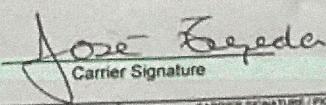
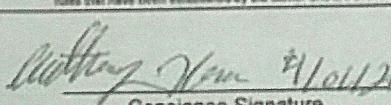
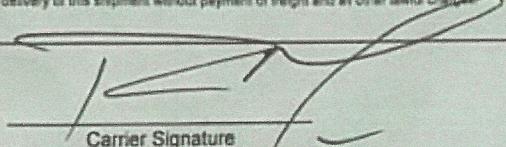


Date: 3/31/21		BILL OF LADING							
		SHIP FROM							
Name: Shipper Address City/State/Zip: Contact:	Jillian Brett Corp 72-40 60th Lane Glendale, NY, 11385			Bill of Lading Number:		TBD			
				Appointment: Confirmation: Date: Time:		No Appointment Necesay			
		SHIP TO							
Name: Address City/State/Zip: Tel:	Sally Sherman Foods Attn: Martin / Marc Mazarulli 300 North MacQuesten Parkway Vernon, NY 10550 914-664-6262			Carrier:		C/O Carrier			
				Contact: SCAC: Pro		Quote# TBD			
		Trailer: Seal:							
THIRD PARTY FREIGHT CHARGES BILL TO		Freight Terms Are prepaid unless marked otherwise)							
Name: Address: City/State/Zip: Contact:	<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party Prepaid								
Special Instrubctions:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)								
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER INFORMATION		# PKGS	Unit	PALLET / Cases (CIRCLE ONE)	Wt / Bag	Total Wt			
Sugar		200 ✓	50 lb bag	4 ✓	50 lb	10,000			
Grand Total		200	0			Total			
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care.		NMFC #	CLASS
200	bags			10,000					
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: <input type="checkbox"/> 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.								Carrier Signature:  Carrier Signature	
Consignee Signature: 									
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:		CARRIER SIGNATURE / PICKUP DATE	
				<input type="checkbox"/> By Driver <input type="checkbox"/> By Shipper		<input type="checkbox"/> By Driver <input type="checkbox"/> By Shipper		Carrier acknowledges receipt of packages and required placards. Carrier verifies 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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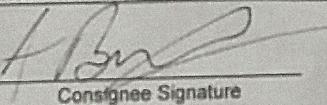
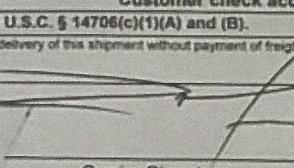
Date:	4/1/21	BILL OF LADING					
SHIP FROM			Bill of Lading Number: TBD Appointment Confirmation: Date: Time:				
Shipper Name: Address: City/State/Zip: Contact:	Jillian Brett Corp 72-40 60th Lane Glendale, NY, 11385		No Appointment Neccesay				
SHIP TO			Carrier C/O Carrier Contact: SCAC: Pro Quote# TBD				
Name: Address: City/State/Zip: Tel	Sally Sherman Foods Attn: Martin / Marc Mazarulli 300 North MacQuesten Parkway Vernon, NY 10550 914-664-6262		Trailer: Seal:				
THIRD PARTY FREIGHT CHARGES BILL TO			Freight Terms Are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party Prepaid <input checked="" type="checkbox"/>				
Special Instructions:			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)				
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER INFORMATION		# PKGS	Unit	PALLET / Cases (CIRCLE ONE)			
Sugar		200	50 lb bag	4			
				50 lb			
Grand Total		200	0	Total			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE			WEIGHT	NMFC #
200	bags			10,000			
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).							
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.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
 Consignee Signature					 Carrier Signature		
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: <input type="checkbox"/> By Driver <input type="checkbox"/> By Shipper		Freight Counted: <input type="checkbox"/> By Driver <input type="checkbox"/> By Shipper		<small>CARRIER SIGNATURE / PICKUP DATE</small> <small>Carrier acknowledges receipt of package 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>	

Date

4/6/21

BILL OF LADING

SSH 033121 B

SHIP FROM		Bill of Lading Number:		TBD			
Name: Shipper Address City/State/Zip: Contact:	Jillian Brett Corp 72-40 60th Lane Glendale, NY, 11385	Appointment: Confirmation: Date: Time:	No Appointment Necessary				
SHIP TO		Carrier	C/O Carrier				
Name: Address City/State/Zip: Tel	Sally Sherman Foods Attn: Martin / Marc Mazarulli 300 North MacQuesten Parkway Vernon, NY 10550 914-664-6262	Contact: SCAC: Pro	Quote# TBD				
THIRD PARTY FREIGHT CHARGES BILL TO		Trailer: Seal:					
Name: Address: City/State/Zip: Contact:	Freight Terms Are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party Prepaid <input type="checkbox"/>						
Special Instructions:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)						
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER INFORMATION		# PKGS	Unit	PALLET / Cases (CIRCLE ONE)	Wt / Bag	Total Wt	
Sugar		400	50 lb bag	8	50 lb	20,000	
Grand Total		400	0			Total	
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE	WEIGHT (X)	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY			TYPE	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation www.dotmaz.org/cars	NMFC #
400	bags		20,000				
GRAND TOTAL							
<small>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 _____.</small>					<small>COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/></small>		
<small>NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).</small>							
<small>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.</small>			<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small>				
 Consignee Signature			 Carrier Signature				
<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 U.S. DOT.</small>			<small>Trailer Loaded:</small> <input type="checkbox"/> By Driver <input type="checkbox"/> By Shipper		<small>Freight Counted:</small> <input type="checkbox"/> By Driver <input type="checkbox"/> By Shipper	<small>CARRIER SIGNATURE / PICKUP DATE</small> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available to the carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>	

Torres - 4-6-21