

Driver Copy

Straight Bill of Lading - Short Form - Original - Not Negotiable

BOL NO: 1001186351

Shipper: Miller Mays
Address: 4660 Pine Timbers Building #130
Houston, TX 77041
Country: USA
Contact Name:
Phone No:
Fax No:

Customer Reference
Shipment Date: 09-06-2024
Carrier: VIKIUB
PRO # :
Sales Order #: 17865854
Payment Term: Absorbed
PO # : S118777734
Trip # : 1186349

Consignee RAVEN MECHANICAL (77039)
Address: 1618 BUSCHONG ST
HOUSTON, TX 77039
Country: USA
Contact Name: CLINT
Phone No: (832) 630-7367
Fax No:

Shop

Third Party Billing Information :
Zum Ind. C/O Cass Information Systems
PO Box 67
Saint Louis, MO 63166

Comments/Special Instructions:
Pickup Remarks:

Delivery Remarks:

Package Type	Package Qty	Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	1	0	210 - Spec Drain - Metal Drains	259 lbs	50.0	0.000	0.000	0.000	50810.2
Total:	1	0		259					

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: [Signature] Date: 9/6/24 Trailer#: _____

Driver's Signature: _____ Date: _____ Trailer#: _____

Drivers Certification :Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

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 shall not make delivery of this shipment without payment of freight and all other lawful charges. Call 414-808-0106 with problems.

Signature of Consignor

Consignee Signature: [Signature] Print Name: _____

Company Name: _____ Date: _____

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C Â§ 14706(c)(1)(A) and (B)



Viking Express Freight

INVOICE

"Committed To Excellent Services"
Remit: Viking Express Freight Services, LLC
c/o J.O.B.E. Service, Inc. Dept.22
PO Box 4346 Houston, TX 77210-4346
Email: arprocess@jsifactoring.com

INVOICE# REX- 2817
DATE: 09-18-24

BILL TO: Zurn NMP Processing
c/o Cass Information Systems
P.O. BOX 67
ST. LOUIS, MO 63166

Ship Date	P.O. Number	Shipper	Consignee	Amount
09-11-24	1001189233	MILLER MAYS	RAVEN MECH	\$130.00
			15% FSC	\$19.50

Total Amount Due	\$149.50
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Make all checks payable to VIKING EXPRESS
TOTAL FREIGHT CHARGES DUE IN 7 DAYS.
If you have any questions concerning this invoice, call 832-256-6501.

Driver Copy

Straight Bill of Lading - Short Form - Original - Not Negotiable

BOL NO: 1001189233

Shipper: Miller Mays
Address: 4660 Pine Timbers Building #130
Houston, TX 77041
Country: USA
Contact Name:
Phone No:
Fax No:

Customer Reference
Shipment Date: 09-11-2024
PRO # :
Sales Order #: 17903578
PO # : Need PO
Trip # : 1189231
Carrier: VIKING
Payment Term: Absorbed

Consignee RAVEN MECH
Address: 15895 STONECREST DRIVE
CONROE, TX 77302
Country: USA
Contact Name: Joshua
Phone No: (936) 648-0820
Fax No:

Third Party Billing Information :
Zurn Ind. C/O Cass Information Systems
PO Box 67
Saint Louis, MO 63166

Comments/Special Instructions:
Pickup Remarks:
Delivery Remarks:

Package Type	Package Qty	Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	1	0	210 - Spec Drain - Metal Drains	579 lbs	50.0	0.000	0.000	0.000	50810.2
Total:	1	0		579					

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: [Signature] **Date:** 9/11/24 **Trailer#:** _____
Driver's Signature: [Signature] **Date:** _____ **Trailer#:** _____

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

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Signature of Consignor
Consignee Signature: [Signature] **Print Name:** DEVEN GARWOOD
Company Name: RAVEN MECH. **Date:** 09/11/2024

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. Å§ 14706(c)(1)(A) and (B)

Driver Copy

Straight Bill of Lading - Short Form - Original - Not Negotiable

BOL NO: 1001189231

Shipper: Miller Mays
Address: 4660 Pine Timbers Building #130
 Houston, TX 77041
Country: USA
Contact Name:
Phone No:
Fax No:

Customer Reference
Shipment Date: 09-11-2024 **Carrier:** VIKING
PRO # :
Sales Order #: 17903578 **Payment Term:** Absorbed
PO # : Need PO
Trip # : 1189229

Consignee RAVEN MECH
Address: 15895 STONECREST DRIVE
 CONROE, TX 77302
Country: USA
Contact Name: Joshua
Phone No: (936) 648-0820
Fax No:

Third Party Billing Information :
 Zurn Ind. C/O Cass Information Systems
 PO Box 67
 Saint Louis, MO 63166

Comments/Special Instructions:
Pickup Remarks:

Delivery Remarks:

Package Type	Package Qty	Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	8	0	210 - Spec Drain - Metal Drains	9,357 lbs	50.0	0.000	0.000	0.000	50810.2
Total:	8	0		9357					

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: *Joshua* **Date:** 9/11/24 **Trailer#:** _____
Driver's Signature: *Battis* **Date:** _____ **Trailer#:** _____

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Cosignee Signature: *[Signature]* **Signature of Consignor**
Company Name: DAVEN MECH. **Print Name:** DEVIN GREGG
Date: 09/11/2024

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)



Viking Express Freight

INVOICE

"Committed To Excellent Services"
Remit: Viking Express Freight Services, LLC
c/o J.O.B.E. Service, Inc. Dept.22
PO Box 4346 Houston, TX 77210-4346
Email: arprocess@jsifactoring.com

INVOICE# REX- 2819
DATE: 09-18-24

BILL TO: Zurn NMP Processing
c/o Cass Information Systems
P.O. BOX 67
ST. LOUIS, MO 63166

Ship Date	P.O. Number	Shipper	Consignee	Amount
09-13-24	1001191767	MILLER MAYS	REGENCY PLBG	\$250.00
			15% FSC	\$37.50

Total Amount Due	\$287.50
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Make all checks payable to VIKING EXPRESS
TOTAL FREIGHT CHARGES DUE IN 7 DAYS.

If you have any questions concerning this invoice, call 832-256-6501.

Driver Copy

Straight Bill of Lading - Short Form - Original - Not Negotiable

BOL NO: 1001191767

Shipper: Miller Mays
Address: 4660 Pine Timbers Building #130
Houston, TX 77041
Country: USA
Contact Name:
Phone No:
Fax No:

Customer Reference
Shipment Date: 09-13-2024
PRO # :
Sales Order #: 17870818,
17913557
PO # : 701-5172499743
Trip # : 1191765
Carrier: VIKING
Payment Term: Absorbed

Consignee Regency Plbg (77477)
Address: 10408 MULA RD
STAFFORD, TX 77477
Country: USA
Contact Name:
Phone No: Shop
Fax No:

Third Party Billing Information :
Zurn Ind. C/O Cass Information Systems
PO Box 67
Saint Louis, MO 63166

Comments/Special Instructions:
Pickup Remarks:

Delivery Remarks:

Package Type	Package Qty	Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	3	0	210 - Spec Drain - Metal Drains	3,138 lbs	50.0	0.000	0.000	0.000	50810.2
Total:	3	0		3138					

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: [Signature] **Date:** 9/13/24 **Trailer#:** _____

Driver's Signature: [Signature] **Date:** _____ **Trailer#:** _____

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

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Consignee Signature: [Signature] **Signature of Consignor**
Company Name: Gus **Print Name:** _____
Date: _____

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. Â§ 14706(c)(1)(A) and (B)



Viking Express Freight

INVOICE

"Committed To Excellent Services"
Remit: Viking Express Freight Services, LLC
c/o J.O.B.E. Service, Inc. Dept.22
PO Box 4346 Houston, TX 77210-4346
Email: arprocess@jsifactoring.com

INVOICE# REX- 2820
DATE: 09-19-24

BILL TO: Zurn NMP Processing
c/o Cass Information Systems
P.O. BOX 67
ST. LOUIS, MO 63166

Ship Date	P.O. Number	Shipper	Consignee	Amount
09-18-24	1001194967	MILLER MAYS	TEXAS PLBG	\$375.00
			15% FSC	\$56.25

Total Amount Due	\$431.25
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Make all checks payable to VIKING EXPRESS
TOTAL FREIGHT CHARGES DUE IN 7 DAYS.
If you have any questions concerning this invoice, call 832-256-6501.

Straight Bill of Lading - Short Form - Original - Not Negotiable

BOL NO: 1001194967

<p>Shipper: Miller Mays Address: 4660 Pine Timbers Building #130 Houston, TX 77041 Country: USA Contact Name: Phone No: Fax No:</p>	<p>Customer Reference Shipment Date: 09-18-2024 Carrier: <i>Viking Express</i> PRO # : Payment Term: Absorbed Sales Order #: 17896428 PO # : p1116195 Trip # : 1194965</p>
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<p>Consignee TEXAS PLBG. Address: 1608 S. MARKET ST. BRENHAM, TX 77833 Country: USA Contact Name: Phone No: Fax No:</p>	<p>Third Party Billing Information : Zurn Ind. C/O Cass Information Systems PO Box 67 Saint Louis, MO 63166</p>
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Comments/Special Instructions:
Pickup Remarks: **Delivery Remarks:**

Package Type	Package Qty	Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	2	0	210 - Spec Drain - Metal Drains	6,439 lbs	50.0	0.000	0.000	0.000	50810.2
Total:				6439					

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: *Wilfred Math* **Date:** 9-18-24 **Trailer#:** _____

Driver's Signature: _____ **Date:** _____ **Trailer#:** _____

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

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Signature of Consignor

Cosignee Signature: *H Johnson* **Print Name:** _____

Company Name: _____ **Date:** _____

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. Å§ 14706(c)(1)(A) and (B)



Viking Express Freight

INVOICE

"Committed To Excellent Services"
Remit: Viking Express Freight Services, LLC
c/o J.O.B.E. Service, Inc. Dept.22
PO Box 4346 Houston, TX 77210-4346
Email: arprocess@jsifactoring.com

INVOICE# REX- 2821
DATE: 09-19-24

BILL TO: Zurn NMP Processing
c/o Cass Information Systems
P.O. BOX 67
ST. LOUIS, MO 63166

Ship Date	P.O. Number	Shipper	Consignee	Amount
09-13-24	1001191299	MILLER MAYS	TD IND SPRING	\$250.00
			15% FSC	\$37.50

Total Amount Due	\$287.50
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Make all checks payable to VIKING EXPRESS
TOTAL FREIGHT CHARGES DUE IN 7 DAYS.
If you have any questions concerning this invoice, call 832-256-6501.

Driver Copy

Straight Bill of Lading - Short Form - Original - Not Negotiable

BOL NO: 1001191299

Shipper: Miller Mays
Address: 4660 Pine Timbers Building #130
Houston, TX 77041
Country: USA
Contact Name:
Phone No:
Fax No:

Customer Reference
Shipment Date: 09-13-2024 **Carrier:** VIKING
PRO # : **Payment Term:** Absorbed
Sales Order #: 17700748
PO # : F2812-37724
Trip # : 1191297

Consignee TD Ind Spring Fire Station
Address: 26200 Lexington Road
Spring, TX 77373
Country: USA
Contact Name: Renato
Phone No: 346-314-8783
Fax No:

Third Party Billing Information :
Zurn Ind. C/O Cass Information Systems
PO Box 67
Saint Louis, MO 63166

Comments/Special Instructions:
Pickup Remarks:

Delivery Remarks:

Package Type	Package Qty	Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	2	0	210 - Spec Drain - Metal Drains	3,055 lbs	50.0	0.000	0.000	0.000	50810.2
Total:	2	0		3055					

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: *Yuh BGL* **Date:** 9/13/24 **Trailer#:** _____

Driver's Signature: _____ **Date:** _____ **Trailer#:** _____

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Signature of Consignor

Cosignee Signature: *Renato Diaz* **Print Name:** Renato Diaz

Company Name: LDT **Date:** _____

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C Å§ 14706(c)(1)(A) and (B)



Viking Express Freight

INVOICE

“Committed To Excellent Services”
 Remit: Viking Express Freight Services, LLC
 c/o J.O.B.E. Service, Inc. Dept.22
 PO Box 4346 Houston, TX 77210-4346
 Email: arprocess@jsifactoring.com

INVOICE# REX- 2822
 DATE: 09-19-24

BILL TO: Zurn NMP Processing
c/o Cass Information Systems
P.O. BOX 67
ST. LOUIS, MO 63166

Ship Date	P.O. Number	Shipper	Consignee	Amount
09-17-24	1001193409	MILLER MAYS	RAVEN MECH	\$375.00
			15% FSC	\$56.25

Total Amount Due	\$431.25
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Make all checks payable to VIKING EXPRESS
 TOTAL FREIGHT CHARGES DUE IN 7 DAYS.
 If you have any questions concerning this invoice, call 832-256-6501.

COPY

Straight Bill of Lading - Short Form - Original - Not Negotiable

BOL NO: 1001193409

Shipper: Miller Mays
Address: 4660 Pine Timbers Building #130
 Houston, TX 77041
Country: USA
Contact Name:
Phone No:
Fax No:

Customer Reference
Shipment Date: 09-17-2024 **Carrier:** VIKING
PRO # : **Payment Term:** Absorbed
Sales Order #: 17904048
PO # : 5118961851
Trip # : 1193407

Consignee Raven Mech-Conroe ISD Grand Oaks JHS
Address: 4800 Riley Fuzzel Road
 Spring, TX 77386
Country: USA
Contact Name: Chris
Phone No: 2819235623
Fax No:

Third Party Billing Information :
 Zurn Ind, C/O Cass Information Systems
 PO Box 67
 Saint Louis, MO 63166

Comments/Special Instructions:
Pickup Remarks:

Delivery Remarks:

Package Type	Package Qty	Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	6	0	210 - Spec Drain - Metal Drains	6,543 lbs	50.0	0.000	0.000	0.000	50810.2
Total:	6	0		6543					

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: *Miller Mays* **Date:** 9/17/24 **Trailer#:** _____
Driver's Signature: *BATTLE* **Date:** _____ **Trailer#:** _____

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

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Signature of Consignor

Cosignee Signature: *James Casey* **Print Name:** James Casey
Company Name: James **Date:** _____

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. A§ 14706(c)(1)(A) and (B)



Viking Express Freight

INVOICE

"Committed To Excellent Services"
 Remit: Viking Express Freight Services, LLC
 c/o J.O.B.E. Service, Inc. Dept.22
 PO Box 4346 Houston, TX 77210-4346
 Email: arprocess@jsifactoring.com

INVOICE# REX- 2823
DATE: 09-19-24

BILL TO: Zurn NMP Processing
c/o Cass Information Systems
P.O. BOX 67
ST. LOUIS, MO 63166

Ship Date	P.O. Number	Shipper	Consignee	Amount
09-17-24	1001193411	MILLER MAYS	RAVEN MECH	\$130.00
			15% FSC	\$19.50

Total Amount Due	\$149.50
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Make all checks payable to VIKING EXPRESS
 TOTAL FREIGHT CHARGES DUE IN 7 DAYS.
 If you have any questions concerning this invoice, call 832-256-6501.

Driver Copy

Straight Bill of Lading - Short Form - Original - Not Negotiable

BOL NO: 1001193411

Shipper: Miller Mays
Address: 4660 Pine Timbers Building #130
Houston, TX 77041
Country: USA
Contact Name:
Phone No:
Fax No:

Customer Reference
Shipment Date: 09-17-2024
PRO # :
Sales Order #: 17904048
PO # : 5118961851
Trip # : 1193409
Carrier: *VIKING*
Payment Term: Absorbed

Consignee Raven Mech-Conroe ISD Grand Oaks JHS
Address: 4800 Riley Fuzzel Road
Spring, TX 77386
Country: USA
Contact Name: Chris
Phone No: 2819235623
Fax No:

Third Party Billing Information :
Zurn Ind. C/O Cass Information Systems
PO Box 67
Saint Louis, MO 63166

Comments/Special Instructions:
Pickup Remarks:
Delivery Remarks:

Package Type	Package Qty	Pieces	Description	Weight	Class	Length (ft)	Width (ft)	Height (ft)	NMFC
Pallet	6	0	210 - Spec Drain - Metal Drains	1,864 lbs	50.0	0.000	0.000	0.000	50810.2
Total:	6	0		1864					

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: *[Signature]* **Date:** 9/17/24 **Trailer#:** _____
Driver's Signature: *[Signature]* **Date:** _____ **Trailer#:** _____

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

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Signature of Consignor

Cosignee Signature: *[Signature]* **Print Name:** James
Company Name: James **Date:** _____

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