



# INVOICE

**BILL TO:**  
ODW LTS  
1580 WILLIAMS ROAD  
COLUMBUS, OH 43207

**INVOICE DATE:** 10/23/2024  
**INVOICE #:** B62245  
**TERMS:** NET 30  
**DUE DATE:** 11/23/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
10/21/2024		HRB ODW Logistics, 1654 Williams Road DC4, Columbus, OH 43207 - Walmart - DC 6036, 14863 FM 645 UNIT B, Palestine, TX 75803			
		Freight Income	1	\$2,100.00	\$2,100.00

TOTAL
\$2,100.00

**PLEASE NOTE**

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below. Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

**COMPASS FUNDING SOLUTIONS LLC**  
**P.O.BOX 205154**  
**DALLAS, TX 75320-5154**  
**Tel: 844-899-8092**



**ODW LTS, LLC. Rate Confirmation**  
**345 High Street Suite #600**  
**Hamilton, OH 45011**  
**Phone: 800-978-3168**  
**<http://www.odwlogistics.com/lts/>**

**Please have the driver call ODW LTS, LLC. dispatch @ 800-978-3168. Driver will need the shipper load number for dispatch. All future correspondence pertaining to this load will reference this number. Carrier's responsibility to ensure the carrier's name is on the Bill of Lading. Have the driver call ODW LTS, LLC. when empty for a release number.**

CARRIER: BRZ	ODW LTS, LLC. L241016-00025
PHONE: 708-852-5664	LOAD#:
FAX:	***ODW LTS, LLC. LOAD NUMBER
EMAIL: dispatch@rtbrz.com	MUST APPEAR ON ALL BILLING***
ATTN: Jim - RIKI TRANSPORTATION INC.	Pickup #'s
	TRAILER TYPE: 53 Dry Van

#### **Pickup**

HRB ODW LOGISTICS	EARLIEST: 10/21/2024 8:00:00 AM
1654 Williams Road	LATEST: 10/21/2024 10:00:00 AM
DC4	WEIGHT 28019
Columbus, OH43207	HU COUNT: 20

**Instructions:** check-in with OD #s; dry van; clean, dry, odor free, must have load straps or locks to secure load/GPS address to front gate: 3292 Groveport Road Columbus, OH 43207/PU#: L241016-00025; 53 DRY VAN/FOOD GRADE/DRY CLEAN AND ODOR FREE; LOAD SEAL NEEDS TO BE APPLIED PER DELIVERY; SEAL TO REMAIN IN TACT THROUGH TRANSIT, SEAL TO BE BROKEN BY CONSIGNEE ONLY; \*\*MINIMUM OF 4 STRAPS AND/OR 2 LOAD LOCKS REQUIRED PER STOP FOR SECURING FREIGHT // GPS address to front gate: 3292 Groveport Road Columbus, OH 43207

GLNum	22322
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#### **Pickup**

ODW Logistics DC12	EARLIEST: 10/21/2024 10:00:00 AM
5465 Centerpoint Parkway	LATEST: 10/21/2024 10:00:00 AM
	WEIGHT 12844
Groveport, OH43125	HU COUNT: 24

**Instructions:** PU# L241016-00025; 53 DRY VAN/FOOD GRADE/DRY CLEAN AND ODOR FREE; LOAD SEAL NEEDS TO BE APPLIED PER DELIVERY; SEAL TO REMAIN IN TACT THROUGH TRANSIT, SEAL TO BE BROKEN BY CONSIGNEE ONLY; \*\*MINIMUM OF 4 STRAPS AND/OR 2 LOAD LOCKS REQUIRED PER STOP FOR SECURING FREIGHT AT THE TAIL END OF THE PRODUCT and BETWEEN STOPS WITH STRAP OR LOADBAR\*\*\* THIS IS DRIVERS RESPONSIBILITY; SHIPPER CAN PROVIDE AT A COST OF \$35 PER LOAD LOCK AND \$15 PER STRAP PROVIDED BY SHIPPER FOR ALL ORDERS TO BE LOADED/DELIVERED AND PREASSIGNED SEAL# PER STOP

#### **Delivery**

Walmart - DC 6036	EARLIEST: 10/23/2024 5:00:00 AM
14863 FM 645 UNIT B	LATEST: 10/23/2024 5:00:00 AM
	WEIGHT 40863
PALESTINE, TX75803	HU COUNT: 44

**Instructions:** Del appt 10/23 @0500 . Del appt #29745469 //Must arrive on the scheduled delivery appt, cannot arrive a day early or reset the delivery appt without first getting approval from ODW--- THERE WILL BE A \$350.00 IN FINES FOR DELIVERING EARLY additional fees may apply for reschedules or late deliveries. Upon check in, advise on a Pull and Fax and provide emails to each Client: LTSHRBBBrands@odwlogistics.com , LTS.ParisPresents@odwlogistics.com; LTSGalderma@ODWLogistics.com;ltsbeaconwellness@odwlogistics.com

## NOTES:

### Pay Summary

Freight	\$2050.00
Stop Off	\$50.00
<b>Total</b>	<b>\$2100.00</b>

All Carrier Payments are now processed through TriumphPay.com



1. Go to [www.secure.TriumphPay.com](http://www.secure.TriumphPay.com)
2. Register your company
3. Connect with ODW Logistics, Inc.
4. Add your payment information
5. Control your money!

#### Get Paid Now!

Login to TriumphPay.com to take advantage of our  
**1.65% same day Quick Pay!**

ALL ACCESSORIAL CHARGES **MUST** BE PRE-APPROVED & BILLED WITH RECEIPT & POD. ALL PROBLEMS / RESCHEDULES **MUST** BE HANDLED THROUGH ODW LTS, LLC. OFFICE.

**PAYMENT:** REQUIRE BOL / DELIVERY RECEIPT

UNLOAD / LOAD RECEIPTS FOR DETENTION MUST BE SENT IN AT TIME OF INVOICING OR IT **WILL NOT** BE PAID. MUST REFERENCE LOAD # ON ALL CORRESPONDENCES.

**Submit all invoices to: (Email) LtsAPIInvoices@odwlogistics.com or**

**(Mail) ODW LTS, LLC, 345 High St. Suite 600, Hamilton, OH 45011**

**(EMAIL IS PREFERRED METHOD FOR ALL INVOICES)**

1. Driver must ensure seal is in tact and shipper signs BOL with Seal # before leaving shipper facility. Consignee must break seal and sign BOL as Seal Intact. Food Security: If any food or food related shipment arrives at destination: 1) with a broken seal; 2) with evidence of tampering suggesting the shipment was accessed by unauthorized persons or otherwise subjected to contamination, infestation, or other sources with the potential to render the shipment injurious to health, the typical burden of proof imposed by Carmack shall not apply and instead, Shipper or Consignee, in its sole discretion, may determine that the shipment may have been rendered injurious to health and may reject the entire shipment or any portion thereof.
2. Signed BOL along with Release # on invoice is required for payment. Any failure to adhere to these policies may result in delayed payment.
3. Under no circumstance shall the Carrier subcontract shipment to another Carrier or Intermodal service provider.
4. Carrier's liability is of an Interstate Common Carrier. Directions supplied by ODW LTS, LLC. or its Customers either orally and/or in written form are for informational purposes only. It is the Carrier's sole responsibility to confirm that it may lawfully operate a loaded vehicle of any weight, commodity or dimension over any highway, bridge or route.
5. Total agreed upon charges between ODW LTS, LLC. and Carrier as listed in "Rate Section" of this form. Any additional charges must be agreed upon by ODW LTS and a new rate confirmation will be sent to Carrier..
6. Undue delays and failure to perform on-time pick up or deliveries can result in carrier being charged back if any such penalty is imposed on ODW LTS, LLC.
7. If carrier/driver does state an hours-of-service issue or another safety regulation issue(s) either occurring or the possibility of an occurrence, carrier/driver are to communicate this immediately back to the ODW LTS, LLC dispatch, who will in turn communicate internally to the ODW LTS, LLC. broker employee who booked the load. That ODW LTS, LLC. broker will then contact the carrier's representative that booked the load with ODW LTS, LLC. to work out the details on rescheduling the load details or to possibly find an alternative carrier solution. Under no circumstances will any ODW LTS, LLC. employee coerce the driver/carrier to perform services that would violate an hours-of-service issue or other safety regulations. Carrier shall indemnify and hold harmless ODW LTS, LLC for any resulting penalties, fines, or other monetary charges imposed by any governmental entity regarding hours-of-service issues.
8. Any detention exceeding 2 free hours at each shipper or consignee must be communicated to ODW LTS, LLC. dispatch at least 30 minutes prior to detention time starting. Driver must get BOL signed by shipper or consignee with times in/out clearly labeled. A call after business hours to ODW LTS, LLC. is acceptable as long as a detailed message is left. Detention will be negotiated with ODW LTS, LLC. and a new rate confirmation will be sent to Carrier. Any failure to adhere to these policies may result in non-payment of detention.
9. Carrier has at least \$100,000 in cargo insurance, \$1,000,000 in commercial general liability coverage, and \$1,000,000 in automotive liability coverage per claimant, or minimum amounts required by domiciled States Requirements, whichever is more. Carrier's insurance coverage/policy must not exclude from coverage any commodities or cargo on this order.
10. If carrier's insurance policy contains a schedule of covered vehicles, carrier will not transport any cargo on loads tendered from ODW LTS, LLC using a vehicle that is not listed as a scheduled vehicle on carrier's insurance policy.
11. Carrier certifies that it is in compliance with all Federal Regulations and/or local regulations governing the transport of goods and commodities, including, but not limited to California Air Resources Board's TRU (Transport Refrigeration Unit) equipment regulations, Heavy-Duty (Tractor-Trailer) Greenhouse Gas Regulation and Truck and Bus Regulation, if applicable, the latest sanitary food transportation regulations (Code of Federal Regulations, Title 21), if applicable; and, the latest hazardous materials regulations, if applicable. Carrier shall indemnify and hold harmless and be responsible for any fines imposed on ODW LTS, LLC. resulting from Carrier noncompliance.
12. ODW LTS, LLC. must be notified immediately of all overages, shortages, and damages noted on the BOL. A copy of the noted BOL is requested at that time
13. Unless oral or written notification is given by the carrier in dispute of any charges or terms of this rate confirmation, carrier has agreed to all charges and terms listed.
14. Carrier asserts to have reefer breakdown coverage listed under their cargo coverage when handling any load that requires the product to be temperature controlled.
15. Carrier is responsible to ensure all flatbed and over dimensional loads are properly secured.
16. Any attachment(s) included with this Rate Confirmation are considered part of the Rate Confirmation and Carrier agrees to abide by the instructions/terms/conditions contained in such attachment, if any.
17. This Rate Confirmation is to be considered an addendum and/or appendix to the Broker-Carrier Motor Transportation Contract (if such Contract exists) between Carrier and ODW LTS, LLC. As such all terms and conditions of the Contract apply whether or not this Rate Confirmation has been manually signed by the

parties.

**Acceptance of the load and completion/delivery of the load shall act as acceptance of the terms and conditions herein and act as execution if this Rate Confirmation where this Rate Confirmation has not been duly executed.**

*Jim Dujanovic*

10/21/2024

Ship Date: 10/21/2024

# BILL OF LADING

ODWTM

## SHIP FROM

Name: GALDERMA % ODW LOGISTICS

Address: 5165 Centerpoint Parkway

City/State/Zip: Groveport, OH 43125

Phone: 513-785-5523

Contact: Shipping

Bill of Lading Number: 0241014-00852

Customer: Galderma Laboratories, L.P. - Outbound PO C55799

PRO Number:

CARRIER:

SEAL #:

TRAILER #:

## SHIP TO

Name: Walmart - DC 6036

Address: 14863 FM 645 UNIT B

City/State/Zip: PALESTINE, TX 75683

Phone:

Contact:

## THIRD PARTY FREIGHT CHARGES - BILL TO

Name: ODW Logistics

Address: 345 High St. Suite 600

City/State/Zip: Hamilton, OH 45011

Delivery Notes: | MABD 10/24/2024

Order Notes:

## CUSTOMER ORDER INFORMATION

### Reference Numbers

BOL	289168
Customer Order ID	289168
GLNum	C55799
PO	3379459643
Reference	0000803036
Sales Order	59978460287

## CARRIER INFORMATION

Handling Unit		Piece		Commodity Description		LTL Only	
Qty	Type	Count	Weight			NMFC#	Class
2	Pallet	111	2183	Toilet Preparations or Personal Care Products		59420-03	70
2	Total	111	2183	Total			

Where the rate is dependent on value, shippers are required to state specifically 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 lb."

COD Amount: \$  
 Feet 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).

### Shipper Certification

X Shipper Signature X Date/Time

### Carrier Certification

X Carrier Signature X Date/Time  
 Property described below is received in good order, except as noted.

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 U.S. DOT.

Trailer Loaded:  
 By Shipper  
 By Driver  
 Freight Counted:  
 By Shipper  
 By Driver/Pallets  
 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 U.S. DOT emergency response guidebook or equivalent documentation in vehicle.



ORIGINAL - NON NEGOTIABLE

Ship Date: 10/21/2024

# BILL OF LADING

ODWTM

## SHIP FROM

Name: GALDERMA % ODW LOGISTICS

Address: 5465 Centerville Parkway

City/State/Zip: Groveport, OH 43125

Phone: 513-785-5523

Contact: Shipping

## SHIP TO

Name: Walmart - DC 6036

Address: 14863 FM 645 UNIT B

City/State/Zip: PALESTINE, TX 75753

Phone:

Contact:

Bill of Lading Number: 0241014-00850

Customer: Galderma Laboratories, L.P. - Outbound PO C55799

PRO Number:

CARRIER:

SEAL #:

TRAILER #:

## THIRD PARTY FREIGHT CHARGES - BILL TO

Name: ODW Logistics

Address: 345 High St. Suite 600

City/State/Zip: Hamilton, OH 45011

Delivery Notes: MABD 10/24/2024

Order Notes:

## CUSTOMER ORDER INFORMATION

Reference Numbers	
BOL	289157
Customer Order ID	289157
GL Num	C55799
PO	3781941249
Reference	0000802966
Sales Order	59978469625

## CARRIER INFORMATION

Handling Unit		Piece	Commodity Description		LTL Only	
Qty	Type	Count			NMFC#	Class
1	Pallet	76	968	Toilet Preparations or Personal Care Products	59420-03	70
1	Total	76	968			
				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 lb."

COD Amount: \$  
Freight 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).

### Shipper Certification

X Shipper Signature X Date/Time

### Carrier Certification

X Carrier Signature X Date/Time  
Property described below is received in good order, except as noted.

**Shipper Signature/Date**  
This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and is in proper condition for transportation according to the applicable regulations of the U.S. DOT.

**Trailer Loaded:**  
By Shipper  
By Driver  
**Freight Counted:**  
By Shipper  
By Driver/Pallets  
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 U.S. DOT emergency response guidebook or equivalent documentation in vehicle.

to be delivered following receipt of

release

per Section 1.1 of U.S. DOT

Ship Date: 10/21/2024

## BILL OF LADING

ODWTM

## SHIP FROM

Name: HRB ODW LOGISTICS

Address: 1654 Williams Road  
DC4

City/State/Zip: Columbus, OH 43207

Phone: 513-785-4967

Contact: shipping

Bill of Lading Number: 0241014-00256

Customer: HRB % ODW Logistics

PRO Number:

CARRIER: \_\_\_\_\_

SEAL #: \_\_\_\_\_

TRAILER #: \_\_\_\_\_

## SHIP TO

Name: Walmart - DC 6036

Address: 14863 FM 645 UNIT B

City/State/Zip: PALESTINE, TX 75803

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

## THIRD PARTY FREIGHT CHARGES - BILL TO

Name: ODW Logistics

Address: 345 High St. Suite 600

City/State/Zip: Hamilton, OH 45011

Delivery Notes: | MABD 10/24/2024 - Must Deliver on 10/24/2024

Order Notes:

## CUSTOMER ORDER INFORMATION

Reference Numbers	
BOL	4619449
Customer Order ID	4619449-Order
GL Num	22322
PO	7981727891
Sales Order	OD-409657

## CARRIER INFORMATION

Handling Unit		Piece			Commodity Description		LTL Only	
Qty	Type	Count	Weight		<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 360.</small>		NMFC#	Class
3	Pallet	677	4034		Toilet Preps, Personal Care 15 or greater *		59420-03	70
3	Total	677	4034		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 lb."

COD Amount: \$ \_\_\_\_\_

Feet 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).

## Shipper Certification

X \_\_\_\_\_  
Shipper SignatureX \_\_\_\_\_  
Date/Time

## Carrier Certification

X \_\_\_\_\_  
Carrier SignatureX \_\_\_\_\_  
Date/Time

Property described below is received in good order, except as noted.

## Shipper Signature/Date

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and is in proper condition for transportation according to the applicable regulations of the U.S. DOT.

## Trailer Loaded:

\_\_\_\_ By Shipper

\_\_\_\_ By Driver

## Freight Counted:

\_\_\_\_ By Shipper

\_\_\_\_ By Driver/Pallets

\_\_\_\_ 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 U.S. DOT emergency response guidebook or equivalent documentation in vehicle.



SHORT FORM—ORIGINAL—NON NEGOTIABLE

ODW Logistics Inc.

Ship Date: 10/21/2024

# BILL OF LADING

ODWTM

Name: Beacon Wellness % ODW Logistics

Phone: 513-785-5523

City/State/Zip: Groveport, OH 43125

Phone: 513-785-5523

Contact: Shipping

Bill of Lading Number: 0241015-00327

Customer: Beacon Wellness Brands

PRO Number:

CARRIER:

SEAL #:

TRAILER #:

Name: Walmart - DC 6036

Address: 14863 FM 645 UNIT B

City/State/Zip: PALCO, TX 77459

Phone:

Contact:

## THIRD PARTY/FREIGHT CHARGES - BILL TO

Name: ODW Logistics

Address: 345 High St. Suite 600

City/State/Zip: Hamilton, OH 45011

Delivery Notes:

Order Notes:

## CUSTOMER ORDER INFORMATION

Reference Numbers	
BOL	4629484
Customer Order ID	4629484-Order
GL Num	55000
PO	7981727#93
Sales Order	EDI164882

## CARRIER INFORMATION

Handling Unit		Piece		Commodity Description		LTL Only	
Qty	Type	Count	Weight	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 360		NMFC#	Class
1	Pallet	42	150	Razors, electric, in boxes		168810	175
1	Total	42	150	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 lb."

COD Amount: \$

Freight 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).

### Shipper Certification

X

Shipper Signature

X

Date/Time

### Carrier Certification

X

Carrier Signature

Date/Time

Property described below is received in good order, except as noted.

Shipper Signature/Date

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and is in proper condition for transportation according to the applicable regulations of the U.S. DOT.

Trailer Loaded:

By Shipper

By Driver

Freight Counted:

By Shipper

By Driver/Pallets

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 U.S. DOT emergency response guidebook or equivalent documentation in vehicle.

to be delivered following payment of

or state

per Section as for these



Ship Date: 10/21/2024

# BILL OF LADING

ODWTM

## SHIP FROM

Name: GALDERMA % ODW LOGISTICS

Address: 5165 Centerpoint Parkway

City/State/Zip: Groveport, OH 43125

Phone: 513-785-5523

Contact: Shipping

Bill of Lading Number: 0241014-00852

Customer: Galderma Laboratories, L.P. - Outbound PO C55799

PRO Number:

CARRIER:

SEAL #:

TRAILER #:

## SHIP TO

Name: Walmart - DC 6036

Address: 14863 FM 645 UNIT B

City/State/Zip: PALESTINE, TX 75603

Phone:

Contact:

## THIRD PARTY FREIGHT CHARGES - BILL TO

Name: ODW Logistics

Address: 345 High St. Suite 600

City/State/Zip: Hamilton, OH 45011

Delivery Notes: | MABD 10/24/2024

Order Notes:

## CUSTOMER ORDER INFORMATION

### Reference Numbers

BOL	289168
Customer Order ID	289168
GLNum	C55799
PO	3379459643
Reference	0000803036
Sales Order	59978460287

## CARRIER INFORMATION

Handling Unit		Piece		Commodity Description		LTL Only	
Qty	Type	Count	Weight			NMFC#	Class
2	Pallet	111	2183	Toilet Preparations or Personal Care Products		59420-03	70
2	Total	111	2183	Total			

Where the rate is dependent on value, shippers are required to state specifically 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 lb."

COD Amount: \$  
 Freight 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).

### Shipper Certification

X Shipper Signature X Date/Time

### Carrier Certification

X Carrier Signature X Date/Time  
 Property described below is received in good order, except as noted.

### 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 U.S. DOT.

### Trailer Loaded:

By Shipper  
 By Driver

### Freight Counted:

By Shipper  
 By Driver/Pallets  
 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 U.S. DOT emergency response guidebook or equivalent documentation in vehicle.

ORIGINAL - NON NEGOTIABLE

Ship Date: 10/21/2024

# BILL OF LADING

ODWTM

## SHIP FROM

Name: GALDERMA % ODW LOGISTICS

Address: 5465 Centerville Parkway

City/State/Zip: Groveport, OH 43125

Phone: 513-785-5523

Contact: Shipping

Bill of Lading Number: 0241014-00850

Customer: Galderma Laboratories, L.P. - Outbound PO C55799

PRO Number:

CARRIER:

SEAL #:

TRAILER #:

## SHIP TO

Name: Walmart - DC 6036

Address: 14863 FM 645 UNIT B

City/State/Zip: PALESTINE, TX 75753

Phone:

Contact:

## THIRD PARTY FREIGHT CHARGES - BILL TO

Name: ODW Logistics

Address: 345 High St. Suite 600

City/State/Zip: Hamilton, OH 45011

Delivery Notes: MABD 10/24/2024

Order Notes:

## CUSTOMER ORDER INFORMATION

Reference Numbers	
BOL	289157
Customer Order ID	289157
GL Num	C55799
PO	3781941249
Reference	0000802966
Sales Order	59978469625

## CARRIER INFORMATION

Handling Unit		Piece	Commodity Description		LTL Only	
Qty	Type	Count			NMFC#	Class
1	Pallet	76	968	Commodities requiring special or additional care or attention in handling or towing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC 360		
1	Total	76	968	Toilet Preparations or Personal Care Products	59420-03	70
				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 lb."

COD Amount: \$  
Freight 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).

### Shipper Certification

X Shipper Signature X Date/Time

### Carrier Certification

X Carrier Signature X Date/Time  
Property described below is received in good order, except as noted.

**Shipper Signature/Date**  
This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and is in proper condition for transportation according to the applicable regulations of the U.S. DOT.

**Trailer Loaded:**  
By Shipper  
By Driver  
**Freight Counted:**  
By Shipper  
By Driver/Pallets  
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 U.S. DOT emergency response guidebook or equivalent documentation in vehicle.

to be delivered following receipt of

release

per Section 1 for Users



property under the contract agrees to carry to its usual place of delivery in accordance with the terms and conditions of the Uniform Bill of Lading and to pay for the freight and charges thereon. The carrier shall be responsible for the safe delivery of the property and for the payment of the freight and charges thereon. The carrier shall be responsible for the safe delivery of the property and for the payment of the freight and charges thereon. The carrier shall be responsible for the safe delivery of the property and for the payment of the freight and charges thereon.

B/L No. 4619620

<b>Ship To</b>	Walmart
	14863 FM 645 UNIT B
	PALESTINE, TX 75803
<b>Shipper's Ref. Number</b>	OD-409700
<b>Customer P.O. Number</b>	3379459644

Date: 10/21/24  
 Bldg. No: 54  
 Ship Date: 10/21/24  
 Arrival Date: 10/24/24  
 Ship Via: ODW LTS  
 Storer No: 1150  
 Storer Name: HRB BRANDS  
 Prod#:

Prepaid

Quantity	U/M	M	Item Code / Lot Code	Description	NMFC / Freight Class	(Sub
130	CS		SUU00227-001	Sure Unsc/Aero 4/3 6z DSC Can	59420.03	
			24226/08-2027	50883484002273	70.0	
135	CS		SUU71793	Sure OS Reg	59420.02	
			24284/10-2027	12/1 2.7oz	85.0	
180	CS		901772	Coast Bar Soap CS-4/8 3.2z	59420.03	
			24232	00816559017723	70.0	
140	CS		901887	ZEST BAR SOAP AQ 8BAR 4OZ 4PK	59420.03	
			24177		70.0	
4				Pallets		
				----- Last Item -----		
Total Packages				Total Cubes	Total Weight	

SIDE LOAD/STACK WHERE POSSIBLE IN NOSE, DRTIVER WILL BE PICKING UP ANOTHER 24 PALLETS.  
 | check-in with OD #s; dry van; clean, dry, odor free, must have load straps or locks to secure load | GPS address to front gate: 3292 Groveport Road Columbus, OH 43207 | PU#: L241016-00025; 53 DRY VAN/FOOD GRADE/DRY CLEAN AND ODOR FREE; LOAD SEAL NEEDS TO BE APPLIED PER DELIVERY; SEAL TO REMAIN IN TACT THROUGH TRANSIT, SEAL TO BE BROKEN BY CONSIGNEE ONLY; \*\*MINIMUM OF 4 STRAPS AND/OR 2 LOAD LOCKS

1150 Send Freight Bill To:  
 ODW Logistics  
 345 High Street  
 Hamilton, OH 45011

Agent >  
 < For Account Of

<b>Appointment Information</b>	Date Made	Date Scheduled	Time
	App/BKG/Door	Contact Name	
Received \$ _____ to apply in prepayment of the charges on the property described herein. Agent or Cashier Per _____ (The signature here acknowledges only the amount prepaid.) Charges advanced: \$ _____		NOTE: When the rate is dependent on the value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____ 10/21/24 12:37:34 DLOWERY	

Received the above in good order except where otherwise noted	
Agent/Driver	Carrier
Date	No. Of Pallets
H303258	774098
Trailer No.	Seal No.
Subject to Section 7 of Condition of applicable bill of lading, if this shipment is to be consigned without recourse on the consignor, the consignor shall be responsible for the payment of the freight and all other lawful charges.	
By	AGENT
(Shippers imprint in lieu of stamp, not a part of bill of lading approved by the Commerce Commission.)	

\*Mark with "9" to designate Hazardous Materials as defined in the Department of Transportation Regulations governing the transportation of hazardous materials. The use of this notation is an optional method of designating hazardous materials.

\*The Paper Bags, Film Bags, Fiber Drums used for the shipment conform to the specifications set forth in the carrier's certificate of approval.

Driver 2



PO	7981727891
PO	7981727893
Reference	0000802878
Reference	0000802966
Reference	0000803035
Reference	0000803036
Reference	0000803318
SalesOrder	2287341
SalesOrder	2287350
SalesOrder	2287358
SalesOrder	59978462429
SalesOrder	59978466628
SalesOrder	59978468878
SalesOrder	59978469287
SalesOrder	59978469625
SalesOrder	EDI164857
SalesOrder	EDI164869
SalesOrder	EDI164889
SalesOrder	EDI164892
SalesOrder	OD-409657
SalesOrder	OD-409662
SalesOrder	OD-409665
SalesOrder	OD-409700

		Equip ID	3258	Status	AP <i>130</i>
		Equip Arrival	10/23/24 03:41	Temp1	
		Carrier	ODWL	Temp2	
		Seal	57108145	Temp3	
		Reseal		Fuel Lvl	
		DoorZone	APPOINTMENT	Dept	SSTK
		Del Date	10/23/24 05:00	Type	53
I have read and understand the posted copy of Wa Marte Appointment Drop Rules and Regulations					
Driver Signature _____					
					
Delivery#		29745469	DC	6036	

#### CARRIER INFORMATION

Handling Unit		Piece			Commodity Description	LTL Only	
Qty	Type	Count	Weight			NMFC#	Class
0	Pallet	0	36	50004810			
0	Pallet	0	91	21003101			
0	Pallet	0	1879	Toilet Preps, Personal Care Less than 10 *			
5	Pallet	150	758	Razors, electric, in boxes		59420-01	125
9	Pallet	639	7402	Toilet Preps, Personal Care 15 or greater *		168810	175
10	Pallet	549	2678	Toilet Preps, Personal Care 15 or greater *		59420-03	70
20	Pallet	3561	28019	Toilet Preps, Personal Care 15 or greater *		59420-03	70
44	Total	4899	40863	Total		59420-03	70

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 lb."

COD Amount: \$ \_\_\_\_\_  
 Freight 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).

Shipper Certification X <i>Brown</i> Shipper Signature		Carrier Certification X <i>10/21/24</i> Date/Time		Carrier Signature X _____ Date/Time	
--	--	---	--	---	--

Property described below is received in good order, except as noted.



Ship Date: 10/23/2024

# Trailer Control Record

DC#: 6036

TCR: dbf74b58-2a3d-4c4b-ba57-8467135ab4e7

10/26

Trailer Number	Carrier	Delivery Number	Appointment Time	Arrival Date
3258	ODWL	29745469	10/23/2024 05:00	10/23/2024 03:41:31

Arrival Information		Intact: Y
Inbound Seal #: 57108145	Sealed at Gate: N	Load ID#: 215018261
AP Associate: tblair	Current Seal #: 57108145	
Comments:		

Delivery	Total: 4899
Cases: S5TK 800 A-DIST 512 ASM 2029 A-S5TK 1558	

Receiving Dock	Assigned by: c0miran	Closed by: ggonza1
Door #: 156	Unload Start Time: 10/23/2024 05:14:40	Unload End Time: 10/23/2024 07:07:22
Unloader: c0miran	Paperwork Available at Window: 10/23/2024 07:19	
Driver Arrival at Window: 10/23/2024 03:58		

Receiving Office	Return/Transfer
Drop: N Driver Unload:	Trailer Empty: N
Commodity: S5TK	Return Contents:
Tractor #: 832	Description:
	Reason:

Seal Information	Receiving Office
Seal Number: 57108145	Trailer Resealed By: ggonza1
Sealed By: ggonza1	

Outbound Information	D/T:	Outbound Seal #:
AP Associate:		

Door Change Log	Event	User
Timestamp	Location updated to door 6036 - 156	alopez2
10/23/2024 04:36:52		

PO	7981727891
PO	7981727893
Reference	0000802878
Reference	0000802966
Reference	0000803035
Reference	0000803036
Reference	0000803318
SalesOrder	2287341
SalesOrder	2287350
SalesOrder	2287358
SalesOrder	59978462429
SalesOrder	59978466628
SalesOrder	59978468878
SalesOrder	59978469287
SalesOrder	59978469625
SalesOrder	EDI164857
SalesOrder	EDI164869
SalesOrder	EDI164889
SalesOrder	EDI164892
SalesOrder	OD-409657
SalesOrder	OD-409662
SalesOrder	OD-409665
SalesOrder	OD-409700

  
 Equip ID 3258  
 Equip Arrival 10/23/24 03:41  
 Carrier ODWL  
 Seal 57108145  
 Reseal  
 DoorZone  
 Del Date 10/23/24 05:00  
 Status AP *130*  
 Temp1  
 Temp2  
 Temp3  
 Fuel Lvl  
 Dept SSTK  
 Type 53  
 I have read and understand the posted copy of Wx Marks Appointment Drop Rules and Regulations  
 Driver Signature \_\_\_\_\_  
  
 Delivery# 29745469 DC 6036

#### CARRIER INFORMATION

Handling Unit		Piece			Commodity Description	LTL Only	
Qty	Type	Count	Weight		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(a) of NMFC 380	NMFC#	Class
0	Pallet	0	36		50004810		
0	Pallet	0	91		21003101		
0	Pallet	0	1879		Toilet Preps, Personal Care Less than 10 *	59420-01	125
5	Pallet	150	758		Razors, electric, in boxes	168810	175
9	Pallet	639	7402		Toilet Preps, Personal Care 15 or greater *	59420-03	70
10	Pallet	549	2678		Toilet Preps, Personal Care 15 or greater *	59420-03	70
20	Pallet	3561	28019		Toilet Preps, Personal Care 15 or greater *	59420-03	70
44	Total	4899	40863		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 lb."

COD Amount: \$ \_\_\_\_\_  
 Feet 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).

Shipper Certification <i>Brown</i> X _____ Shipper Signature	Date/Time X 10/21/24 _____	Carrier Certification X _____ Carrier Signature Property described below is received in good order, except as noted.	Date/Time X _____ _____
---	----------------------------------	---	-------------------------------



[illegible]

ODW-Logistics, Inc.

B/L No.	4619620	Page	3	Of	4
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Ship To	Walmart 14863 FM 645 UNIT B PALESTINE, TX 75803	
	Shipper's Ref. Number	OD-409700
	Customer P.O. Number	3379459644

Date: 10/21/24  
 Bldg No: 54  
 Ship Date: 10/21/24  
 Arrival Date: 10/24/24  
 Ship Via: ODW LTS  
 Storer No: 1150  
 Storer Name: HRB BRANDS  
 Fruit:

Pallate In /	Type /
Pallate Out	Type
Staging Location	

II				SMC/ Freight Class	Weight (Lbs.) (Subject to Correction)
Quantity	U/M	M	Item Code / Lot Code	Description	
				<p>from ODW--- THERE WILL BE A \$350.00 IN FINES FOR DELIVERING            EARLY additional fees may apply for reschedules or late            deliveries. Upon check in, advise on a Pull and Fax and            provide emails to each Client: LTSHRBBrands@odwlogistics.            com , LTS.ParisPresents@odwlogistics.com; LTSGalderma@            ODWLogistics.com;ltsbeaconwellness@odwlogistics.com            ALL QUESTIONS, RETURNS, OR ISSUES REGARDING THIS SHIPMENT            CONTACT ODW LOGISTICS AT: LTSHRBBrands@ODWLOGISTICS.COM            OR CALL 513-785-4991            ALL PALLETS STACKABLE</p> <p>.....</p>	
595				<b>Total Packages</b>	
				<b>Total Cubes</b>	
				120.7880	
				<b>Total Weight</b>	
				4270.10	

1150      Send Freight Bill To:  
ODW Logistics  
145 High Street  
Hamilton, OH 45011

Agent >  
< For Account Of

<b>Appointment Information</b>	Date Made	Date Submitted	Time
	App/BAU/Owner	Contact Name	
Received I, _____, to apply in payment of the charges on the property described herein. Agent or Cashier		NOTE: When the rate is dependent on the value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____.	
For _____ (The signatory here acknowledges only the amount prepaid.)		10/21/24 12:37:34 DLOWERY	
Charges prepaid: \$ _____			

Received the above in good order except where otherwise noted.

Agent/Driver _____	Carrier _____
Date _____	No. Of Pieces _____
H303258 _____	774098 _____
Trailer No. _____	Seal No. _____

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered in the container without recourse to the consignee, the consignee shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

By \_\_\_\_\_, AGENT

(Shippers must use in lieu of stamp, not a part of bill of lading approved by the International Commerce Commission.)

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Ship Date: 10/21/2024

## BILL OF LADING

ODWTM

## SHIP FROM

Name: ODW Logistics DC12  
Address: 5465 Centerpoint Parkway  
City/State/Zip: Groveport, OH 43125  
Phone: 513-785-5523 Contact: Shipping

Bill of Lading Number: 0241014-00733

Customer: PPI Beauty

PRO Number:

CARRIER: \_\_\_\_\_

SEAL #: \_\_\_\_\_

TRAILER #: \_\_\_\_\_

## SHIP TO

Name: Walmart - DC 6036  
Address: 14863 FM 645 UNIT B  
City/State/Zip: PALESTINE, TX 75603  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

## THIRD PARTY FREIGHT CHARGES - BILL TO

Name: ODW Logistics  
Address: 345 High St. Suite 600  
City/State/Zip: Hamilton, OH 45011

## Delivery Notes:

Order Notes: CANCEL 10/18/2024 MABD 10/24/2024 YRC-MUST STATE ON BOL MULTIDAY WINDOW 2-DAY WINDOW MUST SHIP FULL CASES  
MUST ARRIVE BY DATE: 10/24/24 CANCEL BY DATE: 10/18/24

## CUSTOMER ORDER INFORMATION

	Reference Numbers
BOL	4620594
Customer Order ID	4620594-Order
PO	4681509563
Sales Order	2287350

## CARRIER INFORMATION

Handling Unit		Piece		Commodity Description	LTL Only	
Qty	Type	Count	Weight		NMFC#	Class
0	Pallet	0	36	50004810		
4	Pallet	232	1963	Toilet Preps, Personal Care 15 or greater *		
0	Pallet	0	653	Toilet Preps, Personal Care, 10 or less PCF *	59420-03	70
4	Total	232	2892	Total	59420-01	125

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 lb."

COB Amount: \$ \_\_\_\_\_  
Fees 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).

## Shipper Certification

X \_\_\_\_\_  
Shipper Signature Date/Time

## Carrier Certification

X \_\_\_\_\_  
Carrier Signature Date/Time  
Property described below is received in good order, except as noted.



Ship Date: 10/21/2024

# BILL OF LADING

ODWTM

## SHIP FROM

Name: GALDERMA % ODW LOGISTICS

Address: 3465 Centerpoint Parkway

City/State/Zip: Groveport, OH 43125

Phone: 513-785-5523

Contact: Shipping

Bill of Lading Number: 0241014-00851

Customer: Galderma Laboratories, L.P. - Outbound PO C55799

PRO Number:

CARRIER: \_\_\_\_\_

SEAL #: \_\_\_\_\_

TRAILER #: \_\_\_\_\_

## SHIP TO

Name: Walmart - DC 6036

Address: 14863 FM 645 UNIT B

City/State/Zip: PALESTINE, TX 75903

Phone:

Contact:

## THIRD PARTY FREIGHT CHARGES - BILL TO

Name: ODW Logistics

Address: 345 High St. Suite 600

City/State/Zip: Hamilton, OH 45011

Delivery Notes: | MABD 10/24/2024

Order Notes:

## CUSTOMER ORDER INFORMATION

### Reference Numbers

BOL	289165
Customer Order ID	289165
GL Num	C55799
PO	6236495790
Reference	0000803035
Sales Order	59978462429

## CARRIER INFORMATION

Handling Unit		Piece		Commodity Description		LTL Only	
Qty	Type	Count	Weight			NMFC#	Class
1	Pallet	36	421	Toilet Preparations or Personal Care Products		59420-03	70
1	Total	36	421				
				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 lb."

COD Amount: \$ \_\_\_\_\_  
 Feet 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).

### Shipper Certification

X \_\_\_\_\_  
 Shipper Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

### Carrier Certification

X \_\_\_\_\_  
 Carrier Signature \_\_\_\_\_ Date/Time \_\_\_\_\_  
 Property described below is received in good order, except as noted.

Shipper Signature/Date  
 This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and is in proper condition for transportation according to the applicable regulations of the U.S. DOT.

Trailer Loaded: \_\_\_\_\_  
 By Shipper \_\_\_\_\_  
 By Driver \_\_\_\_\_  
 Freight Counted: \_\_\_\_\_  
 By Shipper \_\_\_\_\_  
 By Driver/Pallets \_\_\_\_\_  
 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 U.S. DOT emergency response guidebook or equivalent documentation in vehicle.

to be delivered  
 the following  
 payment of

and no

per Section  
 for these



Ship Date: 10/21/2024

# BILL OF LADING

ODWTM

## SHIP FROM

Name: GALDERMA % ODW LOGISTICS

Address: 5165 Centerpoint Parkway

City/State/Zip: Groveport, OH 43125

Phone: 513-785-5523

Contact: Shipping

Bill of Lading Number: 0241014-00852

Customer: Galderma Laboratories, L.P. - Outbound PO C55799

PRO Number:

CARRIER:

SEAL #:

TRAILER #:

## SHIP TO

Name: Walmart - DC 6036

Address: 14863 FM 645 UNIT B

City/State/Zip: PALESTINE, TX 75603

Phone:

Contact:

## THIRD PARTY FREIGHT CHARGES - BILL TO

Name: ODW Logistics

Address: 345 High St. Suite 600

City/State/Zip: Hamilton, OH 45011

Delivery Notes: | MABD 10/24/2024

Order Notes:

## CUSTOMER ORDER INFORMATION

### Reference Numbers

BOL	289168
Customer Order ID	289168
GLNum	C55799
PO	3379459643
Reference	0000803036
Sales Order	59978460287

## CARRIER INFORMATION

Handling Unit		Piece			Commodity Description		LTL Only	
Qty	Type	Count	Weight		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 360		NMFC#	Class
2	Pallet	111	2183		Toilet Preparations or Personal Care Products		59420-03	70
2	Total	111	2183		Total			

Where the rate is dependent on value, shippers are required to state specifically 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 lb."

COD Amount: \$  
 Freight 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).

### Shipper Certification

X Shipper Signature X Date/Time

### Carrier Certification

X Carrier Signature X Date/Time  
 Property described below is received in good order, except as noted.

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 U.S. DOT.

Trailer Loaded:  
 By Shipper  
 By Driver  
 Freight Counted:  
 By Shipper  
 By Driver/Pallets  
 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 U.S. DOT emergency response guidebook or equivalent documentation in vehicle.

Ship Date: 10/24/2024

# Trailer Control Record

DC#: 6036

TCR: dbf74b58-2a3d-4c4b-ba57-8467135ab4e7

156

Trailer Number	Carrier	Delivery Number	Appointment Time	Arrival Date
3258	ODWL	29745469	10/23/2024 05:00	10/23/2024 03:41:31

Arrival Information		Intact: Y
Inbound Seal #: 57108145	Sealed at Gate: N	Load ID#: 215018261
AP Associate: tblair	Current Seal #: 57108145	
Comments:		

Delivery	Total: 4899
Cases: SSTK 800 A-DIST 512 ASM 2029 A-SSTK 1558	

Receiving Dock	Assigned by: c0miran	Closed by: ggonza1
Door #: 156	Unload Start Time: 10/23/2024 05:14:40	Unload End Time: 10/23/2024 07:07:22
Unloader: c0miran	Paperwork Available at Window: 10/23/2024 07:19	
Driver Arrival at Window: 10/23/2024 03:58		

Receiving Office	Return/Transfer
Drop: N Driver Unload:	Trailer Empty: N
Commodity: SSTK	Return Contents:
Tractor #: 832	Description:
	Reason:

Seal Information	Receiving Office
Seal Number: 57108145	Trailer Resealed By: ggonza1
Sealed By: ggonza1	

Outbound Information	D/T:	Outbound Seal #:
AP Associate:		

Door Change Log	Event	User
Timestamp		
10/23/2024 04:36:52	Location updated to door 6036 - 156	alopez2



Ship Date: 10/21/2024

# BILL OF LADING

ODWTM

## SHIP FROM

Name: GALDERMA % ODW LOGISTICS

Address: 5165 Centerpoint Parkway

City/State/Zip: Groveport, OH 43125

Phone: 513-785-5523

Contact: Shipping

Bill of Lading Number: 0241014-00852

Customer: Galderma Laboratories, L.P. - Outbound PO C55799

PRO Number:

CARRIER:

SEAL #:

TRAILER #:

## SHIP TO

Name: Walmart - DC 6036

Address: 14863 FM 645 UNIT B

City/State/Zip: PALESTINE, TX 75603

Phone:

Contact:

## THIRD PARTY FREIGHT CHARGES - BILL TO

Name: ODW Logistics

Address: 345 High St. Suite 600

City/State/Zip: Hamilton, OH 45011

Delivery Notes: | MABD 10/24/2024

Order Notes:

## CUSTOMER ORDER INFORMATION

### Reference Numbers

BOL	289168
Customer Order ID	289168
GLNum	C55799
PO	3379459643
Reference	0000803036
Sales Order	59978460287

## CARRIER INFORMATION

Handling Unit		Piece			Commodity Description		LTL Only	
Qty	Type	Count	Weight		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 360		NMFC#	Class
2	Pallet	111	2183		Toilet Preparations or Personal Care Products		59420-03	70
2	Total	111	2183		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 lb."

COD Amount: \$  
 Freight 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).

### Shipper Certification

X Shipper Signature X Date/Time

### Carrier Certification

X Carrier Signature X Date/Time  
 Property described below is received in good order, except as noted.

### 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 U.S. DOT.

### Trailer Loaded:

By Shipper  
 By Driver

### Freight Counted:

By Shipper  
 By Driver/Pallets  
 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 U.S. DOT emergency response guidebook or equivalent documentation in vehicle.



Ship Date: 10/24/2024

# Trailer Control Record

DC#: 6036

TCR: dbf74b58-2a3d-4c4b-ba57-8467135ab4e7

156

Trailer Number	Carrier	Delivery Number	Appointment Time	Arrival Date
3258	ODWL	29745469	10/23/2024 05:00	10/23/2024 03:41:31

Arrival Information		Intact: Y
Inbound Seal #: 57108145	Sealed at Gate: N	Load ID#: 215018261
AP Associate: tblair	Current Seal #: 57108145	
Comments:		

Delivery	Total: 4899
Cases: SSTK 800 A-DIST 512 ASM 2029 A-SSTK 1558	

Receiving Dock	Assigned by: c0miran	Closed by: ggonza1
Door #: 156	Unload Start Time: 10/23/2024 05:14:40	Unload End Time: 10/23/2024 07:07:22
Unloader: c0miran	Paperwork Available at Window: 10/23/2024 07:19	
Driver Arrival at Window: 10/23/2024 03:58		

Receiving Office	Return/Transfer
Drop: N Driver Unload:	Trailer Empty: N
Commodity: SSTK	Return Contents:
Tractor #: 832	Description:
	Reason:

Seal Information	Receiving Office
Seal Number: 57108145	Trailer Resealed By: ggonza1
Sealed By: ggonza1	

Outbound Information	D/T:	Outbound Seal #:
AP Associate:		

Door Change Log	Event	User
Timestamp		
10/23/2024 04:36:52	Location updated to door 6036 - 156	alopez2



# Trailer Control Record

DC#: 6036

TCR: dbf74b58-2a3d-4c4b-ba57-8467135ab4e7

156

Trailer Number	Carrier	Delivery Number	Appointment Time	Arrival Date
3258	ODWL	29745469	10/23/2024 05:00	10/23/2024 03:41:31

Arrival Information		
Inbound Seal #: 57108145	Sealed at Gate: N	Intact: Y
AP Associate: tblair	Current Seal #: 57108145	Load ID#: 215018261
Comments:		

Delivery	
Cases: SSTK 800 A-DIST 512 ASM 2029 A-SSTK 1558	Total: 4899

Receiving Dock		
Door #: 156	Assigned by: c0miran	Closed by: ggonza1
Unloader: c0miran	Unload Start Time: 10/23/2024 05:14:40	Unload End Time: 10/23/2024 07:07:22
Driver Arrival at Window: 10/23/2024 03:58	Paperwork Available at Window: 10/23/2024 07:19	

Receiving Office		Return/Transfer	
Drop: N	Driver Unload:	Trailer Empty: N	Reason:
Commodity: SSTK		Return Contents:	
Tractor #: 832		Description:	

Seal Information		Receiving Office
Seal Number: 57108145	Sealed By: ggonza1	Trailer Resealed By: ggonza1

Outbound Information		
AP Associate:	D/T:	Outbound Seal #:

Door Change Log		
Timestamp	Event	User
10/23/2024 04:36:52	Location updated to door 6036 - 156	alopez2



Ship Date: 10/21/2024

## BILL OF LADING

ODWTM

## SHIP FROM

Name:HRB ODW LOGISTICS

Address:1654 Williams Road  
DC4

City/State/Zip:Columbus, OH 43207

Phone:513-785-4967

Contact: shipping

Bill of Lading Number: 0241014-00303

Customer: HRB % ODW Logistics

PRO Number:

CARRIER: \_\_\_\_\_

SEAL #: \_\_\_\_\_

TRAILER #: \_\_\_\_\_

## SHIP TO

Name:Walmart - DC 6036

Address:14863 FM 645 UNIT B

City/State/Zip:PALESTINE, TX 75803

Phone:

Contact:

## THIRD PARTY FREIGHT CHARGES - BILL TO

Name:ODW Logistics

Address:345 High St. Suite 600

City/State/Zip:Hamilton, OH 45011

Delivery Notes: | MABD 10/24/2024 - Must Deliver on 10/24/2024

Order Notes:

## CUSTOMER ORDER INFORMATION

## Reference Numbers

BOL	4619620
CustomerOrderID	4619620-Order
GLNum	22322
PO	3379459644
SalesOrder	OD-409700

## CARRIER INFORMATION

Handling Unit		Piece			Commodity Description		LTL Only	
Qty	Type	Count	Weight		<small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(s) of NMFC 360</small>		NMFC#	Class
4	Pallet	585	4270		Toilet Preps, Personal Care 15 or greater *		59420-03	70
4	Total	585	4270		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 lb."

COD Amount: \$ \_\_\_\_\_

Fees 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).

## Shipper Certification

X \_\_\_\_\_  
Shipper Signature Date/Time

## Carrier Certification

X \_\_\_\_\_  
Carrier Signature Date/Time  
Property described below is received in good order, except as noted.

## Shipper Signature/Date

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and is in proper condition for transportation according to the applicable regulations of the U.S. DOT.

## Trailer Loaded:

By Shipper

By Driver

## Freight Counted:

By Shipper

By Driver/Pallets

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 U.S. DOT emergency response guidebook or equivalent documentation in vehicle.

Ship Date: 10/21/2024

## BILL OF LADING

## SHIP FROM

Name: ODW Logistics DC12  
 Address: 5465 Centerpoint Parkway  
 City/State/Zip: Groveport, OH 43125  
 Phone: 513-765-8523 Contact: Shipping

Bill of Lading Number: 0241014-00720

Customer: PPI Beauty

PRO Number:

CARRIER: \_\_\_\_\_

SEAL #: \_\_\_\_\_

TRAILER #: \_\_\_\_\_

## SHIP TO

Name: Walmart - DC 6036  
 Address: 14863 FM 645 UNIT B  
 City/State/Zip: PALESTINE, TX 75803  
 Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

## THIRD PARTY FREIGHT CHARGES - BILL TO

Name: ODW Logistics  
 Address: 345 High St. Suite 600  
 City/State/Zip: Hamilton, OH 45011

## Delivery Notes:

Order Notes: CANCEL 10/18/2024 MABD 10/24/2024 YRC-MUST STATE ON BOL MULTIDAY WINDOW 2-DAY WINDOW MUST SHIP FULL CASES  
 MUST ARRIVE BY DATE: 10/24/24 CANCEL BY DATE: 10/18/24

## CUSTOMER ORDER INFORMATION

Reference Numbers	
BOL	4620582
Customer Order ID	4620582-Order
PO	3379459041
Sales Order	2287341

## CARRIER INFORMATION

Handling Unit		Piece	Commodity Description		LTL Only	
Qty	Type	Count	Weight	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(a) of NMFC 380	NMFC#	Class
4	Pallet	108	363	Toilet Preps, Personal Care 15 or greater *	59420-03	70
0	Pallet	0	776	Toilet Preps, Personal Care, 10 or less PCF *	59420-01	125
4	Total	108	1139	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 lb."

COD Amount: \$ \_\_\_\_\_  
 Freight 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).

<b>Shipper Certification</b> <input checked="" type="checkbox"/> Shipper Signature _____ <input checked="" type="checkbox"/> Date/Time _____		<b>Carrier Certification</b> <input checked="" type="checkbox"/> Carrier Signature _____ <input checked="" type="checkbox"/> Date/Time _____ <i>Property described below is received in good order, except as noted.</i>	
<b>Shipper Signature/Date</b> This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and is in proper condition for transportation according to the applicable regulations of the U.S. DOT.	<b>Trailer Loaded:</b> ___ By Shipper ___ By Driver	<b>Freight Counted:</b> ___ By Shipper ___ By Driver/Pallets ___ By Driver/Pieces	<b>Carrier Signature/Pickup Date</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in vehicle.



ORIGINAL - NON NEGOTIABLE

Ship Date: 10/21/2024

# BILL OF LADING

ODWTM

## SHIP FROM

Name: GALDERMA % ODW LOGISTICS  
Address: 5465 Centerpoint Parkway  
City/State/Zip: Groveport, OH 43125  
Phone: 513-785-5523 Contact: Shipping

Bill of Lading Number: 0241014-00848  
Customer: Galderma Laboratories, L.P. - Outbound PO C55799  
PRO Number:  
CARRIER:  
SEAL #:  
TRAILER #:

## SHIP TO

Name: Walmart - DC 6036  
Address: 14863 FM 645 UNIT B  
City/State/Zip: PALESTINE, TX 75753  
Phone: Contact:

## THIRD PARTY FREIGHT CHARGES - BILL TO

Name: ODW Logistics  
Address: 345 High St. Suite 600  
City/State/Zip: Hamilton, OH 45011

Delivery Notes: | MABD 10/24/2024

Order Notes:

## CUSTOMER ORDER INFORMATION

Reference Numbers	
BOL	289158
Customer Order ID	289158
GL Num	C55799
PO	7861727856
Reference	0000803318
Sales Order	58978458878

## CARRIER INFORMATION

Handling Unit		Piece	Commodity Description		LTL Only	
Qty	Type	Count	Weight		NMFC#	Class
3	Pallet	311	2427	Commodities requiring special or additional care or attention in handling (stowage, must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC 300)		
3	Total	311	2427	Toilet Preparations or Personal Care Products	59420-03	70
				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 lb."

COO Amount: \$  
Freight 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).

### Shipper Certification

X Shipper Signature X Date/Time

### Carrier Certification

X Carrier Signature X Date/Time  
Property described below is received in good order, except as noted.

Shipper Signature/Date  
This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and is in proper condition for transportation according to the applicable regulations of the U.S. DOT.

Trailer Loaded: Freight Counted:  
By Shipper By Shipper  
By Driver By Driver/Pallets  
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 U.S. DOT emergency response guidebook or equivalent documentation in vehicle.

**Shipper Signature/Date**

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and is in proper condition for transportation according to the applicable regulations of the U.S. DOT.

**Trailer Loaded:**

\_\_\_ By Shipper

\_\_\_ By Driver

**Freight Counted:**

\_\_\_ By Shipper

\_\_\_ By Driver/Pallets

\_\_\_ 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 U.S. DOT emergency response guidebook or equivalent documentation in vehicle.

the delivery follow-up agreement of

date

and delivery for items



NON NEGOTIABLE

Ship Date: 10/21/2024

## BILL OF LADING

ODWTM

## SHIP FROM

Name: ODW Logistics DC12  
Address: 5465 Centerpoint Parkway  
City/State/Zip: Groveport, OH 43125  
Phone: 513-785-5523 Contact: Shipping

Bill of Lading Number: 0241014-00751

Customer: PPI Beauty

PRO Number:

CARRIER: \_\_\_\_\_

SEAL #: \_\_\_\_\_

TRAILER #: \_\_\_\_\_

## SHIP TO

Name: Walmart - DC 6036  
Address: 14853 FM 645 UNIT B  
City/State/Zip: PALESTINE, TX 75803  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

## THIRD PARTY FREIGHT CHARGES - BILL TO

Name: ODW Logistics  
Address: 345 High St Suite 600  
City/State/Zip: Hamilton, OH 45011

## Delivery Notes:

Order Notes: CANCEL 10/15/2024 MABD 10/24/2024 YRC-MUST STATE ON BOL MULTIDAY WINDOW 2-DAY WINDOW MUST SHIP FULL CASES  
MUST ARRIVE BY DATE: 10/24/24 CANCEL BY DATE: 10/18/24

## CUSTOMER ORDER INFORMATION

Reference Numbers	
BOL	4620612
CustomerOrderID	4620612-Order
PO	7891727652
SalesOrder	2287358

## CARRIER INFORMATION

Handling Unit		Piece		Commodity Description	LTL Only	
Qty	Type	Count	Weight		NMFC#	Class
0	Pallet	0	91	21003101		
2	Pallet	209	351	Toilet Preps, Personal Care 15 or greater *		
0	Pallet	0	210	Toilet Preps, Personal Care, 10 or less PCF *	59420-03	70
2	Total	209	652	Total	59420-01	125

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 lb."

COD Amount: \$ \_\_\_\_\_

Freight 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).

## Shipper Certification

X \_\_\_\_\_  
Shipper Signature Date/Time

## Carrier Certification

X \_\_\_\_\_  
Carrier Signature Date/Time  
Property described below is received in good order, except as noted.

ORIGINAL—NON NEGOTIABLE

Ship Date: 10/21/2024

## BILL OF LADING

ODWTM

## SHIP FROM

Name: GALDERMA % ODW LOGISTICS

Address: 5465 Centerpoint Parkway

City/State/Zip: Groveport, OH 43125

Phone: 513-785-5523

Contact: Shipping

Bill of Lading Number: 0241014-00849

Customer: Galderma Laboratories, L.P. - Outbound PO C55799

PRO Number:

CARRIER: \_\_\_\_\_

SEAL #: \_\_\_\_\_

TRAILER #: \_\_\_\_\_

## SHIP TO

Name: Walmart - DC 6058

Address: 14863 FM 645 UNIT B

City/State/Zip: Palestine, TX 77455

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

## THIRD PARTY FREIGHT CHARGES - BILL TO

Name: ODW Logistics

Address: 345 High St. Suite 600

City/State/Zip: Hamilton, OH 45011

Delivery Notes: | MABD 10/24/2024

Order Notes:

## CUSTOMER ORDER INFORMATION

## Reference Numbers

BOL	289194
Customer Order ID	289194
GL Num	C55799
PO	4681500567
Reference	0000802878
Sales Order	5997846628

## CARRIER INFORMATION

Handling Unit		Piece		Commodity Description		LTL Only	
Qty	Type	Count	Weight	Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC 302		NMFC#	Class
2	Pallet	105	1404	Toilet Preparations or Personal Care Products		59420-03	70
2	Total	105	1404	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 lb."

COD Amount: \$ \_\_\_\_\_

Freight 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).

## Shipper Certification

X \_\_\_\_\_  
 Shipper Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

## Carrier Certification

X \_\_\_\_\_  
 Carrier Signature \_\_\_\_\_ Date/Time \_\_\_\_\_  
 Property described below is received in good order, except as noted.

Shipper Signature/Date  
 This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and is in proper condition for transportation according to the applicable regulations of the U.S. DOT.

Trailer Loaded: \_\_\_\_\_  
 By Shipper \_\_\_\_\_  
 By Driver \_\_\_\_\_  
 Freight Counted: \_\_\_\_\_  
 By Shipper \_\_\_\_\_  
 By Driver/Pallets \_\_\_\_\_  
 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 U.S. DOT emergency response guidebook or equivalent documentation in vehicle.



Ship Date: 10/21/2024

# BILL OF LADING

ODWTM

## SHIP FROM

Name: GALDERMA % ODW LOGISTICS

Address: 5185 Centerpoint Parkway

City/State/Zip: Groveport, OH 43125

Phone: 513-785-5523

Contact: Shipping

Bill of Lading Number: 0241014-00852

Customer: Galderma Laboratories, L.P. - Outbound PO C55799

PRO Number:

CARRIER:

SEAL #:

TRAILER #:

## SHIP TO

Name: Walmart - DC 6036

Address: 14863 FM 645 UNIT B

City/State/Zip: PALESTINE, TX 75653

Phone:

Contact:

## THIRD PARTY FREIGHT CHARGES - BILL TO

Name: ODW Logistics

Address: 345 High St. Suite 800

City/State/Zip: Hamilton, OH 45011

Delivery Notes: MABD 10/24/2024

Order Notes:

## CUSTOMER ORDER INFORMATION

### Reference Numbers

BOL	289165
Customer Order ID	289165
GLNum	C55799
PO	3379459543
Reference	0000803336
Sales Order	5997846337

## CARRIER INFORMATION

Handling Unit		Piece			Commodity Description		LTL Only	
Qty	Type	Count	Weight				NMFC#	Class
2	Pallet	111	2183		Toilet Preparations or Personal Care Products		59420-03	70
2	Total	111	2183		Total			

When shipping is dependent on value, shippers are required to state specifically 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 in excess of \$100,000."

COO Amount: \$  
 Freight 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).

### Shipper Certification

X Shipper Signature Date/Time

### Carrier Certification

X Carrier Signature Date/Time  
 Property described below is received in good order, except as noted.

Shipper Signature/Date  
 This is to certify that the above named contents are properly classified, packaged, packaged, marked, and labeled, and is in proper condition for transportation according to the applicable regulations of the U.S. DOT.

Trailer Loaded: Freight Counted:  
 By Shipper By Shipper  
 By Driver By Driver/Pallets  
 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 U.S. DOT emergency response guidebook or equivalent documentation in vehicle.

[illegible]

B/L No.	693191	Page	2
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Ship To	Walmart
	14863 FM 645 UNIT B
Shipper's Ref. Number	OD-409700
Customer P.O. Number	See Below

Date: 10/21/24  
Bldg. No: 54  
Ship Date: 10/21/24  
Arrival Date: 10/24/24  
Ship Via: ODW LTS  
Storer No: 1150  
Storer Name:  
Prod: Prepaid

Pallets In
Pallets Out
Staging Location

P.O. Number		H		NMFC / Freight Class		Weight (Lbs.) (Subject to Correction)	
Quantity	U/M	M	Item Code / Lot Code	Description			
				ALL QUESTIONS, RETURNS, OR ISSUES REGARDING THIS SHIPMENT CONTACT ODW LOGISTICS AT: LTSHRB BRANDS@ODWLOGISTICS.COM OR CALL 513-785-4991 ALL PALLETS STACKABLE			
3561			Total Packages	Total Cubes	809.32	Total Weight	27,152.76

Send Freight Bill To:  
ODW Logistics  
345 High Street  
Hamilton, OH 45011

Agent >  
< For Account Of

Appointment Information	Date Made	Date Scheduled	Time
	App#/K/O/Door	Contact Name	
Received \$ _____ to apply in prepayment of the charges on the property described herein. Agent or Cashier For _____ (The signature here acknowledges only the amount prepaid.) Charges advanced: \$ _____		NOTE: When the rate is dependent on the value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____ 10/21/24 12:37:56 DLOWERY	

Received the above in good order except where otherwise noted.

Agent/Driver _____	Carrier _____
Date _____	21
H303258	No. Of Pallets
Trailer No. _____	774098
	Seal No. _____

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse to the consignee, the consignee shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

By \_\_\_\_\_

AGENT

(Shippers liability in lieu of stamp, and a true and correct copy of the Consensus Contract is attached.)

\*Starts with "X" to designate Hazardous Materials as defined in the Department of Transportation Regulations governing the transportation of hazardous materials. The use of this symbol is to be approved method of designating hazardous materials in bills of lading per the 175.321 and 175.323(c) of the regulations governing the transportation of such materials. \*The Paper Bags, White Pails, Valve Drums used for the shipment contents by the specifications and built to the nation's performance standards, and all other requirements as rules for the packages in Uniform Freight Classification and the National Motor Freight Classification.



