

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: 530-669-5991
 VENDOR:

Bill of Lading Number: 06757163000985944



CARRIER NAME: OA Express

SHIP TO
 Name: Pet Food Distribution Center
 #09205
 Address: 4100 WILBUR AVE
 STE# 300,
 City/State/Zip: OAKLEY, CA 94561
 CID#: FOB:
 Dept:

Responsible Acct.No:

Trailer number: YMmu6381529

Seal number(s): 63589377

SCAC: OAEI

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: Collect: 3rd Party:

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

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

SPECIAL INSTRUCTIONS:
 Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
375443	110	3405.07	Y N	
Grand Total	110	3405.07		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <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 Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		110	ctns	3405.07		Pet Accessories or Furniture	2071	300
4		110		3605.07		Grand Total		

Seal on Deck of trailer

4 pallets
 door 108
 2-7-25
 J.M

ARRIVE 8:30
 DEPT 8:50

Subject to Count and Inspection

Where the rate is dependent on value, shippers are required to stated 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.

[Signature] Shipper Signature

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
[Signature] 2/6/25

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.

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: 530-669-5991
 VENDOR:

Bill of Lading Number: 06757163000985951

 (402)06757163000985951

SHIP TO
 Name: Pet Food Distribution Center
 #09205
 Address: 4100 WILBUR AVE
 STE# 300,
 City/State/Zip: OAKLEY, CA 94561
 CID#:
 Dept:
 FOB:

CARRIER NAME: OA Express
 Responsible Acct.No:
 Trailer number: YMmU6381529
 Seal number(s): 63589377

SCAC: OAEI
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: 3rd Party:

SPECIAL INSTRUCTIONS:
 Packing List is Attached

Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM
 PM PM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
371304	31	255.88	Y N	
Grand Total	31	255.88		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <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 item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		31	ctns	255.88		Pet Accessories or Furniture	2071	300
1		31		305.88		Grand Total		

Subject to Count and Inspection

Seal in Back of trailer


1 pallet
 door 108
 2-7-25
 Joseph m
 ARRIVE 8:30
 DEPT 8:50

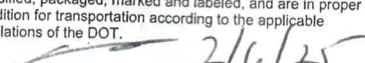
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 Shipper Signature

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 2/6/25

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.