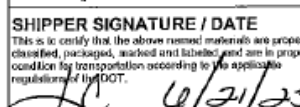
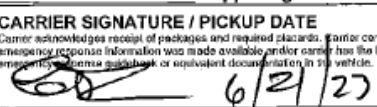


Date: 6/21/2023 1:56:22 PM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757168000964937										
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: 912-373-7778 VENDOR: US04609		 (402)06757168000964937										
<b>SHIP TO</b>		<b>CARRIER NAME:</b> KOOL LOGISTICS										
Name: Aldi Springfield Address: 4400 S. Charleston Pike City/State/Zip: Springfield, OH 45502 CID#: <span style="float: right;">FOB: <input type="checkbox"/></span> Dept:		Responsible Acct.No: Trailer number: 207784 Seal number(s): 5628239 SCAC: KLQL Pro Number:										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>										
Name: Address: City/State/Zip:		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)										
SPECIAL INSTRUCTIONS: Load #: 15306 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Appointment Time</th> <th style="width:25%;">Actual Driver Arrival Time</th> <th style="width:25%;">Driver Departure Time</th> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">1:00 <sup>PM</sup></td> <td style="text-align: center;">12:46 <sup>PM</sup></td> <td style="text-align: center;">2:00 <sup>PM</sup></td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	1:00 <sup>PM</sup>	12:46 <sup>PM</sup>	2:00 <sup>PM</sup>
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
1:00 <sup>PM</sup>	12:46 <sup>PM</sup>	2:00 <sup>PM</sup>										
<b>CUSTOMER ORDER INFORMATION</b>												
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO								
SPR-194415	288	5644.80	Y N									
<b>Grand Total</b>	288	5644.80										
<b>CARRIER INFORMATION</b>												
<b>HANDLING UNIT</b>	<b>PACKAGE</b>	<b>WEIGHT</b>	<b>H.M. (X)</b>	<b>COMMODITY DESCRIPTION</b> <small>Commodity description on additional copy or otherwise in handling or marking must be so marked and packaged as to ensure safe handling with ordinary care. See Section 2(a) of NMFC Item 300.</small>	<b>PACKAGE</b>							
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>		<b>NMFC #</b> <b>CLASS</b>							
288	ctns	5644.80		Assorted Products of Different Class and NMFC No.	49390 Sub 4 100							
288		5644.80		<b>Grand Total</b>								

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"/>		
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.		
<b>SHIPPER SIGNATURE / DATE</b> 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.  6/21/23	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response placard or equivalent documentation in the vehicle.  6/21/23

\*\*\*PACKING LIST\*\*\*

PAGE 1 OF 1

Order No.: 7003896 Order Date: 05/25/2023 Customer: ALDI SPRINGFIELD Customer PO No.: SPR-194415

<b>SHIP FROM:</b> E & E COMPANY LTD 311 INTERNATIONAL TRADE PKWY PORT WENTWORTH, GA 31407	<b>BILL TO:</b> ALDI INC. (DI) 1200 N KIRK RD BATAVIA, IL 60510 US	<b>SHIP TO:</b> ALDI SPRINGFIELD 4400 S. CHARLESTON PIKE SPRINGFIELD, OH 45502 US	<b>Shipping Date:</b> 06/21/2023  <b>Shipment No.:</b> 800096493
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
701201	ALDI90-0950	4061464531246	Crocodile Backrest	EA	1	288	288	288	288

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<b>Total Weight:</b>	<b>5644.8</b>
<b>Total Quantity Ordered:</b>	<b>288</b>
<b>Total Cartons Ordered:</b>	<b>288</b>
<b>Total Quantity Shipped:</b>	<b>288</b>
<b>Total Cartons Shipped:</b>	<b>288</b>