


Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757164000114839
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000114839
City/State/Zip: Woodland, CA 95776	SID#: _____	
FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: SWIFT INTERMODAL
Name: Wal-Mart DC - 7356	Location #: 7356	Trailer number: SWRU-95043Z
Address: 3215 Commerce Center Blvd	7356	Seal number(s): 0972138
City/State/Zip: Bethlehem, PA 18015	CID#: _____	SCAC: SWIC
Dept: 00022	FOB: <input type="checkbox"/>	Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name: _____	Address: _____	Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>
City/State/Zip: _____	2,2	Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)

SPECIAL INSTRUCTIONS: Load # =62793271	Appointment Time 6:00 AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM
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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
6758521324	1666	15877.34	Y	N	02/11/2019	07356	0020	00022	TL-1
GRAND TOTAL	1666	15877.34							

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		
1666	ctns			15877.34		Comforters, Bedspreads	49017	200		
1666				15877.34		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.
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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. <i>CMYCO 2-2-19</i>	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 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.
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X DRIVER DID NOT SIGN ON 2/2/PICK UP (PN)