



## BILL OF LADING

SHIP FROM				SHIP TO				THIRD PARTY FREIGHT CHARGES BILL TO				CUSTOMER ORDER INFORMATION				CARRIER INFORMATION			
3532 North 300 West SPANISH FORK, UT 84660 Brittney Jones - (815) 524-9088				HEALTHY CORNER / FJ CARGO 10250NW 89th AVE BAY 10 MEDLEY, FL 33178 Francisco Matos - (305) 613-5455				Name: Priority 1 Inc. Address: PO Box 398 City/State/Zip: North Little Rock, AR, 72115 Service Level: Normal				Bill of Lading Number: 114272035 Customer BOL: MSL20182647 Service Level: Normal Purchase Order Number: Healthy Corner - RxSugar - 220721-1246-8211				Carrier Name: YRC FREIGHT Quote ID Number: 504768011 Pro number:			
SERVICE LEVEL: Normal												Freight charge terms: (freight charges are prepaid unless marked otherwise) <b>3rd Party</b>				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill of Lading (check box)			
CUSTOMER PO NUMBER		#PKGS		WEIGHT		PALLETS / SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO											
Healthy Corner - RxSugar - 220721-1246-8211		1		1,160 lbs		PALLETS / SLIP (CIRCLE ONE)													
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 stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360				NMFC#	CLASS#						
1	Pallet	1	PCS	1,160 lbs				artificial sweetener 48x40x63in				75100	70						
1		1		1,160 lbs															
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"/>							
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C 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 freight and all other lawful charges. Shipper Signature _____											
<b>SHIPPER SIGNATURE / DATE</b> 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.								Trailer loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <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> 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.							
												Property described above is received in good order, except as noted.							