

Date: 8/16/2023 10:07:56 AM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: 530-669-5991
 VENDOR: 26321001

FOB:

Bill of Lading Number: 06757163000816255



(402)06757163000816255

SHIP TO

Name: FRED MEYER D.C. #00461 Location #: 00461
 Address: CHEHALIS RTS SERVICE CENTER
 224 MAURIN ROAD,
 City/State/Zip: CHEHALIS, WA 98532
 CID#:
 Dept: 0086

FOB:

CARRIER NAME: XPO LOGISTICS

Responsible Acct.No:

Trailer number: 311-3146

Seal number(s): N/A

SCAC: XPOL

Pro Number: 386-815505

Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract, if any, otherwise subject to the terms, conditions and limitations of liability set forth in XPO Freight, Inc. rules tariff. (see www.xpo.com)

386-815505

XPO



THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

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

Prepaid: Collect: X 3rd Party:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Packing List is Attached

Master Bill of Lading: with attached underlying Bills of Lading (check box)

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
0029464387	113	902.75	Y N	
Grand Total	113	902.75		

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
3	Pallet			150.00		Pallet		
		113	ctns	902.75		Framed Goods	76580 Sub 5	125
3		113		1052.75		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.

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.

[Signature] 8/16/23

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.

[Signature] XPO 8/16/23