


Date: 4/6/2026 9:59:59 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168001692549	
Name: E & E COMPANY LTD		 (402)06757168001692549	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: TOTAL TRANSPORTATION INC.	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 1163	
VENDOR: 9200233		Seal number(s): 69480562	
SHIP TO		SCAC: TTTR	
Name: Belk 0737 Location #: 0737		Pro Number:	
Address: 120 Belk Court			
City/State/Zip: Blythewood, SC 29016			
CID#:			
Dept: 0760			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		Appointment Time	
SPECIAL INSTRUCTIONS: Ship ID #925668362 1 envelope containing manifest		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
6081123	438	1874.14	Y	N	
Grand Total	438	1874.14			

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
438	ctns			1874.14		Pillow Sub 3 - 2 but less than 4	49260-3	250
438				1874.14		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 _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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).

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.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.		

Date: 4/2/26

BILL OF LADING - ME

Page 1

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: **925668362**

SHIP TO

Name: **BELK 737 DISTRIBUTION CENTER**
 Address: 120 BELK CT
 City/State/Zip: BLYTHEWOOD, SC 29016
 Delivery Date: 04-07-2026
 Contact: MAIN SWITCHBOARD Phone: 803-754-6004

CARRIER NAME: **TOTAL TRANSPORTATION INC.**

Trailer number: **1163**
 Seal number(s): **69480562**

SCAC: **TTMA** Mileage: **174 Miles**
 Pro number:

BILL FREIGHT CHARGES TO:

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

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

Prepaid: Prepaid Add: Collect: 3rd Party:

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

SPECIAL INSTRUCTIONS:

CONSIGNEE NOTES: no ramp storage fees are approved since Belk is a 24 / 7 drop facility.
 NO DELIVERY APPOINTMENT REQUIRED FOR DELIVERY. THIS IS A DROP FACILITY. 24/7.

CARRIER INFORMATION

HANDLING		QUANTITY		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.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC	CLASS
8.0	PLT	438	CTN	2324 LBS		Retail Goods	49880-7	250
8		438		2324 LBS		GRAND TOTAL		

CUSTOMER ORDER INFORMATION

BOL NUMBER	PRIMARY REFERENCE	# Pkgs	Weight	Pallet/Slip	Additional Shipper info
925668362	6081123-737	438	2324 LBS		ALL ITEMS VARIOUS
GRAND TOTAL		438	2324 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

04-06-2026

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 guidebook or equivalent documentation in the vehicle.