

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** 9/24/2025

Ship8 - SD3 311 International Trade Pkwy Port Wentworth, GA 31407 Don Bolivar (912) 373-7778 Reference Number:
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Carrier:	Southeastern Freight Lines, Inc.
Pro#:	
Load#:	529445074
PO#:	CS0000098344

**Consignee: Due Date** 9/29/2025

Residential Address 205 Habersham Dr Youngsville, LA 70562 Aimee Williford (844) 261-7769 Reference Number:
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<b>All Freight charges PPD/3rd party bill to:</b> OA Logistics c/o CHRLTL 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
		Boxed furniture	1		80	Dry	79300-5
		Dimensions: L 93.0in x W 34.0in x H 6.0in					125
			<b>1</b>		<b>80</b>		

**Shipper Special Instructions:**

**Consignee Special Instructions:**

Lift Gate Required, Delivery Appointment Required, Lift Gate: This location needs a Lift Gate, Residential: This location is a Residence, Appointment Notification: Destination requires an appointment or notification

**Comments:**

Please contact C.H. Robinson at 866-400-9216 or email 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 _____	Date: _____	Trailer# _____
Consignee Signature X _____	Date: _____	Seal# _____
Driver Signature X _____	Date: _____	Seal# _____

Permanent post-office address of shipper.