



<b>SHIP FROM</b>		Bill of Lading Number: 06757164000165787	
Name: E & E COMPANY LTD		 (402)06757164000165787	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:	FOB: <input type="checkbox"/>	<b>SHIP TO</b>	
Name: Wal-Mart DC 6016G - General Location #: 6016G		CARRIER NAME: JB Hunt Intermodal	
Address: 3920 Ih 35 North		Trailer number: JBHU-277916	
City/State/Zip: New Braunfels, TX 78130		Seal number(s): 0972911	
CID#: _____		SCAC: HJBI	
Dept: 00022		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS:		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
Load # =69828478		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/>	
		Appointment Time: 1:00 AM (PM)	
		Actual Driver Arrival Time: 1:00 AM (PM)	
		Driver Departure Time: 3:00 AM (PM)	

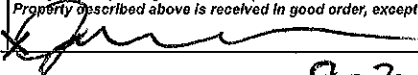
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
5402729163	1056	11671.08	Y	N	09/09/2019	6016G	0003	00022	TL # 1
<b>GRAND TOTAL</b>	1056	11671.08							

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(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1056	ctns			11671.08		Comforters, Bedspreads	49017	200
1056				11671.08		<b>GRAND TOTAL</b>		

<p>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 _____"</p>	<p><b>COD Amount: \$</b> _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
--	---

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

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>
---	--

<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.  <i>Scott 9/3/19</i></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 sold to contain <input type="checkbox"/> By Driver/Pieces</p>	<p><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. Property described above is received in good order, except as noted.                    9-3-19</p>
--	--	---