

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 2/21/2025

Ship8 - SD2
550 Northport Parkway port wentworth, GA 31407
Maliyah Frierson (912) 373-7778
Reference Number: 20845162 OX

Carrier: AAA Cooper Transportation
Pro#:
Load#: 506164649
PO#: 20845162

Consignee: Due Date 3/3/2025

Carpet Distribution Warehouse 2301 South 300 West SOUTH SALT LAKE, UT 84115
R.C. WILLEY HOME FURNISHINGS (801) 461-3900
Reference Number: 107085

All Freight charges PPD/3rd party bill to: OA Logistics c/o CHR-LTL 14701 Charlson Road Suite 2100 Eden Prairie, MN 55347
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Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
	UPC: P10	Dry Goods	55 Cartons	1.00	497	Dry	49017 200
			55	1	497		

Shipper Special Instructions:

Truckload shipments must have a delivery appointment set prior to shipping. Receiving contact information: Phone: 801-596-6902, Email: casey.may@rcwilley.com

Consignee Special Instructions:

Truckload shipments must have a delivery appointment set prior to shipping. Receiving contact information: Phone: 801-596-6902, Email: casey.may@rcwilley.com, Appointment-Notification: Destination requires an appointment or notification

Comments:

Please contact C.H. Robinson at 866-400-9216 or email LTLKC1@chrobinson.com & JLAHome@chrobinson.com for any in-transit questions or authorizations regarding this shipment. Thank you!

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X Maliyah Frierson Date: FEB 20 2025 Trailer# 533180
 Consignee Signature X _____ Date: _____ Seal# _____
 Driver Signature X ML 2-21-25 Date: _____ Seal# _____

Permanent post-office address of shipper.



66175086 - 9



DRIVER'S SIGNATURE ACKNOWLEDGES RECEIPT OF FREIGHT ONLY. UNLESS OTHERWISE AGREED TO UNDER SEPARATE CONTRACT. TERMS AND CONDITIONS OR RULES TARIFF APPLIES. LIABILITY LIMITATIONS FOR LOSS OR DAMAGE ON THIS SHIPMENT MAY BE APPLICABLE. SEE 49 U.S.C. 14706(c)(1)(A)(B).

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SHIP FROM		Bill of Lading Number: 06757166001008414										
Name: E & E COMPANY LTD		 (402)06757166001008414										
Address: 550 Northport Parkway												
City/State/Zip: Port Wentworth, GA 31407												
PHONE: 912-373-7778												
VENDOR:												
SHIP TO		CARRIER NAME: AAA Cooper Transportation										
Name: R.C. WILLEY-HOME FURNISHINGS		Responsible Acct.No:										
Address: 2301 South 300 West		Trailer number: 533180										
City/State/Zip: South Salt Lake, UT 84115		Seal number(s):										
PHONE: 8014613900		 AACT 661750869										
CID#: Dept:												
FOB: <input type="checkbox"/>												
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: <input checked="" type="checkbox"/> Collect: 3rd Party: <input type="checkbox"/>										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
City/State/Zip:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
SPECIAL INSTRUCTIONS: Load #: 506164649 Packing List is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20845162	55	446.65	Y N	107085
Grand Total	55	446.65		

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
1	Pallet			50.00		Pallet		
		55	ctns	446.65		Comforters, Bedspreads	49017	200
1		55		496.65		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">Shipper Signature</p>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: Freight Counted: <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> By Shipper</td> <td><input checked="" type="checkbox"/> By Shipper</td> </tr> <tr> <td><input type="checkbox"/> By Driver</td> <td><input type="checkbox"/> By Driver/pallets said to contain</td> </tr> <tr> <td></td> <td><input type="checkbox"/> By Driver/Pieces</td> </tr> </table>	<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper	<input type="checkbox"/> By Driver	<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.
<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper							
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain							
	<input type="checkbox"/> By Driver/Pieces							