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| SHIP FROM | | Bill of Lading Number: 06757161339698276 | |
| Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____ | |  (402)06757161339698276 | |
| SHIP TO | | CARRIER NAME: UPS | |
| Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____ Dept: _____ | | Responsible Acct.No: 18941V Trailer number: _____ Seal number(s): _____ | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | SCAC: UPSG | |
| Name: Pottery Barn Address: PO BOX 1337 City/State/Zip: Olive Branch, MS 38654 | | Pro Number: _____ | |
| SPECIAL INSTRUCTIONS: Customer PO/Ref No: 125736715 | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| | | Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/> | |
| | | <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading | |
| | | Appointment Time AM PM | Actual Driver Arrival Time AM PM |
| | | Driver Departure Time AM PM | |

| 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 |
| 6 | ctns | | | 25.57 | | Bath Accessories | 49470 | 100 |
| 61 | ctns | | | 310.94 | | Bath Towel, Beach Towel | 49260 Sub 4 | 175 |
| 813 | ctns | | | 7877.40 | | Comforters, Bedspreads | 49017 | 200 |
| 46 | ctns | | | 254.81 | | Mattress Pads | 149265 | 100 |
| 17 | ctns | | | 64.03 | | Panels, Valances | 49260 Sub 4 | 175 |
| 1 | ctns | | | 6.87 | | Pet Accessories or Furniture | 2071 | 300 |
| 36 | ctns | | | 92.70 | | Pillows, Cushions | 149269 | 250 |
| 8 | ctns | | | 34.93 | | Rugs | 70970-5 | 125 |
| 386 | ctns | | | 2104.90 | | Sheet Set & Pillowcase | 49260 Sub 3 | 250 |
| 24 | ctns | | | 46.42 | | Shower curtain | 49385 | 77.5 |
| 1355 | ctns | | | 6714.49 | | Throws,Blankets | 49040 | 150 |

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 _____

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|---|
| 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.

Shipper Signature

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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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| Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____ Dept: _____ FOB: <input type="checkbox"/> | | Responsible Acct.No: 18941V Trailer number: _____ Seal number(s): _____ | |
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| | | <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading | |
| | | Appointment Time AM PM | Actual Driver Arrival Time AM PM |
| | | Driver Departure Time AM PM | |
| 2753 | | 17533.06 | Grand Total |

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| <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.