

OA EXPRESS, INC.

Remit To:

OA EXPRESS, INC.
45875 NORTHPORT LOOP EAST
FREMONT, CA 94538

Date	Due Date	Invoice #
03/31/2026	04/30/2026	260406005

Wells Fargo Bank

Bank Account # 4080337751

Routing # 121000248

Bill To:

E & E CO., LTD
45875 NORTHPORT LOOP EAST
FREMONT, CA 94538

Amount Due	Enclosed
\$1,450.00	

******* PLEASE NOTE: When making a payment**

Please reference this Invoice number. 260406005

Date	Service	Service Detail	BOL	Container	Rate Qty	Rate	Fee Qty	Fee	Amount
03/27/2026	HIGH POINT NC	SO# 76390273 HP-031626-SD3	402067571680 01685305	PIFZ139363	1	\$1,450.00			\$1,450.00
					1	\$1,450.00			\$1,450.00

Sign for Delivery: _____

Date: 3/24/2026 1:40:49 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE: 912-373-7778
 VENDOR:

Bill of Lading Number: 06757168001685305



(402)06757168001685305

SHIP TO

Name: JLA Home/Ollix JLA D319
 Address: 239 S. Main Street
 Attn: Heather Vial,
 City/State/Zip: High Point, NC 27260
 CID#: _____
 Dept: _____

FOB:

CARRIER NAME: OA Express

Responsible Acct.No:

Trailer number: PIFZ139363

Seal number(s): 73105391

SCAC: OAEI

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: Collect: _____ 3rd Party: _____

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
HP-031626-SD3	110	4942.66	Y N	
Grand Total	110	4942.66		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
9	Pallet			450.00		Pallet		
		3	ctns	23.07		Chandeliers, Pendants	109087	200
		3	ctns	165.00		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	92.5
		5	ctns	61.99		Flushmounts, Table Lamps, Floor Lamps, Sconces, Bath, Outdoor, Shades	109085	200
		7	ctns	644.81		Furniture Sub 6 - 8 but less than 10 per cubic foot	79300-6	100
		8	ctns	328.73		Furniture Sub 3 - 2 but less than 4 per cubic foot	79300-3	250
		24	ctns	322.15		Framed Goods	76580-5	125
		29	ctns	1602.32		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

E. Oring 3/24/26

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Heather Vial 3/27/26

Date: 3/24/2026 1:40:49 PM

Bill Of Lading

Page 2 of 2

SHIP FROM

Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE: 912-373-7778
 VENDOR:

Bill of Lading Number: 06757168001685305



SHIP TO

Name: JLA Home/Ollix JLA D319
 Address: 239 S. Main Street
 Attn: Heather Vial,
 City/State/Zip: High Point, NC 27260
 CID#: _____ FOB:
 Dept: _____

CARRIER NAME: OA Express
 Responsible Acct.No:
 Trailer number: PIFZ139363
 Seal number(s): 73105391
 SCAC: OAEI
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: Collect: _____ 3rd Party: _____

SPECIAL INSTRUCTIONS:

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		31	ctns	1794.59		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
9		110		5392.66		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

COD Amount: _____
 Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

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 Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

E. O'Key 3.24.26

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

SHIP FROM		Bill of Lading Number: 06757166001189434	
Name: E & E COMPANY LTD		 (402)06757166001189434	
Address: 550 Northport Parkway			
City/State/Zip: Port Wentworth, GA 31407			
PHONE: 912-373-7778			
VENDOR:			

SHIP TO		CARRIER NAME: OA Express	
Name: JLA Home/Ollix JLA D319		Responsible Acct.No:	
Address: 239 S. Main Street		Trailer number: PIFZ139363	
Attn: Heather Vial,		Seal number(s): 73105391	
City/State/Zip: High Point, NC 27260		SCAC: OAEI	
CID#:	FOB: <input type="checkbox"/>	Pro Number:	
Dept:			

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:		Prepaid: <input checked="" type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input type="checkbox"/>		
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
City/State/Zip:				
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
HP-031626-SD2	10	59.36	Y N	
Grand Total	10	59.36		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	21.80		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
		4	ctns	17.50		Sheet Set & Pillowcase	49260-3	250
		5	ctns	20.06		Throws, Blankets	49260	175
1		10		109.36		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.


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

SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small> E. [Signature] 3-24-26	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	SHIPPER SIGNATURE
CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>			SHIPPER SIGNATURE

Date: 3/24/2026 1:40:49 PM

Bill Of Lading

Page 1 of 2

SHIP FROM		Bill of Lading Number: 06757168001685305	
Name:	E & E COMPANY LTD	 (402)06757168001685305	
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
PHONE:	912-373-7778		
VENDOR:			
SHIP TO		CARRIER NAME: OA Express	
Name:	JLA Home/Ollix JLA D319	Responsible Acct.No:	
Address:	239 S. Main Street	Trailer number: PIFZ139363	
City/State/Zip:	High Point, NC 27260	Seal number(s): 73105391	
CID#:		SCAC: OAEI	
Dept:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: X Collect: 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Address:		Appointment Time	Actual Driver Arrival Time
City/State/Zip:		AM	AM
SPECIAL INSTRUCTIONS:		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
HP-031626-SD3	110	4942.66	Y N	
Grand Total	110	4942.66		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
9	Pallet			450.00		Pallet		
		3	ctns	23.07		Chandeliers, Pendants	109087	200
		3	ctns	165.00		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	92.5
		5	ctns	61.99		Flushmounts, Table Lamps, Floor Lamps, Sconces, Bath, Outdoor, Shades	109085	200
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		24	ctns	322.15		Framed Goods	76580-5	125
		29	ctns	1602.32		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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Shipper Signature

SHIPPER SIGNATURE / DATE

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E. Ork 3/24/26

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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Date: 3/24/2026 1:40:49 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE: 912-373-7778
 VENDOR:

Bill of Lading Number: 06757168001685305

 (402)06757168001685305

SHIP TO
 Name: JLA Home/Olliix JLA D319
 Address: 239 S. Main Street
 Attn: Heather Vial,
 City/State/Zip: High Point, NC 27260
 CID#: _____ FOB:
 Dept: _____

CARRIER NAME: OA Express
 Responsible Acct.No:
 Trailer number: PIFZ139363
 Seal number(s): 73105391

SCAC: OAEI
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: _____ 3rd Party: _____

SPECIAL INSTRUCTIONS:

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CARRIER INFORMATION						COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
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SHIPPER SIGNATURE / DATE
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 3/24/26

Trailer Loaded:
 By Shipper
 By Driver
Freight Counted:
 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
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Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757166001189434
Name:	E & E COMPANY LTD	 (402)06757166001189434
Address:	550 Northport Parkway	
City/State/Zip:	Port Wentworth, GA 31407	
PHONE:	912-373-7778	
VENDOR:		

SHIP TO		CARRIER NAME: OA Express
Name:	JLA Home/Ollix JLA D319	Responsible Acct.No:
Address:	239 S. Main Street	Trailer number: PIFZ139363
	Attn: Heather Vial,	Seal number(s): 73105391
City/State/Zip:	High Point, NC 27260	SCAC: OAEI
CID#:		Pro Number:
Dept:		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)									
Name:		Prepaid: <input checked="" type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input type="checkbox"/>									
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading									
City/State/Zip:		<table border="1" style="width:100%"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time									
AM	AM	AM									
PM	PM	PM									
SPECIAL INSTRUCTIONS:											

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
HP-031626-SD2	10	59.36	Y N	
Grand Total	10	59.36		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	21.80		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
		4	ctns	17.50		Sheet Set & Pillowcase	49260-3	250
		5	ctns	20.06		Throws, Blankets	49260	175
1		10		109.36		Grand Total		

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COD Amount: _____
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FREIGHT REQUST FORM

PLEASE EMAIL TO: traffic.frem@ilahome.com

TO BE COMPLETED AND SUBMITTED FOR ALL ORDERS IN EXCESS OF 44 CF. WITH FREIGHT TERMS "P", "A", or "L"

**** All fields must be completed for freight quote to be given.**

Macola SO / PO / Olllix #'s:

SO# 76390273 PO# HP-031626-SD3

Cust. Rate Approval Needed?:

UPS Ground Rate (under 25 ctn):

03/16/2026

Quote Need By Date:

Required Pick Up Date:

03/16/2026

Required Delivery Date:

Shipper Name (or 3 digit DC):

SHIP8

Cancel After Date:

Shipper Address:

311 International Trade Pkwy
Port Wentworth, GA 31407

Destination Name:

Shipper City, State, Zip:

Port Wentworth, GA 31407

Destination Address:

Shipping/Receiving Hours:

7 am - 3:30 pm

Shipping/Receiving Hours:

Appointment Requirements:

Yes

Appointment Requirements:

Contact Name:

Latoya Capers

Contact Name:

Contact Phone #:

912-373-7778 ext 3785

Contact Phone #:

Email or Fax BOL to:

sv3.ship@ship8.com

Special Delivery Requirements:

Shipment Weight:

5003

Number of Pallets:

10

Pallet Dimensions:

48X40X94,48X40X80,48X40X87,48X40X90,48

Pallet Weights:

550

Are Pallets Stackable?:

No

Special Instructions:

Product Description:

Accent chairs,lamps,end

Class of Goods:

250

Total Carton Count: 116

Total Weight: 4942.66

Total Cube: 988.00