

STRAIGHT BILL OF LADING - ORIGINAL - NOT NEGOTIABLE



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



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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(a)(1)(A).

CARRIER NAME: AAA COOPER TRANSPORTATION
DATE: 6/8/2026

CARRIER PRO #:

Shipper Number: 53198		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: C/O Hub Group		
Address: 2546 NEASTGATE AVE		
Address 2:		
City: SPRINGFIELD	State: MO	ZIP Code: 65803
Phone Number: 608.3233377		

Third Party Billing: NONSTOP DELIVERY C/O HUB GROUP INC		
Address: 2001 HUB GROUP WAY		
Address 2:		
City: OAK BROOK	State: IL	ZIP Code: 60523

FB Number: 50516812	Return Reference: SUSAN BISHOP	Customer: SUSAN BISHOP
Reference 1: 7250115751001	Reference 2: P2WQL62	
Special Instructions:		

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

NO. Shipping Units	NO. Pieces	TYPE of Package	Net Weight	NET	Description of Goods, Special Marks, and Exceptions	NOFC Item Number	Class	Weight (Lbs) Subject to Carrier	Length	Width	Height
	1	CTN			6 DRAWER DRESSER			85	151		

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(lbs): 151.00
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SHIPPER'S RESPONSIBILITY: Shipper is responsible for accurate description of goods, proper marking, and proper packaging. Shipper is responsible for any loss or damage to goods during transit.

RECEIVER'S RESPONSIBILITY: Receiver is responsible for inspecting goods upon receipt and for any loss or damage to goods during storage or handling.

SHIPPER'S LIABILITY: Shipper is liable for any loss or damage to goods during transit, unless otherwise indicated on this bill of lading.

Shipper Signature: <i>Ships</i>	Date: 6/8/2026	Carrier Signature: <i>ACT</i>	Date: 6.8	Trailer Loaded by: <input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Driver
Shipper Signature: <i>LC 6/8/2026</i>	Carrier Signature: <i>Latoya Capers Jr</i>	Freight Charged by: <input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Driver		

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