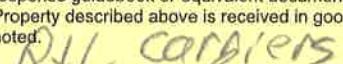


DOCK #4

Date: 08/12/2024

BILL OF LADING

SHIP FROM				BILL OF LADING					
Name: Gehring Tricot Address: 68 Ransom Street Dock #4 City/State/Zip: DOLGEVILLE, NY 13329 Ph: (315) 429-8551 Contact: Renee				Bill of Lading Number : <u>223585837</u> Carrier Name: <u>RL Carriers</u> SCAC: RLCA Pro number:					
				FOB: <input type="checkbox"/> 47690244-9 SHIPPERS COPY <small>This shipment is subject solely to the terms and conditions of Carrier's Individual and Collective Tariffs, including Limitations of Liability and the Uniform Straight Bill of Lading, NMFC 100 series</small>					
Name: Greenwood Marketing LLC DBA Restorative Medical Address: 332 E Broadway City/State/Zip: BRANDENBURG, KY 40108 Ph: (317) 308-1945 Contact: Receiver				FOB: <input type="checkbox"/> Freight Charge Terms: (freight charges are prepaid by Worldwide Express unless indicated otherwise)					
Name: Worldwide Express Address: 2323 Victory Avenue Ste 1600 City/State/Zip: Dallas, TX 75219				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill Of Lading WWE Number: W311788893					
SPECIAL INSTRUCTIONS: For assistance, please email detroitfreight@wwex.com Handling Instructions: Case 18788340 Pickup Instructions: Delivery Instructions:									
REFERENCE NUMBER INFORMATION									
REFERENCE		# PKGS		REFERENCE		# PKGS		Total # of Pkgs 0	
ZZ:				PO: Case 18788340					
CARRIER INFORMATION									
HANDLING UNITS		PIECES		WEIGHT LBS	H.M. X	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged to ensure safe transportation with ordinary care. See section 2(e) of NMFC Item 360		NMFC#	CLASS
1	PLT			300		fabric, 64(L) x 40(W) x 32(H) DO NOT STACK			125
1				300		Grand Total			
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of 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: 3rd Party WWE Remit Address:		Acceptable Forms of Payment: <input type="checkbox"/> Bank Certified Check <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order	
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 Worldwide Express Operations, LLC, a registered motor carrier broker, pursuant to 49 USC 14101(b) and all applicable state and federal regulations.						CARRIER SIGNATURE /PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and /or carrier has DOT emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted.			
SHIPPER'S 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 regulations of the Department of Transportation.			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallet said to contain <input type="checkbox"/> By Driver/Pieces		 8-12-24		
(Signature) _____ (Date) _____							(Signature) _____ (Date) _____		

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PACKING LIST