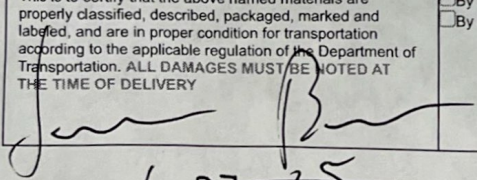
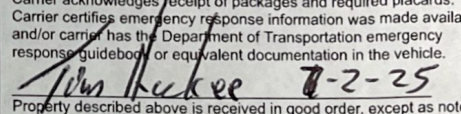


| Date: 6/27/2025 | | BILL OF LADING | | Page: _____ |
|---|--------|---|---|-------------------------------|
| SHIP FROM CULP HOME FASHIONS 7209 HWY 158 STOKESDALE, NC 27357 JASON STACEY - (336) 539-8040 | | Bill of Lading Number: 123643745 Purchase Order Number: 24-27667-29 | | |
| SHIP TO LA QUINTA INN 140 E PARK SQUARE JACKSON, TN 38305 DUSTIN CLAYTON - (731) 467-0744 | | Carrier Name: ESTES EXPRESS LINES Quote ID Number: LQNHLSZ Pro number: Transit days: 2 Estimated Delivery Date: 7/1/2025 | | |
| THIRD PARTY FREIGHT CHARGES BILL TO Name: B015192 % RD LOGISTICS, INC Address: 5525 Union Center Drive STE 2 City/State/Zip: WEST CHESTER, OH, 45069 Service Level: Normal | | Freight charge terms: (freight charges are prepaid unless marked otherwise) 3rd Party <input type="checkbox"/> Master Bill of Lading: with attached underlying Bill of Lading (check box) | | |
| ORIGIN INSTRUCTIONS: Driver go to DOCK #49. Contact: Juan Valencia 954-300-8703 DESTINATION ACCESSORIALS: Appointment, Limited Access Delivery, Over Length - 8ft but less than 12ft SERVICE LEVEL: Normal | | | | |
| CUSTOMER ORDER INFORMATION | | | | |
| CUSTOMER PO NUMBER | | #PKGS | WEIGHT | ADDITIONAL SHIPPER INFO |
| 24-27667-29 | | 5 | 195 lbs | PALLET / SLIP (CIRCLE ONE) |
| CARRIER INFORMATION | | | | |
| HANDLING UNIT | | PACKAGE | | WEIGHT |
| QTY | TYPE | QTY | TYPE | H.M. (X) |
| 1 | Pallet | 5 | PCS | 195 lbs |
| 1 | Pallet | 5 | PCS | 195 lbs |
| COMMODITY DESCRIPTION Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360 | | | | |
| BLINDS 96x46x13in | | | | LTL ONLY |
| | | | | NMFC# CLASS# |
| | | | | 174200-7 175 |
| 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 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. Shipper Signature _____ | |
| SHIPPER SIGNATURE / DATE 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 regulation of the Department of Transportation. ALL DAMAGES MUST BE NOTED AT THE TIME OF DELIVERY  | | | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.  7-2-25 Property described above is received in good order, except as noted. | |

6-27-25
7-2-25

| | | |
|--|-----------------------|----------------|
| ESTES | www.estes-express.com | Shipper's Copy |
|  017 - 7934423 | | |
| Driver's signature ONLY acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of the Uniform Straight Bill of Lading and the EXLA-105 series rules tariff. | | |