

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 12/1/2025

Ship8 - SD2
 550 Northport Parkway
 port wentworth, GA 31407
 Maliyah Frierson (912) 373-7778
 Reference Number: 20894878 OX

Carrier:	AAA Cooper Transportation
Pro#:	
Load#:	536444340
PO#:	20894878

Consignee: Due Date 12/3/2025

Dwellings Liliplum Ltd
 12600 NW 25th Street, Suite 100
 C/O Ramps Logistics
 MIAMI, FL 33182
 Luis Carillo 1 (954) 997-7252
 Reference Number: P08640

All Freight charges PPD/3rd party bill to:
 OA Logistics c/o CHR LTL
 14701 Charlson Road
 Suite 2100
 Eden Prairie, MN 55347

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
	UPC: P10	Dry Goods	33 Cartons	1.00	523	Dry	49260-3 250
	UPC: P10	Dry Goods	29 Cartons	1.00	542	Dry	49260-3 250
			62	2	1065		

Shipper Special Instructions:

N/A

Consignee Special Instructions:

N/A

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 [Signature] Date: 12/1/25 Trailer# _____

Consignee Signature X _____ Date: _____ Seal# _____

Driver Signature X [Signature] Date: 12/09/25 Seal# _____

Permanent post-office address of shipper.


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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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Date: 11/28/2025 1:38:03 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757166001138791	
Name: E & E COMPANY LTD	Address: 550 Northport Parkway	 (402)06757166001138791	
City/State/Zip: Port Wentworth, GA 31407	PHONE: 912-373-7778		
VENDOR:			
SHIP TO			
Name: Luis Carillo	Address: 12600 NW 25th Street, Suite 100	CARRIER NAME: AAA Cooper Transportation	
City/State/Zip: Miami, FL 33182	C/O Ramps Logistics,	Responsible Acct.No:	
PHONE: 19549977252	FOB: <input type="checkbox"/>	Trailer number: 502852	
CID#: _____ Dept: _____		Seal number(s): _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: AACT	
		Pro Number: 661752337	



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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).

Name: Address: City/State/Zip:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input checked="" type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input type="checkbox"/> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading									
SPECIAL INSTRUCTIONS: Packing List is Attached	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>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								


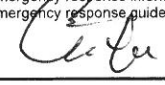
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
20894878	62	964.61	Y	N	P08640
Grand Total	62	964.61			

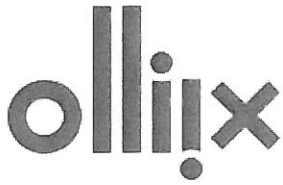
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		62	ctns	964.61		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
2		62		1064.61		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 properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  11/28/25	Trailer Loaded: Freight Counted: <input type="checkbox"/> By Shipper <input 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.  A 12/09/25
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Order Date : 10/09/2025

Order No. : 20894878

Tel: 855-842-4358 Fax: 510-490-2804

WHOLESALE PLATFORM FOR HOUSEHOLD

Shipping From :

Ollix.Com
550 Northport Parkway
Port Wentworth, GA 31407

Shipping To :

Luis Carillo
Dwellings Liliplum Ltd
12600 NW 25th Street, Suite 100
C/O Ramps Logistics
Miami FL 33182

Shipping Method :

LTL

Ref. No. :

P08640

Billing Address :

Gael Alluard
Dwellings
3674 SW 26TH ST
Miami FL 33133

Item No.	UPC	Description	Ref. No.	Qty Ord	Qty Sent
AM10-0077	022164335545	F/Q Comforter Mini Set		1	1
AM10-0077	022164335545	F/Q Comforter Mini Set		6	6
AM10-0565	022164587760	Q Logan Comforter Set		1	1
AM10-0565	022164587760	Q Logan Comforter Set		6	6
AM10-0566	022164587777	K Logan Comforter Set		6	6
AM10-0609	022164613513	F/Q Merritt Comforter Set		6	6
AM10-0610	022164613520	K/CK Merritt Comforter Set		1	1
AM10-0610	022164613520	K/CK Merritt Comforter Set		6	6
HH10-1851	022164303940	Q Kiawah Island Comforter Set		6	6
HH10-1852	022164303957	K Kiawah Island Comforter Set		5	5
HH10-1870	022164515077	Q Nile/Nile/Nile Comforter Set		7	7
HH10-1871	022164515084	K Nile/Nile/Nile Comforter Set		6	6
MP10-6138	086569161666	F/Q Heritatge/Lexington/Lawren		4	4

To initiate a return, you must have a Return Authorization Number. For Return Policy information and the Return Authorization Number, please contact the company your item was purchased through.

MP10-6155	086569168337	Q Marina/Anchorage/Fairbanks	6	6
MP10-6392	086569223647	Veronica F/Q Comforter Set	4	4
MP10-7823	022164125382	F/Q Veronica/Pansy/Danica Comf	5	5
MP10-8337	022164338195	F/Q Ibiza/Alba/Triana	6	6

To initiate a return, you must have a Return Authorization Number. For Return Policy information and the Return Authorization Number, please contact the company your item was purchased through.