

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

Master Bill of Lading Number: 06757163000754595

**SHIP TO**  
 Name: Wal-Mart DC 7033R-REGULAR DC#: 7033R  
 Div.  
 Address: 21345 Johnson Rd.  
 7033R  
 City/State/Zip: Apple Valley, CA 92307  
 SID#: \_\_\_\_\_ FOB:

**CARRIER NAME:** Central Transport  
 Trailer number: 1800820  
 Seal number(s):  
 SCAC: CTII  
 Pro Number: 149-1829835-8

WWW.CENTRALTRANSPORTATION.COM  
 Driver's Signature Only Acknowledges Receipt of Freight  
**149-1829835-8**  
 SHIPPER LABEL  
Subject to: NMFC 100, CT 100(3) 101  
 Rules Tariffs: 49 USC 14706 and 49 CFR 370

**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**  
 Appointment Time: 2:00 AM  
 Actual Driver Arrival Time: AM  
 Driver Departure Time: PM

**SPECIAL INSTRUCTIONS:**  
 Load #: 24116847

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO BOL#	Supplier#
2858526017	84	1344.36	Y	N	06757163000753857	7033R
2858526021	48	738.72	Y	N	06757163000753864	7033R
<b>Grand Total</b>	<b>132</b>	<b>2083.08</b>				

CARRIER INFORMATION						LTL ONLY			
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION			
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
132	ctns			2083.08		Comforters, Bedspreads		49017	200
						<b>Grand Total</b>			

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

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

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


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.


The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  
**Shipper Signature**

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  
 Total Pallet: 3 *700K*  
 12/8/22

**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.  
*X Mike 12/8/22*  
 SLC

<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757163000753857
<b>Name:</b> E & E COMPANY LTD		 (402)06757163000753857
<b>Address:</b> 221 Hanson Way		
<b>City/State/Zip:</b> Woodland, CA 95776		
<b>SID#:</b>	<b>FOB:</b> <input type="checkbox"/>	

<b>SHIP TO</b>		<b>CARRIER NAME:</b> Central Transport
<b>Name:</b> Wal-Mart DC 7033R-REGULAR	<b>Location #:</b> 7033R	<b>Trailer number:</b> 1800820
<b>Address:</b> 21345 Johnson Rd.		<b>Seal number(s):</b>
<b>City/State/Zip:</b> Apple Valley, CA 92307		<b>SCAC:</b> CTII
<b>CID#:</b>	<b>FOB:</b> <input type="checkbox"/>	<b>Pro Number:</b> 149-1829835-8
<b>Dept:</b> 00022		

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

<b>SPECIAL INSTRUCTIONS:</b>	<input type="checkbox"/>	<b>Appointment Time</b>	<b>Actual Driver Arrival Time</b>	<b>Driver Departure Time</b>
<b>Load #:</b> 24116847	(check box)	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
2858526017	84	2	1344.36	Y	N	12/10/2022	7033R	0020	00022	
<b>GRAND TOTAL</b>	84	2	1344.36							

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			1344.36		Comforters, Bedspreads	49017	200					
84				1344.36		<b>GRAND TOTAL</b>							

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	<b>COD Amount: \$</b> _____ <b>Fee Terms:</b> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/> <b>Customer check acceptable:</b> <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"><b>Shipper Signature</b></p>
--	---

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>
--	--	--	--

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

Bill of Lading Number: 06757163000753864



**SHIP TO**  
 Name: Wal-Mart DC 7033R-REGULAR Location #: 7033R  
 Address: 21345 Johnson Rd.  
 7033R  
 City/State/Zip: Apple Valley, CA 92307  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** Central Transport

Trailer number: 1800820

Seal number(s):

**SCAC:** CTII

**Pro Number:** 149-1829835-8



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

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

Prepaid Collect  3rd Party

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 24116847

**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
2858526021	48	1	738.72	Y	N	12/11/2022	7033R	0020	00022	
<b>GRAND TOTAL</b>	48	1	738.72							

**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
48	ctns			738.72		Comforters, Bedspreads	49017	200
48				738.72		<b>GRAND TOTAL</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

**COD Amount:** \$ \_\_\_\_\_

**Fee Terms:** Collect:  Prepaid:

Customer check acceptable:

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

**Shipper Signature**

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

**Trailer Loaded:**

- By Shipper
- By Driver

**Freight Counted:**

- By Shipper
- By Driver/pallets said to contain
- By Driver/Pieces

**CARRIER SIGNATURE / PICKUP DATE**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. *Property described above is received in good order, except as noted.*