



103

To: Pet Foods OAKLEY CA

From: wood

Date: 12/10/2025

Container / Trailer # U98180

Chassis # none

Chassis Brand

Driver: Gray Lee

Notes: PO# 383604

Signature:

Davis WRIGHT

Date:

12/10/25

15 pallets

103

Date: 12/10/2025 1:06:25 PM

# Bill Of Lading

### 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: 06757163001110895



### SHIP TO

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

CARRIER NAME: OA Express

Responsible Acct.No:

Trailer number: U98180

Seal number(s): 69894638

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:

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

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
383633	685	20427.54	Y N	
<b>Grand Total</b>	685	20427.54		

### CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing 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
30	Pallet			1500.00		Pallet		
		685	ctns	20427.54		Pet Accessories or Furniture	2071	300
30		685		21927.54		<b>Grand Total</b>		

30 Pallets

F. Edwards

From Am 12-11-25

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.

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.

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.

Signature: \_\_\_\_\_ Date: 12/11/25



To: Pet Foods

From: WOD

Date: 12/12/2024

Container / Trailer # U98180

Chassis # None

Chassis Brand

Driver: Gray Lee

Notes:

PO # 383629

24 pallets

Signature:

DAVID WRIGHT

Date:

12/12/25

103

Date: 12/12/2025 1:00:13 PM

# Master Bill Of Lading

Page 1 of 1

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Master Bill of Lading Number: 06757163001111243

**SHIP TO**

Customer Code: PETFOODWHS  
 Name: Pet Food Distribution Center #09205  
 Address: 4100 WILBUR AVE  
 STE# 300,  
 City/State/Zip: OAKLEY, CA 94561  
 SID#: \_\_\_\_\_ FOB:

CARRIER NAME: OA Express

Trailer number: U98180  
 Seal number(s): 69894651

SCAC: OAEI  
 Pro Number:

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:  
 City/State/Zip:

Freight Charge Terms:

Prepaid:  Collect:  3rd Party:

**SPECIAL INSTRUCTIONS:**  
 Load #:

MASTER BILL OF LANDING: WITH ATTACHED  
 UNDERLYING BILLS OF LANDING

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

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO BOL#	DC#
383628	99	1639.55	Y	N	06757163001111212	09205
383626	105	1080.66	Y	N	06757163001111229	09205
383627	69	2274.95	Y	N	06757163001111236	09205
<b>Grand Total</b>	<b>273</b>	<b>4995.16</b>				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
29	Pallet			1450.00		Pallet		70
		273	ctns	4995.16		Pet Accessories or Furniture	2071	300
29				6445.16		<b>Grand Total</b>		

*F. Edwards* 12-15-25  
 F. Edwards

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.  
 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.  
*Atencio* 12/12/25

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.