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Fill in this information to identify the case:

Debtor 1 Carestream Health, Inc., et al.
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court for the: District of Delaware
 Case number 22-10778

Official Form 410

Proof of Claim

04/22

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

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

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

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

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Argus Transport USA, LLC</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small> Other names the creditor used with the debtor <u>RDU</u>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Argus Transport USA, LLC</u> <small>Name</small> <u>970 Driving Park Ave Rochester 14613-1508</u> <small>Number Street</small> <u>NY NY</u> <small>City State ZIP Code</small> Contact phone <u>Bill Banks (514) 956-8800 2400</u> Contact email <u>bbanks@argustransport.com</u>	Where should payments to the creditor be sent? (if different) <small>Name</small> <small>Number Street</small> <small>City State ZIP Code</small> Contact phone <u>Cel: 514-809-8266</u> Contact email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

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SEP 26 2022

KURTZMAN CARSON CONSULTANTS

Filed on 09/20/2022
MM / DD / YYYY



221077822092600000000008

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

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 73,381.30 Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Transportation

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

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Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

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

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

☒ No

☐ Yes. Check one:

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

Amount entitled to priority

\$ _____

☐ Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

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

\$ _____

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

\$ _____

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

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

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

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

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

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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

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

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

Executed on date 09/20/2022

Signature

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

Name	Bill Banks
	First name Middle name Last name
Title	Director of HR and Legal Department / Cel: (514) 809-8266
Company	Argus Transport USA, LLC
	Identify the corporate servicer as the company if the authorized agent is a servicer.
Address	970 Driving Park Ave Rochester 14613-1508
	Number Street
	NY NY 14613
	City State ZIP Code
Contact phone	(514) 956-8800 2400
	Email bbanks@argustransport.com

RECEIVED

SEP 26 2022

KURTZMAN CARSON CONSULTANTS



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015035

DATE: 08/08/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

ARM
740 DRIVING PARK / SUITE 1
ROCH NY

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/08/2022

Container

Reference / Load/ Bill of Lading Number

221088

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

LTL

500

1

\$0.00

\$35.00

Freight Charge Sub Total

1

35.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

35.00

\$0.354

\$12.38

Charges SubTotal:

\$47.38

Total Amount Owing:

\$47.38

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015036

DATE: 08/08/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/08/2022

Container**Reference / Load/ Bill of Lading Number**

212180

PO #

Description	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	1	\$0.00	\$45.00
Freight Charge Sub Total	1		45.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	45.00	\$0.354	\$15.91
Charges SubTotal:			\$60.91

Total Amount Owing:

\$60.91

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015079

DATE: 08/08/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/08/2022

Container

Reference / Load/ Bill of Lading Number

221418

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	1000	2	\$180.00	\$180.00
Freight Charge Sub Total		2		180.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	180.00		\$0.354	\$63.65

Charges SubTotal: \$243.65

Total Amount Owning:

\$243.65

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015080

DATE: 08/08/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/08/2022

Container

Reference / Load/ Bill of Lading Number			PO #
080822	211436	220575	
2208080801	221555	BOL#2409	

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total		0	395.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.354	\$139.67

Charges SubTotal: **\$534.67****Total Amount Owing:****\$534.67****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015081

DATE: 08/08/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/08/2022

Container	DEDICATED 1
-----------	-------------

Reference / Load/ Bill of Lading Number			PO #
221082	221083	221084	
221087	221419	221421	
221425			

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.354	\$221.00

Charges SubTotal: \$846.00**Total Amount Owing:**\$846.00US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015082

DATE: 08/08/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/08/2022

Container

Reference / Load/ Bill of Lading Number

213287

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

STRAIGHT TRUCK

2000

1

\$125.00

\$125.00

Freight Charge Sub Total

1

125.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

125.00

\$0.354

\$44.20

Charges SubTotal:

\$169.20

Total Amount Owing:

\$169.20

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015083

DATE: 08/08/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/08/2022

Container**Reference / Load/ Bill of Lading Number**

213288

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	2000	1	\$0.00	\$35.00
LTL		3	\$0.00	\$54.00
Freight Charge Sub Total		4		89.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	125.00		\$0.354	\$44.20

Charges SubTotal: \$133.20**Total Amount Owing:**\$133.20US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015084

DATE: 08/08/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/08/2022

Container

Reference / Load/ Bill of Lading Number

220570

PO #

Description

PCS / SKIDS

Rate

Charges

LTP

0

\$0.00

\$20.00

Freight Charge Sub Total

0

20.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

24.00

\$0.354

\$8.49

Charges SubTotal:

\$28.49

Total Amount Owing:

\$28.49

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015085

DATE: 08/08/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/08/2022

Container

Reference / Load / Bill of Lading Number

221426

PO #

Description	PCS / SKIDS	Rate	Charges
LTP	0	\$0.00	\$24.00
Freight Charge Sub Total	0		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.354	\$8.49

Charges SubTotal: \$32.49**Total Amount Owing:**\$32.49US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015086

DATE: 08/08/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/08/2022

Container			
Reference / Load/ Bill of Lading Number			PO #
220576			
Description	PCS / SKIDS	Rate	Charges
LTP	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.354	\$8.49
Charges SubTotal:			\$28.49

Total Amount Owing:

\$28.49

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015087

DATE: 08/08/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/08/2022

Container

Reference / Load/ Bill of Lading Number

220577

PO #

Description

PCS / SKIDS

Rate

Charges

LTP

0

\$0.00

\$20.00

Freight Charge Sub Total

0

20.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

24.00

\$0.354

\$8.49

Charges SubTotal:

\$28.49

Total Amount Owning:

\$28.49

US FUNDS

Notes

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015024

DATE: 08/09/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596

MC # 131054

**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**LTRON
7911 LEHIGH CROSSING STE 6
VICTOR NY 14564**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/09/2022

Container**Reference / Load / Bill of Lading Number****PO #**

201146

Description	PCS / SKIDS	Rate	Charges
LTP	1	\$0.00	\$32.00
Freight Charge Sub Total	1		32.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	32.00	\$0.354	\$11.32
Charges SubTotal:			<u>\$43.32</u>

Total Amount Owing:\$43.32US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015070

DATE: 08/09/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

CSH 117
BLDG 117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/09/2022

Container

Reference / Load/ Bill of Lading Number

221428

PO #

Description

PCS / SKIDS

Rate

Charges

LTL

1

\$0.00

\$35.00

1

\$0.00

\$18.00

Freight Charge Sub Total

2

53.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

53.00

\$0.354

\$18.74

Charges SubTotal:

\$71.74

Total Amount Owing:

\$71.74

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015071

DATE: 08/09/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/09/2022

Container

Reference / Load/ Bill of Lading Number

221428

PO #

Description

PCS / SKIDS

Rate

Charges

LTL

1

\$0.00

\$35.00

Freight Charge Sub Total

1

35.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

35.00

\$0.354

\$12.38

Charges SubTotal:

\$47.38

Total Amount Owing:

\$47.38

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015072

DATE: 08/09/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**LTRON
7911 LEHIGH CROSSING STE 6
VICTOR NY 14564**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/09/2022

Container			
Reference / Load/ Bill of Lading Number			PO #
201147			
Description	PCS / SKIDS	Rate	Charges
LTP	1	\$0.00	\$32.00
Freight Charge Sub Total	1		32.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	32.00	\$0.354	\$11.32
Charges SubTotal:			\$43.32

Total Amount Owning:\$43.32US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015088

DATE: 08/09/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/09/2022

Container**Reference / Load / Bill of Lading Number**

221431

PO #

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
Freight Charge Sub Total	1		35.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.354	\$12.38
Charges SubTotal:			\$47.38

Total Amount Owing:**\$47.38****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015089

DATE: 08/09/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/09/2022

Container

Reference / Load/ Bill of Lading Number

PO #

213290

Description	PCS / SKIDS	Rate	Charges
TRUCKLOAD	0	\$0.00	\$195.00
Freight Charge Sub Total	0		195.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	195.00	\$0.354	\$68.95

Charges SubTotal: \$263.95

Total Amount Owing:

\$263.95

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015090

DATE: 08/09/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**RDU INC.
970 DRIVING PARK AVE.
ROCHESTER NY 1460**Consignee**110GL6540100-10016
CSH STORAGE TRAILERS
1049 W RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/09/2022

Container	221747
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Reference / Load/ Bill of Lading Number	PO #

Description	PCS / SKIDS	Rate	Charges
DEDICATED SPOT TRAILER FOR STORAGE	0	\$0.00	\$125.00
Freight Charge Sub Total	0		125.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	125.00	\$0.354	\$44.20

Charges SubTotal: \$169.20**Total Amount Owing:**\$169.20US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015116

DATE: 08/09/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-POAH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/09/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
221427	

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	1000	2	\$180.00	\$180.00
Freight Charge Sub Total		2		180.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	180.00	\$0.354	\$63.65

Charges SubTotal: \$243.65**Total Amount Owing:**\$243.65US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015117

DATE: 08/09/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/09/2022

Container

Reference / Load/ Bill of Lading Number			PO #
080822	211438	216218	
219431	2208090852	BOL#2410	

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.354	\$139.67

Charges SubTotal: \$534.67**Total Amount Owing:**\$534.67US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015118

DATE: 08/09/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/09/2022

Container	DEDICATED 1
-----------	-------------

Reference / Load/ Bill of Lading Number			PO #
221089	221090	221091	
221092	221093	221433	
221434	221440		

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.354	\$221.00

Charges SubTotal: \$846.00

Total Amount Owing:

\$846.00

US FUNDS

Notes

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015119

DATE: 08/09/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/09/2022

Container

Reference / Load/ Bill of Lading Number

PO #

213289

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	2000	1	\$125.00	\$125.00
Freight Charge Sub Total		1		125.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	125.00		\$0.354	\$44.20
Charges SubTotal:				\$169.20

Total Amount Owing:

\$169.20

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015120

DATE: 08/09/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/09/2022

Container

Reference / Load/ Bill of Lading Number

PO #

213291

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	2000	1	\$0.00	\$35.00
LTL		6	\$0.00	\$90.00
Freight Charge Sub Total		7		125.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	125.00		\$0.354	\$44.20

Charges SubTotal: \$169.20

Total Amount Owing:

\$169.20

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015121

DATE: 08/09/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/09/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221746

Description	PCS / SKIDS	Rate	Charges
LTP	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.354	\$7.07
Charges SubTotal:			\$27.07

Total Amount Owing:**\$27.07****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015122

DATE: 08/09/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/09/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
221745	

Description	PCS / SKIDS	Rate	Charges
LTP	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.354	\$7.07

Charges SubTotal: \$27.07

Total Amount Owing:

\$27.07

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015123

DATE: 08/09/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/09/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221436

Description	PCS / SKIDS	Rate	Charges
LTP	0	\$0.00	\$24.00
Freight Charge Sub Total	0		24.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.354	\$8.49
Charges SubTotal:			\$32.49

Total Amount Owing:**\$32.49****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015124

DATE: 08/09/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-POAH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/09/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221437

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	500	0	\$0.00	\$35.00
Freight Charge Sub Total		0		35.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	35.00		\$0.354	\$12.38

Charges SubTotal: \$47.38

Total Amount Owing:

\$47.38

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015073

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

ONTARIO PLASTICS INC
2503 DEWEY AVE
ROCHESTER NY 14616

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/10/2022

Container

Reference / Load/ Bill of Lading Number	PO #
7925	

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE A	60	8	\$0.00	\$20.00
Freight Charge Sub Total		8		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.354	\$7.07

Charges SubTotal: \$27.07

Total Amount Owing:

\$27.07

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015092

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

TYCOM RECYCLING
155 HOLLEDER PKWY
ROCHESTER NY 14615

Ship Date: 08/10/2022

Container

Reference / Load/ Bill of Lading Number

213292

PO #

Description

PCS / SKIDS

Rate

Charges

LTL

1

\$0.00

\$30.00

Freight Charge Sub Total

1

30.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

30.00

\$0.354

\$10.61

Charges SubTotal:

\$40.61

Total Amount Owing:

\$40.61

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015096

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL2010300-ISNH
CSH 110
1669 LAKE AVE
ROCHESTER NY 14652

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/10/2022

Container

Reference / Load/ Bill of Lading Number

221096

PO #

Description

PCS / SKIDS

Rate

Charges

LTL

1

\$0.00

\$35.00

LTL

3

\$0.00

\$54.00

Freight Charge Sub Total

4

89.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

89.00

\$0.354

\$31.47

Charges SubTotal:

\$120.47

Total Amount Owing:

\$120.47

US FUNDS

Notes

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015097

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL2010300-ICH5
CSH 117/14
1669 LAKE AVE
ROCHESTER NY 14652

Consignee

CSH 27
BLDG 27
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/10/2022

Container

Reference / Load/ Bill of Lading Number	PO #
214066	

Description	PCS / SKIDS	Rate	Charges
TANKER MOVE # 724	0	\$0.00	\$80.00
Freight Charge Sub Total	0		80.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	80.00	\$0.354	\$28.29

Charges SubTotal: \$108.29

Total Amount Owing:

\$108.29

US FUNDS

Notes

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015098

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 27
BLDG 27
1669 LAKE AVE
ROCHESTER NY 14652

Consignee

110GL2010300-ICH5
CSH 117/14
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/10/2022

Container	214078
-----------	--------

Reference / Load/ Bill of Lading Number	PO #

Description	PCS / SKIDS	Rate	Charges
TANKER MOVE # 724	0	\$0.00	\$80.00
Freight Charge Sub Total	0		80.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	80.00	\$0.354	\$28.29

Charges SubTotal: \$108.29

Total Amount Owing:

\$108.29

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015103

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH 14
CARESTREAM HEALTH
BLDG 14
ROCHESTER NY 14652

Ship Date: 08/10/2022

Container

Reference / Load/ Bill of Lading Number

215418

PO #

Description	PCS / SKIDS	Rate	Charges
CASKETS	10	\$0.00	\$45.00
Freight Charge Sub Total	10		45.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	45.00	\$0.354	\$15.91

Charges SubTotal: \$60.91

Total Amount Owing:

\$60.91

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015109

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-ICH5
CSH 117/14
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/10/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221443

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	187	1	\$0.00	\$35.00
Freight Charge Sub Total			1	35.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	35.00		\$0.354	\$12.38
Charges SubTotal:				\$47.38

Total Amount Owing:**\$47.38****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015110

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**EK
B 119
1669 LAKE AVE
ROCHESTER NY 14652**Consignee**110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/10/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221560

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	250	1	\$0.00	\$45.00
Freight Charge Sub Total		1		45.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	45.00		\$0.354	\$15.91

Charges SubTotal: \$60.91**Total Amount Owing:**\$60.91US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015111

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

DIVERSIPAK
40 HUMBOLDT ST
ROCHESTER NY 14609

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/10/2022

Container

Reference / Load/ Bill of Lading Number

PO #

219432

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE B	1	\$0.00	\$24.00
Freight Charge Sub Total	1		24.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.354	\$8.49

Charges SubTotal: \$32.49

Total Amount Owing:

\$32.49

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015112

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**MASLINE
511 S. CLINTON AVE
ROCHESTER NY 14620**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/10/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

2208100806

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE B	20	2	\$0.00	\$24.00
Freight Charge Sub Total		2		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.354	\$8.49

Charges SubTotal: **\$32.49****Total Amount Owing:****\$32.49****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015114

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**PLAZX MANUFACTURING
10 CAIRN STREET
ROCHESTER NY 14611**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/10/2022

Container**Reference / Load/ Bill of Lading Number**

209006

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE A	10	1	\$0.00	\$20.00
Freight Charge Sub Total		1		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.354	\$7.07

Charges SubTotal: **\$27.07****Total Amount Owning:****\$27.07****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015132

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

LIGHT FAB
40 HYTEC CIR
ROCHESTER NY 14606

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/10/2022

Container

Reference / Load/ Bill of Lading Number

11491880

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	450	1	\$0.00	\$30.00
Freight Charge Sub Total			1	30.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	30.00		\$0.354	\$10.61

Charges SubTotal: \$40.61

Total Amount Owing:

\$40.61

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015134

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/10/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221438

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE B	50	1	\$0.00	\$24.00
Freight Charge Sub Total			1	24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.354	\$8.49

Charges SubTotal: \$32.49**Total Amount Owing:**\$32.49US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015171

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/10/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221439

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	2000	2	\$180.00	\$180.00
Freight Charge Sub Total			2	180.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	180.00		\$0.354	\$63.65
Charges SubTotal:				\$243.65

Total Amount Owing:**\$243.65****US FUNDS****Notes**

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015172

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/10/2022

Container

Reference / Load/ Bill of Lading Number			PO #
080922	219433	2208100812	
221558	221559	6502592042	
BOL#2411			

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.354	\$139.67

Charges SubTotal: \$534.67**Total Amount Owing:**\$534.67US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015173

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/10/2022

Container	DEDICATED 1
-----------	-------------

Reference / Load/ Bill of Lading Number			PO #
221094	221095	221097	
221098	221441	221442	
221445			

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.354	\$221.00

Charges SubTotal: \$846.00

Total Amount Owing:

\$846.00

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015174

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/10/2022

Container**Reference / Load/ Bill of Lading Number**

213293

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	2000	1	\$125.00	\$125.00
Freight Charge Sub Total		1		125.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	125.00		\$0.354	\$44.20
Charges SubTotal:				\$169.20

Total Amount Owing:**\$169.20****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015175

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/10/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

213294

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	5000	1	\$0.00	\$35.00
LTL		4	\$0.00	\$72.00
Freight Charge Sub Total		5		107.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	107.00		\$0.354	\$37.84

Charges SubTotal: \$144.84**Total Amount Owing:**\$144.84US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015176

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/10/2022

Container

Reference / Load/ Bill of Lading Number

PO #

220579

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE A	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.354	\$7.07
Charges SubTotal:			\$27.07

Total Amount Owing:

\$27.07

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015177

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/10/2022

Container**Reference / Load/ Bill of Lading Number**

221444

PO #

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE B	0	\$0.00	\$24.00
Freight Charge Sub Total	0		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.354	\$8.49

Charges SubTotal: \$32.49**Total Amount Owing:**\$32.49US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015178

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/10/2022

Container**Reference / Load/ Bill of Lading Number**

220578

PO #

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE A	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.354	\$7.07
Charges SubTotal:			\$27.07

Total Amount Owing:**\$27.07****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015179

DATE: 08/10/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/10/2022

Container

Reference / Load/ Bill of Lading Number

PO #

220569

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE A	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.354	\$7.07
Charges SubTotal:			\$27.07

Total Amount Owing:**\$27.07**

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015152

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

MANGOLD WAREHOUSE
10 CAIRIN ST DOCK 8
ROCHESTER NY 14611
110GL6540100-10528

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/11/2022

Container

Reference / Load/ Bill of Lading Number	PO #
8100272803	

Description	PCS / SKIDS	Rate	Charges
TRUCK LOAD	100	\$0.00	\$195.00
Freight Charge Sub Total	100		195.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	195.00	\$0.354	\$68.95

Charges SubTotal: \$263.95

Total Amount Owing:

\$263.95

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015158

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

MASLINE
511 S. CLINTON AVE
ROCHESTER NY 14620

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/11/2022

Container

Reference / Load/ Bill of Lading Number

2208110825

PO #

Description

COURIER ZONE B

Weight

8

PCS / SKIDS

1

Rate

\$0.00

Charges

\$24.00

Freight Charge Sub Total

1

24.00

Accessorial Description

FUEL SURCHARGE USD

Quantity

24.00

Rate

\$0.354

Amount

\$8.49

Charges SubTotal:

\$32.49

Total Amount Owing:

\$32.49

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015159

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**DIVERSIPAK
40 HUMBOLDT ST
ROCHESTER NY 14609**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/11/2022

Container

Reference / Load/ Bill of Lading Number	PO #
219435	

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
Freight Charge Sub Total	1		35.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.354	\$12.38

Charges SubTotal: \$47.38**Total Amount Owing:**\$47.38US FUNDS**Notes**

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015160

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

AIM
780 CANNING PARKWAY
VICTOR NY 14564

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/11/2022

Container

Reference / Load/ Bill of Lading Number

PO #

6502636544

Description	PCS / SKIDS	Rate	Charges
LTL ZONE C	1	\$0.00	\$50.00
Freight Charge Sub Total	1		50.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	50.00	\$0.354	\$17.68

Charges SubTotal: \$67.68

Total Amount Owing:

\$67.68

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015162

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 14
CARESTREAM HEALTH
BLDG 14
ROCHESTER NY 14652

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/11/2022

Container

Reference / Load/ Bill of Lading Number

212362

PO #

Description

PCS / SKIDS

Rate

Charges

STRAIGHT TRUCK

4

\$0.00

\$45.00

Freight Charge Sub Total

4

45.00

Accessorial Description

Quantity

Rate

Amount

RUSH

1.00

\$30.000

\$30.00

FUEL SURCHARGE USD

45.00

\$0.354

\$15.91

Charges SubTotal:

\$90.91

Total Amount Owing:

\$90.91

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015163

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL2010300-ISNH
CSH 110
1669 LAKE AVE
ROCHESTER NY 14652

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/11/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221648

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
	4	\$0.00	\$72.00
Freight Charge Sub Total	5		107.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	107.00	\$0.354	\$37.84

Charges SubTotal: \$144.84

Total Amount Owing:

\$144.84

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015181

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**RDU
970 DRIVING PARK AVE
ROCHESTER NY 14613

Ship Date: 07/30/2022

Container**Reference / Load/ Bill of Lading Number**

220074 TRLR #11064

PO #

B882 STORAGE

Description	Weight	PCS / SKIDS	Rate	Charges
STORAGE 1 WEEK JULY 30 - AUGUST 8, 2022	28000	0	\$0.00	\$0.00
Freight Charge Sub Total			0	0.00
Accessorial Description	Quantity		Rate	Amount
STORAGE	1.00		\$150.000	\$150.00
Charges SubTotal:				\$150.00

Total Amount Owing:**\$150.00****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015182

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

KORE WIRELESS
3750 MONROE AVE
SUITE 300
PITTSFORD NY 14526

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/11/2022

Container

Reference / Load/ Bill of Lading Number

211051

PO #

6502635971

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	170	1	\$0.00	\$35.00
Freight Charge Sub Total			1	35.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	35.00		\$0.354	\$12.38

Charges SubTotal: \$47.38

Total Amount Owing:

\$47.38

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015183

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/11/2022

Container

Reference / Load/ Bill of Lading Number

213296

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
TRUCKLOAD	13000	6	\$0.00	\$195.00
Freight Charge Sub Total			6	195.00
Accessorial Description	Quantity		Rate	Amount
RUSH	1.00		\$30.000	\$30.00
FUEL SURCHARGE USD	195.00		\$0.354	\$68.95
Charges SubTotal:				<u>\$293.95</u>

Total Amount Owing:

\$293.95

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015184

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-ICH5
CSH 117/14
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/11/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221446	

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	1024	1	\$0.00	\$35.00
Freight Charge Sub Total		1		35.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.354	\$12.38

Charges SubTotal: \$47.38**Total Amount Owing:**\$47.38

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015187

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10528
RDU
970 DRIVING PARK AVE
ROCHESTER NY 14613

Ship Date: 08/11/2022

Container**Reference / Load/ Bill of Lading Number**

221449

PO #

SCRAP PALLETS

Description	PCS / SKIDS	Rate	Charges
6 STACKS OF PALLETS	1	\$0.00	\$35.00
LTL	5	\$0.00	\$75.00
Freight Charge Sub Total	6		110.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	110.00	\$0.354	\$38.90

Charges SubTotal: \$148.90

Total Amount Owing:\$148.90US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015190

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**RDU INC.
970 DRIVING PARK AVE.
110GL6540100-11600
ROCHESTER NY 1460**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/11/2022

Container TRL 11454

Reference / Load/ Bill of Lading Number**PO #**

221750

Description	PCS / SKIDS	Rate	Charges
DROP OFF TRAILER FOR STORAGE	0	\$0.00	\$125.00
Freight Charge Sub Total	0		125.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	125.00	\$0.354	\$44.20
Charges SubTotal:			\$169.20

Total Amount Owing:**\$169.20**

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015212

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/11/2022

Container**Reference / Load/ Bill of Lading Number**

221448

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	2000	1	\$180.00	\$180.00
Freight Charge Sub Total			1	180.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	180.00		\$0.354	\$63.65

Charges SubTotal: \$243.65**Total Amount Owing:**\$243.65US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015213

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/11/2022

Container

Reference / Load/ Bill of Lading Number

PO #

081122	211439	219434
2208110831	BOL#2412	

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.354	\$139.67

Charges SubTotal: \$534.67

Total Amount Owing:

\$534.67

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015214

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/11/2022

Container	DEDICATED 1
-----------	-------------

Reference / Load/ Bill of Lading Number			PO #
221099	221100	221101	
221102	221104	221450	
221451	221453	221454	

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.354	\$221.00

Charges SubTotal: \$846.00

Total Amount Owing:

\$846.00

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015215

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/11/2022

Container**Reference / Load/ Bill of Lading Number**

213295

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	2000	4	\$125.00	\$125.00
Freight Charge Sub Total		4		125.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	125.00		\$0.354	\$44.20
Charges SubTotal:				\$169.20

Total Amount Owing:**\$169.20****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015216

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/11/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

213297

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	3000	1	\$0.00	\$35.00
LTL		4	\$0.00	\$72.00
Freight Charge Sub Total		5		107.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	107.00		\$0.354	\$37.84

Charges SubTotal: \$144.84**Total Amount Owing:**\$144.84US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015217

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/11/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221749

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE A	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.354	\$7.07
Charges SubTotal:			\$27.07

Total Amount Owing:

\$27.07

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015218

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/11/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221748

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE A	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.354	\$7.07
Charges SubTotal:			\$27.07

Total Amount Owing:

\$27.07

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015219

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/11/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221447

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE B	0	\$0.00	\$24.00
Freight Charge Sub Total	0		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.354	\$8.49
Charges SubTotal:			\$32.49

Total Amount Owing:**\$32.49****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015220

DATE: 08/11/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/11/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221452	

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE B	0	\$0.00	\$24.00
Freight Charge Sub Total	0		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.354	\$8.49

Charges SubTotal: \$32.49**Total Amount Owing:**\$32.49US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015194

DATE: 08/12/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**AMERICAN PACKAGING INC
1555 LYELL AVE
ROCHESTER NY 14606**Consignee**CSH
CARESTREAM HEALTH
BLDG 12, 100 LATONA RD
ROCHESTER NY 14652

Ship Date: 08/12/2022

Container**Reference / Load/ Bill of Lading Number**

18942

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	4998	1	\$0.00	\$30.00
		4	\$0.00	\$60.00
Freight Charge Sub Total		5		90.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	90.00		\$0.354	\$31.82
Charges SubTotal:				<u>\$121.82</u>

Total Amount Owing:\$121.82

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015195

DATE: 08/12/2022

Tel: 585-458-0750
Fax: 585-458-1741DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**MASTRO GRAPHIC ARTS
67 DEEP ROCK RD
ROCHESTER NY 14624**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/12/2022

Container

Reference / Load/ Bill of Lading Number	PO #
214208	

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE A	6	1	\$0.00	\$20.00
Freight Charge Sub Total		1		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.354	\$7.07

Charges SubTotal: \$27.07**Total Amount Owing:**\$27.07US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015203

DATE: 08/12/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

NIFTY BAR
450 WHITNEY ROAD
PENFIELD NY 14526

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/12/2022

Container

Reference / Load/ Bill of Lading Number

206488

PO #

Description

PCS / SKIDS

Rate

Charges

COURIER ZONE B

1

\$0.00

\$24.00

Freight Charge Sub Total

1

24.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

24.00

\$0.354

\$8.49

Charges SubTotal:

\$32.49

Total Amount Owing:

\$32.49

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015205

DATE: 08/12/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

ALLIANCE PRECISION PLASTICS
1220 LEE RD
ROCHESTER NY 14606

Consignee

CSH
CARESTREAM HEALTH
BLDG 12, 100 LATONA RD
ROCHESTER NY 14652

Ship Date: 08/12/2022

Container

Reference / Load/ Bill of Lading Number

43933

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	671	1	\$0.00	\$30.00
Freight Charge Sub Total			1	30.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	30.00		\$0.354	\$10.61

Charges SubTotal: \$40.61

Total Amount Owing:

\$40.61

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015222

DATE: 08/12/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

DIVERSIPAK
40 HUMBOLDT ST
ROCHESTER NY 14609

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/12/2022

Container

Reference / Load/ Bill of Lading Number

219436

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

COURIER ZONE B

10

3

\$0.00

\$24.00

Freight Charge Sub Total

3

24.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

24.00

\$0.354

\$8.49

Charges SubTotal:

\$32.49

Total Amount Owing:

\$32.49

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015223

DATE: 08/12/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/12/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221460

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
	2	\$0.00	\$36.00
Freight Charge Sub Total		3	71.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	71.00	\$0.354	\$25.11

Charges SubTotal: \$96.11

Total Amount Owing:

\$96.11

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015225

DATE: 08/12/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-ISNH
CSH 110
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/12/2022

Container**Reference / Load / Bill of Lading Number**

221456

PO #

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
	1	\$0.00	\$18.00
Freight Charge Sub Total	2		53.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	53.00	\$0.354	\$18.74

Charges SubTotal: \$71.74**Total Amount Owing:**\$71.74US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015226

DATE: 08/12/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

ROCHESTER SILVER WORKS,
BLDG 143
100 LATONA RD.
ROCHESTER NY 14652

Ship Date: 08/12/2022

Container

Reference / Load/ Bill of Lading Number

221457

PO #

Description

PCS / SKIDS

Rate

Charges

LTL

1

\$0.00

\$35.00

1

\$0.00

\$18.00

Freight Charge Sub Total

2

53.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

53.00

\$0.354

\$18.74

Charges SubTotal:

\$71.74

Total Amount Owing:

\$71.74

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015227

DATE: 08/12/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/12/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221461	

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE B	10	1	\$0.00	\$24.00
Freight Charge Sub Total		1		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.354	\$8.49

Charges SubTotal: \$32.49

Total Amount Owing:

\$32.49

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015285

DATE: 08/12/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/12/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221455

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	500	2	\$180.00	\$180.00
Freight Charge Sub Total			2	180.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	180.00		\$0.354	\$63.65

Charges SubTotal: \$243.65

Total Amount Owing:

\$243.65

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015287

DATE: 08/12/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/12/2022

Container	081122
-----------	--------

Reference / Load/ Bill of Lading Number			PO #
216219	219437	2208120822	
221563	221564	BOL#2413	

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.354	\$139.67

Charges SubTotal: \$534.67

Total Amount Owing:

\$534.67

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015288

DATE: 08/12/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/12/2022

Container DEDICATED 1

Reference / Load/ Bill of Lading Number

PO #

221105	221106	221107
221108	221458	221459
221464	221465	

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	625.00		\$0.354	\$221.00
Charges SubTotal:				\$846.00

Total Amount Owing:

\$846.00

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015289

DATE: 08/12/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/12/2022

Container**Reference / Load/ Bill of Lading Number**

213298

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	2000	2	\$125.00	\$125.00
Freight Charge Sub Total		2		125.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	125.00		\$0.354	\$44.20
Charges SubTotal:				\$169.20

Total Amount Owing:**\$169.20****US FUNDS****Notes**

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015290

DATE: 08/12/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/12/2022

Container

Reference / Load/ Bill of Lading Number

213299

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	3000	1	\$0.00	\$35.00
LTL		2	\$0.00	\$36.00
Freight Charge Sub Total		3		71.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	71.00		\$0.354	\$25.11

Charges SubTotal: \$96.11

Total Amount Owing:

\$96.11

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015291

DATE: 08/12/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/12/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221561	

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE A	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.354	\$7.07

Charges SubTotal: \$27.07**Total Amount Owing:**\$27.07

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015292

DATE: 08/12/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/12/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221562

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE A	15	2	\$0.00	\$20.00
Freight Charge Sub Total		2		20.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	20.00		\$0.354	\$7.07

Charges SubTotal: \$27.07

Total Amount Owing:

\$27.07

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015293

DATE: 08/12/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/12/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
221463	

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE B	0	\$0.00	\$24.00
Freight Charge Sub Total	0		24.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.354	\$8.49
Charges SubTotal:			\$32.49

Total Amount Owing:**\$32.49****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015294

DATE: 08/12/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/12/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221565

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE A	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.354	\$7.07
Charges SubTotal:			\$27.07

Total Amount Owing:**\$27.07**

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015169

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**ONTARIO PLASTICS INC
2503 DEWEY AVE
ROCHESTER NY 14616**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/15/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

7937

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE A	2	1	\$0.00	\$20.00
Freight Charge Sub Total			1	20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.345	\$6.90

Charges SubTotal: \$26.90**Total Amount Owing:**\$26.90US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015193

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**LTRON
7911 LEHIGH CROSSING STE 6
VICTOR NY 14564**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/15/2022

Container**Reference / Load/ Bill of Lading Number**

201148

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE C	3	1	\$0.00	\$32.00
Freight Charge Sub Total			1	32.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	32.00		\$0.345	\$11.04

Charges SubTotal: \$43.04**Total Amount Owing:**\$43.04US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015206

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL2010301-POWE
SALT MINE
RTE 63
MT. MORRIS NY 14510**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/15/2022

Container**Reference / Load/ Bill of Lading Number**

220367

PO #

Description	PCS / SKIDS	Rate	Charges
ROLL 113/115/STRAIGHT TRUCK	2	\$0.00	\$250.00
Freight Charge Sub Total	2		250.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	250.00	\$0.345	\$86.28
Charges SubTotal:			\$336.28

Total Amount Owning:**\$336.28****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015244

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH BLDG110
CSH BLDG 110
150 LATONA RD
ROCHESTER NY 14657

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/15/2022

Container

Reference / Load/ Bill of Lading Number

219945

PO #

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
	2	\$0.00	\$36.00
Freight Charge Sub Total		3	71.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	71.00	\$0.345	\$24.50

Charges SubTotal: \$95.50

Total Amount Owing:

\$95.50

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015245

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-11245
CSH 59
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/15/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221472

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
	1	\$0.00	\$18.00
Freight Charge Sub Total	2		53.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	53.00	\$0.345	\$18.29

Charges SubTotal: \$71.29

Total Amount Owing:

\$71.29

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015249

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-P0TQ
ORTHO CLINICAL
DIAGNOSTICS
100 LATONA RD, BLDG 313
ROCHESTER NY 14626

Ship Date: 08/15/2022

Container

Reference / Load/ Bill of Lading Number

221470

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

T-BOXES/TRUCKLOAD

5000

18

\$0.00

\$195.00

Freight Charge Sub Total

18

195.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

195.00

\$0.345

\$67.29

Charges SubTotal:

\$262.29

Total Amount Owning:

\$262.29

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015252

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ISNH
CSH 110
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/15/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221471

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
	3	\$0.00	\$54.00
Freight Charge Sub Total	4		89.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	89.00	\$0.345	\$30.71

Charges SubTotal: \$119.71

Total Amount Owing:

\$119.71

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015253

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/15/2022

Container**Reference / Load/ Bill of Lading Number**

221468

PO #

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
	5	\$0.00	\$75.00
Freight Charge Sub Total	6		110.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	110.00	\$0.345	\$37.96

Charges SubTotal: \$147.96**Total Amount Owing:**\$147.96

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

REBILL INVOICE NO: 015254

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL2010300-ICH5
CSH Bldg 14
1669 LAKE AVE
ROCHESTER NY 14652

Consignee

CSH 117
CSH Bldg 117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/15/2022

Container

Reference / Load/ Bill of Lading Number

212314

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

STRAIGHT TR 60 GALLON VESSAL

1000

0

\$0.00

\$45.00

Freight Charge Sub Total

0

45.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

45.00

\$0.345

\$15.53

Charges SubTotal:

\$60.53

Total Amount Owing:

\$60.53

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015267

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**EK
B 119
1669 LAKE AVE
ROCHESTER NY 14652**Consignee**110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/15/2022

Container

Reference / Load/ Bill of Lading Number

PO #

220377

Description	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	1	\$0.00	\$45.00
Freight Charge Sub Total	1		45.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	45.00	\$0.345	\$15.53

Charges SubTotal:			<u>\$60.53</u>
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Total Amount Owing:\$60.53US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015268

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**KORE WIRELESS
3750 MONROE AVE
SUITE 300
PITTSFORD NY 14526**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/15/2022

Container**Reference / Load / Bill of Lading Number**

211053

PO #

6502633684

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	385	1	\$0.00	\$35.00
Freight Charge Sub Total			1	35.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.345	\$12.08

Charges SubTotal: **\$47.08****Total Amount Owing:****\$47.08****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015269

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**TLF GRAPHICS
235 METRO PARK
ROCHESTER NY 14623**Consignee**CSH
CARESTREAM HEALTH
BLDG 12, 100 LATONA RD
ROCHESTER NY 14652

Ship Date: 08/15/2022

Container

Reference / Load/ Bill of Lading Number	PO #
652355	

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	136	1	\$0.00	\$35.00
Freight Charge Sub Total		1		35.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.345	\$12.08

Charges SubTotal: \$47.08**Total Amount Owing:**\$47.08US FUNDS**Notes**

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015276

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/15/2022

Container			
Reference / Load/ Bill of Lading Number			PO #
UN1173			
Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
Freight Charge Sub Total	1		35.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.345	\$12.08
Charges SubTotal:			\$47.08

Total Amount Owing:

\$47.08

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015277

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

AIM
780 CANNING PARKWAY
VICTOR NY 14564

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/15/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
6502635455	

Description	PCS / SKIDS	Rate	Charges
COURRIER ZONE C	1	\$0.00	\$32.00
Freight Charge Sub Total	1		32.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	32.00	\$0.345	\$11.04

Charges SubTotal: \$43.04

Total Amount Owing:

\$43.04

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015278

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

INTELLIMETAL
100 HOLLENDER PARLWAY
6540100-11354
ROCHESTER NY 14615

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/15/2022

Container	081522
-----------	--------

Reference / Load/ Bill of Lading Number	PO #
6502599999	

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE C	15	1	\$0.00	\$24.00
Freight Charge Sub Total		1		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.345	\$8.28

Charges SubTotal: \$32.28

Total Amount Owing:

\$32.28

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015297

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-POAH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/15/2022

Container

Reference / Load / Bill of Lading Number

PO #

221466

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	500	2	\$180.00	\$180.00
Freight Charge Sub Total			2	180.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	180.00		\$0.345	\$62.12
Charges SubTotal:				\$242.12

Total Amount Owing:

\$242.12

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015298

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/15/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

081522	211440	219438
2208150807	BOL#2414	

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.345	\$136.31

Charges SubTotal: \$531.31**Total Amount Owing:**\$531.31US FUNDS**Notes**

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015299

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/15/2022

Container	DEDICATED 1
-----------	-------------

Reference / Load/ Bill of Lading Number			PO #
221110	221111	221112	
221113	221467	221475	
221476			

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.345	\$215.69

Charges SubTotal: \$840.69

Total Amount Owing:

\$840.69

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015300

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/15/2022

Container**Reference / Load/ Bill of Lading Number**

213300

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	2000	2	\$125.00	\$125.00
Freight Charge Sub Total		2		125.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	125.00		\$0.345	\$43.14
Charges SubTotal:				\$168.14

Total Amount Owning:**\$168.14****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015301

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/15/2022

Container

Reference / Load/ Bill of Lading Number

PO #

213301

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	2000	1	\$0.00	\$35.00
LTL		1	\$0.00	\$18.00
Freight Charge Sub Total		2		53.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	53.00		\$0.345	\$18.29

Charges SubTotal: \$71.29

Total Amount Owing:

\$71.29

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015302

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/15/2022

Container

Reference / Load/ Bill of Lading Number

PO #

220541

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE A	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.345	\$6.90
Charges SubTotal:			\$26.90

Total Amount Owing:

\$26.90

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015303

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/15/2022

Container**Reference / Load/ Bill of Lading Number**

220540

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE A	15	2	\$0.00	\$20.00
Freight Charge Sub Total		2		20.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	20.00		\$0.345	\$6.90

Charges SubTotal: \$26.90**Total Amount Owing:**\$26.90US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015304

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/15/2022

Container

Reference / Load/ Bill of Lading Number

221478

PO #

Description

PCS / SKIDS

Rate

Charges

COURIER ZONE B

0

\$0.00

\$24.00

Freight Charge Sub Total

0

24.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

24.00

\$0.345

\$8.28

Charges SubTotal:

\$32.28

Total Amount Owing:

\$32.28

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015305

DATE: 08/15/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/15/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221474

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE B	10	1	\$0.00	\$24.00
Freight Charge Sub Total			1	24.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	24.00		\$0.345	\$8.28
Charges SubTotal:				\$32.28

Total Amount Owing:

\$32.28

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015281

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**AIM
780 CANNING PARKWAY
VICTOR NY 14564**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/16/2022

Container**Reference / Load/ Bill of Lading Number**

6502584162

PO #

Description	PCS / SKIDS	Rate	Charges
TRUCKLOAD - SPECIAL	0	\$0.00	\$150.00
Freight Charge Sub Total	0		150.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	150.00	\$0.345	\$51.77

Charges SubTotal:			\$201.77
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Total Amount Owning:**\$201.77****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015306

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

DIVERSIPAK
40 HUMBOLDT ST
ROCHESTER NY 14609

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/16/2022

Container

Reference / Load/ Bill of Lading Number

PO #

219441

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
	1	\$0.00	\$18.00
Freight Charge Sub Total	2		53.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	53.00	\$0.345	\$18.29

Charges SubTotal: \$71.29

Total Amount Owing:

\$71.29

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015307

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**AIM
780 CANNING PARKWAY
VICTOR NY 14564**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/16/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

6502629497

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE C	2	\$0.00	\$32.00
Freight Charge Sub Total	2		32.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	32.00	\$0.345	\$11.04

Charges SubTotal: \$43.04**Total Amount Owing:**\$43.04US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015308

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**MASLINE
511 S. CLINTON AVE
ROCHESTER NY 14620**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/16/2022

Container**Reference / Load/ Bill of Lading Number**

2208160804

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE B	1	1	\$0.00	\$24.00
Freight Charge Sub Total			1	24.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	24.00		\$0.345	\$8.28
Charges SubTotal:				\$32.28

Total Amount Owing:**\$32.28****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015313

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/16/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221481

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE B	1	\$0.00	\$24.00
Freight Charge Sub Total	1		24.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.345	\$8.28
Charges SubTotal:			\$32.28

Total Amount Owing:**\$32.28**

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015314

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/16/2022

Container

Reference / Load/ Bill of Lading Number

221487

PO #

Description

PCS / SKIDS

Rate

Charges

LTL

1

\$0.00

\$35.00

Freight Charge Sub Total

1

35.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

35.00

\$0.345

\$12.08

Charges SubTotal:

\$47.08

Total Amount Owing:

\$47.08

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015315

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/16/2022

Container

Reference / Load/ Bill of Lading Number

PO #

213304

Description	PCS / SKIDS	Rate	Charges
TRUCKLOAD	0	\$0.00	\$195.00
Freight Charge Sub Total	0		195.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	195.00	\$0.345	\$67.29

Charges SubTotal: \$262.29

Total Amount Owing:

\$262.29

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015318

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

RDU INC.
970 DRIVING PARK AVE.
ROCHESTER NY 1460

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/16/2022

Container

Reference / Load/ Bill of Lading Number

PO #

220544

110GL6540100-11600

Description	PCS / SKIDS	Rate	Charges
DROP EMPTY TRAILER	0	\$0.00	\$125.00
Freight Charge Sub Total	0		125.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	125.00	\$0.345	\$43.14
Charges SubTotal:			\$168.14

Total Amount Owing:

\$168.14

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015319

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

RDU INC.
970 DRIVING PARK AVE.
ROCHESTER NY 1460

Consignee

110GL6540100-10016
CSH STORAGE TRAILERS
1049 W RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/16/2022

Container

Reference / Load / Bill of Lading Number

PO #

220545

Description	PCS / SKIDS	Rate	Charges
DROP EMPTY TRAILER	0	\$0.00	\$125.00
Freight Charge Sub Total	0		125.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	125.00	\$0.345	\$43.14
Charges SubTotal:			\$168.14

Total Amount Owning:

\$168.14

US FUNDS

Notes

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015326

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-POAH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/16/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221485

Description	PCS / SKIDS	Rate	Charges
TRUCKLOAD	0	\$0.00	\$195.00
Freight Charge Sub Total	0		195.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	195.00	\$0.345	\$67.29
Charges SubTotal:			\$262.29

Total Amount Owing:

\$262.29

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015327

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-P0TQ
CSH 313 ORTHO CLINICAL
100 LATONA RD
ROCHESTER NY 14626

Ship Date: 08/16/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221480

Description	Weight	PCS / SKIDS	Rate	Charges
LTL T BOXES	2000	1	\$0.00	\$35.00
		1	\$0.00	\$18.00
Freight Charge Sub Total		2		53.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	53.00		\$0.345	\$18.29

Charges SubTotal: \$71.29

Total Amount Owing:

\$71.29

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015328

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**ROCHESTER SILVER WORKS,
BLDG 143
100 LATONA RD.
ROCHESTER NY 14652

Ship Date: 08/16/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221473

Description	Weight	PCS / SKIDS	Rate	Charges
LTL T BOXES	512	1	\$0.00	\$35.00
Freight Charge Sub Total		1		35.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	35.00		\$0.345	\$12.08

Charges SubTotal: **\$47.08****Total Amount Owning:****\$47.08****US FUNDS****Notes**

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015376

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/16/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221479

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	500	1	\$180.00	\$180.00
Freight Charge Sub Total			1	180.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	180.00		\$0.345	\$62.12

Charges SubTotal: \$242.12**Total Amount Owing:**\$242.12US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015377

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/16/2022

Container

Reference / Load/ Bill of Lading Number

PO #

219440	220568	2208160837
221567	221569	221649
BOL#2415		

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.345	\$136.31

Charges SubTotal: \$531.31

Total Amount Owing:

\$531.31

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015378

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/16/2022

Container	DEDICATED 1
-----------	-------------

Reference / Load/ Bill of Lading Number			PO #
221114	221115	221116	
221117	221482	221484	
221488			

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.345	\$215.69

Charges SubTotal: \$840.69**Total Amount Owing:**\$840.69

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015379

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/16/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

213303

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	2000	5	\$125.00	\$125.00
Freight Charge Sub Total		5		125.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	125.00		\$0.345	\$43.14

Charges SubTotal: \$168.14**Total Amount Owing:**\$168.14US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015380

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/16/2022

Container

Reference / Load / Bill of Lading Number

PO #

213306

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	2000	1	\$0.00	\$35.00
LTL		5	\$0.00	\$75.00
Freight Charge Sub Total		6		110.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	110.00		\$0.345	\$37.96

Charges SubTotal: \$147.96

Total Amount Owing:

\$147.96

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015381

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/16/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221566	

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE A	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.345	\$6.90

Charges SubTotal: \$26.90

Total Amount Owing:

\$26.90

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015382

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/16/2022

Container**Reference / Load/ Bill of Lading Number**

221568

PO #

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE B	0	\$0.00	\$24.00
Freight Charge Sub Total	0		24.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.345	\$8.28

Charges SubTotal: **\$32.28****Total Amount Owning:****\$32.28****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015383

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/18/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221486

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE B	0	\$0.00	\$24.00
Freight Charge Sub Total	0		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.345	\$8.28
Charges SubTotal:			\$32.28

Total Amount Owing:**\$32.28**US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015384

DATE: 08/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/16/2022

Container

Reference / Load/ Bill of Lading Number

PO #

220580

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE A	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.345	\$6.90
Charges SubTotal:			\$26.90

Total Amount Owing:

\$26.90

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015283

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**LTRON
7911 LEHIGH CROSSING STE 6
VICTOR NY 14564**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/17/2022

Container

Reference / Load/ Bill of Lading Number	PO #
201150	

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE C	10	2	\$0.00	\$32.00
Freight Charge Sub Total		2		32.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	32.00	\$0.345	\$11.04

Charges SubTotal: \$43.04**Total Amount Owning:**\$43.04US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015312

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

ONTARIO PLASTICS INC
2503 DEWEY AVE
ROCHESTER NY 14616

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/17/2022

Container

Reference / Load/ Bill of Lading Number

PO #

7941

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE A	20	1	\$0.00	\$20.00
Freight Charge Sub Total			1	20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.345	\$6.90

Charges SubTotal: \$26.90

Total Amount Owing:

\$26.90

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015316

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**LTRON
7911 LEHIGH CROSSING STE 6
VICTOR NY 14564**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/17/2022

Container**Reference / Load/ Bill of Lading Number**

201149

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE C	8	2	\$0.00	\$32.00
Freight Charge Sub Total		2		32.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	32.00		\$0.345	\$11.04

Charges SubTotal: \$43.04**Total Amount Owing:**\$43.04US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015338

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

MANGOLD WAREHOUSE
10 CAIRIN ST DOCK 8
ROCHESTER NY 14611
110GL6230101-10000

Consignee

CSH
CARESTREAM HEALTH
BLDG 12, 100 LATONA RD
ROCHESTER NY 14652

Ship Date: 08/17/2022

Container

Reference / Load/ Bill of Lading Number

6502591663

PO #

Description	PCS / SKIDS	Rate	Charges
FULL TRUCK	100	\$0.00	\$195.00
Freight Charge Sub Total	100		195.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	195.00	\$0.345	\$67.29
Charges SubTotal:			\$262.29

Total Amount Owing:

\$262.29

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015340

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**MASLINE
511 S. CLINTON AVE
ROCHESTER NY 14620**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/17/2022

Container**Reference / Load/ Bill of Lading Number**

2208170818

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE B	11	1	\$0.00	\$24.00
Freight Charge Sub Total			1	24.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	24.00		\$0.345	\$8.28

Charges SubTotal: \$32.28**Total Amount Owing:**\$32.28US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015341

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-11245
CSH 59
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/17/2022

Container**Reference / Load/ Bill of Lading Number**

221493

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE B	10	1	\$0.00	\$24.00
Freight Charge Sub Total		1		24.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	24.00		\$0.345	\$8.28

Charges SubTotal: **\$32.28****Total Amount Owing:****\$32.28****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015343

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

AMERICAN PKG CORP
1555 LYELL AVE
ROCHESTER NY 14606

Consignee

CSH
CARESTREAM HEALTH
BLDG 12, 100 LATONA RD
ROCHESTER NY 14652

Ship Date: 08/17/2022

Container

Reference / Load/ Bill of Lading Number

PO #

18970

Description	PCS / SKIDS	Rate	Charges
LTL 2 PALLETS	1	\$0.00	\$30.00
	1	\$0.00	\$15.00
Freight Charge Sub Total	2		45.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	45.00	\$0.345	\$15.53

Charges SubTotal: \$60.53

Total Amount Owing:

\$60.53

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015344

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**CSH 82
BLDG 82
ROCHESTER NY 14623

Ship Date: 08/17/2022

Container

Reference / Load/ Bill of Lading Number	PO #
213309	

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE B	1	1	\$0.00	\$24.00
Freight Charge Sub Total		1		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.345	\$8.28

Charges SubTotal: \$32.28**Total Amount Owing:**\$32.28US FUNDS**Notes**

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015345

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/17/2022

Container**Reference / Load/ Bill of Lading Number**

212181

PO #

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
	1	\$0.00	\$18.00
Freight Charge Sub Total	2		53.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	53.00	\$0.345	\$18.29

Charges SubTotal: \$71.29**Total Amount Owing:**\$71.29US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015356

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/17/2022

Container

Reference / Load/ Bill of Lading Number

221498

PO #

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
Freight Charge Sub Total	1		35.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.345	\$12.08

Charges SubTotal: \$47.08

Total Amount Owing:

\$47.08

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015357

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/17/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221495

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
Freight Charge Sub Total	1		35.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.345	\$12.08

Charges SubTotal: \$47.08

Total Amount Owing:

\$47.08

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015366

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**DIVERSIPAK
40 HUMBOLDT ST
ROCHESTER NY 14609**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/17/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

219443

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE B	10	1	\$0.00	\$24.00
Freight Charge Sub Total			1	24.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	24.00		\$0.345	\$8.28

Charges SubTotal: \$32.28**Total Amount Owing:**\$32.28US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015386

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/17/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221492

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	500	1	\$180.00	\$180.00
Freight Charge Sub Total			1	180.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	180.00	\$0.345	\$62.12

Charges SubTotal: **\$242.12****Total Amount Owing:****\$242.12****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015387

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/17/2022

Container

Reference / Load/ Bill of Lading Number

PO #

081522	211441	219442
220378	2208170814	BOL#2417

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.345	\$136.31

Charges SubTotal: \$531.31

Total Amount Owing:

\$531.31

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015388

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/17/2022

Container	DEDICATED 1
-----------	-------------

Reference / Load/ Bill of Lading Number			PO #
221118	221119	221120	
221121	221490	221494	
221496	221651	221652	

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.345	\$215.69

Charges SubTotal: \$840.69

Total Amount Owing:

\$840.69

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015389

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/17/2022

Container

Reference / Load/ Bill of Lading Number

PO #

213313

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	4000	6	\$125.00	\$125.00
Freight Charge Sub Total			6	125.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	125.00		\$0.345	\$43.14

Charges SubTotal: \$168.14

Total Amount Owing:

\$168.14

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015390

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/17/2022

Container

Reference / Load/ Bill of Lading Number

PO #

213314

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	3000	1	\$0.00	\$35.00
LTL		4	\$0.00	\$72.00
Freight Charge Sub Total		5		107.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	107.00		\$0.345	\$36.93

Charges SubTotal: \$143.93

Total Amount Owing:

\$143.93

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015391

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/17/2022

Container**Reference / Load/ Bill of Lading Number**

220547

PO #**Description****PCS / SKIDS****Rate****Charges**

COURIER ZONE A

0

\$0.00

\$20.00

Freight Charge Sub Total

0

20.00

Accessorial Description**Quantity****Rate****Amount**

FUEL SURCHARGE USD

20.00

\$0.345

\$6.90

Charges SubTotal:

\$26.90

Total Amount Owing:

\$26.90

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015392

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/17/2022

Container

Reference / Load/ Bill of Lading Number

PO #

220546

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE A	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.345	\$6.90
Charges SubTotal:			\$26.90

Total Amount Owing:

\$26.90

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015393

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/17/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221497

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE B	5	1	\$0.00	\$24.00
Freight Charge Sub Total		1		24.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	24.00		\$0.345	\$8.28
Charges SubTotal:				\$32.28

Total Amount Owing:

\$32.28

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015394

DATE: 08/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/17/2022

Container

Reference / Load/ Bill of Lading Number

221499

PO #

Description

PCS / SKIDS

Rate

Charges

COURIER ZONE B

0

\$0.00

\$24.00

Freight Charge Sub Total

0

24.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

24.00

\$0.345

\$8.28

Charges SubTotal:

\$32.28

Total Amount Owing:

\$32.28

US FUNDS

Notes

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015342

DATE: 08/18/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

LTRON
7911 LEHIGH CROSSING STE 6
VICTOR NY 14564

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/18/2022

Container

Reference / Load/ Bill of Lading Number

213351

PO #

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE C	1	\$0.00	\$32.00
Freight Charge Sub Total	1		32.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	32.00	\$0.345	\$11.04

Charges SubTotal: \$43.04

Total Amount Owing:

\$43.04

US FUNDS

Notes

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015371

DATE: 08/18/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Consignee

CSH 117
BLDG 117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/18/2022

Container

Reference / Load/ Bill of Lading Number

212298

PO #

Description

PCS / SKIDS

Rate

Charges

STRAIGHT TRUCKK TOTE ON
WHEELS

1

\$0.00

\$45.00

Freight Charge Sub Total

1

45.00

Accessorial Description

Quantity

Rate

Amount

RUSH

1.00

\$30.000

\$30.00

FUEL SURCHARGE USD

45.00

\$0.345

\$15.53

Charges SubTotal:

\$90.53

Total Amount Owing:

\$90.53

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015372

DATE: 08/18/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/18/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

212363

Description	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK CASKET	1	\$0.00	\$45.00
Freight Charge Sub Total	1		45.00

Accessorial Description	Quantity	Rate	Amount
RUSH	1.00	\$30.000	\$30.00
FUEL SURCHARGE USD	45.00	\$0.345	\$15.53
Charges SubTotal:			<u>\$90.53</u>

Total Amount Owing:\$90.53US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015396

DATE: 08/18/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/18/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221502

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	1100	2	\$180.00	\$180.00
Freight Charge Sub Total		2		180.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	180.00		\$0.345	\$62.12
Charges SubTotal:				\$242.12

Total Amount Owing:

\$242.12

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015397

DATE: 08/18/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/18/2022

Container

Reference / Load/ Bill of Lading Number			PO #
081722	216220	219444	
219938	219940	221442	
BOL#2418			

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total		0	395.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.345	\$136.31

Charges SubTotal: \$531.31

Total Amount Owing:

\$531.31

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015399

DATE: 08/18/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/18/2022

Container	DEDICATED 1
-----------	-------------

Reference / Load/ Bill of Lading Number			PO #
221122	221123	221124	
221125	221504	221507	
221509			

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.345	\$215.69

Charges SubTotal: \$840.69

Total Amount Owing:

\$840.69

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015400

DATE: 08/18/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/18/2022

Container				
Reference / Load/ Bill of Lading Number				PO #
213315				
Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	500	3	\$125.00	\$125.00
Freight Charge Sub Total		3		125.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	125.00		\$0.345	\$43.14
Charges SubTotal:				\$168.14

Total Amount Owing:

\$168.14

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015401

DATE: 08/18/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/18/2022

Container

Reference / Load/ Bill of Lading Number

215141

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

LTL

800

1

\$0.00

\$35.00

Freight Charge Sub Total

1

35.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

35.00

\$0.345

\$12.08

Charges SubTotal:

\$47.08

Total Amount Owing:

\$47.08

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015402

DATE: 08/18/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/18/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221650

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE A	1	1	\$0.00	\$20.00
Freight Charge Sub Total		1		20.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	20.00		\$0.345	\$6.90

Charges SubTotal: \$26.90**Total Amount Owing:**\$26.90US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015403

DATE: 08/18/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/18/2022

Container

Reference / Load/ Bill of Lading Number

PO #

219939

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE A	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.345	\$6.90

Charges SubTotal:

\$26.90

Total Amount Owing:

\$26.90

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015404

DATE: 08/18/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-11354
CSH 11354
1049 RIDGE RD
ROCHESTER NY 14615**Consignee**CSH VERONA
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/18/2022

Container**Reference / Load/ Bill of Lading Number**

215140

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE A	10	2	\$0.00	\$20.00
Freight Charge Sub Total			2	20.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	20.00		\$0.345	\$6.90
Charges SubTotal:				\$26.90

Total Amount Owing:

\$26.90

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015405

DATE: 08/18/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/18/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221510	

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE B	0	\$0.00	\$24.00
Freight Charge Sub Total	0		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.345	\$8.28

Charges SubTotal: \$32.28

Total Amount Owing:

\$32.28

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015406

DATE: 08/18/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

DIVERSIPAK
40 HUMBOLDT ST
ROCHESTER NY 14609

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/18/2022

Container

Reference / Load/ Bill of Lading Number

219445

PO #

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE A	1	\$0.00	\$20.00
Freight Charge Sub Total	1		20.00

Accessorial Description	Quantity	Rate	Amount
RUSH	1.00	\$30.000	\$30.00
FUEL SURCHARGE USD	20.00	\$0.345	\$6.90
Charges SubTotal:			\$56.90

Total Amount Owing:

\$56.90

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015410

DATE: 08/18/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-POAH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/18/2022

Container**Reference / Load / Bill of Lading Number**

221505

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	700	1	\$0.00	\$35.00
Freight Charge Sub Total			1	35.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	35.00		\$0.345	\$12.08

Charges SubTotal: \$47.08**Total Amount Owing:**\$47.08US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

DOT # 3654596
MC # 131054

INVOICE NO: 015413

DATE: 08/18/2022

Tel: 585-458-0750
Fax: 585-458-1741



BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

KORE WIRELESS
3750 MONROE AVE
SUITE 300
PITTSFORD NY 14526

Ship Date: 08/18/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221501	

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	500	1	\$0.00	\$35.00
LTL		2	\$0.00	\$36.00
Freight Charge Sub Total		3		71.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	71.00	\$0.345	\$24.50

Charges SubTotal: \$95.50

Total Amount Owing: \$95.50

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015414

DATE: 08/18/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/18/2022

Container

Reference / Load/ Bill of Lading Number

221503

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

LTL

100

1

\$0.00

\$35.00

Freight Charge Sub Total

1

35.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

35.00

\$0.345

\$12.08

Charges SubTotal:

\$47.08

Total Amount Owing:

\$47.08

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015419

DATE: 08/18/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10528
RDU
970 DRIVING PARK AVE
ROCHESTER NY 14613

Ship Date: 08/18/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
221491	SCRAP PALLETS

Description	Weight	PCS / SKIDS	Rate	Charges
4 STACKS OF PALLETS	3500	1	\$0.00	\$35.00
LTL		3	\$0.00	\$54.00
Freight Charge Sub Total		4		89.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	89.00		\$0.345	\$30.71
Charges SubTotal:				\$119.71

Total Amount Owing:**\$119.71****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015421

DATE: 08/18/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/18/2022

Container

Reference / Load/ Bill of Lading Number

PO #

215142

Description	Weight	PCS / SKIDS	Rate	Charges
TRUCKLOAD	24000	0	\$0.00	\$195.00
Freight Charge Sub Total		0		195.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	195.00	\$0.345	\$67.29
Charges SubTotal:			\$262.29

Total Amount Owing:**\$262.29****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015451

DATE: 08/18/2022

DOT # 3654596
MC # 131054

Tel: 585-458-0750
Fax: 585-458-1741



BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/18/2022

Container

Reference / Load/ Bill of Lading Number

203499

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE A	32	1	\$0.00	\$20.00
Freight Charge Sub Total		1		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.345	\$6.90

Charges SubTotal: \$26.90

Total Amount Owing:

\$26.90

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015428

DATE: 08/19/2022



DOT # 3654596
MC # 131054

Tel: 585-458-0750
Fax: 585-458-1741

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ISNH
CSH 110
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/19/2022

Container

Reference / Load/ Bill of Lading Number

221513

PO #

Description

PCS / SKIDS

Rate

Charges

LTL

1

\$0.00

\$35.00

1

\$0.00

\$18.00

Freight Charge Sub Total

2

53.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

53.00

\$0.345

\$18.29

Charges SubTotal:

\$71.29

Total Amount Owing:

\$71.29

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015429

DATE: 08/19/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-P0TQ
CSH 313 ORTHO CLINICAL
100 LATONA RD
ROCHESTER NY 14626

Ship Date: 08/19/2022

Container

Reference / Load / Bill of Lading Number

221512

PO #

Description

PCS / SKIDS

Rate

Charges

10 PALLETS T-BOXES

1

\$0.00

\$35.00

LTL

9

\$0.00

\$135.00

Freight Charge Sub Total

10

170.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

170.00

\$0.345

\$58.67

Charges SubTotal:

\$228.67

Total Amount Owing:

\$228.67

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015441

DATE: 08/19/2022



DOT # 3654596
MC # 131054

Tel: 585-458-0750
Fax: 585-458-1741

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

KORE WIRELESS
3750 MONROE AVE
SUITE 300
PITTSFORD NY 14526

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/19/2022

Container

Reference / Load/ Bill of Lading Number

211055

PO #

6502638430

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
Freight Charge Sub Total	1		35.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.345	\$12.08
Charges SubTotal:			<u>\$47.08</u>

Total Amount Owing:

\$47.08

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015442

DATE: 08/19/2022

DOT # 3654596
MC # 131054Tel: 585-458-0750
Fax: 585-458-1741**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**DIVERSIPAK
40 HUMBOLDT ST
ROCHESTER NY 14609**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/19/2022

Container**Reference / Load/ Bill of Lading Number**

219446

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE B	20	2	\$0.00	\$24.00
Freight Charge Sub Total		2		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.345	\$8.28

Charges SubTotal: \$32.28**Total Amount Owing:**\$32.28US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015443

DATE: 08/19/2022

DOT # 3654596
MC # 131054Tel: 585-458-0750
Fax: 585-458-1741**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**AIM
780 CANNING PARKWAY
VICTOR NY 14564**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/19/2022

Container**Reference / Load/ Bill of Lading Number**

6502630811

PO #**Description****PCS / SKIDS****Rate****Charges**

LTL

1

\$0.00

\$50.00

Freight Charge Sub Total

1

50.00

Accessorial Description**Quantity****Rate****Amount**

FUEL SURCHARGE USD

50.00

\$0.345

\$17.26

Charges SubTotal:**\$67.26****Total Amount Owing:****\$67.26****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015447

DATE: 08/19/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ICH5
CSH 117/14
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/19/2022

Container

Reference / Load/ Bill of Lading Number

221518

PO #

Description

PCS / SKIDS

Rate

Charges

COURIER ZONE B

1

\$0.00

\$24.00

Freight Charge Sub Total

1

24.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

24.00

\$0.345

\$8.28

Charges SubTotal:

\$32.28

Total Amount Owing:

\$32.28

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

DOT # 3654596
MC # 131054

Tel: 585-458-0750
Fax: 585-458-1741

INVOICE NO: 015448

DATE: 08/19/2022



BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/19/2022

Container

Reference / Load/ Bill of Lading Number

221517

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

LTL

1000

1

\$0.00

\$35.00

Freight Charge Sub Total

1

35.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

35.00

\$0.345

\$12.08

Charges SubTotal:

\$47.08

Total Amount Owing:

\$47.08

US FUNDS

Notes

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015450

DATE: 08/19/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-11600
TYCOM RECYCLING
155 HOLLENDER PKWY
ROCHESTER NY 14613

Ship Date: 08/16/2022

Container**Reference / Load/ Bill of Lading Number**

221483

PO #

Description	PCS / SKIDS	Rate	Charges
TRUCK LOAD	0	\$0.00	\$195.00
Freight Charge Sub Total	0		195.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	195.00	\$0.345	\$67.29

Charges SubTotal: \$262.29**Total Amount Owing:**\$262.29US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015456

DATE: 08/19/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-POAH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/19/2022

Container**Reference / Load/ Bill of Lading Number**

221511

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	75	1	\$180.00	\$180.00
Freight Charge Sub Total			1	180.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	180.00	\$0.345	\$62.12

Charges SubTotal: \$242.12**Total Amount Owing:**\$242.12US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015457

DATE: 08/19/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/19/2022

Container

Reference / Load/ Bill of Lading Number	PO #
081822 219448 BOL#2419	

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.345	\$136.31

Charges SubTotal: \$531.31**Total Amount Owing:**\$531.31US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015458

DATE: 08/19/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/19/2022

Container	DEDICATED 1
-----------	-------------

Reference / Load/ Bill of Lading Number			PO #
221126	221127	221128	
221129	221514	221515	
221516			

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.345	\$215.69

Charges SubTotal: \$840.69

Total Amount Owing:

\$840.69

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015459

DATE: 08/19/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/19/2022

Container

Reference / Load/ Bill of Lading Number

215143

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

STRAIGHT TRUCK

2000

5

\$125.00

\$125.00

Freight Charge Sub Total

5

125.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

125.00

\$0.345

\$43.14

Charges SubTotal:

\$168.14

Total Amount Owing:

\$168.14

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015460

DATE: 08/19/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/19/2022

Container

Reference / Load/ Bill of Lading Number

213316

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	3000	1	\$0.00	\$35.00
		2	\$0.00	\$36.00
Freight Charge Sub Total		3		71.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	71.00		\$0.345	\$24.50

Charges SubTotal: \$95.50

Total Amount Owing:

\$95.50

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015461

DATE: 08/19/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/19/2022

Container**Reference / Load/ Bill of Lading Number**

220549

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE A	5	1	\$0.00	\$20.00
Freight Charge Sub Total		1		20.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	20.00		\$0.345	\$6.90
Charges SubTotal:				<u>\$26.90</u>

Total Amount Owing:\$26.90US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015462

DATE: 08/19/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/19/2022

Container**Reference / Load/ Bill of Lading Number**

220548

PO #

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE A	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.345	\$6.90
Charges SubTotal:			\$26.90

Total Amount Owing:

\$26.90

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015463

DATE: 08/19/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**CSH VERONA
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/19/2022

Container**Reference / Load / Bill of Lading Number**

221522

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE B	10	2	\$0.00	\$24.00
Freight Charge Sub Total		2		24.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	24.00		\$0.345	\$8.28
Charges SubTotal:				\$32.28

Total Amount Owing:

\$32.28

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

DOT # 3654596
MC # 131054

Tel: 585-458-0750
Fax: 585-458-1741

INVOICE NO: 015464

DATE: 08/19/2022



BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/19/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221520	

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE B	0	\$0.00	\$24.00
Freight Charge Sub Total	0		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.345	\$8.28

Charges SubTotal: \$32.28

Total Amount Owing:

\$32.28

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015497

DATE: 08/19/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-11245
CSH 59
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/22/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221523

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE B	1	\$0.00	\$24.00
Freight Charge Sub Total	1		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.341	\$8.18
Charges SubTotal:			\$32.18

Total Amount Owing:

\$32.18

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

DOT # 3654596
MC # 131054

INVOICE NO: 015427

DATE: 08/22/2022

Tel: 585-458-0750
Fax: 585-458-1741



BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

LTRON
7911 LEHIGH CROSSING STE 6
VICTOR NY 14564

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/22/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
213352	

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE C	1	\$0.00	\$32.00
Freight Charge Sub Total	1		32.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	32.00	\$0.341	\$10.91
Charges SubTotal:			\$42.91

Total Amount Owing:

\$42.91

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015481

DATE: 08/22/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL2010300-ISNH
CSH 110
1669 LAKE AVE
ROCHESTER NY 14652

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/22/2002

Container

Reference / Load / Bill of Lading Number

PO #

211783

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
	5	\$0.00	\$75.00
Freight Charge Sub Total	6		110.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	110.00	\$0.341	\$37.50

Charges SubTotal: \$147.50

Total Amount Owing:

\$147.50

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015482

DATE: 08/22/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-P0TQ
CSH 313 ORTHO CLINICAL
100 LATONA RD
ROCHESTER NY 14626

Ship Date: 08/22/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221527

Description	PCS / SKIDS	Rate	Charges
T-BOXES/MAX TRUCK	20	\$0.00	\$195.00
Freight Charge Sub Total	20		195.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	195.00	\$0.341	\$66.48
Charges SubTotal:			\$261.48

Total Amount Owing:**\$261.48****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015486

DATE: 08/22/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/22/2022

Container

Reference / Load/ Bill of Lading Number

221531

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE B	5	1	\$0.00	\$24.00
Freight Charge Sub Total		1		24.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	24.00		\$0.341	\$8.18
Charges SubTotal:				\$32.18

Total Amount Owing:

\$32.18

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015487

DATE: 08/22/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-POAH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/22/2022

Container

Reference / Load/ Bill of Lading Number

221528

PO #

Description

PCS / SKIDS

Rate

Charges

LTL

1

\$0.00

\$35.00

Freight Charge Sub Total

1

35.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

35.00

\$0.341

\$11.93

Charges SubTotal:

\$46.93

Total Amount Owing:

\$46.93

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015498

DATE: 08/22/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ISNH
CSH 110
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/22/2022

Container

Reference / Load/ Bill of Lading Number

221526

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	5000	1	\$0.00	\$35.00
		3	\$0.00	\$54.00
Freight Charge Sub Total		4		89.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	89.00		\$0.341	\$30.34
Charges SubTotal:				\$119.34

Total Amount Owing:

\$119.34

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015517

DATE: 08/22/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/22/2022

Container**Reference / Load/ Bill of Lading Number**

221521

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	75	2	\$180.00	\$180.00
Freight Charge Sub Total		2		180.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	180.00		\$0.341	\$61.36

Charges SubTotal: \$241.36**Total Amount Owing:**\$241.36US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015518

DATE: 08/22/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/22/2022

Container

Reference / Load/ Bill of Lading Number

PO #

081922	2208220803	221443
222211	222213	BOL#2420

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.341	\$134.66

Charges SubTotal:			\$529.66
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Total Amount Owing:

\$529.66

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015519

DATE: 08/22/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/22/2022

Container	DEDICATED 1
-----------	-------------

Reference / Load/ Bill of Lading Number			PO #
221130	221131	221132	
221134	221524	221525	
221529			

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total		0		625.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	625.00		\$0.341	\$213.06
Charges SubTotal:				\$838.06

Total Amount Owing:**\$838.06****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015520

DATE: 08/22/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/22/2022

Container**Reference / Load/ Bill of Lading Number**

213317

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	1000	4	\$125.00	\$125.00
Freight Charge Sub Total		4		125.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	125.00	\$0.341	\$42.61
Charges SubTotal:			\$167.61

Total Amount Owing:**\$167.61****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

DOT # 3654596
MC # 131054

INVOICE NO: 015521

DATE: 08/22/2022

Tel: 585-458-0750
Fax: 585-458-1741



BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/22/2022

Container

Reference / Load/ Bill of Lading Number

213319

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

LTL

1000

1

\$0.00

\$35.00

5

\$0.00

\$75.00

Freight Charge Sub Total

6

110.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

110.00

\$0.341

\$37.50

Charges SubTotal:

\$147.50

Total Amount Owing:

\$147.50

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015522

DATE: 08/22/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/22/2022

Container**Reference / Load/ Bill of Lading Number**

221530

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
COURIER ZONE B	5	1	\$0.00	\$24.00
Freight Charge Sub Total		1		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.341	\$8.18
Charges SubTotal:			\$32.18

Total Amount Owing:**\$32.18****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015523

DATE: 08/22/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/22/2022

Container

Reference / Load/ Bill of Lading Number

PO #

222214

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE A	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.341	\$6.82
Charges SubTotal:			\$26.82

Total Amount Owing:

\$26.82

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015524

DATE: 08/22/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/22/2022

Container

Reference / Load/ Bill of Lading Number

PO #

220581

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE A	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.341	\$6.82
Charges SubTotal:			\$26.82

Total Amount Owing:

\$26.82

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015525

DATE: 08/22/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/22/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

222210

Description	PCS / SKIDS	Rate	Charges
COURIER ZONE A	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.341	\$6.82
Charges SubTotal:			<u>\$26.82</u>

Total Amount Owing:\$26.82US FUNDS**Notes**



ACCOUNT STATEMENT

As of: 09/20/2022

970 DRIVING PARK AVE
ROCHESTER, NY 14613

DOT # 3654596
MC # 131054

To: CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS FL 33906-1050

Attention: HO
TEL: 239-425-8005
CUSTOMER ID: 0029513

Dear HO,

This is a current statement of your account. The total amount owing is listed. Thank you for your business and for keeping your account current.

Date	Bill Number	Reference #	Reference #	Due Date	Amount Due
US DOLLARS					
08/12/2021	AT001379			09/11/2021	\$480.91 *
08/13/2021	AT001418			09/12/2021	\$480.91 *
10/25/2021	AT004242	218674		11/24/2021	-\$152.19 *
03/25/2022	AT010040	210749		04/24/2022	\$121.24 *
03/28/2022	AT009956	210747		04/27/2022	\$272.44 *
03/28/2022	AT009977	220166		04/27/2022	\$127.32 *
03/28/2022	AT009978	220163		04/27/2022	\$97.32 *
03/28/2022	AT009979	220164		04/27/2022	\$267.29 *
03/28/2022	AT010081	220167		04/27/2022	\$47.97 *
03/29/2022	AT010041	182550		04/28/2022	\$205.61 *
03/30/2022	AT010103	220181		04/29/2022	\$47.97 *
03/30/2022	AT010183	DEDICATED 2		04/29/2022	\$856.69 *
04/21/2022	AT011091	DEDICATED 1	219954	05/21/2022	\$851.38 *
04/25/2022	AT011194	215007		05/25/2022	\$170.80 *
05/16/2022	AT012076	DEDICATED 1	219806	06/15/2022	\$893.81 *
05/17/2022	AT012028	7785		06/16/2022	\$28.60 *
05/25/2022	AT012562	DEDICATED 1	220655	06/24/2022	\$891.13 *
05/27/2022	AT012532	220676		06/26/2022	\$49.90 *
06/10/2022	AT013006	DEDICATED 1	219576	07/10/2022	\$891.13 *
06/16/2022	AT013207	206104		07/16/2022	\$34.12 *
06/20/2022	AT013414	061722	216200	07/20/2022	\$561.53 *
06/20/2022	AT013419	DEDICATED 1	219659	07/20/2022	\$888.50 *
06/20/2022	AT013437	221617		07/20/2022	-\$5.69 *
06/23/2022	AT013817	215130		07/23/2022	\$177.70 *
06/27/2022	AT013641	219727		07/27/2022	\$49.76 *
07/13/2022	AT011980-			08/12/2022	-\$28.52 *
07/19/2022	AT014436	221280		08/18/2022	\$249.79 *
07/19/2022	AT014437	071822	216214	08/18/2022	\$548.14 *
07/19/2022	AT014439	213255		08/18/2022	\$173.46 *
07/19/2022	AT014441	219921		08/18/2022	\$27.75 *
07/25/2022	AT014506	72222		08/24/2022	\$98.53 *
07/25/2022	AT014528	219418		08/24/2022	\$27.50 *
07/25/2022	AT014529	6502591663		08/24/2022	\$268.11 *
07/25/2022	AT014530	221321		08/24/2022	\$268.11 *
07/25/2022	AT014540	211431		08/24/2022	\$33.00 *
07/25/2022	AT014541	6502627383		08/24/2022	\$44.00 *
07/25/2022	AT014544	221725		08/24/2022	\$268.11 *
07/25/2022	AT014574	221318		08/24/2022	\$247.48 *
07/25/2022	AT014575	211429	216215	08/24/2022	\$543.09 *



ACCOUNT STATEMENT

As of: 09/20/2022

970 DRIVING PARK AVE
ROCHESTER, NY 14613

DOT # 3654596
MC # 131054

To: CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS FL 33906-1050

Attention: HO
TEL: 239-425-8005
CUSTOMER ID: 0029513

Date	Bill Number	Reference #	Reference #	Due Date	Amount Due
07/25/2022	AT014576	DEDICATED 1	221038	08/24/2022	\$859.31 *
07/25/2022	AT014577	213262		08/24/2022	\$171.86 *
07/25/2022	AT014578	213264		08/24/2022	\$147.11 *
07/25/2022	AT014579	219929		08/24/2022	\$27.50 *
07/25/2022	AT014580	221324		08/24/2022	\$33.00 *
07/25/2022	AT014581	219931		08/24/2022	\$27.50 *
07/25/2022	AT014582	220567		08/24/2022	\$48.12 *
07/26/2022	AT014556	7900		08/25/2022	\$27.50 *
07/26/2022	AT014565	221329		08/25/2022	\$268.11 *
07/26/2022	AT014568	221320		08/25/2022	\$122.37 *
07/26/2022	AT014570	211048		08/25/2022	\$72.87 *
07/26/2022	AT014572	6502600596		08/25/2022	\$268.11 *
07/26/2022	AT014587	221332		08/25/2022	\$72.87 *
07/26/2022	AT014588	221323		08/25/2022	\$48.12 *
07/26/2022	AT014592	5009	220208	08/25/2022	\$600.00 *
07/26/2022	AT014594	2207260802		08/25/2022	\$48.12 *
07/26/2022	AT014595	72522		08/25/2022	\$48.12 *
07/26/2022	AT014597	221330		08/25/2022	\$72.87 *
07/26/2022	AT014610	221326		08/25/2022	\$247.48 *
07/26/2022	AT014611	072522	219419	08/25/2022	\$543.09 *
07/26/2022	AT014612	DEDICATED 1	221043	08/25/2022	\$859.31 *
07/26/2022	AT014613	213265		08/25/2022	\$171.86 *
07/26/2022	AT014614	213266		08/25/2022	\$122.37 *
07/26/2022	AT014621	221727		08/25/2022	\$27.50 *
07/26/2022	AT014622	221726		08/25/2022	\$27.50 *
07/26/2022	AT014623	221335		08/25/2022	\$33.00 *
07/27/2022	AT014624	214074		08/26/2022	\$109.99 *
07/27/2022	AT014626	214075		08/26/2022	\$109.99 *
07/27/2022	AT014627	14627		08/26/2022	\$130.62 *
07/27/2022	AT014628	214076		08/26/2022	\$61.87 *
07/27/2022	AT014629	51336022		08/26/2022	\$48.12 *
07/27/2022	AT014630	221337		08/26/2022	\$97.62 *
07/27/2022	AT014631	221343		08/26/2022	\$33.00 *
07/27/2022	AT014633	221338		08/26/2022	\$72.87 *
07/27/2022	AT014646	221728		08/26/2022	\$247.48 *
07/27/2022	AT014647	072722	219420	08/26/2022	\$543.09 *
07/27/2022	AT014648	DEDICATED 1	221047	08/26/2022	\$859.31 *
07/27/2022	AT014649	213267		08/26/2022	\$171.86 *
07/27/2022	AT014650	213268		08/26/2022	\$158.37 *
07/27/2022	AT014651	219932		08/26/2022	\$27.50 *
07/27/2022	AT014652	219933		08/26/2022	\$27.50 *
07/27/2022	AT014653	221344		08/26/2022	\$31.50 *
07/27/2022	AT014654	219936		08/26/2022	\$27.50 *
07/27/2022	AT014674	221348		08/26/2022	\$151.24 *
07/28/2022	AT014602	221731	2311361	08/27/2022	\$343.73 *
07/28/2022	AT014641	221349		08/27/2022	\$72.87 *



ACCOUNT STATEMENT

As of: 09/20/2022

970 DRIVING PARK AVE
ROCHESTER, NY 14613

DOT # 3654596
MC # 131054

To: CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS FL 33906-1050

Attention: HO
TEL: 239-425-8005
CUSTOMER ID: 0029513

Date	Bill Number	Reference #	Reference #	Due Date	Amount Due
07/28/2022	AT014642	72822		08/27/2022	\$41.25 *
07/28/2022	AT014643	211899		08/27/2022	\$48.12 *
07/28/2022	AT014644	7906		08/27/2022	\$27.50 *
07/28/2022	AT014668	219422		08/27/2022	\$33.00 *
07/28/2022	AT014669	6502618839		08/27/2022	\$68.75 *
07/28/2022	AT014670	2207280841		08/27/2022	\$33.00 *
07/28/2022	AT014700	221347		08/27/2022	\$247.48 *
07/28/2022	AT014701	072722	219421	08/27/2022	\$543.09 *
07/28/2022	AT014702	DEDICATED 1	221051	08/27/2022	\$859.31 *
07/28/2022	AT014703	213269		08/27/2022	\$171.86 *
07/28/2022	AT014704	213270		08/27/2022	\$140.37 *
07/28/2022	AT014705	221729		08/27/2022	\$27.50 *
07/28/2022	AT014706	221730		08/27/2022	\$27.50 *
07/28/2022	AT014707	221354		08/27/2022	\$31.50 *
07/28/2022	AT014708	221357		08/27/2022	\$31.50 *
07/29/2022	AT014666	201143		08/28/2022	\$44.00 *
07/29/2022	AT014667	212178		08/28/2022	\$72.87 *
07/29/2022	AT014675	18822		08/28/2022	\$61.87 *
07/29/2022	AT014677	221360		08/28/2022	\$233.73 *
07/29/2022	AT014678	221361		08/28/2022	\$97.62 *
07/29/2022	AT014684	43784		08/28/2022	\$27.50 *
07/29/2022	AT014690	219424		08/28/2022	\$48.12 *
07/29/2022	AT014691	6502627924		08/28/2022	\$44.00 *
07/29/2022	AT014692	2207290838		08/28/2022	\$72.87 *
07/29/2022	AT014693	211047	6502632549	08/28/2022	\$48.12 *
07/29/2022	AT014713	221369		08/28/2022	\$147.11 *
07/29/2022	AT014832	221358		08/28/2022	\$247.48 *
07/29/2022	AT014833	072822	211433	08/28/2022	\$543.09 *
07/29/2022	AT014834	DEDICATED 1	221056	08/28/2022	\$859.31 *
07/29/2022	AT014835	213271		08/28/2022	\$171.86 *
07/29/2022	AT014836	213278		08/28/2022	\$158.37 *
07/29/2022	AT014837	221734		08/28/2022	\$31.50 *
07/29/2022	AT014838	219937		08/28/2022	\$27.50 *
07/29/2022	AT014839	219943		08/28/2022	\$27.50 *
07/29/2022	AT014840	220574		08/28/2022	\$27.50 *
08/01/2022	AT014718	8100272606		08/31/2022	\$72.42 *
08/01/2022	AT014719	211795		08/31/2022	\$61.49 *
08/01/2022	AT014723	221062		08/31/2022	\$47.82 *
08/01/2022	AT014724	221373		08/31/2022	\$266.45 *
08/01/2022	AT014726	221374		08/31/2022	\$146.20 *
08/01/2022	AT014727	221366		08/31/2022	\$97.01 *
08/01/2022	AT014733	221735		08/31/2022	\$170.80 *
08/01/2022	AT014802	221375		08/31/2022	\$47.82 *
08/01/2022	AT014803	221379		08/31/2022	\$32.79 *
08/01/2022	AT014804	221382		08/31/2022	\$47.82 *
08/01/2022	AT014805	221380		08/31/2022	\$47.82 *



ACCOUNT STATEMENT

As of: 09/20/2022

970 DRIVING PARK AVE
ROCHESTER, NY 14613

DOT # 3654596
MC # 131054

To: CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS FL 33906-1050

Attention: HO
TEL: 239-425-8005
CUSTOMER ID: 0029513

Date	Bill Number	Reference #	Reference #	Due Date	Amount Due
08/01/2022	AT014810	219426		08/31/2022	\$32.79 *
08/01/2022	AT014811	213273		08/31/2022	\$266.45 *
08/01/2022	AT014812	221377		08/31/2022	\$47.82 *
08/01/2022	AT014871	221371		08/31/2022	\$245.95 *
08/01/2022	AT014872	072922	211432	08/31/2022	\$539.73 *
08/01/2022	AT014873	DEDICATED 1	221060	08/31/2022	\$854.00 *
08/01/2022	AT014874	213274		08/31/2022	\$170.80 *
08/01/2022	AT014875	213275		08/31/2022	\$191.30 *
08/01/2022	AT014876	221733		08/31/2022	\$27.33 *
08/01/2022	AT014877	221732		08/31/2022	\$27.33 *
08/01/2022	AT014878	221376		08/31/2022	\$32.79 *
08/01/2022	AT014879	221370		08/31/2022	\$32.79 *
08/02/2022	AT014739	201144		09/01/2022	\$43.72 *
08/02/2022	AT014806	212301		09/01/2022	\$61.49 *
08/02/2022	AT014816	221552		09/01/2022	\$341.60 *
08/02/2022	AT014819	2208020809		09/01/2022	\$32.79 *
08/02/2022	AT014841	221385		09/01/2022	\$72.42 *
08/02/2022	AT014842	221388		09/01/2022	\$47.82 *
08/02/2022	AT014844	221383		09/01/2022	\$121.61 *
08/02/2022	AT014922	221381		09/01/2022	\$245.95 *
08/02/2022	AT014924	080222	211434	09/01/2022	\$539.73 *
08/02/2022	AT014926	DEDICATED 1	221065	09/01/2022	\$854.00 *
08/02/2022	AT014927	213276		09/01/2022	\$170.80 *
08/02/2022	AT014928	213277		09/01/2022	\$140.30 *
08/02/2022	AT014929	220573		09/01/2022	\$27.33 *
08/02/2022	AT014930	221553		09/01/2022	\$27.33 *
08/02/2022	AT014931	221389		09/01/2022	\$31.33 *
08/02/2022	AT014932	221551		09/01/2022	\$27.33 *
08/02/2022	AT014933	221386		09/01/2022	\$47.82 *
08/03/2022	AT014852	67196		09/02/2022	\$61.49 *
08/03/2022	AT014864	221069		09/02/2022	\$47.82 *
08/03/2022	AT014867	201145		09/02/2022	\$43.72 *
08/03/2022	AT014868	221554		09/02/2022	\$121.61 *
08/03/2022	AT014889	211050		09/02/2022	\$47.82 *
08/03/2022	AT014890	214077		09/02/2022	\$61.49 *
08/03/2022	AT014891	208140		09/02/2022	\$61.49 *
08/03/2022	AT014892	215417		09/02/2022	\$27.33 *
08/03/2022	AT014893	221394		09/02/2022	\$47.82 *
08/03/2022	AT014979	221738		09/02/2022	\$245.95 *
08/03/2022	AT014980	080322	219428	09/02/2022	\$539.73 *
08/03/2022	AT014981	DEDICATED 1	221070	09/02/2022	\$854.00 *
08/03/2022	AT014982	213279		09/02/2022	\$170.80 *
08/03/2022	AT014983	213280		09/02/2022	\$89.69 *
08/03/2022	AT014984	221392		09/02/2022	\$32.79 *
08/03/2022	AT014985	221396		09/02/2022	\$32.79 *
08/03/2022	AT014986	221737		09/02/2022	\$27.33 *



ACCOUNT STATEMENT

As of: 09/20/2022

970 DRIVING PARK AVE
ROCHESTER, NY 14613DOT # 3654596
MC # 131054To: CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS FL 33906-1050Attention: HO
TEL: 239-425-8005
CUSTOMER ID: 0029513

Date	Bill Number	Reference #	Reference #	Due Date	Amount Due
08/03/2022	AT014987	221736		09/02/2022	\$27.33 *
08/04/2022	AT014895	221739		09/03/2022	\$204.96 *
08/04/2022	AT014906	1111		09/03/2022	\$151.61 *
08/04/2022	AT014911	3456		09/03/2022	\$72.42 *
08/04/2022	AT014913	221740		09/03/2022	\$170.80 *
08/04/2022	AT014914	2208040803		09/03/2022	\$32.79 *
08/04/2022	AT014915	213282		09/03/2022	\$27.33 *
08/04/2022	AT014916	213281		09/03/2022	\$266.45 *
08/04/2022	AT014917	6502581589		09/03/2022	\$68.32 *
08/04/2022	AT014918	8100272803		09/03/2022	\$266.45 *
08/04/2022	AT014919	221406		09/03/2022	\$47.82 *
08/04/2022	AT014920	221399		09/03/2022	\$47.82 *
08/04/2022	AT014921	221402		09/03/2022	\$47.82 *
08/04/2022	AT014925	212179		09/03/2022	\$27.33 *
08/04/2022	AT014940	212361		09/03/2022	\$61.49 *
08/04/2022	AT014952	221741		09/03/2022	\$170.80 *
08/04/2022	AT014957	2065		09/03/2022	\$127.01 *
08/04/2022	AT015004	221397		09/03/2022	\$245.95 *
08/04/2022	AT015005	BOL#2408	080322	09/03/2022	\$539.73 *
08/04/2022	AT015006	DEDICATED 1	221075	09/03/2022	\$854.00 *
08/04/2022	AT015007	213283		09/03/2022	\$170.80 *
08/04/2022	AT015008	213285		09/03/2022	\$170.80 *
08/04/2022	AT015010	221398		09/03/2022	\$32.79 *
08/04/2022	AT015011	220571		09/03/2022	\$27.33 *
08/04/2022	AT015012	220572		09/03/2022	\$27.33 *
08/04/2022	AT015013	221556		09/03/2022	\$27.33 *
08/05/2022	AT014971	221412		09/04/2022	\$97.01 *
08/05/2022	AT014972	211901		09/04/2022	\$72.42 *
08/05/2022	AT014973	18889		09/04/2022	\$61.49 *
08/05/2022	AT014977	221608		09/04/2022	\$47.82 *
08/05/2022	AT014990	221411		09/04/2022	\$266.45 *
08/05/2022	AT014991	2208050830		09/04/2022	\$32.79 *
08/05/2022	AT014992	221413		09/04/2022	\$72.42 *
08/05/2022	AT014997	14997		09/04/2022	\$72.42 *
08/05/2022	AT015002	221410		09/04/2022	\$47.82 *
08/05/2022	AT015003	11064	220074	09/04/2022	\$600.00 *
08/05/2022	AT015061	221409		09/04/2022	\$245.95 *
08/05/2022	AT015062	080422	216217	09/04/2022	\$539.73 *
08/05/2022	AT015063	DEDICATED 1	221079	09/04/2022	\$854.00 *
08/05/2022	AT015064	220379		09/04/2022	\$170.80 *
08/05/2022	AT015065	213286		09/04/2022	\$98.80 *
08/05/2022	AT015066	221416		09/04/2022	\$32.79 *
08/05/2022	AT015067	221417		09/04/2022	\$32.79 *
08/05/2022	AT015068	221743		09/04/2022	\$28.79 *
08/05/2022	AT015069	221742		09/04/2022	\$28.79 *
08/08/2022	AT015019	650661		09/07/2022	\$32.49 *



ACCOUNT STATEMENT

As of: 09/20/2022

970 DRIVING PARK AVE
ROCHESTER, NY 14613

DOT # 3654596
MC # 131054

To: CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS FL 33906-1050

Attention: HO
TEL: 239-425-8005
CUSTOMER ID: 0029513

Date	Bill Number	Reference #	Reference #	Due Date	Amount Due
08/08/2022	AT015022	221744		09/07/2022	\$263.95 *
08/08/2022	AT015025	221420		09/07/2022	\$96.11 *
08/08/2022	AT015029	211437		09/07/2022	\$32.49 *
08/08/2022	AT015030	221422		09/07/2022	\$47.38 *
08/08/2022	AT015034	211052		09/07/2022	\$47.38 *
08/08/2022	AT015035	221088		09/07/2022	\$47.38 *
08/08/2022	AT015036	212180		09/07/2022	\$60.91 *
08/08/2022	AT015079	221418		09/07/2022	\$243.65 *
08/08/2022	AT015080	080822	211436	09/07/2022	\$534.67 *
08/08/2022	AT015081	DEDICATED 1	221082	09/07/2022	\$846.00 *
08/08/2022	AT015082	213287		09/07/2022	\$169.20 *
08/08/2022	AT015083	213288		09/07/2022	\$133.20 *
08/08/2022	AT015084	220570		09/07/2022	\$28.49 *
08/08/2022	AT015085	221426		09/07/2022	\$32.49 *
08/08/2022	AT015086	220576		09/07/2022	\$28.49 *
08/08/2022	AT015087	220577		09/07/2022	\$28.49 *
08/09/2022	AT015024	201146		09/08/2022	\$43.32 *
08/09/2022	AT015070	221428		09/08/2022	\$71.74 *
08/09/2022	AT015071	221428		09/08/2022	\$47.38 *
08/09/2022	AT015072	201147		09/08/2022	\$43.32 *
08/09/2022	AT015088	221431		09/08/2022	\$47.38 *
08/09/2022	AT015089	213290		09/08/2022	\$263.95 *
08/09/2022	AT015090	221747		09/08/2022	\$169.20 *
08/09/2022	AT015116	221427		09/08/2022	\$243.65 *
08/09/2022	AT015117	080822	211438	09/08/2022	\$534.67 *
08/09/2022	AT015118	DEDICATED 1	221089	09/08/2022	\$846.00 *
08/09/2022	AT015119	213289		09/08/2022	\$169.20 *
08/09/2022	AT015120	213291		09/08/2022	\$169.20 *
08/09/2022	AT015121	221746		09/08/2022	\$27.07 *
08/09/2022	AT015122	221745		09/08/2022	\$27.07 *
08/09/2022	AT015123	221436		09/08/2022	\$32.49 *
08/09/2022	AT015124	221437		09/08/2022	\$47.38 *
08/10/2022	AT015073	7925		09/09/2022	\$27.07 *
08/10/2022	AT015092	213292		09/09/2022	\$40.61 *
08/10/2022	AT015096	221096		09/09/2022	\$120.47 *
08/10/2022	AT015097	214066		09/09/2022	\$108.29 *
08/10/2022	AT015098	214078		09/09/2022	\$108.29 *
08/10/2022	AT015103	215418		09/09/2022	\$60.91 *
08/10/2022	AT015109	221443		09/09/2022	\$47.38 *
08/10/2022	AT015110	221560		09/09/2022	\$60.91 *
08/10/2022	AT015111	219432		09/09/2022	\$32.49 *
08/10/2022	AT015112	2208100806		09/09/2022	\$32.49 *
08/10/2022	AT015114	209006		09/09/2022	\$27.07 *
08/10/2022	AT015132	11491880		09/09/2022	\$40.61 *
08/10/2022	AT015134	221438		09/09/2022	\$32.49 *
08/10/2022	AT015171	221439		09/09/2022	\$243.65 *



ACCOUNT STATEMENT

As of: 09/20/2022

970 DRIVING PARK AVE
ROCHESTER, NY 14613

DOT # 3654596
MC # 131054

To: CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS FL 33906-1050

Attention: HO
TEL: 239-425-8005
CUSTOMER ID: 0029513

Date	Bill Number	Reference #	Reference #	Due Date	Amount Due
08/10/2022	AT015172	080922	219433	09/09/2022	\$534.67 *
08/10/2022	AT015173	DEDICATED 1	221094	09/09/2022	\$846.00 *
08/10/2022	AT015174	213293		09/09/2022	\$169.20 *
08/10/2022	AT015175	213294		09/09/2022	\$144.84 *
08/10/2022	AT015176	220579		09/09/2022	\$27.07 *
08/10/2022	AT015177	221444		09/09/2022	\$32.49 *
08/10/2022	AT015178	220578		09/09/2022	\$27.07 *
08/10/2022	AT015179	220569		09/09/2022	\$27.07 *
08/11/2022	AT015152	8100272803		09/10/2022	\$263.95 *
08/11/2022	AT015158	2208110825		09/10/2022	\$32.49 *
08/11/2022	AT015159	219435		09/10/2022	\$47.38 *
08/11/2022	AT015160	6502636544		09/10/2022	\$67.68 *
08/11/2022	AT015162	212362		09/10/2022	\$90.91 *
08/11/2022	AT015163	221648		09/10/2022	\$144.84 *
08/11/2022	AT015181	220074	TRLR #11064	09/10/2022	\$150.00 *
08/11/2022	AT015182	211051		09/10/2022	\$47.38 *
08/11/2022	AT015183	213296		09/10/2022	\$293.95 *
08/11/2022	AT015184	221446		09/10/2022	\$47.38 *
08/11/2022	AT015187	221449		09/10/2022	\$148.90 *
08/11/2022	AT015190	TRL 11454	221750	09/10/2022	\$169.20 *
08/11/2022	AT015212	221448		09/10/2022	\$243.65 *
08/11/2022	AT015213	081122	211439	09/10/2022	\$534.67 *
08/11/2022	AT015214	DEDICATED 1	221099	09/10/2022	\$846.00 *
08/11/2022	AT015215	213295		09/10/2022	\$169.20 *
08/11/2022	AT015216	213297		09/10/2022	\$144.84 *
08/11/2022	AT015217	221749		09/10/2022	\$27.07 *
08/11/2022	AT015218	221748		09/10/2022	\$27.07 *
08/11/2022	AT015219	221447		09/10/2022	\$32.49 *
08/11/2022	AT015220	221452		09/10/2022	\$32.49 *
08/12/2022	AT015194	18942		09/11/2022	\$121.82 *
08/12/2022	AT015195	214208		09/11/2022	\$27.07 *
08/12/2022	AT015203	205488		09/11/2022	\$32.49 *
08/12/2022	AT015205	43933		09/11/2022	\$40.61 *
08/12/2022	AT015222	219436		09/11/2022	\$32.49 *
08/12/2022	AT015223	221460		09/11/2022	\$96.11 *
08/12/2022	AT015225	221456		09/11/2022	\$71.74 *
08/12/2022	AT015226	221457		09/11/2022	\$71.74 *
08/12/2022	AT015227	221461		09/11/2022	\$32.49 *
08/12/2022	AT015285	221455		09/11/2022	\$243.65 *
08/12/2022	AT015287	081122	216219	09/11/2022	\$534.67 *
08/12/2022	AT015288	DEDICATED 1	221105	09/11/2022	\$846.00 *
08/12/2022	AT015289	213298		09/11/2022	\$169.20 *
08/12/2022	AT015290	213299		09/11/2022	\$96.11 *
08/12/2022	AT015291	221561		09/11/2022	\$27.07 *
08/12/2022	AT015292	221562		09/11/2022	\$27.07 *
08/12/2022	AT015293	221463		09/11/2022	\$32.49 *



ACCOUNT STATEMENT

As of: 09/20/2022

970 DRIVING PARK AVE
ROCHESTER, NY 14613

DOT # 3654596
MC # 131054

To: CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS FL 33906-1050

Attention: HO
TEL: 239-425-8005
CUSTOMER ID: 0029513

Date	Bill Number	Reference #	Reference #	Due Date	Amount Due
08/12/2022	AT015294	221565		09/11/2022	\$27.07 *
08/15/2022	AT015169	7937		09/14/2022	\$26.90 *
08/15/2022	AT015193	201148		09/14/2022	\$43.04 *
08/15/2022	AT015206	220367		09/14/2022	\$336.28 *
08/15/2022	AT015244	219945		09/14/2022	\$95.50 *
08/15/2022	AT015245	221472		09/14/2022	\$71.29 *
08/15/2022	AT015249	221470		09/14/2022	\$262.29 *
08/15/2022	AT015252	221471		09/14/2022	\$119.71 *
08/15/2022	AT015253	221468		09/14/2022	\$147.96 *
08/15/2022	AT015254	212314		09/14/2022	\$60.53 *
08/15/2022	AT015267	220377		09/14/2022	\$60.53 *
08/15/2022	AT015268	211053		09/14/2022	\$47.08 *
08/15/2022	AT015269	652355		09/14/2022	\$47.08 *
08/15/2022	AT015276	UN1173		09/14/2022	\$47.08 *
08/15/2022	AT015277	6502635455		09/14/2022	\$43.04 *
08/15/2022	AT015278	081522	6502599999	09/14/2022	\$32.28 *
08/15/2022	AT015297	221466		09/14/2022	\$242.12 *
08/15/2022	AT015298	081522	211440	09/14/2022	\$531.31 *
08/15/2022	AT015299	DEDICATED 1	221110	09/14/2022	\$840.69 *
08/15/2022	AT015300	213300		09/14/2022	\$168.14 *
08/15/2022	AT015301	213301		09/14/2022	\$71.29 *
08/15/2022	AT015302	220541		09/14/2022	\$26.90 *
08/15/2022	AT015303	220540		09/14/2022	\$26.90 *
08/15/2022	AT015304	221478		09/14/2022	\$32.28 *
08/15/2022	AT015305	221474		09/14/2022	\$32.28 *
08/16/2022	AT015281	6502584162		09/15/2022	\$201.77 *
08/16/2022	AT015306	219441		09/15/2022	\$71.29 *
08/16/2022	AT015307	6502629497		09/15/2022	\$43.04 *
08/16/2022	AT015308	2208160804		09/15/2022	\$32.28 *
08/16/2022	AT015313	221481		09/15/2022	\$32.28 *
08/16/2022	AT015314	221487		09/15/2022	\$47.08 *
08/16/2022	AT015315	213304		09/15/2022	\$262.29 *
08/16/2022	AT015318	110GL6540100-11600	220544	09/15/2022	\$168.14 *
08/16/2022	AT015319	220545		09/15/2022	\$168.14 *
08/16/2022	AT015326	221485		09/15/2022	\$262.29 *
08/16/2022	AT015327	221480		09/15/2022	\$71.29 *
08/16/2022	AT015328	221473		09/15/2022	\$47.08 *
08/16/2022	AT015376	221479		09/15/2022	\$242.12 *
08/16/2022	AT015377	219440	220568	09/15/2022	\$531.31 *
08/16/2022	AT015378	DEDICATED 1	221114	09/15/2022	\$840.69 *
08/16/2022	AT015379	213303		09/15/2022	\$168.14 *
08/16/2022	AT015380	213306		09/15/2022	\$147.96 *
08/16/2022	AT015381	221566		09/15/2022	\$26.90 *
08/16/2022	AT015382	221568		09/15/2022	\$32.28 *
08/16/2022	AT015383	221486		09/15/2022	\$32.28 *
08/16/2022	AT015384	220580		09/15/2022	\$26.90 *



ACCOUNT STATEMENT

As of: 09/20/2022

970 DRIVING PARK AVE
ROCHESTER, NY 14613

DOT # 3654596
MC # 131054

To: CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS FL 33906-1050

Attention: HO
TEL: 239-425-8005
CUSTOMER ID: 0029513

Date	Bill Number	Reference #	Reference #	Due Date	Amount Due
08/17/2022	AT015283	201150		09/16/2022	\$43.04 *
08/17/2022	AT015312	7941		09/16/2022	\$26.90 *
08/17/2022	AT015316	201149		09/16/2022	\$43.04 *
08/17/2022	AT015338	6502591663		09/16/2022	\$262.29 *
08/17/2022	AT015340	2208170818		09/16/2022	\$32.28 *
08/17/2022	AT015341	221493		09/16/2022	\$32.28 *
08/17/2022	AT015343	18970		09/16/2022	\$60.53 *
08/17/2022	AT015344	213309		09/16/2022	\$32.28 *
08/17/2022	AT015345	212181		09/16/2022	\$71.29 *
08/17/2022	AT015356	221498		09/16/2022	\$47.08 *
08/17/2022	AT015357	221495		09/16/2022	\$47.08 *
08/17/2022	AT015366	219443		09/16/2022	\$32.28 *
08/17/2022	AT015386	221492		09/16/2022	\$242.12 *
08/17/2022	AT015387	081522	211441	09/16/2022	\$531.31 *
08/17/2022	AT015388	DEDICATED 1	221118	09/16/2022	\$840.69 *
08/17/2022	AT015389	213313		09/16/2022	\$168.14 *
08/17/2022	AT015390	213314		09/16/2022	\$143.93 *
08/17/2022	AT015391	220547		09/16/2022	\$26.90 *
08/17/2022	AT015392	220546		09/16/2022	\$26.90 *
08/17/2022	AT015393	221497		09/16/2022	\$32.28 *
08/17/2022	AT015394	221499		09/16/2022	\$32.28 *
08/18/2022	AT015342	213351		09/17/2022	\$43.04 *
08/18/2022	AT015371	212298		09/17/2022	\$90.53 *
08/18/2022	AT015372	212363		09/17/2022	\$90.53 *
08/18/2022	AT015396	221502		09/17/2022	\$242.12 *
08/18/2022	AT015397	081722	216220	09/17/2022	\$531.31 *
08/18/2022	AT015399	DEDICATED 1	221122	09/17/2022	\$840.69 *
08/18/2022	AT015400	213315		09/17/2022	\$168.14 *
08/18/2022	AT015401	215141		09/17/2022	\$47.08 *
08/18/2022	AT015402	221650		09/17/2022	\$26.90 *
08/18/2022	AT015403	219939		09/17/2022	\$26.90 *
08/18/2022	AT015404	215140		09/17/2022	\$26.90 *
08/18/2022	AT015405	221510		09/17/2022	\$32.28 *
08/18/2022	AT015406	219445		09/17/2022	\$56.90 *
08/18/2022	AT015410	221505		09/17/2022	\$47.08 *
08/18/2022	AT015413	221501		09/17/2022	\$95.50 *
08/18/2022	AT015414	221503		09/17/2022	\$47.08 *
08/18/2022	AT015419	221491		09/17/2022	\$119.71 *
08/18/2022	AT015421	215142		09/17/2022	\$262.29 *
08/18/2022	AT015451	203499		09/17/2022	\$26.90 *
08/19/2022	AT015428	221513		09/18/2022	\$71.29 *
08/19/2022	AT015429	221512		09/18/2022	\$228.67 *
08/19/2022	AT015441	211055		09/18/2022	\$47.08 *
08/19/2022	AT015442	219446		09/18/2022	\$32.28 *
08/19/2022	AT015443	6502630811		09/18/2022	\$67.26 *
08/19/2022	AT015447	221518		09/18/2022	\$32.28 *



ACCOUNT STATEMENT

As of: 09/20/2022

970 DRIVING PARK AVE
ROCHESTER, NY 14613

DOT # 3654596
MC # 131054

To: CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS FL 33906-1050

Attention: HO
TEL: 239-425-8005
CUSTOMER ID: 0029513

Date	Bill Number	Reference #	Reference #	Due Date	Amount Due
08/19/2022	AT015448	221517		09/18/2022	\$47.08 *
08/19/2022	AT015450	221483		09/18/2022	\$262.29 *
08/19/2022	AT015456	221511		09/18/2022	\$242.12 *
08/19/2022	AT015457	081822	219448	09/18/2022	\$531.31 *
08/19/2022	AT015458	DEDICATED 1	221126	09/18/2022	\$840.69 *
08/19/2022	AT015459	215143		09/18/2022	\$168.14 *
08/19/2022	AT015460	213316		09/18/2022	\$95.50 *
08/19/2022	AT015461	220549		09/18/2022	\$26.90 *
08/19/2022	AT015462	220548		09/18/2022	\$26.90 *
08/19/2022	AT015463	221522		09/18/2022	\$32.28 *
08/19/2022	AT015464	221520		09/18/2022	\$32.28 *
08/19/2022	AT015497	221523		09/18/2022	\$32.18 *
08/22/2022	AT015427	213352		09/21/2022	\$42.91
08/22/2022	AT015481	211783		09/21/2022	\$147.50
08/22/2022	AT015482	221527		09/21/2022	\$261.48
08/22/2022	AT015486	221531		09/21/2022	\$32.18
08/22/2022	AT015487	221528		09/21/2022	\$46.93
08/22/2022	AT015498	221526		09/21/2022	\$119.34
08/22/2022	AT015517	221521		09/21/2022	\$241.36
08/22/2022	AT015518	081922	2208220803	09/21/2022	\$529.66
08/22/2022	AT015519	DEDICATED 1	221130	09/21/2022	\$838.06
08/22/2022	AT015520	213317		09/21/2022	\$167.61
08/22/2022	AT015521	213319		09/21/2022	\$147.50
08/22/2022	AT015522	221530		09/21/2022	\$32.18
08/22/2022	AT015523	222214		09/21/2022	\$26.82
08/22/2022	AT015524	220581		09/21/2022	\$26.82
08/22/2022	AT015525	222210		09/21/2022	\$26.82
08/23/2022	AT015488	7954		09/22/2022	\$26.82
08/23/2022	AT015505	215420		09/22/2022	\$268.18
08/23/2022	AT015506	211056		09/22/2022	\$46.93
08/23/2022	AT015526	211784		09/22/2022	\$26.82
08/23/2022	AT015527	215419		09/22/2022	\$60.34
08/23/2022	AT015529	221539		09/22/2022	\$95.20
08/23/2022	AT015530	221540		09/22/2022	\$46.93
08/23/2022	AT015533	221532		09/22/2022	\$261.48
08/23/2022	AT015534	221855		09/22/2022	\$261.48
08/23/2022	AT015535	219449		09/22/2022	\$32.18
08/23/2022	AT015538	221534		09/22/2022	\$95.20
08/23/2022	AT015565	222208		09/22/2022	\$26.82
08/23/2022	AT015566	213321		09/22/2022	\$167.61
08/23/2022	AT015567	DEDICATED 1	221133	09/22/2022	\$838.06
08/23/2022	AT015568	082322	2208221051	09/22/2022	\$529.66
08/23/2022	AT015569	221533		09/22/2022	\$241.36
08/23/2022	AT015570	213320		09/22/2022	\$147.50
08/23/2022	AT015571	220550		09/22/2022	\$26.82
08/23/2022	AT015573	221535		09/22/2022	\$32.18



ACCOUNT STATEMENT

As of: 09/20/2022

970 DRIVING PARK AVE
ROCHESTER, NY 14613DOT # 3654596
MC # 131054To: CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS FL 33906-1050Attention: HO
TEL: 239-425-8005
CUSTOMER ID: 0029513

Date	Bill Number	Reference #	Reference #	Due Date	Amount Due
08/24/2022	AT015548	82322		09/23/2022	\$32.18
08/24/2022	AT015550	221139		09/23/2022	\$80.45
08/24/2022	AT015552	214081		09/23/2022	\$60.34
08/24/2022	AT015558	221754		09/23/2022	\$201.14
08/24/2022	AT015559	810027803		09/23/2022	\$261.48
08/24/2022	AT015561	212364		09/23/2022	\$60.34
08/24/2022	AT015562	11590664		09/23/2022	\$40.23
08/24/2022	AT015574	221545		09/23/2022	\$32.18
08/24/2022	AT015575	221544		09/23/2022	\$71.07
08/24/2022	AT015579	6502636876		09/23/2022	\$42.91
08/24/2022	AT015627	221542		09/23/2022	\$241.36
08/24/2022	AT015628	082322	211444	09/23/2022	\$529.66
08/24/2022	AT015629	DEDICATED 1	221138	09/23/2022	\$838.06
08/24/2022	AT015630	213322		09/23/2022	\$167.61
08/24/2022	AT015631	213323		09/23/2022	\$95.20
08/24/2022	AT015632	222207		09/23/2022	\$26.82
08/24/2022	AT015633	220582		09/23/2022	\$26.82
08/24/2022	AT015634	221546		09/23/2022	\$32.18
08/24/2022	AT015635	222205		09/23/2022	\$26.82
08/25/2022	AT015607	221550		09/24/2022	\$261.48
08/25/2022	AT015613	212290		09/24/2022	\$26.82
08/25/2022	AT015614	212232		09/24/2022	\$71.07
08/25/2022	AT015615	220825080	998216	09/24/2022	\$32.18
08/25/2022	AT015617	082422		09/24/2022	\$32.18
08/25/2022	AT015620	222219		09/24/2022	\$46.93
08/25/2022	AT015657	221549		09/24/2022	\$241.36
08/25/2022	AT015658	082422	211445	09/24/2022	\$529.66
08/25/2022	AT015659	DEDICATED 1	221143	09/24/2022	\$838.06
08/25/2022	AT015660	213324		09/24/2022	\$167.61
08/25/2022	AT015661	213325		09/24/2022	\$46.93
08/25/2022	AT015662	221756		09/24/2022	\$26.82
08/25/2022	AT015663	221755		09/24/2022	\$26.82
08/25/2022	AT015664	222221		09/24/2022	\$32.18
08/25/2022	AT015665	222220		09/24/2022	\$32.18
08/26/2022	AT015636	222238		09/25/2022	\$71.07
08/26/2022	AT015642	214210		09/25/2022	\$26.82
08/26/2022	AT015643	2208260811		09/25/2022	\$32.18
08/26/2022	AT015645	213326		09/25/2022	\$261.48
08/26/2022	AT015650	6502635154		09/25/2022	\$42.91
08/26/2022	AT015651	222226		09/25/2022	\$71.07
08/26/2022	AT015666	222225		09/25/2022	\$261.48
08/26/2022	AT015667	222228		09/25/2022	\$32.18
08/26/2022	AT015668	222241		09/25/2022	\$46.93
08/26/2022	AT015680	222229		09/25/2022	\$46.93
08/26/2022	AT015704	222223		09/25/2022	\$241.36
08/26/2022	AT015705	082522	211446	09/25/2022	\$529.66



ACCOUNT STATEMENT

As of: 09/20/2022

970 DRIVING PARK AVE
ROCHESTER, NY 14613

DOT # 3654596
MC # 131054

To: CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS FL 33906-1050

Attention: HO
TEL: 239-425-8005
CUSTOMER ID: 0029513

Date	Bill Number	Reference #	Reference #	Due Date	Amount Due
08/26/2022	AT015706	DEDICATED 1	221147	09/25/2022	\$838.06
08/26/2022	AT015707	213328		09/25/2022	\$167.61
08/26/2022	AT015708	213329		09/25/2022	\$95.20
08/26/2022	AT015709	222200		09/25/2022	\$26.82
08/26/2022	AT015710	222201		09/25/2022	\$26.82
08/26/2022	AT015711	222224		09/25/2022	\$32.18
08/26/2022	AT015712	222202		09/25/2022	\$26.82
08/29/2022	AT015622	221506		09/28/2022	\$338.40
08/29/2022	AT015644	103549	A9254	09/28/2022	\$268.18
08/29/2022	AT015684	222204		09/28/2022	\$120.47
08/29/2022	AT015692	215421		09/28/2022	\$27.07
08/29/2022	AT015695	214080		09/28/2022	\$108.29
08/29/2022	AT015696	214079		09/28/2022	\$108.29
08/29/2022	AT015697	222248		09/28/2022	\$47.38
08/29/2022	AT015699	19047		09/28/2022	\$60.91
08/29/2022	AT015700	222246		09/28/2022	\$47.38
08/29/2022	AT015701	222250		09/28/2022	\$144.84
08/29/2022	AT015702	222247		09/28/2022	\$47.38
08/29/2022	AT015720	211448		09/28/2022	\$32.49
08/29/2022	AT015721	2208290829		09/28/2022	\$32.49
08/29/2022	AT015722	6501519956		09/28/2022	\$32.49
08/29/2022	AT015758	222242		09/28/2022	\$243.65
08/29/2022	AT015759	211447	216222	09/28/2022	\$534.67
08/29/2022	AT015760	DEDICATED 1	222231	09/28/2022	\$846.00
08/29/2022	AT015761	213330		09/28/2022	\$169.20
08/29/2022	AT015762	213331		09/28/2022	\$96.11
08/29/2022	AT015763	221758		09/28/2022	\$27.07
08/29/2022	AT015764	221757		09/28/2022	\$27.07
08/29/2022	AT015765	222251		09/28/2022	\$32.49
08/29/2022	AT015766	222245		09/28/2022	\$47.38
08/30/2022	AT015691	215147		09/29/2022	\$263.95
08/30/2022	AT015703	AT015703		09/29/2022	\$96.11
08/30/2022	AT015739	222255		09/29/2022	\$263.95
08/30/2022	AT015742	2208300827		09/29/2022	\$32.49
08/30/2022	AT015743	651443		09/29/2022	\$32.49
08/30/2022	AT015744	222249		09/29/2022	\$120.47
08/30/2022	AT015745	222260		09/29/2022	\$32.49
08/30/2022	AT015776	222253		09/29/2022	\$243.65
08/30/2022	AT015777	082922	211450	09/29/2022	\$534.67
08/30/2022	AT015778	DEDICATED 1	221150	09/29/2022	\$846.00
08/30/2022	AT015779	213332		09/29/2022	\$169.20
08/30/2022	AT015780	215146		09/29/2022	\$120.47
08/30/2022	AT015781	222209		09/29/2022	\$27.07
08/30/2022	AT015783	219942		09/29/2022	\$27.07
08/30/2022	AT015784	222261		09/29/2022	\$32.49
08/30/2022	AT015785	222151		09/29/2022	\$27.07



ACCOUNT STATEMENT

As of: 09/20/2022

970 DRIVING PARK AVE
ROCHESTER, NY 14613

DOT # 3654596
MC # 131054

To: CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS FL 33906-1050

Attention: HO
TEL: 239-425-8005
CUSTOMER ID: 0029513

Date	Bill Number	Reference #	Reference #	Due Date	Amount Due
08/31/2022	AT015790	222269		09/30/2022	\$263.95
08/31/2022	AT015792	215149		09/30/2022	\$263.95
08/31/2022	AT015816	222266		09/30/2022	\$47.38
08/31/2022	AT015817	212291		09/30/2022	\$27.07
08/31/2022	AT015818	219454		09/30/2022	\$32.49
08/31/2022	AT015826	222272		09/30/2022	\$144.84
08/31/2022	AT015871	222263		09/30/2022	\$243.65
08/31/2022	AT015872	083022	211452	09/30/2022	\$534.67
08/31/2022	AT015873	DEDICATED 1	222259	09/30/2022	\$846.00
08/31/2022	AT015874	215148		09/30/2022	\$169.20
08/31/2022	AT015875	215144		09/30/2022	\$148.90
08/31/2022	AT015876	221770		09/30/2022	\$27.07
08/31/2022	AT015877	221771		09/30/2022	\$27.07
08/31/2022	AT015878	221772		09/30/2022	\$32.49
08/31/2022	AT015879	221773		09/30/2022	\$32.49
09/01/2022	AT015819	7970		10/01/2022	\$40.61
09/01/2022	AT015885	214211		10/01/2022	\$27.07
09/01/2022	AT015886	215423		10/01/2022	\$60.91
09/01/2022	AT015890	219458		10/01/2022	\$32.49
09/01/2022	AT015891	2209010814		10/01/2022	\$47.38
09/01/2022	AT015892	222277		10/01/2022	\$60.91
09/01/2022	AT015899	2066		10/01/2022	\$126.11
09/01/2022	AT015901	1112		10/01/2022	\$126.11
09/01/2022	AT015921	222271		10/01/2022	\$243.65
09/01/2022	AT015922	216224	219457	10/01/2022	\$534.67
09/01/2022	AT015923	DEDICATED 1	222274	10/01/2022	\$846.00
09/01/2022	AT015924	215145		10/01/2022	\$169.20
09/01/2022	AT015925	210640		10/01/2022	\$144.84
09/01/2022	AT015926	222153		10/01/2022	\$27.07
09/01/2022	AT015927	222198		10/01/2022	\$27.07
09/01/2022	AT015928	222273		10/01/2022	\$32.49
09/01/2022	AT015929	222158		10/01/2022	\$27.07
09/02/2022	AT015900	222276		10/02/2022	\$263.95
09/02/2022	AT015905	215150		10/02/2022	\$203.04
09/02/2022	AT015915	222282		10/02/2022	\$96.11
09/02/2022	AT015916	222278		10/02/2022	\$47.38
09/02/2022	AT015917	222279		10/02/2022	\$47.38
09/02/2022	AT015918	2209020816		10/02/2022	\$47.38
09/02/2022	AT015919	6502635435		10/02/2022	\$43.32
09/02/2022	AT015947	211223		10/02/2022	\$203.04
09/02/2022	AT015948	222285		10/02/2022	\$47.38
09/02/2022	AT015953	222280		10/02/2022	\$243.65
09/02/2022	AT015954	090122	219459	10/02/2022	\$534.67
09/02/2022	AT015955	DEDICATED 1	222283	10/02/2022	\$846.00
09/02/2022	AT015956	210641		10/02/2022	\$169.20
09/02/2022	AT015957	210642		10/02/2022	\$71.74



ACCOUNT STATEMENT

As of: 09/20/2022

970 DRIVING PARK AVE
ROCHESTER, NY 14613DOT # 3654596
MC # 131054To: CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS FL 33906-1050Attention: HO
TEL: 239-425-8005
CUSTOMER ID: 0029513

Date	Bill Number	Reference #	Reference #	Due Date	Amount Due
09/02/2022	AT015958	220371		10/02/2022	\$27.07
09/02/2022	AT015959	220368		10/02/2022	\$27.07
09/02/2022	AT015960	222286		10/02/2022	\$32.49
09/02/2022	AT015961	222287		10/02/2022	\$32.49
09/06/2022	AT015962	213353		10/06/2022	\$43.32
09/06/2022	AT015977	2209060829		10/06/2022	\$32.49
09/06/2022	AT015988	222295		10/06/2022	\$32.49
09/06/2022	AT015989	222292		10/06/2022	\$263.95
09/06/2022	AT015990	222297		10/06/2022	\$47.38
09/06/2022	AT015992	6502634237		10/06/2022	\$32.49
09/06/2022	AT015993	211057		10/06/2022	\$47.38
09/06/2022	AT016015	212245		10/06/2022	\$27.07
09/06/2022	AT016016	221776		10/06/2022	\$320.00
09/06/2022	AT016036	222289		10/06/2022	\$243.65
09/06/2022	AT016037	216225	219460	10/06/2022	\$534.67
09/06/2022	AT016038	DEDICATED 1	222291	10/06/2022	\$846.00
09/06/2022	AT016039	210643		10/06/2022	\$169.20
09/06/2022	AT016041	210645		10/06/2022	\$89.74
09/06/2022	AT016042	222156		10/06/2022	\$27.07
09/06/2022	AT016043	222159		10/06/2022	\$27.07
09/06/2022	AT016044	222290		10/06/2022	\$32.49
09/06/2022	AT016045	222162		10/06/2022	\$27.07
09/07/2022	AT015994	210644		10/07/2022	\$60.91
09/07/2022	AT016003	213354		10/07/2022	\$43.32
09/07/2022	AT016004	810027803		10/07/2022	\$263.95
09/07/2022	AT016006	209007		10/07/2022	\$27.07
09/07/2022	AT016007	221780		10/07/2022	\$27.07
09/07/2022	AT016008	222293		10/07/2022	\$120.47
09/07/2022	AT016009	222303		10/07/2022	\$47.38
09/07/2022	AT016011	19110		10/07/2022	\$81.22
09/07/2022	AT016013	206660		10/07/2022	\$32.49
09/07/2022	AT016048	222299		10/07/2022	\$96.11
09/07/2022	AT016049	210647		10/07/2022	\$27.07
09/07/2022	AT016050	6502611126		10/07/2022	\$32.49
09/07/2022	AT016051	2209070803		10/07/2022	\$32.49
09/07/2022	AT016052	210646		10/07/2022	\$263.95
09/07/2022	AT016075	222301		10/07/2022	\$243.65
09/07/2022	AT016076	090622	216226	10/07/2022	\$534.67
09/07/2022	AT016077	DEDICATED 1	222300	10/07/2022	\$846.00
09/07/2022	AT016078	210648		10/07/2022	\$169.20
09/07/2022	AT016079	210649		10/07/2022	\$89.74
09/07/2022	AT016080	221777		10/07/2022	\$27.07
09/07/2022	AT016081	221778		10/07/2022	\$27.07
09/07/2022	AT016082	222305		10/07/2022	\$32.49
09/07/2022	AT016083	222307		10/07/2022	\$32.49
09/08/2022	AT016026	7977		10/08/2022	\$27.07



ACCOUNT STATEMENT

As of: 09/20/2022

970 DRIVING PARK AVE
ROCHESTER, NY 14613DOT # 3654596
MC # 131054To: CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS FL 33906-1050Attention: HO
TEL: 239-425-8005
CUSTOMER ID: 0029513

Date	Bill Number	Reference #	Reference #	Due Date	Amount Due
09/08/2022	AT016034	214212	6502641222	10/08/2022	\$27.07
09/08/2022	AT016088	6502600596		10/08/2022	\$263.95
09/08/2022	AT016097	222311		10/08/2022	\$170.55
09/08/2022	AT016100	222313		10/08/2022	\$71.74
09/08/2022	AT016123	222306		10/08/2022	\$243.65
09/08/2022	AT016124	090722	216227	10/08/2022	\$534.67
09/08/2022	AT016125	DEDICATED 1	222310	10/08/2022	\$846.00
09/08/2022	AT016126	210651		10/08/2022	\$169.20
09/08/2022	AT016127	210653		10/08/2022	\$89.74
09/08/2022	AT016128	222164		10/08/2022	\$27.07
09/08/2022	AT016129	221777		10/08/2022	\$27.07
09/08/2022	AT016130	222167		10/08/2022	\$27.07
09/08/2022	AT016131	222309		10/08/2022	\$32.49
09/09/2022	AT013627-0			10/09/2022	-\$34.12
09/09/2022	AT016101	222169		10/09/2022	\$144.84
09/09/2022	AT016104	222316		10/09/2022	\$96.11
09/09/2022	AT016105	212246		10/09/2022	\$148.90
09/09/2022	AT016119	210654		10/09/2022	\$263.95
09/09/2022	AT016137	2209090810		10/09/2022	\$32.49
09/09/2022	AT016143	222324		10/09/2022	\$159.20
09/09/2022	AT016165	222315		10/09/2022	\$243.65
09/09/2022	AT016166	090822	219463	10/09/2022	\$534.67
09/09/2022	AT016167	DEDICATED 1	222319	10/09/2022	\$846.00
09/09/2022	AT016168	210655		10/09/2022	\$169.20
09/09/2022	AT016169	214951		10/09/2022	\$71.74
09/09/2022	AT016170	222322		10/09/2022	\$31.07
09/09/2022	AT016171	222321		10/09/2022	\$31.07
09/09/2022	AT016172	221782		10/09/2022	\$27.07
09/09/2022	AT016173	221783		10/09/2022	\$27.07
					\$110,677.11

You have a balance of \$110,677.11 of which \$70,541.94* is overdue. Please remit payment immediately on the overdue amount(s). The remaining portion of \$40,135.17 is due within 30 calendar days of the invoice date. If your payment is in the mail, thank you and please disregard this correspondence.

Currency	Current	31-45 Days	46-60 Days	61-90 Days	91+ Days	Total
CAD	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00
USD	\$40,135.17	\$29,619.74	\$31,615.43	\$1,198.08	\$8,108.69	\$110,677.11





970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 001379

DATE: 08/12/2021

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/11/2021

Container

Reference / Load/ Bill of Lading Number

PO #

Description

PCS / SKIDS

Rate

Charges

CARE 2-3

0

\$395.00

\$395.00

Freight Charge Sub Total

0

395.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

395.00

\$0.218

\$85.91

Charges SubTotal:

\$480.91

Total Amount Owning:

\$480.91

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 001418

DATE: 08/13/2021

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/12/2021

Container

Reference / Load/ Bill of Lading Number

PO #

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.218	\$85.91

Charges SubTotal: \$480.91

Total Amount Owing:

\$480.91

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 010040

DATE: 03/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 03/25/2022

Container

Reference / Load/ Bill of Lading Number

210749

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

STRAIGHT TRUCK

3000

1

\$0.00

\$35.00

SKIDS 2 - 4

3

\$18.00

\$54.00

Freight Charge Sub Total

4

89.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

89.00

\$0.362

\$32.24

Charges SubTotal:

\$121.24

Total Amount Owing:

\$121.24

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 009956

DATE: 03/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**BO/MER
13 PULASKI ST
AUBURN NY

Ship Date: 03/25/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
210747	

Description	Weight	PCS / SKIDS	Rate	Charges
SPECIAL	100	1	\$0.00	\$200.00
Freight Charge Sub Total		1		200.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	200.00	\$0.362	\$72.44

Charges SubTotal: \$272.44**Total Amount Owing:**\$272.44US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 009977

DATE: 03/28/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**CSH 59
BUILDING 59
ROCHESTER NY 14652

Ship Date: 03/28/2022

Container**Reference / Load/ Bill of Lading Number**

220166

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
	2000	1	\$0.00	\$35.00
		2	\$0.00	\$36.00
Freight Charge Sub Total		3		71.00
Accessorial Description	Quantity		Rate	Amount
RUSH	1.00		\$30.000	\$30.00
FUEL SURCHARGE USD	71.00		\$0.371	\$26.32
Charges SubTotal:				\$127.32

Total Amount Owing:**\$127.32****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 009978

DATE: 03/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**CSH BLDG110
CSH BLDG 110
150 LATONA RD
ROCHESTER NY 14657

Ship Date: 03/28/2022

Container**Reference / Load/ Bill of Lading Number**

220163

PO #**Description****Weight****PCS / SKIDS****Rate****Charges**

5000

1

\$0.00

\$35.00

2

\$0.00

\$36.00

Freight Charge Sub Total

3

71.00

Accessorial Description**Quantity****Rate****Amount**

FUEL SURCHARGE USD

71.00

\$0.371

\$26.32

Charges SubTotal:

\$97.32

Total Amount Owing:

\$97.32

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 009979

DATE: 03/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**EK
B 313
ROCHESTER NY

Ship Date: 03/28/2022

Container**Reference / Load/ Bill of Lading Number**

220164

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTL MAX	8000	10	\$0.00	\$195.00
Freight Charge Sub Total			10	195.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	195.00		\$0.371	\$72.29
Charges SubTotal:				\$267.29

Total Amount Owing:

\$267.29

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 010081

DATE: 03/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 03/28/2022

Container

Reference / Load/ Bill of Lading Number

220167

PO #

Description

PCS / SKIDS

Rate

Charges

COURRIER

8

\$0.00

\$35.00

Freight Charge Sub Total

8

35.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

35.00

\$0.371

\$12.97

Charges SubTotal:

\$47.97

Total Amount Owning:

\$47.97

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 010041

DATE: 03/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**UNITEC
10096 PERRY RD
LEROY NY 14482**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 03/29/2022

Container**Reference / Load/ Bill of Lading Number**

182550

PO #

Description	PCS / SKIDS	Rate	Charges
SPECIAL	4	\$0.00	\$150.00
Freight Charge Sub Total	4		150.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	150.00	\$0.371	\$55.61
Charges SubTotal:			\$205.61

Total Amount Owing:**\$205.61****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 010103

DATE: 03/30/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**CSH 117
CARESTREAM HEALTH
BLDG 117
ROCHESTER NY

Ship Date: 03/30/2022

Container**Reference / Load/ Bill of Lading Number**

220181

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
HAZ MAT	1025	1	\$0.00	\$35.00
Freight Charge Sub Total			1	35.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	35.00		\$0.371	\$12.97
Charges SubTotal:				\$47.97

Total Amount Owing:

\$47.97

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 010183

DATE: 03/30/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 03/30/2022

Container**Reference / Load/ Bill of Lading Number**

DEDICATED 2

PO #

Description	PCS / SKIDS	Rate	Charges
DEDICATED 2	0	\$0.00	\$625.00
Freight Charge Sub Total	0		625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.371	\$231.69

Charges SubTotal: \$856.69**Total Amount Owing:**\$856.69US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 011091

DATE: 04/21/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 04/21/2022

Container	DEDICATED 1
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Reference / Load/ Bill of Lading Number			PO #
219954	220794	220795	

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.362	\$226.38

Charges SubTotal: \$851.38

Total Amount Owing:

\$851.38

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 011194

DATE: 04/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 04/25/2022

Container**Reference / Load/ Bill of Lading Number**

215007

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
	2500	5	\$125.00	\$125.00
Freight Charge Sub Total		5		125.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	125.00		\$0.366	\$45.80
Charges SubTotal:				\$170.80

Total Amount Owing:**\$170.80****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 012076

DATE: 05/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 05/16/2022

Container DEDICATED 1

Reference / Load/ Bill of Lading Number

PO #

219806	220132	220133
220134	220880	220881
220882	220883	220884

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	625.00		\$0.430	\$268.81
Charges SubTotal:				\$893.81

Total Amount Owing:

\$893.81

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 012028

DATE: 05/17/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**ONTARIO PLASTICS INC
2503 DEWEY AVE
ROCHESTER NY 14616**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 05/17/2022

Container**Reference / Load/ Bill of Lading Number**

7785

PO #**Description****Weight****PCS / SKIDS****Rate****Charges**

2

1

\$0.00

\$20.00

Freight Charge Sub Total

1

20.00

Accessorial Description**Quantity****Rate****Amount**

FUEL SURCHARGE USD

20.00

\$0.430

\$8.60

Charges SubTotal:**\$28.60****Total Amount Owing:****\$28.60****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 012562

DATE: 05/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 05/25/2022

Container DEDICATED 1

Reference / Load/ Bill of Lading Number			PO #
220655	220657	220663	
220916	220917	220918	
220919	220920		

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.426	\$266.13

Charges SubTotal: \$891.13

Total Amount Owing:

\$891.13

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 012532

DATE: 05/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 05/27/2022

Container

Reference / Load/ Bill of Lading Number

220676

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

100

1

\$0.00

\$35.00

Freight Charge Sub Total

1

35.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

35.00

\$0.426

\$14.90

Charges SubTotal:

\$49.90

Total Amount Owning:

\$49.90

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 013006

DATE: 06/10/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 06/09/2022

Container	DEDICATED 1
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Reference / Load/ Bill of Lading Number			PO #
219576	219577	219579	
219584	219865	219866	
219867	219868		

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.426	\$266.13

Charges SubTotal: \$891.13**Total Amount Owing:**\$891.13

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 013207

DATE: 06/16/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**NIFTY BAR
450 WHITNEY ROAD
PENFIELD NY 14526**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 06/16/2022

Container

Reference / Load/ Bill of Lading Number	PO #
206104	

Description	PCS / SKIDS	Rate	Charges
	10	\$0.00	\$24.00
Freight Charge Sub Total	10		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.422	\$10.12

Charges SubTotal: \$34.12**Total Amount Owning:**\$34.12US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 013414

DATE: 06/20/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 06/20/2022

Container

Reference / Load/ Bill of Lading Number			PO #
061722	216200	219386	
2206200811	650261581	BOL#2378	

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.422	\$166.53

Charges SubTotal: \$561.53**Total Amount Owing:**\$561.53

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 013419

DATE: 06/20/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 06/20/2022

Container	DEDICATED 1
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Reference / Load/ Bill of Lading Number			PO #
219659	219664	219665	
220453	220454	220455	
220456			

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.422	\$263.50

Charges SubTotal: \$888.50

Total Amount Owing:

\$888.50

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 013437

DATE: 06/20/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 06/20/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221617	

Description	PCS / SKIDS	Rate	Charges
	1	\$0.00	\$20.00
Freight Charge Sub Total	1		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.422	\$8.43

Charges SubTotal: \$28.43**Total Amount Owing:**\$28.43US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 013817

DATE: 06/23/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 06/23/2022

Container**Reference / Load/ Bill of Lading Number**

215130

PO #**Description****Weight****PCS / SKIDS****Rate****Charges**

3000

5

\$125.00

\$125.00

Freight Charge Sub Total

5

125.00

Accessorial Description**Quantity****Rate****Amount**

FUEL SURCHARGE USD

125.00

\$0.422

\$52.70

Charges SubTotal:**\$177.70****Total Amount Owing:****\$177.70****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 013641

DATE: 06/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 06/27/2022

Container

Reference / Load/ Bill of Lading Number

219727

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

440

1

\$0.00

\$35.00

Freight Charge Sub Total

1

35.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

35.00

\$0.422

\$14.76

Charges SubTotal:

\$49.76

Total Amount Owing:

\$49.76

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014436

DATE: 07/19/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 07/19/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
221280	

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	250	0	\$180.00	\$180.00
Freight Charge Sub Total		0		180.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	180.00	\$0.388	\$69.79

Charges SubTotal: \$249.79

Total Amount Owing:

\$249.79

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014437

DATE: 07/19/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 07/19/2022

Container

Reference / Load/ Bill of Lading Number			PO #
071822	216214	219413	
219922	219924	2207190820	
6502559003,603914	BOL#2398		

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.388	\$153.14

Charges SubTotal: \$548.14

Total Amount Owing:

\$548.14

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014439

DATE: 07/19/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 07/19/2022

Container**Reference / Load/ Bill of Lading Number**

213255

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	500	3	\$125.00	\$125.00
Freight Charge Sub Total		3		125.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	125.00	\$0.388	\$48.46

Charges SubTotal: \$173.46**Total Amount Owing:**\$173.46

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014441

DATE: 07/19/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 07/19/2022

Container

Reference / Load/ Bill of Lading Number

219921

PO #

Description	PCS / SKIDS	Rate	Charges
LTP	1	\$0.00	\$20.00
Freight Charge Sub Total	1		20.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.388	\$7.75
Charges SubTotal:			\$27.75

Total Amount Owing:

\$27.75

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014506

DATE: 07/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

TYCOM RECYCLING
155 HOLLEDER PKWY
ROCHESTER NY 14615

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/22/2022

Container

Reference / Load/ Bill of Lading Number

72222

PO #

Description

PCS / SKIDS

Rate

Charges

3 STACKS OF SCRAP

1

\$0.00

\$35.00

LTL

2

\$0.00

\$36.00

Freight Charge Sub Total

3

71.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

71.00

\$0.388

\$27.53

Charges SubTotal:

\$98.53

Total Amount Owing:

\$98.53

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014528

DATE: 07/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**DIVERSPAK
40 HUMBOLDT ST
ROCHESTER NY**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 07/25/2022

Container**Reference / Load/ Bill of Lading Number**

219418

PO #**Description****PCS / SKIDS****Rate****Charges**

LTP

1

\$0.00

\$20.00

Freight Charge Sub Total

1

20.00

Accessorial Description**Quantity****Rate****Amount**

FUEL SURCHARGE USD

20.00

\$0.375

\$7.50

Charges SubTotal:**\$27.50****Total Amount Owing:****\$27.50****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014529

DATE: 07/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**MANGOLD WAREHOUSE
10 CAIRIN ST DOCK 8
ROCHESTER NY 14611
110GL6540100-10528**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/25/2022

Container**Reference / Load/ Bill of Lading Number**

6502591663

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
MAX TRUCK LOAD	6000	100	\$0.00	\$195.00
Freight Charge Sub Total		100		195.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	195.00	\$0.375	\$73.11
Charges SubTotal:			\$268.11

Total Amount Owing:\$268.11

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014530

DATE: 07/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-P0TQ
CSH 313 ORTHO CLINICAL
100 LATONA RD
ROCHESTER NY 14626

Ship Date: 07/25/2022

Container

Reference / Load/ Bill of Lading Number

221321

PO #

Description

PCS / SKIDS

Rate

Charges

TRUCKLOAD T-BOXES

35

\$0.00

\$195.00

Freight Charge Sub Total

35

195.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

195.00

\$0.375

\$73.11

Charges SubTotal:

\$268.11

Total Amount Owing:

\$268.11

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014540

DATE: 07/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**HT SPECIALTY
70 BERMAR PARK
ROCHESTER NY 14624**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/25/2022

Container**Reference / Load/ Bill of Lading Number**

211431

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	20	3	\$0.00	\$24.00
Freight Charge Sub Total		3		24.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	24.00		\$0.375	\$9.00
Charges SubTotal:				\$33.00

Total Amount Owing:**\$33.00****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014541

DATE: 07/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**AIM
780 CANNING PARKWAY
VICTOR NY 14564**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/25/2022

Container**Reference / Load/ Bill of Lading Number**

6502627383

PO #

Description	PCS / SKIDS	Rate	Charges
LTP	2	\$0.00	\$32.00
Freight Charge Sub Total	2		32.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	32.00	\$0.375	\$12.00
Charges SubTotal:			\$44.00

Total Amount Owing:

\$44.00

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014544

DATE: 07/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**RDU
970 DRIVING PARK AVE
ROCHESTER NY 14613**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/25/2022

Container**Reference / Load/ Bill of Lading Number**

221725

PO #

Description	PCS / SKIDS	Rate	Charges
TRUCK LOAD/STORAGE TRL	0	\$0.00	\$195.00
Freight Charge Sub Total	0		195.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	195.00	\$0.375	\$73.11

Charges SubTotal: \$268.11**Total Amount Owing:**\$268.11US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014574

DATE: 07/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 07/25/2022

Container

Reference / Load/ Bill of Lading Number

221318

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	500	1	\$180.00	\$180.00
Freight Charge Sub Total			1	180.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	180.00	\$0.375	\$67.48

Charges SubTotal: **\$247.48**

Total Amount Owing:

\$247.48

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014575

DATE: 07/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 07/25/2022

Container

Reference / Load/ Bill of Lading Number			PO #
211429	216215	219928	
219930	2207250803	6502621971	
BOL#2402			

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.375	\$148.09

Charges SubTotal: \$543.09**Total Amount Owing:**\$543.09

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014576

DATE: 07/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 07/25/2022

Container DEDICATED 1

Reference / Load/ Bill of Lading Number

PO #

221038	221039	221040
221041	221042	221319
221325	221327	221328

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.375	\$234.31

Charges SubTotal: \$859.31

Total Amount Owing:

\$859.31

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014577

DATE: 07/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 07/25/2022

Container

Reference / Load/ Bill of Lading Number

213262

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	2000	7	\$125.00	\$125.00
Freight Charge Sub Total		7		125.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	125.00	\$0.375	\$46.86

Charges SubTotal: \$171.86

Total Amount Owing:

\$171.86

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014578

DATE: 07/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 07/25/2022

Container

Reference / Load/ Bill of Lading Number

213264

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

LTL

1500

1

\$0.00

\$35.00

LTL

4

\$0.00

\$72.00

Freight Charge Sub Total

5

107.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

107.00

\$0.375

\$40.11

Charges SubTotal:

\$147.11

Total Amount Owing:

\$147.11

US FUNDS

Notes

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014579

DATE: 07/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 07/25/2022

Container

Reference / Load/ Bill of Lading Number

219929

PO #

Description

PCS / SKIDS

Rate

Charges

LTP

0

\$0.00

\$20.00

Freight Charge Sub Total

0

20.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

20.00

\$0.375

\$7.50

Charges SubTotal:

\$27.50

Total Amount Owing:

\$27.50

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014580

DATE: 07/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 07/25/2022

Container**Reference / Load/ Bill of Lading Number**

221324

PO #

Description	PCS / SKIDS	Rate	Charges
LTP	0	\$0.00	\$24.00
Freight Charge Sub Total	0		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.375	\$9.00
Charges SubTotal:			\$33.00

Total Amount Owing:

\$33.00

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014581

DATE: 07/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 07/25/2022

Container**Reference / Load/ Bill of Lading Number**

219931

PO #**Description****PCS / SKIDS****Rate****Charges**

LTP

0

\$0.00

\$20.00

Freight Charge Sub Total

0

20.00

Accessorial Description**Quantity****Rate****Amount**

FUEL SURCHARGE USD

20.00

\$0.375

\$7.50

Charges SubTotal:**\$27.50****Total Amount Owing:****\$27.50****US FUNDS****Notes**

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014582

DATE: 07/25/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/25/2022

Container**Reference / Load/ Bill of Lading Number**

220567

PO #**Description****PCS / SKIDS****Rate****Charges**

LTL

1

\$0.00

\$35.00

Freight Charge Sub Total

1

35.00

Accessorial Description**Quantity****Rate****Amount**

FUEL SURCHARGE USD

35.00

\$0.375

\$13.12

Charges SubTotal:**\$48.12****Total Amount Owing:****\$48.12****US FUNDS****Notes**

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014556

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**ONTARIO PLASTICS INC
2503 DEWEY AVE
ROCHESTER NY 14616**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 07/26/2022

Container**Reference / Load/ Bill of Lading Number**

7900

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	21	1	\$0.00	\$20.00
Freight Charge Sub Total			1	20.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	20.00		\$0.375	\$7.50

Charges SubTotal: \$27.50**Total Amount Owing:**\$27.50US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014565

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 07/26/2022

Container**Reference / Load/ Bill of Lading Number**

221329

PO #

Description	PCS / SKIDS	Rate	Charges
TRUCK LOAD	0	\$0.00	\$195.00
Freight Charge Sub Total	0		195.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	195.00	\$0.375	\$73.11
Charges SubTotal:			\$268.11

Total Amount Owing:**\$268.11****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014568

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ISNH
CSH 110
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 07/26/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221320	

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
	3	\$0.00	\$54.00
Freight Charge Sub Total	4		89.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	89.00	\$0.375	\$33.37

Charges SubTotal: \$122.37

Total Amount Owing:

\$122.37

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014570

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

KORE WIRELESS
3750 MONROE AVE
SUITE 300
PITTSFORD NY 14526

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/26/2022

Container

Reference / Load/ Bill of Lading Number

211048

PO #

6502632522

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
	1	\$0.00	\$18.00
Freight Charge Sub Total	2		53.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	53.00	\$0.375	\$19.87

Charges SubTotal: \$72.87

Total Amount Owing:

\$72.87

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014572

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CJK MANUFACTURING
160 COMMERCE DR
ROCHESTER NY 14623

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/26/2022

Container

Reference / Load/ Bill of Lading Number

6502600596

PO #

Description

PCS / SKIDS

Rate

Charges

TRUCK LOAD

0

\$0.00

\$195.00

Freight Charge Sub Total

0

195.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

195.00

\$0.375

\$73.11

Charges SubTotal:

\$268.11

Total Amount Owing:

\$268.11

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014587

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 07/26/2022

Container**Reference / Load/ Bill of Lading Number**

221332

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	1000	1	\$0.00	\$35.00
		1	\$0.00	\$18.00
Freight Charge Sub Total		2		53.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	53.00	\$0.375	\$19.87

Charges SubTotal: \$72.87**Total Amount Owing:**\$72.87

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014588

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 07/26/2022

Container**Reference / Load/ Bill of Lading Number**

221323

PO #

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
Freight Charge Sub Total	1		35.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.375	\$13.12
Charges SubTotal:			\$48.12

Total Amount Owing:**\$48.12****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014592

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**RDU
970 DRIVING PARK AVE
110GL6540100-10528
ROCHESTER NY 14613

Ship Date: 07/02/2022

Container	5009
-----------	------

Reference / Load/ Bill of Lading Number	PO #
220208	B882 STORAGE SCRAP PALLETS

Description	PCS / SKIDS	Rate	Charges
STORAGE 4 WEEKS JULY 2 - JULY 25, 2022	0	\$0.00	\$600.00
Freight Charge Sub Total	0		600.00

Accessorial Description	Quantity	Rate	Amount
-------------------------	----------	------	--------

Charges SubTotal: \$600.00**Total Amount Owing:**\$600.00US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014594

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

MASLINE
511 S. CLINTON AVE
ROCHESTER NY 14620

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/26/2022

Container

Reference / Load/ Bill of Lading Number

2207260802

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

LTL

222

1

\$0.00

\$35.00

Freight Charge Sub Total

1

35.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

35.00

\$0.375

\$13.12

Charges SubTotal:

\$48.12

Total Amount Owing:

\$48.12

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014595

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**AJL MANUFACTURING CO
100 HOLLEDER PKWY
ROCHESTER NY 14615**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/26/2022

Container**Reference / Load/ Bill of Lading Number**

72522

PO #

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
Freight Charge Sub Total	1		35.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.375	\$13.12

Charges SubTotal: \$48.12**Total Amount Owing:**\$48.12US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014597

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 07/26/2022

Container

Reference / Load/ Bill of Lading Number

221330

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

2 PALLETS

500

1

\$0.00

\$35.00

LTL

1

\$0.00

\$18.00

Freight Charge Sub Total

2

53.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

53.00

\$0.375

\$19.87

Charges SubTotal:

\$72.87

Total Amount Owing:

\$72.87

US FUNDS

Notes

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014610

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-POAH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 07/26/2022

Container**Reference / Load/ Bill of Lading Number**

221326

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	500	1	\$180.00	\$180.00
Freight Charge Sub Total			1	180.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	180.00	\$0.375	\$67.48
Charges SubTotal:			\$247.48

Total Amount Owing:**\$247.48****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014611

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 07/26/2022

Container**Reference / Load/ Bill of Lading Number**

072522 219419

PO #

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.375	\$148.09

Charges SubTotal: **\$543.09****Total Amount Owing:****\$543.09****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014612

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 07/26/2022

Container	DEDICATED 1
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Reference / Load/ Bill of Lading Number			PO #
221043	221044	221045	
221046	221331	221333	
221339			

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.375	\$234.31

Charges SubTotal: \$859.31

Total Amount Owing:

\$859.31

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014613

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 07/26/2022

Container**Reference / Load/ Bill of Lading Number**

213265

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	4000	8	\$125.00	\$125.00
Freight Charge Sub Total		8		125.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	125.00	\$0.375	\$46.86

Charges SubTotal: \$171.86**Total Amount Owing:**\$171.86

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014614

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 07/26/2022

Container**Reference / Load / Bill of Lading Number**

213266

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	3000	1	\$0.00	\$35.00
LTL		3	\$0.00	\$54.00
Freight Charge Sub Total		4		89.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	89.00		\$0.375	\$33.37

Charges SubTotal: \$122.37**Total Amount Owing:**\$122.37

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014621

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 07/26/2022

Container**Reference / Load/ Bill of Lading Number**

221727

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	5	1	\$0.00	\$20.00
Freight Charge Sub Total			1	20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.375	\$7.50

Charges SubTotal: \$27.50**Total Amount Owing:**\$27.50US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014622

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 07/26/2022

Container**Reference / Load/ Bill of Lading Number**

221726

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	5	1	\$0.00	\$20.00
Freight Charge Sub Total			1	20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.375	\$7.50

Charges SubTotal: \$27.50**Total Amount Owing:**\$27.50US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014623

DATE: 07/26/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/26/2022

Container**Reference / Load/ Bill of Lading Number**

221335

PO #**Description****PCS / SKIDS****Rate****Charges**

LTP

0

\$0.00

\$24.00

Freight Charge Sub Total

0

24.00

Accessorial Description**Quantity****Rate****Amount**

FUEL SURCHARGE USD

24.00

\$0.375

\$9.00

Charges SubTotal:**\$33.00****Total Amount Owing:****\$33.00****US FUNDS****Notes**

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014624

DATE: 07/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-11049
CSH TANKER
BLDG 117
ROCHESTER NY 14652

Consignee

CSH 27
BLDG 27
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 07/27/2022

Container

Reference / Load/ Bill of Lading Number

214074

PO #

Description

PCS / SKIDS

Rate

Charges

TANKER MOVE

0

\$0.00

\$80.00

Freight Charge Sub Total

0

80.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

80.00

\$0.375

\$29.99

Charges SubTotal:

\$109.99

Total Amount Owing:

\$109.99

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014626

DATE: 07/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 27
BLDG 27
1669 LAKE AVE
ROCHESTER NY 14652**Consignee**110GL6540100-11049
CSH TANKER
BLDG 117
ROCHESTER NY 14652

Ship Date: 07/27/2022

Container**Reference / Load/ Bill of Lading Number**

214075

PO #

Description	PCS / SKIDS	Rate	Charges
TANKER MOVE	0	\$0.00	\$80.00
Freight Charge Sub Total	0		80.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	80.00	\$0.375	\$29.99

Charges SubTotal: \$109.99**Total Amount Owing:**\$109.99US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014627

DATE: 07/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**ASSURED QUALITY
14 TURNER DR
SPENCERPORT NY**Consignee**CSH 14
CARESTREAM HEALTH
BLDG 14
ROCHESTER NY 14652

Ship Date: 07/27/2022

Container**Reference / Load/ Bill of Lading Number**

14627

PO #

Description	PCS / SKIDS	Rate	Charges
LTP SPECIAL	1	\$0.00	\$95.00
Freight Charge Sub Total	1		95.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	95.00	\$0.375	\$35.62

Charges SubTotal: \$130.62**Total Amount Owing:**\$130.62

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014628

DATE: 07/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 117
BLDG 117
1669 LAKE AVE
ROCHESTER NY 14652

Consignee

110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 07/27/2022

Container

Reference / Load/ Bill of Lading Number

214076

PO #

Description

PCS / SKIDS

Rate

Charges

SRAIGHT TRUCK

1

\$0.00

\$45.00

Freight Charge Sub Total

1

45.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

45.00

\$0.375

\$16.87

Charges SubTotal:

\$61.87

Total Amount Owing:

\$61.87

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014629

DATE: 07/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**EK
B 119
ROCHESTER NY**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/27/2022

Container**Reference / Load/ Bill of Lading Number**

51336022

PO #**Description****PCS / SKIDS****Rate****Charges**

LTL

1

\$0.00

\$35.00

Freight Charge Sub Total

1

35.00

Accessorial Description**Quantity****Rate****Amount**

FUEL SURCHARGE USD

35.00

\$0.375

\$13.12

Charges SubTotal:**\$48.12****Total Amount Owing:****\$48.12****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014630

DATE: 07/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 07/27/2022

Container

Reference / Load/ Bill of Lading Number

221337

PO #

Description

PCS / SKIDS

Rate

Charges

LTL

1

\$0.00

\$35.00

LTL

2

\$0.00

\$36.00

Freight Charge Sub Total

3

71.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

71.00

\$0.375

\$26.62

Charges SubTotal:

\$97.62

Total Amount Owing:

\$97.62

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014631

DATE: 07/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 07/27/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221343	

Description	PCS / SKIDS	Rate	Charges
LTP	1	\$0.00	\$24.00
Freight Charge Sub Total	1		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.375	\$9.00

Charges SubTotal: \$33.00**Total Amount Owing:**\$33.00US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014633

DATE: 07/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

KORE WIRELESS
3750 MONROE AVE
SUITE 300
PITTSFORD NY 14526

Ship Date: 07/27/2022

Container

Reference / Load/ Bill of Lading Number

221338

PO #

Description

PCS / SKIDS

Rate

Charges

LTL

1

\$0.00

\$35.00

1

\$0.00

\$18.00

Freight Charge Sub Total

2

53.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

53.00

\$0.375

\$19.87

Charges SubTotal:

\$72.87

Total Amount Owing:

\$72.87

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014646

DATE: 07/27/2022

Tel: 585-458-0750
Fax: 585-458-1741



DOT # 3654596
MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-POAH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 07/27/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221728	

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	500	1	\$180.00	\$180.00
Freight Charge Sub Total			1	180.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	180.00	\$0.375	\$67.48

Charges SubTotal: \$247.48

Total Amount Owing:

\$247.48

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014647

DATE: 07/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 07/27/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

072722	219420	219934
219935	6502592042, 6502548582	BOL#2403

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.375	\$148.09

Charges SubTotal: \$543.09**Total Amount Owing:****\$543.09****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014648

DATE: 07/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 07/27/2022

Container	DEDICATED 1
-----------	-------------

Reference / Load/ Bill of Lading Number			PO #
221047	221048	221049	
221050	221322	221342	
221346			

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.375	\$234.31

Charges SubTotal: \$859.31

Total Amount Owing:

\$859.31

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014649

DATE: 07/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 07/27/2022

Container

Reference / Load/ Bill of Lading Number

213267

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	4000	4	\$125.00	\$125.00
Freight Charge Sub Total			4	125.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	125.00	\$0.375	\$46.86

Charges SubTotal: **\$171.86**

Total Amount Owing:

\$171.86

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014650

DATE: 07/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 07/27/2022

Container**Reference / Load/ Bill of Lading Number**

213268

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	500	1	\$0.00	\$35.00
LTL		6	\$0.00	\$90.00
Freight Charge Sub Total		7		125.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	89.00		\$0.375	\$33.37

Charges SubTotal:

\$158.37**Total Amount Owing:**\$158.37

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014651

DATE: 07/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 07/27/2022

Container

Reference / Load / Bill of Lading Number

219932

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	5	1	\$0.00	\$20.00
Freight Charge Sub Total			1	20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.375	\$7.50

Charges SubTotal: \$27.50

Total Amount Owing:

\$27.50

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014652

DATE: 07/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 07/27/2022

Container

Reference / Load/ Bill of Lading Number

PO #

219933

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	5	1	\$0.00	\$20.00
Freight Charge Sub Total			1	20.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	20.00		\$0.375	\$7.50

Charges SubTotal: \$27.50**Total Amount Owing:**\$27.50US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014653

DATE: 07/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 07/27/2022

Container**Reference / Load/ Bill of Lading Number**

221344

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	5	1	\$0.00	\$24.00
Freight Charge Sub Total			1	24.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	20.00		\$0.375	\$7.50
Charges SubTotal:				\$31.50

Total Amount Owing:**\$31.50****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014654

DATE: 07/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 07/27/2022

Container

Reference / Load/ Bill of Lading Number

219936

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

LTP

5

1

\$0.00

\$20.00

Freight Charge Sub Total

1

20.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

20.00

\$0.375

\$7.50

Charges SubTotal:

\$27.50

Total Amount Owing:

\$27.50

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014674

DATE: 07/27/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**RDU
970 DRIVING PARK AVE
110GL6540100-10528
ROCHESTER NY 14613

Ship Date: 07/27/2022

Container**Reference / Load/ Bill of Lading Number**

221348

PO #

SCRAP PALLETS

Description	Weight	PCS / SKIDS	Rate	Charges
LTL 6 STACKS PALLETS	3000	1	\$0.00	\$35.00
LTL		5	\$0.00	\$75.00
Freight Charge Sub Total		6		110.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	110.00		\$0.375	\$41.24

Charges SubTotal:

\$151.24**Total Amount Owing:**\$151.24US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014602

DATE: 07/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**AMERICAN ROCK SALT
5520 RT 63
110GL2010300-POWE
MT MORRIS NY 14454**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/28/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221731

2311361

Description	PCS / SKIDS	Rate	Charges
SALT RUN ST TRUCK	1	\$0.00	\$250.00
Freight Charge Sub Total	1		250.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	250.00	\$0.375	\$93.73

Charges SubTotal:

\$343.73**Total Amount Owing:**\$343.73US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

DOT # 3654596
MC # 131054

INVOICE NO: 014641

DATE: 07/28/2022

Tel: 585-458-0750
Fax: 585-458-1741



BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 07/28/2022

Container

Reference / Load/ Bill of Lading Number

221349

PO #

Description

PCS / SKIDS

Rate

Charges

LTL

1

\$0.00

\$35.00

1

\$0.00

\$18.00

Freight Charge Sub Total

2

53.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

53.00

\$0.375

\$19.87

Charges SubTotal:

\$72.87

Total Amount Owing:

\$72.87

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014642

DATE: 07/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**ONESOURCE
1357 UNIVERSITY AVE
ROCHESTER NY**Consignee**CSH 12
CARESTREAM HEALTH
BLDG 12 1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 07/28/2022

Container**Reference / Load/ Bill of Lading Number**

72822

PO #

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$30.00
Freight Charge Sub Total	1		30.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	30.00	\$0.375	\$11.25
Charges SubTotal:			<u>\$41.25</u>

Total Amount Owing:\$41.25

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014643

DATE: 07/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**PANTHER GRAPHICS
465 CENTRAL AVE
ROCHESTER NY 14605**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/28/2022

Container

Reference / Load/ Bill of Lading Number	PO #
211899	250262943

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	325	1	\$0.00	\$35.00
Freight Charge Sub Total		1		35.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.375	\$13.12

Charges SubTotal: \$48.12**Total Amount Owning:**\$48.12US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014644

DATE: 07/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

ONTARIO PLASTICS INC
2503 DEWEY AVE
ROCHESTER NY 14616

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 07/28/2022

Container

Reference / Load/ Bill of Lading Number

PO #

7906

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	1	1	\$0.00	\$20.00
Freight Charge Sub Total			1	20.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	20.00		\$0.375	\$7.50

Charges SubTotal: \$27.50

Total Amount Owing:

\$27.50

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014668

DATE: 07/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**DIVERSIPAK
40 HUMBOLDT ST
ROCHESTER NY 14609**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/28/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

219422

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	15	1	\$0.00	\$24.00
Freight Charge Sub Total			1	24.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	24.00		\$0.375	\$9.00
Charges SubTotal:				\$33.00

Total Amount Owing:**\$33.00**

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014669

DATE: 07/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**AIM
780 CANNING PARKWAY
VICTOR NY 14564**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/28/2022

Container**Reference / Load/ Bill of Lading Number**

6502618839

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	100	1	\$0.00	\$50.00
Freight Charge Sub Total		1		50.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	50.00		\$0.375	\$18.75
Charges SubTotal:				\$68.75

Total Amount Owing:

\$68.75

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014670

DATE: 07/28/2022

Tel: 585-458-0750
Fax: 585-458-1741



DOT # 3654596
MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

MASLINE
511 S. CLINTON AVE
ROCHESTER NY 14620

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/28/2022

Container

Reference / Load/ Bill of Lading Number

2207280841

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	2	1	\$0.00	\$24.00
Freight Charge Sub Total			1	24.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	24.00		\$0.375	\$9.00

Charges SubTotal: \$33.00

Total Amount Owing:

\$33.00

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014700

DATE: 07/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 07/28/2022

Container**Reference / Load/ Bill of Lading Number**

221347

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	500	1	\$180.00	\$180.00
Freight Charge Sub Total			1	180.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	180.00		\$0.375	\$67.48

Charges SubTotal: \$247.48**Total Amount Owing:**\$247.48

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014701

DATE: 07/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 07/28/2022

Container**Reference / Load/ Bill of Lading Number****PO #**072722 219421 2207280836
BOL#2404

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.375	\$148.09
Charges SubTotal:			<u>\$543.09</u>

Total Amount Owing:\$543.09

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014702

DATE: 07/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 07/28/2022

Container	DEDICATED 1
-----------	-------------

Reference / Load/ Bill of Lading Number			PO #
221051	221052	221053	
221054	221055	221345	
221356	221359		

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.375	\$234.31

Charges SubTotal: \$859.31**Total Amount Owing:**\$859.31

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014703

DATE: 07/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 07/28/2022

Container**Reference / Load/ Bill of Lading Number**

213269

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	6000	11	\$125.00	\$125.00
Freight Charge Sub Total			11	125.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	125.00		\$0.375	\$46.86

Charges SubTotal: \$171.86**Total Amount Owing:**\$171.86US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014704

DATE: 07/28/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 07/28/2022

Container

Reference / Load/ Bill of Lading Number	PO #
213270	

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	500	1	\$0.00	\$35.00
LTL		4	\$0.00	\$72.00
Freight Charge Sub Total		5		107.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	89.00	\$0.375	\$33.37

Charges SubTotal: \$140.37**Total Amount Owing:**\$140.37US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014705

DATE: 07/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 07/28/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221729	

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	5	1	\$0.00	\$20.00
Freight Charge Sub Total		1		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.375	\$7.50

Charges SubTotal: \$27.50

Total Amount Owing:

\$27.50

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014706

DATE: 07/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 07/28/2022

Container**Reference / Load/ Bill of Lading Number**

221730

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	5	1	\$0.00	\$20.00
Freight Charge Sub Total			1	20.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	20.00		\$0.375	\$7.50

Charges SubTotal: \$27.50**Total Amount Owning:**\$27.50US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014707

DATE: 07/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 07/28/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221354	

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	50	4	\$0.00	\$24.00
Freight Charge Sub Total			4	24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.375	\$7.50

Charges SubTotal: \$31.50**Total Amount Owning:**\$31.50US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014708

DATE: 07/28/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/28/2022

Container**Reference / Load/ Bill of Lading Number**

221357

PO #

Description	PCS / SKIDS	Rate	Charges
LTP	0	\$0.00	\$24.00
Freight Charge Sub Total	0		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.375	\$7.50

Charges SubTotal: \$31.50**Total Amount Owing:**\$31.50US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014666

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**LTRON
7911 LEHIGH CROSSING STE 6
VICTOR NY 14564**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/29/2022

Container**Reference / Load/ Bill of Lading Number**

201143

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	20	2	\$0.00	\$32.00
Freight Charge Sub Total		2		32.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	32.00	\$0.375	\$12.00

Charges SubTotal: \$44.00**Total Amount Owing:**\$44.00US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014667

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 14
CARESTREAM HEALTH
BLDG 14
ROCHESTER NY 14652

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/29/2022

Container

Reference / Load / Bill of Lading Number

PO #

212178

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	2000	1	\$0.00	\$35.00
		1	\$0.00	\$18.00
Freight Charge Sub Total		2		53.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	53.00		\$0.375	\$19.87

Charges SubTotal: \$72.87

Total Amount Owing:

\$72.87

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014675

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**AMERICAN PACKAGING INC
1555 LYELL AVE
ROCHESTER NY 14606**Consignee**CSH 12
CARESTREAM HEALTH
BLDG 12 1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 07/29/2022

Container**Reference / Load / Bill of Lading Number**

18822

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
2 PALLETS	1805	1	\$0.00	\$30.00
LTL		1	\$0.00	\$15.00
Freight Charge Sub Total		2		45.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	45.00		\$0.375	\$16.87

Charges SubTotal: \$61.87**Total Amount Owing:**\$61.87US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014677

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-P0TQ
ORTHO CLINICAL
DIAGNOSTICS
100 LATONA RD, BLDG 313
ROCHESTER NY 14626

Ship Date: 07/29/2022

Container**Reference / Load/ Bill of Lading Number**

221360

PO #

Description	PCS / SKIDS	Rate	Charges
10 SKIDS TBOXES	1	\$0.00	\$35.00
LTL	9	\$0.00	\$135.00
Freight Charge Sub Total	10		170.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	170.00	\$0.375	\$63.73

Charges SubTotal: **\$233.73****Total Amount Owing:****\$233.73****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014678

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-ISNH
CSH 110
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 07/29/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221361

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	4000	1	\$0.00	\$35.00
		2	\$0.00	\$36.00
Freight Charge Sub Total		3		71.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	71.00		\$0.375	\$26.62

Charges SubTotal: \$97.62**Total Amount Owing:**\$97.62

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014684

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**ALLIANCE PRECISION PLASTICS
1220 LEE RD
ROCHESTER NY 14606**Consignee**CSH 12
CARESTREAM HEALTH
BLDG 12 1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 07/29/2022

Container

Reference / Load/ Bill of Lading Number	PO #
43784	

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	38	4	\$0.00	\$20.00
Freight Charge Sub Total		4		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.375	\$7.50

Charges SubTotal: \$27.50**Total Amount Owing:**\$27.50US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014690

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**DIVERSIPAK
40 HUMBOLDT ST
ROCHESTER NY 14609**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/29/2022

Container

Reference / Load/ Bill of Lading Number	PO #
219424	

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
Freight Charge Sub Total	1		35.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.375	\$13.12

Charges SubTotal: \$48.12**Total Amount Owing:**\$48.12US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014691

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

AIM
780 CANNING PARKWAY
VICTOR NY 14564

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/29/2022

Container

Reference / Load/ Bill of Lading Number

6502627924

PO #

Description

PCS / SKIDS

Rate

Charges

LTP

1

\$0.00

\$32.00

Freight Charge Sub Total

1

32.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

32.00

\$0.375

\$12.00

Charges SubTotal:

\$44.00

Total Amount Owing:

\$44.00

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014692

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

MASLINE
511 S. CLINTON AVE
ROCHESTER NY 14620

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/29/2022

Container

Reference / Load/ Bill of Lading Number	PO #
2207290838	

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
	1	\$0.00	\$18.00
Freight Charge Sub Total	2		53.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	53.00	\$0.375	\$19.87

Charges SubTotal: \$72.87

Total Amount Owing:

\$72.87

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014693

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

KORE WIRELESS
3750 MONROE AVE
SUITE 300
PITTSFORD NY 14526

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 07/29/2022

Container

Reference / Load/ Bill of Lading Number

211047 6502632549

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

LTL

325

1

\$0.00

\$35.00

Freight Charge Sub Total

1

35.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

35.00

\$0.375

\$13.12

Charges SubTotal:

\$48.12

Total Amount Owing:

\$48.12

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014713

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 07/29/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221369

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	3000	1	\$0.00	\$35.00
		4	\$0.00	\$72.00
Freight Charge Sub Total		5		107.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	107.00		\$0.375	\$40.11
Charges SubTotal:				<u>\$147.11</u>

Total Amount Owing:\$147.11

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014832

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 07/29/2022

Container**Reference / Load/ Bill of Lading Number**

221358

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	1100	2	\$180.00	\$180.00
Freight Charge Sub Total		2		180.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	180.00	\$0.375	\$67.48

Charges SubTotal: **\$247.48****Total Amount Owing:****\$247.48****US FUNDS****Notes**

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014833

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 07/29/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

072822	211433	219423
219944	BOL#2405	

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.375	\$148.09

Charges SubTotal:			\$543.09
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Total Amount Owing:**\$543.09****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014834

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 07/29/2022

Container	DEDICATED 1
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Reference / Load/ Bill of Lading Number			PO #
221056	221057	221058	
221059	221362	221364	
221365	221368		

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.375	\$234.31

Charges SubTotal: \$859.31**Total Amount Owing:**\$859.31

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014835

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 07/29/2022

Container**Reference / Load/ Bill of Lading Number**

213271

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	6000	7	\$125.00	\$125.00
Freight Charge Sub Total			7	125.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	125.00	\$0.375	\$46.86

Charges SubTotal: **\$171.86****Total Amount Owing:****\$171.86****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014836

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 07/29/2022

Container

Reference / Load/ Bill of Lading Number

213278

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

LTL

4000

1

\$0.00

\$35.00

LTL

6

\$0.00

\$90.00

Freight Charge Sub Total

7

125.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

89.00

\$0.375

\$33.37

Charges SubTotal:

\$158.37

Total Amount Owing:

\$158.37

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014837

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 07/29/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
221734	

Description	PCS / SKIDS	Rate	Charges
LTP	0	\$0.00	\$24.00
Freight Charge Sub Total	0		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.375	\$7.50

Charges SubTotal: \$31.50**Total Amount Owing:**\$31.50US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014838

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 07/29/2022

Container**Reference / Load/ Bill of Lading Number**

219937

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	5	1	\$0.00	\$20.00
Freight Charge Sub Total			1	20.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	20.00		\$0.375	\$7.50
Charges SubTotal:				\$27.50

Total Amount Owing:

\$27.50

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014839

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 07/29/2022

Container**Reference / Load/ Bill of Lading Number**

219943

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	5	1	\$0.00	\$20.00
Freight Charge Sub Total			1	20.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	20.00		\$0.375	\$7.50
Charges SubTotal:				\$27.50

Total Amount Owing:**\$27.50**

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014840

DATE: 07/29/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 07/29/2022

Container

Reference / Load/ Bill of Lading Number

220574

PO #

Description

PCS / SKIDS

Rate

Charges

LTP

0

\$0.00

\$20.00

Freight Charge Sub Total

0

20.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

20.00

\$0.375

\$7.50

Charges SubTotal:

\$27.50

Total Amount Owing:

\$27.50

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014718

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**ARN PRIOR
1131 RIDGE RD W
ROCHESTER NY 14615**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/01/2022

Container**Reference / Load/ Bill of Lading Number**

8100272606

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
1 BOX	1900	1	\$0.00	\$35.00
LTL OVERWEIGHT		1	\$0.00	\$18.00
Freight Charge Sub Total		2		53.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	53.00		\$0.366	\$19.42

Charges SubTotal: **\$72.42****Total Amount Owing:****\$72.42**

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014719

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596

MC # 131054

**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**EK
B 119
ROCHESTER NY**Consignee**CSH 117
BLDG 117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/01/2022

Container

Reference / Load/ Bill of Lading Number	PO #
211795	

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	1100	1	\$0.00	\$45.00
Freight Charge Sub Total			1	45.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	45.00	\$0.366	\$16.49

Charges SubTotal: \$61.49**Total Amount Owing:****\$61.49****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014723

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 12
CARESTREAM HEALTH
BLDG 12 1669 LAKE AVE
ROCHESTER NY 14652**Consignee**P Tool & Die
3535 Union st
North Chili NY

Ship Date: 08/01/2022

Container**Reference / Load/ Bill of Lading Number**

221062

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	150	1	\$0.00	\$35.00
Freight Charge Sub Total		1		35.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	35.00		\$0.366	\$12.82
Charges SubTotal:				\$47.82

Total Amount Owing:**\$47.82****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014724

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-P0TQ
CSH 313 ORTHO CLINICAL
100 LATONA RD
ROCHESTER NY 14626

Ship Date: 08/01/2022

Container**Reference / Load/ Bill of Lading Number**

221373

PO #

Description	PCS / SKIDS	Rate	Charges
TRUCKLOAD T-BOXES	30	\$0.00	\$195.00
Freight Charge Sub Total	30		195.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	195.00	\$0.366	\$71.45

Charges SubTotal: **\$266.45****Total Amount Owing:****\$266.45****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014726

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-ISNH
CSH 110
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/01/2022

Container**Reference / Load/ Bill of Lading Number**

221374

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
4 SKIDS OVERWEIGHT AS 5 SKIDS	8000	1	\$0.00	\$35.00
LTL		4	\$0.00	\$72.00
Freight Charge Sub Total		5		107.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	107.00		\$0.366	\$39.20

Charges SubTotal: \$146.20**Total Amount Owing:**\$146.20US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014727

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

CSH 14
CARESTREAM HEALTH
BLDG 14
ROCHESTER NY 14652

Ship Date: 08/01/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221366

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
	2	\$0.00	\$36.00
Freight Charge Sub Total	3		71.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	71.00	\$0.366	\$26.01
Charges SubTotal:			\$97.01

Total Amount Owing:

\$97.01

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014733

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**RDU
970 DRIVING PARK AVE
ROCHESTER NY 14613**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/01/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
221735	

Description	PCS / SKIDS	Rate	Charges
DROP EMPTY TRAILER 10711	0	\$0.00	\$125.00
Freight Charge Sub Total	0		125.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	125.00	\$0.366	\$45.80

Charges SubTotal: \$170.80**Total Amount Owing:**\$170.80US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014802

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

CSH 117
CARESTREAM HEALTH
BLDG 117
ROCHESTER NY

Ship Date: 08/01/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221375	

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	1100	1	\$0.00	\$35.00
Freight Charge Sub Total		1		35.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.366	\$12.82

Charges SubTotal: \$47.82

Total Amount Owing:

\$47.82

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014803

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/01/2022

Container**Reference / Load/ Bill of Lading Number**

221379

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	30	1	\$0.00	\$24.00
Freight Charge Sub Total			1	24.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	24.00		\$0.366	\$8.79
Charges SubTotal:				\$32.79

Total Amount Owing:

\$32.79

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014804

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/01/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221382

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
Freight Charge Sub Total	1		35.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.366	\$12.82
Charges SubTotal:			\$47.82

Total Amount Owing:

\$47.82

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014805

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/01/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
221380	

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	150	1	\$0.00	\$35.00
Freight Charge Sub Total		1		35.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.366	\$12.82

Charges SubTotal: \$47.82**Total Amount Owing:**\$47.82US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014810

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596

MC # 131054



BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

DIVERSIPAK
40 HUMBOLDT ST
ROCHESTER NY 14609

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/01/2022

Container

Reference / Load/ Bill of Lading Number

219426

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

LTL

10

1

\$0.00

\$24.00

Freight Charge Sub Total

1

24.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

24.00

\$0.366

\$8.79

Charges SubTotal:

\$32.79

Total Amount Owing:

\$32.79

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014811

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/01/2022

Container

Reference / Load/ Bill of Lading Number

213273

PO #

Description

PCS / SKIDS

Rate

Charges

TRUCKLOAD

0

\$0.00

\$195.00

Freight Charge Sub Total

0

195.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

195.00

\$0.366

\$71.45

Charges SubTotal:

\$266.45

Total Amount Owing:

\$266.45

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014812

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/01/2022

Container

Reference / Load/ Bill of Lading Number

221377

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

LTL

1100

1

\$0.00

\$35.00

Freight Charge Sub Total

1

35.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

35.00

\$0.366

\$12.82

Charges SubTotal:

\$47.82

Total Amount Owing:

\$47.82

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014871

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-POAH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/01/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221371	

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	1100	3	\$180.00	\$180.00
Freight Charge Sub Total			3	180.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	180.00	\$0.366	\$65.95

Charges SubTotal: \$245.95**Total Amount Owing:**\$245.95US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014872

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/01/2022

Container**Reference / Load/ Bill of Lading Number****PO #**072922 211432 219425
BOL#2406

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.366	\$144.73
Charges SubTotal:			<u>\$539.73</u>

Total Amount Owing:\$539.73

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014873

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/01/2022

Container	DEDICATED 1
-----------	-------------

Reference / Load/ Bill of Lading Number			PO #
221060	221061	221063	
221064	221372	221378	

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	625.00		\$0.366	\$229.00
Charges SubTotal:				<u>\$854.00</u>

Total Amount Owing:\$854.00

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014874

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/01/2022

Container

Reference / Load/ Bill of Lading Number

213274

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

STRAIGHT TRUCK

5000

8

\$125.00

\$125.00

Freight Charge Sub Total

8

125.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

125.00

\$0.366

\$45.80

Charges SubTotal:

\$170.80

Total Amount Owing:

\$170.80

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014875

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/01/2022

Container

Reference / Load/ Bill of Lading Number

213275

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

LTL

4000

1

\$0.00

\$35.00

LTL

7

\$0.00

\$105.00

Freight Charge Sub Total

8

140.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

140.00

\$0.366

\$51.30

Charges SubTotal:

\$191.30

Total Amount Owing:

\$191.30

US FUNDS

Notes

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014876

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/01/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
221733	

Description	PCS / SKIDS	Rate	Charges
LTP	1	\$0.00	\$20.00
Freight Charge Sub Total	1		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.366	\$7.33

Charges SubTotal: \$27.33**Total Amount Owing:**\$27.33US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

DOT # 3654596
MC # 131054

INVOICE NO: 014877

DATE: 08/01/2022

Tel: 585-458-0750
Fax: 585-458-1741



BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/01/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221732	

Description	PCS / SKIDS	Rate	Charges
LTP	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.366	\$7.33

Charges SubTotal: \$27.33

Total Amount Owing:

\$27.33

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014878

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/01/2022

Container**Reference / Load/ Bill of Lading Number**

221376

PO #

Description	PCS / SKIDS	Rate	Charges
LTP	0	\$0.00	\$24.00
Freight Charge Sub Total	0		24.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.366	\$8.79

Charges SubTotal: \$32.79**Total Amount Owing:**\$32.79US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014879

DATE: 08/01/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/01/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
221370	

Description	PCS / SKIDS	Rate	Charges
LTP	3	\$0.00	\$24.00
Freight Charge Sub Total	3		24.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.366	\$8.79
Charges SubTotal:			\$32.79

Total Amount Owing:**\$32.79**

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014739

DATE: 08/02/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**LTRON
7911 LEHIGH CROSSING STE 6
VICTOR NY 14564**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/02/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
201144	

Description	PCS / SKIDS	Rate	Charges
LTP	1	\$0.00	\$32.00
Freight Charge Sub Total	1		32.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	32.00	\$0.366	\$11.72

Charges SubTotal: **\$43.72****Total Amount Owning:****\$43.72****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014806

DATE: 08/02/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Consignee

CSH 117
BLDG 117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/02/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
212301	

Description	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK STOP	4	\$0.00	\$45.00
Freight Charge Sub Total	4		45.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	45.00	\$0.366	\$16.49

Charges SubTotal: \$61.49

Total Amount Owing:

\$61.49

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014816

DATE: 08/02/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL2010300-POWE
AMERICAN ROCK SALT
5520 RT 63
MT MORRIS NY 14454**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/02/2022

Container**Reference / Load/ Bill of Lading Number**

221552

PO #

Description	PCS / SKIDS	Rate	Charges
SALT RUN ST TRUCK	1	\$0.00	\$250.00
Freight Charge Sub Total	1		250.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	250.00	\$0.366	\$91.60

Charges SubTotal: \$341.60**Total Amount Owing:**\$341.60US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014819

DATE: 08/02/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**MASLINE
511 S. CLINTON AVE
ROCHESTER NY 14620**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/02/2022

Container

Reference / Load/ Bill of Lading Number	PO #
2208020809	

Description	PCS / SKIDS	Rate	Charges
LTP	5	\$0.00	\$24.00
Freight Charge Sub Total	5		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.366	\$8.79

Charges SubTotal: \$32.79**Total Amount Owing:**\$32.79US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014841

DATE: 08/02/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-ICH5
CSH 117/14
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/02/2022

Container**Reference / Load/ Bill of Lading Number**

221385

PO #

Description	PCS / SKIDS	Rate	Charges
2 PALLETS	1	\$0.00	\$35.00
LTL	1	\$0.00	\$18.00
Freight Charge Sub Total	2		53.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	53.00	\$0.366	\$19.42

Charges SubTotal: \$72.42**Total Amount Owing:**\$72.42US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014842

DATE: 08/02/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/02/2022

Container**Reference / Load / Bill of Lading Number**

221388

PO #

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
Freight Charge Sub Total	1		35.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.366	\$12.82

Charges SubTotal: \$47.82**Total Amount Owing:**\$47.82US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014844

DATE: 08/02/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10528
RDU
970 DRIVING PARK AVE
ROCHESTER NY 14613

Ship Date: 08/02/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221383	

Description	PCS / SKIDS	Rate	Charges
LTL 4 STACKS PALLETS	1	\$0.00	\$35.00
LTL	3	\$0.00	\$54.00
Freight Charge Sub Total	4		89.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	89.00	\$0.366	\$32.61

Charges SubTotal: \$121.61**Total Amount Owing:**\$121.61US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014922

DATE: 08/02/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/02/2022

Container

Reference / Load/ Bill of Lading Number

221381

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

CARE 1

1100

3

\$180.00

\$180.00

Freight Charge Sub Total

3

180.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

180.00

\$0.366

\$65.95

Charges SubTotal:

\$245.95

Total Amount Owing:

\$245.95

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014924

DATE: 08/02/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/02/2022

Container**Reference / Load/ Bill of Lading Number****PO #**080222 211434 219427
221653 BOL#2406

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.366	\$144.73

Charges SubTotal: \$539.73

Total Amount Owing:\$539.73US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014926

DATE: 08/02/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/02/2022

Container	DEDICATED 1
-----------	-------------

Reference / Load/ Bill of Lading Number			PO #
221065	221066	221067	
221068	221384	221387	

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.366	\$229.00

Charges SubTotal: \$854.00**Total Amount Owing:**\$854.00US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014927

DATE: 08/02/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/02/2022

Container

Reference / Load/ Bill of Lading Number	PO #
213276	

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	5000	6	\$125.00	\$125.00
Freight Charge Sub Total		6		125.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	125.00	\$0.366	\$45.80

Charges SubTotal: \$170.80

Total Amount Owning:

\$170.80

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014928

DATE: 08/02/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/02/2022

Container

Reference / Load/ Bill of Lading Number	PO #
213277	

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	4000	1	\$0.00	\$35.00
LTL		3	\$0.00	\$54.00
Freight Charge Sub Total		4		89.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	140.00		\$0.366	\$51.30

Charges SubTotal: \$140.30**Total Amount Owing:**\$140.30US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014929

DATE: 08/02/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/02/2022

Container

Reference / Load/ Bill of Lading Number

220573

PO #

Description

PCS / SKIDS

Rate

Charges

LTP

0

\$0.00

\$20.00

Freight Charge Sub Total

0

20.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

20.00

\$0.366

\$7.33

Charges SubTotal:

\$27.33

Total Amount Owing:

\$27.33

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014930

DATE: 08/02/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/02/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221553

Description	PCS / SKIDS	Rate	Charges
LTP	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.366	\$7.33

Charges SubTotal: \$27.33

Total Amount Owing:

\$27.33

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014931

DATE: 08/02/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/02/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221389

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	25	3	\$0.00	\$24.00
Freight Charge Sub Total		3		24.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	20.00		\$0.366	\$7.33
Charges SubTotal:				\$31.33

Total Amount Owing:**\$31.33****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014932

DATE: 08/02/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/02/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221551	

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	1	1	\$0.00	\$20.00
Freight Charge Sub Total		1		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.366	\$7.33

Charges SubTotal: \$27.33**Total Amount Owing:**\$27.33

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014933

DATE: 08/02/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/02/2022

Container

Reference / Load/ Bill of Lading Number

221386

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

LTL

500

1

\$0.00

\$35.00

Freight Charge Sub Total

1

35.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

35.00

\$0.366

\$12.82

Charges SubTotal:

\$47.82

Total Amount Owing:

\$47.82

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014852

DATE: 08/03/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**MARSHALL BOX
715 LEXINGTON AVE
ROCHESTER NY 14613**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/03/2022

Container**Reference / Load/ Bill of Lading Number**

67196

PO #**Description****PCS / SKIDS****Rate****Charges**

1 OVERSIZED CRATE AS 2 SKID

1

\$0.00

\$30.00

SPOTS

LTL

1

\$0.00

\$15.00

Freight Charge Sub Total**2****45.00****Accessorial Description****Quantity****Rate****Amount**

FUEL SURCHARGE USD

45.00

\$0.366

\$16.49

Charges SubTotal:**\$61.49****Total Amount Owing:****\$61.49****US FUNDS****Notes**

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014864

DATE: 08/03/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 12
CARESTREAM HEALTH
BLDG 12 1669 LAKE AVE
ROCHESTER NY 14652**Consignee**TLF GRAPHICS
235 METRO PARK
ROCHESTER NY 14623

Ship Date: 08/03/2022

Container**Reference / Load/ Bill of Lading Number**

221069

PO #

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
Freight Charge Sub Total	1		35.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.366	\$12.82
Charges SubTotal:			\$47.82

Total Amount Owing:

\$47.82

US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014867

DATE: 08/03/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**LTRON
7911 LEHIGH CROSSING STE 6
VICTOR NY 14564**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/03/2022

Container**Reference / Load/ Bill of Lading Number**

201145

PO #

Description	PCS / SKIDS	Rate	Charges
LTP	1	\$0.00	\$32.00
Freight Charge Sub Total	1		32.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	32.00	\$0.366	\$11.72

Charges SubTotal: \$43.72**Total Amount Owing:**\$43.72US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014868

DATE: 08/03/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL2010300-ISNH
CSH 110
1669 LAKE AVE
ROCHESTER NY 14652**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/03/2022

Container**Reference / Load/ Bill of Lading Number**

221554

PO #

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
LTL	3	\$0.00	\$54.00
Freight Charge Sub Total	4		89.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	89.00	\$0.366	\$32.61
Charges SubTotal:			\$121.61

Total Amount Owing:**\$121.61****US FUNDS****Notes**

RDU

970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014889

DATE: 08/03/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

KORE WIRELESS
3750 MONROE AVE
SUITE 300
PITTSFORD NY 14526

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/03/2022

Container

Reference / Load/ Bill of Lading Number	PO #
211050	65026325249

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
Freight Charge Sub Total	1		35.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.366	\$12.82

Charges SubTotal: \$47.82

Total Amount Owing:

\$47.82

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014890

DATE: 08/03/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 117
BLDG 117
1669 LAKE AVE
ROCHESTER NY 14652

Consignee

CSH 14
CARESTREAM HEALTH
BLDG 14
ROCHESTER NY 14652

Ship Date: 08/03/2022

Container

Reference / Load/ Bill of Lading Number

214077

PO #

Description	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	1	\$0.00	\$45.00
Freight Charge Sub Total	1		45.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	45.00	\$0.366	\$16.49

Charges SubTotal: \$61.49

Total Amount Owing:

\$61.49

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014891

DATE: 08/03/2022

Tel: 585-458-0750
Fax: 585-458-1741



DOT # 3654596
MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL2010300-ICH5
CSH 117/14
1669 LAKE AVE
ROCHESTER NY 14652

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/03/2022

Container

Reference / Load/ Bill of Lading Number

208140

PO #

Description

PCS / SKIDS

Rate

Charges

STRAIGHT TRUCK

1

\$0.00

\$45.00

Freight Charge Sub Total

1

45.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

45.00

\$0.366

\$16.49

Charges SubTotal:

\$61.49

Total Amount Owing:

\$61.49

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014892

DATE: 08/03/2022

Tel: 585-458-0750
Fax: 585-458-1741



DOT # 3654596
MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/03/2022

Container

Reference / Load/ Bill of Lading Number	PO #
215417	

Description	PCS / SKIDS	Rate	Charges
LTP	1	\$0.00	\$20.00
Freight Charge Sub Total	1		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.366	\$7.33

Charges SubTotal: \$27.33

Total Amount Owing:

\$27.33

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014893

DATE: 08/03/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/03/2022

Container**Reference / Load/ Bill of Lading Number**

221394

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	500	1	\$0.00	\$35.00
Freight Charge Sub Total			1	35.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	35.00		\$0.366	\$12.82

Charges SubTotal: \$47.82**Total Amount Owing:**\$47.82US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014979

DATE: 08/03/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-POAH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/03/2022

Container**Reference / Load/ Bill of Lading Number**

221738

PO #

Description	PCS / SKIDS	Rate	Charges
CARE 1	0	\$180.00	\$180.00
Freight Charge Sub Total	0		180.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	180.00	\$0.366	\$65.95
Charges SubTotal:			\$245.95

Total Amount Owing:

\$245.95

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014980

DATE: 08/03/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/03/2022

Container

Reference / Load/ Bill of Lading Number

PO #

080322 219428 2208030833
BOL#2407

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.366	\$144.73

Charges SubTotal: \$539.73

Total Amount Owing:

\$539.73

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014981

DATE: 08/03/2022

Tel: 585-458-0750
Fax: 585-458-1741



DOT # 3654596
MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/03/2022

Container	DEDICATED 1
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Reference / Load/ Bill of Lading Number			PO #
221070	221071	221072	
221073	221074	221391	
221393	221395	221400	

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total		0		625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.366	\$229.00

Charges SubTotal: \$854.00

Total Amount Owing:

\$854.00

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014982

DATE: 08/03/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/03/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
213279	

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	5000	8	\$125.00	\$125.00
Freight Charge Sub Total		8		125.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	125.00	\$0.366	\$45.80

Charges SubTotal: \$170.80

Total Amount Owing:

\$170.80

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014983

DATE: 08/03/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/03/2022

Container**Reference / Load/ Bill of Lading Number**

213280

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	4000	1	\$0.00	\$35.00
LTL		2	\$0.00	\$36.00
Freight Charge Sub Total		3		71.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	51.00		\$0.366	\$18.69

Charges SubTotal: \$89.69**Total Amount Owing:**\$89.69US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014984

DATE: 08/03/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/03/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221392	

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	10	0	\$0.00	\$24.00
Freight Charge Sub Total			0	24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.366	\$8.79

Charges SubTotal:	\$32.79
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Total Amount Owing:\$32.79

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014985

DATE: 08/03/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/03/2022

Container			
Reference / Load/ Bill of Lading Number			PO #
221396			
Description	PCS / SKIDS	Rate	Charges
LTP	0	\$0.00	\$24.00
Freight Charge Sub Total	0		24.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.366	\$8.79
Charges SubTotal:			\$32.79

Total Amount Owing:

\$32.79

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014986

DATE: 08/03/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/03/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221737	

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	5	1	\$0.00	\$20.00
Freight Charge Sub Total			1	20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.366	\$7.33

Charges SubTotal: \$27.33**Total Amount Owing:**\$27.33

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014987

DATE: 08/03/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/03/2022

Container**Reference / Load/ Bill of Lading Number**

221736

PO #

Description	PCS / SKIDS	Rate	Charges
LTP	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.366	\$7.33
Charges SubTotal:			\$27.33

Total Amount Owing:

\$27.33

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014895

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**RDU
970 DRIVING PARK AVE
ROCHESTER NY 14613**Consignee**MANGOLD WAREHOUSE
10 CAIRIN ST DOCK 8
ROCHESTER NY 14611
110GL6540100-10528

Ship Date: 08/04/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221739

Description	PCS / SKIDS	Rate	Charges
TRUCK LOAD	0	\$0.00	\$150.00
Freight Charge Sub Total	0		150.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	150.00	\$0.366	\$54.96
Charges SubTotal:			\$204.96

Total Amount Owing:**\$204.96****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014906

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**ROCHESTER SILVER WORKS,
BLDG 143
100 LATONA RD.
ROCHESTER NY 14652**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/04/2022

Container

Reference / Load/ Bill of Lading Number

PO #

1111

Description	Weight	PCS / SKIDS	Rate	Charges
3 TOTES OVERWEIGHT AS 4 SPOTS	7522	1	\$0.00	\$35.00
LTL		3	\$0.00	\$54.00
Freight Charge Sub Total		4		89.00

Accessorial Description	Quantity	Rate	Amount
RUSH	1.00	\$30.000	\$30.00
FUEL SURCHARGE USD	89.00	\$0.366	\$32.61

Charges SubTotal: \$151.61

Total Amount Owing:\$151.61

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014911

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH BLDG110
CSH BLDG 110
150 LATONA RD
ROCHESTER NY 14657

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/04/2022

Container

Reference / Load/ Bill of Lading Number

3456

PO #

Description

PCS / SKIDS

Rate

Charges

LTL 2 SKIDS

1

\$0.00

\$35.00

1

\$0.00

\$18.00

Freight Charge Sub Total

2

53.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

53.00

\$0.366

\$19.42

Charges SubTotal:

\$72.42

Total Amount Owing:

\$72.42

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014913

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**RDU
970 DRIVING PARK AVE
ROCHESTER NY 14613**Consignee**110GL6540100-10016
CSH STORAGE TRAILERS
1049 W RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/04/2022

Container

Reference / Load/ Bill of Lading Number

PO #

221740

Description	PCS / SKIDS	Rate	Charges
DEDICATED TRAILER SPOTTED	0	\$0.00	\$125.00
Freight Charge Sub Total	0		125.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	125.00	\$0.366	\$45.80

Charges SubTotal: \$170.80**Total Amount Owing:**\$170.80

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014914

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**MASLINE
511 S. CLINTON AVE
ROCHESTER NY 14620**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/04/2022

Container**Reference / Load/ Bill of Lading Number**

2208040803

PO #**Description****PCS / SKIDS****Rate****Charges**

LTP

1

\$0.00

\$24.00

Freight Charge Sub Total

1

24.00

Accessorial Description**Quantity****Rate****Amount**

FUEL SURCHARGE USD

24.00

\$0.366

\$8.79

Charges SubTotal:

\$32.79

Total Amount Owing:

\$32.79

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014915

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH 59
BUILDING 59
ROCHESTER NY 14652

Ship Date: 08/04/2022

Container

Reference / Load/ Bill of Lading Number

PO #

213282

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	50	2	\$0.00	\$20.00
Freight Charge Sub Total		2		20.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	20.00		\$0.366	\$7.33

Charges SubTotal: \$27.33

Total Amount Owing:

\$27.33

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014916

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/04/2022

Container**Reference / Load/ Bill of Lading Number**

213281

PO #

Description	PCS / SKIDS	Rate	Charges
TRUCKLOAD	0	\$0.00	\$195.00
Freight Charge Sub Total	0		195.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	195.00	\$0.366	\$71.45
Charges SubTotal:			<u>\$266.45</u>

Total Amount Owing:\$266.45

US FUNDS

Notes

RDU

970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014917

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

AIM
780 CANNING PARKWAY
VICTOR NY 14564

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/04/2022

Container			
Reference / Load/ Bill of Lading Number			PO #
6502581589			
Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$50.00
Freight Charge Sub Total	1		50.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	50.00	\$0.366	\$18.32
Charges SubTotal:			\$68.32

Total Amount Owing:

\$68.32

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014918

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

MANGOLD WAREHOUSE
10 CAIRIN ST DOCK 8
ROCHESTER NY 14611
110GL6540100-10528

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/04/2022

Container

Reference / Load/ Bill of Lading Number

8100272803

PO #

Description

PCS / SKIDS

Rate

Charges

TRUCK LOAD PALLETS

100

\$0.00

\$195.00

Freight Charge Sub Total

100

195.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

195.00

\$0.366

\$71.45

Charges SubTotal:

\$266.45

Total Amount Owing:

\$266.45

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014919

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/04/2022

Container**Reference / Load/ Bill of Lading Number**

221406

PO #

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
Freight Charge Sub Total	1		35.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.366	\$12.82

Charges SubTotal: \$47.82**Total Amount Owing:**\$47.82US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014920

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**ALLIANCE PRECISION
PLASTICS
1220 LEE RD
ROCHESTER NY 14606

Ship Date: 08/04/2022

Container**Reference / Load/ Bill of Lading Number**

221399

PO #**Description****PCS / SKIDS****Rate****Charges**

LTL

1

\$0.00

\$35.00

Freight Charge Sub Total

1

35.00

Accessorial Description**Quantity****Rate****Amount**

FUEL SURCHARGE USD

35.00

\$0.366

\$12.82

Charges SubTotal:

\$47.82

Total Amount Owing:

\$47.82

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014921

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**KORE WIRELESS
3750 MONROE AVE
SUITE 300
PITTSFORD NY 14526

Ship Date: 08/04/2022

Container			
Reference / Load/ Bill of Lading Number			PO #
221402			
Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
Freight Charge Sub Total	1		35.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.366	\$12.82
Charges SubTotal:			\$47.82

Total Amount Owning:

\$47.82

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014925

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/04/2022

Container

Reference / Load/ Bill of Lading Number	PO #
212179	

Description	PCS / SKIDS	Rate	Charges
LTP	1	\$0.00	\$20.00
Freight Charge Sub Total	1		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.366	\$7.33

Charges SubTotal: \$27.33**Total Amount Owning:****\$27.33****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014940

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/04/2022

Container**Reference / Load/ Bill of Lading Number**

212361

PO #

Description	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK CASKETS	2	\$0.00	\$45.00
Freight Charge Sub Total	2		45.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	45.00	\$0.366	\$16.49
Charges SubTotal:			\$61.49

Total Amount Owing:**\$61.49****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014952

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**RDU
970 DRIVING PARK AVE
ROCHESTER NY 14613**Consignee**110GL6540100-10016
CSH STORAGE TRAILERS
1049 W RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/04/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221741

Description	PCS / SKIDS	Rate	Charges
DEDICATED TRAILER SPOTTED	0	\$0.00	\$125.00
Freight Charge Sub Total	0		125.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	125.00	\$0.366	\$45.80
Charges SubTotal:			\$170.80

Total Amount Owing:**\$170.80****US FUNDS****Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014957

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**ROCHESTER SILVER WORKS,
BLDG 143
100 LATONA RD.
ROCHESTER NY 14652**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/04/2022

Container

Reference / Load/ Bill of Lading Number	PO #
2065	

Description	Weight	PCS / SKIDS	Rate	Charges
3 SKIDS	5335	1	\$0.00	\$35.00
LTL		2	\$0.00	\$36.00
Freight Charge Sub Total			3	71.00

Accessorial Description	Quantity	Rate	Amount
RUSH	1.00	\$30.000	\$30.00
FUEL SURCHARGE USD	71.00	\$0.366	\$26.01

Charges SubTotal: \$127.01**Total Amount Owing:**\$127.01US FUNDS**Notes**

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015004

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/04/2022

Container

Reference / Load/ Bill of Lading Number

221397

PO #

Description

PCS / SKIDS

Rate

Charges

CARE 1

0

\$180.00

\$180.00

Freight Charge Sub Total

0

180.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

180.00

\$0.366

\$65.95

Charges SubTotal:

\$245.95

Total Amount Owning:

\$245.95

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015005

DATE: 08/04/2022

Tel: 585-458-0750
Fax: 585-458-1741



DOT # 3654596
MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/04/2022

Container BOL#2408

Reference / Load/ Bill of Lading Number

PO #

080322 211435 216216
221557

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.366	\$144.73

Charges SubTotal: \$539.73

Total Amount Owing:

\$539.73

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015006

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/04/2022

Container	DEDICATED 1
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Reference / Load/ Bill of Lading Number			PO #
221075	221076	221077	
221078	221403	221405	
221407			

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.366	\$229.00

Charges SubTotal: \$854.00

Total Amount Owing:

\$854.00

US FUNDS

Notes

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015007

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/04/2022

Container

Reference / Load/ Bill of Lading Number	PO #
213283	

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	5000	8	\$125.00	\$125.00
Freight Charge Sub Total		8		125.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	125.00	\$0.366	\$45.80

Charges SubTotal:	<u>\$170.80</u>
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Total Amount Owing:\$170.80

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015008

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/04/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
213285	

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	4000	1	\$0.00	\$35.00
LTL		6	\$0.00	\$90.00
Freight Charge Sub Total		7		125.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	125.00		\$0.366	\$45.80

Charges SubTotal: \$170.80**Total Amount Owing:**\$170.80

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015010

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/04/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221398	

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	10	2	\$0.00	\$24.00
Freight Charge Sub Total			2	24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.366	\$8.79

Charges SubTotal: \$32.79

Total Amount Owing:

\$32.79

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015011

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/04/2022

Container	
Reference / Load/ Bill of Lading Number	PO #
220571	

Description	PCS / SKIDS	Rate	Charges
LTP	0	\$0.00	\$20.00
Freight Charge Sub Total	0		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.366	\$7.33

Charges SubTotal: \$27.33

Total Amount Owing:

\$27.33

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015012

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/04/2022

Container

Reference / Load/ Bill of Lading Number

220572

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	10	0	\$0.00	\$20.00
Freight Charge Sub Total			0	20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.366	\$7.33

Charges SubTotal: \$27.33

Total Amount Owing:

\$27.33

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015013

DATE: 08/04/2022

Tel: 585-458-0750

Fax: 585-458-1741

DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/04/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221556	

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	10	0	\$0.00	\$20.00
Freight Charge Sub Total		0		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	20.00	\$0.366	\$7.33

Charges SubTotal: \$27.33**Total Amount Owing:**\$27.33US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

DOT # 3654596
MC # 131054

INVOICE NO: 014971

DATE: 08/05/2022

Tel: 585-458-0750
Fax: 585-458-1741



BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ISNH
CSH 110
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/05/2022

Container

Reference / Load/ Bill of Lading Number

221412

PO #

Description

Weight

PCS / SKIDS

Rate

Charges

LTL

5000

1

\$0.00

\$35.00

2

\$0.00

\$36.00

Freight Charge Sub Total

3

71.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

71.00

\$0.366

\$26.01

Charges SubTotal:

\$97.01

Total Amount Owing:

\$97.01

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014972

DATE: 08/05/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**PANTHER GRAPHICS
465 CENTRAL AVE
ROCHESTER NY 14605**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/05/2022

Container**Reference / Load/ Bill of Lading Number**

211901

PO #

6502630839,28237

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	600	1	\$0.00	\$35.00
		1	\$0.00	\$18.00
Freight Charge Sub Total		2		53.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	53.00		\$0.366	\$19.42

Charges SubTotal: **\$72.42****Total Amount Owing:****\$72.42****US FUNDS****Notes**

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014973

DATE: 08/05/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**AMERICAN PACKAGING INC
1555 LYELL AVE
ROCHESTER NY 14606**Consignee**CSH 12
CARESTREAM HEALTH
BLDG 12 1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/05/2022

Container

Reference / Load/ Bill of Lading Number	PO #
18889	

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$30.00
	1	\$0.00	\$15.00
Freight Charge Sub Total	2		45.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	45.00	\$0.366	\$16.49

Charges SubTotal: \$61.49**Total Amount Owing:**\$61.49US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014977

DATE: 08/05/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH BLDG110
CSH BLDG 110
150 LATONA RD
ROCHESTER NY 14657**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/05/2022

Container				
Reference / Load/ Bill of Lading Number			PO #	
221608				
Description	Weight	PCS / SKIDS	Rate	Charges
LTL	800	1	\$0.00	\$35.00
Freight Charge Sub Total		1		35.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	35.00		\$0.366	\$12.82
Charges SubTotal:				\$47.82

Total Amount Owing:

\$47.82

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014990

DATE: 08/05/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-11600
TYCOM RECYCLING
155 HOLLENDER PKWY
ROCHESTER NY 14613

Ship Date: 08/05/2022

Container

Reference / Load/ Bill of Lading Number

221411

PO #

Description

PCS / SKIDS

Rate

Charges

TRUCK LOAD

0

\$0.00

\$195.00

Freight Charge Sub Total

0

195.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

195.00

\$0.366

\$71.45

Charges SubTotal:

\$266.45

Total Amount Owing:

\$266.45

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014991

DATE: 08/05/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**MASLINE
511 S. CLINTON AVE
ROCHESTER NY 14620**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/05/2022

Container**Reference / Load/ Bill of Lading Number**

2208050830

PO #**Description****PCS / SKIDS****Rate****Charges**

LTP

1

\$0.00

\$24.00

Freight Charge Sub Total

1

24.00

Accessorial Description**Quantity****Rate****Amount**

FUEL SURCHARGE USD

24.00

\$0.366

\$8.79

Charges SubTotal:

\$32.79**Total Amount Owning:**\$32.79US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014992

DATE: 08/05/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-ICH5
CSH 14/117
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/05/2022

Container**Reference / Load/ Bill of Lading Number**

221413

PO #**Description****PCS / SKIDS****Rate****Charges**

LTL

1

\$0.00

\$35.00

1

\$0.00

\$18.00

Freight Charge Sub Total

2

53.00

Accessorial Description**Quantity****Rate****Amount**

FUEL SURCHARGE USD

53.00

\$0.366

\$19.42

Charges SubTotal:

\$72.42**Total Amount Owing:**\$72.42US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 014997

DATE: 08/05/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**TYCOM RECYCLING
155 HOLLEDER PKWY
ROCHESTER NY 14615**Consignee**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/05/2022

Container**Reference / Load/ Bill of Lading Number**

14997

PO #

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
	1	\$0.00	\$18.00
Freight Charge Sub Total	2		53.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	53.00	\$0.366	\$19.42

Charges SubTotal: \$72.42

Total Amount Owing:\$72.42US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015002

DATE: 08/05/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**KORE WIRELESS
3750 MONROE AVE
SUITE 300
PITTSFORD NY 14526

Ship Date: 08/05/2022

Container**Reference / Load/ Bill of Lading Number**

221410

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	500	1	\$0.00	\$35.00
Freight Charge Sub Total		1		35.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.366	\$12.82

Charges SubTotal: \$47.82**Total Amount Owing:**\$47.82

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015003

DATE: 08/05/2022

Tel: 585-458-0750
Fax: 585-458-1741DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**RDU
970 DRIVING PARK AVE
ROCHESTER NY 14613

Ship Date: 07/02/2022

Container	11064
-----------	-------

Reference / Load/ Bill of Lading Number	PO #
220074	B882 STORAGE

Description	Weight	PCS / SKIDS	Rate	Charges
STORAGE 4 WEEKS JULY 2 - 29, 2022	28000	0	\$0.00	\$0.00
Freight Charge Sub Total		0		0.00
Accessorial Description	Quantity		Rate	Amount
STORAGE	4.00		\$150.000	\$600.00
Charges SubTotal:				<u>\$600.00</u>

Total Amount Owing:\$600.00US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015061

DATE: 08/05/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625**Consignee**110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/05/2022

Container**Reference / Load/ Bill of Lading Number**

221409

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
CARE 1	1000	2	\$180.00	\$180.00
Freight Charge Sub Total			2	180.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	180.00		\$0.366	\$65.95
Charges SubTotal:				\$245.95

Total Amount Owing:**\$245.95****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015062

DATE: 08/05/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

CSH
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/05/2022

Container

Reference / Load/ Bill of Lading Number	PO #
080422 216217 2208050836 BOL#2408	

Description	PCS / SKIDS	Rate	Charges
CARE 2-3	0	\$0.00	\$395.00
Freight Charge Sub Total	0		395.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	395.00	\$0.366	\$144.73

Charges SubTotal: \$539.73

Total Amount Owing:

\$539.73

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015063

DATE: 08/05/2022

Tel: 585-458-0750
Fax: 585-458-1741



DOT # 3654596
MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10000
CSH 12 DEDICATED
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/05/2022

Container	DEDICATED 1
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Reference / Load/ Bill of Lading Number	PO #
221079 221080 221081	
221414	

Description	Weight	PCS / SKIDS	Rate	Charges
DEDICATED 1	6000	0	\$0.00	\$625.00
Freight Charge Sub Total			0	625.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	625.00	\$0.366	\$229.00

Charges SubTotal: \$854.00

Total Amount Owing:

\$854.00

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015064

DATE: 08/05/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL6540100-10635
CSH 11AM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/05/2022

Container**Reference / Load/ Bill of Lading Number**

220379

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
STRAIGHT TRUCK	2000	4	\$125.00	\$125.00
Freight Charge Sub Total			4	125.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	125.00	\$0.366	\$45.80

Charges SubTotal: \$170.80**Total Amount Owing:**\$170.80US FUNDS**Notes**

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015065

DATE: 08/05/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615**Consignee**110GL2010300-P0DK
CSH 3PM
882 LINDEN AVE
E ROCHESTER NY 14625

Ship Date: 08/05/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

213286

Description	Weight	PCS / SKIDS	Rate	Charges
LTL	2000	1	\$0.00	\$35.00
LTL		1	\$0.00	\$18.00
Freight Charge Sub Total		2		53.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	125.00		\$0.366	\$45.80

Charges SubTotal: \$98.80**Total Amount Owing:**\$98.80US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015066

DATE: 08/05/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/05/2022

Container

Reference / Load/ Bill of Lading Number

221416

PO #

Description

PCS / SKIDS

Rate

Charges

LTP

0

\$0.00

\$24.00

Freight Charge Sub Total

0

24.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

24.00

\$0.366

\$8.79

Charges SubTotal:

\$32.79

Total Amount Owing:

\$32.79

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015067

DATE: 08/05/2022

Tel: 585-458-0750
Fax: 585-458-1741



DOT # 3654596
MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/05/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221417	

Description	PCS / SKIDS	Rate	Charges
LTP	0	\$0.00	\$24.00
Freight Charge Sub Total	0		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.366	\$8.79

Charges SubTotal: \$32.79

Total Amount Owing:

\$32.79

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015068

DATE: 08/05/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TOCSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608**Consignee**CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Ship Date: 08/05/2022

Container**Reference / Load/ Bill of Lading Number**

221743

PO #

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	5	1	\$0.00	\$20.00
Freight Charge Sub Total			1	20.00
Accessorial Description	Quantity		Rate	Amount
FUEL SURCHARGE USD	24.00		\$0.366	\$8.79
Charges SubTotal:				<u>\$28.79</u>

Total Amount Owing:\$28.79US FUNDS**Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015069

DATE: 08/05/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH 1049
CARESTREAM HEALTH
1049 RIDGE ROAD WEST
ROCHESTER NY 14615

Consignee

110GL6540100-10149
CSH MAIL TOTES
150 VERONA ST
ROCHESTER NY 14608

Ship Date: 08/05/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221742	

Description	Weight	PCS / SKIDS	Rate	Charges
LTP	5	1	\$0.00	\$20.00
Freight Charge Sub Total		1		20.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.366	\$8.79

Charges SubTotal: \$28.79

Total Amount Owing:

\$28.79

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015019

DATE: 08/08/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

TLF GRAPHICS
235 METRO PARK
ROCHESTER NY 14623

Consignee

CSH
CARESTREAM HEALTH
BLDG 12, 100 LATONA RD
ROCHESTER NY 14652

Ship Date: 08/08/2022

Container

Reference / Load/ Bill of Lading Number

650661

PO #

Description	PCS / SKIDS	Rate	Charges
LTP	1	\$0.00	\$24.00
Freight Charge Sub Total	1		24.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.354	\$8.49
Charges SubTotal:			\$32.49

Total Amount Owning:

\$32.49

US FUNDS

Notes

RDU970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015022

DATE: 08/08/2022

Tel: 585-458-0750
Fax: 585-458-1741DOT # 3654596
MC # 131054**BILL TO**CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050**Shipper**RDU INC.
970 DRIVING PARK AVE.
ROCHESTER NY 1460**Consignee**110GL6540100-10016
CSH STORAGE TRAILERS
1049 W RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/08/2022

Container**Reference / Load/ Bill of Lading Number****PO #**

221744

Description	PCS / SKIDS	Rate	Charges
TRUCK LOAD	0	\$0.00	\$195.00
Freight Charge Sub Total	0		195.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	195.00	\$0.354	\$68.95

Charges SubTotal:			\$263.95
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Total Amount Owing:**\$263.95****US FUNDS****Notes**



970 DRIVING PARK AVE,
ROCHESTER NY 14613

DOT # 3654596
MC # 131054

Tel: 585-458-0750
Fax: 585-458-1741

INVOICE NO: 015025

DATE: 08/08/2022



BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-ISNH
CSH 110
1669 LAKE AVE
ROCHESTER NY 14652

Ship Date: 08/08/2022

Container

Reference / Load/ Bill of Lading Number

221420

PO #

Description

PCS / SKIDS

Rate

Charges

LTL

1

\$0.00

\$35.00

2

\$0.00

\$36.00

Freight Charge Sub Total

3

71.00

Accessorial Description

Quantity

Rate

Amount

FUEL SURCHARGE USD

71.00

\$0.354

\$25.11

Charges SubTotal:

\$96.11

Total Amount Owing:

\$96.11

US FUNDS

Notes

For billing inquiries, please contact ar@argustransportusa.com or by
telephone @ 585-458-0750 Extn 4400



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015029

DATE: 08/08/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

HT SPECIALTY
70 BERMAR PARK
ROCHESTER NY 14624

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/08/2022

Container

Reference / Load/ Bill of Lading Number

211437

PO #

6502631396

Description	PCS / SKIDS	Rate	Charges
LTP	1	\$0.00	\$24.00
Freight Charge Sub Total	1		24.00
Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	24.00	\$0.354	\$8.49
Charges SubTotal:			\$32.49

Total Amount Owing:

\$32.49

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015030

DATE: 08/08/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Consignee

110GL2010300-P0AH
CSH 1049
1049 RIDGE RD
ROCHESTER NY 14615

Ship Date: 08/08/2022

Container

Reference / Load/ Bill of Lading Number	PO #
221422	

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
Freight Charge Sub Total	1		35.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.354	\$12.38

Charges SubTotal: \$47.38

Total Amount Owing:

\$47.38

US FUNDS

Notes



970 DRIVING PARK AVE,
ROCHESTER NY 14613

INVOICE NO: 015034

DATE: 08/08/2022

Tel: 585-458-0750

Fax: 585-458-1741



DOT # 3654596

MC # 131054

BILL TO

CSH
CARESTREAM HEALTH INC
C/O DATA2 LOGISTICS PO BOX 61050
FT MYERS, FL 33906-1050

Shipper

KORE WIRELESS
3750 MONROE AVE
SUITE 300
PITTSFORD NY 14526

Consignee

CSH LINDEN
CARESTREAM HEALTH
882 LINDEN AVE
ROCHESTER NY 14625

Ship Date: 08/08/2022

Container

Reference / Load/ Bill of Lading Number

211052

PO #

6502635609

Description	PCS / SKIDS	Rate	Charges
LTL	1	\$0.00	\$35.00
Freight Charge Sub Total	1		35.00

Accessorial Description	Quantity	Rate	Amount
FUEL SURCHARGE USD	35.00	\$0.354	\$12.38
Charges SubTotal:			\$47.38

Total Amount Owing:

\$47.38

US FUNDS

Notes