



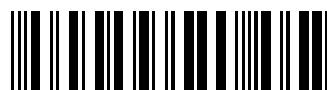
3901 WEST BROAD STREET
RICHMOND, VA 23230

Page 1 of 1

BILL OF LADING

SHIPPER

hawasly exit poundex
City Of Industry, CA, 91789
City Of Industry, CA, 91789, US
Contact: olga; (909) 444-5878; gofaiz23@gmail.com



PRO# 299-8193329

CONSIGNEE

Jennifer Blakely
3169 Tanner Park Dr
Eugene, OR, 97405, US
Contact: Jennifer Blakely; (541) 913-5597; gofaiz23@gmail.com

Date: 01/15/2026

MASTER BOL :

BOL(s):

SHIPMENT ID :

BILL TO ACCT #: 0216496
DECORA2Z
19150 SUMMIT RIDGE
WALNUT, CA, 91789, US
Contact: TARIF HAWASLY; (626) 715-0682; SHAMYASLI@YAHOO.COM

QUOTE #: LV47GL2

Billing Terms: PREPAID

SPECIAL INSTRUCTIONS: LIFTGATE DELIVERY CHARGE; HOUSE/RESIDENTIAL DELIVERY FEE

Added Accessorials Require Pre Approval, Do Not Break Down the Pallet, Do Not Remove Shrink Wrap from Skid, Fragile-Handle with Care

Hazardous Material Emergency Contact:

*Mark with 'X' in HM if appropriate to designate Hazardous Materials or Hazardous Substances and defined in the Department of Transportation Regulations governing the transportation of hazardous materials.

NOTE: Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706 (c)(1)(A) and (B).

Handling Unit		Package		HM	Commodity Description	Weight lbs	Freight Class	NMFC #	Dimensions			Stackable
Type	QTY	Type	QTY						L	W	H	
PALLETS	1	CARTONS	1		KD Furniture Items -	310	250	079300-03	45	45	95	Y
Total H/U	1	Package	1		Total Shipment Weight	310	Density	2.7 PCF	Cube 111.3 FT ³			

Full Value Coverage Declared or Released Value | WARNING : Additional and/or maximum liability limitations or other restrictions may apply. Refer to Estes Rules Tariff EXLA 105 for further details, including provisions in item 350 . The shipper may request "Full Value Coverage" as provided for in item 350, Section 3, by indicating here the value of the entire shipment. The shipper hereby declares that that the value of this shipment does not exceed \$_____ . If no value is entered, the lowest applicable released value will be applied for this shipment. Full Value Coverage only applies subject Full Value Coverage charges have been paid in full.

RECEIVED, subject to individually determined rates of contracts that have been agreed upon in writing between the carrier and the shipper, if applicable, otherwise the rates, classifications, and rules (See Estes Rules Tariff EXLA 105) that have been established by the carrier and are available to the shipper, on request; The property described above, in apparent good order, except as noted (contents and conditions of contents of packages unknown) marked, consigned, and destined as shown above which said carrier agrees to carry to destination, if on its route, otherwise to deliver to another carrier on the route to destination. It is mutually agreed, as to each carrier of all or any said property over all or any portion of said route to destination and as to each party at any time interested in all of any of said property, that every service to be performed thereunder shall be subject to all the terms and conditions of the Uniform Bill of Lading set forth in the National Motor Freight Classification 100-X and successive issues. Note: it is also agreed that the carrier will not be liable for any consequential damages arising from the delay of delivery and carrier makes no guarantees concerning the delivery dates or times (Subject to terms and conditions of any applicable Guaranteed Service Agreement).

SHIPPER CERTIFICATION

Shipper certifies by its signature, its agreement to all the foregoing terms and conditions, and further certifies that the above named materials are properly classified, describe, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT

CARRIER CERTIFICATION

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 document in the vehicle.

Shipper

ESTES Express Lines-EXLA

Authorized Signature	Date	Authorized Signature	Date
----------------------	------	----------------------	------

PLTS STC / PC and LOOSE

RUN #	TIME ARRIVED	TIME DEPARTED	DRIVER #	# OF PALLETS	CUBIC FEET



Ship Conf#: 000000005931114