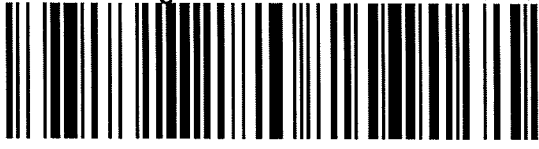



SHIP FROM Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335 FOB:		Master Bill Of Lading Number: 07675300046204491 	
SHIP TO Name: WAL-MART DC 6011A ASM Address: 2200 MANUFACTURERS BOULEVARD City/State/Zip: BROOKHAVEN, MS 39601 FOB:		Carrier Name: GLBL - Fusion Transport Equipment: PTLZ222002G Seal number(s): 2G-012566 SCAC: GLBL Pro Number: 585300  585300	
THIRD PARTY FREIGHT CHARGES BILL TO:		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)	
SPECIAL INSTRUCTIONS: Underlying BOLs: 07675300046201698, 07675300046201766, 07675300046201773			

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

Load #1

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO
5008988463	34	169.83	Y	N	7516012-7655796
6531793533	7	93.80	Y	N	7514915-7655773
8880837231	32	176.15	Y	N	7514931-7655799
			Y	N	
			Y	N	
GRAND TOTAL	73	439.78			

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. <small>See Section 2(e) of NMFC Item 360</small>	NMFC # CLASS
3		73		439.78		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.

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 <u>0</u> 48" Spaces <u>1</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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Door #

For any issues, please contact BradshawOSD@bradshawhome.com



Trailer # P7L2222002

Master Bill of Lading Number : 07675300046204491

Bill of Lading Number : 07675300046204491

Page 2

[illegible]

SHIP FROM		Bill Of Lading Number: 07675300046201698	
Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335			
SID1297303	FOB:	Master Bill Of Lading Number: 07675300046204491	
SHIP TO		Carrier Name: GLBL - Fusion Transport	
Name: WAL-MART DC 6011A ASM Address: 2200 MANUFACTURERS BOULEVARD City/State/Zip: BROOKHAVEN, MS 39601		Equipment: PTLZ222002G	
FOB:		Seal number(s): 2G-012566	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLBL	
		Pro Number: 585300	
		 585300	
		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
6531793533	7	93.80	Y	N	7514915-7655773
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	7	93.80			

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		7		93.80		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: ☐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	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE/PICKUP 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.	<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper	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.
	<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain	
	Chep Pallets _____	<input type="checkbox"/> By Driver/Pieces	
	48" Spaces _____	60" Spaces _____	

For any issues, please contact BradshawOSD@bradshawhome.com

SHIP FROM						
Name: BRADSHAW HOME INC. Address: 9415 KAISER WAY City/State/Zip: Fontana, CA 92335						
SID1297310		FOB:				
SHIP TO						
Name: WAL-MART DC 6011A ASM Address: 2200 MANUFACTURERS BOULEVARD City/State/Zip: BROOKHAVEN, MS 39601						
FOB:						
THIRD PARTY FREIGHT CHARGES BILL TO:						
SPECIAL INSTRUCTIONS: POS REPLEN						
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	
8880837231		32	176.15	Y N	7514931-7655799	
				Y N		
				Y N		
				Y N		
				Y N		
GRAND TOTAL		32	176.15			
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		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>	LTL ONLY	
QTY	TYPE	QTY	TYPE		NMFC #	CLASS
SEE ATTACHED SUPPLEMENT PAGE						
1		32		176.15	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).				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
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.				Signature _____ Shipper		
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>		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 <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>

SHIP FROM

Name: BRADSHAW HOME INC.
Address: 9415 KAISER WAY
City/State/Zip: Fontana, CA 92335

SID1297311

FOB:

SHIP TO

Name: WAL-MART DC 6011A ASM
Address: 2200 MANUFACTURERS BOULEVARD
City/State/Zip: BROOKHAVEN, MS 39601

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

SPECIAL INSTRUCTIONS: POS REPLEN

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

Bill Of Lading Number: 07675300046201773

Master Bill Of Lading Number: 07675300046204491

Carrier Name: GLBL - Fusion Transport

Equipment: PTLZ222002G

Seal number(s): 2G-012566

SCAC: GLBL

Pro Number: 585300

585300

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid X Collect 3rd Party

☐ Master Bill of Lading: with attached underlying Bills of Lading (check box)

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT (LB)	Pallet/Slip (Circle One)		ADDITIONAL SHIPPER INFO
			Y	N	
5008988463	34	169.83	Y	N	7516012-7655796
			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				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: ☐ 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.

Shipped by _____
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

Freight Counted:
☒ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

Chep Pallets _____
48" Spaces _____ 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