

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

Master Bill of Lading Number: 06757163000743193

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: 155302
 Seal number(s): 8068624
 SCAC: WALM
 Pro Number:

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

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:
 (check box) MASTER BILL OF LANDING: WITH ATTACHED
 UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
 Load #: 63800851

Appointment Time: 8:30 AM
 Actual Driver Arrival Time: 9:00 AM
 Driver Departure Time: 9:30 AM

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|------------|----------------|-------------------------|---|-------------------|-----------------------------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | | BOL# | ADDITIONAL SHIPPER INFO DC# | Supplier# |
| 3474953377 | 496 | 7385.18 | Y | N | 06757163000741625 | 6025A | |
| 5958998797 | 4 | 12.76 | Y | N | 06757163000741632 | 6025A | |
| Grand Total | 500 | 7397.94 | | | | | |

| CARRIER INFORMATION | | | | | | LTL ONLY | | | |
|---------------------|------|---------|------|------------|----------|--|--|-------------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION | | NMFC # | CLASS |
| QTY | TYPE | QTY | TYPE | | | 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 | | | |
| 441 | ctns | | | 7264.69 | | Comforters, Bedspreads | | 49017 | 200 |
| 55 | ctns | | | 120.49 | | Sheet Set & Pillowcase | | 49390 Sub 4 | 175 |
| 4 | ctns | | | 12.76 | | Shower curtain | | 49385 | 77.5 |
| 500 | | | | 7397.94 | | Grand Total | | | |

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

COD Amount \$ _____
 Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
Shipper Signature

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
 Total Pallet: 12
 11/7/22

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 [Signature] 11-07-22

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

Bill of Lading Number: 06757163000741632

 (402)06757163000741632

SHIP TO
 Name: Wal-Mart DC 6025A - ASM DIS Location #: 6025A
 Address: 6140 3M Drive
 6025A
 City/State/Zip: Menomonee, WI 54751
 CID#: _____ FOB:
 Dept: 00020

CARRIER NAME: WAL-MART FLEET
 Trailer number: 155302
 Seal number(s): 8068624
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 X 3rd Party

SPECIAL INSTRUCTIONS:
 Load #: 63800851

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 |
| 5958998797 | 4 | 1 | 12.76 | Y | N | 11/14/2022 | 6025A | 0033 | 00020 | |
| GRAND TOTAL | 4 | 1 | 12.76 | | | | | | | |

| 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 | | | | | | | |
| 4 | ctns | | | | | 12.76 | | | | Shower curtain | 49385 | 77.5 | |
| GRAND TOTAL | | | | | | | | | | | | | |

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.

| | | |
|---|--------------------------------------|--|
| SHIP FROM | | Bill of Lading Number: 06757163000741625 |
| Name: E & E COMPANY LTD | |  (402)06757163000741625 |
| 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 6025A - ASM DIS | Location #: 6025A | Trailer number: 155302 |
| Address: 6140 3M Drive | | Seal number(s): 8068624 |
| | | SCAC: WALM |
| City/State/Zip: Menomonie, WI 54751 | | Pro Number: |
| CID#: | FOB: <input type="checkbox"/> |  |
| Dept: 00022 | | |

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

| | | | |
|------------------------------|--|--|---|
| SPECIAL INSTRUCTIONS: | <input type="checkbox"/> Appointment Time | <input type="checkbox"/> Actual Driver Arrival Time | <input type="checkbox"/> Driver Departure Time |
| Load #: 63800851 | 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 |
| 3474953377 | 496 | 11 | 7385.18 | Y | N | 11/14/2022 | 6025A | 0033 | 00022 | |
| GRAND TOTAL | 496 | 11 | 7385.18 | | | | | | | |

| CARRIER INFORMATION | | | | | | | LTL ONLY | |
|---------------------|------|---------|------|---------|----------|--|-------------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | NMFC # | CLASS |
| QTY | TYPE | QTY | TYPE | | | | | |
| 441 | ctns | | | 7264.69 | | Comforters, Bedspreads | 49017 | 200 |
| 55 | ctns | | | 120.49 | | Sheet Set & Pillowcase | 49390 Sub 4 | 175 |
| 496 | | | | 7385.18 | | GRAND TOTAL | | |

| | |
|---|--|
| 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">Shipper Signature</p> |
|--|---|

| | | |
|--|--|--|
| SHIPPER SIGNATURE / 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. | Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces |
| CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. | | |