



SHIP FROM		Bill of Lading Number: 06757164000163769
Name: E & E COMPANY LTD	FOB: <input type="checkbox"/>	 (402)06757164000163769
Address: 1680 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#:		

SHIP TO		CARRIER NAME: JB Hunt Intermodal
Name: Wal-Mart DC 6025G - General	Location #: 6025G	Trailer number: JBHU-295627
Address: 6140 3M Drive	6025G	Seal number(s): 0972950
City/State/Zip: Menomonie, WI 54751	FOB: <input type="checkbox"/>	SCAC: HJBI
CID#:		Pro Number:
Dept: 00022		

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

SPECIAL INSTRUCTIONS: Load # =69781555	<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading
	Appointment Time Actual Driver Arrival Time Driver Departure Time 7:00 ^{AM} _{PM} 3:30 ^{AM} _{PM} 4:30 ^{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
5507529128	976	11139.51	Y	N	09/02/2019	6025G	0003	00022	TL # 2
GRAND TOTAL	976	11139.51							

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 350</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
976	ctns			11139.51		Comforters, Bedspreads	49017	200		
976				11139.51		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"/>
--	--

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 8/28/19	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 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] 08-28-19
---	--	--	--