

BILL OF LADING

BOL Number: 66478357

SHIP FROM

Name: JB Hunt
 Address: 9002 KILLAM INDUSTRIAL BLVD.,
 City/State/Zip: LAREDO, TX, 78045
 David Tristan P: 956) 791-4445 Ext.
 Stop Notes: P/U #: W 4795

Carrier: ABF Freight Systems

Pro #:

BAR CODE SPACE

Pick up date: 3/9/2026

Trailer #:

Seal #:

SHIP TO

Name: GP Camden Factory
 Address: 1101 S FRONT ST
 City/State/Zip: CAMDEN, NJ, 08103
 GP CAMDEN FACTORY P: 312-768-4503 Ext.
 Stop Notes: fcfs 0800-1600

REFERENCE INFORMATION

Reference Name	Value
Commodity	Paper Bags
DO Number	D313997114
Load PO#	6500006982
Load PO#	6500006982
Order #	D313997114
Order Type	YKMX
Type of Distribution	DIST

THIRD PARTY FREIGHT CHARGES BILL TO

Echo Global Logistics
 600 W. Chicago, Suite 200
 Chicago, IL 60654 UNITED STATES

Freight Charge Terms:

Prepaid
 Collect
 3rd Party

Carrier Acct #:
 Quote ID: Q#VNRTRB0656

Special Instructions:

Driver to reference at pickup: P/U #: W 4795 Load #: W 4795
 Q#VNRTRB0656

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: 0 Pallet Type: Skid Spots: Stackable: No
 Pallet Dimensions: L: W: H: inches

For complete list of reference numbers, please see Attached Supplement Page

Shipper Instructions

Pickup #: W 4795
 Loc Type: Business
 Special Services:

Consignee Instructions

Delivery # D313997114
 Loc Type: Business
 Special Services:



Driver signature only acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of Uniform Straight Bill of Lading and ABF's tariffs.



CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	HM (X)	OD (X)	COMMODITY DESCRIPTION	LTL Only	
QTY	TYPE	QTY	TYPE					NMFC#	CLASS
6		21000		7944 lb			See Attached Supplement Page		
								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: 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 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

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 Department of Transportation.

Shipper: [Signature] Date: _____

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 Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.

Carrier: [Signature] Date: 3/9/26

Trailer # 430177 1 of 3 [Signature]