

PO 3572292

BLKS LD# 2089198 R:1111

TONU DUE TO LOAD NOT READY THE DAY OF PICK UP / ADVISED AND APPROVED BY BILL PARRETT


Submit Query Submit Query Submit Query

Notes & Discussion Post

| | | |
|------------------------|--|---|
| Select | Author: kristal.groover@oalogistics.com Post Date: 6/4/2019 10:14:22 AM | BLKS LD# 2089198 R:1111 TONU DUE TO LOAD NOT READY THE DAY OF PICK UP / ADVISED AND APPROVED BY BILL PARRETT |
| Select | Author: aisha.gardner@oalogistics.com Post Date: 5/27/2019 12:21:00 PM | Routed 5/27/19 3:20PM |
| Select | Author: david.pham@jlahome.com Post Date: 5/23/2019 10:40:20 AM | Please process and route to ship 6/4 |

2089198

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 550 Northport Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: 9200233 FOB:

Bill of Lading Number: 06757166000410867

 (402)06757166000410867

SHIP TO
 Name: Belk 0737 Location #: 0737
 Address: 120 Belk Court
 0737
 City/State/Zip: Blythewood, SC 29016
 CID#: _____
 Dept: 0747 FOB:

CARRIER NAME: JB Hunt Transport
 Responsible Acct.No: _____
 Trailer number: 1138
 Seal number(s): 2774483

SCAC: HJBT
 Pro Number: _____

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: X 3rd Party: _____
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Ship ID #2089198
 1 envelope containing manifest

| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
|------------------|----------------------------|-----------------------|
| 1400 AM PM | 1400 AM PM | AM PM |

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | | ADDITIONAL SHIPPER INFO |
|-----------------------|-------------|-----------------|-------------|---|-------------------------|
| 3589526 | 1384 | 6314.71 | Y | N | |
| 3572292 | 320 | 2674.67 | Y | N | |
| 3572294 | 495 | 4116.10 | Y | N | |
| Grand Total | 2199 | 13105.48 | | | |

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 |
| 889 | ctns | | | 5629.20 | | Comforters, Bedspreads | 49017 | 200 |
| 1310 | ctns | | | 7476.28 | | Pillows, Valance, Towels | 49390 | 100 |
| 2199 | | | | 13105.48 | | 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 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.
 [Signature] 6.7.19

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.
 [Signature] -06-13-19

2089795

| | | | |
|------------------|--------------------------|---|-------------------------------|
| SHIP FROM | | Master Bill of Lading Number: 06757166000413578 | |
| 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: JB Hunt Transport | |
| Name: | Belk 0737 | DC#: | 0737 |
| Address: | 120 Belk Court 0737 | Trailer number: | 1498 |
| City/State/Zip: | Blythewood, SC 29016 | Seal number(s): | 2774116 |
| SID#: | FOB: <input type="checkbox"/> | SCAC: | HJBT |
| | | Pro Number: | |

| | | | |
|---|----------|---|-------------------------------------|
| THIRD PARTY/FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
| Name: | Address: | Prepaid: | <input type="checkbox"/> |
| City/State/Zip: | | Collect: | <input checked="" type="checkbox"/> |
| | | 3rd Party: | <input type="checkbox"/> |
| SPECIAL INSTRUCTIONS: | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING | |
| Load #: 2089795 1 envelope containing manifest | | Appointment Time | Actual Driver Arrival Time |
| | | NO QPT AM PM | 10:34 AM PM |
| | | Driver Departure Time | 1410 AM PM |

| CUSTOMER ORDER INFORMATION | | | | | |
|----------------------------|-------------|----------------|--------------------------|---|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLE ONE) | | ADDITIONAL SHIPPER INFO |
| | | | | | BOL# DC# Supplier# |
| 3563800 | 131 | 1882.47 | Y | N | 06757166000412908 0737 |
| 3588361 | 70 | 616.70 | Y | N | 06757166000412915 0737 |
| 3589527 | 512 | 2473.56 | Y | N | 06757166000412922 0737 |
| 3589526 | 802 | 3496.95 | Y | N | 06757166000412915 0737 |
| Grand Total | 1515 | 8469.68 | | | |

| 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 360</small> | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 70 | ctns | | | 616.70 | | Rugs | 70970-5 | 125 |
| 476 | ctns | | | 633.03 | | Pillows,Valance,Towels | 49390 | 100 |
| 969 | ctns | | | 7219.95 | | Comforters, Bedspreads | 49017 | 200 |
| 1515 | | | | 8469.68 | | 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. Kgj 6.10.19 | Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" 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. Joni [Signature] 6-10-19 |
|---|---|---|

PO 356 3800

BLKS LD 2089197

6/4/19 TONU - ORDER NOT COMPLETE TO SHIP

Notes & Discussion Post

| | | |
|------------------------|--|--|
| Select | Author: kristal.groover@oalogistics.com Post Date: 6/6/2019 11:42:22 AM | BLKS LD 2089197 6/4/19 TONU - ORDER NOT COMPLETE TO SHIP |
| Select | Author: kristal.groover@oalogistics.com Post Date: 6/5/2019 8:07:45 AM | BLKS LD 2089200 PO'S 3563800 & 3589527 APPT TIME 1300 / ARR TIME 1230 / DEPT TIME 1652 DETENTION DUE TO ORDER NOT READY |
| Select | Author: aisha.gardner@oalogistics.com Post Date: 5/27/2019 12:20:52 PM | Routed 5/27/19 3:20PM |
| Select | Author: enid.sanabria@oalogistics.com Post Date: 5/24/2019 6:53:40 AM | Plan ship 06/04 |
| Select | Author: david.pham@jlahome.com Post Date: 5/23/2019 11:57:42 AM | Please process and route to ship 6/04 |

2089795

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: 06757166000413578

SHIP TO
 Name: Belk 0737 DC#: 0737
 Div. _____
 Address: 120 Belk Court
 0737
 City/State/Zip: Blythewood, SC 29016
 SID#: _____ FOB:

CARRIER NAME: JB Hunt Transport
 Trailer number: 1498
 Seal number(s): 2774116

SCAC: HJBT
 Pro Number: _____

SCANNED

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

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
 Load #: 2089795
 1 envelope containing manifest

Appointment Time AM PM
 NO OPT
 Actual Driver Arrival Time AM PM
 10:34
 Driver Departure Time AM PM
 1410

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLE ONE) | | BOL# | ADDITIONAL SHIPPER INFO | | Supplier# |
|-----------------------|------------|------------|--------------------------|---|-------------------|-------------------------|--|-----------|
| | | | | | | DC# | | |
| 3563800 | 131 | 1882.47 | Y | N | 06757166000412908 | 0737 | | |
| 3588361 | 70 | 616.70 | Y | N | 06757166000412915 | 0737 | | |
| 3589527 | 512 | 2473.56 | Y | N | 06757166000412922 | 0737 | | |
| 3589526 | 802 | 3496.95 | Y | N | 06757166000412915 | 0737 | | |
| Grand Total | 1515 | 8469.68 | | | | | | |

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 350</small> | LTL ONLY | |
|---------------|------|---------|------|------------|----------|--|----------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 70 | ctns | | | 616.70 | | Rugs | 70970-5 | 125 |
| 476 | ctns | | | 633.03 | | Pillows, Valance, Towels | 49390 | 100 |
| 969 | ctns | | | 7219.95 | | Comforters, Bedspreads | 49017 | 200 |
| 1515 | | | | 8469.68 | | 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 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.
 Key 6.10.19

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.
 Joni Lewis 6-10-19

PO 3589527

BLKS LD 2089201

Valid

6/4/19 TONU - ORDER NOT READY TO SHIP


Submit Query Submit Query Submit Query

Notes & Discussion Post

| | | |
|------------------------|--|--|
| Select | Author: kristal.groover@oalogistics.com Post Date: 6/6/2019 11:43:16 AM | BLKS LD 2089201 6/4/19 TONU - ORDER NOT READY TO SHIP |
| Select | Author: kristal.groover@oalogistics.com Post Date: 6/6/2019 11:41:26 AM | BLKS LD 2089196 6/4/19 TONU - ORDER NOT READY TO SHIP |
| Select | Author: aisha.gardner@oalogistics.com Post Date: 5/27/2019 12:20:43 PM | Routed 5/27/19 3:20PM |
| Select | Author: david.pham@jlahome.com Post Date: 5/24/2019 3:30:22 PM | Please process and route to ship 6/04 |

2114719

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 550 Northport Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#:
 PHONE:
 VENDOR: 9200233 FOB:

Bill of Lading Number: 06757166000451075

 (402)06757166000451075

SHIP TO
 Name: Belk 0744 Location #: 0744
 Address: 1018 Mendell Davis Drive
 0744
 City/State/Zip: Byram, MS 39272
 CID#:
 Dept: 0745 FOB:

CARRIER NAME: Total Transport of Mississippi
 Responsible Acct.No:
 Trailer number: 910556
 Seal number(s): 2200638
SCAC: TTMS
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
SPECIAL INSTRUCTIONS:
 Ship ID #2114719
 4400720

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: Collect: X 3rd Party:
 Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 1:00 AM PM 12:34 AM PM 6:31 AM PM

| CUSTOMER ORDER INFORMATION | | | | | |
|----------------------------|--------|----------|-------------|-------------------------|--|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO | |
| 5634136 | 1677 | 25462.87 | Y N | | |
| Grand Total | 1677 | 25462.87 | | | |

| 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 |
| 1677 | ctns | | | 25462.87 | | Pillows,Valance,Towels | 49390 | 100 |
| 1677 | | | | 25462.87 | | 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: 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.
Handwritten Signature 9-9-19

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.
Handwritten Signature 9-9-19

2082605

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 550 Northport Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#:
 PHONE:
 VENDOR: 9200233 FOB:

Bill of Lading Number: 06757166000394907

 (402)06757166000394907

SHIP TO
 Name: Belk 0737 Location #: 0737
 Address: 120 Belk Court
 0737
 City/State/Zip: Blythewood, SC 29016
 CID#:
 Dept: 0746 FOB:

CARRIER NAME: JB Hunt Transport
 Responsible Accl.No:
 Trailer number: 1118
 Seal number(s): 2190375
SCAC: HJBT
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
SPECIAL INSTRUCTIONS:
 Ship ID #2082605
 4382726

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** X **3rd Party:**
 Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time: 11:00 AM PM Actual Driver Arrival Time: 11:00 AM PM Driver Departure Time: 3:56 AM PM

| CUSTOMER ORDER INFORMATION | | | | | |
|----------------------------|--------|----------|-------------|---|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | | ADDITIONAL SHIPPER INFO |
| 5607428 | 985 | 13347.12 | Y | N | |
| 5607430 | 273 | 3686.76 | Y | N | |
| Grand Total | 1258 | 17033.88 | | | |

| 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 |
| 1258 | ctns | | | 17033.88 | | Rugs | 70970-5 | 125 |
| 1258 | | | | 17033.88 | | 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: 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 / 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.
John 5-7-19

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.
John Colman 5-7-19

2108867

| | | | |
|------------------|--------------------------|---|--------------------------|
| SHIP FROM | | Master Bill of Lading Number: 06757166000446422 | |
| 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: JB Hunt Transport | |
| Name: | Belk 0737 | DC#: 0737 | |
| | | Div. | |
| Address: | 120 Belk Court | | |
| | 0737 | | |
| City/State/Zip: | Blythewood, SC 29016 | | |
| SID#: | | FOB: | <input type="checkbox"/> |
| | | Trailer number: | 1240 |
| | | Seal number(s): | 2200557 |
| | | SCAC: | HJBT |
| | | Pro Number: | |

| | | | |
|--|--|---|-------------------------------------|
| 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 UNDERLYING BILLS OF LANDING | |
| Load #: 2108867 | | Appointment Time | Actual Driver Arrival Time |
| 4397337 | | 15:00 ^{AM} _{PM} | 16:00 ^{AM} _{PM} |
| | | Driver Departure Time | 18:50 ^{AM} _{PM} |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|------------|------------|--------------------------|---|-------------------|------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLE ONE) | | BOL# | DC# | Supplier# |
| 5642792 | 22 | 87.50 | Y | N | 06757166000445593 | 0737 | |
| 5634135 | 1057 | 15710.53 | Y | N | 06757166000445647 | 0737 | |
| Grand Total | 1079 | 15798.03 | | | | | |

| 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 360</small> | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 6 | ctns | | | 30.39 | | Shower curtain | 49385 | 77.5 |
| 1073 | ctns | | | 15767.64 | | Pillows, Valance, Towels | 49390 | 100 |
| 1079 | | | | 15798.03 | | 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: <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 <i>MdG 8-16-19.</i> | Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input checked="" 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. <i>Joni Lewis</i> |
|--|--|--|--|

2092571

| | | |
|--|-----------------------------|--|
| SHIP FROM | | Bill of Lading Number: 06757166000414155 |
| Name: E & E COMPANY LTD | Address: 550 Northport Pkwy |  (402)06757166000414155 |
| City/State/Zip: Port Wentworth, GA 31407 | SID#: | |

| | | | |
|--|-------------------------|-------------------------------|---------------------------------|
| PHONE: | VENDOR: 9200233 | FOB: <input type="checkbox"/> | CARRIER NAME: JB Hunt Transport |
| SHIP TO | | | Responsible Acct.No: |
| Name: Belk 0737 | Address: 120 Belk Court | Location #: 0737 | Trailer number: 1245 |
| City/State/Zip: Blythewood, SC 29016 | CID#: | Dept: 0746 | Seal number(s): 27744 42 |
| SPECIAL INSTRUCTIONS: Ship ID #2092571 4388152 | | | SCAC: HJBT |
| | | | Pro Number: |

| | | | |
|---|----------|---|----------------------------------|
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: | Address: | Prepaid: <input type="checkbox"/> | Collect: X |
| City/State/Zip: | | 3rd Party: <input type="checkbox"/> | |
| | | Master Bill of Lading: with attached underlying Bills of Lading | |
| | | Appointment Time | Actual Driver Arrival Time |
| | | 2:30 ^{AM} _{PM} | 3:23 ^{AM} _{PM} |
| | | | Driver Departure Time |
| | | | 4:17 ^{AM} _{PM} |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|------------|----------------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 5647112 | 6 | 42.30 | Y N | |
| 5646443 | 277 | 2892.88 | Y N | |
| 5646446 | 8 | 61.12 | Y N | |
| 5646946 | 16 | 125.28 | Y N | |
| 5646226 | 44 | 367.03 | Y N | |
| 5647109 | 102 | 970.93 | Y N | |
| 5646447 | 5 | 38.12 | Y N | |
| 5647111 | 8 | 65.84 | Y N | |
| Grand Total | 466 | 4563.50 | | |

| 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 |
| 405 | ctns | | | 4061.27 | | Pillows,Valance,Towels | 49390 | 100 |

| | |
|---|--|
| 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. [Signature] 6-13-19 | Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input checked="" 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. [Signature] 6/13/19 |
|---|--|--|--|

2086196

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: 06757166000400530

SHIP TO
 Name: Belk 0737 DC#: 0737
 Div. _____
 Address: 120 Belk Court
 0737
 City/State/Zip: Blythewood, SC 29016
 SID#: _____ FOB:

CARRIER NAME: JB Hunt Transport
 Trailer number: 1399
 Seal number(s): 2190771
 SCAC: HJBT
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
 SPECIAL INSTRUCTIONS:
 Load #: 2086196
 4384602

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
 1:00 AM 12:30 AM 1:50 AM
 PM PM PM

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLE ONE) | | ADDITIONAL SHIPPER INFO | | |
|-----------------------|------------|------------|--------------------------|-----|-------------------------|------|--|
| | | | BOL# | DC# | Supplier# | | |
| 3588533 | 37 | 285.27 | Y | N | 06757166000400509 | 0737 | |
| 5639223 | 40 | 317.88 | Y | N | 06757166000400523 | 0737 | |
| 3588531 | 60 | 742.80 | Y | N | 06757166000400509 | 0737 | |
| 3588532 | 29 | 219.82 | Y | N | 06757166000400509 | 0737 | |
| 3588539 | 245 | 1888.95 | Y | N | 06757166000400516 | 0737 | |
| 5639873 | 9 | 85.42 | Y | N | 06757166000400523 | 0737 | |
| 3588534 | 31 | 307.52 | Y | N | 06757166000400509 | 0737 | |
| 5639606 | 263 | 2725.49 | Y | N | 06757166000400523 | 0737 | |
| 5639777 | 6 | 43.38 | Y | N | 06757166000400523 | 0737 | |
| 3588530 | 97 | 1068.94 | Y | N | 06757166000400509 | 0737 | |
| 3588535 | 189 | 1432.62 | Y | N | 06757166000400516 | 0737 | |
| 3588536 | 401 | 4964.38 | Y | N | 06757166000400516 | 0737 | |
| 3588538 | 202 | 2003.84 | Y | N | 06757166000400516 | 0737 | |

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: 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.
 [Signature] 5/20/19

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.
 [Signature]

2086196

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: 06757166000400530

SHIP TO
 Name: Belk 0737 DC#: 0737
 Div. _____
 Address: 120 Belk Court
 0737
 City/State/Zip: Blythewood, SC 29016
 SID#: _____ FOB:

CARRIER NAME: JB Hunt Transport
 Trailer number: 1399
 Seal number(s): 2190771
 SCAC: HJBT
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
 SPECIAL INSTRUCTIONS:
 Load #: 2086196
 4384602

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

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|-------------|-----------------|--------------------------|---|-------------------|---------------------------------------|--|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLE ONE) | | BOL# | ADDITIONAL SHIPPER INFO DC# Supplier# | |
| 5639608 | 5 | 39.97 | Y | N | 06757166000400523 | 0737 | |
| 3588537 | 644 | 7096.88 | Y | N | 06757166000400516 | 0737 | |
| Grand Total | 2258 | 23223.16 | | | | | |

| 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 360</small> | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 46 | ctns | | | 361.26 | | Throws, Blankets | 49040 | 150 |
| 2212 | ctns | | | 22861.90 | | Pillows, Valance, Towels | 49390 | 100 |
| 2258 | | | | 23223.16 | | 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 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.

2073112

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 550 Northport Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#:
 PHONE:
 VENDOR: 9200233 FOB:

Bill of Lading Number: 06757166000381754

 (402)06757166000381754

SHIP TO
 Name: Belk 0737 Location #: 0737
 Address: 120 Belk Court
 0737
 City/State/Zip: Blythewood, SC 29016
 CID#:
 Dept: 0747 FOB:

CARRIER NAME: JB Hunt Transport
 Responsible Acct.No:
 Trailer number: 1032
 Seal number(s): 2200070

SCAC: HJBT
 Pro Number:

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: X 3rd Party:
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Ship ID #2073112
 4377376

| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
|------------------|----------------------------|-----------------------|
| 9:00 AM PM | 10:14 AM PM | 11:58 AM PM |

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
|-----------------------|--------|---------|-------------|-------------------------|
| 3589528 | 1538 | 9680.13 | Y N | |
| Grand Total | 1538 | 9680.13 | | |

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> | PACKAGE | |
|---------------|------|---------|------|---------|----------|--|---------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 849 | ctns | | | 6951.69 | | Comforters, Bedspreads | 49017 | 200 |
| 689 | ctns | | | 2728.44 | | Pillows, Valance, Towels | 49390 | 100 |
| 1538 | | | | 9680.13 | | 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 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.
 [Signature] 4/5/19

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.
 [Signature] 4/5/19

2082429

Date: 5/9/2019 1:56:34 PM

Bill Of Lading

Page 1 of 1

| | | | |
|--|--------------------------|--|----------------------------|
| SHIP FROM | | Bill of Lading Number: 06757166000394983 | |
| Name: | E & E COMPANY LTD |  (402)06757166000394983 | |
| Address: | 550 Northport Pkwy | | |
| City/State/Zip: | Port Wentworth, GA 31407 | | |
| SID#: | | | |
| PHONE: | | CARRIER NAME: JB Hunt Transport | |
| VENDOR: | 9200233 | FOB: | <input type="checkbox"/> |
| SHIP TO | | Responsible Acct.No: | |
| Name: | Belk 0737 | Location #: | 0737 |
| Address: | 120 Belk Court | Trailer number: 1294 | |
| City/State/Zip: | Blythewood, SC 29016 | Seal number(s): 2190337 | |
| CID#: | | SCAC: HJBT | |
| Dept: | 0745 | Pro Number: | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: | | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> | |
| Address: | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | |
| City/State/Zip: | | Appointment Time | Actual Driver Arrival Time |
| SPECIAL INSTRUCTIONS: Ship ID #2082429 4382600 | | 1:00 AM PM | 12:38 AM PM |
| | | Driver Departure Time | 1:56 AM PM |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|-------------|-----------------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 3571130 | 280 | 2801.20 | Y N | |
| 3577460 | 2261 | 22370.02 | Y N | |
| 3563796 | 240 | 3237.60 | Y N | |
| Grand Total | 2781 | 28408.82 | | |

| 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 |
| 240 | ctns | | | 3237.60 | | Comforters, Bedspreads | 49017 | 200 |
| 2541 | ctns | | | 25171.22 | | Pillows, Valance, Towels | 49390 | 100 |
| 2781 | | | | 28408.82 | | 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: 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.
 [Signature] 5/9/19

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.
 [Signature] 5-9-19

Master Bill Of Lading Page 1 of 2

209 3428

Date: 6/17/2019 1:42:58 PM

SHIPPER: E & E COMPANY LTD

Address: 550 Northport Pkwy

City/State/Zip: Port Wentworth, GA 31407

SHIP TO: BALK 0737

Name: Balk 0737

Address: 120 Balk Court

City/State/Zip: Blythewood, SC 29016

SHIP FROM: BALK 0737

Name: Balk 0737

Address: 120 Balk Court

City/State/Zip: Blythewood, SC 29016

SHIP TO: BALK 0737

Name: Balk 0737

Address: 120 Balk Court

City/State/Zip: Blythewood, SC 29016

SHIP FROM: BALK 0737

Name: Balk 0737

Address: 120 Balk Court

City/State/Zip: Blythewood, SC 29016

SHIP TO: BALK 0737

Name: Balk 0737

Address: 120 Balk Court

City/State/Zip: Blythewood, SC 29016

SHIP FROM: BALK 0737

Name: Balk 0737

Address: 120 Balk Court

City/State/Zip: Blythewood, SC 29016

SHIP TO: BALK 0737

Name: Balk 0737

Address: 120 Balk Court

City/State/Zip: Blythewood, SC 29016

SHIP FROM: BALK 0737

Name: Balk 0737

Address: 120 Balk Court

City/State/Zip: Blythewood, SC 29016

SHIP TO: BALK 0737

Name: Balk 0737

Address: 120 Balk Court

City/State/Zip: Blythewood, SC 29016

SHIP FROM: BALK 0737

Name: Balk 0737

Master Bill of Lading Number: 06757166000417828

CARRIER NAME: JB Hunt Transport

Trailer number: 1042

Seal number(s): 2774133

SCAC: HJBT

Pro Number:

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

Appointment Time: AM PM

Actual Driver Arrival Time: 11:50 AM

Driver Departure Time: 1:42 PM

UNDERLYING BILLS OF LADING

SHIPPER INFORMATION

Customer Order Number

Weight

Pallets/Slip

Additional Shipper Info

Supplier

Customer Order Number

Weight

Pallets/Slip

Additional Shipper Info

Supplier

Customer Order Number

Weight

Pallets/Slip

Additional Shipper Info

Supplier

Customer Order Number

Weight

Pallets/Slip

Additional Shipper Info

Supplier

Customer Order Number

Weight

Pallets/Slip

Additional Shipper Info

Supplier

Customer Order Number

Weight

Pallets/Slip

Additional Shipper Info

When the rate is dependent on value, shipper not required to stated specifically in writing the agreed or declared value of the property as below:
This agreed or declared value of the property is specifically stated by the shipper to be in accordance with the applicable tariff and federal regulations.

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 industry agreement rates or contracts that have been agreed upon in writing between the carrier and shipper, a receipt, acknowledgment of receipt, and bill of lading for the goods and their weight and condition as shown on the bill of lading, and as applicable state and federal regulations.

SHIPPER SIGNATURE / DATE: *[Signature]* 6-17-19

Trailer Loaded: By Shipper By Driver
 Freight Counted: By Shipper By Driver/Pieces


CARRIER SIGNATURE / PICKUP DATE: *[Signature]* 6-17-19

SHIPPER SIGNATURE: *[Signature]* 6-17-19

COD Amount \$ _____ Collect: Prepaid:
 Customer check acceptable:

208 TR 44

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 550 Northport Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: 9200233 FOB:

Bill of Lading Number: 06757166000405788

 (402)06757166000405788

SHIP TO
 Name: Belk 0737 Location #: 0737
 Address: 120 Belk Court
 0737
 City/State/Zip: Blythewood, SC 29016
 CID#: _____
 Dept: 0745 FOB:

CARRIER NAME: JB Hunt Transport
 Responsible Acct.No: _____
 Trailer number: 1515
 Seal number(s): 2774121
SCAC: HJBT
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 Ship ID #2087244
 SID4385131

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** X **3rd Party:** _____
 Master Bill of Lading: with attached underlying Bills of Lading (check box)
Appointment Time Actual Driver Arrival Time Driver Departure Time
 1:00 AM PM 1:08 AM PM 1:40 AM PM

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|---------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 5638418 | 367 | 5205.91 | Y N | |
| Grand Total | 367 | 5205.91 | | |

| 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 369</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 367 | ctns | | | 5205.91 | | Pillows,Valance,Towels | 49390 | 100 |
| 367 | | | | 5205.91 | | 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: 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.
 [Signature] 5-24-19

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.
 [Signature] 5-24-19


Date: 6/7/2019 7:35:30 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 550 Northport Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#:
 PHONE:
 VENDOR: 9200233 FOB:

Bill of Lading Number: 06757166000410867



(402)06757166000410867

CARRIER NAME: JB Hunt Transport
 Responsible Acct.No:
 Trailer number: 1138
 Seal number(s): 2774483

SCAC: HJBT
Pro Number:

SHIP TO

Name: Belk 0737 Location #: 0737
 Address: 120 Belk Court
 0737
 City/State/Zip: Blythewood, SC 29016
 CID#:
 Dept: 0747 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: **X** 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Ship ID #2089198
 1 envelope containing manifest

| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
|------------------|----------------------------|-----------------------|
| 1400 AM PM | 1400 AM PM | AM PM |

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
|-----------------------|-------------|-----------------|-------------|-------------------------|
| 3589526 | 1384 | 6314.71 | Y N | |
| 3572292 | 320 | 2674.67 | Y N | |
| 3572294 | 495 | 4116.10 | Y N | |
| Grand Total | 2199 | 13105.48 | | |

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 | | | | NMFC # | CLASS |
| 889 | ctns | | 5629.20 | | Comforters, Bedspreads | 49017 | 200 |
| 1310 | ctns | | 7476.28 | | Pillows, Valance, Towels | 49390 | 100 |
| 2199 | | | 13105.48 | | 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: 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.
Reg 6.7.19

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.
Joseph Howell - 06-13-19