer number: SCAC: XPO Pro Number:
Name Address: City/State/Zip :		<div style="border: 1px solid black; padding: 2px; font-size: small;"> Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract, if any, otherwise subject to the terms, conditions and limitations of liability set forth in XPO Logistics Freight, Inc. rules tariff. (see www.xpo.com) </div> <div style="text-align: right; font-weight: bold;">864-881883</div> 
SPECIAL INSTRUCTION		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3 rd Party _____
Lift Gate requirement		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)
CUSTOMER ORDER INFORMATION		
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT
OMS# 71564	39	294
REF# 701084		
		PALLET/SLIP (CIRCLE ONE)
		Y N
		Y N
		Y N
		Y N
GRAND TOTAL		
CARRIER INFORMATION		
HANDLING UNIT	PACKAGE	COMMODITY DESCRIPTION
QTY	TYPE	WEIGHT
1	PLT	39
CTN	294	H.M. (X)
X	Snacks Bars	NMFC #
70	CLAS S	
GRAND TOTAL		
NOTE Liability Limitation for loss or damage in this shipment may be applicable.		See 49 U.S.C. § 14706(c)(1)(A) and (B).
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
Signature		Shipper
By Driver/Pieces		Property described above is received in good order, except as noted.
 6-12-19		 1 PLT 6/12/19 16:54

XPOLogistics**Past
Due****LTL Invoice 864-881894****CNWX**

DUNS# 10-276-6383 FED TAX ID# 94-2904084

Account Number JAPEA991000
Carrier SCAC CNWY**Mailing Address**JAGGED PEAK
WATERFORD PLAZA SUITE 1200 7650 W COURTNEY
CAMPBELL CSWY
TAMPA, FL US 33607Shipment Date 06/13/2019
Shipment Terms Prepaid**Total Due US \$281.43**
by 06/28/2019

Shipper	Consignee	Reference Number
JAGGED PEAK KIND 1701 3RD AVE S SAINT PETERSBURG, FL US 33712 JAPEANTP000	TOTAL CARE RX INC JAMES COLLIGAN 5737 MAIN ST FLUSHING, NY 11355-5332	PO# 73485

Pieces	Description of Article and Marks	Weight(lbs)	Rate	Charges
1	PLT SNACK BARS CLASS 70 CLASS 70	486	M	\$0.00
	AS WEIGHT	500	426.21	\$2,131.05
	XPO LOGISTICS DISCOUNT SAVES YOU			-\$1,949.91
	SSC ORIG SINGLE SHIPMENT			\$0.00
	DLG DEST LIFTGATE SERVICE			\$55.00
	FSC FUEL SURCHARGE 25.00%			\$45.29
1	TOTAL	486	Total Charges	\$281.43

DELIVERY APPTS REQUIRED FOR ALL LOADS AT LEAST 24 HOURS PRIOR TO DELIVERY.FOR ALL
DELIVERY ISSUES, PLEASE CALL MOLLY SMITH AT 813.514.2580 X111 OREMAIL
MSMITH@JAGGEDPEAK.COM. 1 PLT STC 41 CTN .CONS PH: 718-358-1300**Contacting XPOLogistics****Customer Service**On the Web <https://LTL.xpo.com>
E-mail ltlcustomercaregroup@xpo.com
Phone 800-755-2728
Fax 888-890-3874**Correspondence**

Past due balances are subject to a late penalty charge as referenced in tariff 199

XPOLogistics**CNWX**

DUNS# 10-276-6383 FED TAX ID# 94-2904084

Send payment to:

XPO Logistics Freight, Inc.
29559 Network Place
Chicago, IL 60673-1559

Please return this form with your payment

Payment FormLTL Invoice 864-881894
Payment Term Prepaid**Total Due US \$281.43**
by 06/28/2019

13-107

Date: 6/13/19 **BILL OF LADING** Page _____

SHIP FROM		Bill of Lading Number:
Name: Jagged Peak/KIND Address: 1701 3rd Ave. S. City/State/Zip: Saint Petersburg, FL. 33712 SID#: _____ FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: XPO Logistics Trailer number: _____ SCAC: XPO Pro Number: _____
Name: James Colligan Location #: _____ Total Care Rx, Inc Address: 5737 Main St City/State/ Zip : Flushing, New York, 11355-5332 Contact: James Colligan T: 7183581300		
THIRD PARTY FREIGHT CHARGES BILL TO: _____ Name: _____ Address: _____ City/State/Zip : _____		
SPECIAL INSTRUCTION: Lift Gate requirement		Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract, if any, otherwise subject to the terms, conditions and limitations of liability set forth in XPO Logistics Freight, Inc. rules tariff. (see www.xpo.com)
Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3 rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
CUSTOMER ORDER INFORMATION		
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT
OMS# 73485	41	486
REF# 705364		
GRAND TOTAL		
CARRIER INFORMATION		
HANDLING UNIT	PACKAGE	COMMODITY DESCRIPTION
QTY	TYPE	WEIGHT
1	PLT	41
1	41	486
GRAND TOTAL		
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"		
NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		
COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
Signature: _____ Shipper		
Property described above is received in good order, except as noted.		

6/13/19 16:24

XPOLogistics**Past
Due****LTL Invoice 864-882185****CNWX**

DUNS# 10-276-6383 FED TAX ID# 94-2904084

Mailing Address

JAGGED PEAK
 WATERFORD PLAZA SUITE 1200 7650 W COURTNEY
 CAMPBELL CSWY
 TAMPA, FL US 33607

Account Number JAPEA991000
 Carrier SCAC CNWY

Shipment Date 08/30/2019
 Shipment Terms Prepaid

Total Due US \$1,225.42
by 09/14/2019

Shipper	Consignee	Reference Number
JAGGED PEAK 1701 3RD AVE S SAINT PETERSBURG, FL US 33712 JAPEANTP000	IRONMAN 70 3 SUPERFRONG-CAMP 560 SILVER STRAND BLVD IMPERIAL BEACH, CA 91932-1028	PO# 164037

Pieces	Description of Article and Marks	Weight(lbs)	Rate	Charges
3	PLT CLEAR PLASTIC BINS 156600-4 CLASS 175 CLASS 175 XPO LOGISTICS DISCOUNT SAVES YOU GUR XPO LOGISTICS GUARANTEED! CCS CALIFORNIA COMPLIANCE SURCHARGE CBI INSPECTION OF SHIPMENT FEE FSC FUEL SURCHARGE 24.25%	1,308	794.68	\$10,394.41 -\$9,510.89 \$90.00 \$8.90 \$28.75 \$214.25
3	TOTAL	1308	Total Charges	\$1,225.42

DELIVERY APPTS REQUIRED FOR ALL LOADS AT LEAST 24 HOURS PRIOR TO DELIVERY.FOR ALL
 DELIVERY ISSUES, PLEASE CALL MOLLY SMITH AT 813.514.2580 X111 OREMAIL
 MSMITH@JAGGEDPEAK.COM.C: IRONMAN 70 3 SUPERFRONG-CAMP SURFTIME DATECRITICAL SVC MUST
 DELI

Contacting XPOLogistics**Customer Service**

On the Web <https://LTL.xpo.com>
 E-mail ltlcustomercaregroup@xpo.com
 Phone 800-755-2728
 Fax 888-890-3874

Past due balances are subject to a late penalty charge as referenced in tariff 199

XPOLogistics**CNWX**

DUNS# 10-276-6383 FED TAX ID# 94-2904084

Send payment to:

XPO Logistics Freight, Inc.
 29559 Network Place
 Chicago, IL 60673-1559



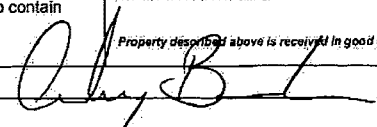
Correspondence

Please return this form with your payment

Payment Form

LTL Invoice 864-882185
 Payment Term Prepaid

Total Due US \$1,225.42
by 09/14/2019

Date: 8/30/19		BILL OF LADING		Page _____	
SHIP FROM Name: JAGGED PEAK/ IRONMAN Address: 1701 3RD AVE S. City/State/Zip: ST. PETERSBURG, FL 33712 SID#: _____ FOB: <input type="checkbox"/>			Bill of Lading Number: _____ <div style="text-align: center; border: 1px solid black; padding: 5px;">BAR CODE SPACE</div>		
SHIP TO Name: Ironman 70.3 Superfrong-Camp Surf. Address: 560 Silver Strand Blvd City/State/Zip: Imperial Beach, CA 91932 T : _____ Attn: _____ FOB: <input type="checkbox"/>			CARRIER NAME: XPO Logistics Trailer number: _____ Seal number(s): _____ Carrier: CNWY Pro number: _____		
THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____			<div style="display: flex; align-items: center;"> <div style="font-size: 0.8em; margin-right: 10px;"> Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract, if any, otherwise subject to the terms, conditions and limitations of liability set forth in XPO Logistics Freight, Inc. rules tariff. (see www.xpo.com) </div> <div style="text-align: center;">  864-882185 <small>XPO Logistics</small> </div> </div>		
SPECIAL INSTRUCTIONS: Time/Date Critical Svc Must Deliver on 9/10 by 3pm Guaranteed Delivery			Freight Charge Terms: (freight charges are prepaid unless marked otherwise): Prepaid <input checked="" type="checkbox"/> Collect _____ 3 rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading		
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER		# PKGS.	WEIGHT	PALLET/SLIP (CIRCLE ONE)	
OMS#164037,165164,164792,165159,165495,164287,164044,165462,164276				<input type="radio"/> Y <input type="radio"/> N	
				<input type="radio"/> Y <input type="radio"/> N	
CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE	WEIGHT	LTL ONLY
					NMFC #
					CLASS
3	PLTS	77	CTN	1308	
3		77		1308	
GRAND TOTAL					
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.					
SHIPPER SIGNATURE / DATE <small>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.</small>  Carton count _____			Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver/pallets said to contain <input checked="" type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE <small>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.</small>  Property described above is received in good order, except as noted.

70 67 75

3SK
XPO
8-30-19

District of Nevada Claims Register

[19-15959-mkn JAGGED PEAK, INC., A NEVADA CORPORATION](#)

Judge: MIKE K. NAKAGAWA

Chapter: 11

Office: Las Vegas

Last Date to file claims: 01/15/2020

Trustee:

Last Date to file (Govt): 03/16/2020

Creditor: (10930596)
XPO Logistics Freight, Inc.
formerly
Con-Way Freight
9151 Boulevard 26
Suite 100
North Richland Hills, TX
76180

Claim No: 71
Original Filed
Date: 03/25/2020
Original Entered
Date: 03/25/2020

Status:
Filed by: CR
Entered by: BMC GROUP, INC.
(1)
Modified:

Amount claimed: \$5023.23

History:

[Details](#) [71-1](#) 03/25/2020 Claim #71 filed by XPO Logistics Freight, Inc. formerly, Amount claimed: \$5023.23
(BMC GROUP, INC. (1))

Description: (71-1) Services provided

Remarks: (71-1) ClaimsAgent Recvd: 3/23/2020

Claims Register Summary

Case Name: JAGGED PEAK, INC., A NEVADA CORPORATION

Case Number: 19-15959-mkn

Chapter: 11

Date Filed: 09/16/2019

Total Number Of Claims: 1

Total Amount Claimed*	\$5023.23
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		