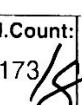


Miguel

02/18/2025 16:22:28

BILL OF LADING

Page: 1

SHIP FROM SAMSUNG ELECTRONICS AMERICA c/o Ontario W/H 5750 EAST FRANCIS STREET Ontario CA 91761 US Tel.		Bill of Lading: 17862085 FP  Partial Truck Load																																																																		
SHIP TO AMAZON OAK3 255 Park Center Drive PATTERSON CA 95363-8876 US Tel. 000-000-0000		CARRIER : FLOCK FREIGHT INC. Trailer number: 5301- / Size: SEA 14PTL Seal number(s): 10218884/2257586 BK/Appt.: #401348603																																																																		
FREIGHT CHARGES BILL TO Customer Requested Delivery Date <i>2/19/25</i> *Must be delivered on <i>2/19/25</i>		Pro number: 17862085 SCAC: FLOK Freight Charge Terms: (<i>Freight Prepaid & Allowed</i>) Prepaid (X) Collect () 3rdParty ()																																																																		
		<input type="checkbox"/> (Check box)	Master Bill of Lading: with attached underlying Bills of Lading																																																																	
RECEIVING STAMP AREA <div style="text-align: center;">  Delivery Type (circle one) <input checked="" type="radio"/> Prepaid <input type="radio"/> Collected # Cns Delivered _____ # Cns Damaged _____ # Cns Short _____ # Cns Received _____ Type of Damage: <input checked="" type="checkbox"/> Crushed <input type="checkbox"/> Punched <input type="checkbox"/> Water <input type="checkbox"/> Other Date: <i>2/18/2025</i> To: <i>OAK3</i> Signature: <i>[Signature]</i> Print Name: <i>[Signature]</i> </div>																																																																				
CUSTOMER ORDER INFORMATION <table border="1"> <thead> <tr> <th colspan="2">CUSTOMER</th> <th>HANDLING</th> <th>#PKGS</th> <th>WEIGHT</th> <th colspan="4">ADDITIONAL SHIPPER INFO</th> </tr> <tr> <th colspan="2">ORDER NUMBER</th> <th>QTY</th> <th>TYPE</th> <th>(PCS)</th> <th>(LB)</th> <th>DO#</th> <th>ITM#</th> <th>LINEAR</th> <th>CUST.MODEL(MODEL)</th> <th>DEPT.</th> </tr> </thead> <tbody> <tr> <td colspan="2">See Attached Bill of Lading Supplement</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">GRAND TOTAL</td> <td>173</td> <td></td> <td>173</td> <td>2,196.580</td> <td></td> <td></td> <td>13.035</td> <td></td> <td></td> </tr> </tbody> </table>				CUSTOMER		HANDLING	#PKGS	WEIGHT	ADDITIONAL SHIPPER INFO				ORDER NUMBER		QTY	TYPE	(PCS)	(LB)	DO#	ITM#	LINEAR	CUST.MODEL(MODEL)	DEPT.	See Attached Bill of Lading Supplement											GRAND TOTAL		173		173	2,196.580			13.035																									
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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 _____.																																																																				
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. NOTE: This package serves as product display or sales purposes. Any damage to this package, including cosmetic damage, will result in a claim from Samsung Electronics Inc.																																																																
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 U.S. DOT.		Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver <input checked="" type="checkbox"/> By Driver/Pieces		CTN.Count: 173 		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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as</i> Carrier Signature <i>02/18/2025</i>																																																														
Shipper Signature Date <i>02/18/2025</i>		Receiver Signature Date																																																																		
- ORIGINAL COPY -																																																																				
Liability : Volume : 320.095 FT3																																																																				