


Date: 11/30/2022 2:27:38 PM

Master Bill Of Lading

| | | | |
|---|---|---|---|
| SHIP FROM | | Master Bill of Lading Number: 06757168000841382 | |
| Name: E & E COMPANY LTD | Address: 311 International Trade Pkwy | | |
| City/State/Zip: Port Wentworth, GA 31407 | SID#: <input type="checkbox"/> | | |
| SHIP TO | | CARRIER NAME: AAA Cooper Transportation | |
| Customer Code: HOMEDEPOT | Name: LOCUST GROVE IFC | Trailer number: AACT 56396550 - 8 |  <small>DRIVER'S SIGNATURE ACKNOWLEDGES RECEIPT OF FREIGHT ONLY. UNLESS OTHERWISE AGREED TO UNDER SEPARATE CONTRACT. TERMS AND CONDITIONS OR TARIFF AACT-100 APPLY. LIABILITY LIMITATION FOR LOSS OR DAMAGE ON THIS SHIPMENT MAY BE APPLICABLE. SEE 49 U.S.C. 14706(c)(1)(A)(B)</small> |
| Address: 3150 HWY 42 SOUTH - SUITE IFC | City/State/Zip: LOCUST GROVE, GA 30248 | Seal number(s): | |
| SID#: <input type="checkbox"/> | SCAC: AACT | Pro Number: | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
| Name: | Address: | Prepaid: <input type="checkbox"/> | Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> |
| City/State/Zip: | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING | | |
| SPECIAL INSTRUCTIONS: Load #: 222473779 | | Appointment Time | Actual Driver Arrival Time |
| | | AM PM | AM PM |
| | | Driver Departure Time | AM PM |

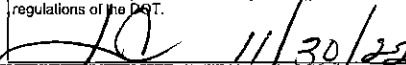

| CUSTOMER ORDER INFORMATION | | | | | | |
|----------------------------|------------|------------|--------------------------|---|-------------------------|------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLE ONE) | | ADDITIONAL SHIPPER INFO | |
| | | | | | BOL# | DC# |
| 36942073 | 1 | 32.26 | Y | N | 06757168000839884 | 5084 |
| 36942081 | 10 | 120.58 | Y | N | 06757168000840026 | 5120 |
| 36942086 | 20 | 469.30 | Y | N | 06757168000840088 | 5639 |
| 36942072 | 2 | 4.18 | Y | N | 06757168000839877 | 5034 |
| 36942070 | 4 | 74.43 | Y | N | 06757168000839846 | 5024 |
| 36942076 | 5 | 89.40 | Y | N | 06757168000839983 | 5087 |
| 36942087 | 12 | 413.50 | Y | N | 06757168000840361 | 5641 |
| 36942069 | 2 | 39.64 | Y | N | 06757168000839839 | 5023 |
| 36942082 | 9 | 230.32 | Y | N | 06757168000840033 | 5221 |
| 36942088 | 14 | 443.68 | Y | N | 06757168000840378 | 5642 |
| 36942074 | 5 | 10.45 | Y | N | 06757168000839891 | 5085 |
| 36942079 | 5 | 76.06 | Y | N | 06757168000839990 | 5088 |
| 36942071 | 4 | 34.48 | Y | N | 06757168000839860 | 5030 |

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 <small>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.</small>  11/30/22 | Trailer Loaded: Freight Counted: <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 SIGNATURE / PICKUP DATE <small>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.</small>  11-30-22 |

| | | |
|---|--|--|
| SHIP FROM | | Master Bill of Lading Number: 06757168000841382 |
| Name: E & E COMPANY LTD | | |
| Address: 311 International Trade Pkwy | | |
| City/State/Zip: Port Wentworth, GA 31407 | | |
| SID#: _____ FOB: <input type="checkbox"/> | | |
| SHIP TO | | CARRIER NAME: AAA Cooper Transportation |
| Customer Code: HOMEDEPOT | | Trailer number: |
| Name: LOCUST GROVE IFC | | Seal number(s): |
| Address: 3150 HWY 42 SOUTH - SUITE IFC | | SCAC: AACT |
| City/State/Zip: LOCUST GROVE, GA 30248 | | Pro Number: |
| SID#: _____ FOB: <input type="checkbox"/> | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: |
| Name: | | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> |
| Address: | | |
| City/State/Zip: | | |
| SPECIAL INSTRUCTIONS: | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED |
| Load #: 222473779 | | <input type="checkbox"/> UNDERLYING BILLS OF LANDING |
| | | 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 | | ADDITIONAL SHIPPER INFO | |
| | | | (CIRCLEONE) | | BOL# | DC# |
| 36942080 | 11 | 227.45 | Y | N | 06757168000840002 | 5089 |
| 36942075 | 2 | 125.54 | Y | N | 06757168000839969 | 5086 |
| 36942090 | 9 | 209.40 | Y | N | 06757168000840392 | 5851 |
| 36942085 | 8 | 112.52 | Y | N | 06757168000840071 | 5250 |
| 36942089 | 2 | 64.52 | Y | N | 06757168000840385 | 5643 |
| Grand Total | 125 | 2777.71 | | | | |


| 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 369</small> | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 18 | Pallet | | | 900.00 | | Pallet | | 70 |
| | | 125 | ctns | 2777.71 | | Rugs | 70970-5 | 125 |
| 18 | | | | 3677.71 | | Grand Total | | |

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

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| <p>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.</p> | <p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p> |
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| <p>SHIPPER SIGNATURE / DATE</p> <p><small>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.</small></p> | <p>Trailer Loaded: Freight Counted:</p> <p><input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p> | <p>CARRIER SIGNATURE / PICKUP DATE</p> <p><small>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.</small></p> |
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|------------------|------------------------------|--|
| SHIP FROM | | Bill of Lading Number: 06757168000839839 |
| Name: | E & E COMPANY LTD |  (402)06757168000839839 |
| Address: | 311 International Trade Pkwy | |
| City/State/Zip: | Port Wentworth, GA 31407 | |
| PHONE: | 912-373-7778 | |
| VENDOR: | 879816 | |

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|-----------------|-------------------------------|---|
| SHIP TO | | CARRIER NAME: AAA Cooper Transportation |
| Name: | Home Depot Dallas DC - 5023 | Responsible Acct.No: |
| Address: | 2300 Beckleymeade Ave. | Trailer number: |
| City/State/Zip: | Dallas, TX 75232 | Seal number(s): |
| CID#: | FOB: <input type="checkbox"/> | SCAC: AACT |
| Dept: | | Pro Number: |

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| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: | | Prepaid: | Collect: X |
| Address: | | 3rd Party: | |
| City/State/Zip: | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | |
| SPECIAL INSTRUCTIONS: | | Appointment Time | Actual Driver Arrival Time |
| Load #: 222473779 | | AM | AM |
| | | PM | PM |
| | | Driver Departure Time | AM |
| | | | PM |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|----------|--------------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 36942069 | 2 | 39.64 | Y N | |
| Grand Total | 2 | 39.64 | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 2 | ctns | 39.64 | | Rugs | 70970-5 | 125 |
| 1 | | 2 | | 89.64 | | Grand Total | | |

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| 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: <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).


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| 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 _____ |
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| 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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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. |
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Date: 11/30/2022 2:27:29 PM

Bill Of Lading

Page 1 of 1

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|---|----------------------------|---|--|------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| SHIP FROM | | Bill of Lading Number: 06757168000839877 | | | | | | | | | | |
| Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: 912-373-7778 VENDOR: 879816 | |  (402)06757168000839877 | | | | | | | | | | |
| SHIP TO | | CARRIER NAME: AAA Cooper Transportation | | | | | | | | | | |
| Name: Home Depot Breinigsville DC - 5034 Address: 8500 Willard Dr. City/State/Zip: Breinigsville, PA 18031 CID#: <input type="checkbox"/> FOB: <input type="checkbox"/> Dept: | | Responsible Acct.No: Trailer number: Seal number(s): SCAC: AACT Pro Number: | | | | | | | | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | | | | | | | | | | |
| Name: Address: City/State/Zip: | | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | | | | | | | | | | |
| SPECIAL INSTRUCTIONS: Load #: 222473779 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table> | | Appointment Time | Actual Driver Arrival Time | Driver Departure Time | AM | AM | AM | PM | PM | PM |
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time | | | | | | | | | | |
| AM | AM | AM | | | | | | | | | | |
| PM | PM | PM | | | | | | | | | | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 36942072 | 2 | 4.18 | Y N | |
| Grand Total | 2 | 4.18 | | |


| 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 300</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 2 | ctns | 4.18 | | Rugs | 70970-5 | 125 |
| 1 | | 2 | | 54.18 | | Grand Total | | |

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| 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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> |
|--|--|

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

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| 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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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. |

Bill Of Lading

| | | | | | | | | | | | | |
|--|----------------------------|---|--|------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| SHIP FROM | | Bill of Lading Number: 06757168000840033 | | | | | | | | | | |
| Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: 912-373-7778 VENDOR: 879816 | |  (402)06757168000840033 | | | | | | | | | | |
| SHIP TO | | CARRIER NAME: AAA Cooper Transportation | | | | | | | | | | |
| Name: Home Depot Westfield DC - 5221 Address: 50 Campanelli Drive City/State/Zip: Westfield, MA 01085 CID#: <input type="checkbox"/> FOB: <input type="checkbox"/> Dept: | | Responsible Acct.No: Trailer number: Seal number(s): SCAC: AACT Pro Number: | | | | | | | | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> | | | | | | | | | | |
| Name: Address: City/State/Zip: | | Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box) | | | | | | | | | | |
| SPECIAL INSTRUCTIONS: Load #: 222473779 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table> | | Appointment Time | Actual Driver Arrival Time | Driver Departure Time | AM | AM | AM | PM | PM | PM |
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time | | | | | | | | | | |
| AM | AM | AM | | | | | | | | | | |
| PM | PM | PM | | | | | | | | | | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 36942082 | 9 | 230.32 | Y N | |
| Grand Total | 9 | 230.32 | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | 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 | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 9 | ctns | 230.32 | | Rugs | 70970-5 | 125 |
| 1 | | 9 | | 280.32 | | Grand Total | | |


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| 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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> |
|---|--|

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

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|--|--|---|
| 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: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. |

Date: 11/30/2022 2:27:22 PM

Bill Of Lading

| | | | |
|--|--|--|----------------------------|
| SHIP FROM | | Bill of Lading Number: 06757168000840385 | |
| Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: 912-373-7778 VENDOR: 879816 | |  (402)06757168000840385 | |
| SHIP TO | | CARRIER NAME: AAA Cooper Transportation | |
| Name: Home Depot Tolleson DC - 5643 Address: 9081 W Washington St. City/State/Zip: Tolleson, AZ 85353 CID#: <input type="checkbox"/> FOB: <input type="checkbox"/> Dept: | | Responsible Acct.No: Trailer number: Seal number(s): SCAC: AACT Pro Number: | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: Address: City/State/Zip: | | Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> | |
| SPECIAL INSTRUCTIONS: Load #: 222473779 | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading | |
| | | Appointment Time | Actual Driver Arrival Time |
| | | AM PM | AM PM |
| | | Driver Departure Time | AM PM |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 36942089 | 2 | 64.52 | Y N | |
| Grand Total | 2 | 64.52 | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 2 | ctns | 64.52 | | Rugs | 70970-5 | 125 |
| 1 | | 2 | | 114.52 | | Grand Total | | |

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| 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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> |
|---|--|


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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces |
| CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. | | |

Date: 11/30/2022 2:27:14 PM

Bill Of Lading

Page 1 of 1

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|--|----------------------------|---|------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| SHIP FROM | | Bill of Lading Number: 06757168000840378 | | | | | | | | | |
| Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: 912-373-7778 VENDOR: 879816 | |  (402)06757168000840378 | | | | | | | | | |
| SHIP TO | | CARRIER NAME: AAA Cooper Transportation | | | | | | | | | |
| Name: Home Depot Ontario DC - 5642 Address: 5655 E. Ontario Mills Pkwy. City/State/Zip: Ontario, CA 91764 CID#: <input type="checkbox"/> FOB: <input type="checkbox"/> Dept: | | Responsible Acct.No: Trailer number: Seal number(s): SCAC: AACT Pro Number: | | | | | | | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | | | | | | | | | |
| Name: Address: City/State/Zip: | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align:center;">AM</td> <td style="text-align:center;">AM</td> <td style="text-align:center;">AM</td> </tr> <tr> <td style="text-align:center;">PM</td> <td style="text-align:center;">PM</td> <td style="text-align:center;">PM</td> </tr> </table> | Appointment Time | Actual Driver Arrival Time | Driver Departure Time | AM | AM | AM | PM | PM | PM |
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time | | | | | | | | | |
| AM | AM | AM | | | | | | | | | |
| PM | PM | PM | | | | | | | | | |
| SPECIAL INSTRUCTIONS: Load #: 222473779 | | | | | | | | | | | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 36942088 | 14 | 443.68 | Y N | |
| Grand Total | 14 | 443.68 | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 14 | ctns | 443.68 | | Rugs | 70970-5 | 125 |
| 1 | | 14 | | 493.68 | | Grand Total | | |

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| 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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> |
|--|--|

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

| | | |
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| 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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. |

Date: 11/30/2022 2:27:05 PM

Bill Of Lading

| | | | |
|--|--|--|----------------------------|
| SHIP FROM | | Bill of Lading Number: 06757168000839891 | |
| Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: 912-373-7778 VENDOR: 879816 | |  (402)06757168000839891 | |
| SHIP TO | | CARRIER NAME: AAA Cooper Transportation | |
| Name: Home Depot Lake Park DC - 5085 Address: 6201 Peterson Rd. City/State/Zip: Lake Park, GA 31636 CID#: <input type="checkbox"/> FOB: <input type="checkbox"/> Dept: | | Responsible Acct.No: Trailer number: Seal number(s): SCAC: AACT Pro Number: | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: Address: City/State/Zip: | | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> | |
| SPECIAL INSTRUCTIONS: Load #: 222473779 | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading | |
| | | Appointment Time | Actual Driver Arrival Time |
| | | AM PM | AM PM |
| | | Driver Departure Time | AM PM |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 36942074 | 5 | 10.45 | Y N | |
| Grand Total | 5 | 10.45 | | |


| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|----------|---|---------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360.</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 5 | ctns | 10.45 | | Rugs | 70970-5 | 125 |
| 1 | | 5 | | 60.45 | | Grand Total | | |

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|---|--|
| <p><small>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 _____"</small></p> | <p>COD Amount: _____</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).

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| <p><small>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.</small></p> | <p><small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small></p> <p style="text-align:right;">Shipper Signature</p> |
|--|---|

| | | | |
|---|---|--|--|
| <p>SHIPPER SIGNATURE / DATE <small>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.</small></p> | <p>Trailer Loaded:</p> <p><input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> | <p>Freight Counted:</p> <p><input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p> | <p>CARRIER SIGNATURE / PICKUP DATE <small>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.</small></p> |
|---|---|--|--|

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|---|--|--|
| SHIP FROM | | Bill of Lading Number: 06757168000839884 |
| Name: E & E COMPANY LTD | Address: 311 International Trade Pkwy |  (402)06757168000839884 |
| City/State/Zip: Port Wentworth, GA 31407 | PHONE: 912-373-7778 | |
| VENDOR: 879816 | | |
| SHIP TO | | |
| Name: Home Depot Monroe DC - 5084 | Address: 500 Gateway Blvd. | CARRIER NAME: AAA Cooper Transportation |
| City/State/Zip: Monroe, OH 45050 | CID#: <input type="checkbox"/> FOB: <input type="checkbox"/> | Responsible Acct.No: |
| Dept: | | Trailer number: |
| | | Seal number(s): |
| | | SCAC: AACT |
| | | Pro Number: |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | |
| Name: | Address: | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) |
| City/State/Zip: | | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> |
| SPECIAL INSTRUCTIONS: | Load #: 222473779 | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading |
| | | Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|----------|--------------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 36942073 | 1 | 32.26 | Y N | |
| Grand Total | 1 | 32.26 | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 1 | ctns | 32.26 | | Rugs | 70970-5 | 125 |
| 1 | | 1 | | 82.26 | | 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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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. |
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Date: 11/30/2022 2:26:57 PM

Bill Of Lading

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|---|----------------------------|---|--|------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| SHIP FROM | | Bill of Lading Number: 06757168000839990 | | | | | | | | | | |
| Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: 912-373-7778 VENDOR: 879816 | |  (402)06757168000839990 | | | | | | | | | | |
| SHIP TO | | CARRIER NAME: AAA Cooper Transportation | | | | | | | | | | |
| Name: Home Depot West Columbia DC - 5088 Address: 420 Foster Brothers Drive City/State/Zip: West Columbia, SC 29172 CID#: _____ FOB: <input type="checkbox"/> Dept: _____ | | Responsible Acct.No: Trailer number: Seal number(s): SCAC: AACT Pro Number: | | | | | | | | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X _____ 3rd Party: _____ | | | | | | | | | | |
| Name: Address: City/State/Zip: | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | | | | | | | | | | |
| SPECIAL INSTRUCTIONS: Load #: 222473779 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align:center;">AM</td> <td style="text-align:center;">AM</td> <td style="text-align:center;">AM</td> </tr> <tr> <td style="text-align:center;">PM</td> <td style="text-align:center;">PM</td> <td style="text-align:center;">PM</td> </tr> </table> | | Appointment Time | Actual Driver Arrival Time | Driver Departure Time | AM | AM | AM | PM | PM | PM |
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time | | | | | | | | | | |
| AM | AM | AM | | | | | | | | | | |
| PM | PM | PM | | | | | | | | | | |

| CUSTOMER ORDER INFORMATION | | | | | |
|----------------------------|--------|--------|-------------|---|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | | ADDITIONAL SHIPPER INFO |
| 36942079 | 5 | 76.06 | Y | N | |
| Grand Total | 5 | 76.06 | | | |


| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION | PACKAGE | |
| | | | | | | 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 | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 5 | ctns | 76.06 | | Rugs | 70970-5 | 125 |
| 1 | | 5 | | 126.06 | | Grand Total | | |

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| 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: <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).

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| 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. <p style="text-align:right;">Shipper Signature</p> |
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| | | | |
|--|--|--|---|
| 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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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. |
|--|--|--|---|

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|--|--|---|--|--|--|
| SHIP FROM | | Name: E & E COMPANY LTD | | Bill of Lading Number: 06757168000839860 | |
| Address: 311 International Trade Pkwy | | City/State/Zip: Port Wentworth, GA 31407 | |  (402)06757168000839860 | |
| PHONE: 912-373-7778 | | VENDOR: 879816 | | | |
| SHIP TO | | Name: Home Depot Winchester DC - 5030 | | CARRIER NAME: AAA Cooper Transportation | |
| Address: 480 Park Center Drive | | City/State/Zip: Winchester, VA 22603 | | Responsible Acct.No: | |
| CID#: <input type="checkbox"/> FOB: <input type="checkbox"/> | | Dept: | | Trailer number: | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Name: | | Seal number(s): | |
| | | Address: | | SCAC: AACT | |
| City/State/Zip: | | SPECIAL INSTRUCTIONS: | | Pro Number: | |
| Load #: 222473779 | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> | |
| | | Appointment Time | | Actual Driver Arrival Time | |
| | | AM | | AM | |
| | | PM | | PM | |
| | | Driver Departure Time | | AM | |
| | | | | PM | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 36942071 | 4 | 34.48 | Y N | |
| Grand Total | 4 | 34.48 | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 4 | ctns | 34.48 | | Rugs | 70970-5 | 125 |
| 1 | | 4 | | 84.48 | | Grand Total | | |

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| <p><small>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 _____</small></p> | <p>COD Amount: _____</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).

| | |
|--|--|
| <p><small>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.</small></p> | <p><small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small></p> <p style="text-align: right;">Shipper Signature</p> |
|--|--|

| | | | |
|---|--|--|--|
| <p>SHIPPER SIGNATURE / DATE <small>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.</small></p> | <p>Trailer Loaded:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p> | <p>Freight Counted:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p> | <p>CARRIER SIGNATURE / PICKUP DATE <small>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.</small></p> |
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Date: 11/30/2022 2:26:48 PM

Bill Of Lading

| | | | |
|---|--|--|----------------------------|
| SHIP FROM | | Bill of Lading Number: 06757168000840002 | |
| Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: 912-373-7778 VENDOR: 879816 | |  (402)06757168000840002 | |
| SHIP TO | | CARRIER NAME: AAA Cooper Transportation | |
| Name: HomeDepot PittstonTownshipDC - 5089 Address: 300 Enterprise Way City/State/Zip: Pittston Township, PA 18640 CID#: _____ FOB: <input type="checkbox"/> Dept: _____ | | Responsible Acct.No: Trailer number: Seal number(s): SCAC: AACT 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 #: 222473779 | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | |
| | | Appointment Time | Actual Driver Arrival Time |
| | | AM | AM |
| | | PM | PM |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 36942080 | 11 | 227.45 | Y N | |
| Grand Total | 11 | 227.45 | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 11 | ctns | 227.45 | | Rugs | 70970-5 | 125 |
| 1 | | 11 | | 277.45 | | Grand Total | | |

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| 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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> |
|---|--|


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. <p style="text-align:right;">Shipper Signature</p> |
|--|--|

| | | | |
|---|--|--|--|
| SHIPPER SIGNATURE / DATE <small>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.</small> | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP DATE <small>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.</small> |
|---|--|--|--|

Date: 11/30/2022 2:26:44 PM

Bill Of Lading

| | | | | | | | | | | | |
|--|----------------------------|---|------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| SHIP FROM | | Bill of Lading Number: 06757168000839983 | | | | | | | | | |
| Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: 912-373-7778 VENDOR: 879816 | |  (402)06757168000839983 | | | | | | | | | |
| SHIP TO | | CARRIER NAME: AAA Cooper Transportation | | | | | | | | | |
| Name: Home Depot Redlands DC - 5087 Address: 27352 River Bluff Ave. City/State/Zip: Redlands, CA 92374 CID#: _____ FOB: <input type="checkbox"/> Dept: _____ | | Responsible Acct.No: Trailer number: Seal number(s): SCAC: AACT Pro Number: | | | | | | | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | | | | | | | | | |
| Name: Address: City/State/Zip: | | Prepaid: Collect: X 3rd Party: <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading | | | | | | | | | |
| SPECIAL INSTRUCTIONS: Load #: 222473779 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table> | Appointment Time | Actual Driver Arrival Time | Driver Departure Time | AM | AM | AM | PM | PM | PM |
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time | | | | | | | | | |
| AM | AM | AM | | | | | | | | | |
| PM | PM | PM | | | | | | | | | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 36942076 | 5 | 89.40 | Y N | |
| Grand Total | 5 | 89.40 | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|-------------|--|---------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 5 | ctns | 89.40 | | Rugs | 70970-5 | 125 |
| 1 | | 5 | | 139.40 | | 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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> |
|--|---|

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: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. |

Date: 11/30/2022 2:26:40 PM

Bill Of Lading

| | | | | | |
|--|--|---|--|--|--|
| SHIP FROM | | Name: E & E COMPANY LTD | | Bill of Lading Number: 06757168000840071 | |
| Address: 311 International Trade Pkwy | | City/State/Zip: Port Wentworth, GA 31407 | |  (402)06757168000840071 | |
| PHONE: 912-373-7778 | | VENDOR: 879816 | | | |
| SHIP TO | | Name: Home Depot Atlanta RDC - #5250 | | CARRIER NAME: AAA Cooper Transportation | |
| Address: 3150 Hwy 42 | | City/State/Zip: Locust Grove, GA 30248 | | Responsible Acct.No: | |
| CID#: <input type="checkbox"/> FOB: <input type="checkbox"/> | | Dept: | | Trailer number: | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Name: | | Seal number(s): | |
| | | Address: | | SCAC: AACT | |
| City/State/Zip: | | SPECIAL INSTRUCTIONS: | | Pro Number: | |
| Load #: 222473779 | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | | Prepaid: <input type="checkbox"/> Collect: X 3rd Party: | |
| | | Appointment Time | | Actual Driver Arrival Time | |
| | | AM | | AM | |
| | | PM | | PM | |
| | | Driver Departure Time | | AM | |
| | | | | PM | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 36942085 | 8 | 112.52 | Y N | |
| Grand Total | 8 | 112.52 | | |

| 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> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 8 | ctns | 112.52 | | Rugs | 70970-5 | 125 |
| 1 | | 8 | | 162.52 | | 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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> |
|---|---|

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;">Shipper Signature</div> | | |
| 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. | <table style="width:100%;"> <tr> <td style="width:50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table> | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces |
| Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | | |
| | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. | | |

Date: 11/30/2022 2:26:36 PM

Bill Of Lading

| | | | | | |
|---|--|--|--|--|--|
| SHIP FROM | | Name: E & E COMPANY LTD | | Bill of Lading Number: 06757168000839846 | |
| Address: 311 International Trade Pkwy | | City/State/Zip: Port Wentworth, GA 31407 | |  (402)06757168000839846 | |
| PHONE: 912-373-7778 | | VENDOR: 879816 | | | |
| SHIP TO | | Name: Home Depot Topeka DC - 5024 | | CARRIER NAME: AAA Cooper Transportation | |
| Address: 5200 SW Wenger Drive | | City/State/Zip: Topeka, KS 66609 | | Responsible Acct.No: | |
| CID#: _____ | | Dept: _____ | | Trailer number: | |
| FOB: <input type="checkbox"/> | | | | Seal number(s): | |
| | | | | SCAC: AACT | |
| | | | | Pro Number: | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Name: _____ | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Address: _____ | | City/State/Zip: _____ | | Prepaid: <input type="checkbox"/> Collect: X 3rd Party: _____ | |
| SPECIAL INSTRUCTIONS: | | Load #: 222473779 | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | |
| | | | | Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM | |

| CUSTOMER ORDER INFORMATION | | | | | |
|----------------------------|--------|--------|-------------|---|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | | ADDITIONAL SHIPPER INFO |
| 36942070 | 4 | 74.43 | Y | N | |
| Grand Total | 4 | 74.43 | | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 4 | ctns | 74.43 | | Rugs | 70970-5 | 125 |
| 1 | | 4 | | 124.43 | | 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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. |
|--|---|---|---|

Date: 11/30/2022 2:26:32 PM

Bill Of Lading

| | | | |
|--|--|--|--|
| SHIP FROM | | Bill of Lading Number: 06757168000840088 | |
| Name: E & E COMPANY LTD | |  (402)06757168000840088 | |
| Address: 311 International Trade Pkwy | | | |
| City/State/Zip: Port Wentworth, GA 31407 | | | |
| PHONE: 912-373-7778 | | | |
| VENDOR: 879816 | | CARRIER NAME: AAA Cooper Transportation | |
| SHIP TO | | Responsible Acct.No: | |
| Name: Home Depot Salem DC - 5639 | | Trailer number: | |
| Address: 4999 Depot Ct. SE | | Seal number(s): | |
| City/State/Zip: Salem, OR 97317 | | SCAC: AACT | |
| CID#: <input type="checkbox"/> FOB: <input type="checkbox"/> | | Pro Number: | |
| Dept: | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | | |
| Name: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Address: | | Prepaid: <input type="checkbox"/> Collect: X 3rd Party: | |
| City/State/Zip: | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading | |
| SPECIAL INSTRUCTIONS: Load #: 222473779 | | Appointment Time | |
| | | Actual Driver Arrival Time | |
| | | Driver Departure Time | |
| | | AM AM AM | |
| | | PM PM PM | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 36942086 | 20 | 469.30 | Y N | |
| Grand Total | 20 | 469.30 | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 20 | ctns | 469.30 | | Rugs | 70970-5 | 125 |
| 1 | | 20 | | 519.30 | | 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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. |

Date: 11/30/2022 2:26:28 PM

Bill Of Lading

| | | | |
|---|-----------------------------------|--|----------------------------|
| SHIP FROM | | Bill of Lading Number: 06757168000839969 | |
| Name: | E & E COMPANY LTD |  (402)06757168000839969 | |
| Address: | 311 International Trade Pkwy | | |
| City/State/Zip: | Port Wentworth, GA 31407 | | |
| PHONE: | 912-373-7778 | | |
| VENDOR: | 879816 | | |
| SHIP TO | | CARRIER NAME: AAA Cooper Transportation | |
| Name: | Home Depot McCalla DC - 5086 | Responsible Acct.No: | |
| Address: | 6400 Jefferson Metropolitan Pkwy. | Trailer number: | |
| City/State/Zip: | McCalla, AL 35111 | Seal number(s): | |
| CID#: | FOB: <input type="checkbox"/> | SCAC: AACT | |
| Dept: | | Pro Number: | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: | | Prepaid: <input type="checkbox"/> Collect: X 3rd Party: | |
| Address: | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading | |
| City/State/Zip: | | Appointment Time | Actual Driver Arrival Time |
| SPECIAL INSTRUCTIONS: | | AM | AM |
| Load #: 222473779 | | PM | PM |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|----------|---------------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 36942075 | 2 | 125.54 | Y N | |
| Grand Total | 2 | 125.54 | | |

| 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> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 2 | ctns | 125.54 | | Rugs | 70970-5 | 125 |
| 1 | | 2 | | 175.54 | | 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).

| | | |
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| 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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. |

Date: 11/30/2022 2:26:24 PM

Bill Of Lading

| | | | | | | | | | | | | |
|---|----------------------------|---|--|------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| SHIP FROM | | Bill of Lading Number: 06757168000840392 | | | | | | | | | | |
| Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: 912-373-7778 VENDOR: 879816 | |  (402)06757168000840392 | | | | | | | | | | |
| SHIP TO | | CARRIER NAME: AAA Cooper Transportation | | | | | | | | | | |
| Name: Home Depot Joliet DC - 5851 Address: 2950 Center Point Way City/State/Zip: Joliet, IL 60436 CID#: _____ FOB: <input type="checkbox"/> Dept: _____ | | Responsible Acct.No: Trailer number: Seal number(s): SCAC: AACT Pro Number: | | | | | | | | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____ | | | | | | | | | | |
| Name: Address: City/State/Zip: | | <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading | | | | | | | | | | |
| SPECIAL INSTRUCTIONS: Load #: 222473779 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align:center;">AM</td> <td style="text-align:center;">AM</td> <td style="text-align:center;">AM</td> </tr> <tr> <td style="text-align:center;">PM</td> <td style="text-align:center;">PM</td> <td style="text-align:center;">PM</td> </tr> </table> | | Appointment Time | Actual Driver Arrival Time | Driver Departure Time | AM | AM | AM | PM | PM | PM |
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time | | | | | | | | | | |
| AM | AM | AM | | | | | | | | | | |
| PM | PM | PM | | | | | | | | | | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 36942090 | 9 | 209.40 | Y N | |
| Grand Total | 9 | 209.40 | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 9 | ctns | 209.40 | | Rugs | 70970-5 | 125 |
| 1 | | 9 | | 259.40 | | Grand Total | | |

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| 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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> |
|--|--|

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. <p style="text-align:right;">Shipper Signature</p> | | |
| 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. | <table style="width:100%;"> <tr> <td style="width:50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table> | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces |
| Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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. | | |