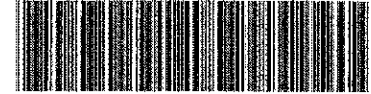


**STRAIGHT BILL OF LADING - ORIGINAL - NOT NEGOTIABLE**



Hub Group  
Office: CHANTILLY, VA  
DUNS: 83-771-7011

50476648



**CARRIER NUMBER: 5039658872**

For shipment information, visit [www.hubgroup.com](http://www.hubgroup.com) or call 1-800-744-7872

**CARRIER NAME: UP/GF**

**CARRIER PRO #:**

**DATE: 6/1/2026**

Shipper Number: 53199		Trailer Number:	
Shipper Name: JLAHOME			
Address: 311 INTERNATIONAL TRADE PARKWAY			
Address 2:		Hours of Operations:	
City: PORT WENTWORTH	State: GA	ZIP Code: 31407	

Consignee Name and Address: C/O Hub Group		
4089 WEST SHAW AVENUE #103		
Destination City: FRESNO	State: CA	ZIP Code: 93722
Phone Number: 8889394637		

Third Party Billing: NONSTOP DELIVERY C/O HUB GROUP INC		
Address: 2001 HUB GROUP WAY		
City: OAK BROOK	State: IL	ZIP Code: 60523

FB Number: 50476648	Return Reference:	Customer: ANNALIZA CABALLES
Reference 1: 72501154033902	Reference 2: P2WS744	
Special Instructions:		

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

LIMITATIONS OF LIABILITY APPLY. SUBJECT TO LIMITS OF LIABILITY OF THE CARRIER'S RULES TARIFF. CUSTOMER SERVICE 1-800-333-7400



TForce Freight 444 495 564 SAV

No. Shipment Units	No. Pieces	Kind of Package	Unit of Measure	N/M	Description of Articles, Special Marks, and Exceptions	I.D.C. Item Number	Class	Weight (lbs) Subject to Dimension	Signed Dimensions		
									Length	Width	Height
0	2	CTN			6 DRAWER DRESSER		85	366	0	0	0

Hazardous Materials Emergency Contact Number:	Shipment charges are collect unless marked prepaid below: COLLECT <input type="checkbox"/> PREPAID <input type="checkbox"/> THIRD PARTY BILLING <input checked="" type="checkbox"/>	TOTAL WEIGHT: 366.00
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NOTE: (1) Where the rate is dependent on value, shippers are required to state specifically in writing through or declared value of the property to insure. The agreed declared value of the property is hereby specifically stated by the shipper and is not subject to the carrier's rules.

NOTE: (2) Liability limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. §14706 (3)(1)(A) and (B).

NOTE: (3) Commodity regarding special or additional care or attention in handling or loading may be marked and packaged as to correct safe handling with yellow or blue. See 49 CFR 171.15. If this shipment is to be delivered to the consignee, without recourse on the carrier, the consignee shall sign the following statement: The consignee declines to make delivery of this shipment with no payment of freight and all other bills due. Signature of consignee: \_\_\_\_\_

The carrier is not to be held liable for loss or damage to contents of packages, except as noted on this bill of lading. It is the responsibility of the shipper to properly pack, secure, and label the contents of the packages. The carrier is not to be held liable for loss or damage to contents of packages, except as noted on this bill of lading. It is the responsibility of the shipper to properly pack, secure, and label the contents of the packages. The carrier is not to be held liable for loss or damage to contents of packages, except as noted on this bill of lading. It is the responsibility of the shipper to properly pack, secure, and label the contents of the packages.

Shipper Company Name: Ship 8	Carrier: TForce Freight (SKID)	Date: 6/1/26	Trailer Loaded by: <input checked="" type="checkbox"/> Shipper <input checked="" type="checkbox"/> Driver
Shipper Signature: JC 6/1/26	Carrier Employee Signature:	Hub Reference:	Field/M Counted by: <input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Driver (initials to add to count)