



SHIP FROM		Bill of Lading Number: 06757164000163837
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000163837
City/State/Zip: Woodland, CA 95776	SID#: _____	
FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: JB Hunt Intermodal
Name: Wal-Mart DC 6016G - General	Location #: 6016G	Trailer number: JBHU 252155
Address: 3920 Ih 35 North	6016G	Seal number(s): 0973112
City/State/Zip: New Braunfels, TX 78130	CID#: _____	SCAC: HJBI
Dept: 00022	FOB: <input type="checkbox"/>	Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:	Address:	
City/State/Zip:	9/4	

SPECIAL INSTRUCTIONS: Load # =69781552	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
	Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)	
	Appointment Time: 10:00 AM PM	Actual Driver Arrival Time: 1:00 AM 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
5402729131	1012	11485.63	Y	N	09/02/2019	6016G	0003	00022	TL # 2
GRAND TOTAL	1012	11485.63							

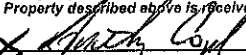
CARRIER INFORMATION							LTL ONLY	
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
1012	ctns			11485.63		Comforters, Bedspreads	49017	200
1012				11485.63		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"/>
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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 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. Scott 9/4/19	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces
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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. 
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