


XEROX MASTER BILL OF LADING

SHIP FROM	
Ship From Code:	JBHLDOTX
Name:	JB HUNT TRANSLOAD
Address:	9002 KILLAM INDUSTRIAL BLVD.
Address 2:	
City/State/Zip:	LAREDO, TX 78045
Contact Name:	FIDEL SALINAS
Contact Number:	479-224-1633

Bill of Lading Number: 93124350



SHIP TO	
Ship To Code:	XRIMIDOH
Name:	XEROX CORP - XRIMIDOH
Address:	6490 HAMILTON LEBANON RD
Address 2:	
City/State/Zip:	MIDDLETOWN, OH 45044
Contact Name:	KIMBERLY AMMON
Contact Number:	513-539-4829

CARRIER: XPO LOGISTICS FREIGHT INC. (CONWAY) LTL

SCAC: CNWY


Freight Charge Terms:
 Prepaid Collect 3rd Party

Seal Number:
 Master Bill of Lading: with attached underlying Bills of Lading (check box)

24 HR EMERGENCY CONTACT PHONE NUMBER:

BILL TO	
Name:	Xerox c/o Ryder Freight Bill Processing
Address:	39550 THIRTEEN MILE ROAD
City/State/Zip:	NOVI, MI 48377 USA

Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract, if any, otherwise subject to the terms, conditions and limitations of liability set forth in XPO Freight, inc. rules tariff. (see www.xpo.com)



813-361312 XPO

NOTES/SHIPMENT MEMO: Available for Pickup 12/1 between 9a-5p LT.
 Shipper: Fidel Salinas Fidel.Salinas@jbhunt.com (479.224.1633) , Eduardo Sandoval eduardo.sandoval@jbhunt.com and laredo.ops@jbhunt.com.

CUSTOMER ORDER INFORMATION

Customer Order Number	Order Type	PO #	STN Number (RA)	Pallet Quantity	Pallet Positions	Weight
JBHU20252	Inbound	JBHU20252		3	3	822
TOTAL				3	3	822

CARRIER INFORMATION

HANDLING UNIT							
Commodity / Product Description	Freight Class (LTL)	NMFC Code	HAZ	HAZ UN Code	Quantity Type	Quantity	Weight
CONSOLIDATE FLEX-MIDDLETOWN JBHU20252	100	116030-06			Pallet	3	822
Total						3	822

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: Prepaid:
 Customer check acceptable:

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 the 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 the freight and all other lawful charges.

SHIPPER 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 DOT.

Brain Rosas

Trailer Loaded:
 By Shipper
 By Driver

Freight Counted:
 By Shipper
 By Driver/pallets said to contain
 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 the DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.
Lucien Ortega 12/2/25

(3) p/lts (XPO)