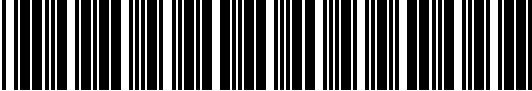


Date: 09/18/2024						BILL OF LADING				Page 1	
SHIP FROM							Pickup Number: WBU66376798				
Name: TRUE CITRUS							Bill of Lading Number: LD636655				
Contact: SHIPPING - Ph: (866) 885-3666											
Address: 11501 POCOMOKE COURT, SUITE D							CARRIER PRO 931633102				
MIDDLE RIVER, MD 21220											
SID#: Ref# True Citrus 240903-1028- Ph.: (866) 885-3666							CARRIER NAME: TFORCE FREIGHT				
Pickup Date: 09/18/24 from 08:00 to 17:00							Trailer number:				
SHIP TO							Seal number(s):				
Name: LOGY GLOBAL JAX							SCAC: TFIN				
Contact: RECEIVING - Ph: (904) 864-8775							Pro number: 931633102				
Address: 11070 CABOT COMMERCE CIR SUITE 100, DOOR 31											
JACKSONVILLE, FL 32226											
CID#: LGLG1015903 Ph.: (904) 864-8775							Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
Deliver : from 08:00 to 16:00							Prepaid _____ Collect _____ 3rd Party <u>X</u>				
THIRD PARTY FREIGHT CHARGES BILL TO:											
Name: GLB SOLUTIONS LLC - ACCT 13126196							<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading				
Contact: Ph: (305) 974-6239 REF#: Ref# True Citrus 240							(check box)				
Address: 9695 NW 174TH ST STE 400											
MIAMI, FL 33018											
SPECIAL INSTRUCTIONS: *** 308 - TForce Freight LTL ***											
- INTERNAL REF#290207982 - CARRIER QUOTE#559398293 - REF# TRUE CITRUS 240903-1028-28391 // LGLG1015903											
CARRIER INFORMATION											
HANDLING UNIT						H.M. (X)	COMMODITY DESCRIPTION <small>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</small>	LTL ONLY			
QTY	TYPE	STC	STACK	WEIGHT	DIMS			NMFC #	CLASS		
5	PLT		-	2160 lbs.	48" x 40" x 50"		DRY FOOD PRODUCT		125		
5				2160 lbs.	277.78 CFT		GRAND TOTAL				
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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.							The carrier shall not make delivery of this shipment without the payment of freight and all other lawful charges.				
							Shipper Signature				
SHIPPER SIGNATURE / DATE <small>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 DOT</small>				Trailer Load: <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		CARRIER SIGNATURE / PICKUP DATE <small>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 Property described above is received in good order, except as noted.</small>			