

| SHIP FROM | | Master Bill of Lading Number: 06757163000764679 |
|-----------------|-------------------------------|---|
| 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: 146473 |
| | DC#: 6909 | Seal number(s): 8068684 |
| | Div. | SCAC: WALM |
| Address: | 3485 Wineville Rd | Pro Number: |
| | 6909 | |
| 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"/> 3rd Party: <input type="checkbox"/> |
| Address: | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED |
| City/State/Zip: | | (check box) UNDERLYING BILLS OF LANDING |
| SPECIAL INSTRUCTIONS: | | Appointment Time Actual Driver Arrival Time Driver Departure Time |
| Load #: 65577893 | | 11:00 AM 11:25 AM 11:45 AM |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|------------|------------|-------------------------|---|-------------------|-----------------------------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | | BOL# | ADDITIONAL SHIPPER INFO DC# | Supplier# |
| 6316066952 | 9 | 33.33 | Y | N | 06757163000764280 | 6069A | |
| 1109399156 | 9 | 33.33 | Y | N | 06757163000764198 | 6019A | |
| 7409049539 | 6 | 33.00 | Y | N | 06757163000764297 | 6016A | |
| 4729444347 | 81 | 557.24 | Y | N | 06757163000764266 | 6019A | |
| 1874624312 | 119 | 1228.97 | Y | N | 06757163000764204 | 6016A | |
| 2908524842 | 164 | 2290.04 | Y | N | 06757163000764211 | 6009R | |
| 3208525064 | 360 | 5247.68 | Y | N | 06757163000764228 | 6069R | |
| 3825793040 | 69 | 665.34 | Y | N | 06757163000764242 | 6009A | |
| 3308525749 | 344 | 5070.56 | Y | N | 06757163000764235 | 6019R | |
| 4508526047 | 356 | 5302.60 | Y | N | 06757163000764259 | 6016R | |
| 6266066824 | 5 | 18.26 | Y | N | 06757163000764273 | 6009A | |
| 9225163522 | 68 | 528.16 | Y | N | 06757163000764303 | 6069A | |
| | | | Y | N | | | |
| Grand Total | 1590 | 21008.51 | | | | | |

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| Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ | COD Amount \$ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> |
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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| RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations. | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. |
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|---|--|--|---|
| 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. Total Pallet: 40 <i>[Signature]</i> 1/19/23 | 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. <i>[Signature]</i> 01/19/23 |
|---|--|--|---|


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

Bill of Lading Number: 06757163000764211

 (402)06757163000764211

SHIP TO
 Name: Wal-Mart DC 6009R - Regular Location #: 6009R
 Address: 1100 North Iris Street
 6009R
 City/State/Zip: Mount Pleasant, IA 52641
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 146473
 Seal number(s): 8068684

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 #: 65577893

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 |
| 2908524842 | 164 | 4 | 2290.04 | Y | N | 01/29/2023 | 6009R | 0020 | 00022 | |
| GRAND TOTAL | 164 | 4 | 2290.04 | | | | | | | |

| 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 | |
| 164 | ctns | | | 2290.04 | | Comforters, Bedspreads | 49017 | 200 | |
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| 164 | | | | 2290.04 | | 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, 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: 06757163000764273 |
|------------------------------------|-------------------------------|--|
| Name: E & E COMPANY LTD | |  (402)06757163000764273 |
| 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: 146473 |
| Address: 1501 Maple Leaf Road | | Seal number(s): 8068684 |
| 6009A | | SCAC: WALM |
| City/State/Zip: Mount Pleasant, IA 52641 | | Pro Number: |
| CID#: _____ | FOB: <input type="checkbox"/> |  |
| Dept: 00020 | | |

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

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|----------|------------|--------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | 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 |
| 6266066824 | 5 | 1 | 18.26 | Y | N | 01/29/2023 | 6009A | 0033 | 00020 | |
| GRAND TOTAL | 5 | 1 | 18.26 | | | | | | | |


| 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 | |
| 5 | ctns | | | 18.26 | | Shower curtain | 49385 | 77.5 | |
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| 5 | | | | 18.26 | | GRAND TOTAL | | | |


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|---|---|
| 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).

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|--|--|
| RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations. | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature _____</div> |
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|--|--|--|--|
| 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. |
|--|--|--|--|

| | | |
|---|--------------------------------|--|
| SHIP FROM | | Bill of Lading Number: 06757163000764259 |
| Name: E & E COMPANY LTD | Address: 221 Hanson Way |  (402)06757163000764259 |
| City/State/Zip: Woodland, CA 95776 | SID#: | |
| FOB: <input type="checkbox"/> | | |

| | | |
|--|--------------------------------------|---|
| SHIP TO | | CARRIER NAME: WAL-MART FLEET |
| Name: Wal-Mart DC 6016R - Regular | Location #: 6016R | Trailer number: 146473 |
| Address: 3930 lh 35 North | 6016R | Seal number(s): 8068684 |
| City/State/Zip: New Braunfels, TX 78130 | FOB: <input type="checkbox"/> | SCAC: WALM |
| CID#: | | Pro Number: |
| Dept: 00022 | |  |

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

| | | |
|------------------------------|----------------------------|-----------------------|
| SPECIAL INSTRUCTIONS: | | |
| Load #: 65577893 | | |
| 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 |
| 4508526047 | 356 | 9 | 5302.60 | Y | N | 02/02/2023 | 6016R | 0020 | 00022 | |
| GRAND TOTAL | 356 | 9 | 5302.60 | | | | | | | |

| CARRIER INFORMATION | | | | | | | | | |
|---------------------|------|---------|------|---------|----------|--|----------|-------|--|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | |
| 356 | ctns | | | 5302.60 | | Comforters, Bedspreads | 49017 | 200 | |
| 356 | | | | 5302.60 | | GRAND TOTAL | | | |

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|---|---|
| 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;">Shipper Signature</div> |
|--|---|

| | | | |
|--|--|--|--|
| 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: <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. |
|--|--|--|--|


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

Bill of Lading Number: 06757163000764266

 (402)06757163000764266

SHIP TO
 Name: Wal-Mart DC 6019A - ASM DIS Location #: 6019A
 Address: 7504 East Crossroads Boulevard
 6019A
 City/State/Zip: Loveland, CO 80538
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 146473
 Seal number(s): 8068684

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 #: 65577893

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 |
| 4729444347 | 81 | 1 | 557.24 | Y | N | 01/29/2023 | 6019A | 0033 | 00022 | |
| GRAND TOTAL | 81 | 1 | 557.24 | | | | | | | |

| 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 | |
| 37 | ctns | | | 448.46 | | Comforters, Bedspreads | 49017 | 200 | |
| 44 | ctns | | | 108.78 | | Sheet Set & Pillowcase | 49390 Sub 4 | 175 | |
| 81 | | | | 557.24 | | 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
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000764235

 (402)06757163000764235

SHIP TO
 Name: Wal-Mart DC 6019R - REGULAR Location #: 6019R
 Address: 7506 East Crossroads Boulevard
 6019R
 City/State/Zip: Loveland, CO 80538
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 146473
 Seal number(s): 8068684
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 #: 65577893

Master Bill of Lading: with attached underlying Bills of Lading

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

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|--------|------------|---------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/ SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 3308525749 | 344 | 8 | 5070.56 | Y | N | 01/29/2023 | 6019R | 0020 | 00022 | |
| GRAND TOTAL | 344 | 8 | 5070.56 | | | | | | | |

| CARRIER INFORMATION | | | | | | | | | |
|---------------------|------|---------|------|--------------------|----------|--|----------|-------|--|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing 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 | |
| 344 | ctns | | | 5070.56 | | Comforters, Bedspreads | 49017 | 200 | |
| | | | | 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, to and 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: 06757163000764228 |
|------------------------------------|-------------------------------|--|
| Name: E & E COMPANY LTD | |  (402)06757163000764228 |
| 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 6069R-REGULAR | Location #: 6069R | Trailer number: 146473 |
| Address: 1106 Matlock Drive | | Seal number(s): 8068684 |
| 6069R | | SCAC: WALM |
| City/State/Zip: St. James, MO 65559 | | 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 <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> |
| Address: _____ | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading |
| City/State/Zip: _____ | | Appointment Time: <input type="checkbox"/> AM <input type="checkbox"/> PM |

| SPECIAL INSTRUCTIONS: | | | | Actual Driver Arrival Time | Driver Departure Time |
|---|--|--|--|----------------------------|-----------------------|
| SPECIAL INSTRUCTIONS: Load #: 65577893 | | | | 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 |
| 3208525064 | 360 | 9 | 5247.68 | Y | N | 02/01/2023 | 6069R | 0020 | 00022 | |
| GRAND TOTAL | 360 | 9 | 5247.68 | | | | | | | |

| 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 | |
| 360 | ctns | | | 5247.68 | | Comforters, Bedspreads | 49017 | 200 | |
| | | | | | | | | | |
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| 360 | | | | 5247.68 | | GRAND TOTAL | | | |

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| 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).

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| RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, 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;">Shipper Signature _____</div> |
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|--|--|--|--|
| 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: <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. |
|--|--|--|--|

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

Bill of Lading Number: 06757163000764303

 (402)06757163000764303

SHIP TO
 Name: Wal-Mart DC 6069A-ASM DIS Location #: 6069A
 Address: 1200 Matlock Drive
 6069A
 City/State/Zip: St. James, MO 65559
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 146473
 Seal number(s): 8068684
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 #: 65577893

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 |
| 9225163522 | 68 | 1 | 528.16 | Y | N | 02/01/2023 | 6069A | 0033 | 00022 | |
| GRAND TOTAL | 68 | 1 | 528.16 | | | | | | | |

| 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 | |
| 37 | ctns | | | 459.68 | | Comforters, Bedspreads | 49017 | 200 | |
| 31 | ctns | | | 68.48 | | Sheet Set & Pillowcase | 49390 Sub 4 | 175 | |
| 68 | | | | 528.16 | | 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: 06757163000764280 |
| Name: E & E COMPANY LTD | |  (402)06757163000764280 |
| Address: 221 Hanson Way | | |
| City/State/Zip: Woodland, CA 95776 | | |
| SID#: | FOB: <input type="checkbox"/> | |

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|--|--------------------------------------|---|
| SHIP TO | | CARRIER NAME: WAL-MART FLEET |
| Name: Wal-Mart DC 6069A-ASM DIS | Location #: 6069A | Trailer number: 146473 |
| Address: 1200 Matlock Drive | | Seal number(s): 8068684 |
| | 6069A | |
| City/State/Zip: St. James, MO 65559 | | SCAC: WALM |
| CID#: | FOB: <input type="checkbox"/> | Pro Number: |
| Dept: 00020 | |  |

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| THIRD PARTY FREIGHT CHARGES BILL TO: | | |
| Name: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) |
| Address: | | |
| City/State/Zip: | | |
| SPECIAL INSTRUCTIONS: | | Prepaid Collect <input checked="" type="checkbox"/> 3rd Party |
| Load #: 65577893 | | <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 | 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 |
| 6316066952 | 9 | 1 | 33.33 | Y | N | 02/01/2023 | 6069A | 0033 | 00020 | |
| GRAND TOTAL | 9 | 1 | 33.33 | | | | | | | |


| 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 | | | | | | | | |
| 9 | ctns | | | 33.33 | | Shower curtain | 49385 | 77.5 | | | | | |
| 9 | | | | 33.33 | | GRAND TOTAL | | | | | | | |


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| 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).

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| RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations. | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div> |
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|--|--|--|--|
| 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: <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. |
|--|--|--|--|

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| SHIP FROM | Bill of Lading Number: 06757163000764242 |
| Name: E & E COMPANY LTD |  (402)06757163000764242 |
| 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: 146473 |
| Address: 1501 Maple Leaf Road | Seal number(s): 8068684 |
| 6009A | SCAC: WALM |
| City/State/Zip: Mount Pleasant, IA 52641 | Pro Number: |
| CID#: _____ FOB: <input type="checkbox"/> |  |
| 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: _____ | |

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|------------------------------|---|-----------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| SPECIAL INSTRUCTIONS: | <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading | | | | | | | | | |
| Load #: 65577893 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align:center;">AM</td> <td style="text-align:center;">AM</td> <td style="text-align:center;">AM</td> </tr> <tr> <td style="text-align:center;">PM</td> <td style="text-align:center;">PM</td> <td style="text-align:center;">PM</td> </tr> </table> | Appointment Time | Actual Driver Arrival Time | Driver Departure Time | AM | AM | AM | PM | PM | PM |
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time | | | | | | | | |
| AM | AM | AM | | | | | | | | |
| PM | PM | PM | | | | | | | | |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|--------|------------|--------|--------------------------|----------------------|----------------------------|------------------------|----------------------|-------------------------|--|
| CUSTOMER ORDER NUMBER | # PKGS | Plts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info | |
| 3825793040 | 69 | 2 | 665.34 | Y N | 01/29/2023 | 6009A | 0033 | 00022 | | |
| GRAND TOTAL | 69 | 2 | 665.34 | | | | | | | |

| CARRIER INFORMATION | | | | | | | | | |
|---------------------|------|---------|------|--------|----------|--|-------------|-------|--|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION | LTL ONLY | | |
| 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 | NMFC # | CLASS | |
| 48 | ctns | | | 617.10 | | Comforters, Bedspreads | 49017 | 200 | |
| 21 | ctns | | | 48.24 | | Sheet Set & Pillowcase | 49390 Sub 4 | 175 | |
| 69 | | | | 665.34 | | GRAND TOTAL | | | |

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| 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 properly 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. |

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

Bill of Lading Number: 06757163000764297

 (402)06757163000764297

SHIP TO
 Name: Wal-Mart DC 6016A - ASM DIS Location #: 6016A
 Address: 3920 Ih 35 North
 6016A
 City/State/Zip: New Braunfels, TX 78130
 CID#: _____ FOB:
 Dept: 00020

CARRIER NAME: WAL-MART FLEET
 Trailer number: 146473
 Seal number(s): 8068684
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 #: 65577893

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 |
| 7409049539 | 6 | 1 | 33.00 | Y | N | 02/02/2023 | 6016A | 0033 | 00020 | |
| GRAND TOTAL | 6 | 1 | 33.00 | | | | | | | |

| 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 | | | 33.00 | | 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.