


<p align="center">SHIP FROM</p> <p>Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/></p>	<p>Bill of Lading Number: 06757168001643251</p>  <p>(402)06757168001643251</p>
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<p align="center">SHIP TO</p> <p>Name: Belk 0744 Location #: 0744 Address: 1018 Mendell Davis Drive 0744 City/State/Zip: Byram, MS 39272 CID#: _____ Dept: 0746 FOB: <input type="checkbox"/></p>	<p>CARRIER NAME: RXO Capacity Solutions</p> <p>Responsible Acct.No: _____</p> <p>Trailer number: 5635431 Seal number(s): _____</p> <p>SCAC: XPOC Pro Number: 563400331</p>
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<p align="center">THIRD PARTY FREIGHT CHARGES BILL TO:</p> <p>Name: _____ Address: _____ City/State/Zip: _____</p> <p>SPECIAL INSTRUCTIONS: Ship ID #920681113 1 envelope containing manifest</p>	<p>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</p> <p>Prepaid: <input type="checkbox"/> Collect: X 3rd Party: _____</p> <p><input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td align="center">AM</td> <td align="center">AM</td> <td align="center">AM</td> </tr> <tr> <td align="center">PM</td> <td align="center">PM</td> <td align="center">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								

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
6084703	132	632.69	Y N		
Grand Total		132	632.69		

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
132	ctns			632.69		Bath Towel, Beach Towel	49260-4	175
132				632.69		Grand Total		

<p>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 _____"</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p align="center">Customer check acceptable: <input type="checkbox"/></p>
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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).

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p align="right">Shipper Signature</p>
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<p>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.</p>	<p>Trailer Loaded: Freight Counted:</p> <p><input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>	<p>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.</p>
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SHIP FROM

Name: **JLA**
 Address: 311 INTERNATIONAL TRADE PARKWAY
 City/State/Zip: PORT WENTWORTH, GA 31407
 Contact: Halie Hill Phone: 912-373-7778

Shipment Number: **920681113**



SHIP TO

Name: **BELK 744 DISTRIBUTION CENTER**
 Address: 1018 MENDELL DAVIS DR
 City/State/Zip: BYRAM, MS 39272
 Delivery Date: 01-21-2026
 Contact: MAIN SWITCHBOARD Phone: 601-346-7175

CARRIER NAME: **XPO LOGISTICS FREIGHT, INC.**

Trailer number:
 Seal number(s):

SCAC: **CNWY** Mileage: **632 Miles**

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)

XPO **563-400331**



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

Prepaid: Prepaid Add: Collect: 3rd Party:

BILL FREIGHT CHARGES TO:

Belk
 C/O Uber Freight US LLC, PO Box 425
 Lowell, AR 72745 USA

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

SPECIAL INSTRUCTIONS:
CONSIGNEE NOTES: NO DELIVERY APPT REQ FOR LTL SHIPMENTS. THIS IS A 24/7 DROP FACILITY. DEL APPT CHARGES WILL NOT BE PAID.
 no ramp storage fees are approved since Belk is a 24 / 7 drop facility.

CARRIER INFORMATION

HANDLING		QUANTITY		WEIGHT	H.M. (x)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC	CLASS
1.0	PLT	133	CTN	685 LBS		Retail Goods	49880-7	175
1		133		685 LBS		GRAND TOTAL		

CUSTOMER ORDER INFORMATION

BOL NUMBER	PRIMARY REFERENCE	# Pkgs	Weight	Pallet/Slip	Additional Shipper info
920681113	6084703-744	133	685 LBS		ALL ITEMS VARIOUS
GRAND TOTAL		133	685 LBS		

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 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 Department of Transportation.

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE/PICKUP DATE

01-16-2026

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

[Handwritten Signature]
 1/16/26

[Handwritten Signature]
 1/16