Date: 11/03/2023 BILL OF LADING Page 1 of 1													1		
SHIP FROM															
Name: GROVARA INC/BHU FOODS									Bill of Lading Number: 499669						
Address: 1500 NE MILLER ST									BAR CODE SPACE						
City/State/Zip: MCMINVILLE OR 97128 SID#: po#SNACKBARS FOB:										DAR CODE SPACE					
SID#: po#SNACKBARS FOB: SHIP TO										CARRIER NAME: NORTHERN REFRIGERATED					
Name: PARAMOUNT EXPORT Location #:										Trailer number: TBA					
Address: 1800 EAST BAY STREET										Seal number(s):					
City/State/Zip: LOS ANGELES CA.									SCAC:						
CID#: LISTO PRODUCE FOB:										Pro number:FB#H35112/QUOTE#451160					
	THIRD PARTY FREIGHT CHARGES BILL TO:														
Name: NATIONWIDE LOGISTICS, LLC											BAR CODE S	PACE			
	Address: P.O. BOX 14508														
City/State/Zip: CINCINNATI OH 45250										Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
SPECI	AL INSTRU						epaid		3 rd Party	<u>X</u>					
2 PALLETS - MUST MOVE CHILLED 35*F-46*F									Master Bill of Lading: with attached underlying						
CUSTOMER ORDER INF									(check box) Bills of Lading						
CUSTOMER ORDER NUMBER # PKGS						OMER SHT	ORDER			MATION	ADDITIONAL SHIP	PER INFO			
DO#6N				(CIRCL	1		**** 0 - 0 - 1			1014110444					
PO#SNACKBARS					1680.0	00	Y	'	<u>, </u>	***AGEN		ST CARRIERS TRUCKING***			
							Y	<u>''</u>			**253-212-9950**				
					· Y				2 PALLETS						
MUST	MOVE CH	·			Y										
MUST MOVE CHILLED 35*F-46*F						Y		N	1	MU	ST MOVE CHILLED	35*F-46*F			
							Υ	N	1	IVIO	OT WOVE OTHERED	001 101			
							Υ	N	1						
GRAN	D TOTAL		1680.0	00											
CARRIER INFORMATION															
QTY	ING UNIT	QTY	KAGE TYPE	WEIGHT	Н.М.	Commodities requiring spec			IMODITY DESCRIPTION cial or additional care or attention in handling or stowing must be taged as to ensure safe transportation with ordinary care.		ention in handling or stowing must be so	LTL O	NLY CLASS		
Q11		-,	'''-	WLIGHT	(X)		·			s to ensure safe tran Section 2(e) of NMF	sportation with ordinary care. C Item 360	Tuni o #	OLAGO		
2	PALLET			1680	SNACK BARS										
	+ + + + + + + + + + + + + + + + + + + +														
						DO				T STACK	PALLETS	RECEIVII	N G		
						TRAVEL WITH					ER MUST VERIFY	STAMP S	SPACE		
										E LOADED AND SECURED PRIOR					
2				1680.00		TO DEPARTING				GRAND TOTAL					
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or									COD Amount: \$						
	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										Fee Terms: Collect: ☐ Prepaid: ☐				
	per"										Customer check acceptable: □				
NOTE Liability Limitation for loss or damage in this shipment may be applicable. RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing The cal													of funicipals		
between th	e carrier and ship by the carrier ar	per, if applic	able, otherwise	e to the rates, class er, on request, and	ifications an	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature									
SHIPPE	R SIGNATI			Trailer			CARRIER SIGNATURI	E / PICKUP DA	TE						
packaged, m	tify that the above na arked and labeled, a n according to the ap	L B	y Shipper	• • • •				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.							
transportation according to the applicable regulations of the DOT. By Driver By Driver/palle By Driver/Piec										id to contain	Property described above is received	d in good order, except a	s noted.		

