



Tel: 714-529-8400
Fax: 714-529-9800

Sold to Madre Labs, Inc.

301 N. Lake Ave. 6th Floor,
Pasadena, CA 91101

Ship to iHerb Hebron Hub(Madre Labs)

2497 Wright Blvd., Suite 200
Hebron, KY 41048

Date Ordered	Purchase Order No.	Invoice Date	Terms/Due date	Date Shipped
09-06-2024	4500147441	02-13-2025	Net 30 Days	02-13-2025

[illegible]

Received by:

1. 11/2% per month is added on any balance not paid within 30 days.
2. Returned merchandise not accepted after 45 days from invoice date.
3. 10% handling charge on all returned items.
4. All claims for damages, shortages, etc., must be made within 5 days after receipt of goods.
5. Prices subject to corrections. Open accounts payable monthly.

BILL OF LADING

BOL Number: 61557023

SHIP FROM

Name: QN Labs
Address: 12640 MOORE ST.,
City/State/Zip: CERRITOS, CA, 90703
Patricia Martinez P: 5629215990 Ext.
Stop Notes:

Carrier: XPO Logistics Freight Inc
Pro #:

BAR CODE SPACE

Pick up date: 2/13/2025

Trailer #: Seal #:

SHIP TO

Name: iHerb, LLC HBH
Address: 2497 Wright Blvd
City/State/Zip: HEBRON, KY, 41048
Receiving P: 5139060745 Ext.
Stop Notes:

REFERENCE INFORMATION

Reference Name Value

Carrier Pickup Number ULA-12-57

Load BOL # 13148050

Load PO# 4500147441

Order # 4500147441

THIRD PARTY FREIGHT CHARGES BILL TO

Echo Global Logistics
600 West Chicago Ave Ste 725
Chicago, IL 60654

Freight Charge Terms:

Prepaid ☒Collect ☐3rd Party ☒

Carrier Acct #:

Quote ID:

Special Instructions:

Pickup #: 4500147441 PO #: 4500147441 Origin: Pickup # 306854.
Destination: Delivery appointment required. DO NOT DOUBLE STACK.
See Shipper and Consignee Instructions

ECHO is not liable for any accessoril charges unless pre-approved by Echo or noted on this bill of lading.

LTL or Partial Only:

of Pallets: 3 Pallet Type: Skid Spots: Stackable: No
Pallet Dimensions: L: W: H:

XPO

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)

554-691723

Shipper Instructions

Pickup #:
Loc Type: Business
Special Services:
California State Fee

Consignee Instructions

Delivery #:
Loc Type: Business
Special Services:
Appointment Fee

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	1	Pallets	963 lb			Vitamins 48x40x62	-	77.5
1	Pallets	1	Pallets	876 lb			Vitamins 48x40x62	-	85
1	Pallets	1	Pallets	963 lb			Vitamins 48x40x62	-	77.5
3		3		2802 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: ☐ 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 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
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: _____ 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: _____ Date: _____

Quality Nutrition Labs LLC

12640 Moore Street
Cerritos, CA 90703
Tel: 562-921-5990

PACKING LIST

Date: 2/11/2025

Account #

Packing List # 306854

SHIP TO:

Uni-Caps, LLC C/O
iHerb Hebron Hub
2497 Wright Blvd., Suite 200
Hebron, KY 41048

Cust. P.O.	S.O. No.	File No.	Ship Date	FOB	Ship Via
UCQN24-080	204844	2024-10-018	2/11/2025	Cerritos, CA	CPU

Item No.	P/N	Description	Shipped	Cases
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* iHerb PO 4500147441

FGUNI-00116

Packaging Service: Madre Labs (CGN-01808) Superba 2 Krill
1000mg 60ct Softgels (225cc HDPE white)

9,681

93

LOT UC240543

MFG 11/2024

EXP 11/2026

92 CS @ 105 BTLS/CS + 1 CS @ 21 BTLS

2 PLTS @ 32 CS/PLT

1 PLT @ 29 CS

SHIPPING INFO:

2 PLTS @ 963 LBS/PLT - 40 x 48 x 62"

1 PLT @ 876 LBS - 40 x 48 x 62"

TOTAL 3 PLTS

Buyer shall immediately inspect goods upon receipt. Seller shall recognize no claims for defective goods, shortages, or for any other cause, unless claims are received by Seller within 15 days after delivery of the goods. Failure to make such written claim shall be construed as an acceptance of said goods.

Work Order # A25010

WHITE-Billing

CANARY-Shipping

PINK-Customer

Rec'd By: _____ Date: _____ Cases/Pallets: _____