

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

Master Bill of Lading Number: 06757163000754656

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

CARRIER NAME: JB Hunt Intermodal
 Trailer number: JBHU-244298
 Seal number(s): 8068652
SCAC: HJBI
 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 UNDERLYING BILLS OF LANDING
 (check box)

SPECIAL INSTRUCTIONS:
 Load #: 24138606

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
3:00 AM PM	3:00 AM PM	4:20 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#	
4508525913	472	6973.52	Y	N	06757163000754496	6016R	
Grand Total	472	6973.52					

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							
472	ctns			6973.52		49017	200					
				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.
 Total Pallet: 10


 12/9/22

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.

 12/09/22

<p align="center">SHIP FROM</p> <p>Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/></p>	<p>Bill of Lading Number: 06757163000754496</p>  <p>(402)06757163000754496</p>
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<p align="center">SHIP TO</p> <p>Name: Wal-Mart DC 6016R - Regular Location #: 6016R Address: 3930 lh 35 North 6016R City/State/Zip: New Braunfels, TX 78130 CID#: _____ FOB: <input type="checkbox"/> Dept: 00022</p>	<p>CARRIER NAME: JB Hunt Intermodal Trailer number: JBHU-244298 Seal number(s): 8068652</p> <p>SCAC: HJBI Pro Number:</p> 
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<p align="center">THIRD PARTY FREIGHT CHARGES BILL TO:</p> <p>Name: _____ Address: _____ City/State/Zip: _____</p> <p>SPECIAL INSTRUCTIONS: Load #: 24138606</p>	<p>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</p> <p>Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/></p> <p><input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td align="center">AM</td> <td align="center">AM</td> <td align="center">AM</td> </tr> <tr> <td align="center">PM</td> <td align="center">PM</td> <td 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	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
4508525913	472	10	6973.52	Y	N	12/16/2022	6016R	0020	00022	
GRAND TOTAL	472	10	6973.52							

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>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
472	ctns			6973.52		Comforters, Bedspreads	49017	200		
472				6973.52		GRAND TOTAL				

<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 align="center">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).

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>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.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" 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 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.</p> <p align="right">_____ Shipper Signature</p>
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