

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000318749	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		CARRIER NAME: WAL-MART FLEET	
Name: Wal-Mart Centerpoint - 6909 DC#: 6909 Div. _____ Address: 3485 Wineville Rd 6909 City/State/Zip: Jurupa Valley, CA 91752 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 154993 Seal number(s): 214913 SCAC: WALM Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 62215035		<input checked="" type="checkbox"/> (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time 2:00 <u>PM</u>	Actual Driver Arrival Time AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
1059398302	42	171.10	Y	N	06757164000318060	7039A	
2858525743	112	1354.40	Y	N	06757164000318091	7033R	
3408524785	64	767.84	Y	N	06757164000318107	7026R	
3558524938	40	449.76	Y	N	06757164000318077	7039R	
3608525266	40	449.76	Y	N	06757164000318145	6026R	
3825792070	144	1877.46	Y	N	06757164000318152	6009A	
4008525080	116	1476.88	Y	N	06757164000318190	6012R	
4525472546	182	2240.28	Y	N	06757164000318176	6021A	
4758525389	28	357.20	Y	N	06757164000318114	6037R	
5213488344	28	92.08	Y	N	06757164000318084	6035A	
5973664181	51	374.02	Y	N	06757164000318121	6037A	
5973664182	60	862.20	Y	N	06757164000318183	6037A	
6575022874	321	3376.22	Y	N	06757164000318169	6026A	
9529962726	237	3044.09	Y	N	06757164000318138	7026A	

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 _____	<b>COD Amount \$</b> Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**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.  <div style="text-align: right;"><b>Shipper Signature</b></div>
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<b>SHIPPER SIGNATURE / DATE</b> 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.  Total Pallet: 35 <i>NOT</i> 9/2/22	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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 DOT emergency response guidebook or equivalent documentation in the vehicle.  <i>[Signature]</i> 9/4/22
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Date: 9/6/2022 7:47:35 AM

# Master Bill Of Lading

SHIP FROM	
Name: E & E COMPANY LTD	FOB: <input type="checkbox"/>
Address: 1680 Tide Court	
City/State/Zip: Woodland, CA 95776	
SID#:	

Master Bill of Lading Number: 06757164000318749

SHIP TO	
Name: Wal-Mart Centerpoint - 6909	DC#: 6909
Address: 3485 Wineville Rd 6909	
City/State/Zip: Jurupa Valley, CA 91752	
SID#:	FOB: <input type="checkbox"/>

CARRIER NAME: WAL-MART FLEET

Trailer number: 154993

Seal number(s): 2149136

SCAC: WALM

Pro Number:

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

Freight Charge Terms:

Prepaid:  Collect:  3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED  
(check box) UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:

Load #: 62215035

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

<b>Grand Total</b>	1465	16893.29	
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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
1147	ctns			16060.00		Comforters, Bedspreads	49017	200
248	ctns			570.11		Sheet Set & Pillowcase	49390 Sub 4	175
70	ctns			263.18		Shower curtain	49385	77.5
1465				16893.29		<b>Grand Total</b>		

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.

Total Pallet: 35


<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
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**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: 9/6/2022 8:33:36 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000318145	
Name: E & E COMPANY LTD		 (402)06757164000318145	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#: _____	FOB: <input type="checkbox"/>	<b>SHIP TO</b>	
Name: Wal-Mart DC 6026R - Regular	Location #: 6026R	CARRIER NAME: WAL-MART FLEET	
Address: 10813 HWY 99W		Trailer number: 154993	
6026R		Seal number(s): 2149136	
City/State/Zip: Red Bluff, CA 96080		SCAC: WALM	
CID#: _____	FOB: <input type="checkbox"/>	Pro Number: _____	
Dept: 00022			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name: _____		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>	
Address: _____		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
City/State/Zip: _____		Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 62215035		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
3608525266	40	1	449.76	Y	N	09/06/2022	6026R	0020	00022	
<b>GRAND TOTAL</b>	40	1	449.76							

## 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 369</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
40	ctns			449.76		Comforters, Bedspreads	49017	200
40				449.76		<b>GRAND TOTAL</b>		

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

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000318183  
  
 (402)06757164000318183

**SHIP TO**  
 Name: Wal-Mart DC 6037A-ASM DIS Location #: 6037A  
 Address: 2650 HWY 395 South  
 6037A  
 City/State/Zip: Hermiston, OR 97838  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME: WAL-MART FLEET**  
 Trailer number: 154993  
 Seal number(s): 2149136

**SCAC: WALM**  
**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:**  
 Load #: 62215035

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	Pkts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
5973664182	60	2	862.20	Y	N	09/07/2022	6037A	0033	00022	
<b>GRAND TOTAL</b>	60	2	862.20							

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(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
60	ctns			862.20		Comforters, Bedspreads	49017	200
60				862.20		<b>GRAND TOTAL</b>		

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

Date: 9/6/2022 8:34:45 AM

# Bill Of Lading

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000318190  
  
 (402)06757164000318190

**SHIP TO**  
 Name: Wal-Mart DC 6012R - Regular Location #: 6012R  
 Address: 3101 North Quincy  
 6012R  
 City/State/Zip: Plainview, TX 79072  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 154993  
 Seal number(s): 2149136

**SCAC:** WALM  
**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:**  
 Load #: 62215035

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	Pkts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
4008525080	116	3	1476.88	Y	N	09/05/2022	6012R	0020	00022	
<b>GRAND TOTAL</b>	116	3	1476.88							

**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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
116	ctns			1476.88		Comforters, Bedspreads	49017	200
116				1476.88		<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.


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

Date: 9/6/2022 8:35:36 AM

# Bill Of Lading

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000318084  
  
 (402)06757164000318084

**SHIP TO**  
 Name: Wal-Mart DC 6035A-ASM DIS Location #: 6035A  
 Address: 3220 Nevada Terrace  
 6035A  
 City/State/Zip: Ottawa, KS 66067  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 154993  
 Seal number(s): 2149136

**SCAC:** WALM  
**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:**  
 Load #: 62215035

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

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
5213488344	28	1	92.08	Y	N	09/12/2022	6035A	0033	00020	
<b>GRAND TOTAL</b>	28	1	92.08							

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>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS									
28	ctns			92.08		Shower curtain	49385	77.5						
28				92.08		<b>GRAND TOTAL</b>								

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

Date: 9/6/2022 8:36:10 AM

# Bill Of Lading

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000318107  
  
 (402)06757164000318107

**SHIP TO**  
 Name: Wal-Mart DC 7026R - REGULAR Location #: 7026R  
 Address: 917 North State Road 138  
 7026R  
 City/State/Zip: Grantsville, UT 84029  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 154993  
 Seal number(s): 2149136  
**SCAC:** WALM  
**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:**  
 Load #: 62215035

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	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
3408524785	64	2	767.84	Y	N	09/06/2022	7026R	0020	00022	
<b>GRAND TOTAL</b>	64	2	767.84							

**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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
64	ctns			767.84		Comforters, Bedspreads	49017	200
64				767.84		<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.


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

Date: 9/6/2022 8:36:37 AM

# Bill Of Lading

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000318138  
  
 (402)06757164000318138

**SHIP TO**  
 Name: Wal-Mart DC 7026A - ASM DIS Location #: 7026A  
 Address: 945 North State Road 138  
 7026A  
 City/State/Zip: Grantsville, UT 84029  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

CARRIER NAME: WAL-MART FLEET  
 Trailer number: 154993  
 Seal number(s): 2149136

SCAC: WALM  
 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:  
 Load #: 62215035

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	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
9529962726	237	5	3044.09	Y	N	09/06/2022	7026A	0033	00022	
<b>GRAND TOTAL</b>	237	5	3044.09							

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(s) of NMFC item 360</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
186	ctns			2933.81		Comforters, Bedspreads	49017	200		
51	ctns			110.28		Sheet Set & Pillowcase	49390 Sub 4	175		
237				3044.09		<b>GRAND TOTAL</b>				

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

Date: 9/6/2022 8:37:08 AM

# Bill Of Lading

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000318121  
  
 (402)06757164000318121

**SHIP TO**  
 Name: Wal-Mart DC 6037A-ASM DIS Location #: 6037A  
 Address: 2650 HWY 395 South  
 6037A  
 City/State/Zip: Hermiston, OR 97838  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 154993  
 Seal number(s): 2149136

**SCAC:** WALM  
**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:**  
 Load #: 62215035

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	Pkts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
5973664181	51	1	374.02	Y	N	09/07/2022	6037A	0033	00022	
<b>GRAND TOTAL</b>	51	1	374.02							

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(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS								
25	ctns			297.46		Comforters, Bedspreads	49017	200					
26	ctns			76.56		Sheet Set & Pillowcase	49390 Sub 4	175					
51				374.02		<b>GRAND TOTAL</b>							

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

Date: 9/6/2022 8:37:32 AM

# Bill Of Lading

Page 1 of 1

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95778  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000318060  
  
 (402)06757164000318060

**SHIP TO**  
 Name: Wal-Mart DC 7039A-ASM DIS Location #: 7039A  
 Address: 111 Distribution Way  
 7039A  
 City/State/Zip: Beaver Dam, WI 53916  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 154993  
 Seal number(s): 2149136

**SCAC:** WALM  
**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:**  
 Load #: 62215035

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	Pits Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
1059398302	42	1	171.10	Y	N	09/12/2022	7039A	0033	00020	
<b>GRAND TOTAL</b>	42	1	171.10							

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>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS									
42	ctns			171.10		Shower curtain	49385	77.5						
42				171.10		<b>GRAND TOTAL</b>								

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

Date: 9/6/2022 8:37:54 AM

# Bill Of Lading

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000318077  
  
 (402)06757164000318077

**SHIP TO**  
 Name: Wal-Mart DC 7039R-REGULAR Location #: 7039R  
 Address: 113 Distribution Way  
 7039R  
 City/State/Zip: Beaver Dam, WI 53916  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME: WAL-MART FLEET**  
 Trailer number: 154993  
 Seal number(s): 2149136

**SCAC: WALM**  
**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:**  
 Load #: 62215035

Master Bill of Lading: with attached  
 (check box) 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	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
3558524938	40	1	449.76	Y	N	09/12/2022	7039R	0020	00022	
<b>GRAND TOTAL</b>	40	1	449.76							

**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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
40	ctns			449.76		Comforters, Bedspreads	49017	200
40				449.76		<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.

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

Date: 9/6/2022 8:38:16 AM

## Bill Of Lading

Page 1 of 1

## SHIP FROM

Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#:

FOB: 

Bill of Lading Number: 06757164000318114



## SHIP TO

Name: Wal-Mart DC 6037R-REGULAR Location #: 6037R  
 Address: 2650 HWY 395 South  
 6037R  
 City/State/Zip: Hermiston, OR 97838  
 CID#:  
 Dept: 00022

FOB: 

CARRIER NAME: WAL-MART FLEET

Trailer number: 154993  
 Seal number(s): 2149136

SCAC: WALM

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:

Load #: 62215035

Master Bill of Lading: with attached  
 (check box) 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	Pts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)	Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
4758525389	28	1	357.20	Y N	09/07/2022	6037R	0020	00022	
<b>GRAND TOTAL</b>	28	1	357.20						

## 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(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
28	ctns			357.20		Comforters, Bedspreads	49017	200
28				357.20		<b>GRAND TOTAL</b>		

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

Date: 9/6/2022 8:38:47 AM

# Bill Of Lading

Page 1 of 1

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000318152  
  
 (402)06757164000318152

**SHIP TO**  
 Name: Wal-Mart DC 6009A - ASM DIS Location #: 6009A  
 Address: 1501 Maple Leaf Road  
 6009A  
 City/State/Zip: Mount Pleasant, IA 52641  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 154993  
 Seal number(s): 2149136

**SCAC:** WALM  
**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:**  
 Load #: 62215035

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

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
3825792070	144	3	1877.46	Y	N	09/12/2022	6009A	0033	00022	
<b>GRAND TOTAL</b>	144	3	1877.46							

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(a) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
115	ctns			1814.52		Comforters, Bedspreads	49017	200	
29	ctns			62.94		Sheet Set & Pillowcase	49390 Sub 4	175	
144				1877.46		<b>GRAND TOTAL</b>			

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

Date: 9/6/2022 8:39:06 AM

# Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757164000318176
Name: E & E COMPANY LTD		 (402)06757164000318176
Address: 1680 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 6021A - ASM DIS	Location #: 6021A	Trailer number: 154993
Address: 1005 South H Street		Seal number(s): 2149136
6021A		SCAC: WALM
City/State/Zip: Porterville, CA 93257		Pro Number:
CID#: _____	FOB: <input type="checkbox"/>	
Dept: 00022		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>
Name:		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:		Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM

SPECIAL INSTRUCTIONS:	
Load #: 62215035	

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
4525472546	182	5	2240.28	Y	N	09/05/2022	6021A	0033	00022	
<b>GRAND TOTAL</b>	182	5	2240.28							

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(a) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
148	ctns			2168.76		Comforters, Bedspreads	49017	200	
34	ctns			71.52		Sheet Set & Pillowcase	49390 Sub 4	175	
182				2240.28		<b>GRAND TOTAL</b>			

<p>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 _____"</p>	<p><b>COD Amount: \$</b> _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
--	---

**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 / DATE	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP 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.	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	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. Property described above is received in good order, except as noted.

Date: 9/6/2022 8:39:32 AM

# Bill Of Lading

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000318169  
  
 (402)06757164000318169

**SHIP TO**  
 Name: Wal-Mart DC 6026A - ASM DIS Location #: 6026A  
 Address: 10817 HWY 99W  
 6026A  
 City/State/Zip: Red Bluff, CA 96080  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 154993  
 Seal number(s): 2149136

**SCAC:** WALM  
**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:**  
 Load #: 62215035

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

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
6575022874	321	6	3376.22	Y	N	09/06/2022	6026A	0033	00022	
<b>GRAND TOTAL</b>	321	6	3376.22							

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>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
213	ctns			3127.41		Comforters, Bedspreads	49017	200	
108	ctns			248.81		Sheet Set & Pillowcase	49390 Sub 4	175	
321				3376.22		<b>GRAND TOTAL</b>			

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