



SHIP FROM Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335 FOB:		Master Bill Of Lading Number: 07675300046204682 	
SHIP TO Name: WAL-MART DC 6018A ASM Address: 2103 SOUTH MAIN City/State/Zip: SEARCY, AR 72143 FOB:		Carrier Name: GLBL - Fusion Transport Equipment: PTLZ222002K Seal number(s): 2G-012566	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLBL Pro Number: 585305  585305	
SPECIAL INSTRUCTIONS: Underlying BOLs: 07675300046201834, 07675300046201889, 07675300046201896		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 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
1880547509	10	69.70	Y	N	7514921-7655785
4858988127	34	169.83	Y	N	7515993-7655792
6981932972	19	254.60	Y	N	7514916-7655774
			Y	N	
			Y	N	
GRAND TOTAL	63	494.13			

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.	NMFC #	CLASS
						See Section 2(e) of NMFC Item 360		
SEE ATTACHED SUPPLEMENT PAGE								
4		63		494.13		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
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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. Door # <u>95W35</u> Trailer # <u>PTL 2222002</u>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Chep Pallets <u>0</u> 48" Spaces <u>2</u> 60" Spaces <u>0</u>	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.
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For any Issues, please contact BradshawOSD@bradshawhome.com

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SHIP FROM				Bill Of Lading Number: 07675300046201896					
Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335									
SID1297326		FOB:		Master Bill Of Lading Number: 07675300046204682					
SHIP TO				Carrier Name: GLBL - Fusion Transport					
Name: WAL-MART DC 6018A ASM Address: 2103 SOUTH MAIN City/State/Zip: SEARCY, AR 72143				Equipment: PTLZ222002K					
FOB:				Seal number(s): 2G-012566					
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: GLBL					
				Pro Number: 585305					
				585305					
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: 02B-5480									
Must Arrive By 11/22/2024									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT (LB)		Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO		
4858988127		34	169.83		Y N		7515993-7655792		
					Y N				
					Y N				
					Y N				
					Y N				
GRAND TOTAL		34	169.83						
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. <i>See Section 2(e) of NMFC Item 360</i>		NMFC #	CLASS
1	Pallets	34	Case	169.83		palstic-disposable		156600.04	175
1		34		169.83		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 <small>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.</small>						Signature _____ Shipper			
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Chep Pallets _____ 48" Spaces _____ 60" Spaces _____						CARRIER SIGNATURE/PICKUP DATE <small>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.</small>			
For anv issues. please contact BradshawOSD@bradshawhome.com									