

BILL OF LADING					BOL Number: 60606212				
SHIP FROM					Carrier: XPO Logistics Freight Inc Pro #:				
Name: Source Logistics LLC					BAR CODE SPACE				
Address: 15849 N Lombard St Suite 100,,									
City/State/Zip: PORTLAND, OR, 97203									
Request Appointment P: (503) 906-4101 Ext.									
Stop Notes:					Pick up date: 11/21/2024 Trailer #: Seal #:				
SHIP TO					REFERENCE INFORMATION				
Name: Sonica International Inc Address: 315 E REDONDO BEACH BLVD City/State/Zip: GARDENA, CA, 90248 Stephen.ho@sonicainternatio P: (424) 331-5340 Ext. Stop Notes:					Reference Name		Value		
					Carrier Pickup Number		UPO-20-133		
					PO#		241118-0907-25091		
THIRD PARTY FREIGHT CHARGES BILL TO					Shipper Instructions Pickup #: Order 872 Loc Type: Business Special Services: Consignee Instructions Delivery #: PO#241118-090 Loc Type: Business Special Services: California State Fee				
Echo Global Logistics 600 West Chicago Ave Ste 725 Chicago, IL 60654									
Freight Charge Terms:		Carrier Acct #:							
Prepaid <input checked="" type="checkbox"/>		Quote ID:							
Collect <input type="checkbox"/>									
3rd Party <input checked="" type="checkbox"/>									
Special Instructions: See Shipper and Consignee Instructions ECHO is not liable for any accessorial charges unless pre-approved by Echo or noted on this bill of lading.									
LTL or Partial Only: # of Pallets: 1 Pallet Type: Skid Spots: 1 Stackable: No Pallet Dimensions: L: W: H:									
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	HM (X)	OD (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to</small>	LTL Only	
QTY	TYPE	QTY	TYPE					NMFC#	CLASS
1	Pallets	0		1715 lb			Dry food stuff , Length: 48, Width: 40, Height: 60	-00	65
1		0		1715 lb			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 contacts 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. (Section 7)			
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 Department of Transportation.</small> Shipper: _____ Date: _____						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	
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 Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.</small> Carrier: _____ Date: _____									