



|                                    |                          |                                                                                                              |
|------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>SHIP FROM</b>                   |                          | Bill of Lading Number: 06757164000166524                                                                     |
| Name: E & E COMPANY LTD            | Address: 1680 Tide Court | <br>(402)06757164000166524 |
| City/State/Zip: Woodland, CA 95776 | SID#: _____              |                                                                                                              |
| FOB: <input type="checkbox"/>      |                          |                                                                                                              |

|                                     |                               |                                                                                               |
|-------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------|
| <b>SHIP TO</b>                      |                               | CARRIER NAME: Swift Transportation                                                            |
| Name: Wal-Mart DC 6037G-GENERAL     | Location #: 6037G             | Trailer number: 080600                                                                        |
| Address: 2650 HWY 395 South         | 6037G                         | Seal number(s): 0973122                                                                       |
| City/State/Zip: Hermiston, OR 97838 | CID#: _____                   | SCAC: SWFT                                                                                    |
| Dept: 00022                         | FOB: <input type="checkbox"/> | Pro Number:  |

|                                             |                |                                                                                                                                                                                                           |
|---------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> |                | Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i><br><br>Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> |
| Name: _____                                 | Address: _____ |                                                                                                                                                                                                           |
| City/State/Zip: _____                       |                |                                                                                                                                                                                                           |

|                              |  |                                                                                |                            |
|------------------------------|--|--------------------------------------------------------------------------------|----------------------------|
| <b>SPECIAL INSTRUCTIONS:</b> |  | Master Bill of Lading: with attached<br>(check box) underlying Bills of Lading |                            |
| Load # =69677368             |  | Appointment Time                                                               | Actual Driver Arrival Time |
|                              |  | 8:00 AM<br>PM                                                                  | 7:55 AM<br>PM              |
|                              |  | Driver Departure Time                                                          | 8:50 AM<br>PM              |

| CUSTOMER ORDER INFORMATION |        |          |                          |   |                      |                            |                        |                      |                         |
|----------------------------|--------|----------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | 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 |
| 4653918413                 | 1024   | 11545.76 | Y                        | N | 09/02/2019           | 6037G                      | 0003                   | 00022                | TL # 1                  |
| <b>GRAND TOTAL</b>         | 1024   | 11545.76 |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |          |          |                                                                                                                                                                                                                                                    |          |       |  |
|---------------------|------|---------|------|----------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT   | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |
| 1024                | ctns |         |      | 11545.76 |          | Comforters, Bedspreads                                                                                                                                                                                                                             | 49017    | 200   |  |
| 1024                |      |         |      | 11545.76 |          | <b>GRAND TOTAL</b>                                                                                                                                                                                                                                 |          |       |  |

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

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

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

**Shipper Signature**

**SHIPPER SIGNATURE / DATE**

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

*Scott* 9/7/19

|                                                |                                                            |
|------------------------------------------------|------------------------------------------------------------|
| <b>Trailer Loaded:</b>                         | <b>Freight Counted:</b>                                    |
| <input checked="" type="checkbox"/> By Shipper | <input checked="" 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. Property described above is received in good order, except as noted.

*[Signature]* 09/07/19