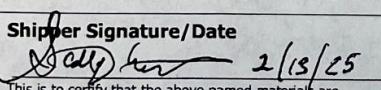
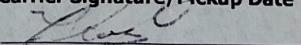


Date- 2-13-25

## BILL OF LADING – SHORT FORM – NOT NEGOTIABLE

Page 1 of 1

<b>SHIP FROM</b>		<b>Bill of Lading Number: 31217923</b>						
Culp Fabric 2742-A Tucker Street Burlington, NC 27215, US Contact: Jason Stacy (336-263-0300)								
		<b>Carrier Name:</b>						
Universal Helios Hotel 4700 W. Sand Lake Rd. Orlando, FL, 32819 Contact: Brain Watson 321-202-6021								
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>		<b>SCAC:</b>						
TQL								
<b>Special Instructions: DRIVER MUST HAVE TRACKING AT ALL TIMES // DRIVER MUST ANSWER TQL CHECK CALLS</b>		<b>Freight Charge Terms</b> (Freight charges are prepaid unless marked otherwise): <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master bill of lading with attached underlying bills of lading.						
<b>CUSTOMER ORDER INFORMATION</b>								
<b>Customer Order No.</b>		# of Packages	Weight	Pallet/Slip Y/N	<b>Additional Shipper Information</b>			
25 - 045 - J08 #		1	253.6 LBS	Y	120x40x12			
<b>Grand Total</b>								
<b>CARRIER INFORMATION</b>								
<b>Handling Unit</b>		<b>Package</b>					<b>LTL Only</b>	
Qty	Type	Qty	Type	Weight	HM (X)	<b>Commodity Description</b>	NMFC No.	Class
1			pallet	253.6 LBS		Drapery, hardware		110
<b>Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B).</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 charges and all other lawful fees.				
				Shipper Signature _____				
<b>Shipper Signature/Date</b>  2/13/25		<b>Trailer Loaded:</b> <input type="checkbox"/> By shipper <input type="checkbox"/> By driver		<b>Freight Counted:</b> <input type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces			<b>Carrier Signature/Pickup Date</b> 	
This is to certify that the above named materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.							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.	