|  |  |                      |                       |                     |   | Generated: 11/5/2021 12:41:14 PM                |
|--|--|----------------------|-----------------------|---------------------|---|---|
| BILL OF LADING   |  |                      |                       |                     |   | Bill Of Landing Number: 182520                  |
| -  | Qualah   |                      |                       |                     |   |   |
|  | REGIEVED, Subject to II                                    | is einsamenuoris in  | id lawfull filed tarr | iffa in effect on t | nal - Not Negotiable the data of the issue of this Bill Orf Lading.  Carrier Name: ROUT   |   |
| Name:  | SHIP FROM<br>STEELITE INTERNATIONAL<br>154 KEYSTONE DRIVE  |                      |                       |                     | Pro Number: Freight Charge Tarms:  COllect: 3rd Party: X  |   |
| Address  | NEW GASTLE   | PA                   |                       | 16105               | Prepaid: Goneci.  |   |
|  | NEW GASTEE   | SHIP TO              |                       |                     |   |   |
| Name:<br>Contact   | Edward Don and   | Company              |                       |                     | Place Pro   | Label Here                                      |
| Address:   | 3501 Plano Parki<br>The Colony, TX -                       | 75056                |                       | FOB:                |   |   |
| CID#   | 4511145927-40<br>THIRD PARTY F                             | REIGHT CHA           | RGES BILL T           | ro                  |   |   |
| Mamai  | EDWARD DON 8   | COMPANY              |                       |                     | If charges are to be prepaid, wi  | ite here "To Be Prepaid"                        |
| Name:<br>Address:  | ess: C/O FREEDOM LOGISTICS 360 WEST BUTTERFIELD ROAD       |                      |                       |                     | ivered to the consignee without recourse on the consignor, the consignor shall sign the rollowing statement.  Writing charges.  REIER INFORMATION  LTL Only                           |   |
|  |  | Control Din Ol Ladie | a. If this shipment   | is to be delivere   | ed to the consignee without recourse on the consigner, the  | a consignor shall aigh the following statement. |
| Subject to Sect<br>carrier shall no  | tion 7 of conditions of app<br>t make delivery of this shi | ment without payr    | nent of freight and   | CARRI               | ER INFORMATION  | LTL Only  |
|  |  |                      |                       | H.M.                | Commodity Description   | this or showing.                                |
| Ōty  | Handling Unit  | # Cartons            | Weight                | X care              | Commodify Description scriptor requiring operat or admitted care or attention is based by so marked and packaged as to insure safe transportation w age Section 2(e) of NATC them 360 | NMFC# Class<br>047500-09 70                     |
| 25   | PALLETS  | 1113<br>BOXES        | 20405                 | 0                   | HOTEL TABLEWARE   |   |
|  | De   |                      | 20405                 |                     | Grand Total   |   |
| And in case of the last of the | to have of stome and t                                     | part of Bill Of Ladi | ng approved by        | the Interstate C    | Commerce Commision.  Apriliona thereon, and all requirements of Consolidate   | d Freight Classifications.                      |
| The fibre boxes  | used for this shipment co                                  | nform to the specifi | cations set forth it  | the box make        |   | 11501   |
| Permanent Post Office address of shipper Steelite International USA INC.  Shipper Name:  |  |                      |                       | lame                | AUU I   | Date D4   |
| 54 Keyst   | one Drive  |                      |                       | X                   | )   | Date: / /                                       |
|  | le, PA 16105   |                      | Carrier Na            | me:                 |   |   |
| New Castl  | NAME AND ADDRESS OF TAXABLE PARTY.                         |                      |                       |                     |   |   |
| Vew Cast   | 040  |                      |                       |                     |   |   |
|  | 040  |                      |                       |                     |   |   |
|  | 040  |                      |                       |                     |   |   |
|  | 040  |                      |                       |                     |   |   |