

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

Master Bill of Lading Number: 06757164000325396

SHIP TO
 Name: Wal-Mart Centerpoint - 6909 DC#: 6909
 Div. _____
 Address: 3485 Wineville Rd
 6909
 City/State/Zip: Jurupa Valley, CA 91752
 SID#: _____ FOB:

CARRIER NAME: WAL-MART FLEET
 Trailer number: 164012
 Seal number(s): 2149196
 SCAC: WALM
 Pro Number: _____

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

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:
 (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
 Load #: 63503760

| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
|------------------|----------------------------|-----------------------|
| 2:00 AM PM | 1:50 AM PM | 2:10 AM PM |

| CUSTOMER ORDER INFORMATION | | | | | | |
|----------------------------|------------|------------|-------------------------|---|-------------------|---------------------------------------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | | BOL# | ADDITIONAL SHIPPER INFO DC# Supplier# |
| 1874623609 | 565 | 7020.60 | Y | N | 06757164000324825 | 6016A |
| 2024950730 | 18 | 194.22 | Y | N | 06757164000324962 | 3859 |
| 2908524624 | 12 | 154.80 | Y | N | 06757164000324870 | 6009R |
| 3208524858 | 12 | 154.80 | Y | N | 06757164000324887 | 6069R |
| 3474953164 | 46 | 488.70 | Y | N | 06757164000324818 | 6025A |
| 3825792457 | 67 | 516.83 | Y | N | 06757164000324894 | 6009A |
| 4508525781 | 84 | 1083.60 | Y | N | 06757164000324832 | 6016R |
| 4525472963 | 38 | 304.90 | Y | N | 06757164000324900 | 6021A |
| 5214188748 | 1 | 5.94 | Y | N | 06757164000324948 | 6026A |
| 5858998868 | 40 | 127.60 | Y | N | 06757164000324924 | 6031A |
| 5973664631 | 86 | 753.21 | Y | N | 06757164000324931 | 6037A |
| 6266066415 | 1 | 5.94 | Y | N | 06757164000324917 | 6009A |
| 6574990678 | 58 | 500.30 | Y | N | 06757164000325006 | 3865 |
| 6575023297 | 177 | 1204.28 | Y | N | 06757164000324863 | 6026A |

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.
 Total Pallet: 36

 10/25/22

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.
 _____ 10-25-22

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

Master Bill of Lading Number: 06757164000325396

SHIP TO
 Name: Wal-Mart Centerpoint - 6909 DC#: 6909
 Div. _____
 Address: 3485 Wineville Rd
 6909
 City/State/Zip: Jurupa Valley, CA 91752
 SID#: _____ FOB:

CARRIER NAME: WAL-MART FLEET
 Trailer number: 164012
 Seal number(s): 2149196
 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 #: 63503760

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

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | | ADDITIONAL SHIPPER INFO | | Supplier# |
|-----------------------|------------|------------|-------------------------|-----|-------------------------|-------|-----------|
| | | | BOL# | DC# | BOL# | DC# | |
| 6758528957 | 16 | 172.64 | Y | N | 06757164000324986 | 7356 | |
| 6758528959 | 34 | 299.70 | Y | N | 06757164000324979 | 7356 | |
| 6808529936 | 15 | 161.85 | Y | N | 06757164000324993 | 7853 | |
| 6968621416 | 1 | 21.92 | Y | N | 06757164000325013 | 9200 | |
| 7909169212 | 26 | 143.44 | Y | N | 06757164000324849 | 6037A | |
| 9225162942 | 33 | 429.24 | Y | N | 06757164000324955 | 6069A | |
| 9375043256 | 191 | 2743.15 | Y | N | 06757164000324856 | 6035A | |
| Grand Total | 1521 | 16487.66 | | | | | |

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 |
| 886 | ctns | | | 14809.80 | | Comforters, Bedspreads | 49017 | 200 |
| 567 | ctns | | | 1394.94 | | Sheet Set & Pillowcase | 49390 Sub 4 | 175 |
| 68 | ctns | | | 282.92 | | Shower curtain | 49385 | 77.5 |
| 1521 | | | | 16487.66 | | Grand Total | | |

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.
 Total Pallet: 36
[Signature]
 10/25/22

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] 10-25-22

Date: 10/25/2022 7:15:46 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: 06757164000324955



SHIP TO

Name: Wal-Mart DC 6069A-ASM DIS Location #: 6069A
 Address: 1200 Matlock Drive
 6069A
 City/State/Zip: St. James, MO 65559
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET

Trailer number: 164012
 Seal number(s): 2149196

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 #: 63503760

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 |
|-----------------------|-----------|-----------|---------------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 9225162942 | 33 | 2 | 429.24 | Y | N | 11/06/2022 | 6069A | 0033 | 00022 | |
| GRAND TOTAL | 33 | 2 | 429.24 | | | | | | | |

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 |
| 23 | ctns | | | 416.00 | | Comforters, Bedspreads | 49017 | 200 |
| 10 | ctns | | | 13.24 | | Sheet Set & Pillowcase | 49390 Sub 4 | 175 |
| 33 | | | | 429.24 | | 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 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: 06757164000324931

 (402)06757164000324931

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: 164012
 Seal number(s): 2149196

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 #: 63503760

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 | Plts 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 |
| 5973664631 | 86 | 1 | 753.21 | Y | N | 10/30/2022 | 6037A | 0033 | 00022 | |
| GRAND TOTAL | 86 | 1 | 753.21 | | | | | | | |

| 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 | | | | | | | |
| 19 | ctns | | | | | 585.10 | | Comforters, Bedspreads | 49017 | 200 | | | | |
| 67 | ctns | | | | | 168.11 | | Sheet Set & Pillowcase | 49390 Sub 4 | 175 | | | | |
| 86 | | | | | | 753.21 | | 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 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: 10/25/2022 7:15:40 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: 06757164000324894

 (402)06757164000324894

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: 164012
 Seal number(s): 2149196

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 #: 63503760

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 |
|-----------------------|--------|------------|--------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 3825792457 | 67 | 2 | 516.83 | Y | N | 11/05/2022 | 6009A | 0033 | 00022 | |
| GRAND TOTAL | 67 | 2 | 516.83 | | | | | | | |

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 |
| 38 | ctns | | | 446.65 | | Comforters, Bedspreads | 49017 | 200 |
| 29 | ctns | | | 70.18 | | Sheet Set & Pillowcase | 49390 Sub 4 | 175 |
| 67 | | | | 516.83 | | 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 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: 06757164000325006

 (402)06757164000325006

SHIP TO
 Name: Wal-Mart DFW6 Fort Worth - FC Location #: 3865
 3865
 Address: 14700 Blue Mound Rd
 3865
 City/State/Zip: Fort Worth, TX 76052
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 164012
 Seal number(s): 2149196

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 #: 63503760

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

| | | |
|------------------------|----------------------------------|-----------------------------|
| Appointment Time AM | Actual Driver Arrival Time AM | Driver Departure Time AM |
|------------------------|----------------------------------|-----------------------------|

| 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 |
| 6574990678 | 58 | 1 | 500.30 | Y | N | 11/04/2022 | 03865 | 0020 | 00022 | |
| GRAND TOTAL | 58 | 1 | 500.30 | | | | | | | |

| 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 | | | | | | | |
| 1 | Pallet | | | | | 35.00 | | | Pallet | | | |
| | | 58 | ctns | | | 500.30 | | | Comforters, Bedspreads | 49017 | 200 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1 | | 58 | | | | 535.30 | | | 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 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: 06757164000324870



SHIP TO
 Name: Wal-Mart DC 6009R - Regular Location #: 6009R
 Address: 1100 North Iris Street
 6009R
 City/State/Zip: Mount Pleasant, IA 52641
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET

Trailer number: 164012
 Seal number(s): 2149196

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 #: 63503760

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 | 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 |
|-----------------------|--------|-----------|--------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 2908524624 | 12 | 1 | 154.80 | Y | N | 11/05/2022 | 6009R | 0020 | 00022 | |
| GRAND TOTAL | 12 | 1 | 154.80 | | | | | | | |

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 |
| 12 | ctns | | | 154.80 | | Comforters, Bedspreads | 49017 | 200 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 12 | | | | 154.80 | | GRAND TOTAL | | |

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.

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

Bill of Lading Number: 06757164000324887

 (402)06757164000324887

SHIP TO
 Name: Wal-Mart DC 6069R-REGULAR Location #: 6069R
 Address: 1106 Matlock Drive
 6069R
 City/State/Zip: St. James, MO 65559
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 164012
 Seal number(s): 2149196

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 #: 63503760

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 | Plts 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 |
| 3208524858 | 12 | 1 | 154.80 | Y | N | 11/06/2022 | 6069R | 0020 | 00022 | |
| GRAND TOTAL | 12 | 1 | 154.80 | | | | | | | |

| 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 | | | | | | | | |
| 12 | ctns | | | 154.80 | | Comforters, Bedspreads | 49017 | 200 | | | | | |
| 12 | | | | 154.80 | | GRAND TOTAL | | | | | | | |

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 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.

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

Bill of Lading Number: 06757164000324986

 (402)06757164000324986

SHIP TO
 Name: Wal-Mart DC - 7356 Location #: 7356
 Address: 3215 Commerce Center Blvd
 7356
 City/State/Zip: Bethlehem, PA 18015
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 164012
 Seal number(s): 2149196
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 #: 63503760

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 | 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 |
| 6758528957 | 16 | 1 | 172.64 | Y | N | 11/07/2022 | 07356 | 0020 | 00022 | |
| GRAND TOTAL | 16 | 1 | 172.64 | | | | | | | |

| 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 | | | | | | | | |
| 1 | Pallet | | | | | 35.00 | | | | Pallet | | | |
| | | 16 | ctns | | | 172.64 | | | | Comforters, Bedspreads | 49017 | 200 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1 | | 16 | | | | 207.64 | | | | 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 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: 06757164000325013

 (402)06757164000325013

SHIP TO
 Name: Wal-Mart NJ1 HVFC Whse - 9200 Location #: 9200
 Address: 2 Gateway Blvd
 9200
 City/State/Zip: Pedricktown, NJ 08067
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 164012
 Seal number(s): 2149196
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 #: 63503760

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 |
| 6968621416 | 1 | 1 | 21.92 | Y | N | 11/04/2022 | 09200 | 0020 | 00022 | |
| GRAND TOTAL | 1 | 1 | 21.92 | | | | | | | |

| HANDLING UNIT | | | | | | | PACKAGE | | | | WEIGHT | | H.M. (X) | COMMODITY DESCRIPTION | | LTL ONLY | | |
|---------------|--------|-----|------|-----|------|-----|---------|-------|------|-----|--------|-----|----------|------------------------|------|----------|-------|--|
| QTY | TYPE | QTY | TYPE | QTY | TYPE | QTY | TYPE | QTY | TYPE | QTY | TYPE | QTY | TYPE | QTY | TYPE | NMFC # | CLASS | |
| 1 | Pallet | | | | | | | 35.00 | | | | | | Pallet | | | | |
| | | 1 | ctns | | | | | 21.92 | | | | | | Comforters, Bedspreads | | 49017 | 200 | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 1 | | 1 | | | | | | 56.92 | | | | | | 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 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: 10/25/2022 7:15:03 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: 06757164000324849

 (402)06757164000324849

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: 00020

CARRIER NAME: WAL-MART FLEET
 Trailer number: 164012
 Seal number(s): 2149196
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 #: 63503760

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 |
|-----------------------|--------|------------|--------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 7909169212 | 26 | 1 | 143.44 | Y | N | 10/30/2022 | 6037A | 0033 | 00020 | |
| GRAND TOTAL | 26 | 1 | 143.44 | | | | | | | |

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 |
| 26 | ctns | | | 143.44 | | Shower curtain | 49385 | 77.5 |
| GRAND TOTAL | | | | | | | | |

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 / 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.


Shipper Signature

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

Bill of Lading Number: 06757164000324993

 (402)06757164000324993

SHIP TO
 Name: Wal-Mart Regional DC - 7853 Location #: 7853
 Address: 5100 North Ridge Trail
 7853
 City/State/Zip: Davenport, FL 33897
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 164012
 Seal number(s): 2149196
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 #: 63503760

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 | 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 |
| 6808529936 | 15 | 1 | 161.85 | Y | N | 11/09/2022 | 07853 | 0020 | 00022 | |
| GRAND TOTAL | 15 | 1 | 161.85 | | | | | | | |

| 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 | QTY | TYPE | QTY | TYPE | NMFC # | CLASS | | | | | | |
| 1 | Pallet | | | | | 35.00 | | | | | | Pallet | | | |
| | | 15 | ctns | | | 161.85 | | | | | | Comforters, Bedspreads | 49017 | 200 | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 1 | | 15 | | | | 196.85 | | | | | | GRAND TOTAL | | | |

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: 10/25/2022 7:14:54 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: 06757164000324900

 (402)06757164000324900

SHIP TO
 Name: Wal-Mart DC 6021A - ASM DIS Location #: 6021A
 Address: 1005 South H Street
 6021A
 City/State/Zip: Porterville, CA 93257
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 164012
 Seal number(s): 2149196
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 #: 63503760

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 |
|-----------------------|-----------|------------|---------------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 4525472963 | 38 | 1 | 304.90 | Y | N | 10/28/2022 | 6021A | 0033 | 00022 | |
| GRAND TOTAL | 38 | 1 | 304.90 | | | | | | | |

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 |
| 17 | ctns | | | 254.08 | | Comforters, Bedspreads | 49017 | 200 |
| 21 | ctns | | | 50.82 | | Sheet Set & Pillowcase | 49390 Sub 4 | 175 |
| 38 | | | | 304.90 | | GRAND TOTAL | | |

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: 10/25/2022 7:14:48 AM

Bill Of Lading

Page 1 of 1

| SHIP FROM | | Bill of Lading Number: 06757164000324979 | |
|--------------------------------------|-------------------------------|--|---|
| Name: | E & E COMPANY LTD |  (402)06757164000324979 | |
| 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 - 7356 | Location #: | 7356 |
| Address: | 3215 Commerce Center Blvd | Trailer number: | 164012 |
| | 7356 | Seal number(s): | 2149196 |
| City/State/Zip: | Bethlehem, PA 18015 | SCAC: | WALM |
| CID#: | FOB: <input type="checkbox"/> | Pro Number: |  |
| Dept: | 00022 | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Prepaid | Collect <input checked="" type="checkbox"/> |
| Name: | | 3rd Party | |
| Address: | | <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading | |
| City/State/Zip: | | Appointment Time | Actual Driver Arrival Time |
| SPECIAL INSTRUCTIONS: | | AM | AM |
| Load #: 63503760 | | 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 |
|-----------------------|-----------|------------|---------------|---------------------------|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 6758528959 | 34 | 1 | 299.70 | Y N | 10/27/2022 | 07356 | 0020 | 00022 | |
| GRAND TOTAL | 34 | 1 | 299.70 | | | | | | |

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 |
| 1 | Pallet | | | 35.00 | | Pallet | | |
| | | 34 | ctns | 299.70 | | Comforters, Bedspreads | 49017 | 200 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1 | | 34 | | 334.70 | | 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 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.


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

Bill of Lading Number: 06757164000324832

 (402)06757164000324832

SHIP TO
 Name: Wal-Mart DC 6016R - Regular Location #: 6016R
 Address: 3930 Ih 35 North
 6016R
 City/State/Zip: New Braunfels, TX 78130
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 164012
 Seal number(s): 2149196

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 #: 63503760

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 |
| 4508525781 | 84 | 2 | 1083.60 | Y | N | 11/01/2022 | 6016R | 0020 | 00022 | |
| GRAND TOTAL | 84 | 2 | 1083.60 | | | | | | | |

| 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 | | | | | | | | |
| 84 | ctns | | | 1083.60 | | Comforters, Bedspreads | 49017 | 200 | | | | | |
| 84 | | | | 1083.60 | | 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 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: 06757164000324856

 (402)06757164000324856

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: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 164012
 Seal number(s): 2149196
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 #: 63503760

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 |
| 9375043256 | 191 | 3 | 2743.15 | Y | N | 11/06/2022 | 6035A | 0033 | 00022 | |
| GRAND TOTAL | 191 | 3 | 2743.15 | | | | | | | |

| 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 | | | | | | | |
| 97 | ctns | | | 2515.34 | | Comforters, Bedspreads | 49017 | 200 | | | | |
| 94 | ctns | | | 227.81 | | Sheet Set & Pillowcase | 49390 Sub 4 | 175 | | | | |
| 191 | | | | 2743.15 | | 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 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: 06757164000324917

 (402)06757164000324917

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: 00020

CARRIER NAME: WAL-MART FLEET
 Trailer number: 164012
 Seal number(s): 2149196

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 #: 63503760

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 |
| 6266066415 | 1 | 1 | 5.94 | Y | N | 11/05/2022 | 6009A | 0033 | 00020 | |
| GRAND TOTAL | 1 | 1 | 5.94 | | | | | | | |

| 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 | | | | | | | |
| 1 | ctns | | | 5.94 | | Shower curtain | 49385 | 77.5 | | | | |
| GRAND TOTAL | | | | | | | | | | | | |

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 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.


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

Bill of Lading Number: 06757164000324825

 (402)06757164000324825

SHIP TO
 Name: Wal-Mart DC 6016A - ASM DIS Location #: 6016A
 Address: 3920 Ih 35 North
 6016A
 City/State/Zip: New Braunfels, TX 78130
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 164012
 Seal number(s): 2149196

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 #: 63503760

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 |
| 1874623609 | 565 | 10 | 7020.60 | Y | N | 11/01/2022 | 6016A | 0033 | 00022 | |
| GRAND TOTAL | 565 | 10 | 7020.60 | | | | | | | |

| 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 | |
| 358 | ctns | | | 6508.24 | | Comforters, Bedspreads | 49017 | 200 | |
| 207 | ctns | | | 512.36 | | Sheet Set & Pillowcase | 49390 Sub 4 | 175 | |
| 565 | | | | 7020.60 | | GRAND TOTAL | | | |

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: 10/25/2022 7:14:57 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: 06757164000324962



SHIP TO

Name: Wal-Mart CLT1 Troutman NC - FC Location #: 3859
 3859
 Address: 386 Murdock Rd
 3859
 City/State/Zip: Troutman, NC 28166
 CID#: _____
 Dept: 00022

FOB:

CARRIER NAME: WAL-MART FLEET

Trailer number: 164012
 Seal number(s): 2149196

SCAC: WALM
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:
 Load #: 63503760

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
 (check box)

| | | |
|------------------------|----------------------------------|-----------------------------|
| Appointment Time AM | Actual Driver Arrival Time AM | Driver Departure Time AM |
|------------------------|----------------------------------|-----------------------------|

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | Plts 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 |
|-----------------------|--------|------------|--------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 2024950730 | 18 | 1 | 194.22 | Y | N | 10/26/2022 | 03859 | 0020 | 00022 | |
| GRAND TOTAL | 18 | 1 | 194.22 | | | | | | | |

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 |
| 1 | Pallet | | | 35.00 | | Pallet | | |
| | | 18 | ctns | 194.22 | | Comforters, Bedspreads | 49017 | 200 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1 | | 18 | | 229.22 | | 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 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: 06757164000324924

 (402)06757164000324924

SHIP TO
 Name: Wal-Mart DC 6031A-ASM DIS Location #: 6031A
 Address: 23701 West Southern Avenue
 6031A
 City/State/Zip: Buckeye, AZ 85326
 CID#: _____ FOB:
 Dept: 00020

CARRIER NAME: WAL-MART FLEET
 Trailer number: 164012
 Seal number(s): 2149196
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 #: 63503760

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 | Plts 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 |
| 5858998868 | 40 | 1 | 127.60 | Y | N | 10/29/2022 | 6031A | 0033 | 00020 | |
| GRAND TOTAL | 40 | 1 | 127.60 | | | | | | | |

| 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 | | | 127.60 | | Shower curtain | 49385 | 77.5 | | | | |
| 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 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.

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

Bill of Lading Number: 06757164000324818

 (402)06757164000324818

SHIP TO
 Name: Wal-Mart DC 6025A - ASM DIS Location #: 6025A
 Address: 6140 3M Drive
 6025A
 City/State/Zip: Menomonie, WI 54751
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 164012
 Seal number(s): 2149196

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 #: 63503760

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 | Plts 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 |
|-----------------------|--------|------------|--------|--------------------------|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 3474953164 | 46 | 1 | 488.70 | Y N | 11/06/2022 | 6025A | 0033 | 00022 | |
| GRAND TOTAL | 46 | 1 | 488.70 | | | | | | |

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 |
| 42 | ctns | | | 479.02 | | Comforters, Bedspreads | 49017 | 200 |
| 4 | ctns | | | 9.68 | | Sheet Set & Pillowcase | 49390 Sub 4 | 175 |
| 46 | | | | 488.70 | | GRAND TOTAL | | |

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 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.