


Date: 5/1/2026 9:13:37 AM

Bill Of Lading

| | | | | | | | | | | | | |
|---|----------------------------|---|--|------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| SHIP FROM | | Bill of Lading Number: 06757168001713756 | | | | | | | | | | |
| Name: E & E COMPANY LTD | |  (402)06757168001713756 | | | | | | | | | | |
| Address: 311 International Trade Pkwy | | | | | | | | | | | | |
| City/State/Zip: Port Wentworth, GA 31407 | | | | | | | | | | | | |
| PHONE: 912-373-7778 | | | | | | | | | | | | |
| VENDOR: | | | | | | | | | | | | |
| SHIP TO | | CARRIER NAME: AAA Cooper Transportation | | | | | | | | | | |
| Name: Tovey Acrossthelake | | Responsible Acct.No: | | | | | | | | | | |
| Address: 6631 N Sidney Place | | Trailer number: 5162 | | | | | | | | | | |
| City/State/Zip: Milwaukee, WI 53209 | | Seal number(s): | | | | | | | | | | |
| PHONE: 4144468411 | | SCAC: AACT | | | | | | | | | | |
| CID#: Dept: | | Pro Number: 721406072 | | | | | | | | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | | | | | | | | | | |
| Name: | | Prepaid: <input checked="" type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input type="checkbox"/> | | | | | | | | | | |
| Address: | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading | | | | | | | | | | |
| 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 #: 552165770 | | | | | | | | | | | | |
| Packing List is Attached | | | | | | | | | | | | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 20928495 | 1 | 198.00 | Y N | |
| Grand Total | 1 | 198.00 | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 1 | ctns | 198.00 | | Furniture Sub 5 - 6 but less than 8 per cubic foot | 79300-5 | 125 |
| 1 | | 1 | | 248.00 | | 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. <p style="text-align: right;">Shipper Signature</p> |
|--|---|

| | | |
|--|--|---|
| 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: 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. |
|--|--|---|

STRAIGHT BILL OF LADING - SHORT FORM

This form contains only the information necessary to invoice the shipment described below.

Shipper: Ship Date 5/1/2026



 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. 14708(c)(1)(A)(B).

Ship8 - SD3
 311 International Trade Pkwy
 Port Wentworth, GA 31407
 Honorina Leaupepe (912) 875-2828
 Reference Number: 20928495 OX

AAA Cooper Transportation
 552165770
 PO#: 20928495

Consignee: Due Date 5/6/2026

Stone House Collective
 6631 N Sidney Place
 MILWAUKEE, WI 53209
 Tovey Acrossthelake (414) 446-8411
 Reference Number: N/A

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 | 1 Cartons | 1.00 | 248 | Dry | 79300-5 125 |
| | | | 1 | 1 | 248 | | |

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: 5/1/26 Trailer# M5162
 Consignee Signature X _____ Date: _____ Seal# _____
 Driver Signature X Larry Date: 5/4/26 Seal# _____

Permanent post-office address of shipper.