



### BILL OF LADING/DELIVERY ORDER

**SHIP FROM**

A HOME C/O OA LOGISTICS  
 50 NORTH PORT PARKWAY  
 PORT WENTWORTH, GA 31407  
 Contact: CHUTNEY SMITH - (912) 373-7778

**SHIP TO**

CRANE WORLD WIDE ATL  
 185 SOUTHSIDE INDUSTRIAL PARKWAY  
 ATLANTA, GA 30354  
 Contact: NICK MYERS - (678) 586-2504

**THIRD PARTY FREIGHT CHARGES BILL TO**

Name: Archgate TMS % Efreight Solutions  
 Address: 975 Cobb Place Blvd STE 109  
 City/State/Zip: Kennesaw, GA, 30144

**PICKUP INSTRUCTIONS:**

ORIGIN ACCESSORIALS: None  
 DESTINATION INSTRUCTIONS:  
 DESTINATION ACCESSORIALS: None  
 DESTINATION OPEN / CLOSE: 8:00 AM - 4:00 PM  
 EMERGENCY CONTACT #:  
 NOTES:

**SERVICE LEVEL: Normal**

Bill of Lading Number: 102919222

Reference Number: BBBJLASAVATL

Purchase Order Number: DP556DD

Load Release Num

AACT 92096722 - 1



DRIVER'S SIGNATURE ACKNOWLEDGES RECEIPT OF FREIGHT ONLY UNLESS OTHERWISE NOTED TO UNDER SEPARATE CONTRACT. TERMS AND CONDITIONS OF TARIFF AACT 190 APPLY. LIABILITY LIMITATION FOR LOSS OR DAMAGE ON THIS SHIPMENT MAY BE APPLICABLE. SEE 49 U.S.C. 14700(c)(1)(B).

Carrier Name: AAA COOPER TRANSPORTATION (AACT)

Quote ID Number:

Pro number:

Origin Terminal - SAVANNAH - 912-966-2712

Destination Terminal - SOUTH ATLANTA - 404-363-1336

Freight charge terms: (freight charges are prepaid unless marked otherwise)

Prepaid: \_\_\_\_\_ Collect: \_\_\_\_\_ 3rd party:  X

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

**CUSTOMER ORDER INFORMATION**

CUSTOMER PO NUMBER	#PKGS	WEIGHT	PALLET / SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
DP556DD	1	250 lbs		

**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 350</small>	LTL ONLY	
	QTY	TYPE				NMFC#	CLASS#
1	1	Pallet	250 lbs		furniture 48x40x36		
1	1	PCS	250 lbs				125

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.

Signature \_\_\_\_\_ Shipper

**SHIPPER SIGNATURE / DATE**

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulation of the Department of Transportation.

*189* 9.26.18

**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 Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.

*10790* 9-27-18  
 Property described above is received in good order, except as noted.

*107*

# Bill Of Lading

<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757166000271826	
Name: E & E COMPANY LTD - 056944 Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>		 (402)06757166000271826	
<b>SHIP TO</b>		<b>CARRIER NAME:</b> AAA Cooper Transportation	
Name: Bed Bath & Beyond #1896 Location #: 1896 Address: c/o Crane/Davaco 185 Southside Park BBB1896 City/State/Zip: Atlanta, GA 30354 CID#: _____ FOB: <input type="checkbox"/> Dept: _____		Responsible Acct.No: Trailer number: 533399 Seal number(s): 9299548 <b>SCAC:</b> AACT <b>Pro Number:</b> 920967221	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Name: Bed Bath & Beyond c/o Address: Berman Blake Associates PO Box 9202 City/State/Zip: Old Bethpage, NY 11804-9002		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
<b>SPECIAL INSTRUCTIONS:</b> BB & B Vendor # : 056944		Appointment Time AM Actual Driver Arrival Time AM Driver Departure Time AM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
DP5S6DD	1	30.86	Y N	
<b>Grand Total</b>	1	30.86		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	CUBE	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
1	ctns			30.86		Flushmounts, Table Lamps, Floor Lamps, Sconces, Bath, Outdoor, Shades	109085	200
				<b>Grand Total</b>				

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 _____.	<b>COD Amount:</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
--	--

**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.

<b>SHIPPER SIGNATURE / DATE</b> 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 U.S. DOT.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	Shipper Signature  <b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.
---	---	---	---

**Customer:** BED BATH & BEYOND #1896

**Ship Date:** 09/26/2018

**SHIP FROM:**

E & E COMPANY LTD  
 550 NORTHPORT PKWY  
 PORT WENTWORTH, GA 31407

**BILL TO:**

BED BATH AND BEYOND (DROP SHIP)  
 P.O. BOX 3118  
 UNION, NJ 07083-3118  
 US

**SHIP TO:**

BED BATH & BEYOND #1896  
 C/O CRANE/DAVACO 185 SOUTHSIDE  
 PARK  
 ATLANTA, GA 30354  
 US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
DP5S6DD	N/A	11153-0015	675716798376	Orsa Marble Table Lamp	EA	1	1	1	1	1

---

**Total Weight:** 30.86  
**Total Quantity Ordered:** 1  
**Total Cartons Ordered:** 1  
**Total Quantity Shipped:** 1  
**Total Cartons Shipped:** 1

**AAA COOPER TRANSPORTATION**

P O Box 6827 Dothan, Alabama 36302 334-793-2284  
 (AACT) Toll Free 800-282-5001  
 www.aaacooper.com Local Direct 404-363-1336

**Delivery Receipt**

AACT Freight Bill Number	Page
<b>92096722 -1</b>	<b>1 of 1</b>

Consignee <b>822266</b> <b>CRANE WORLD WIDE ATL</b> <b>185 SOUTHSIDE INDUSTRIAL PKWY</b> <b>ATLANTA GA 30354</b>	<b>SAA</b>		PLT	PCS	HM	DESCRIPTION	WGT/LBS	RATE
				1		1 PC FURNITURE 48X40X36 INCLUDED DIMENSIONS ATTN NICK MYERS CPH# 678 586 2504 REF# BBBJLASAVATL OPEN/CLOSE 8AM-4PM LTL SHPR LOAD AND COUNT ** WNI @ SAA **	250	

Received in good order except as noted. Show completed firm name and signature. Initials not accepted. Carrier must be notified within 5 days on all concealed damage.

*Brandon K. Roberts*  
 (Received by - Pnnt Name)

*B. K. Roberts*  
 (Received by - Signature)

Received Date 10/2/18

STRETCH WRAP INTACT UNLESS OTHERWISE NOTED ABOVE

Shipper <b>999026</b> <b>JLA HOME</b> <b>C/O OA LOGISTICS</b> <b>550 NORTH PORT PKWY</b> <b>PORT WENTWORTH GA 31407</b>	<b>SAV</b>		1	1	TTL ( 1 on 1 PLT) *PREPAID	250	PPD
	<input type="checkbox"/> Inside Delivery <input type="checkbox"/> Residential Delivery <input type="checkbox"/> Sort & Seg <input type="checkbox"/> Paid by: Ship/3P <input type="checkbox"/> Cons <input type="checkbox"/> Liftgate <input type="checkbox"/> Construction Site <input type="checkbox"/> Charge <input type="checkbox"/> Cash \$ <input type="checkbox"/> Check #		Initial to Acknowledge Receipt of the Above Services. Additional charges may apply and be the responsibility of the requestor, pursuant to Item 135 of AACT 190 Rules T				

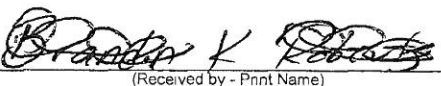
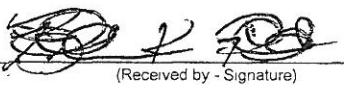
Pickup Date	2018-09-27	Beyond Route/At	
PO Number	DP556DD	Prior Carrier/FB	
BOL Number	102919222	From	AACT To
Apt Contact			
Apt Date		Phone	
Delivered By Driver	<i>B Hunt</i> (Pnnt Name)	Delivery Trailer:	<b>534966</b>
Date/Time	<u>10-2-18</u>	Pieces	<u>1</u>
Date/Time Printed 2018-10-02 06:33:21		Pro 92096722 -1	

**AAA COOPER TRANSPORTATION**

P O Box 6827 Dothan, Alabama 36302 334-793-2284  
 (AACT) Toll Free 800-282-5001  
 www.aaacooper.com Local Direct 404-363-1336

**Delivery Receipt**

AACT Freight Bill Number	Page
<b>92096722 -1</b>	<b>1 of 1</b>

Consignee	822266	SAA	PLT	PCS	HM	DESCRIPTION	WGT/LBS	RATE
	<b>CRANE WORLD WIDE ATL</b> <b>185 SOUTHSIDE INDUSTRIAL PKWY</b> <b>ATLANTA GA 30354</b>				1	1 PC FURNITURE 48X40X36 INCLUDED DIMENSIONS ATTN NICK MYERS CPH# 678 586 2504 REF# BBBJLASAVATL OPEN/CLOSE 8AM-4PM LTL SHPR LOAD AND COUNT	250	
Received in good order except as noted. Show completed firm name and signature. Initials not accepted. Carrier must be notified within 5 days on all concealed damage.								
 (Received by - Print Name)								
X  (Received by - Signature)								
Received Date _____								
STRETCH WRAP INTACT UNLESS OTHERWISE NOTED ABOVE								

Shipper	999026	SAV	1	1	TTL ( 1 on 1 PLT) *PREPAID	250	PPD	
	<b>JLA HOME</b> <b>C/O OA LOGISTICS</b> <b>550 NORTH PORT PKWY</b> <b>PORT WENTWORTH GA 31407</b>			<input type="checkbox"/> Inside Delivery <input type="checkbox"/> Residential Delivery <input type="checkbox"/> Sort & Seg <input type="checkbox"/> Paid by: Ship/3P <input type="checkbox"/> Cons <input type="checkbox"/>		<input type="checkbox"/> Liftgate <input type="checkbox"/> Construction Site <input type="checkbox"/> Charge <input type="checkbox"/> Cash \$ <input type="checkbox"/> Check # <input type="checkbox"/>		
Initial to Acknowledge Receipt of the Above Services. Additional charges may apply and be the responsibility of the requestor, pursuant to Item 135 of AACT 190 Rules T								

Pickup Date	2018-09-27	Beyond Route/At	
PO Number	DP556DD	Prior Carner/FB	
BOL Number	102919222	From	AACT To
Apt Contact			
Apt Date		Phone	
Delivered By Driver		Delivery Trailer:	
_____ (Print Name)		<b>532894</b>	
Date/Time	_____	Pieces	_____
Date/Time Printed 2018-09-28 06:32:50 Pro 92096722 -1			