

Date: 3/20/2026 3:03:51 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: 06757163001147150  
  
 (402)06757163001147150

**SHIP TO**  
 Name: HORIZON LOGISTICS LLC  
 Address: 31800 Hayman St  
 City/State/Zip: Hayward, CA 94544  
 CID#: \_\_\_\_\_ FOB:   
 Dept: \_\_\_\_\_

**CARRIER NAME:** OA Express  
 Responsible Acct.No:  
 Trailer number: U91890  
 Seal number(s): 0899424  
**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:** X **3rd Party:**

**SPECIAL INSTRUCTIONS:**

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 |
| HL-030926                  | 1468   | 15468.21 | Y           | N |                         |
| <b>Grand Total</b>         | 1468   | 15468.21 |             |   |                         |

| CARRIER INFORMATION |      |         |      |          |          |  |         |       |
|---------------------|------|---------|------|----------|----------|--|---------|-------|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT   | H.M. (X) | COMMODITY DESCRIPTION<br><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 |
| 1393                | ctns |         |      | 14289.16 |          | Comforters, Bedspreads Sub 3 - 2 but less than 4   | 49260-3 | 250   |
| 75                  | ctns |         |      | 1179.05  |          | Sleepwear, Underwear   | 49880   | 100   |
| 1468                |      |         |      | 15468.21 |          | <b>Grand Total</b>   |         |       |

*Arrived - 09:44 AM  
done at 14: 25*

*[Signature]* *Fluag 03/20*

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.  
**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]* 3/23/26

**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.

Date: 3/17/2026 10:35:47 AM

# 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: 06757163001145880



(402)06757163001145880

**SHIP TO**

Name: HORIZON LOGISTICS LLC  
 Address: 31800 Hayman St  
 City/State/Zip: Hayward, CA 94544  
 CID#:  FOB:   
 Dept:

CARRIER NAME: OA Express

Responsible Acct.No:  
 Trailer number: U91890  
 Seal number(s): 69894940

SCAC: OAEI

Pro Number:

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:

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

Prepaid:  Collect: X 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

City/State/Zip:

SPECIAL INSTRUCTIONS:

| 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 |
|-----------------------|--------|----------|-------------|---|-------------------------|
| HL-030926             | 1564   | 15608.72 | Y           | N |                         |
| <b>Grand Total</b>    | 1564   | 15608.72 |             |   |                         |

**CARRIER INFORMATION**

| HANDLING UNIT |      | PACKAGE |      | WEIGHT   | H.M. (X) | COMMODITY DESCRIPTION<br><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 |
| 1564          | ctns |         |      | 15608.72 |          | Comforters, Bedspreads Sub 3 - 2 but less than 4   | 49260-3 | 250   |
| 1564          |      |         |      | 15608.72 |          | <b>Grand Total</b>   |         |       |

*Seal in Back*

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

*[Signature]* per *[Signature]* 03/19/26

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.

*[Signature]* 3/16/26

**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.

Date: 3/24/2026 8:10:10 AM

# 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: 06757163001148409  
  
 (402)06757163001148409

**SHIP TO**  
 Name: HORIZON LOGISTICS LLC  
 Address: 31800 Hayman St  
 City/State/Zip: Hayward, CA 94544  
 CID#: FOB:   
 Dept:

**CARRIER NAME:** OA Express  
 Responsible Acct.No:  
 Trailer number: U91890  
 Seal number(s): 69894782  
**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:** X **3rd Party:**

**SPECIAL INSTRUCTIONS:**

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 |
| HL-030926                  | 1544   | 17781.19 | Y           | N |                         |
| <b>Grand Total</b>         | 1544   | 17781.19 |             |   |                         |

| CARRIER INFORMATION |      |         |      |          |          |  |         |       |  |
|---------------------|------|---------|------|----------|----------|--|---------|-------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT   | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |
| 1200                | ctns |         |      | 12735.43 |          | Comforters, Bedspreads Sub 3 - 2 but less than 4   | 49260-3 | 250   |  |
| 344                 | ctns |         |      | 5045.76  |          | Sleepwear,Underwear  | 49880   | 100   |  |
| 1544                |      |         |      | 17781.19 |          | <b>Grand Total</b>   |         |       |  |

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.  
**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.  
 7007L 3/24/26

**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] 03/25

Date: 3/19/2026 3:07:27 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: 06757163001147143  
  
 (402)06757163001147143

**SHIP TO**  
 Name: HORIZON LOGISTICS LLC  
 Address: 31800 Hayman St  
 City/State/Zip: Hayward, CA 94544  
 CID#:  FOB:   
 Dept:

**CARRIER NAME:** OA Express  
 Responsible Acct.No:  
 Trailer number: U91890  
 Seal number(s): 69894782  
**SCAC:** OAEI  
**Pro Number:**

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

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**  
 Prepaid:  Collect: **X** 3rd Party:   
 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 |
| HL-030926                  | 1518   | 19916.16 | Y           | N |                         |
| <b>Grand Total</b>         | 1518   | 19916.16 |             |   |                         |

| CARRIER INFORMATION |      |         |      |          |          |  |         |       |  |
|---------------------|------|---------|------|----------|----------|--|---------|-------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT   | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |
| 1518                | ctns |         |      | 19916.16 |          | Comforters, Bedspreads Sub 3 - 2 but less than 4   | 49260-3 | 250   |  |
| 1518                |      |         |      | 19916.16 |          | <b>Grand Total</b>   |         |       |  |

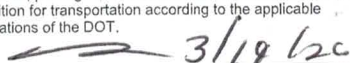
Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**COD Amount:** \_\_\_\_\_  
**Fee Terms:** Collect:  Prepaid:   
 Customer check acceptable:

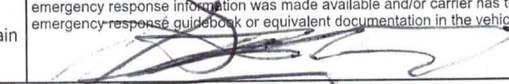
**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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.  
**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.  
  
 3/19/26

**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.  
  
 H. Wang

**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: 06757163001149178  
  
 (402)06757163001149178

**SHIP TO**  
 Name: HORIZON LOGISTICS LLC  
 Address: 31800 Hayman St  
 City/State/Zip: Hayward, CA 94544  
 CID#: FOB:   
 Dept:

**CARRIER NAME:** OA Express  
 Responsible Acct.No:  
 Trailer number: U91890  
 Seal number(s):

**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: X 3rd Party:

SPECIAL INSTRUCTIONS:

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 |
| HL-030926                  | 394    | 5922.27 | Y N         |                         |
| <b>Grand Total</b>         | 394    | 5922.27 |             |                         |

| CARRIER INFORMATION |      |         |      |         |          |  |         |       |
|---------------------|------|---------|------|---------|----------|--|---------|-------|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><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 |
| 2                   | ctns |         |      | 23.39   |          | Comforters, Bedspreads Sub 3 - 2 but less than 4   | 49260-3 | 250   |
| 392                 | ctns |         |      | 5898.88 |          | Sleepwear,Underwear  | 49880   | 100   |
| 394                 |      |         |      | 5922.27 |          | <b>Grand Total</b>   |         |       |


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:

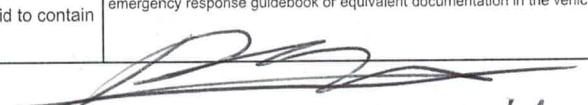
**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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.  
**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.  
  
 3/25/26

**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.  
  
 Huan