

Date: 11/4/2022 7:07:28 AM

# Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000742219
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name:	Wal-Mart Centerpoint - 6909	Trailer number: 145499
	DC#: 6909	Seal number(s): 2149127
	Div.	
Address:	3485 Wineville Rd	SCAC: WALM
	6909	Pro Number:
City/State/Zip:	Jurupa Valley, CA 91752	
SID#:	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 63800405		9:00 AM	7:20 AM
			Driver Departure Time
			7:50 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1059398618	1	3.19	Y	N	06757163000741458	7039A	
6575023361	16	212.35	Y	N	06757163000741403	6026A	
3558525111	16	214.88	Y	N	06757163000741472	7039R	
1059398617	3	11.88	Y	N	06757163000741441	7039A	
3608525436	16	214.88	Y	N	06757163000741489	6026R	
6266066456	6	26.95	Y	N	06757163000741557	6009A	
4008525247	96	1412.48	Y	N	06757163000741434	6012R	
5913798815	1	3.19	Y	N	06757163000741427	6021A	
4525473040	44	490.23	Y	N	06757163000741373	6021A	
5913798819	2	6.38	Y	N	06757163000741540	6021A	
7675403122	106	1093.88	Y	N	06757163000741410	7039A	
1059398613	7	34.76	Y	N	06757163000741342	7039A	
5214188800	2	6.38	Y	N	06757163000741526	6026A	
6575023372	88	1653.76	Y	N	06757163000741564	6026A	

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:

**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: 41 *7007*  
*11/4/22*

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 Marti Bocher 11-4-22*

Date: 11/4/2022 7:07:28 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000742219				
<b>Name:</b> E & E COMPANY LTD <b>Address:</b> 221 Hanson Way <b>City/State/Zip:</b> Woodland, CA 95776 <b>SID#:</b> _____ <b>FOB:</b> <input type="checkbox"/>						
<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET				
<b>Name:</b> Wal-Mart Centerpoint - 6909 <b>DC#:</b> 6909 <b>Address:</b> 3485 Wineville Rd 6909 <b>City/State/Zip:</b> Jurupa Valley, CA 91752 <b>SID#:</b> _____ <b>FOB:</b> <input type="checkbox"/>		<b>Trailer number:</b> 145499 <b>Seal number(s):</b> 2149127 <b>SCAC:</b> WALM <b>Pro Number:</b>				
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>				
<b>Name:</b> _____ <b>Address:</b> _____ <b>City/State/Zip:</b> _____		<b>Prepaid:</b> <input type="checkbox"/> <b>Collect:</b> <input checked="" type="checkbox"/> <b>3rd Party:</b> <input type="checkbox"/>				
<b>SPECIAL INSTRUCTIONS:</b> Load #: 63800405		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>				
		<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 PM</td> <td style="text-align: center;">AM PM</td> <td style="text-align: center;">AM PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time				
AM PM	AM PM	AM PM				

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
2858525929	32	454.40	Y	N	06757163000741465	7033R	
3558525106	64	908.80	Y	N	06757163000741359	7039R	
3825792522	83	887.13	Y	N	06757163000742011	6009A	
4809389367	24	76.56	Y	N	06757163000741519	7033A	
4809389361	23	73.37	Y	N	06757163000741380	7033A	
5473664712	284	2492.57	Y	N	06757163000741397	7033A	
7675403133	86	1477.31	Y	N	06757163000741571	7039A	
2858525921	16	239.52	Y	N	06757163000741366	7033R	
4525473052	75	796.87	Y	N	06757163000741502	6021A	
5274660508	7	79.71	Y	N	06757163000741588	4034	
5473664721	395	3873.04	Y	N	06757163000741533	7033A	
<b>Grand Total</b>	1493	16744.47					

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:**

**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.

**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.

Total Pallet:41

*7007L*  
*11/4/22*

*X Matt Barber 11-4-22*

Date: 11/4/2022 7:07:28 AM

# Master Bill Of Lading

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

Master Bill of Lading Number: 06757163000742219

**SHIP TO**  
**Name:** Wal-Mart Centerpoint - 6909 **DC#:** 6909  
**Div.:**  
**Address:** 3485 Wineville Rd  
 6909  
**City/State/Zip:** Jurupa Valley, CA 91752  
**SID#:** FOB:

**CARRIER NAME:** WAL-MART FLEET  
**Trailer number:** 145499  
**Seal number(s):** 2149127

**SCAC:** WALM  
**Pro Number:**

**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 #: 63800405

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM PM	AM PM	AM PM

**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
69	ctns			242.66		Shower curtain	49385	77.5
367	ctns			897.89		Sheet Set & Pillowcase	49390 Sub 4	175
1057	ctns			15603.92		Comforters, Bedspreads	49017	200
1493				16744.47		<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:**

**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 / 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: 41 *7002*  
 11/4/22


**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 Matt Becker 11-4-22*



Date: 11/4/2022 7:19:04 AM

# Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000741571
Name: E & E COMPANY LTD		 (402)06757163000741571
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 7039A-ASM DIS	Location #: 7039A	Trailer number: 145499
Address: 111 Distribution Way		Seal number(s): 2149127
7039A		
City/State/Zip: Beaver Dam, WI 53916		SCAC: WALM
CID#: _____	FOB: <input type="checkbox"/>	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: _____		
Address: _____		
City/State/Zip: _____		Master Bill of Lading: with attached (check box)                      underlying Bills of Lading

SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 63800405		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
7675403133	86	2	1477.31	Y	N	11/12/2022	7039A	0033	00022	
<b>GRAND TOTAL</b>	86	2	1477.31							

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	
71	ctns			1435.52		Comforters, Bedspreads	49017	200	
15	ctns			41.79		Sheet Set & Pillowcase	49390 Sub 4	175	
86				1477.31		<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"/>
---	--

**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>
--	---

<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>
--	--	--	--

Date: 11/4/2022 7:18:48 AM

# Bill Of Lading

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

Bill of Lading Number: 06757163000742011  
  
 (402)06757163000742011

**SHIP TO**  
 Name: Wal-Mart DC 6009A - ASM DIS Location #: 6009A  
 Address: 1501 Maple Leaf Road  
 6009A  
 City/State/Zip: Mount Pleasant, IA 52641  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 145499  
 Seal number(s): 2149127

**SCAC:** WALM  
**Pro Number:**

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 63800405

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	Pts 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
3825792522	83	2	887.13	Y	N	11/16/2022	6009A	0033	00022	
<b>GRAND TOTAL</b>	83	2	887.13							

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		
64	ctns			841.60		Comforters, Bedspreads	49017		200	
19	ctns			45.53		Sheet Set & Pillowcase	49390 Sub 4		175	
83				887.13		<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.

**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.*

Date: 11/4/2022 7:18:33 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000741465		
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>		 (402)06757163000741465		
<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET		
Name: Wal-Mart DC 7033R-REGULAR Location #: 7033R Address: 21345 Johnson Rd. 7033R City/State/Zip: Apple Valley, CA 92307 CID#: _____ FOB: <input type="checkbox"/> Dept: 00022		Trailer number: 145499 Seal number(s): 2149127 <b>SCAC:</b> WALM <b>Pro Number:</b>		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>  Prepaid                      Collect <input checked="" type="checkbox"/> 3rd Party  <input type="checkbox"/> (check box)                      Master Bill of Lading: with attached underlying Bills of Lading		
Name: _____ Address: _____  City/State/Zip: _____				
<b>SPECIAL INSTRUCTIONS:</b> Load #: 63800405		Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pts 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
2858525929	32	1	454.40	Y	N	11/06/2022	7033R	0020	00022	
<b>GRAND TOTAL</b>	32	1	454.40							

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		
32	ctns			454.40		Comforters, Bedspreads	49017	200		
32				454.40		<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 _____	<b>COD Amount: \$</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> <b>Customer check acceptable:</b> <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.  <div style="text-align: right;"><b>Shipper Signature</b></div>								
<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.	<table style="width:100%;"> <tr> <td><b>Trailer Loaded:</b></td> <td><b>Freight Counted:</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> By Shipper</td> <td><input checked="" type="checkbox"/> By Shipper</td> </tr> <tr> <td><input type="checkbox"/> By Driver</td> <td><input type="checkbox"/> By Driver/pallets said to contain</td> </tr> <tr> <td></td> <td><input type="checkbox"/> By Driver/Pieces</td> </tr> </table>	<b>Trailer Loaded:</b>	<b>Freight Counted:</b>	<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper	<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain		<input type="checkbox"/> By Driver/Pieces
<b>Trailer Loaded:</b>	<b>Freight Counted:</b>								
<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper								
<input type="checkbox"/> By Driver	<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>								

Date: 11/4/2022 7:18:15 AM

# Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000741564
Name: E & E COMPANY LTD		 (402)06757163000741564
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 6026A - ASM DIS	Location #: 6026A	Trailer number: 145499
Address: 10817 HWY 99W		Seal number(s): 2149127
6026A		
City/State/Zip: Red Bluff, CA 96080		SCAC: WALM
CID#: _____	FOB: <input type="checkbox"/>	Pro Number: _____
Dept: 00022		

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

SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading	
Load #: 63800405		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			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
6575023372	88	3	1653.76	Y	N	11/09/2022	6026A	0033	00022	
<b>GRAND TOTAL</b>	<b>88</b>	<b>3</b>	<b>1653.76</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	
70	ctns			1619.33		Comforters, Bedspreads	49017	200	
18	ctns			34.43		Sheet Set & Pillowcase	49390 Sub 4	175	
88				1653.76		<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"/>
---	--


**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>
--	---

<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>
--	--	--	--

Date: 11/4/2022 7:17:58 AM

# Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000741427
Name: E & E COMPANY LTD		 (402)06757163000741427
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 6021A - ASM DIS	Location #: 6021A	Trailer number: 145499
Address: 1005 South H Street		Seal number(s): 2149127
6021A		
City/State/Zip: Porterville, CA 93257		SCAC: WALM
CID#: _____	FOB: <input type="checkbox"/>	Pro Number: _____
Dept: 00020		

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

SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading		
Load #: 63800405		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
5913798815	1	1	3.19	Y	N	11/03/2022	6021A	0033	00020	
<b>GRAND TOTAL</b>	<b>1</b>	<b>1</b>	<b>3.19</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			3.19		Shower curtain	49385	77.5		
1				3.19		<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"/>
---	--

**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 / DATE	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE
This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	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.

Date: 11/4/2022 7:17:36 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000741397
Name: E & E COMPANY LTD	 (402)06757163000741397	
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____ FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 7033A-ASM DIS	Location #: 7033A	Trailer number: 145499
Address: 21215 Johnson Rd.		Seal number(s): 2149127
7033A		
City/State/Zip: Apple Valley, CA 92307		SCAC: WALM
CID#: _____ FOB: <input type="checkbox"/>		Pro Number:
Dept: 00022		

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

SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 63800405		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
5473664712	284	4	2492.57	Y	N	11/04/2022	7033A	0033	00022	
<b>GRAND TOTAL</b>	284	4	2492.57							

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		
160	ctns			2189.24		Comforters, Bedspreads	49017	200		
124	ctns			303.33		Sheet Set & Pillowcase	49390 Sub 4	175		
284				2492.57		<b>GRAND TOTAL</b>				

<p>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 _____</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 style="text-align: right;"><b>Shipper Signature</b></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.</p>	<p>Trailer Loaded:          Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper          <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver          <input type="checkbox"/> By Driver/pallets said to contain</p> <p><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. <i>Property described above is received in good order, except as noted.</i></p>
---	---	--

Date: 11/4/2022 7:17:20 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000741410
Name: E & E COMPANY LTD		 (402)06757163000741410
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET
Name: Wal-Mart DC 7039A-ASM DIS	Location #: 7039A	Trailer number: 145499
Address: 111 Distribution Way		Seal number(s): 2149127
7039A		
City/State/Zip: Beaver Dam, WI 53916		<b>SCAC:</b> WALM
CID#: _____	FOB: <input type="checkbox"/>	<b>Pro Number:</b>
Dept: 00022		

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

<b>SPECIAL INSTRUCTIONS:</b>		<input type="checkbox"/> Master Bill of Lading: with attached	
Load #: 63800405		(check box) 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
7675403122	106	2	1093.88	Y	N	11/10/2022	7039A	0033	00022	
<b>GRAND TOTAL</b>	<b>106</b>	<b>2</b>	<b>1093.88</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		
68	ctns			1002.21		Comforters, Bedspreads	49017	200		
38	ctns			91.67		Sheet Set & Pillowcase	49390 Sub 4	175		
106				1093.88		<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 _____	<b>COD Amount: \$</b> _____ <b>Fee Terms:</b> 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.  <p style="text-align:right"><b>Shipper Signature</b></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.	<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>
--	--	--	---

Date: 11/4/2022 7:17:05 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000741366
Name: E & E COMPANY LTD		 (402)06757163000741366
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET
Name: Wal-Mart DC 7033R-REGULAR	Location #: 7033R	Trailer number: 145499
Address: 21345 Johnson Rd.		Seal number(s): 2149127
7033R		<b>SCAC:</b> WALM
City/State/Zip: Apple Valley, CA 92307		<b>Pro Number:</b>
CID#: _____	FOB: <input type="checkbox"/>	
Dept: 00022		

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>	
Name:	
Address:	
City/State/Zip:	

<b>SPECIAL INSTRUCTIONS:</b>		<b>Freight Charge Terms:</b> <i>(freight charges are prepaid unless marked otherwise)</i>
Load #: 63800405		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: AM _____ PM _____ Actual Driver Arrival Time: AM _____ PM _____ Driver Departure Time: AM _____ 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
2858525921	16	1	239.52	Y	N	11/04/2022	7033R	0020	00022	
<b>GRAND TOTAL</b>	16	1	239.52							

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		
16	ctns			239.52		Comforters, Bedspreads	49017	200		
							<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 _____	<b>COD Amount: \$</b> _____ <b>Fee Terms:</b> 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.  <p style="text-align: right;"><b>Shipper Signature</b></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.	<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>
--	--	--	---

Date: 11/4/2022 7:16:52 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000741434
Name: E & E COMPANY LTD		 (402)06757163000741434
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 6012R - Regular	Location #: 6012R	Trailer number: 145499
Address: 3101 North Quincy		Seal number(s): 2149127
City/State/Zip: Plainview, TX 79072		SCAC: WALM
CID#: _____	FOB: <input type="checkbox"/>	Pro Number: _____
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
Address: _____		Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip: _____			
SPECIAL INSTRUCTIONS: Load #: 63800405		<input type="checkbox"/> (check box)	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			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
4008525247	96	2	1412.48	Y	N	11/07/2022	6012R	0020	00022	
<b>GRAND TOTAL</b>	96	2	1412.48							

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	
96	ctns			1412.48		Comforters, Bedspreads	49017	200	
96				1412.48		<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"/>
---	---

**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>
--	---


<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>
---

Date: 11/4/2022 7:16:34 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000741533	
Name:	E & E COMPANY LTD	 (402)06757163000741533	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET	
Name:	Wal-Mart DC 7033A-ASM DIS	Location #:	7033A
Address:	21215 Johnson Rd.		
	7033A		
City/State/Zip:	Apple Valley, CA 92307		
CID#:		FOB: <input type="checkbox"/>	
Dept:	00022		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:			
Address:			
City/State/Zip:			
<b>SPECIAL INSTRUCTIONS:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b> Prepaid                      Collect <input checked="" type="checkbox"/> 3rd Party	
Load #: 63800405		<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			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
5473664721	395	6	3873.04	Y	N	11/06/2022	7033A	0033	00022	
<b>GRAND TOTAL</b>	395	6	3873.04							

## 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
275	ctns			3574.06		Comforters, Bedspreads	49017	200
120	ctns			298.98		Sheet Set & Pillowcase	49390 Sub 4	175
395				3873.04		<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: **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.

## 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.

Date: 11/4/2022 7:16:16 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000741403
Name: E & E COMPANY LTD		 (402)06757163000741403
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET
Name: Wal-Mart DC 6026A - ASM DIS	Location #: 6026A	Trailer number: 145499
Address: 10817 HWY 99W		Seal number(s): 2149127
6026A		<b>SCAC:</b> WALM
City/State/Zip: Red Bluff, CA 96080		<b>Pro Number:</b>
CID#: _____	FOB: <input type="checkbox"/>	
Dept: 00022		

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

Load #: 63800405	<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
	(check box)	
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
6575023361	16	1	212.35	Y	N	11/07/2022	6026A	0033	00022	
<b>GRAND TOTAL</b>	<b>16</b>	<b>1</b>	<b>212.35</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	
15	ctns			209.93		Comforters, Bedspreads	49017	200	
1	ctns			2.42		Sheet Set & Pillowcase	49390 Sub 4	175	
16				212.35		<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 _____"	<b>COD Amount: \$</b> _____ <b>Fee Terms:</b> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/> <b>Customer check acceptable:</b> <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.  <div style="text-align: right;"><b>Shipper Signature</b></div>
--	---

<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>
--	--	--	---

Date: 11/4/2022 7:15:56 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000741489	
Name:	E & E COMPANY LTD	 (402)06757163000741489	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET	
Name:	Wal-Mart DC 6026R - Regular Location #: 6026R	Trailer number: 145499	
Address:	10813 HWY 99W 6026R	Seal number(s): 2149127	
City/State/Zip:	Red Bluff, CA 96080	<b>SCAC:</b> WALM	
CID#:	FOB: <input type="checkbox"/>	<b>Pro Number:</b>	
Dept:	00022		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Address:		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	
Load #: 63800405		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
3608525436	16	1	214.88	Y	N	11/09/2022	6026R	0020	00022	
<b>GRAND TOTAL</b>	16	1	214.88							

## 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
16	ctns			214.88		Comforters, Bedspreads	49017	200
16				214.88		<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.

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.

Date: 11/4/2022 7:12:59 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757163000741472
<b>Name:</b> E & E COMPANY LTD	 (402)06757163000741472	
<b>Address:</b> 221 Hanson Way		
<b>City/State/Zip:</b> Woodland, CA 95776		
<b>SID#:</b> <input type="checkbox"/> <b>FOB:</b>		

<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET
<b>Name:</b> Wal-Mart DC 7039R-REGULAR	<b>Location #:</b> 7039R	<b>Trailer number:</b> 145499
<b>Address:</b> 113 Distribution Way		<b>Seal number(s):</b> 2149127
<b>City/State/Zip:</b> Beaver Dam, WI 53916		<b>SCAC:</b> WALM
<b>CID#:</b> <input type="checkbox"/> <b>FOB:</b>		<b>Pro Number:</b>
<b>Dept:</b> 00022		

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		
<b>Name:</b>		
<b>Address:</b>		
<b>City/State/Zip:</b>		
<b>SPECIAL INSTRUCTIONS:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>
<b>Load #:</b> 63800405		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	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
3558525111	16	1	214.88	Y	N	11/12/2022	7039R	0020	00022	
<b>GRAND TOTAL</b>	<b>16</b>	<b>1</b>	<b>214.88</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		
16	ctns			214.88		Comforters, Bedspreads	49017	200		
<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 _____	<b>COD Amount: \$</b> _____ <b>Fee Terms:</b> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/> <b>Customer check acceptable:</b> <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.  <p style="text-align: right;"><b>Shipper Signature</b></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.	<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>
--	--	--	---

Date: 11/4/2022 7:12:39 AM

# Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000741441
Name: E & E COMPANY LTD		 (402)06757163000741441
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 7039A-ASM DIS	Location #: 7039A	Trailer number: 145499
Address: 111 Distribution Way		Seal number(s): 2149127
7039A		
City/State/Zip: Beaver Dam, WI 53916		SCAC: WALM
CID#: _____	FOB: <input type="checkbox"/>	Pro Number:
Dept: 00020		

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

SPECIAL INSTRUCTIONS:			<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading		
Load #: 63800405	Appointment Time	Actual Driver Arrival Time	Driver Departure Time		
	AM PM	AM PM	AM PM	AM PM	AM 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
1059398617	3	1	11.88	Y	N	11/11/2022	7039A	0033	00020	
<b>GRAND TOTAL</b>	<b>3</b>	<b>1</b>	<b>11.88</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		
3	ctns			11.88		Shower curtain	49385	77.5		
<b>3</b>				<b>11.88</b>		<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"/>
---	--

**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.  <div style="text-align: right;"><b>Shipper Signature</b></div>
--	---

<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:                      Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces <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>
--	--	---

Date: 11/4/2022 7:12:17 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000741557
Name: E & E COMPANY LTD		 (402)06757163000741557
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____ FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 6009A - ASM DIS Location #: 6009A		Trailer number: 145499
Address: 1501 Maple Leaf Road		Seal number(s): 2149127
6009A		
City/State/Zip: Mount Pleasant, IA 52641		SCAC: WALM
CID#: _____ FOB: <input type="checkbox"/>		Pro Number:
Dept: 00020		

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

SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 63800405		AM PM	AM PM	AM 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
6266066456	6	1	26.95	Y	N	11/16/2022	6009A	0033	00020	
<b>GRAND TOTAL</b>	<b>6</b>	<b>1</b>	<b>26.95</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	
6	ctns			26.95		Shower curtain	49385	77.5	
6				26.95		<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"/>
---	--


**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>
--	---

<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:                      Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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>
--	--	---

Date: 11/4/2022 7:11:37 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000741342
Name: E & E COMPANY LTD		 (402)06757163000741342
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET
Name: Wal-Mart DC 7039A-ASM DIS	Location #: 7039A	Trailer number: 145499
Address: 111 Distribution Way	7039A	Seal number(s): 2149127
City/State/Zip: Beaver Dam, WI 53916		<b>SCAC:</b> WALM
CID#: _____	FOB: <input type="checkbox"/>	<b>Pro Number:</b>
Dept: 00020		

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		
Name:		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>
Address:		
City/State/Zip:		
SPECIAL INSTRUCTIONS: Load #: 63800405		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> 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	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
1059398613	7	1	34.76	Y	N	11/10/2022	7039A	0033	00020	
<b>GRAND TOTAL</b>	<b>7</b>	<b>1</b>	<b>34.76</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		
7	ctns			34.76		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 _____	<b>COD Amount: \$</b> _____ <b>Fee Terms:</b> 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.
--	---

<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. Property described above is received in good order, except as noted.
--

Date: 11/4/2022 7:11:02 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000741458					
Name:	E & E COMPANY LTD	 (402)06757163000741458					
Address:	221 Hanson Way						
City/State/Zip:	Woodland, CA 95776						
SID#:	FOB: <input type="checkbox"/>						
<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET					
Name:	Wal-Mart DC 7039A-ASM DIS	Location #:	7039A				
Address:	111 Distribution Way		Trailer number: 145499				
	7039A		Seal number(s): 2149127				
City/State/Zip:	Beaver Dam, WI 53916		<b>SCAC:</b> WALM				
CID#:	FOB: <input type="checkbox"/>		<b>Pro Number:</b>				
Dept:	00020						
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>							
Name:							
Address:							
City/State/Zip:							
<b>SPECIAL INSTRUCTIONS:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>  <table border="0"> <tr> <td>Prepaid</td> <td>Collect</td> <td>X</td> <td>3rd Party</td> </tr> </table>		Prepaid	Collect	X	3rd Party
Prepaid	Collect	X	3rd Party				
Load #: 63800405		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading					
		Appointment Time	Actual Driver Arrival Time				
		AM	AM				
		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
1059398618	1	1	3.19	Y	N	11/12/2022	7039A	0033	00020	
<b>GRAND TOTAL</b>	<b>1</b>	<b>1</b>	<b>3.19</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			3.19		Shower curtain	49385	77.5
1				3.19		<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: **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.

## 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.

Date: 11/4/2022 7:10:13 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000741526	
Name:	E & E COMPANY LTD	 (402)06757163000741526	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart DC 6026A - ASM DIS Location #: 6026A	Trailer number: 145499	
Address:	10817 HWY 99W 6026A	Seal number(s): 2149127	
City/State/Zip:	Red Bluff, CA 96080	SCAC: WALM	
CID#:	FOB: <input type="checkbox"/>	Pro Number:	
Dept:	00020		
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
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 63800405		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
5214188800	2	1	6.38	Y	N	11/09/2022	6026A	0033	00020	
<b>GRAND TOTAL</b>	<b>2</b>	<b>1</b>	<b>6.38</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
2	ctns			6.38		Shower curtain	49385	77.5
2				6.38		<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: 

**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.

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.

Date: 11/4/2022 7:09:38 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000741519
Name: E & E COMPANY LTD		 (402)06757163000741519
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET
Name: Wal-Mart DC 7033A-ASM DIS	Location #: 7033A	Trailer number: 145499
Address: 21215 Johnson Rd.		Seal number(s): 2149127
7033A		<b>SCAC:</b> WALM
City/State/Zip: Apple Valley, CA 92307		<b>Pro Number:</b>
CID#: _____	FOB: <input type="checkbox"/>	
Dept: 00020		

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		
Name:		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>
Address:		
City/State/Zip:		
<b>SPECIAL INSTRUCTIONS:</b>		Prepaid                      Collect <input checked="" type="checkbox"/> 3rd Party
Load #: 63800405		<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      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
4809389367	24	1	76.56	Y	N	11/06/2022	7033A	0033	00020	
<b>GRAND TOTAL</b>	24	1	76.56							

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

<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. Property described above is received in good order, except as noted.
--	--	--	--

Date: 11/4/2022 7:09:22 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 6021A - ASM DIS Location #: 6021A
Address:	221 Hanson Way	Address:	1005 South H Street 6021A
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Porterville, CA 93257
SID#:		CID#:	
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Name:	
Address:		Address:	
City/State/Zip:		Name:	
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Load #: 63800405		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	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			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
5913798819	2	1	6.38	Y	N	11/05/2022	6021A	0033	00020	
<b>GRAND TOTAL</b>	<b>2</b>	<b>1</b>	<b>6.38</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
2	ctns			6.38		Shower curtain	49385	77.5
2				6.38		<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: 

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.

## 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.

Date: 11/4/2022 7:09:07 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000741359	
Name: E & E COMPANY LTD		 (402)06757163000741359	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#: _____	FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name: Wal-Mart DC 7039R-REGULAR	Location #: 7039R	Trailer number: 145499	
Address: 113 Distribution Way		Seal number(s): 2149127	
7039R		SCAC: WALM	
City/State/Zip: Beaver Dam, WI 53916		Pro Number:	
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:		Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			

SPECIAL INSTRUCTIONS: Load #: 63800405			<input type="checkbox"/> Appointment Time (check box)	Actual Driver Arrival Time AM PM	Driver Departure Time AM 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
3558525106	64	2	908.80	Y	N	11/10/2022	7039R	0020	00022	
<b>GRAND TOTAL</b>	64	2	908.80							

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		
64	ctns			908.80		Comforters, Bedspreads	49017	200		
64				908.80		<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"/>
---	---


**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>
--	---

<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>
--	--	--	---

Date: 11/4/2022 7:08:48 AM

# Bill Of Lading

<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757163000741359
<b>Name:</b> E & E COMPANY LTD		 (402)06757163000741359
<b>Address:</b> 221 Hanson Way		
<b>City/State/Zip:</b> Woodland, CA 95776		
<b>SID#:</b>	<b>FOB:</b> <input type="checkbox"/>	

<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET
<b>Name:</b> Wal-Mart DC 7039R-REGULAR	<b>Location #:</b> 7039R	<b>Trailer number:</b> 145499
<b>Address:</b> 113 Distribution Way		<b>Seal number(s):</b> 2149127
<b>City/State/Zip:</b> Beaver Dam, WI 53916		<b>SCAC:</b> WALM
<b>CID#:</b>	<b>FOB:</b> <input type="checkbox"/>	<b>Pro Number:</b>
<b>Dept:</b> 00022		

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
<b>Name:</b>		<b>Prepaid</b>	<b>Collect X</b>
<b>Address:</b>		<b>3rd Party</b>	
<b>City/State/Zip:</b>		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
<b>SPECIAL INSTRUCTIONS:</b>		<b>Appointment Time</b>	<b>Actual Driver Arrival Time</b>
<b>Load #:</b> 63800405		AM	AM
		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
3558525106	64	2	908.80	Y	N	11/10/2022	7039R	0020	00022	
<b>GRAND TOTAL</b>	64	2	908.80							

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		
64	ctns			908.80		Comforters, Bedspreads	49017	200		
64				908.80		<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 _____	<b>COD Amount: \$</b> _____ <b>Fee Terms:</b> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/> <b>Customer check acceptable:</b> <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.  <p style="text-align: right;"><b>Shipper Signature</b></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.	<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>
--	--	--	--

Date: 11/4/2022 7:08:22 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000741588	
Name:	E & E COMPANY LTD	 (402)06757163000741588	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart MC11 Topeka KS - FC Location #: 4034	Trailer number: 145499	
Address:	1303 SW Innovation Parkway	Seal number(s): 2149127	
City/State/Zip:	Topeka, KS 66619	SCAC: WALM	
CID#:	FOB: <input type="checkbox"/>	Pro Number:	
Dept:	00022		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid Collect X 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
		AM	AM
SPECIAL INSTRUCTIONS:		Driver Departure Time	
Load #: 63800405		AM	

## 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
5274660508	7	1	79.71	Y	N	11/14/2022	04034	0020	00022	
<b>GRAND TOTAL</b>	<b>7</b>	<b>1</b>	<b>79.71</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	Pallet			35.00		Pallet		
		7	ctns	79.71		Comforters, Bedspreads	49017	200
1		7		114.71		<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: 

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.

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.

