


Date: 5/22/2026 7:42:42 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168001731194	
Name: E & E COMPANY LTD		 (402)06757168001731194	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
PHONE:			
VENDOR: 639724			
SHIP TO		CARRIER NAME: Estes	
Name: OWEN TRUAX		Responsible Acct.No:	
Address: 106 JUDITH LN		Trailer number: 529361	
City/State/Zip: MEDIA, PA 19063		Seal number(s):	
CID#: _____		SCAC: EXLA	
Dept: _____		Pro Number: 040-1761047	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____		Prepaid: _____ Collect: X 3rd Party: _____	
Address: _____		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
City/State/Zip: _____			
SPECIAL INSTRUCTIONS: Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
			Driver Departure Time
			AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
P2VKQ22	1	146.60	Y N	
Grand Total	1	146.60		

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		
		1	ctns	146.60		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
1		1		196.60		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.	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.
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Packing Slip

Shipped To:	Order Information
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Order#:
 PO#: Questions?
 Order Date: Customer Service
 Ship Date:

Item#	Qty	Description	Serial Number
MPS137-0326 / MPS137-0326	1	6 DRAWER DRESSER	

Thank you for your purchase! If you ordered additional items they will arrive separately.

 RETURNS: If your merchandise was damaged in shipping or if you wish to return the merchandise please contact Ecommerce Customer Care at 866-436-3393 or ecustomercare@ashleyfurniturehomestore.com

Returning:

Item _____ Qty _____ Description _____

Return Reason Codes: Please indicate the reason for return by circling one of the options below:

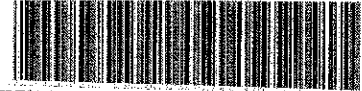
Satisfaction	Quality	Service
XC4 - Item not as depicted	FD - Damaged in Shipping	XB1 - Wrong merchandise shipped
XA1 - Ordered wrong item	QI1 - Defect in Merchandise	XZ1 - Associate ordered incorrectly
XA5 - Did not want/like	XC5 - Missing Parts	XI3 - Over shipment of ordered item

Shipping charges to and from will not be refunded. Please contact Ecommerce Customer Care at 866-436-3393 before returning any merchandise.

STRAIGHT BILL OF LADING - ORIGINAL - NOT NEGOTIABLE



Hub Group Office: CHANTILLY, VA DUN S: 83-771-7011 50415252



ESTES www.estes-express.com Shipper's Copy

CARRIER NAME: ESTES EXPRESS LINES

CARRIER PRO #:

DATE: 5/21/2026



040 - 1761047

Driver's signature ONLY acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of the Uniform Straight Bill of Lading and the EXL-106 series rates tariff.

Shipper Information: Shipper Number: 53193, Shipper Name: JLA HOME, Address: 311 INTERNATIONAL TRADE PARKWAY, Port Wentworth, GA, ZIP Code: 31407

Consignee Information: Consignee Name and Address: C/O Hub Group, 12700 TOWNSEND ROAD, Philadelphia, PA, ZIP Code: 19154, Phone Number: 2156321200

Third Party Billing: Third Party Billing: NONSTOP DELIVERY C/O HUB GROUP INC, Address: 2001 HUB GROUP WAY, Oak Brook, IL, ZIP Code: 60523

FE Number: 50415252, Return Reference: DWEN TRUAX, Reference 1: 72501151291801, Reference 2: PZVKKQ22

- Expedited Service
Same Day Service
Standard LTL Service (checked)
Time Deferred Service (3 to 5 days)

Table with columns: No. Shipping Units, No. Pieces, Kind of Package, Unit of Measure, NMC Item Number, Class, Weight (lbs), Shipped Dimensions (Length, Width, Height). Row 1: 0 units, 1 piece, CTN, 6 DRAWER DRESSER, 85, 147, 0x0x0.

Hazardous Materials Emergency Contact Number: Shipment charges are collect unless marked prepaid below: COLLECT [] PREPAID [] THIRD PARTY BILLING [X] TOTAL WEIGHT: 147.00

NOTE (1) When this rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows... NOTE (2) Liability limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. §14706 (c)(1)(A) and (B).

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled, packed and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Shipper Company Name: Ships, Shipper Signature: [Signature], Date: [Blank], Trailer Loaded by: [X] Shipper [X] Driver, Freight Counted by: [X] Driver

Ross Benner 40122

MAY 22 2026