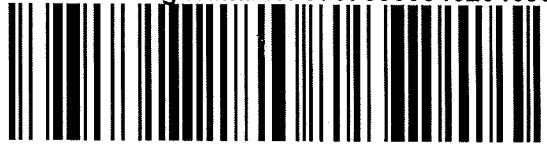



SHIP FROM Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335 FOB:		Master Bill Of Lading Number: 07675300046204699 	
SHIP TO Name: WAL-MART DC 6017A ASM Address: 2108 EAST TIPTON STREET City/State/Zip: SEYMOUR, IN 47274 FOB:		Carrier Name: GLBL - Fusion Transport Equipment: PTLZ222002H Seal number(s): 2G-012566	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLBL Pro Number: 585302  585302	
SPECIAL INSTRUCTIONS: Underlying BOLs: 07675300046201728, 07675300046201735, 07675300046201742, 07675300046201759		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid X Collect _____ 3rd Party _____ <input checked="" type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

BillTo Customers: 01B-039144,02B-5480
11/22/2024

Load #7

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO
4932211924	1	7.00	Y	N	7514920-7655783
4932211925	8	95.80	Y	N	7514913-7655771
7158579867	42	209.79	Y	N	7516107-7658203
7980159882	30	257.81	Y	N	7514933-7658204
			Y	N	
GRAND TOTAL	81	570.40			

CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE			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	NMFC # CLASS
4		81		570.40		GRAND TOTAL	

Where the rate is dependent on value, shippers are required to state 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: ☐Prepaid: ☐Customer check acceptable: ☐

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

SHIPPER SIGNATURE/DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

☒ By Shipper☐ By Driver

Chep Pallets

48" Spaces

Freight Counted:

☒ By Shipper☐ By Driver/pallets said to contain☐ By Driver/Pieces

60" Spaces

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.

Door #

Trailer #

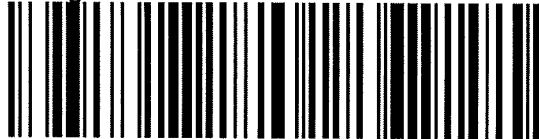

For any issues, please contact BradshawOSD@bradshawhome.com

Master Bill of Lading Number : 07675300046204699

Bill of Lading Number : 07675300046204699

Page 2

HANDLING UNIT		PACKAGE		WEIGHT(LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.	NMFC #	CLASS
						See Section 2(e) of NMFC Item 360		
4	Pallets	2	Case	58.85		TABLE/KITCHENWARE	101425.07	92.5
		7	Case	93.80		Other (brooms, brushes)	13120.01	400
		42	Case	209.79		palstic-disposable	156600.04	175
		4	Case	30.72		STOPPERS,LIDS,CAPS,& OTHER CLOSURES,OF PLASTIC	156600.07	92.5
		5	Case	14.04		Household Tools,Kitchen& Table	156600.08	85
		17	Case	132.60		TABLE/KITCHENWARE	156600.09	70
		1	Case	2.00		Other (brooms, brushes)	33010.03	250
		1	Case	7.00		Other (brooms, brushes)	33240.01	250
		2	Case	21.60		Cookingware. Not coated	52900.11	60
4		81		570.40		GRAND TOTAL		

SHIP FROM		Bill Of Lading Number: 07675300046201728	
Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335			
SID1297306	FOB:	Master Bill Of Lading Number: 07675300046204699	
SHIP TO		Carrier Name: GLBL - Fusion Transport	
Name: WAL-MART DC 6017A ASM Address: 2108 EAST TIPTON STREET City/State/Zip: SEYMOUR, IN 47274		Equipment: PTLZ222002H	
FOB:		Seal number(s): 2G-012566	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLBL	
		Pro Number: 585302	
		 585302	
SPECIAL INSTRUCTIONS: POS REPLEN		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

BillTo Customers: 01B-039144

Must Arrive By 11/22/2024

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO
4932211925	8	95.80	Y	N	7514913-7655771
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	8	95.80			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
						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	NMFC #	CLASS
1	Pallets	7	Case	93.80		Other (brooms, brushes)	13120.01	400
		1	Case	2.00		Other (brooms, brushes)	33010.03	250
1		8		95.80		GRAND TOTAL		

Where the rate is dependent on value, shippers are required to state 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.

SHIPPER SIGNATURE/DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Chep Pallets _____ 48" Spaces _____	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces 60" Spaces _____	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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For any issues, please contact BradshawOSD@bradshawhome.com

SHIP FROM Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335 SID1297307 FOB:		Bill Of Lading Number: 07675300046201735  Master Bill Of Lading Number: 07675300046204699
SHIP TO Name: WAL-MART DC 6017A ASM Address: 2108 EAST TIPTON STREET City/State/Zip: SEYMOUR, IN 47274 FOB:		Carrier Name: GLBL - Fusion Transport Equipment: PTLZ222002H Seal number(s): 2G-012566
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLBL Pro Number: 585302  585302
SPECIAL INSTRUCTIONS: POS REPLEN		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading

BillTo Customers: 02B-5480
Must Arrive By 11/22/2024

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO
4932211924	1	7.00	Y	N	7514920-7655783
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	1	7.00			

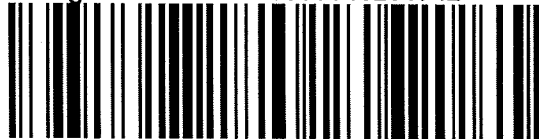

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
						Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
1	Pallets	1	Case	7.00		Other (brooms, brushes)	33240.01	250
1		1		7.00		GRAND TOTAL		

Where the rate is dependent on value, shippers are required to state 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"/>
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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. Signature _____ Shipper	
SHIPPER SIGNATURE/DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Chep Pallets _____ 48" Spaces _____ 60" Spaces _____	Freight Counted: <input checked="" 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.

For any issues, please contact BradshawOSD@bradshawhome.com

SHIP FROM		Bill Of Lading Number: 07675300046201742	
Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335			
SID1297308	FOB:	Master Bill Of Lading Number: 07675300046204699	
SHIP TO		Carrier Name: GLBL - Fusion Transport	
Name: WAL-MART DC 6017A ASM Address: 2108 EAST TIPTON STREET City/State/Zip: SEYMOUR, IN 47274		Equipment: PTLZ222002H	
FOB:		Seal number(s): 2G-012566	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLBL	
		Pro Number: 585302	
		 585302	
		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: POS REPLEN		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

BillTo Customers: 01B-039144

Must Arrive By 11/22/2024

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO
7980159882	30	257.81	Y	N	7514933-7658204
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	30	257.81			

CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE			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	NMFC # CLASS
1		30		257.81		GRAND TOTAL	

Where the rate is dependent on value, shippers are required to state 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: ☐Prepaid: ☐Customer check acceptable: ☐

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

SHIPPER SIGNATURE/DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

☒ By Shipper
☐ By Driver

Chep Pallets _____

48" Spaces _____

Freight Counted:

☒ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

60" Spaces _____

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.

For any issues, please contact BradshawOSD@bradshawhome.com

Date: 11/13/24

SUPPLEMENT TO THE BILL OF LADING

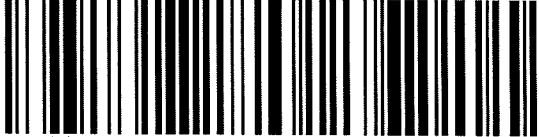

Page 2

Master Bill of Lading Number : 07675300046204699

Bill of Lading Number : 07675300046201742

CARRIER INFORMATION

[illegible]

SHIP FROM		Bill Of Lading Number: 07675300046201759	
Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335			
SID1297309	FOB:	Master Bill Of Lading Number: 07675300046204699	
SHIP TO		Carrier Name: GLBL - Fusion Transport	
Name: WAL-MART DC 6017A ASM Address: 2108 EAST TIPTON STREET City/State/Zip: SEYMOUR, IN 47274		Equipment: PTLZ222002H	
FOB:		Seal number(s): 2G-012566	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLBL	
		Pro Number: 585302	
			
		585302	
		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: POS REPLEN		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

BillTo Customers: 02B-5480
Must Arrive By 11/22/2024

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO
7158579867	42	209.79	Y	N	7516107-7658203
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	42	209.79			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT (LB)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
						Commodities requiring special or additional attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. <i>See Section 2(e) of NMFC Item 360</i>	NMFC #	CLASS
1	Pallets	42	Case	209.79		palstic-disposable	156600.04	175
1		42		209.79		GRAND TOTAL		

Where the rate is dependent on value, shippers are required to state 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"/>
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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.			
SHIPPER SIGNATURE/DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Chep Pallets _____ 48" Spaces _____	
		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces 60" Spaces _____	
		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.	