

Date: 01/15/2025

**BILL OF LADING**

SHIP FROM				Bill of Lading Number : <u>232167692</u> Carrier Name: <u>AVERITT EXPRESS</u> SCAC: <u>AVRT</u> Pro number:							
Name: Veratex, Inc Address: 120 21st ST NW GPS ADDRESS : 1930 1ST AVE NW City/State/Zip: HICKORY, NC 28601 Ph: 828-322-1145 Contact: Claude				FOB: <input type="checkbox"/>							
SHIP TO											
Name: Restorative Medical, Inc. Location# Address: 332 East Broadway											
City/State/Zip: BRANDENBURG, KY 40108 Ph: 610-524-1131 Contact: receiving				FOB: <input type="checkbox"/>							
FREIGHT CHARGES BILL TO				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 <a href="mailto:detroitfreight@wwex.com">detroitfreight@wwex.com</a>											
Handling Instructions: case 11800493											
Pickup Instructions:											
Delivery Instructions:											
REFERENCE NUMBER INFORMATION											
REFERENCE		# PKGS		REFERENCE		# PKGS		Total # of Pkgs 0			
ZZ:PO# 5061											
PO:.											
CARRIER INFORMATION											
HANDLING UNITS		PIECES		WEIGHT LBS		H.M. X		COMMODITY DESCRIPTION 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		LTL ONLY	
										NMFC#	
QTY	TYPE	QTY	TYPE	427				rolls, 48(L) x 61(W) x 44(H) DO NOT STACK		175	
1	PLT	7	ROL	427				<b>Grand Total</b>			
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: 3 <sup>rd</sup> 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 carried and Worldwide Express Operations, LLC. a registered motor carrier broker, pursuant to 49 USC 14101(b) and all applicable state and federal regulations.											
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:		Freight Counted:					
(Signature) _____ (Date) _____				<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallet said to contain <input type="checkbox"/> By Driver/Pieces					
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.											
(Signature) _____ (Date) _____											