

# EXHIBIT “A”

# INVOICE

**Redacted**

**Invoice Type** Invoice  
**Invoice Date** 5/16/2019  
**Invoice Number** IN028217  
**PO Number** 145-44186  
**Payment Terms** Net 30 days  
**Currency** USD

**Sales Rep.**  
**Requestor Email**  
**Comments**  
**Customer** Jetro  
**Number**  
**Due Date** 6/19/2019  
**Vendor Number** 70112

**Bill To**

**Site Code**  
**Name** **Redacted**  
**Address** College Point, NY  
**Contact**  
**Phone**  
**Fax**  
**Email**

**Ship To**

**Site Code**  
**Name** **Redacted**  
**Address** San Francisco, CA 94124  
**Contact**  
**Phone**  
**Fax**  
**Email**

**Remit To**

**Site Code**  
**Name** SHOEI FOODS  
**Address** 1900 FEATHER RIVER BLVD.  
OLIVEHURST, CA 95961  
**Contact**  
**Phone**  
**Fax**  
**Email**

**Vendor**

**Name** SHOEI FOODS  
**Address** 1900 FEATHER RIVER BLVD.  
OLIVEHURST, CA 95961

Line #	Your Part #	Description	Unit Of Measure	Qty. Shipped	Price	Ext. Price	Total	
1	CF-102410	10 lb Swt Flake T/W	CS	140				
2	IMPFRT	FREIGHT CHARGE TO <b>Redacted</b> RICHMOND, CA	Pallet	1				
							<b>Redacted</b>	
							Subtotal	<b>Redacted</b>
							Sales Tax	\$0.00
							Deposits/CRV	\$0.00
							Off Invoice Misc.	\$0.00
							Pick-up Allowance	\$0.00
							Total	<b>Redacted</b>
							Amount Paid	
							Amount Due	

**ShoEi Foods (U.S.A.), Inc**

**Invoice**

<b>Date</b> May 14, 2019	<b>Page</b> 1
<b>Invoice Number</b> IN028217	

1900 Feather River Blvd  
 Olivehurst, CA, 95961  
**Phone:** (530) 742-7866  
**Fax:** (530) 742-2873

Contract #

**Sold To:**

**Redacted**  
 COLLEGE POINT, NY 11356

**Ship To:**

**Redacted**  
 San Francisco, CA 94124

<b>Order No.</b> OR027794	<b>Order Date</b> May 3, 2019	<b>Cust No.</b> 10915	<b>Loc.</b> 30	<b>SP</b> 130	<b>PO Number</b> 145-44186	<b>Ship Via</b> ECHO GLOB	<b>Terms</b> Net 30
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Qty. Shp.	Item Number	Description	Unit Price	UOM	Extended Price
140	CF-102410 IMPFRT	10 lb Swt Flake T/W Freight Charges <b>Redacted</b> Richmond, CA Delivered to <b>Redacted</b> Richmond, CA	<b>Redacted</b>	CS	<b>Redacted</b>

**Comments:**

**Amount due US\$**

**Redacted**

**ShoEi Foods (U.S.A.), Inc**  
1900 Feather River Blvd  
Olivehurst, CA 95961  
Phone: (530) 742-7866  
Fax: (530) 742-2873

### Picking Slip

Page 1  
Order #: OR027794  
Order Date: May 3, 2019  
Ship Date: 5/14/2019  
Customer No.: 10915  
Customer PO #: 145-44186  
Ship Via: ECHO GLOBAL - TO DRE  
Terms: Net 30  
Location: 30

Sold To:

**Redacted**

COLLEGE POINT, NY 11356

Ship To:

**Redacted**

San Francisco, CA 94124

Contract #

Description

Reference

Qrd Qty	UOM	Item Number	Description	Qty Picked
140.00	CS	CF-102410	0 lb Swt Flake T/W Delivered to <b>Redacted</b> Richmond, CA	

V19084A1-07



**CUSTOM FREIGHT  
SYSTEMS, INC.**

San Lorenzo-(800) 200-4237 Santa Fe Springs-(888) 600-8237

**DELIVER TO**

**Redacted**

**RICHMOND, CA 94804  
(510) 533-4800 x 10**

**Appointment: 05/16/19 8:00**

**SHIPPER**

**DMS WAREHOUSE  
1956 WILLIAMS ST  
SAN LEANDRO, CA 94577**

**PRO 610948**

HAWB

MAWB  
**35699717**

PICKUP DATE  
**5/14/2019**

PO #  
**12098349**

INVOICE # T/E  
**610948**

REF BOOKING #  
**WT6342**

**Redacted**  
INVOICEE  
CHICAGO, IL 60654

Barcode:

Handwritten signature: *[Signature]*

**RECEIVED IN GOOD ORDER EXCEPT AS NOTED**

CONSIGNEE SIGNATURE: *[Signature]* PRINT LAST NAME

**DELIVERY INFORMATION**

PIECES	DATE	TIME	AM/PM	DELIVERY DRIVER #
5 Pkts	5-16-19		PM	1015

**SPECIAL INSTRUCTIONS**

\*\* DEL APPT: 5/16 @ 8AM - APPT# 12098349 \*\* PO# 136-57030 145-44186 162-68028 506-11765 650-33183

Pieces	PKG	Description	Reference	Class	Weight	Charges
5	PLT	FOOD STUFF - STC 700 CS			7,925	
5	TTL	TOTAL			7,925	

Shipper expressly releases this shipment to a value of \$0.50 per pound per article for used equipment and \$0.50 per pound for new equipment, unless contract states otherwise. Shipper agrees with the terms of this bill of lading and tenders articles listed to carrier in condition shown.

**DELIVERY RECEIPT**  
DRIVER COPY

7:25 MAY 16 AM 7:43

**BILL OF LADING**

**BOL Number: 35699717**

**SHIP FROM**

Name: DMS Warehouse  
 Address 1: 1956 Williams St  
 Address 2:  
 Address 3:  
 City/State/Zip: SAN LEANDRO, CA, 94577  
 Jeff P: 5106141051 Ext.  
 Stop Notes:

Carrier: Custom Freight Systems INC  
 Pro #:

**BAR CODE SPACE**

Pick up date: 5/14/2019  
 Trailer #:

**SHIP TO**

Name: **Redacted**  
 Address 1:  
 Address 2:  
 Address 3:  
 City/State/Zip: RICHMOND, CA, 94804  
 Jetro receiving P: 510-614-1011 Ext.  
 Stop Notes:

**REFERENCE INFORMATION**

Reference Name	Value
Load PO#	136-57030
Load PO#	145-44186
Load PO#	162-68028
Load PO#	606-11765
Load PO#	650-33183

**THIRD PARTY FREIGHT CHARGES BILL TO**

**Redacted**

Chicago, IL 60654



1-800-200-4237  
 FREIGHT BILL  
 NUMBER

**610948**

Freight Charge Terms: Carrier Acct #  
 Prepaid  Collect  3rd Party  Quote ID:

Special Instructions:  
 PO#136-57030 / 145-44186 / 162-68028 / 650-33183 / 606-11765  
 Del apt confirmed for 5/16 at 0800

**Shipper Instructions**

Pickup #: WT6342  
 Loc Type: Business  
 Special Services:

**Consignee Instructions**

Delivery #: apt#12098349  
 Loc Type: Business  
 Special Services:

ECHO is not liable for any accessorial charges unless pre-approved by Echo or noted on this bill of lading.

**LTL or Partial Only:**

# of Pallets: 5 Pallet Type: Skid Spots: Stackable: No  
 Pallet Dimensions: L: W: H: inches

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	UNIT	HM (X)	OD (X)	COMMODITY DESCRIPTION	LTL Only	
QTY	TYPE	QTY	TYPE						NMFC#	CLASS
5	Pallets	700	Case	7				Foodstuffs	073227-	80
5		700		7				<b>GRAND TOTAL</b>		

When the rate is dependent on value, shipper is required to state specifically in writing the property value. If applicable, shipper is required to state specifically in writing the agreed or declared value of the shipment to be insured.

COD Amount: \$  
 Freight Terms: Collect  Prepaid   
 Customer check acceptable:

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

SHIPPER: subject to individually determined rules or contracts that have been agreed upon and where, if applicable, shipper is required to state specifically in writing the agreed or declared value of the shipment to be insured.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Section 7)

Shipper Signature

**SHIPPER SIGNATURE / DATE**

Shipper: *[Signature]* Date: *[Date]*

**Trailer Loaded:**

By Shipper   
 By Driver/Placer

**Freight Counted:**

By Shipper   
 By Driver/pallets used to contain   
 By Driver/Placer

**CARRIER SIGNATURE / PICKUP DATE**

Carrier: *[Signature]* Date: *5-14-19*

*SPITS*