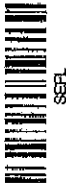


SOUTHEASTERN FREIGHT LINES, INC. (SEFL)

P.O. BOX 1891 COLUMBIA, S.C. 29202 - TEL. 803-733-1998



SEFL

DELIVERY RECEIPT

SEFL FREIGHT BILL NUMBER
548475016

PAGE
1 OF 1

Steen Mart

OA LOGISTICS
550 NORTHPORT PKWY

CONSIGNER
LITHIA SPRINGS GA 30122

SHIPPER
PORT WENTWORTH GA 31407

ORIG DEST
SAV WAT
SEFL PICKUP DATE
07/01/19
COMMITTED DLVY DATE
07/02/19
SHIPPER'S NO. OR B/L NO.
P.O. NUMBER

MASTER REVENUE PRO SEFL AMOUNT C/LINE AMOUNT

SPECIAL INSTRUCTIONS / DRIVER INSTRUCTIONS

QUALITY WITHOUT QUESTION - VISIT WWW.SEFL.COM OR CALL US AT 770-433-5600

TRAILER ORIGIN CARRIER TRAILER ORIGIN CARRIER
286370L 286370L
ORIGINATING CARRIER ORIGINATING CARRIER
FREIGHT BILL NUMBER FREIGHT BILL NUMBER
DELIVERING CARRIER DELIVERING CARRIER
SEFL ROUTE SEFL ROUTE
WW5 WW5

APPT DATE APPT TIME APPT DATE APPT TIME
CONSIGNEE PHONE NUMBER CONSIGNEE PHONE NUMBER
APPOINTMENT REMARKS APPOINTMENT REMARKS

PIECES LHM DESCRIPTION OF ARTICLES AND SPECIAL MARKS WEIGHT RATE REVENUE

S
STEIN MART SDC 972
Date: *7-2-19*
Time: *1:33*
Name: *[Signature]*
Signature: *[Signature]*



548475016

SHRINK WRAP INTACT # PLT
RED WRAP OTHER COLOR
DATE *7/2* DRIVER NO. *3494* FIRM (MUST BE COMPLETED) *Steen Mart*
TIME *AM* SIGNATURE *[Signature]*
127

RECEIVED IN GOOD CONDITION EXCEPT AS NOTED BY

TOTAL COLLECT **↑**

C.O.D. **↑**

PAYMENT OF FREIGHT CHARGES DUE WITHIN 15 DAYS

Date: 28 Jun 2019

BILL OF LADING

Page 1

SHIP FROM
 Name: OA LOGISTICS - E & E CO.,LTD. DBA JLA HOME
 Address: 550 NORTHPORT PARKWAY
 City/State/Zip: PORT WENTWORTH, GA 31407
 SID#: SM_2000008_06

Bill of Lading Number: SM231216

SHIP TO
 Name: STEIN MART GA
 Address: 767 DOUGLAS HILLS ROAD
 City/State/Zip: LITHIA SPRINGS, GA 30122
 CID#: SMRT_CC_GA

CARRIER NAME: Southeastern Freight Lines
 Trailer Number:
 Seal Number(s):
SCAC: SEFL
Pro Number:

THANK YOU FOR SHIPPING
 SOUTHEASTERN FREIGHT LINES
 CARRIER'S LIABILITY SHALL BE LIMITED TO A MAXIMUM OF \$20.00 PER LB. THIS SHIPMENT IS SUBJECT EXCLUSIVELY TO THE UNIFORM B/L. THE RELEASED VALUES AND OTHER PROVISIONS OF NMFC 100 & SEFL 1000 SERIES TARIFFS.
 To Trace Pro www.SEFL.com
 ORIGIN
54847501-6

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: STEIN MART, INC
 Address: 1200 RIVERPLACE BOULEVARD
 City/State/Zip: JACKSONVILLE, FL 32207

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid Collect 3rd Party

Special Instructions:
Load ID: SM231216

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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
953-760641	88.0	944.0	Y	N	
952-760641	180.0	1914.0	Y	N	
954-760641	36.0	339.0	Y	N	
GRAND TOTAL	304.0	3197.0			

CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT		COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	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(c) of NMFC Item 350	NMFC # CLASS
88.0	Floor	88.0	Carton(s)	944.0		Freight of all Kinds	100.0
180.0	Floor	180.0	Carton(s)	1914.0		Freight of all Kinds	100.0
36.0	Floor	36.0	Carton(s)	339.0		Freight of all Kinds	100.0
304.0		304.0		3197.0		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 is 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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

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.
 Kojaner
 6.28.19

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 DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
 SEFL 6.28.19

SHIP FROM		Master Bill of Lading Number: 06757166000422945	
Name:	E & E COMPANY LTD		
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Southeastern Freight	
Name:	Stein Mart DC # 00972	DC#:	00972
		Div.	
Address:	767 Douglas Hills Road 00972	Trailer number:	533531
		Seal number(s):	2777079
City/State/Zip:	Lithia Springs, GA 30122	SCAC:	SEFL
SID#:		Pro Number:	548475016
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: SM231216		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
760641043	2	18.31	Y	N	06757166000422860	00952	
760641045	2	16.22	Y	N	06757166000422860	00952	
760641076	2	16.00	Y	N	06757166000422860	00952	
760641097	2	16.00	Y	N	06757166000422860	00952	
760641136	4	53.04	Y	N	06757166000422891	00953	
760641167	2	16.22	Y	N	06757166000422860	00952	
760641203	2	26.52	Y	N	06757166000422860	00952	
760641219	3	42.09	Y	N	06757166000422891	00953	
760641273	2	31.08	Y	N	06757166000422914	00954	
760641297	2	16.22	Y	N	06757166000422860	00952	
760641316	2	16.22	Y	N	06757166000422860	00952	
760641381	2	26.52	Y	N	06757166000422914	00954	
760641413	2	18.31	Y	N	06757166000422860	00952	

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: <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.
--	---

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:	Freight Counted:	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.
	<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

Shipper Signature

SHIP FROM		Master Bill of Lading Number: 06757166000422945	
Name:	E & E COMPANY LTD		
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:	FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: Southeastern Freight	
Name:	Stein Mart DC # 00972	Trailer number:	533531
	DC#: 00972	Seal number(s):	2777079
	Div.	SCAC: SEFL	
Address:	767 Douglas Hills Road	Pro Number:	548475016
	00972		
City/State/Zip:	Lithia Springs, GA 30122		
SID#:	FOB: <input type="checkbox"/>		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:		AM	AM	AM
Load #: SM231216		PM	PM	PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
760641014	2	28.83	Y	N	06757166000422891	00953	
760641050	2	28.83	Y	N	06757166000422891	00953	
760641068	7	78.93	Y	N	06757166000422891	00953	
760641082	2	18.31	Y	N	06757166000422891	00953	
760641123	3	31.57	Y	N	06757166000422891	00953	
760641184	3	44.40	Y	N	06757166000422860	00952	
760641217	2	5.70	Y	N	06757166000422891	00953	
760641290	2	28.83	Y	N	06757166000422860	00952	
760641321	2	16.22	Y	N	06757166000422860	00952	
760641334	2	28.83	Y	N	06757166000422860	00952	
760641340	2	16.00	Y	N	06757166000422914	00954	
760641360	3	19.18	Y	N	06757166000422914	00954	
760641351	2	31.14	Y	N	06757166000422891	00953	

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: <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.
--	---

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 sold 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.
	Shipper Signature		

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

Master Bill of Lading Number: 06757166000422945

SHIP TO
 Name: Stein Mart DC # 00972 DC#: 00972
 Div. _____
 Address: 767 Douglas Hills Road
 00972
 City/State/Zip: Lithia Springs, GA 30122
 SID#: _____ FOB:

CARRIER NAME: Southeastern Freight
 Trailer number: 533531
 Seal number(s): 2777079
 SCAC: SEFL
 Pro Number: 548475016

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
 SPECIAL INSTRUCTIONS:
 Load #: SM231216

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:
 MASTER BILL OF LANDING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM
 PM PM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
760641386	2	16.22	Y	N	06757166000422914	00954	
760641415	2	28.83	Y	N	06757166000422891	00953	
760641028	2	28.83	Y	N	06757166000422860	00952	
760641032	2	18.31	Y	N	06757166000422891	00953	
760641047	2	18.53	Y	N	06757166000422860	00952	
760641066	4	32.22	Y	N	06757166000422891	00953	
760641098	2	18.53	Y	N	06757166000422891	00953	
760641104	2	5.48	Y	N	06757166000422891	00953	
760641108	2	16.22	Y	N	06757166000422860	00952	
760641213	2	28.83	Y	N	06757166000422860	00952	
760641246	2	16.00	Y	N	06757166000422914	00954	
760641327	2	28.83	Y	N	06757166000422891	00953	
760641343	2	28.83	Y	N	06757166000422891	00953	

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 DOT.

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 DOT emergency response guidebook or equivalent documentation in the vehicle.

SHIP FROM		Master Bill of Lading Number: 06757166000422945	
Name:	E & E COMPANY LTD		
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Southeastern Freight	
Name:	Stein Mart DC # 00972	DC#:	00972
		Div.	
Address:	767 Douglas Hills Road	Trailer number:	533531
	00972	Seal number(s):	2777079
City/State/Zip:	Lithia Springs, GA 30122	SCAC:	SEFL
SID#:		Pro Number:	548475016
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:					
Name:		Prepaid:	<input type="checkbox"/>	Collect:	<input checked="" type="checkbox"/>	3rd Party:	<input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING					
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time			
		AM	AM	AM			
		PM	PM	PM			
SPECIAL INSTRUCTIONS:							
Load #: SM231216							

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
760641358	2	16.00	Y	N	06757166000422914	00954	
760641374	2	26.52	Y	N	06757166000422860	00952	
760641379	3	31.79	Y	N	06757166000422860	00952	
760641402	2	5.48	Y	N	06757166000422914	00954	
760641005	2	28.83	Y	N	06757166000422891	00953	
760641010	2	26.52	Y	N	06757166000422860	00952	
760641011	2	26.52	Y	N	06757166000422860	00952	
760641094	3	29.48	Y	N	06757166000422860	00952	
760641103	2	26.52	Y	N	06757166000422860	00952	
760641160	2	16.22	Y	N	06757166000422860	00952	
760641198	2	5.70	Y	N	06757166000422914	00954	
760641240	2	16.22	Y	N	06757166000422860	00952	
760641289	2	18.31	Y	N	06757166000422860	00952	

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"/>
---	--

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 / 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.
---	--	--	--

Shipper Signature

SHIP FROM		Master Bill of Lading Number: 06757166000422945	
Name:	E & E COMPANY LTD		
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Southeastern Freight	
Name:	Stein Mart DC # 00972	DC#:	00972
		Div.	
Address:	767 Douglas Hills Road	Trailer number:	533531
	00972	Seal number(s):	2777079
City/State/Zip:	Lithia Springs, GA 30122	SCAC:	SEFL
SID#:		Pro Number:	548475016
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:					
Name:		Prepaid:	<input type="checkbox"/>	Collect:	<input checked="" type="checkbox"/>	3rd Party:	<input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING					
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time			
SPECIAL INSTRUCTIONS:		AM	AM	AM			
Load #: SM231216		PM	PM	PM			

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
760641342	2	5.70	Y	N	06757166000422891	00953	
760641346	4	32.22	Y	N	06757166000422860	00952	
760641375	5	62.71	Y	N	06757166000422860	00952	
760641393	2	28.83	Y	N	06757166000422860	00952	
760641060	2	28.83	Y	N	06757166000422860	00952	
760641075	2	18.31	Y	N	06757166000422860	00952	
760641087	2	31.14	Y	N	06757166000422860	00952	
760641143	2	18.28	Y	N	06757166000422914	00954	
760641205	2	16.22	Y	N	06757166000422860	00952	
760641243	2	28.83	Y	N	06757166000422860	00952	
760641247	2	26.52	Y	N	06757166000422860	00952	
760641270	3	31.76	Y	N	06757166000422914	00954	
760641348	2	26.52	Y	N	06757166000422860	00952	

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: <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.
--	---

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.
--	---	---	---

SHIP FROM		Master Bill of Lading Number: 06757166000422945	
Name:	E & E COMPANY LTD	Address:	550 Northport Pkwy
City/State/Zip:	Port Wentworth, GA 31407	SID#:	FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: Southeastern Freight	
Name:	Stein Mart DC # 00972	DC#:	00972
Address:	767 Douglas Hills Road	Trailer number:	533531
City/State/Zip:	Lithia Springs, GA 30122	Seal number(s):	2777079
SID#:	FOB: <input type="checkbox"/>	SCAC:	SEFL
		Pro Number:	548475016

THIRD PARTY FREIGHT CHARGES BILL TO		Freight Charge Terms:	
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
City/State/Zip:		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: SM231216		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
760641283	4	47.14	Y	N	06757166000422860	00952	
760641299	3	29.26	Y	N	06757166000422860	00952	
760641315	3	8.22	Y	N	06757166000422891	00953	
760641347	2	16.22	Y	N	06757166000422914	00954	
760641354	2	18.31	Y	N	06757166000422891	00953	
760641359	2	28.83	Y	N	06757166000422891	00953	
760641361	2	16.00	Y	N	06757166000422891	00953	
760641031	3	31.79	Y	N	06757166000422860	00952	
760641044	2	16.00	Y	N	06757166000422891	00953	
760641065	4	47.14	Y	N	06757166000422891	00953	
760641093	2	28.83	Y	N	06757166000422914	00954	
760641122	2	28.83	Y	N	06757166000422891	00953	
760641175	2	28.83	Y	N	06757166000422860	00952	

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: <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.
--	---

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:	Freight Counted:	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.
	<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

Shipper Signature

SHIP FROM		Master Bill of Lading Number: 06757166000422945	
Name:	E & E COMPANY LTD		
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Southeastern Freight	
Name:	Stein Mart DC # 00972	DC#:	00972
		Div.	
Address:	767 Douglas Hills Road 00972	Trailer number:	533531
		Seal number(s):	2777079
City/State/Zip:	Lithia Springs, GA 30122	SCAC:	SEFL
SID#:		Pro Number:	548475016
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO		Freight Charge Terms:					
Name:		Prepaid:	<input type="checkbox"/>	Collect:	<input checked="" type="checkbox"/>	3rd Party:	<input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED					
City/State/Zip:		(check box) UNDERLYING BILLS OF LANDING					
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time			
Load #: SM231216		AM PM	AM PM	AM PM			

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
760641182	2	5.48	Y	N	06757166000422891	00953	
760641212	2	5.48	Y	N	06757166000422860	00952	
760641221	2	16.00	Y	N	06757166000422860	00952	
760641229	4	34.72	Y	N	06757166000422914	00954	
760641262	2	5.70	Y	N	06757166000422860	00952	
760641271	2	5.48	Y	N	06757166000422860	00952	
760641301	2	16.22	Y	N	06757166000422860	00952	
760641312	2	28.83	Y	N	06757166000422860	00952	
760641339	2	26.52	Y	N	06757166000422891	00953	
760641421	2	18.31	Y	N	06757166000422860	00952	
760641016	2	26.52	Y	N	06757166000422860	00952	
760641058	2	18.31	Y	N	06757166000422860	00952	
760641078	2	26.52	Y	N	06757166000422891	00953	

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: <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.
--	---

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.
--	---	---	---

SHIP FROM		Master Bill of Lading Number: 06757166000422945
Name:	E & E COMPANY LTD	
Address:	550 Northport Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Southeastern Freight
Name:	Stein Mart DC # 00972	Trailer number: 533531
DC#:	00972	Seal number(s): 2777079
Div.:		SCAC: SEFL
Address:	767 Douglas Hills Road 00972	Pro Number: 548475016
City/State/Zip:	Lithia Springs, GA 30122	
SID#:	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: SM231216		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
760641079	2	28.83	Y	N	06757166000422891	00953	
760641149	2	26.52	Y	N	06757166000422891	00953	
760641180	2	16.22	Y	N	06757166000422860	00952	
760641184	2	16.22	Y	N	06757166000422860	00952	
760641185	3	29.26	Y	N	06757166000422860	00952	
760641202	2	26.52	Y	N	06757166000422860	00952	
760641204	4	24.01	Y	N	06757166000422860	00952	
760641208	2	16.22	Y	N	06757166000422891	00953	
760641276	2	28.83	Y	N	06757166000422891	00953	
760641303	2	5.92	Y	N	06757166000422860	00952	
760641324	2	16.22	Y	N	06757166000422860	00952	
760641333	2	16.00	Y	N	06757166000422860	00952	
760641356	5	47.57	Y	N	06757166000422860	00952	

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: <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.
--	---

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 sold 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.
	Shipper Signature		

SHIP FROM		Master Bill of Lading Number: 06757166000422945	
Name:	E & E COMPANY LTD	Address:	550 Northport Pkwy
City/State/Zip:	Port Wentworth, GA 31407	SID#:	FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: Southeastern Freight	
Name:	Stein Mart DC # 00972	DC#:	00972
Address:	767 Douglas Hills Road	Div.:	
City/State/Zip:	Lithia Springs, GA 30122	Trailer number:	533531
SID#:	FOB: <input type="checkbox"/>	Seal number(s):	2777079
		SCAC:	SEFL
		Pro Number:	548475016

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
Load #: SM231216		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	
		AM PM	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
760641401	2	18.31	Y	N	06757166000422860	00952
760641431	2	16.00	Y	N	06757166000422891	00953
760641801	27	369.73	Y	N	06757166000422860	00952
Grand Total	304	3198.06				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	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 369</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		70
		304	ctns	3198.06		Pillows,Valance,Towels	49390	100
4				3398.06		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"/>
---	--

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 sold 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.
--	--	--	---