

Date: 1/9/2026 1:57:58 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 550 Northport Parkway
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: JLAHO FOB:

Bill of Lading Number: 06757166001158478

 (402)06757166001158478

SHIP TO
 Name: NFM KC Main Warehouse Location #: 0078750
 1601 Village West Pkwy 40KCRE
 Address: _____
 City/State/Zip: Kansas City, KS 66111
 CID#: _____
 Dept: _____ FOB:

CARRIER NAME: Estes
 Responsible Acct.No: _____
 Trailer number: 523678
 Seal number(s): _____

SCAC: EXLA
Pro Number: 0401815950

ESTES www.estes-express.com Shipper's Copy


040 - 1815950
Driver's signature ONLY acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of the Uniform Freight Bill of Lading and the EXLA-100 series rules tariff.

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

Freight Charge unless marked Prepaid:
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 1997344
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
6610407914	2	15.54	Y N			
FS10407552	3	23.55	Y N			
NW10407557	9	70.65	Y N			
Grand Total	14	109.74				

HANDLING UNIT					PACKAGE		COMMODITY DESCRIPTION		PACKAGE	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	<small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360.</small>		NMFC #	CLASS	
1	Pallet			50.00		Pallet				
		14	ctns	109.74		Comforters, Bedspreads Sub 3 - 2 but less than 4		49260-3	250	
1		14		159.74		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: 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 verify 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.
 01/09/26

Trailer Loaded: **Freight Counted:**
 By Shipper By Shipper
 By Driver 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.
 1/13/26

-- BILL OF LADING 6WT0969 - SHORT FORM - NOT NEGOTIABLE --

SHIP FROM SHIPS INC 550 NORTHPORT PKWY PORT WENTWORTH, GA 31407 CONTACT NAME: PHONE: 912-373-7778		Bill of Lading Number: 6WT0969 Carrier Name: ESTES Carrier Quote Number: Trailer Number: Seal Number:									
DELIVERY NEBRASKA FURNITURE MART 1801 VILLAGE WEST PARKWAY KANSAS CITY, KS 66111 CONTACT NAME: PHONE: 913-288-6200		SCAC: EXLA Pro Number: Freight Charge Terms(Freight charges are prepaid unless marked otherwise): Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> <input type="checkbox"/> Master bill of lading with attached underlying bills of lading.									
THIRD PARTY FREIGHT CHARGES BILL TO											
NEBRASKA FURNITURE MART -LTL C/O J.B. Hunt Transport, Inc. Lowell, AR 72745		J.B. Hunt Order Number: 6WT0969 P.O. Box 682									
Special Instructions: Driver Instructions: Please contact NFM.LTL@Jbhunt.com with any shipment issues RATE SERVICE LEVEL: STANDARD											
CUSTOMER ORDER INFORMATION											
Customer Order No(s): 1997344	# of Handling Units	Weight	Pallet/Slip (circle one)	Additional Shipper Information							
Bill of Lading Number: 6WT0969	1.0	167.0	Y N								
GRAND TOTAL	1.0	167.0									
SHIPMENT INFORMATION											
Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 360.			LTL ONLY								
PO NBR	Item ID	Handling Unit	Package Unit	L	W	H	Weight (lbs)	HM (X)	Commodity Description	NMFC No.	Class
		Qty Type	Qty Type								
		1 PALLET	6 Case	40	48	32	167		bedding	49260-04	175
ADDITIONAL INFORMATION											
Ship From : 1199179,1198367 (APPT NBR), 1997344 (SHIPID)											
Delivery : 1997344 (APPT NBR)											
Please contact NFM.LTL@Jbhunt.com with any shipment issues											
RATE SERVICE LEVEL: STANDARD											

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 _____.

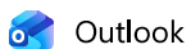
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B).			
Received, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications, and rules that have been established by the carrier and are available to the shipper, or 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: _____	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By driver	
Shipper Signature/Date: 	Carrier Signature/Pickup Date: _____	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By driver pallets used to contain <input type="checkbox"/> By driver pieces	Print Receiver Name and Company: EXLA MARK SHERROD Receiver's Signature: 40013 SLG
Carrier acknowledges receipt of package and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.			

Estes Copy **Estes Express Lines**

040 - 1815948 - 3

YYYYY

5:22	9:10	9:30
40013	# of Pallets: 1	Open To: 521561
		Cubic Ft



Chargeback for incorrect BOL- NFM Load 1997344

From Julie Zapor <julie.zapor@nfm.com>

Date Fri 2/13/2026 12:06 PM

To TrafficAP <TrafficAP@nfm.com>

 1 attachment (144 KB)

SKonica Min26021221020.pdf;

MADBE1 there will be charged back \$74.97 for failure to use the LTL carrier's BOL as it resulted in an additional pick up fee to NFM.

Moving forward, please make sure to use the LTL carrier's BOL to avoid charges.

TrafficAP-Please charge back MADBE1 \$74.97 on TPM load **1997344**.

Thank you,