

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

Master Bill of Lading Number: 06757163000768189

**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: 148038  
 Seal number(s): 8068679  
 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 #: 65859701

Appointment Time Actual Driver Arrival Time Driver Departure Time  
 1:00 AM PM 11:55 AM PM 12:10 AM PM

| CUSTOMER ORDER INFORMATION |            |            |                          |   |                   |                                       |
|----------------------------|------------|------------|--------------------------|---|-------------------|---------------------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLE ONE) |   | BOL#              | ADDITIONAL SHIPPER INFO DC# Supplier# |
| 1059399062                 | 3          | 9.57       | Y                        | N | 06757163000768165 | 7039A                                 |
| 2809319220                 | 1          | 5.94       | Y                        | N | 06757163000768004 | 6036A                                 |
| 4559389248                 | 5          | 15.95      | Y                        | N | 06757163000767809 | 6012A                                 |
| 5473665448                 | 20         | 171.91     | Y                        | N | 06757163000768103 | 7033A                                 |
| 5858999395                 | 2          | 11.88      | Y                        | N | 06757163000767953 | 6031A                                 |
| 7909169736                 | 2          | 11.00      | Y                        | N | 06757163000768035 | 6037A                                 |
| 4308525985                 | 52         | 734.44     | Y                        | N | 06757163000767960 | 6031R                                 |
| 2908524874                 | 36         | 564.36     | Y                        | N | 06757163000767786 | 6009R                                 |
| 3474954006                 | 18         | 140.83     | Y                        | N | 06757163000767892 | 6025A                                 |
| 4729444434                 | 51         | 493.00     | Y                        | N | 06757163000767847 | 6019A                                 |
| 5913799302                 | 4          | 15.07      | Y                        | N | 06757163000767878 | 6021A                                 |
| 5958999243                 | 1          | 5.50       | Y                        | N | 06757163000767908 | 6025A                                 |
| 9375043983                 | 82         | 348.94     | Y                        | N | 06757163000767977 | 6035A                                 |
| 9529963846                 | 53         | 479.61     | Y                        | N | 06757163000768073 | 7026A                                 |

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: 53 *207L*  
 1/31/23

**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.  
*Don Duke # 11233 1-31-23*

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

Master Bill of Lading Number: 06757163000768189

**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: 148038  
 Seal number(s): 8068679  
 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 #: 65859701

|                  |                            |                       |
|------------------|----------------------------|-----------------------|
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| AM<br>PM         | AM<br>PM                   | AM<br>PM              |

**CUSTOMER ORDER INFORMATION**

| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) |   | ADDITIONAL SHIPPER INFO |       |           |
|-----------------------|------------|------------|-------------------------|---|-------------------------|-------|-----------|
|                       |            |            |                         |   | BOL#                    | DC#   | Supplier# |
| 7175103913            | 140        | 1152.58    | Y                       | N | 06757163000768134       | 7036A |           |
| 2858526174            | 60         | 848.92     | Y                       | N | 06757163000768127       | 7033R |           |
| 5973665409            | 82         | 456.29     | Y                       | N | 06757163000768028       | 6037A |           |
| 6575024096            | 36         | 137.02     | Y                       | N | 06757163000767915       | 6026A |           |
| 3908525455            | 96         | 1477.44    | Y                       | N | 06757163000767984       | 6035R |           |
| 4008525478            | 40         | 466.80     | Y                       | N | 06757163000767816       | 6012R |           |
| 9074774299            | 71         | 612.02     | Y                       | N | 06757163000767991       | 6036A |           |
| 3308525783            | 48         | 718.08     | Y                       | N | 06757163000767854       | 6019R |           |
| 3558525348            | 76         | 1145.08    | Y                       | N | 06757163000768172       | 7039R |           |
| 3608525654            | 76         | 1186.36    | Y                       | N | 06757163000767939       | 6026R |           |
| 4509389181            | 3          | 14.19      | Y                       | N | 06757163000768080       | 7026A |           |
| 4525473763            | 64         | 628.92     | Y                       | N | 06757163000767861       | 6021A |           |
| 4809389878            | 5          | 20.57      | Y                       | N | 06757163000768110       | 7033A |           |
| 5214189284            | 3          | 9.57       | Y                       | N | 06757163000767922       | 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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  
 Total Pallet: 53  
*707L*  
 1/31/23

**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 Don Ark #11233* 1-31-23

|  |  |  |  |
|--|--|--|--|
| <b>SHIP FROM</b>   |  | Master Bill of Lading Number: 06757163000768189  |  |
| Name: <b>E &amp; E COMPANY LTD</b><br>Address: <b>221 Hanson Way</b><br>City/State/Zip: <b>Woodland, CA 95776</b><br>SID#: _____ FOB: <input type="checkbox"/>   |  |  |  |
| <b>SHIP TO</b>   |  | CARRIER NAME: <b>WAL-MART FLEET</b>  |  |
| Name: <b>Wal-Mart Centerpoint - 6909</b> DC#: <b>6909</b><br>Div. _____<br>Address: <b>3485 Wineville Rd</b><br><b>6909</b><br>City/State/Zip: <b>Jurupa Valley, CA 91752</b><br>SID#: _____ FOB: <input type="checkbox"/> |  | Trailer number: <b>148038</b><br>Seal number(s): <b>8068679</b><br>SCAC: <b>WALM</b><br>Pro Number: _____                |  |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>  |  | Freight Charge Terms:  |  |
| Name: _____<br>Address: _____<br>City/State/Zip: _____   |  | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>       |  |
| <b>SPECIAL INSTRUCTIONS:</b><br>Load #: 65859701   |  | <input checked="" type="checkbox"/> (check box) <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b> |  |
|  |  | Appointment Time _____ AM _____ PM   | Actual Driver Arrival Time _____ AM _____ PM |

| CUSTOMER ORDER INFORMATION |            |            |                         |   |                         |       |           |
|----------------------------|------------|------------|-------------------------|---|-------------------------|-------|-----------|
| CUSTOMER ORDER NUMBER      | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) |   | ADDITIONAL SHIPPER INFO |       |           |
|                            |            |            |                         |   | BOL#                    | DC#   | Supplier# |
| 3208525099                 | 24         | 390.00     | Y                       | N | 06757163000768066       | 6069R |           |
| 3408525160                 | 60         | 975.00     | Y                       | N | 06757163000768097       | 7026R |           |
| 4458525914                 | 96         | 1456.80    | Y                       | N | 06757163000767885       | 6021R |           |
| 4508526086                 | 32         | 422.72     | Y                       | N | 06757163000767830       | 6016R |           |
| 3958525868                 | 116        | 1676.68    | Y                       | N | 06757163000768141       | 7036R |           |
| 6874484558                 | 55         | 323.26     | Y                       | N | 06757163000767946       | 6031A |           |
| 7675403779                 | 66         | 499.80     | Y                       | N | 06757163000768158       | 7039A |           |
| 9225163614                 | 16         | 150.11     | Y                       | N | 06757163000768059       | 6069A |           |
| 1874624414                 | 17         | 164.57     | Y                       | N | 06757163000767823       | 6016A |           |
| 3825793125                 | 58         | 335.78     | Y                       | N | 06757163000767779       | 6009A |           |
| 3858525374                 | 136        | 2078.80    | Y                       | N | 06757163000768011       | 6036R |           |
| 4758525776                 | 48         | 780.00     | Y                       | N | 06757163000768042       | 6037R |           |
| 7675174100                 | 46         | 337.95     | Y                       | N | 06757163000767793       | 6012A |           |
| <b>Grand Total</b>         | 1900       | 21473.31   |                         |   |                         |       |           |

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> _____<br><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>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><br>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.<br>Total Pallet:53 <i>707L</i><br><i>1/31/23</i> | <b>Trailer Loaded:</b><br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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.<br><i>Don Oke #11233 1-31-23</i> |
|---|--|--|--|

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

Master Bill of Lading Number: 06757163000768189

**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: 148038  
 Seal number(s): 8068679  
 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  
 (check box) UNDERLYING BILLS OF LANDING

**SPECIAL INSTRUCTIONS:**  
 Load #: 65859701

|                  |                            |                       |
|------------------|----------------------------|-----------------------|
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| AM<br>PM         | AM<br>PM                   | AM<br>PM              |

| CARRIER INFORMATION |      |         |      |            |          | COMMODITY DESCRIPTION  |             | LTL ONLY |  |
|---------------------|------|---------|------|------------|----------|--|-------------|----------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT LBS | H.M. (X) | 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    |  |
| QTY                 | TYPE | QTY     | TYPE |            |          |  |             |          |  |
| 460                 | ctns |         |      | 1119.03    |          | Sheet Set & Pillowcase   | 49390 Sub 4 | 175      |  |
| 29                  | ctns |         |      | 119.24     |          | Shower curtain   | 49385       | 77.5     |  |
| 1411                | ctns |         |      | 20235.04   |          | Comforters, Bedspreads   | 49017       | 200      |  |
|                     |      |         |      |            |          |  |             |          |  |
|                     |      |         |      |            |          |  |             |          |  |
|                     |      |         |      |            |          |  |             |          |  |
|                     |      |         |      |            |          |  |             |          |  |
|                     |      |         |      |            |          |  |             |          |  |
|                     |      |         |      |            |          |  |             |          |  |
|                     |      |         |      |            |          |  |             |          |  |
|                     |      |         |      |            |          |  |             |          |  |
|                     |      |         |      |            |          |  |             |          |  |
| 1900                |      |         |      | 21473.31   |          | 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.  
 Total Pallet:53 *707L*  
 1/31/23


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 Don Old #11233 1-31-23*

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

Bill of Lading Number: 06757163000767915  
  
 (402)06757163000767915

**SHIP TO**  
 Name: Wal-Mart DC 6026A - ASM DIS Location #: 6026A  
 Address: 10817 HWY 99W  
 6026A  
 City/State/Zip: Red Bluff, CA 96080  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679  
**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 #: 65859701

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 |
| 6575024096                 | 36     | 1          | 137.02 | Y                         | N | 02/05/2023           | 6026A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 36     | 1          | 137.02 |                           |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |       |                        | PACKAGE     |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |     |      | 75.37  |       | Comforters, Bedspreads | 49017       | 200 |        |          |  |          |  |
| 30            | ctns |     |      | 61.65  |       | Sheet Set & Pillowcase | 49390 Sub 4 | 175 |        |          |  |          |  |
| 36            |      |     |      | 137.02 |       | <b>GRAND TOTAL</b>     |             |     |        |          |  |          |  |

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 \*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: 06757163000768103  
  
 (402)06757163000768103

**SHIP TO**  
 Name: Wal-Mart DC 7033A-ASM DIS Location #: 7033A  
 Address: 21215 Johnson Rd.  
 7033A  
 City/State/Zip: Apple Valley, CA 92307  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 5473665448                 | 20     | 1          | 171.91 | Y                        | N | 02/04/2023           | 7033A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 20     | 1          | 171.91 |                          |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |     |      |        | PACKAGE |        | WEIGHT | H.M. (X)               | COMMODITY DESCRIPTION<br><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 | QTY | TYPE | QTY    | TYPE    | NMFC # |        |                        |  | CLASS    |  |
| 12            | ctns |     |      |     |      | 150.72 |         |        |        | Comforters, Bedspreads | 49017  | 200      |  |
| 8             | ctns |     |      |     |      | 21.19  |         |        |        | Sheet Set & Pillowcase | 49390 Sub 4  | 175      |  |
| 20            |      |     |      |     |      | 171.91 |         |        |        | <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.

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

Bill of Lading Number: 06757163000767953  
  
 (402)06757163000767953

**SHIP TO**  
 Name: Wal-Mart DC 6031A-ASM DIS Location #: 6031A  
 Address: 23701 West Southern Avenue  
 6031A  
 City/State/Zip: Buckeye, AZ 85326  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 5858999395                 | 2        | 1          | 11.88        | Y                         | N | 02/05/2023           | 6031A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | <b>2</b> | <b>1</b>   | <b>11.88</b> |                           |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |       |                    | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |     |      | 11.88  |       | Shower curtain     | 49385   | 77.5 |        |          |  |          |  |
| 2             |      |     |      | 11.88  |       | <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 \_\_\_\_\_

**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 property 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: 06757163000767861  
  
 (402)06757163000767861

**SHIP TO**  
 Name: Wal-Mart DC 6021A - ASM DIS Location #: 6021A  
 Address: 1005 South H Street  
 6021A  
 City/State/Zip: Porterville, CA 93257  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679  
**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 #: 65859701

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 |
| 4525473763                 | 64     | 1          | 628.92 | Y                        | N | 02/04/2023           | 6021A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 64     | 1          | 628.92 |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |        |          |  |             |       |  |  |
|---------------------|------|---------|------|--------|----------|--|-------------|-------|--|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |  |
| 46                  | ctns |         |      | 583.37 |          | Comforters, Bedspreads   | 49017       | 200   |  |  |
| 18                  | ctns |         |      | 45.55  |          | Sheet Set & Pillowcase   | 49390 Sub 4 | 175   |  |  |
| 64                  |      |         |      | 628.92 |          | <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.

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

Bill of Lading Number: 06757163000768042  
  
 (402)06757163000768042

**SHIP TO**  
 Name: Wal-Mart DC 6037R-REGULAR Location #: 6037R  
 Address: 2650 HWY 395 South  
 6037R  
 City/State/Zip: Hermiston, OR 97838  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 4758525776                 | 48     | 1          | 780.00 | Y                        | N | 02/06/2023           | 6037R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 48     | 1          | 780.00 |                          |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |       |                        | PACKAGE |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |                        |         |     |        |          |  |          |  |
| 48            | ctns |     |      | 780.00 |       | Comforters, Bedspreads | 49017   | 200 |        |          |  |          |  |
| 48            |      |     |      | 780.00 |       | <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.

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

Bill of Lading Number: 06757163000768141  
  
 (402)06757163000768141

**SHIP TO**  
 Name: Wal-Mart DC 7036R - REGULAR Location #: 7036R  
 Address: 2226 FM 3013 Suite 110  
 7036R  
 City/State/Zip: Sealy, TX 77474  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 3958525868                 | 116    | 3         | 1676.68 | Y                        | N | 02/13/2023           | 7036R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 116    | 3         | 1676.68 |                          |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |         |  |                        | PACKAGE |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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                  |         |     |        |          |  |          |  |
| 116           | ctns |     |      | 1676.68 |  | Comforters, Bedspreads | 49017   | 200 |        |          |  |          |  |
| 116           |      |     |      | 1676.68 |  | <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 property 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: 06757163000768158  
  
 (402)06757163000768158

**SHIP TO**  
 Name: Wal-Mart DC 7039A-ASM DIS Location #: 7039A  
 Address: 111 Distribution Way  
 7039A  
 City/State/Zip: Beaver Dam, WI 53916  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 7675403779                 | 66     | 1          | 499.80 | Y                        | N | 02/10/2023           | 7039A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 66     | 1          | 499.80 |                          |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |       |                        | PACKAGE     |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |                        |             |     |        |          |  |          |  |
| 33            | ctns |     |      | 423.13 |       | Comforters, Bedspreads | 49017       | 200 |        |          |  |          |  |
| 33            | ctns |     |      | 76.67  |       | Sheet Set & Pillowcase | 49390 Sub 4 | 175 |        |          |  |          |  |
| 66            |      |     |      | 499.80 |       | <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:  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: 06757163000768134  
  
 (402)06757163000768134

**SHIP TO**  
 Name: Wal-Mart DC 7036A - ASM DIS Location #: 7036A  
 Address: 2226 FM 3013 Suite 100  
 7036A  
 City/State/Zip: Sealy, TX 77474  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 | PIts 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 |
| 7175103913                 | 140    | 2          | 1152.58 | Y                         | N | 02/13/2023           | 7036A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 140    | 2          | 1152.58 |                           |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |         |       |                        | PACKAGE     |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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(a) of NMFC Item 360</small> | LTL ONLY |  |
|---------------|------|-----|------|---------|-------|------------------------|-------------|-----|--------|----------|--|----------|--|
| QTY           | TYPE | QTY | TYPE | NMFC #  | CLASS |                        |             |     |        |          |  |          |  |
| 77            | ctns |     |      | 997.35  |       | Comforters, Bedspreads | 49017       | 200 |        |          |  |          |  |
| 63            | ctns |     |      | 155.23  |       | Sheet Set & Pillowcase | 49390 Sub 4 | 175 |        |          |  |          |  |
| 140           |      |     |      | 1152.58 |       | <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.

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

Bill of Lading Number: 06757163000767854



(402)06757163000767854

**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: 148038

Seal number(s): 8068679

**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 #: 65859701

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 |
|-----------------------|--------|------------|--------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 3308525783            | 48     | 1          | 718.08 | Y                         | N | 02/19/2023           | 6019R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>    | 48     | 1          | 718.08 |                           |   |                      |                            |                        |                      |                         |

**CARRIER INFORMATION**

| HANDLING UNIT |      | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |
| 48            | ctns |         |      | 718.08 |          | Comforters, Bedspreads   | 49017    | 200   |
|               |      |         |      |        |          |  |          |       |
|               |      |         |      |        |          |  |          |       |
|               |      |         |      |        |          |  |          |       |
|               |      |         |      |        |          |  |          |       |
|               |      |         |      |        |          |  |          |       |
|               |      |         |      |        |          |  |          |       |
|               |      |         |      |        |          |  |          |       |
| 48            |      |         |      | 718.08 |          | <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.

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

Bill of Lading Number: 06757163000767922



**SHIP TO**  
 Name: Wal-Mart DC 6026A - ASM DIS Location #: 6026A  
 Address: 10817 HWY 99W  
 6026A  
 City/State/Zip: Red Bluff, CA 96080  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET

Trailer number: 148038  
 Seal number(s): 8068679

**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

Master Bill of Lading: with attached underlying Bills of Lading (check box)

**SPECIAL INSTRUCTIONS:**  
 Load #: 65859701

| 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 |
|-----------------------|--------|------------|--------|--------------------------|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 5214189284            | 3      | 1          | 9.57   | Y N                      | 02/05/2023           | 6026A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>    | 3      | 1          | 9.57   |                          |                      |                            |                        |                      |                         |

**CARRIER INFORMATION**

| HANDLING UNIT      |      | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |         |      | 9.57   |          | Shower curtain   | 49385    | 77.5  |
| <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.*

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

Bill of Lading Number: 06757163000767960  
  
 (402)06757163000767960

**SHIP TO**  
 Name: Wal-Mart DC 6031R-REGULAR Location #: 6031R  
 Address: 23701 West Southern Avenue  
 6031R  
 City/State/Zip: Buckeye, AZ 85326  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 | Pits 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 |
| 4308525985                 | 52     | 2          | 734.44 | Y                         | N | 02/05/2023           | 6031R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 52     | 2          | 734.44 |                           |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |  |                        | PACKAGE |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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                  |         |     |        |          |  |          |  |
| 52            | ctns |     |      | 734.44 |  | Comforters, Bedspreads | 49017   | 200 |        |          |  |          |  |
| 52            |      |     |      | 734.44 |  | <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.

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

Bill of Lading Number: 06757163000767977  
  
 (402)06757163000767977

**SHIP TO**  
 Name: Wal-Mart DC 6035A-ASM DIS Location #: 6035A  
 Address: 3220 Nevada Terrace  
 6035A  
 City/State/Zip: Ottawa, KS 66067  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 9375043983                 | 82        | 1         | 348.94        | Y                         | N | 02/13/2023           | 6035A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | <b>82</b> | <b>1</b>  | <b>348.94</b> |                           |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |       |        | PACKAGE |                        | WEIGHT | H.M. (X)    | COMMODITY DESCRIPTION<br><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 |        |         |                        |        |             |  |          |  |
| 14            | ctns |     |      |        |       | 170.34 |         | Comforters, Bedspreads |        | 49017       | 200  |          |  |
| 68            | ctns |     |      |        |       | 178.60 |         | Sheet Set & Pillowcase |        | 49390 Sub 4 | 175  |          |  |
| 82            |      |     |      |        |       | 348.94 |         | <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.

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

Bill of Lading Number: 06757163000767809  
  
 (402)06757163000767809

**SHIP TO**  
 Name: Wal-Mart DC 6012A - ASM DIS Location #: 6012A  
 Address: 3100 North I-27  
 6012A  
 City/State/Zip: Plainview, TX 79072  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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   | 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 |
| 4559389248                 | 5        | 1         | 15.95        | Y                        | N | 02/06/2023           | 6012A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | <b>5</b> | <b>1</b>  | <b>15.95</b> |                          |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |       |                    | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |     |      | 15.95  |       | Shower curtain     | 49385   | 77.5 |        |          |  |          |  |
| 5             |      |     |      | 15.95  |       | <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:  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.

**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: 06757163000768172  
  
 (402)06757163000768172

**SHIP TO**  
 Name: Wal-Mart DC 7039R-REGULAR Location #: 7039R  
 Address: 113 Distribution Way  
 7039R  
 City/State/Zip: Beaver Dam, WI 53916  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 | PIts 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 |
| 3558525348                 | 76     | 2          | 1145.08 | Y                         | N | 02/10/2023           | 7039R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 76     | 2          | 1145.08 |                           |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |         |       |                        | PACKAGE |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |                        |         |     |        |          |  |          |  |
| 76            | ctns |     |      | 1145.08 |       | Comforters, Bedspreads | 49017   | 200 |        |          |  |          |  |
| 76            |      |     |      | 1145.08 |       | <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 property 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: 06757163000767793  
  
 (402)06757163000767793

**SHIP TO**  
 Name: Wal-Mart DC 6012A - ASM DIS Location #: 6012A  
 Address: 3100 North I-27  
 6012A  
 City/State/Zip: Plainview, TX 79072  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
|-----------------------|--------|-----------|--------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 7675174100            | 46     | 1         | 337.95 | Y                        | N | 02/06/2023           | 6012A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>    | 46     | 1         | 337.95 |                          |   |                      |                            |                        |                      |                         |

**CARRIER INFORMATION**

| HANDLING UNIT |      | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 366</small> | LTL ONLY    |       |
|---------------|------|---------|------|--------|----------|--|-------------|-------|
| QTY           | TYPE | QTY     | TYPE |        |          |  | NMFC #      | CLASS |
| 22            | ctns |         |      | 284.73 |          | Comforters, Bedspreads   | 49017       | 200   |
| 24            | ctns |         |      | 53.22  |          | Sheet Set & Pillowcase   | 49390 Sub 4 | 175   |
| 46            |      |         |      | 337.95 |          | <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:  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: 06757163000767885  
  
 (402)06757163000767885

**SHIP TO**  
 Name: Wal-Mart DC 6021R - Regular Location #: 6021R  
 Address: 1005 South H Street  
 6021R  
 City/State/Zip: Porterville, CA 93257  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 4458525914                 | 96     | 2         | 1456.80 | Y                        | N | 02/04/2023           | 6021R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 96     | 2         | 1456.80 |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |         |          |  |          |       |  |
|---------------------|------|---------|------|---------|----------|--|----------|-------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><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 |         |      | 1456.80 |          | Comforters, Bedspreads   | 49017    | 200   |  |
| 96                  |      |         |      | 1456.80 |          | <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:  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: 06757163000767991  
  
 (402)06757163000767991

**SHIP TO**  
 Name: Wal-Mart DC 6036A-ASM DIS Location #: 6036A  
 Address: 8660 South US Hwy 79  
 6036A  
 City/State/Zip: Palestine, TX 75803  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 9074774299                 | 71     | 1         | 612.02 | Y                        | N | 02/11/2023           | 6036A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 71     | 1         | 612.02 |                          |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |       |                        | PACKAGE     |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |                        |             |     |        |          |  |          |  |
| 39            | ctns |     |      | 527.26 |       | Comforters, Bedspreads | 49017       | 200 |        |          |  |          |  |
| 32            | ctns |     |      | 84.76  |       | Sheet Set & Pillowcase | 49390 Sub 4 | 175 |        |          |  |          |  |
| 71            |      |     |      | 612.02 |       | <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.

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

Bill of Lading Number: 06757163000768028  
  
 (402)06757163000768028

**SHIP TO**  
 Name: Wal-Mart DC 6037A-ASM DIS Location #: 6037A  
 Address: 2650 HWY 395 South  
 6037A  
 City/State/Zip: Hermiston, OR 97838  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 5973665409                 | 82     | 1          | 456.29 | Y                        | N | 02/06/2023           | 6037A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 82     | 1          | 456.29 |                          |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |       |                        | PACKAGE     |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |                        |             |     |        |          |  |          |  |
| 25            | ctns |     |      | 313.60 |       | Comforters, Bedspreads | 49017       | 200 |        |          |  |          |  |
| 57            | ctns |     |      | 142.69 |       | Sheet Set & Pillowcase | 49390 Sub 4 | 175 |        |          |  |          |  |
| 82            |      |     |      | 456.29 |       | <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.

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

Bill of Lading Number: 06757163000767908  
  
 (402)06757163000767908

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

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 5958999243                 | 1      | 1         | 5.50   | Y                        | N | 02/24/2023           | 6025A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | 1      | 1         | 5.50   |                          |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |  |  |        | PACKAGE |                    | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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(a) of NMFC Item 360</small> | LTL ONLY |  |
|---------------|------|-----|------|--|--|--------|---------|--------------------|--------|----------|--|----------|--|
| QTY           | TYPE | QTY | TYPE |  |  | NMFC # | CLASS   |                    |        |          |  |          |  |
| 1             | ctns |     |      |  |  | 5.50   |         | Shower curtain     | 49385  | 77.5     |  |          |  |
| 1             |      |     |      |  |  | 5.50   |         | <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.*

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

Bill of Lading Number: 06757163000767892



**SHIP TO**  
 Name: Wal-Mart DC 6025A - ASM DIS Location #: 6025A  
 Address: 6140 3M Drive  
 6025A  
 City/State/Zip: Menomonie, WI 54751  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET

Trailer number: 148038  
 Seal number(s): 8068679

**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

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                    |

**SPECIAL INSTRUCTIONS:**  
 Load #: 65859701

| CUSTOMER ORDER INFORMATION |        |            |        |                           |   |                      |                            |                        |                      |                         |
|----------------------------|--------|------------|--------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | PIts 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 |
| 3474954006                 | 18     | 1          | 140.83 | Y                         | N | 02/24/2023           | 6025A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 18     | 1          | 140.83 |                           |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |       |                        | PACKAGE     |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |     |      | 118.44 |       | Comforters, Bedspreads | 49017       | 200 |        |          |  |          |  |
| 9             | ctns |     |      | 22.39  |       | Sheet Set & Pillowcase | 49390 Sub 4 | 175 |        |          |  |          |  |
| 18            |      |     |      | 140.83 |       | <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.

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

Bill of Lading Number: 06757163000767946  
  
 (402)06757163000767946

**SHIP TO**  
 Name: Wal-Mart DC 6031A-ASM DIS Location #: 6031A  
 Address: 23701 West Southern Avenue  
 6031A  
 City/State/Zip: Buckeye, AZ 85326  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679  
**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 #: 65859701

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 |
| 6874484558                 | 55     | 1         | 323.26 | Y                        | N | 02/05/2023           | 6031A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 55     | 1         | 323.26 |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |        |          |  |             | LTL ONLY |  |
|---------------------|------|---------|------|--------|----------|--|-------------|----------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 369</small> | LTL ONLY    |          |  |
| QTY                 | TYPE | QTY     | TYPE |        |          |  | NMFC #      | CLASS    |  |
| 19                  | ctns |         |      | 240.69 |          | Comforters, Bedspreads   | 49017       | 200      |  |
| 36                  | ctns |         |      | 82.57  |          | Sheet Set & Pillowcase   | 49390 Sub 4 | 175      |  |
| 55                  |      |         |      | 323.26 |          | <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.

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

Bill of Lading Number: 06757163000768059  
  
 (402)06757163000768059

**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: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 9225163614                 | 16     | 1          | 150.11 | Y                        | N | 02/13/2023           | 6069A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 16     | 1          | 150.11 |                          |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |       |                        | PACKAGE     |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |                        |             |     |        |          |  |          |  |
| 11            | ctns |     |      | 136.79 |       | Comforters, Bedspreads | 49017       | 200 |        |          |  |          |  |
| 5             | ctns |     |      | 13.32  |       | Sheet Set & Pillowcase | 49390 Sub 4 | 175 |        |          |  |          |  |
| 16            |      |     |      | 150.11 |       | <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 property 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: 06757163000768066  
  
 (402)06757163000768066

**SHIP TO**  
 Name: Wal-Mart DC 6069R-REGULAR Location #: 6069R  
 Address: 1106 Matlock Drive  
 6069R  
 City/State/Zip: St. James, MO 65559  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 3208525099                 | 24     | 1         | 390.00 | Y                         | N | 02/13/2023           | 6069R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 24     | 1         | 390.00 |                           |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |       |                        |       | PACKAGE |  | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 300</small> | LTL ONLY |  |
|---------------|------|-----|------|--------|-------|------------------------|-------|---------|--|--------|----------|--|----------|--|
| QTY           | TYPE | QTY | TYPE | NMFC # | CLASS |                        |       |         |  |        |          |  |          |  |
| 24            | ctns |     |      | 390.00 |       | Comforters, Bedspreads | 49017 | 200     |  |        |          |  |          |  |
| 24            |      |     |      | 390.00 |       | <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.

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

Bill of Lading Number: 06757163000767816  
  
 (402)06757163000767816

**SHIP TO**  
 Name: Wal-Mart DC 6012R - Regular Location #: 6012R  
 Address: 3101 North Quincy  
 6012R  
 City/State/Zip: Plainview, TX 79072  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 4008525478                 | 40     | 1         | 466.80 | Y                        | N | 02/06/2023           | 6012R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 40     | 1         | 466.80 |                          |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |       |                        | PACKAGE |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small> | LTL ONLY |  |
|---------------|------|-----|------|--------|-------|------------------------|---------|-----|--------|----------|--|----------|--|
| QTY           | TYPE | QTY | TYPE | NMFC # | CLASS |                        |         |     |        |          |  |          |  |
| 40            | ctns |     |      | 466.80 |       | Comforters, Bedspreads | 49017   | 200 |        |          |  |          |  |
| 40            |      |     |      | 466.80 |       | <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:  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: 06757163000768097  
  
 (402)06757163000768097

**SHIP TO**  
 Name: Wal-Mart DC 7026R - REGULAR Location #: 7026R  
 Address: 917 North State Road 138  
 7026R  
 City/State/Zip: Grantsville, UT 84029  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 3408525160                 | 60     | 2         | 975.00 | Y                        | N | 02/05/2023           | 7026R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 60     | 2         | 975.00 |                          |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |       |                        | PACKAGE |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |                        |         |     |        |          |  |          |  |
| 60            | ctns |     |      | 975.00 |       | Comforters, Bedspreads | 49017   | 200 |        |          |  |          |  |
| 60            |      |     |      | 975.00 |       | <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.

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

Bill of Lading Number: 06757163000768073  
  
 (402)06757163000768073

**SHIP TO**  
 Name: Wal-Mart DC 7026A - ASM DIS Location #: 7026A  
 Address: 945 North State Road 138  
 7026A  
 City/State/Zip: Grantsville, UT 84029  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 9529963846                 | 53     | 1         | 479.61 | Y                        | N | 02/05/2023           | 7026A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 53     | 1         | 479.61 |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |        |          |  |             |       |  |
|---------------------|------|---------|------|--------|----------|--|-------------|-------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |
| 34                  | ctns |         |      | 433.62 |          | Comforters, Bedspreads   | 49017       | 200   |  |
| 19                  | ctns |         |      | 45.99  |          | Sheet Set & Pillowcase   | 49390 Sub 4 | 175   |  |
| 53                  |      |         |      | 479.61 |          | <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.

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

Bill of Lading Number: 06757163000767823  
  
 (402)06757163000767823

**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: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 | PIts 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 |
| 1874624414                 | 17     | 1          | 164.57 | Y                         | N | 02/14/2023           | 6016A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 17     | 1          | 164.57 |                           |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |       |                        | PACKAGE     |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |                        |             |     |        |          |  |          |  |
| 13            | ctns |     |      | 157.63 |       | Comforters, Bedspreads | 49017       | 200 |        |          |  |          |  |
| 4             | ctns |     |      | 6.94   |       | Sheet Set & Pillowcase | 49390 Sub 4 | 175 |        |          |  |          |  |
| 17            |      |     |      | 164.57 |       | <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.

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

Bill of Lading Number: 06757163000768035  
  
 (402)06757163000768035

**SHIP TO**  
 Name: Wal-Mart DC 6037A-ASM DIS Location #: 6037A  
 Address: 2650 HWY 395 South  
 6037A  
 City/State/Zip: Hermiston, OR 97838  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
|-----------------------|----------|-----------|--------------|--------------------------|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 7909169736            | 2        | 1         | 11.00        | Y N                      | 02/06/2023           | 6037A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>    | <b>2</b> | <b>1</b>  | <b>11.00</b> |                          |                      |                            |                        |                      |                         |

**CARRIER INFORMATION**

| HANDLING UNIT      |      | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |         |      | 11.00  |          | Shower curtain   | 49385    | 77.5  |
| <b>GRAND TOTAL</b> |      |         |      |        |          |  |          |       |

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

**COD Amount: \$** \_\_\_\_\_  
**Fee Terms:** Collect:  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: 06757163000767878  
  
 (402)06757163000767878

**SHIP TO**  
 Name: Wal-Mart DC 6021A - ASM DIS Location #: 6021A  
 Address: 1005 South H Street  
 6021A  
 City/State/Zip: Porterville, CA 93257  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 5913799302                 | 4      | 1          | 15.07  | Y                        | N | 02/04/2023           | 6021A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | 4      | 1          | 15.07  |                          |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |       |                    | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small> | LTL ONLY |  |
|---------------|------|-----|------|--------|-------|--------------------|---------|------|--------|----------|--|----------|--|
| QTY           | TYPE | QTY | TYPE | NMFC # | CLASS |                    |         |      |        |          |  |          |  |
| 4             | ctns |     |      | 15.07  |       | Shower curtain     | 49385   | 77.5 |        |          |  |          |  |
| 4             |      |     |      | 15.07  |       | <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 property 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: 06757163000767830  
  
 (402)06757163000767830

**SHIP TO**  
 Name: Wal-Mart DC 6016R - Regular Location #: 6016R  
 Address: 3930 Ih 35 North  
 6016R  
 City/State/Zip: New Braunfels, TX 78130  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 4508526086                 | 32        | 1         | 422.72        | Y                         | N | 02/14/2023           | 6016R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | <b>32</b> | <b>1</b>  | <b>422.72</b> |                           |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |  |                        | PACKAGE |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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(a) of NMFC Item 360</small> | LTL ONLY |  |
|---------------|------|-----|------|--------|--|------------------------|---------|-----|--------|----------|--|----------|--|
| QTY           | TYPE | QTY | TYPE | NMFC # |  | CLASS                  |         |     |        |          |  |          |  |
| 32            | ctns |     |      | 422.72 |  | Comforters, Bedspreads | 49017   | 200 |        |          |  |          |  |
| 32            |      |     |      | 422.72 |  | <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.

SHIP FROM

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

FOB:

Bill of Lading Number: 06757163000767984



(402)06757163000767984

SHIP TO

Name: Wal-Mart DC 6035R-REGULAR Location #: 6035R  
 Address: 3270 Nevada Terrace  
 6035R  
 City/State/Zip: Ottawa, KS 66067  
 CID#:  
 Dept: 00022

FOB:

CARRIER NAME: WAL-MART FLEET

Trailer number: 148038  
 Seal number(s): 8068679

SCAC: WALM

Pro Number:



THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 65859701

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect X 3rd Party

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 | Plts Count | WEIGHT  | PALLET/SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
|-----------------------|--------|------------|---------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
|                       |        |            |         | Y                        | N |                      |                            |                        |                      |                         |
| 3908525455            | 96     | 2          | 1477.44 | Y                        | N | 02/13/2023           | 6035R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>    | 96     | 2          | 1477.44 |                          |   |                      |                            |                        |                      |                         |

CARRIER INFORMATION

| HANDLING UNIT |      | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><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 |         |      | 1477.44 |          | Comforters, Bedspreads   | 49017    | 200   |
|               |      |         |      |         |          |  |          |       |
|               |      |         |      |         |          |  |          |       |
|               |      |         |      |         |          |  |          |       |
|               |      |         |      |         |          |  |          |       |
|               |      |         |      |         |          |  |          |       |
|               |      |         |      |         |          |  |          |       |
|               |      |         |      |         |          |  |          |       |
| 96            |      |         |      | 1477.44 |          | <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 property 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: 06757163000767786  
  
 (402)06757163000767786

**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: 148038  
 Seal number(s): 8068679  
**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 #: 65859701

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 |
| 2908524874                 | 36     | 1         | 564.36 | Y                        | N | 02/10/2023           | 6009R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 36     | 1         | 564.36 |                          |   |                      |                            |                        |                      |                         |

| HANDLING UNIT      |      |     |      |  |  |        | PACKAGE |                        | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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   |                        |        |          |  |          |  |
| 36                 | ctns |     |      |  |  | 564.36 |         | Comforters, Bedspreads | 49017  | 200      |  |          |  |
| <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.*

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

Bill of Lading Number: 06757163000768165  
  
 (402)06757163000768165

**SHIP TO**  
 Name: Wal-Mart DC 7039A-ASM DIS Location #: 7039A  
 Address: 111 Distribution Way  
 7039A  
 City/State/Zip: Beaver Dam, WI 53916  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679  
**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 #: 65859701

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 |
| 1059399062                 | 3        | 1          | 9.57        | Y                        | N | 02/10/2023           | 7039A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | <b>3</b> | <b>1</b>   | <b>9.57</b> |                          |   |                      |                            |                        |                      |                         |

| HANDLING UNIT      |      |     |      |        |       |                | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |     |      | 9.57   |       | Shower curtain | 49385   | 77.5 |        |          |  |          |  |
| <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.

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

Bill of Lading Number: 06757163000768011  
  
 (402)06757163000768011

**SHIP TO**  
 Name: Wal-Mart DC 6036R-REGULAR Location #: 6036R  
 Address: 8660 South US Hwy 79  
 6036R  
 City/State/Zip: Palestine, TX 75803  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679  
**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 #: 65859701

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 | Pits 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 |
| 3858525374                 | 136    | 3          | 2078.80 | Y                         | N | 02/11/2023           | 6036R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 136    | 3          | 2078.80 |                           |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |         |          |  |          |       |  |
|---------------------|------|---------|------|---------|----------|--|----------|-------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |
| 136                 | ctns |         |      | 2078.80 |          | Comforters, Bedspreads   | 49017    | 200   |  |
|                     |      |         |      |         |          |  |          |       |  |
|                     |      |         |      |         |          |  |          |       |  |
|                     |      |         |      |         |          |  |          |       |  |
|                     |      |         |      |         |          |  |          |       |  |
|                     |      |         |      |         |          |  |          |       |  |
|                     |      |         |      |         |          |  |          |       |  |
| 136                 |      |         |      | 2078.80 |          | <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:  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: 06757163000767847  
  
 (402)06757163000767847

**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: 148038  
 Seal number(s): 8068679  
**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 #: 65859701

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 | PIts 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 |
| 4729444434                 | 51     | 1          | 493.00 | Y                         | N | 02/19/2023           | 6019A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 51     | 1          | 493.00 |                           |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |        |       |                        | PACKAGE     |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |                        |             |     |        |          |  |          |  |
| 36            | ctns |     |      | 454.87 |       | Comforters, Bedspreads | 49017       | 200 |        |          |  |          |  |
| 15            | ctns |     |      | 38.13  |       | Sheet Set & Pillowcase | 49390 Sub 4 | 175 |        |          |  |          |  |
| 51            |      |     |      | 493.00 |       | <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.

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

Bill of Lading Number: 06757163000767939  
  
 (402)06757163000767939

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

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 | 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 |
| 3608525654                 | 76     | 2         | 1186.36 | Y                        | N | 02/05/2023           | 6026R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 76     | 2         | 1186.36 |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |         |          |  |          |       |  |
|---------------------|------|---------|------|---------|----------|--|----------|-------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |
| 76                  | ctns |         |      | 1186.36 |          | Comforters, Bedspreads   | 49017    | 200   |  |
|                     |      |         |      |         |          |  |          |       |  |
|                     |      |         |      |         |          |  |          |       |  |
|                     |      |         |      |         |          |  |          |       |  |
|                     |      |         |      |         |          |  |          |       |  |
|                     |      |         |      |         |          |  |          |       |  |
|                     |      |         |      |         |          |  |          |       |  |
| 76                  |      |         |      | 1186.36 |          | <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.*

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

Bill of Lading Number: 06757163000767779  
  
 (402)06757163000767779

**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: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 3825793125                 | 58     | 1         | 335.78 | Y                         | N | 02/10/2023           | 6009A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 58     | 1         | 335.78 |                           |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |        |          |  |             |       |  |
|---------------------|------|---------|------|--------|----------|--|-------------|-------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |
| 19                  | ctns |         |      | 245.65 |          | Comforters, Bedspreads   | 49017       | 200   |  |
| 39                  | ctns |         |      | 90.13  |          | Sheet Set & Pillowcase   | 49390 Sub 4 | 175   |  |
| 58                  |      |         |      | 335.78 |          | <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.

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

Bill of Lading Number: 06757163000768110  
  
 (402)06757163000768110

**SHIP TO**  
 Name: Wal-Mart DC 7033A-ASM DIS Location #: 7033A  
 Address: 21215 Johnson Rd.  
 7033A  
 City/State/Zip: Apple Valley, CA 92307  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679

**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 #: 65859701

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 |
| 4809389878                 | 5      | 1          | 20.57  | Y                        | N | 02/04/2023           | 7033A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | 5      | 1          | 20.57  |                          |   |                      |                            |                        |                      |                         |

| HANDLING UNIT      |      |     |      |        |       |                | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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(a) of NMFC Item 360</small> | LTL ONLY |  |
|--------------------|------|-----|------|--------|-------|----------------|---------|------|--------|----------|--|----------|--|
| QTY                | TYPE | QTY | TYPE | NMFC # | CLASS |                |         |      |        |          |  |          |  |
| 5                  | ctns |     |      | 20.57  |       | Shower curtain | 49385   | 77.5 |        |          |  |          |  |
| <b>GRAND TOTAL</b> |      |     |      |        |       |                |         |      |        |          |  |          |  |

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

**COD Amount:** \$ \_\_\_\_\_  
**Fee Terms:** Collect:  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).**

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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 property 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: 06757163000768080  
  
 (402)06757163000768080

**SHIP TO**  
 Name: Wal-Mart DC 7026A - ASM DIS Location #: 7026A  
 Address: 945 North State Road 138  
 7026A  
 City/State/Zip: Grantsville, UT 84029  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 148038  
 Seal number(s): 8068679  
**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 #: 65859701

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 |
| 4509389181                 | 3        | 1         | 14.19        | Y                        | N | 02/05/2023           | 7026A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | <b>3</b> | <b>1</b>  | <b>14.19</b> |                          |   |                      |                            |                        |                      |                         |

| HANDLING UNIT      |      |     |      |        |       |                | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |     |      | 14.19  |       | Shower curtain | 49385   | 77.5 |        |          |  |          |  |
| <b>GRAND TOTAL</b> |      |     |      |        |       |                |         |      |        |          |  |          |  |

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

**COD Amount: \$** \_\_\_\_\_  
**Fee Terms:** Collect:  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**

|  |  |  |  |
|--|--|--|--|
| <b>SHIPPER SIGNATURE / DATE</b><br>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><br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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. |
|--|--|--|--|



