


Date: 8/22/2019

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## BILL OF LADING

<b>Ship From</b> Redlands DC 1901 California Street REDLANDS, CA 92374	<b>Bill of Lading Number:</b> 5603163692 
<b>Ship To</b> RALPHS/ PARAMOUNT DC 14900 GARFIELD AVE PARAMOUNT, CA 90723	<b>Refer to Master Bill:</b> 0015628602 <b>Carrier Name:</b> CUSTOMER PICKUP <b>Trailer Number:</b> 533528 <b>Seal number(s):</b> 07066027
<b>Third Party Freight Charges Bill To:</b>	<b>SCAC:</b> BKHL <b>Pro Number:</b> <b>Document Number:</b>
<b>SPECIAL INSTRUCTIONS:</b> 02701934 TEMPERATURE CLASS# DRY APPOINTMENT DATE/TIME#00000000 5005197827 LIVE CH ROBINSON CHEP PALLETS	<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <u>X</u> 3rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)

Customer Order Information					Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO	
CUSTOMER PO NUMBER		# PALLETS	WEIGHT		Y	N		
22519		26	31938 lbs					
GRAND TOTAL		26	31938 lbs					

Carrier Information							LTL ONLY	
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional 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>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
26	CHEP	1741	Cases	31938 lbs				
26		1741		31938 lbs		GRAND TOTAL		

Non Recourse: If the shipment is to be delivered to the consignee without recourse on the shipper, the shipper shall sign the following statement:  
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).

<b>CONSIGNEE</b> Received in apparent good order and condition, unless otherwise noted above  Date and Time _____ Consignee _____ Name _____ Name _____ Signature _____	<b>CARRIER</b> Received in apparent good order and condition, unless otherwise noted above  Date and Time _____ Number of Pieces _____ Carrier _____ Address _____ Contact Name _____ Contact Phone Number _____ Driver Name _____ Print _____ Signature _____
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