

<b>Ship From:</b> PLASTIC DEVELOPMENT GROUP C/O WALKER INTERNATIONAL 2399 E PACIFICA PLACE RANCHO DOMINGUZ, CA 90220				<b>Bill of Lading No:</b> S124471-1  <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>BARCODE SPACE</b> </div>			
<b>SID#:</b>		<input type="checkbox"/> FOB		<b>Carrier Name:</b> HAZEN TRANSFER <b>Trailer No:</b> 400398 <b>Seal Number(s):</b> UL-8012471			
<b>Ship To:</b>		<b>Location No:</b>		<b>SCAC:</b> <b>Pro No:</b> 718761			
<b>MENARDS INC HOLIDAY CITY</b> 14502 COUNTY ROAD 15 HOLIDAY CITY, OH 4355-48705				<div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>BARCODE SPACE</b> </div>			
<b>CID#:</b>		<input type="checkbox"/> FOB		<b>Freight Charge Terms</b> (prepaid unless marked otherwise) <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> Master BOL: w/attached underlying BOLs			
<b>Third Party Freight Charges - Bill To:</b> PLASTIC DEVELOPMENT GROUP							
<b>Special Instructions:</b>							
<div style="font-size: 2em; font-family: cursive;">192212</div>							
Customer Order Information							
Customer Order No.	# Pkgs.	Weight	Pallet/Slip (Y/N)	Additional Shipper Info			
MEDUX2159705	490	11270 KG		STEEL FOLDING CHAIRS / FLOOR LOADED			
MSCU4987497				PO# HCDC64699428			
2021 DEC 17 AM 9:31							
<b>Totals</b>		490	11270.00				
Carrier Information							
Handling Unit		Package		Commodity Description			
QTY	TYPE	QTY	TYPE	Weight	H.M. (X)		
Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369							
2021 DEC 17 PM 5:38							
<b>Totals</b>							
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 _____ "							
FOB _____				<b>COD Amt. \$</b>  <b>Fee Terms:</b> <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> 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.			
This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.				Shipper Signature _____			
Trailer Loaded <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		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. Property described above is received in good order, except as noted.			
Shipper Signature _____ Date _____		Carrier Signature _____		Pickup Date _____			

Time In 345 pm  
Time Out 615 pm

Autumn Leomeaf  
Menards, Inc.  
12/17/2021