


Date

BILL OF LADING

SHIP FROM	Bill of Lading Number:
SHIP8 INC 311 International Trade Parkway, Port Wentworth GA 31407	BAR CODE SPACE

SHIP TO	Carrier Name: SAIA
Name: Dillard's Salisbury D.C. Address: 1315 Peach Orchard Road 000000000000021 City/ST/ZIP: Salisbury, NC 28146	Trailer number: Serial number(s)_

THIRD PARTY FREIGHT CHARGES BILL TO	10786471250 3 
[Name] [Street Address] [City, ST ZIP Code]	ARRIVAL DEPART H. UNITS (Excessive Length = X)

Special Instructions:	Freight Charge Terms (Freight charges are prepaid unless marked otherwise): Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master bill of lading with attached underlying bills of lading.
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CUSTOMER ORDER INFORMATION

Customer Order No.	# of Packages CTN	Weight LBS	Pallet/Slip (circle one)		Additional Shipper Information
3146740406	34	194.48	Y	N	
3146740405	64	366.08	Y	N	
3146740404	35	200.20	Y	N	
3146740403	28	160.16	Y	N	
3146740402	41	234.52	Y	N	
3146740401	48	274.56	Y	N	
Grand Total	250	1430			

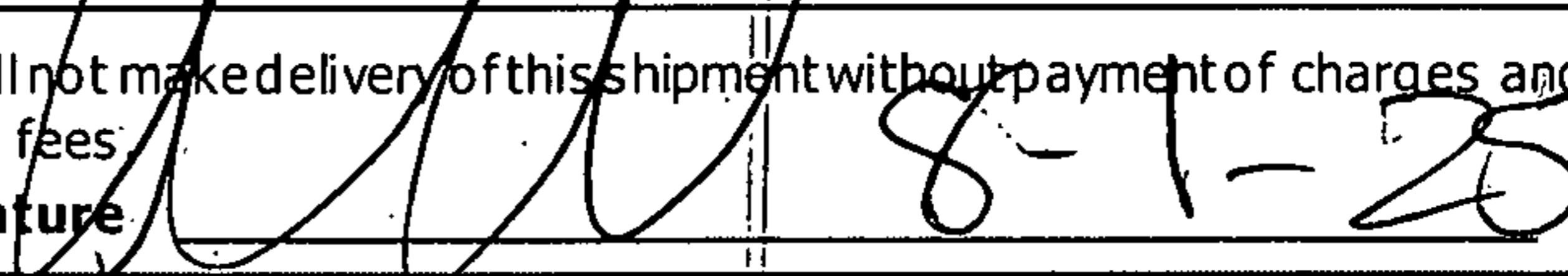
CARRIER INFORMATION

Handling Unit		Package		Weight	HM (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>	LTL Only	
Qty	Type	Qty	Type				NMFC No.	Class
7	Pallet	250	ctns	1430		pillows		
7				1430				

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

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 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 charges and all other lawful fees. Shipper Signature  8-1-25
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Shipper Signature/Date <i>AC 8/1/00</i> 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.	Trailer Loaded: <input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By driver	Freight Counted: <input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> 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. Property described above is received in good order, except as noted.
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