

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		<b>1a. BILL OF LADING NUMBER</b> <b>704120CS10059675</b>		<b>2. DATE OF REQUEST</b> <b>03/25/2020</b>		<b>3. PICKUP DATE TIME</b> <b>03/30/2020</b> <b>15:00 EDT</b>		
		<b>1b. TRANSPORTATION ORDER NUMBER</b> <b>364</b>		<b>4b. SCAC</b> <b>MGXB</b>		<b>5. DELIVERY DATE TIME</b> <b>04/14/2020</b> <b>15:00 EDT</b>		
		<b>4a. TSP</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>2511 ST JOHNS BLUFF RD, SUITE 107</b> <b>JACKSONVILLE, FL 32246</b> <b>(904) 412-7898; fema@magellanlogistics.com</b>		<b>6b. CONTACT FOR ADDITIONAL INFORMATION</b> Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>				
<b>6. REQUESTING AGENCY</b> <b>FEMA</b>		<b>6a. NAME AND MAILING ADDRESS</b> <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>						
<b>7. TYPES OF RATES REQUESTED</b> <b>TL</b>			<b>8. SHIPMENT SIZE</b> <b>SEE BLK 10</b>			<b>9. GROSS WEIGHT</b>		
<b>10. COMMODITY DESCRIPTION:</b> Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) <b>(1) REEFER VAN: TRANS</b>								
<b>11. CONSIGNOR (SHIPPER)</b> <b>SEE BLK 6b and 12</b>		<b>12. ORIGIN (Freight address of actual shipping point)</b> <b>FEMA HQ Transportation</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			<b>15. TRANSPORTATION APPROPRIATION NUMBER</b>  <b>1509-313493</b>			
<b>13. CONSIGNEE (RECEIVER)</b> <b>SEE BLK 14</b>		<b>14. DESTINATION (Freight address of actual receiving point)</b> <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850</b> <b>Randalls Is Park</b> <b>New York, NY 10035</b>			<b>15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address)</b>  <b>SEE BLK 6a</b>			
<b>16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</b> <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>								
<b>RATE/ROUTE RESPONSE</b>								
<b>TO: REQUESTING AGENCY</b> (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
<b>17. TRANSPORTATION SERVICE PROVIDER (Name, Phone)</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>(904) 412-7898</b>				<b>18. APPLICABLE RATE INFORMATION</b>				
<b>19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11</b> (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				<b>a. RATE (s) PER UNIT</b> <b>\$4.92 RPM</b>		<b>b. WEIGHT (Lbs)</b>	<b>c. TARIFF OR OTHER RATE AUTHORITY</b> <b>OTO</b>	<b>d. ESTIMATED COST</b> <b>\$3,850.00</b>
				<b>20. ISSUING OFFICER</b> <b>Charles Jones</b>			<b>a. ISSUING OFFICE</b>	
<b>21. REMARKS AND SPECIAL SERVICES</b>				<b>22. CONTROL NUMBER</b> Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		<b>23. DATE ISSUED (MM/DD/YYYY)</b> <b>03/26/2020</b>		
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>								
<b>24a. DATE TIME (MM/DD/YYYY)</b>		<b>24b. ACTUAL PICK-UP POINT</b>		<b>24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>				
<b>24d. NAME OF PICK-UP TSP</b>		<b>24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT</b>			<b>24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT</b>			
<b>APPLICABLE DESTINATION INFORMATION</b>								
<b>25a. DATE TIME (MM/DD/YYYY)</b>		<b>25b. ACTUAL DELIVERY POINT</b>		<b>25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>				
<b>25d. NAME OF DELIVERING TSP (CARRIER)</b>		<b>25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT</b>			<b>25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT</b>			

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059675		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>	<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>		
Linehaul OTO	Initial shipment cost.	\$ 0.00	\$ 3,850.00		
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		<b>1a. BILL OF LADING NUMBER</b> <b>704120CS10059710</b>		<b>2. DATE OF REQUEST</b> <b>03/25/2020</b>		<b>3. PICKUP DATE TIME</b> <b>03/30/2020</b> <b>15:00 EDT</b>	
		<b>1b. TRANSPORTATION ORDER NUMBER</b> <b>364</b>		<b>4b. SCAC</b> <b>MGXB</b>		<b>5. DELIVERY DATE TIME</b> <b>04/14/2020</b> <b>15:00 EDT</b>	
		<b>4a. TSP</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>2511 ST JOHNS BLUFF RD, SUITE 107</b> <b>JACKSONVILLE, FL 32246</b> <b>(904) 412-7898; fema@magellanlogistics.com</b>		<b>6b. CONTACT FOR ADDITIONAL INFORMATION</b> Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			
<b>6. REQUESTING AGENCY</b> <b>FEMA</b>		<b>6a. NAME AND MAILING ADDRESS</b> <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>					
<b>7. TYPES OF RATES REQUESTED</b> <b>TL</b>			<b>8. SHIPMENT SIZE</b> <b>SEE BLK 10</b>			<b>9. GROSS WEIGHT</b>	
<b>10. COMMODITY DESCRIPTION:</b> Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) <b>(1) REEFER VAN: TRANS</b>							
<b>11. CONSIGNOR (SHIPPER)</b> <b>SEE BLK 6b and 12</b>		<b>12. ORIGIN (Freight address of actual shipping point)</b> <b>FEMA HQ Transportation</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			<b>15. TRANSPORTATION APPROPRIATION NUMBER</b>  <b>1509-313493</b>		
<b>13. CONSIGNEE (RECEIVER)</b> <b>SEE BLK 14</b>		<b>14. DESTINATION (Freight address of actual receiving point)</b> <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850</b> <b>Randalls Is Park</b> <b>New York, NY 10035</b>			<b>15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address)</b>  <b>SEE BLK 6a</b>		
<b>16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</b> <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>							
<b>RATE/ROUTE RESPONSE</b>							
<b>TO: REQUESTING AGENCY</b> (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
<b>17. TRANSPORTATION SERVICE PROVIDER (Name, Phone)</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>(904) 412-7898</b>				<b>18. APPLICABLE RATE INFORMATION</b>			
<b>19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11</b> (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				<b>a. RATE (s) PER UNIT</b> <b>\$4.92 RPM</b>		<b>b. WEIGHT (Lbs)</b>	
				<b>c. TARIFF OR OTHER RATE AUTHORITY</b> <b>OTO</b>		<b>d. ESTIMATED COST</b> <b>\$3,850.00</b>	
<b>21. REMARKS AND SPECIAL SERVICES</b>				<b>20. ISSUING OFFICER</b> <b>Charles Jones</b>		<b>a. ISSUING OFFICE</b>	
				<b>22. CONTROL NUMBER</b> Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		<b>23. DATE ISSUED (MM/DD/YYYY)</b> <b>03/26/2020</b>	
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>							
<b>24a. DATE TIME (MM/DD/YYYY)</b>		<b>24b. ACTUAL PICK-UP POINT</b>		<b>24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>			
<b>24d. NAME OF PICK-UP TSP</b>		<b>24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT</b>			<b>24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT</b>		
<b>APPLICABLE DESTINATION INFORMATION</b>							
<b>25a. DATE TIME (MM/DD/YYYY)</b>		<b>25b. ACTUAL DELIVERY POINT</b>		<b>25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>			
<b>25d. NAME OF DELIVERING TSP (CARRIER)</b>		<b>25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT</b>			<b>25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT</b>		



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		1b. TRANSPORTATION ORDER NUMBER <b>364</b>		4b. SCAC <b>MGXB</b>		5. DELIVERY DATE TIME <b>04/14/2020 15:00 EDT</b>		
		4a. TSP <b>MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com</b>		6b. CONTACT FOR ADDITIONAL INFORMATION Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest Washington, DC 20024</b>				
		6. REQUESTING AGENCY <b>FEMA</b>		6a. NAME AND MAILING ADDRESS <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>				
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10. COMMODITY DESCRIPTION: <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> <b>(1) REEFER VAN: TRANS</b>								
11. CONSIGNOR (SHIPPER) <b>SEE BLK 6b and 12</b>		12. ORIGIN ( <i>Freight address of actual shipping point</i> ) <b>FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024</b>			15. TRANSPORTATION APPROPRIATION NUMBER <b>1509-313493</b>			
13. CONSIGNEE (RECEIVER) <b>SEE BLK 14</b>		14. DESTINATION ( <i>Freight address of actual receiving point</i> ) <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035</b>			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) <b>SEE BLK 6a</b>			
16. ADDITIONAL SHIPPING INFORMATION ( <i>Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</i> ) <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>								
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19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 ( <i>Include hazardous materials description, if any</i> ) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT <b>\$4.92 RPM</b>		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY <b>OTO</b>	d. ESTIMATED COST <b>\$3,850.00</b>
				20. ISSUING OFFICER <b>Charles Jones</b>			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		23. DATE ISSUED (MM/DD/YYYY) <b>03/26/2020</b>		
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
<b>APPLICABLE DESTINATION INFORMATION</b>								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

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<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
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				<b>20. ISSUING OFFICER</b> <b>Charles Jones</b>			<b>a. ISSUING OFFICE</b>	
<b>21. REMARKS AND SPECIAL SERVICES</b>				<b>22. CONTROL NUMBER</b> Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		<b>23. DATE ISSUED (MM/DD/YYYY)</b> <b>03/26/2020</b>		
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<b>24d. NAME OF PICK-UP TSP</b>		<b>24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT</b>			<b>24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT</b>			
<b>APPLICABLE DESTINATION INFORMATION</b>								
<b>25a. DATE TIME (MM/DD/YYYY)</b>		<b>25b. ACTUAL DELIVERY POINT</b>		<b>25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>				
<b>25d. NAME OF DELIVERING TSP (CARRIER)</b>		<b>25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT</b>			<b>25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT</b>			

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059677		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>	<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>		
Linehaul OTO	Initial shipment cost.	\$ 0.00	\$ 3,850.00		
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		<b>1a. BILL OF LADING NUMBER</b> <b>704120CS10059713</b>		<b>2. DATE OF REQUEST</b> <b>03/25/2020</b>		<b>3. PICKUP DATE TIME</b> <b>03/30/2020</b> <b>15:00 EDT</b>	
		<b>1b. TRANSPORTATION ORDER NUMBER</b> <b>364</b>		<b>4b. SCAC</b> <b>MGXB</b>		<b>5. DELIVERY DATE TIME</b> <b>04/14/2020</b> <b>15:00 EDT</b>	
		<b>4a. TSP</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>2511 ST JOHNS BLUFF RD, SUITE 107</b> <b>JACKSONVILLE, FL 32246</b> <b>(904) 412-7898; fema@magellanlogistics.com</b>		<b>6b. CONTACT FOR ADDITIONAL INFORMATION</b> Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			
<b>6. REQUESTING AGENCY</b> <b>FEMA</b>		<b>6a. NAME AND MAILING ADDRESS</b> <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>					
<b>7. TYPES OF RATES REQUESTED</b> <b>TL</b>			<b>8. SHIPMENT SIZE</b> <b>SEE BLK 10</b>			<b>9. GROSS WEIGHT</b>	
<b>10. COMMODITY DESCRIPTION:</b> Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) <b>(1) REEFER VAN: TRANS</b>							
<b>11. CONSIGNOR (SHIPPER)</b> <b>SEE BLK 6b and 12</b>		<b>12. ORIGIN (Freight address of actual shipping point)</b> <b>FEMA HQ Transportation</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			<b>15. TRANSPORTATION APPROPRIATION NUMBER</b>  <b>1509-313493</b>		
<b>13. CONSIGNEE (RECEIVER)</b> <b>SEE BLK 14</b>		<b>14. DESTINATION (Freight address of actual receiving point)</b> <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850</b> <b>Randalls Is Park</b> <b>New York, NY 10035</b>			<b>15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address)</b>  <b>SEE BLK 6a</b>		
<b>16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</b> <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>							
<b>RATE/ROUTE RESPONSE</b>							
<b>TO: REQUESTING AGENCY</b> (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
<b>17. TRANSPORTATION SERVICE PROVIDER (Name, Phone)</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>(904) 412-7898</b>				<b>18. APPLICABLE RATE INFORMATION</b>			
<b>19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11</b> (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				<b>a. RATE (s) PER UNIT</b> <b>\$4.92 RPM</b>		<b>b. WEIGHT (Lbs)</b>	
				<b>c. TARIFF OR OTHER RATE AUTHORITY</b> <b>OTO</b>		<b>d. ESTIMATED COST</b> <b>\$3,850.00</b>	
<b>21. REMARKS AND SPECIAL SERVICES</b>				<b>20. ISSUING OFFICER</b> <b>Charles Jones</b>		<b>a. ISSUING OFFICE</b>	
				<b>22. CONTROL NUMBER</b> Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		<b>23. DATE ISSUED (MM/DD/YYYY)</b> <b>03/26/2020</b>	
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>							
<b>24a. DATE TIME (MM/DD/YYYY)</b>		<b>24b. ACTUAL PICK-UP POINT</b>		<b>24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>			
<b>24d. NAME OF PICK-UP TSP</b>		<b>24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT</b>			<b>24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT</b>		
<b>APPLICABLE DESTINATION INFORMATION</b>							
<b>25a. DATE TIME (MM/DD/YYYY)</b>		<b>25b. ACTUAL DELIVERY POINT</b>		<b>25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>			
<b>25d. NAME OF DELIVERING TSP (CARRIER)</b>		<b>25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT</b>			<b>25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT</b>		

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059713		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		<b>1a. BILL OF LADING NUMBER</b> <b>704120CS10059689</b>		<b>2. DATE OF REQUEST</b> <b>03/25/2020</b>		<b>3. PICKUP DATE TIME</b> <b>03/30/2020</b> <b>15:00 EDT</b>	
		<b>1b. TRANSPORTATION ORDER NUMBER</b> <b>364</b>		<b>4b. SCAC</b> <b>MGXB</b>		<b>5. DELIVERY DATE TIME</b> <b>04/14/2020</b> <b>15:00 EDT</b>	
		<b>4a. TSP</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>2511 ST JOHNS BLUFF RD, SUITE 107</b> <b>JACKSONVILLE, FL 32246</b> <b>(904) 412-7898; fema@magellanlogistics.com</b>		<b>6b. CONTACT FOR ADDITIONAL INFORMATION</b> Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			
<b>6. REQUESTING AGENCY</b> <b>FEMA</b>		<b>6a. NAME AND MAILING ADDRESS</b> <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>					
<b>7. TYPES OF RATES REQUESTED</b> <b>TL</b>			<b>8. SHIPMENT SIZE</b> <b>SEE BLK 10</b>			<b>9. GROSS WEIGHT</b>	
<b>10. COMMODITY DESCRIPTION:</b> Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) <b>(1) REEFER VAN: TRANS</b>							
<b>11. CONSIGNOR (SHIPPER)</b> <b>SEE BLK 6b and 12</b>		<b>12. ORIGIN (Freight address of actual shipping point)</b> <b>FEMA HQ Transportation</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			<b>15. TRANSPORTATION APPROPRIATION NUMBER</b>  <b>1509-313493</b>		
<b>13. CONSIGNEE (RECEIVER)</b> <b>SEE BLK 14</b>		<b>14. DESTINATION (Freight address of actual receiving point)</b> <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850</b> <b>Randalls Is Park</b> <b>New York, NY 10035</b>			<b>15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address)</b>  <b>SEE BLK 6a</b>		
<b>16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling))</b> <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>							
<b>RATE/ROUTE RESPONSE</b>							
<b>TO: REQUESTING AGENCY</b> (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
<b>17. TRANSPORTATION SERVICE PROVIDER (Name, Phone)</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>(904) 412-7898</b>				<b>18. APPLICABLE RATE INFORMATION</b>			
<b>19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11</b> (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				<b>a. RATE (s) PER UNIT</b> <b>\$4.92 RPM</b>		<b>b. WEIGHT (Lbs)</b>	
				<b>c. TARIFF OR OTHER RATE AUTHORITY</b> <b>OTO</b>		<b>d. ESTIMATED COST</b> <b>\$3,850.00</b>	
<b>21. REMARKS AND SPECIAL SERVICES</b>				<b>20. ISSUING OFFICER</b> <b>Charles Jones</b>		<b>a. ISSUING OFFICE</b>	
				<b>22. CONTROL NUMBER</b> Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		<b>23. DATE ISSUED (MM/DD/YYYY)</b> <b>03/26/2020</b>	
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>							
<b>24a. DATE TIME (MM/DD/YYYY)</b>		<b>24b. ACTUAL PICK-UP POINT</b>		<b>24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>			
<b>24d. NAME OF PICK-UP TSP</b>		<b>24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT</b>			<b>24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT</b>		
<b>APPLICABLE DESTINATION INFORMATION</b>							
<b>25a. DATE TIME (MM/DD/YYYY)</b>		<b>25b. ACTUAL DELIVERY POINT</b>		<b>25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>			
<b>25d. NAME OF DELIVERING TSP (CARRIER)</b>		<b>25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT</b>			<b>25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT</b>		

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059689		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		<b>1a. BILL OF LADING NUMBER</b> <b>704120CS10059684</b>		<b>2. DATE OF REQUEST</b> <b>03/25/2020</b>		<b>3. PICKUP DATE TIME</b> <b>03/30/2020</b> <b>15:00 EDT</b>	
		<b>1b. TRANSPORTATION ORDER NUMBER</b> <b>364</b>		<b>4b. SCAC</b> <b>MGXB</b>		<b>5. DELIVERY DATE TIME</b> <b>04/14/2020</b> <b>15:00 EDT</b>	
		<b>4a. TSP</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>2511 ST JOHNS BLUFF RD, SUITE 107</b> <b>JACKSONVILLE, FL 32246</b> <b>(904) 412-7898; fema@magellanlogistics.com</b>		<b>6b. CONTACT FOR ADDITIONAL INFORMATION</b> Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			
<b>6. REQUESTING AGENCY</b> <b>FEMA</b>		<b>6a. NAME AND MAILING ADDRESS</b> <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>					
<b>7. TYPES OF RATES REQUESTED</b> <b>TL</b>			<b>8. SHIPMENT SIZE</b> <b>SEE BLK 10</b>			<b>9. GROSS WEIGHT</b>	
<b>10. COMMODITY DESCRIPTION:</b> Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) <b>(1) REEFER VAN: TRANS</b>							
<b>11. CONSIGNOR (SHIPPER)</b> <b>SEE BLK 6b and 12</b>		<b>12. ORIGIN (Freight address of actual shipping point)</b> <b>FEMA HQ Transportation</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			<b>15. TRANSPORTATION APPROPRIATION NUMBER</b>  <b>1509-313493</b>		
<b>13. CONSIGNEE (RECEIVER)</b> <b>SEE BLK 14</b>		<b>14. DESTINATION (Freight address of actual receiving point)</b> <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850</b> <b>Randalls Is Park</b> <b>New York, NY 10035</b>			<b>15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address)</b>  <b>SEE BLK 6a</b>		
<b>16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</b> <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>							
<b>RATE/ROUTE RESPONSE</b>							
<b>TO: REQUESTING AGENCY</b> (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
<b>17. TRANSPORTATION SERVICE PROVIDER (Name, Phone)</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>(904) 412-7898</b>				<b>18. APPLICABLE RATE INFORMATION</b>			
<b>19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11</b> (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				<b>a. RATE (s) PER UNIT</b> <b>\$4.92 RPM</b>		<b>b. WEIGHT (Lbs)</b>	
				<b>c. TARIFF OR OTHER RATE AUTHORITY</b> <b>OTO</b>		<b>d. ESTIMATED COST</b> <b>\$3,850.00</b>	
<b>21. REMARKS AND SPECIAL SERVICES</b>				<b>20. ISSUING OFFICER</b> <b>Charles Jones</b>		<b>a. ISSUING OFFICE</b>	
				<b>22. CONTROL NUMBER</b> Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		<b>23. DATE ISSUED (MM/DD/YYYY)</b> <b>03/26/2020</b>	
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>							
<b>24a. DATE TIME (MM/DD/YYYY)</b>		<b>24b. ACTUAL PICK-UP POINT</b>		<b>24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>			
<b>24d. NAME OF PICK-UP TSP</b>		<b>24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT</b>			<b>24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT</b>		
<b>APPLICABLE DESTINATION INFORMATION</b>							
<b>25a. DATE TIME (MM/DD/YYYY)</b>		<b>25b. ACTUAL DELIVERY POINT</b>		<b>25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>			
<b>25d. NAME OF DELIVERING TSP (CARRIER)</b>		<b>25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT</b>			<b>25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT</b>		

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059684		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER <b>704120CS10059727</b>		2. DATE OF REQUEST <b>03/25/2020</b>		3. PICKUP DATE TIME <b>03/30/2020 15:00 EDT</b>	
		1b. TRANSPORTATION ORDER NUMBER <b>364</b>		4b. SCAC <b>MGXB</b>		5. DELIVERY DATE TIME <b>04/14/2020 15:00 EDT</b>	
		4a. TSP <b>MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com</b>		6b. CONTACT FOR ADDITIONAL INFORMATION Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest Washington, DC 20024</b>			
Page 1 of 2		6. REQUESTING AGENCY <b>FEMA</b>		6a. NAME AND MAILING ADDRESS <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>			
7. TYPES OF RATES REQUESTED <b>TL</b>			8. SHIPMENT SIZE <b>SEE BLK 10</b>		9. GROSS WEIGHT		
10. COMMODITY DESCRIPTION: <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> <b>(1) REEFER VAN: TRANS</b>							
11. CONSIGNOR (SHIPPER) <b>SEE BLK 6b and 12</b>		12. ORIGIN ( <i>Freight address of actual shipping point</i> ) <b>FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024</b>			15. TRANSPORTATION APPROPRIATION NUMBER <b>1509-313493</b>		
13. CONSIGNEE (RECEIVER) <b>SEE BLK 14</b>		14. DESTINATION ( <i>Freight address of actual receiving point</i> ) <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035</b>			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) <b>SEE BLK 6a</b>		
16. ADDITIONAL SHIPPING INFORMATION ( <i>Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</i> ) <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>							
<b>RATE/ROUTE RESPONSE</b>							
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
17. TRANSPORTATION SERVICE PROVIDER ( <i>Name, Phone</i> ) <b>MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898</b>				18. APPLICABLE RATE INFORMATION			
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 ( <i>Include hazardous materials description, if any</i> ) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT <b>\$4.92 RPM</b>	b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY <b>OTO</b>	d. ESTIMATED COST <b>\$3,850.00</b>
				20. ISSUING OFFICER <b>Charles Jones</b>		a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		23. DATE ISSUED (MM/DD/YYYY) <b>03/26/2020</b>	
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>							
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT		24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
<b>APPLICABLE DESTINATION INFORMATION</b>							
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT		25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059727		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		<b>1a. BILL OF LADING NUMBER</b> <b>704120CS10059678</b>		<b>2. DATE OF REQUEST</b> <b>03/25/2020</b>		<b>3. PICKUP DATE TIME</b> <b>03/30/2020</b> <b>15:00 EDT</b>		
		<b>1b. TRANSPORTATION ORDER NUMBER</b> <b>364</b>		<b>4b. SCAC</b> <b>MGXB</b>		<b>5. DELIVERY DATE TIME</b> <b>04/14/2020</b> <b>15:00 EDT</b>		
		<b>4a. TSP</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>2511 ST JOHNS BLUFF RD, SUITE 107</b> <b>JACKSONVILLE, FL 32246</b> <b>(904) 412-7898; fema@magellanlogistics.com</b>		<b>6b. CONTACT FOR ADDITIONAL INFORMATION</b> Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>				
<b>6. REQUESTING AGENCY</b> <b>FEMA</b>		<b>6a. NAME AND MAILING ADDRESS</b> <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>						
<b>7. TYPES OF RATES REQUESTED</b> <b>TL</b>			<b>8. SHIPMENT SIZE</b> <b>SEE BLK 10</b>			<b>9. GROSS WEIGHT</b>		
<b>10. COMMODITY DESCRIPTION:</b> Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) <b>(1) REEFER VAN: TRANS</b>								
<b>11. CONSIGNOR (SHIPPER)</b> <b>SEE BLK 6b and 12</b>		<b>12. ORIGIN (Freight address of actual shipping point)</b> <b>FEMA HQ Transportation</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			<b>15. TRANSPORTATION APPROPRIATION NUMBER</b>  <b>1509-313493</b>			
<b>13. CONSIGNEE (RECEIVER)</b> <b>SEE BLK 14</b>		<b>14. DESTINATION (Freight address of actual receiving point)</b> <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850</b> <b>Randalls Is Park</b> <b>New York, NY 10035</b>			<b>15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address)</b>  <b>SEE BLK 6a</b>			
<b>16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</b> <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>								
<b>RATE/ROUTE RESPONSE</b>								
<b>TO: REQUESTING AGENCY</b> (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
<b>17. TRANSPORTATION SERVICE PROVIDER (Name, Phone)</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>(904) 412-7898</b>				<b>18. APPLICABLE RATE INFORMATION</b>				
<b>19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11</b> (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				<b>a. RATE (s) PER UNIT</b> <b>\$4.92 RPM</b>		<b>b. WEIGHT (Lbs)</b>	<b>c. TARIFF OR OTHER RATE AUTHORITY</b> <b>OTO</b>	<b>d. ESTIMATED COST</b> <b>\$3,850.00</b>
				<b>20. ISSUING OFFICER</b> <b>Charles Jones</b>			<b>a. ISSUING OFFICE</b>	
<b>21. REMARKS AND SPECIAL SERVICES</b>				<b>22. CONTROL NUMBER</b> Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		<b>23. DATE ISSUED (MM/DD/YYYY)</b> <b>03/26/2020</b>		
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>								
<b>24a. DATE TIME (MM/DD/YYYY)</b>		<b>24b. ACTUAL PICK-UP POINT</b>		<b>24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>				
<b>24d. NAME OF PICK-UP TSP</b>		<b>24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT</b>			<b>24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT</b>			
<b>APPLICABLE DESTINATION INFORMATION</b>								
<b>25a. DATE TIME (MM/DD/YYYY)</b>		<b>25b. ACTUAL DELIVERY POINT</b>		<b>25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>				
<b>25d. NAME OF DELIVERING TSP (CARRIER)</b>		<b>25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT</b>			<b>25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT</b>			

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059678		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER <b>704120CS10059720</b>		2. DATE OF REQUEST <b>03/25/2020</b>		3. PICKUP DATE TIME <b>03/30/2020 15:00 EDT</b>		
		1b. TRANSPORTATION ORDER NUMBER <b>364</b>		4b. SCAC <b>MGXB</b>		5. DELIVERY DATE TIME <b>04/14/2020 15:00 EDT</b>		
		4a. TSP <b>MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com</b>		6b. CONTACT FOR ADDITIONAL INFORMATION Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest Washington, DC 20024</b>				
Page 1 of 2		6. REQUESTING AGENCY <b>FEMA</b>		6a. NAME AND MAILING ADDRESS <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>				
7. TYPES OF RATES REQUESTED <b>TL</b>			8. SHIPMENT SIZE <b>SEE BLK 10</b>		9. GROSS WEIGHT			
10. COMMODITY DESCRIPTION: <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> <b>(1) REEFER VAN: TRANS</b>								
11. CONSIGNOR (SHIPPER) <b>SEE BLK 6b and 12</b>		12. ORIGIN ( <i>Freight address of actual shipping point</i> ) <b>FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024</b>			15. TRANSPORTATION APPROPRIATION NUMBER <b>1509-313493</b>			
13. CONSIGNEE (RECEIVER) <b>SEE BLK 14</b>		14. DESTINATION ( <i>Freight address of actual receiving point</i> ) <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035</b>			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) <b>SEE BLK 6a</b>			
16. ADDITIONAL SHIPPING INFORMATION ( <i>Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</i> ) <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>								
<b>RATE/ROUTE RESPONSE</b>								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER ( <i>Name, Phone</i> ) <b>MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898</b>				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 ( <i>Include hazardous materials description, if any</i> ) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT <b>\$4.92 RPM</b>		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY <b>OTO</b>	d. ESTIMATED COST <b>\$3,850.00</b>
				20. ISSUING OFFICER <b>Charles Jones</b>			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		23. DATE ISSUED (MM/DD/YYYY) <b>03/26/2020</b>		
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
<b>APPLICABLE DESTINATION INFORMATION</b>								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059720		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER <b>704120CS10059685</b>		2. DATE OF REQUEST <b>03/25/2020</b>		3. PICKUP DATE TIME <b>03/30/2020 15:00 EDT</b>	
		1b. TRANSPORTATION ORDER NUMBER <b>364</b>		4b. SCAC <b>MGXB</b>		5. DELIVERY DATE TIME <b>04/14/2020 15:00 EDT</b>	
		4a. TSP <b>MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com</b>		6b. CONTACT FOR ADDITIONAL INFORMATION Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest Washington, DC 20024</b>			
		6. REQUESTING AGENCY <b>FEMA</b>		6a. NAME AND MAILING ADDRESS <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>			
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13. CONSIGNEE (RECEIVER) <b>SEE BLK 14</b>		14. DESTINATION ( <i>Freight address of actual receiving point</i> ) <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035</b>			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) <b>SEE BLK 6a</b>		
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<b>RATE/ROUTE RESPONSE</b>							
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19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 ( <i>Include hazardous materials description, if any</i> ) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT <b>\$4.92 RPM</b>	b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY <b>OTO</b>	d. ESTIMATED COST <b>\$3,850.00</b>
				20. ISSUING OFFICER <b>Charles Jones</b>			a. ISSUING OFFICE
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		23. DATE ISSUED (MM/DD/YYYY) <b>03/26/2020</b>	
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>							
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT		
<b>APPLICABLE DESTINATION INFORMATION</b>							
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT		

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059685		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		<b>1a. BILL OF LADING NUMBER</b> <b>704120CS10059682</b>		<b>2. DATE OF REQUEST</b> <b>03/25/2020</b>		<b>3. PICKUP DATE TIME</b> <b>03/30/2020</b> <b>15:00 EDT</b>	
		<b>1b. TRANSPORTATION ORDER NUMBER</b> <b>364</b>		<b>4b. SCAC</b> <b>MGXB</b>		<b>5. DELIVERY DATE TIME</b> <b>04/14/2020</b> <b>15:00 EDT</b>	
		<b>4a. TSP</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>2511 ST JOHNS BLUFF RD, SUITE 107</b> <b>JACKSONVILLE, FL 32246</b> <b>(904) 412-7898; fema@magellanlogistics.com</b>		<b>6b. CONTACT FOR ADDITIONAL INFORMATION</b> Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			
<b>6. REQUESTING AGENCY</b> <b>FEMA</b>		<b>6a. NAME AND MAILING ADDRESS</b> <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>					
<b>7. TYPES OF RATES REQUESTED</b> <b>TL</b>			<b>8. SHIPMENT SIZE</b> <b>SEE BLK 10</b>			<b>9. GROSS WEIGHT</b>	
<b>10. COMMODITY DESCRIPTION:</b> <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> <b>(1) REEFER VAN: TRANS</b>							
<b>11. CONSIGNOR (SHIPPER)</b> <b>SEE BLK 6b and 12</b>		<b>12. ORIGIN (Freight address of actual shipping point)</b> <b>FEMA HQ Transportation</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			<b>15. TRANSPORTATION APPROPRIATION NUMBER</b>  <b>1509-313493</b>		
<b>13. CONSIGNEE (RECEIVER)</b> <b>SEE BLK 14</b>		<b>14. DESTINATION (Freight address of actual receiving point)</b> <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850</b> <b>Randalls Is Park</b> <b>New York, NY 10035</b>			<b>15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address)</b>  <b>SEE BLK 6a</b>		
<b>16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling))</b> <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>							
<b>RATE/ROUTE RESPONSE</b>							
<b>TO: REQUESTING AGENCY</b> (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
<b>17. TRANSPORTATION SERVICE PROVIDER (Name, Phone)</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>(904) 412-7898</b>				<b>18. APPLICABLE RATE INFORMATION</b>			
<b>19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11</b> <i>(Include hazardous materials description, if any)</i> Seal #: Tractor #: Trailer #:				<b>a. RATE (s) PER UNIT</b> <b>\$4.92 RPM</b>		<b>b. WEIGHT (Lbs)</b>	
				<b>c. TARIFF OR OTHER RATE AUTHORITY</b> <b>OTO</b>		<b>d. ESTIMATED COST</b> <b>\$3,850.00</b>	
<b>21. REMARKS AND SPECIAL SERVICES</b>				<b>20. ISSUING OFFICER</b> <b>Charles Jones</b>		<b>a. ISSUING OFFICE</b>	
				<b>22. CONTROL NUMBER</b> Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		<b>23. DATE ISSUED (MM/DD/YYYY)</b> <b>03/26/2020</b>	
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>							
<b>24a. DATE TIME (MM/DD/YYYY)</b>		<b>24b. ACTUAL PICK-UP POINT</b>		<b>24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>			
<b>24d. NAME OF PICK-UP TSP</b>		<b>24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT</b>			<b>24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT</b>		
<b>APPLICABLE DESTINATION INFORMATION</b>							
<b>25a. DATE TIME (MM/DD/YYYY)</b>		<b>25b. ACTUAL DELIVERY POINT</b>		<b>25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>			
<b>25d. NAME OF DELIVERING TSP (CARRIER)</b>		<b>25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT</b>			<b>25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT</b>		

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059682		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER <b>704120CS10059714</b>		2. DATE OF REQUEST <b>03/25/2020</b>		3. PICKUP DATE TIME <b>03/30/2020 15:00 EDT</b>		
		1b. TRANSPORTATION ORDER NUMBER <b>364</b>		4b. SCAC <b>MGXB</b>		5. DELIVERY DATE TIME <b>04/14/2020 15:00 EDT</b>		
		4a. TSP <b>MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com</b>		6b. CONTACT FOR ADDITIONAL INFORMATION Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest Washington, DC 20024</b>				
Page 1 of 2 6. REQUESTING AGENCY <b>FEMA</b>		6a. NAME AND MAILING ADDRESS <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>						
7. TYPES OF RATES REQUESTED <b>TL</b>			8. SHIPMENT SIZE <b>SEE BLK 10</b>			9. GROSS WEIGHT		
10. COMMODITY DESCRIPTION: <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> <b>(1) REEFER VAN: TRANS</b>								
11. CONSIGNOR (SHIPPER) <b>SEE BLK 6b and 12</b>		12. ORIGIN ( <i>Freight address of actual shipping point</i> ) <b>FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024</b>			15. TRANSPORTATION APPROPRIATION NUMBER <b>1509-313493</b>			
13. CONSIGNEE (RECEIVER) <b>SEE BLK 14</b>		14. DESTINATION ( <i>Freight address of actual receiving point</i> ) <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035</b>			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) <b>SEE BLK 6a</b>			
16. ADDITIONAL SHIPPING INFORMATION ( <i>Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</i> ) <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>								
<b>RATE/ROUTE RESPONSE</b>								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER ( <i>Name, Phone</i> ) <b>MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898</b>				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 ( <i>Include hazardous materials description, if any</i> ) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT <b>\$4.92 RPM</b>		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY <b>OTO</b>	d. ESTIMATED COST <b>\$3,850.00</b>
				20. ISSUING OFFICER <b>Charles Jones</b>			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		23. DATE ISSUED (MM/DD/YYYY) <b>03/26/2020</b>		
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
<b>APPLICABLE DESTINATION INFORMATION</b>								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059714		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		<b>1a. BILL OF LADING NUMBER</b> <b>704120CS10059679</b>		<b>2. DATE OF REQUEST</b> <b>03/25/2020</b>		<b>3. PICKUP DATE TIME</b> <b>03/30/2020</b> <b>15:00 EDT</b>	
		<b>1b. TRANSPORTATION ORDER NUMBER</b> <b>364</b>		<b>4b. SCAC</b> <b>MGXB</b>		<b>5. DELIVERY DATE TIME</b> <b>04/14/2020</b> <b>15:00 EDT</b>	
		<b>4a. TSP</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>2511 ST JOHNS BLUFF RD, SUITE 107</b> <b>JACKSONVILLE, FL 32246</b> <b>(904) 412-7898; fema@magellanlogistics.com</b>		<b>6b. CONTACT FOR ADDITIONAL INFORMATION</b> Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			
<b>6. REQUESTING AGENCY</b> <b>FEMA</b>		<b>6a. NAME AND MAILING ADDRESS</b> <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>					
<b>7. TYPES OF RATES REQUESTED</b> <b>TL</b>			<b>8. SHIPMENT SIZE</b> <b>SEE BLK 10</b>			<b>9. GROSS WEIGHT</b>	
<b>10. COMMODITY DESCRIPTION:</b> Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) <b>(1) REEFER VAN: TRANS</b>							
<b>11. CONSIGNOR (SHIPPER)</b> <b>SEE BLK 6b and 12</b>		<b>12. ORIGIN (Freight address of actual shipping point)</b> <b>FEMA HQ Transportation</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			<b>15. TRANSPORTATION APPROPRIATION NUMBER</b>  <b>1509-313493</b>		
<b>13. CONSIGNEE (RECEIVER)</b> <b>SEE BLK 14</b>		<b>14. DESTINATION (Freight address of actual receiving point)</b> <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850</b> <b>Randalls Is Park</b> <b>New York, NY 10035</b>			<b>15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address)</b>  <b>SEE BLK 6a</b>		
<b>16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</b> <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>							
<b>RATE/ROUTE RESPONSE</b>							
<b>TO: REQUESTING AGENCY</b> (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
<b>17. TRANSPORTATION SERVICE PROVIDER (Name, Phone)</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>(904) 412-7898</b>				<b>18. APPLICABLE RATE INFORMATION</b>			
<b>19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11</b> (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				<b>a. RATE (s) PER UNIT</b> <b>\$4.92 RPM</b>		<b>b. WEIGHT (Lbs)</b>	
				<b>c. TARIFF OR OTHER RATE AUTHORITY</b> <b>OTO</b>		<b>d. ESTIMATED COST</b> <b>\$3,850.00</b>	
<b>21. REMARKS AND SPECIAL SERVICES</b>				<b>20. ISSUING OFFICER</b> <b>Charles Jones</b>		<b>a. ISSUING OFFICE</b>	
				<b>22. CONTROL NUMBER</b> Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		<b>23. DATE ISSUED (MM/DD/YYYY)</b> <b>03/26/2020</b>	
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>							
<b>24a. DATE TIME (MM/DD/YYYY)</b>		<b>24b. ACTUAL PICK-UP POINT</b>		<b>24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>			
<b>24d. NAME OF PICK-UP TSP</b>		<b>24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT</b>			<b>24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT</b>		
<b>APPLICABLE DESTINATION INFORMATION</b>							
<b>25a. DATE TIME (MM/DD/YYYY)</b>		<b>25b. ACTUAL DELIVERY POINT</b>		<b>25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>			
<b>25d. NAME OF DELIVERING TSP (CARRIER)</b>		<b>25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT</b>			<b>25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT</b>		

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059679		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		<b>1a. BILL OF LADING NUMBER</b> <b>704120CS10059683</b>		<b>2. DATE OF REQUEST</b> <b>03/25/2020</b>		<b>3. PICKUP DATE TIME</b> <b>03/30/2020</b> <b>15:00 EDT</b>		
		<b>1b. TRANSPORTATION ORDER NUMBER</b> <b>364</b>		<b>4b. SCAC</b> <b>MGXB</b>		<b>5. DELIVERY DATE TIME</b> <b>04/14/2020</b> <b>15:00 EDT</b>		
		<b>4a. TSP</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>2511 ST JOHNS BLUFF RD, SUITE 107</b> <b>JACKSONVILLE, FL 32246</b> <b>(904) 412-7898; fema@magellanlogistics.com</b>		<b>6b. CONTACT FOR ADDITIONAL INFORMATION</b> Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>				
<b>6. REQUESTING AGENCY</b> <b>FEMA</b>		<b>6a. NAME AND MAILING ADDRESS</b> <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>						
<b>7. TYPES OF RATES REQUESTED</b> <b>TL</b>			<b>8. SHIPMENT SIZE</b> <b>SEE BLK 10</b>			<b>9. GROSS WEIGHT</b>		
<b>10. COMMODITY DESCRIPTION:</b> Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) <b>(1) REEFER VAN: TRANS</b>								
<b>11. CONSIGNOR (SHIPPER)</b> <b>SEE BLK 6b and 12</b>		<b>12. ORIGIN (Freight address of actual shipping point)</b> <b>FEMA HQ Transportation</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			<b>15. TRANSPORTATION APPROPRIATION NUMBER</b>  <b>1509-313493</b>			
<b>13. CONSIGNEE (RECEIVER)</b> <b>SEE BLK 14</b>		<b>14. DESTINATION (Freight address of actual receiving point)</b> <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850</b> <b>Randalls Is Park</b> <b>New York, NY 10035</b>			<b>15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address)</b>  <b>SEE BLK 6a</b>			
<b>16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</b> <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>								
<b>RATE/ROUTE RESPONSE</b>								
<b>TO: REQUESTING AGENCY</b> (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
<b>17. TRANSPORTATION SERVICE PROVIDER (Name, Phone)</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>(904) 412-7898</b>				<b>18. APPLICABLE RATE INFORMATION</b>				
<b>19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11</b> (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				<b>a. RATE (s) PER UNIT</b> <b>\$4.92 RPM</b>		<b>b. WEIGHT (Lbs)</b>	<b>c. TARIFF OR OTHER RATE AUTHORITY</b> <b>OTO</b>	<b>d. ESTIMATED COST</b> <b>\$3,850.00</b>
				<b>20. ISSUING OFFICER</b> <b>Charles Jones</b>			<b>a. ISSUING OFFICE</b>	
<b>21. REMARKS AND SPECIAL SERVICES</b>				<b>22. CONTROL NUMBER</b> Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		<b>23. DATE ISSUED (MM/DD/YYYY)</b> <b>03/26/2020</b>		
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>								
<b>24a. DATE TIME (MM/DD/YYYY)</b>		<b>24b. ACTUAL PICK-UP POINT</b>		<b>24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>				
<b>24d. NAME OF PICK-UP TSP</b>		<b>24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT</b>			<b>24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT</b>			
<b>APPLICABLE DESTINATION INFORMATION</b>								
<b>25a. DATE TIME (MM/DD/YYYY)</b>		<b>25b. ACTUAL DELIVERY POINT</b>		<b>25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>				
<b>25d. NAME OF DELIVERING TSP (CARRIER)</b>		<b>25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT</b>			<b>25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT</b>			

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059683		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER <b>704120CS10059681</b>		2. DATE OF REQUEST <b>03/25/2020</b>		3. PICKUP DATE TIME <b>03/30/2020 15:00 EDT</b>		
		1b. TRANSPORTATION ORDER NUMBER <b>364</b>		4b. SCAC <b>MGXB</b>		5. DELIVERY DATE TIME <b>04/14/2020 15:00 EDT</b>		
		4a. TSP <b>MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com</b>		6b. CONTACT FOR ADDITIONAL INFORMATION Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest Washington, DC 20024</b>				
		6. REQUESTING AGENCY <b>FEMA</b>		6a. NAME AND MAILING ADDRESS <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>				
7. TYPES OF RATES REQUESTED <b>TL</b>			8. SHIPMENT SIZE <b>SEE BLK 10</b>		9. GROSS WEIGHT			
10. COMMODITY DESCRIPTION: <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> <b>(1) REEFER VAN: TRANS</b>								
11. CONSIGNOR (SHIPPER) <b>SEE BLK 6b and 12</b>		12. ORIGIN ( <i>Freight address of actual shipping point</i> ) <b>FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024</b>			15. TRANSPORTATION APPROPRIATION NUMBER <b>1509-313493</b>			
13. CONSIGNEE (RECEIVER) <b>SEE BLK 14</b>		14. DESTINATION ( <i>Freight address of actual receiving point</i> ) <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035</b>			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) <b>SEE BLK 6a</b>			
16. ADDITIONAL SHIPPING INFORMATION ( <i>Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</i> ) <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>								
<b>RATE/ROUTE RESPONSE</b>								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER ( <i>Name, Phone</i> ) <b>MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898</b>				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 ( <i>Include hazardous materials description, if any</i> ) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT <b>\$4.92 RPM</b>		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY <b>OTO</b>	d. ESTIMATED COST <b>\$3,850.00</b>
				20. ISSUING OFFICER <b>Charles Jones</b>			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		23. DATE ISSUED (MM/DD/YYYY) <b>03/26/2020</b>		
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
<b>APPLICABLE DESTINATION INFORMATION</b>								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059681		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		<b>1a. BILL OF LADING NUMBER</b> <b>704120CS10059728</b>		<b>2. DATE OF REQUEST</b> <b>03/25/2020</b>		<b>3. PICKUP DATE TIME</b> <b>03/30/2020</b> <b>15:00 EDT</b>	
		<b>1b. TRANSPORTATION ORDER NUMBER</b> <b>364</b>		<b>4b. SCAC</b> <b>MGXB</b>		<b>5. DELIVERY DATE TIME</b> <b>04/14/2020</b> <b>15:00 EDT</b>	
		<b>4a. TSP</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>2511 ST JOHNS BLUFF RD, SUITE 107</b> <b>JACKSONVILLE, FL 32246</b> <b>(904) 412-7898; fema@magellanlogistics.com</b>		<b>6b. CONTACT FOR ADDITIONAL INFORMATION</b> Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			
<b>6. REQUESTING AGENCY</b> <b>FEMA</b>		<b>6a. NAME AND MAILING ADDRESS</b> <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>					
<b>7. TYPES OF RATES REQUESTED</b> <b>TL</b>			<b>8. SHIPMENT SIZE</b> <b>SEE BLK 10</b>			<b>9. GROSS WEIGHT</b>	
<b>10. COMMODITY DESCRIPTION:</b> Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) <b>(1) REEFER VAN: TRANS</b>							
<b>11. CONSIGNOR (SHIPPER)</b> <b>SEE BLK 6b and 12</b>		<b>12. ORIGIN (Freight address of actual shipping point)</b> <b>FEMA HQ Transportation</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			<b>15. TRANSPORTATION APPROPRIATION NUMBER</b>  <b>1509-313493</b>		
<b>13. CONSIGNEE (RECEIVER)</b> <b>SEE BLK 14</b>		<b>14. DESTINATION (Freight address of actual receiving point)</b> <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850</b> <b>Randalls Is Park</b> <b>New York, NY 10035</b>			<b>15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address)</b>  <b>SEE BLK 6a</b>		
<b>16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling))</b> <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>							
<b>RATE/ROUTE RESPONSE</b>							
<b>TO: REQUESTING AGENCY</b> (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
<b>17. TRANSPORTATION SERVICE PROVIDER (Name, Phone)</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>(904) 412-7898</b>				<b>18. APPLICABLE RATE INFORMATION</b>			
<b>19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11</b> (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				<b>a. RATE (s) PER UNIT</b> <b>\$4.92 RPM</b>		<b>b. WEIGHT (Lbs)</b>	
				<b>c. TARIFF OR OTHER RATE AUTHORITY</b> <b>OTO</b>		<b>d. ESTIMATED COST</b> <b>\$3,850.00</b>	
<b>21. REMARKS AND SPECIAL SERVICES</b>				<b>20. ISSUING OFFICER</b> <b>Charles Jones</b>		<b>a. ISSUING OFFICE</b>	
				<b>22. CONTROL NUMBER</b> Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		<b>23. DATE ISSUED (MM/DD/YYYY)</b> <b>03/26/2020</b>	
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>							
<b>24a. DATE TIME (MM/DD/YYYY)</b>		<b>24b. ACTUAL PICK-UP POINT</b>		<b>24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>			
<b>24d. NAME OF PICK-UP TSP</b>		<b>24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT</b>			<b>24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT</b>		
<b>APPLICABLE DESTINATION INFORMATION</b>							
<b>25a. DATE TIME (MM/DD/YYYY)</b>		<b>25b. ACTUAL DELIVERY POINT</b>		<b>25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>			
<b>25d. NAME OF DELIVERING TSP (CARRIER)</b>		<b>25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT</b>			<b>25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT</b>		

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059728		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		<b>1a. BILL OF LADING NUMBER</b> <b>704120CS10059708</b>		<b>2. DATE OF REQUEST</b> <b>03/25/2020</b>		<b>3. PICKUP DATE TIME</b> <b>03/30/2020</b> <b>15:00 EDT</b>		
		<b>1b. TRANSPORTATION ORDER NUMBER</b> <b>364</b>		<b>4b. SCAC</b> <b>MGXB</b>		<b>5. DELIVERY DATE TIME</b> <b>04/14/2020</b> <b>15:00 EDT</b>		
		<b>4a. TSP</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>2511 ST JOHNS BLUFF RD, SUITE 107</b> <b>JACKSONVILLE, FL 32246</b> <b>(904) 412-7898; fema@magellanlogistics.com</b>		<b>6b. CONTACT FOR ADDITIONAL INFORMATION</b> Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>				
<b>6. REQUESTING AGENCY</b> <b>FEMA</b>		<b>6a. NAME AND MAILING ADDRESS</b> <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>						
<b>7. TYPES OF RATES REQUESTED</b> <b>TL</b>			<b>8. SHIPMENT SIZE</b> <b>SEE BLK 10</b>			<b>9. GROSS WEIGHT</b>		
<b>10. COMMODITY DESCRIPTION:</b> Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) <b>(1) REEFER VAN: TRANS</b>								
<b>11. CONSIGNOR (SHIPPER)</b> <b>SEE BLK 6b and 12</b>		<b>12. ORIGIN (Freight address of actual shipping point)</b> <b>FEMA HQ Transportation</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			<b>15. TRANSPORTATION APPROPRIATION NUMBER</b>  <b>1509-313493</b>			
<b>13. CONSIGNEE (RECEIVER)</b> <b>SEE BLK 14</b>		<b>14. DESTINATION (Freight address of actual receiving point)</b> <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850</b> <b>Randalls Is Park</b> <b>New York, NY 10035</b>			<b>15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address)</b>  <b>SEE BLK 6a</b>			
<b>16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling))</b> <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>								
<b>RATE/ROUTE RESPONSE</b>								
<b>TO: REQUESTING AGENCY</b> (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
<b>17. TRANSPORTATION SERVICE PROVIDER (Name, Phone)</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>(904) 412-7898</b>				<b>18. APPLICABLE RATE INFORMATION</b>				
<b>19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11</b> (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				<b>a. RATE (s) PER UNIT</b> <b>\$4.92 RPM</b>		<b>b. WEIGHT (Lbs)</b>	<b>c. TARIFF OR OTHER RATE AUTHORITY</b> <b>OTO</b>	<b>d. ESTIMATED COST</b> <b>\$3,850.00</b>
				<b>20. ISSUING OFFICER</b> <b>Charles Jones</b>			<b>a. ISSUING OFFICE</b>	
<b>21. REMARKS AND SPECIAL SERVICES</b>				<b>22. CONTROL NUMBER</b> Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		<b>23. DATE ISSUED (MM/DD/YYYY)</b> <b>03/26/2020</b>		
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>								
<b>24a. DATE TIME (MM/DD/YYYY)</b>		<b>24b. ACTUAL PICK-UP POINT</b>		<b>24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>				
<b>24d. NAME OF PICK-UP TSP</b>		<b>24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT</b>			<b>24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT</b>			
<b>APPLICABLE DESTINATION INFORMATION</b>								
<b>25a. DATE TIME (MM/DD/YYYY)</b>		<b>25b. ACTUAL DELIVERY POINT</b>		<b>25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>				
<b>25d. NAME OF DELIVERING TSP (CARRIER)</b>		<b>25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT</b>			<b>25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT</b>			

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059708		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>	<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>		
Linehaul OTO	Initial shipment cost.	\$ 0.00	\$ 3,850.00		
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		<b>1a. BILL OF LADING NUMBER</b> <b>704120CS10059691</b>		<b>2. DATE OF REQUEST</b> <b>03/25/2020</b>		<b>3. PICKUP DATE TIME</b> <b>03/30/2020</b> <b>15:00 EDT</b>		
		<b>1b. TRANSPORTATION ORDER NUMBER</b> <b>364</b>		<b>4b. SCAC</b> <b>MGXB</b>		<b>5. DELIVERY DATE TIME</b> <b>04/14/2020</b> <b>15:00 EDT</b>		
		<b>4a. TSP</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>2511 ST JOHNS BLUFF RD, SUITE 107</b> <b>JACKSONVILLE, FL 32246</b> <b>(904) 412-7898; fema@magellanlogistics.com</b>		<b>6b. CONTACT FOR ADDITIONAL INFORMATION</b> Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>				
<b>6. REQUESTING AGENCY</b> <b>FEMA</b>		<b>6a. NAME AND MAILING ADDRESS</b> <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>						
<b>7. TYPES OF RATES REQUESTED</b> <b>TL</b>			<b>8. SHIPMENT SIZE</b> <b>SEE BLK 10</b>			<b>9. GROSS WEIGHT</b>		
<b>10. COMMODITY DESCRIPTION:</b> Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) <b>(1) REEFER VAN: TRANS</b>								
<b>11. CONSIGNOR (SHIPPER)</b> <b>SEE BLK 6b and 12</b>		<b>12. ORIGIN (Freight address of actual shipping point)</b> <b>FEMA HQ Transportation</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			<b>15. TRANSPORTATION APPROPRIATION NUMBER</b>  <b>1509-313493</b>			
<b>13. CONSIGNEE (RECEIVER)</b> <b>SEE BLK 14</b>		<b>14. DESTINATION (Freight address of actual receiving point)</b> <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850</b> <b>Randalls Is Park</b> <b>New York, NY 10035</b>			<b>15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address)</b>  <b>SEE BLK 6a</b>			
<b>16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling))</b> <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>								
<b>RATE/ROUTE RESPONSE</b>								
<b>TO: REQUESTING AGENCY</b> (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
<b>17. TRANSPORTATION SERVICE PROVIDER (Name, Phone)</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>(904) 412-7898</b>				<b>18. APPLICABLE RATE INFORMATION</b>				
<b>19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11</b> (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				<b>a. RATE (s) PER UNIT</b> <b>\$4.92 RPM</b>		<b>b. WEIGHT (Lbs)</b>	<b>c. TARIFF OR OTHER RATE AUTHORITY</b> <b>OTO</b>	<b>d. ESTIMATED COST</b> <b>\$3,850.00</b>
				<b>20. ISSUING OFFICER</b> <b>Charles Jones</b>			<b>a. ISSUING OFFICE</b>	
<b>21. REMARKS AND SPECIAL SERVICES</b>				<b>22. CONTROL NUMBER</b> Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		<b>23. DATE ISSUED (MM/DD/YYYY)</b> <b>03/26/2020</b>		
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>								
<b>24a. DATE TIME (MM/DD/YYYY)</b>		<b>24b. ACTUAL PICK-UP POINT</b>		<b>24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>				
<b>24d. NAME OF PICK-UP TSP</b>		<b>24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT</b>			<b>24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT</b>			
<b>APPLICABLE DESTINATION INFORMATION</b>								
<b>25a. DATE TIME (MM/DD/YYYY)</b>		<b>25b. ACTUAL DELIVERY POINT</b>		<b>25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>				
<b>25d. NAME OF DELIVERING TSP (CARRIER)</b>		<b>25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT</b>			<b>25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT</b>			

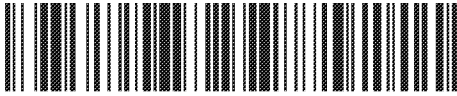
## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059691		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		<b>1a. BILL OF LADING NUMBER</b> <b>704120CS10059680</b>		<b>2. DATE OF REQUEST</b> <b>03/25/2020</b>		<b>3. PICKUP DATE TIME</b> <b>03/30/2020</b> <b>15:00 EDT</b>		
		<b>1b. TRANSPORTATION ORDER NUMBER</b> <b>364</b>		<b>4b. SCAC</b> <b>MGXB</b>		<b>5. DELIVERY DATE TIME</b> <b>04/14/2020</b> <b>15:00 EDT</b>		
		<b>4a. TSP</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>2511 ST JOHNS BLUFF RD, SUITE 107</b> <b>JACKSONVILLE, FL 32246</b> <b>(904) 412-7898; fema@magellanlogistics.com</b>		<b>6b. CONTACT FOR ADDITIONAL INFORMATION</b> Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>				
<b>6. REQUESTING AGENCY</b> <b>FEMA</b>		<b>6a. NAME AND MAILING ADDRESS</b> <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>						
<b>7. TYPES OF RATES REQUESTED</b> <b>TL</b>			<b>8. SHIPMENT SIZE</b> <b>SEE BLK 10</b>			<b>9. GROSS WEIGHT</b>		
<b>10. COMMODITY DESCRIPTION:</b> <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> <b>(1) REEFER VAN: TRANS</b>								
<b>11. CONSIGNOR (SHIPPER)</b> <b>SEE BLK 6b and 12</b>		<b>12. ORIGIN (Freight address of actual shipping point)</b> <b>FEMA HQ Transportation</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			<b>15. TRANSPORTATION APPROPRIATION NUMBER</b>  <b>1509-313493</b>			
<b>13. CONSIGNEE (RECEIVER)</b> <b>SEE BLK 14</b>		<b>14. DESTINATION (Freight address of actual receiving point)</b> <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850</b> <b>Randalls Is Park</b> <b>New York, NY 10035</b>			<b>15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address)</b>  <b>SEE BLK 6a</b>			
<b>16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling))</b> <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>								
<b>RATE/ROUTE RESPONSE</b>								
<b>TO: REQUESTING AGENCY</b> (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
<b>17. TRANSPORTATION SERVICE PROVIDER (Name, Phone)</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>(904) 412-7898</b>				<b>18. APPLICABLE RATE INFORMATION</b>				
<b>19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11</b> <i>(Include hazardous materials description, if any)</i> Seal #: Tractor #: Trailer #:				<b>a. RATE (s) PER UNIT</b> <b>\$4.92 RPM</b>		<b>b. WEIGHT (Lbs)</b>	<b>c. TARIFF OR OTHER RATE AUTHORITY</b> <b>OTO</b>	<b>d. ESTIMATED COST</b> <b>\$3,850.00</b>
				<b>20. ISSUING OFFICER</b> <b>Charles Jones</b>			<b>a. ISSUING OFFICE</b>	
<b>21. REMARKS AND SPECIAL SERVICES</b>				<b>22. CONTROL NUMBER</b> Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		<b>23. DATE ISSUED (MM/DD/YYYY)</b> <b>03/26/2020</b>		
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>								
<b>24a. DATE TIME (MM/DD/YYYY)</b>		<b>24b. ACTUAL PICK-UP POINT</b>		<b>24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>				
<b>24d. NAME OF PICK-UP TSP</b>		<b>24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT</b>			<b>24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT</b>			
<b>APPLICABLE DESTINATION INFORMATION</b>								
<b>25a. DATE TIME (MM/DD/YYYY)</b>		<b>25b. ACTUAL DELIVERY POINT</b>		<b>25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>				
<b>25d. NAME OF DELIVERING TSP (CARRIER)</b>		<b>25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT</b>			<b>25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT</b>			

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059680		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		<b>1a. BILL OF LADING NUMBER</b> <b>704120CS10059718</b>		<b>2. DATE OF REQUEST</b> <b>03/25/2020</b>		<b>3. PICKUP DATE TIME</b> <b>03/30/2020</b> <b>15:00 EDT</b>		
		<b>1b. TRANSPORTATION ORDER NUMBER</b> <b>364</b>		<b>4b. SCAC</b> <b>MGXB</b>		<b>5. DELIVERY DATE TIME</b> <b>04/14/2020</b> <b>15:00 EDT</b>		
		<b>4a. TSP</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>2511 ST JOHNS BLUFF RD, SUITE 107</b> <b>JACKSONVILLE, FL 32246</b> <b>(904) 412-7898; fema@magellanlogistics.com</b>		<b>6b. CONTACT FOR ADDITIONAL INFORMATION</b> Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>				
<b>6. REQUESTING AGENCY</b> <b>FEMA</b>		<b>6a. NAME AND MAILING ADDRESS</b> <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>						
<b>7. TYPES OF RATES REQUESTED</b> <b>TL</b>			<b>8. SHIPMENT SIZE</b> <b>SEE BLK 10</b>			<b>9. GROSS WEIGHT</b>		
<b>10. COMMODITY DESCRIPTION:</b> Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) <b>(1) REEFER VAN: TRANS</b>								
<b>11. CONSIGNOR (SHIPPER)</b> <b>SEE BLK 6b and 12</b>		<b>12. ORIGIN (Freight address of actual shipping point)</b> <b>FEMA HQ Transportation</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			<b>15. TRANSPORTATION APPROPRIATION NUMBER</b>  <b>1509-313493</b>			
<b>13. CONSIGNEE (RECEIVER)</b> <b>SEE BLK 14</b>		<b>14. DESTINATION (Freight address of actual receiving point)</b> <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850</b> <b>Randalls Is Park</b> <b>New York, NY 10035</b>			<b>15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address)</b>  <b>SEE BLK 6a</b>			
<b>16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling))</b> <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>								
<b>RATE/ROUTE RESPONSE</b>								
<b>TO: REQUESTING AGENCY</b> (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
<b>17. TRANSPORTATION SERVICE PROVIDER (Name, Phone)</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>(904) 412-7898</b>				<b>18. APPLICABLE RATE INFORMATION</b>				
<b>19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11</b> (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				<b>a. RATE (s) PER UNIT</b> <b>\$4.92 RPM</b>		<b>b. WEIGHT (Lbs)</b>	<b>c. TARIFF OR OTHER RATE AUTHORITY</b> <b>OTO</b>	<b>d. ESTIMATED COST</b> <b>\$3,850.00</b>
				<b>20. ISSUING OFFICER</b> <b>Charles Jones</b>			<b>a. ISSUING OFFICE</b>	
<b>21. REMARKS AND SPECIAL SERVICES</b>				<b>22. CONTROL NUMBER</b> Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		<b>23. DATE ISSUED (MM/DD/YYYY)</b> <b>03/26/2020</b>		
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>								
<b>24a. DATE TIME (MM/DD/YYYY)</b>		<b>24b. ACTUAL PICK-UP POINT</b>		<b>24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>				
<b>24d. NAME OF PICK-UP TSP</b>		<b>24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT</b>			<b>24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT</b>			
<b>APPLICABLE DESTINATION INFORMATION</b>								
<b>25a. DATE TIME (MM/DD/YYYY)</b>		<b>25b. ACTUAL DELIVERY POINT</b>		<b>25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>				
<b>25d. NAME OF DELIVERING TSP (CARRIER)</b>		<b>25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT</b>			<b>25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT</b>			

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059718		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		<b>1a. BILL OF LADING NUMBER</b> <b>704120CS10059686</b>		<b>2. DATE OF REQUEST</b> <b>03/25/2020</b>		<b>3. PICKUP DATE TIME</b> <b>03/30/2020</b> <b>15:00 EDT</b>	
		<b>1b. TRANSPORTATION ORDER NUMBER</b> <b>364</b>		<b>4b. SCAC</b> <b>MGXB</b>		<b>5. DELIVERY DATE TIME</b> <b>04/14/2020</b> <b>15:00 EDT</b>	
		<b>4a. TSP</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>2511 ST JOHNS BLUFF RD, SUITE 107</b> <b>JACKSONVILLE, FL 32246</b> <b>(904) 412-7898; fema@magellanlogistics.com</b>		<b>6b. CONTACT FOR ADDITIONAL INFORMATION</b> Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			
<b>6. REQUESTING AGENCY</b> <b>FEMA</b>		<b>6a. NAME AND MAILING ADDRESS</b> <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>					
<b>7. TYPES OF RATES REQUESTED</b> <b>TL</b>			<b>8. SHIPMENT SIZE</b> <b>SEE BLK 10</b>			<b>9. GROSS WEIGHT</b>	
<b>10. COMMODITY DESCRIPTION:</b> Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) <b>(1) REEFER VAN: TRANS</b>							
<b>11. CONSIGNOR (SHIPPER)</b> <b>SEE BLK 6b and 12</b>		<b>12. ORIGIN (Freight address of actual shipping point)</b> <b>FEMA HQ Transportation</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			<b>15. TRANSPORTATION APPROPRIATION NUMBER</b>  <b>1509-313493</b>		
<b>13. CONSIGNEE (RECEIVER)</b> <b>SEE BLK 14</b>		<b>14. DESTINATION (Freight address of actual receiving point)</b> <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850</b> <b>Randalls Is Park</b> <b>New York, NY 10035</b>			<b>15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address)</b>  <b>SEE BLK 6a</b>		
<b>16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</b> <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>							
<b>RATE/ROUTE RESPONSE</b>							
<b>TO: REQUESTING AGENCY</b> (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
<b>17. TRANSPORTATION SERVICE PROVIDER (Name, Phone)</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>(904) 412-7898</b>				<b>18. APPLICABLE RATE INFORMATION</b>			
<b>19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11</b> (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				<b>a. RATE (s) PER UNIT</b> <b>\$4.92 RPM</b>		<b>b. WEIGHT (Lbs)</b>	
				<b>c. TARIFF OR OTHER RATE AUTHORITY</b> <b>OTO</b>		<b>d. ESTIMATED COST</b> <b>\$3,850.00</b>	
<b>21. REMARKS AND SPECIAL SERVICES</b>				<b>20. ISSUING OFFICER</b> <b>Charles Jones</b>		<b>a. ISSUING OFFICE</b>	
				<b>22. CONTROL NUMBER</b> Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		<b>23. DATE ISSUED (MM/DD/YYYY)</b> <b>03/26/2020</b>	
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>							
<b>24a. DATE TIME (MM/DD/YYYY)</b>		<b>24b. ACTUAL PICK-UP POINT</b>		<b>24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>			
<b>24d. NAME OF PICK-UP TSP</b>		<b>24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT</b>			<b>24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT</b>		
<b>APPLICABLE DESTINATION INFORMATION</b>							
<b>25a. DATE TIME (MM/DD/YYYY)</b>		<b>25b. ACTUAL DELIVERY POINT</b>		<b>25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>			
<b>25d. NAME OF DELIVERING TSP (CARRIER)</b>		<b>25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT</b>			<b>25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT</b>		

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059686		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		<b>1a. BILL OF LADING NUMBER</b> <b>704120CS10059725</b>		<b>2. DATE OF REQUEST</b> <b>03/25/2020</b>		<b>3. PICKUP DATE TIME</b> <b>03/30/2020</b> <b>15:00 EDT</b>		
		<b>1b. TRANSPORTATION ORDER NUMBER</b> <b>364</b>		<b>4b. SCAC</b> <b>MGXB</b>		<b>5. DELIVERY DATE TIME</b> <b>04/14/2020</b> <b>15:00 EDT</b>		
		<b>4a. TSP</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>2511 ST JOHNS BLUFF RD, SUITE 107</b> <b>JACKSONVILLE, FL 32246</b> <b>(904) 412-7898; fema@magellanlogistics.com</b>		<b>6b. CONTACT FOR ADDITIONAL INFORMATION</b> Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>				
<b>6. REQUESTING AGENCY</b> <b>FEMA</b>		<b>6a. NAME AND MAILING ADDRESS</b> <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>						
<b>7. TYPES OF RATES REQUESTED</b> <b>TL</b>			<b>8. SHIPMENT SIZE</b> <b>SEE BLK 10</b>			<b>9. GROSS WEIGHT</b>		
<b>10. COMMODITY DESCRIPTION:</b> Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD) <b>(1) REEFER VAN: TRANS</b>								
<b>11. CONSIGNOR (SHIPPER)</b> <b>SEE BLK 6b and 12</b>		<b>12. ORIGIN (Freight address of actual shipping point)</b> <b>FEMA HQ Transportation</b> <b>500 C Street Southwest</b> <b>Washington, DC 20024</b>			<b>15. TRANSPORTATION APPROPRIATION NUMBER</b>  <b>1509-313493</b>			
<b>13. CONSIGNEE (RECEIVER)</b> <b>SEE BLK 14</b>		<b>14. DESTINATION (Freight address of actual receiving point)</b> <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850</b> <b>Randalls Is Park</b> <b>New York, NY 10035</b>			<b>15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address)</b>  <b>SEE BLK 6a</b>			
<b>16. ADDITIONAL SHIPPING INFORMATION (Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</b> <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>								
<b>RATE/ROUTE RESPONSE</b>								
<b>TO: REQUESTING AGENCY</b> (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
<b>17. TRANSPORTATION SERVICE PROVIDER (Name, Phone)</b> <b>MAGELLAN TRANSPORT LOGISTICS INC</b> <b>(904) 412-7898</b>				<b>18. APPLICABLE RATE INFORMATION</b>				
<b>19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11</b> (Include hazardous materials description, if any) Seal #: Tractor #: Trailer #:				<b>a. RATE (s) PER UNIT</b> <b>\$4.92 RPM</b>		<b>b. WEIGHT (Lbs)</b>	<b>c. TARIFF OR OTHER RATE AUTHORITY</b> <b>OTO</b>	<b>d. ESTIMATED COST</b> <b>\$3,850.00</b>
				<b>20. ISSUING OFFICER</b> <b>Charles Jones</b>			<b>a. ISSUING OFFICE</b>	
<b>21. REMARKS AND SPECIAL SERVICES</b>				<b>22. CONTROL NUMBER</b> Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		<b>23. DATE ISSUED (MM/DD/YYYY)</b> <b>03/26/2020</b>		
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>								
<b>24a. DATE TIME (MM/DD/YYYY)</b>		<b>24b. ACTUAL PICK-UP POINT</b>		<b>24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>				
<b>24d. NAME OF PICK-UP TSP</b>		<b>24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT</b>			<b>24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT</b>			
<b>APPLICABLE DESTINATION INFORMATION</b>								
<b>25a. DATE TIME (MM/DD/YYYY)</b>		<b>25b. ACTUAL DELIVERY POINT</b>		<b>25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER</b>				
<b>25d. NAME OF DELIVERING TSP (CARRIER)</b>		<b>25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT</b>			<b>25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT</b>			



<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER <b>704120CS10059724</b>		2. DATE OF REQUEST <b>03/25/2020</b>		3. PICKUP DATE TIME <b>03/30/2020 15:00 EDT</b>	
		1b. TRANSPORTATION ORDER NUMBER <b>364</b>		4b. SCAC <b>MGXB</b>		5. DELIVERY DATE TIME <b>04/14/2020 15:00 EDT</b>	
		4a. TSP <b>MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com</b>		6b. CONTACT FOR ADDITIONAL INFORMATION Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest Washington, DC 20024</b>			
6. REQUESTING AGENCY <b>FEMA</b>		6a. NAME AND MAILING ADDRESS <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>					
7. TYPES OF RATES REQUESTED <b>TL</b>			8. SHIPMENT SIZE <b>SEE BLK 10</b>			9. GROSS WEIGHT	
10. COMMODITY DESCRIPTION: <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> <b>(1) REEFER VAN: TRANS</b>							
11. CONSIGNOR (SHIPPER) <b>SEE BLK 6b and 12</b>		12. ORIGIN ( <i>Freight address of actual shipping point</i> ) <b>FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024</b>			15. TRANSPORTATION APPROPRIATION NUMBER <b>1509-313493</b>		
13. CONSIGNEE (RECEIVER) <b>SEE BLK 14</b>		14. DESTINATION ( <i>Freight address of actual receiving point</i> ) <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035</b>			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) <b>SEE BLK 6a</b>		
16. ADDITIONAL SHIPPING INFORMATION ( <i>Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</i> ) <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>							
<b>RATE/ROUTE RESPONSE</b>							
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.					
17. TRANSPORTATION SERVICE PROVIDER ( <i>Name, Phone</i> ) <b>MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898</b>				18. APPLICABLE RATE INFORMATION			
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 ( <i>Include hazardous materials description, if any</i> ) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT <b>\$4.92 RPM</b>		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY <b>OTO</b>
				d. ESTIMATED COST <b>\$3,850.00</b>		20. ISSUING OFFICER <b>Charles Jones</b>	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		23. DATE ISSUED (MM/DD/YYYY) <b>03/26/2020</b>	
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>							
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT		
<b>APPLICABLE DESTINATION INFORMATION</b>							
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER			
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT		

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059724		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		

<b>Bill of Lading</b> <i>This government shipment is subject to the terms and conditions of the FEMA Freight Standard Tender of Service (STOS) and the U.S. Government Freight Transportation Handbook</i>		1a. BILL OF LADING NUMBER <b>704120CS10059716</b>		2. DATE OF REQUEST <b>03/25/2020</b>		3. PICKUP DATE TIME <b>03/30/2020 15:00 EDT</b>		
		1b. TRANSPORTATION ORDER NUMBER <b>364</b>		4b. SCAC <b>MGXB</b>		5. DELIVERY DATE TIME <b>04/14/2020 15:00 EDT</b>		
		4a. TSP <b>MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 (904) 412-7898; fema@magellanlogistics.com</b>		6b. CONTACT FOR ADDITIONAL INFORMATION Name: <b>Charles Jones</b> Phone No: <b>202-253-4816</b> Email: <b>Charles.jones3@fema.dhs.gov</b> <b>500 C Street Southwest Washington, DC 20024</b>				
		6. REQUESTING AGENCY <b>FEMA</b>		6a. NAME AND MAILING ADDRESS <b>U.S. Bank / Syncada, HTTPS://NETWORK.SYNCADA.COM Naperville, IL 60563</b>				
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10. COMMODITY DESCRIPTION: <i>Give UFC, NMFC number or a clear non-technical description: show number of packages as prepared for shipment (e.g., crated, uncrated, boxes, skids, loose, SU, KD)</i> <b>(1) REEFER VAN: TRANS</b>								
11. CONSIGNOR (SHIPPER) <b>SEE BLK 6b and 12</b>		12. ORIGIN ( <i>Freight address of actual shipping point</i> ) <b>FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024</b>			15. TRANSPORTATION APPROPRIATION NUMBER <b>1509-313493</b>			
13. CONSIGNEE (RECEIVER) <b>SEE BLK 14</b>		14. DESTINATION ( <i>Freight address of actual receiving point</i> ) <b>Icahn Stadium, ATTN: Emily Carroll, 6467063850 Randalls Is Park New York, NY 10035</b>			15a. PAYING OFFICE OF REQUESTING AGENCY (Name and mailing address) <b>SEE BLK 6a</b>			
16. ADDITIONAL SHIPPING INFORMATION ( <i>Describe articles of unusual size or weight (e.g., 35' long, 8' wide or high); special handling (e.g., hazardous materials); special carrier service needed (e.g., exclusive use of vehicle or in-transit cooling)</i> ) <b>REQUEST TRANSPORTATION FOR (1) REEFER VAN FOR COVID 19. REEFER VAN WILL BE TRANSPORTED/DROPPED. CAN BE HELD 30 DAYS MORE OR LESS. DETENTION RATE \$400.00 PER TRAILER A DAY. CALL DESTINATION TWO HOURS PRIOR DELIVERY. CARRIER IS RESPONSIBLE FOR ALL CUSTOMS/BORDER/HAZMAT DOCS. This is a Door to Door (DTD) move that is all inclusive. Please ensure drivers have a copy of appropriate documents and credentials to pick up and deliver freight from origin to destination.</b>								
<b>RATE/ROUTE RESPONSE</b>								
TO: REQUESTING AGENCY (Shown in BLK 6a)		If shipment is not made in a reasonable period, a new request should be submitted with reference made to the control number in BLK 22 below.						
17. TRANSPORTATION SERVICE PROVIDER ( <i>Name, Phone</i> ) <b>MAGELLAN TRANSPORT LOGISTICS INC (904) 412-7898</b>				18. APPLICABLE RATE INFORMATION				
19. BILL OF LADING DESCRIPTION WHEN DIFFERENT FROM ITEM 11 ( <i>Include hazardous materials description, if any</i> ) Seal #: Tractor #: Trailer #:				a. RATE (s) PER UNIT <b>\$4.92 RPM</b>		b. WEIGHT (Lbs)	c. TARIFF OR OTHER RATE AUTHORITY <b>OTO</b>	d. ESTIMATED COST <b>\$3,850.00</b>
				20. ISSUING OFFICER <b>Charles Jones</b>			a. ISSUING OFFICE	
21. REMARKS AND SPECIAL SERVICES				22. CONTROL NUMBER Disaster: <b>DR-4480-NY</b> CO: <b>C1029003</b> DO: <b>D1029004</b> RRF #: <b>2604-113837-002</b>		23. DATE ISSUED (MM/DD/YYYY) <b>03/26/2020</b>		
<b>APPLICABLE ORIGIN PICK-UP INFORMATION</b>								
24a. DATE TIME (MM/DD/YYYY)		24b. ACTUAL PICK-UP POINT		24c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
24d. NAME OF PICK-UP TSP		24e. PRINTED NAME OF PICK-UP TSP AUTHORIZED AGENT			24f. SIGNATURE OR PICK-UP TSP'S AUTHORIZED AGENT			
<b>APPLICABLE DESTINATION INFORMATION</b>								
25a. DATE TIME (MM/DD/YYYY)		25b. ACTUAL DELIVERY POINT		25c. COMPLETE IN APPARENT GOOD ORDER EXCEPT AS MAY BE INDICATED HEREAFTER				
25d. NAME OF DELIVERING TSP (CARRIER)		25e. PRINTED NAME OF CONSIGNEE AUTHORIZED AGENT			25f. SIGNATURE OF CONSIGNEE AUTHORIZED AGENT			

## BILL OF LADING CORRECTION NOTICE

<b>1. BOL NUMBER</b> 704120CS10059716		<b>2. DATE BOL WAS ISSUED</b> 03/26/2020 19:44 EDT		<b>3. DATE NOTICE PREPARED</b> 03/26/2020 19:52 EDT	
<b>4. ORIGIN</b> FEMA HQ Transportation 500 C Street Southwest Washington, DC 20024			<b>5. DESTINATION</b> Icahn Stadium Randalls Is Park New York, NY 10035		
<b>6. TO (Carrier name/address to which this is directed – including zip code)</b> MAGELLAN TRANSPORT LOGISTICS INC 2511 ST JOHNS BLUFF RD, SUITE 107 JACKSONVILLE, FL 32246 fema@magellanlogistics.com			<b>7. FROM (Notice initiator name/address – including zip code)</b> Charles Jones 500 C Street Southwest Washington, DC 20024 (202) 646-2947		
<b>8. LINE HAUL</b> \$ 3,850.00 OTO		<b>9. ACCESSORIAL COST</b> \$ 0.00		<b>10. CORRECTIONS COST</b> \$ 0.00	
<b>11. COST TYPE</b>	<b>12. COMMENTS</b>			<b>13. ADDITIONAL COST</b>	<b>14. REVISED TOTAL COST</b>
Linehaul OTO	Initial shipment cost.			\$ 0.00	\$ 3,850.00
<b>15. TOTAL COST</b>					\$ 3,850.00
<b>16. AUTHORITY FOR CORRECTION (Authority for making change.)</b>					
<b>17. REMARKS (Pertinent information not otherwise provided on the form.)</b>					
<b>18. SIGNATURE AND TITLE OF INITIATING OFFICIAL</b> Charles Jones			<b>19. CARRIER REPRESENTATIVE'S SIGNATURE</b> (Required when notice is initiated by shipper and transportation charges are affected.)		