

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Master Bill of Lading Number: 06757163000747047

**SHIP TO**  
 Name: Wal-Mart DC 6026A - ASM DIS DC#: 6026A  
 Div.  
 Address: 10817 HWY 99W  
 6026A  
 City/State/Zip: Red Bluff, CA 96080  
 SID#: \_\_\_\_\_ FOB:

**CARRIER NAME:** Central Transport  
**Trailer number:** 1700346  
**Seal number(s):**  
**SCAC:** CTII  
**Pro Number:** 149-1829828-3

**WWW.CENTRALTRANSPORTATION.COM**  
 Driver's Signature Only Acknowledges Receipt of Freight  
**149-1829828-3**  
**SHIPPER LABEL**  
 Subject to: NMFC 1000, CT 103(C) 101  
 Rules Tariffs: 49 USC 14706 and 49 CFR 378

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

**Freight Charge Terms:**  
 Prepaid:  Collect:  3rd Party:   
 **MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING**

**SPECIAL INSTRUCTIONS:**  
 Load #: 23800285

Appointment Time <b>2:00</b> AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM
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CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
6575023449	150	1701.75	Y	N	06757163000746989	6026A
3608525469	24	348.72	Y	N	06757163000747023	6026R
5214188855	1	5.50	Y	N	06757163000746996	6026A
3608525466	120	1743.60	Y	N	06757163000747016	6026R
6575023455	105	1640.82	Y	N	06757163000747009	6026A
<b>Grand Total</b>	<b>400</b>	<b>5440.39</b>				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	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
363	ctns			5348.37		Comforters, Bedspreads	49017	200
36	ctns			86.52		Sheet Set & Pillowcase	49390 Sub 4	175
1	ctns			5.50		Shower curtain	49385	77.5
400				5440.39		<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.  
 Total Pallet: 12 *70014*  
*11/18/22*

**Trailer Loaded:**  By Shipper  By Driver  
**Freight Counted:**  By Shipper  By Driver/pallets said to contain  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.  
*X miles 11/17/22*  
*SLC*

SHIP FROM		Bill of Lading Number: 06757163000747009
Name: E & E COMPANY LTD		 (402)06757163000747009
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Central Transport
Name: Wal-Mart DC 6026A - ASM DIS	Location #: 6026A	Trailer number: 1700346
Address: 10817 HWY 99W		Seal number(s):
6026A		SCAC: CTII
City/State/Zip: Red Bluff, CA 96080		Pro Number: 149-1829828-3
CID#: _____	FOB: <input type="checkbox"/>	
Dept: 00022		

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

SPECIAL INSTRUCTIONS:	<input type="checkbox"/> Master Bill of Lading: with attached									
Load #: 23800285	<input type="checkbox"/> (check box) underlying Bills of Lading									
	<table border="1" style="width:100%"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </tr> <tr> <td style="text-align:center">AM</td> <td style="text-align:center">AM</td> <td style="text-align:center">AM</td> </tr> <tr> <td style="text-align:center">PM</td> <td style="text-align:center">PM</td> <td style="text-align:center">PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time								
AM	AM	AM								
PM	PM	PM								

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Plts Count	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
6575023455	105	3	1640.82	Y	N	11/20/2022	6026A	0033	00022	
<b>GRAND TOTAL</b>	105	3	1640.82							

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(e) of NMFC Item 360</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
99	ctns			1626.45		Comforters, Bedspreads	49017	200
6	ctns			14.37		Sheet Set & Pillowcase	49390 Sub 4	175
105				1640.82		<b>GRAND TOTAL</b>		


Where the rate is dependent on value, shippers are required to stated 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"><b>Shipper Signature</b></p>
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<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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<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. <i>Property described above is received in good order, except as noted.</i>
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**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757163000747016  
  
 (402)06757163000747016

**SHIP TO**  
 Name: Wal-Mart DC 6026R - Regular Location #: 6026R  
 Address: 10813 HWY 99W  
 6026R  
 City/State/Zip: Red Bluff, CA 96080  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** Central Transport  
 Trailer number: 1700346  
 Seal number(s): \_\_\_\_\_  
**SCAC:** CTII  
**Pro Number:** 149-1829828-3  


**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**  
 Prepaid Collect **X** 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load #: 23800285

Master Bill of Lading: with attached underlying Bills of Lading  
 Appointment Time Actual Driver Arrival Time Driver Departure Time  
 AM AM AM  
 PM PM PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	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
3608525466	120	3	1743.60	Y	N	11/19/2022	6026R	0020	00022	
<b>GRAND TOTAL</b>	120	3	1743.60							

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		
120	ctns			1743.60		Comforters, Bedspreads	49017	200		
120				1743.60		<b>GRAND TOTAL</b>				

Where the rate is dependent on value, shippers are required to stated 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:

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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.

**Trailer Loaded:**  By Shipper  By Driver  
**Freight Counted:**  By Shipper  By Driver/pallets said to contain  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.*

SHIP FROM		Bill of Lading Number: 06757163000747023
Name: E & E COMPANY LTD		 (402)06757163000747023
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Central Transport
Name: Wal-Mart DC 6026R - Regular	Location #: 6026R	Trailer number: 1700346
Address: 10813 HWY 99W		
6026R		Seal number(s):
City/State/Zip: Red Bluff, CA 96080		SCAC: CTII
CID#: _____	FOB: <input type="checkbox"/>	Pro Number: 149-1829828-3
Dept: 00022		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>		
Name:		Prepaid	Collect <input checked="" type="checkbox"/>	3rd Party
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:		AM	AM	AM
Load #: 23800285		PM	PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Plts Count	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
3608525469	24	1	348.72	Y	N	11/20/2022	6026R	0020	00022	
<b>GRAND TOTAL</b>	24	1	348.72							


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	
24	ctns			348.72		Comforters, Bedspreads	49017	200	
24				348.72		<b>GRAND TOTAL</b>			


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<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.	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	<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. <i>Property described above is received in good order, except as noted.</i>
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SHIP FROM		Bill of Lading Number: 06757163000746996
Name: E & E COMPANY LTD	 (402)06757163000746996	
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____ FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: Central Transport
Name: Wal-Mart DC 6026A - ASM DIS Location #: 6026A	Trailer number: 1700346	
Address: 10817 HWY 99W	Seal number(s):	
6026A	SCAC: CTII	
City/State/Zip: Red Bluff, CA 96080	Pro Number: 149-1829828-3	
CID#: _____ FOB: <input type="checkbox"/>		
Dept: 00020		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name:	Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
Address:	Master Bill of Lading: with attached <input type="checkbox"/> underlying Bills of Lading <input type="checkbox"/>	
City/State/Zip:	Appointment Time: AM <input type="checkbox"/> PM <input type="checkbox"/> Actual Driver Arrival Time: AM <input type="checkbox"/> PM <input type="checkbox"/> Driver Departure Time: AM <input type="checkbox"/> PM <input type="checkbox"/>	
SPECIAL INSTRUCTIONS:		
Load #: 23800285		

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Plts Count	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
5214188855	1	1	5.50	Y	N	11/19/2022	6026A	0033	00020	
<b>GRAND TOTAL</b>	<b>1</b>	<b>1</b>	<b>5.50</b>							

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	
1	ctns			5.50		Shower curtain	49385	77.5	
<b>GRAND TOTAL</b>									


Where the rate is dependent on value, shippers are required to stated 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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<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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<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. <i>Property described above is received in good order, except as noted.</i>
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<b>SHIP FROM</b>		Bill of Lading Number: 06757163000746989
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163000746989
City/State/Zip: Woodland, CA 95776	SID#: _____	
FOB: <input type="checkbox"/>		

<b>SHIP TO</b>		<b>CARRIER NAME:</b> Central Transport
Name: Wal-Mart DC 6026A - ASM DIS	Location #: 6026A	Trailer number: 1700346
Address: 10817 HWY 99W	6026A	Seal number(s): _____
City/State/Zip: Red Bluff, CA 96080	CID#: _____	<b>SCAC:</b> CTII
Dept: 00022	FOB: <input type="checkbox"/>	<b>Pro Number:</b> 149-1829828-3

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>											
Name: _____	Address: _____										
City/State/Zip: _____											
<b>SPECIAL INSTRUCTIONS:</b> Load #: 23800285		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>  Prepaid                      Collect <input checked="" type="checkbox"/> 3rd Party  <input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading									
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time									
AM	AM	AM									
PM	PM	PM									

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Plts Count	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
				Y	N					
6575023449	150	4	1701.75	Y	N	11/19/2022	6026A	0033	00022	
<b>GRAND TOTAL</b>	150	4	1701.75							

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									
120	ctns			1629.60		Comforters, Bedspreads	49017	200						
30	ctns			72.15		Sheet Set & Pillowcase	49390 Sub 4	175						
150				1701.75		<b>GRAND TOTAL</b>								

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<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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<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. <i>Property described above is received in good order, except as noted.</i>
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