

Date: 2/14/2023 9:19:22 AM

# Master Bill Of Lading

Page 1 of 2

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000771363	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
		Div.:	
Address:	3485 Wineville Rd 6909	Trailer number:	155586
		Seal number(s):	8068606
City/State/Zip:	Jurupa Valley, CA 91752	SCAC:	WALM
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 66094442		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
9529963903	276	3183.14	Y	N	06757163000771301	7026A	
2858526199	84	1365.00	Y	N	06757163000771356	7033R	
1109399305	9	33.33	Y	N	06757163000771257	6019A	
3408525179	72	1170.00	Y	N	06757163000771325	7026R	
4809389959	18	64.35	Y	N	06757163000771349	7033A	
9074774362	532	8663.72	Y	N	06757163000771271	6036A	
3858525399	72	1170.00	Y	N	06757163000771295	6036R	
4509389257	12	40.59	Y	N	06757163000771318	7026A	
4729444496	383	5440.82	Y	N	06757163000771240	6019A	
5473665513	398	5068.69	Y	N	06757163000771332	7033A	
2809319291	13	46.09	Y	N	06757163000771288	6036A	
3308525809	48	780.00	Y	N	06757163000771264	6019R	
			Y	N			
<b>Grand Total</b>	1917	27025.73					

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

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

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

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

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

**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:39

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

**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.

carrier took ALL COPIES!

Date: 2/14/2023 9:19:22 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000771363	
Name: E & E COMPANY LTD			
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#: _____		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		CARRIER NAME: WAL-MART FLEET	
Name: Wal-Mart Centerpoint - 6909		DC#: 6909	
		Div. _____	
Address: 3485 Wineville Rd		Trailer number: 155586	
6909		Seal number(s): 8068606	
City/State/Zip: Jurupa Valley, CA 91752		SCAC: WALM	
SID#: _____		Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip: _____		Appointment Time _____ Actual Driver Arrival Time _____ Driver Departure Time _____ AM PM AM PM AM PM	
<b>SPECIAL INSTRUCTIONS:</b>			
Load #: 66094442			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
52	ctns			184.36		Shower curtain	49385	77.5
345	ctns			830.03		Sheet Set & Pillowcase	49390 Sub 4	175
1520	ctns			26011.34		Comforters, Bedspreads	49017	200
1917				27025.73		<b>Grand Total</b>		

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


<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;"><b>Shipper Signature</b></p>
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<p><b>SHIPPER SIGNATURE / DATE</b>  <small>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.</small></p> <p>Total Pallet: 39</p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b>  <small>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.</small></p>
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Date: 2/14/2023 9:20:09 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000771356	
Name:	E & E COMPANY LTD	 (402)06757163000771356	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET	
Name:	Wal-Mart DC 7033R-REGULAR Location #: 7033R	Trailer number: 155586	
Address:	21345 Johnson Rd. 7033R	Seal number(s): 8068606	
City/State/Zip:	Apple Valley, CA 92307	<b>SCAC:</b> WALM	
CID#:	FOB: <input type="checkbox"/>	Pro Number:	
Dept:	00022		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:		<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party	
City/State/Zip:		Master Bill of Lading: with attached underlying Bills of Lading	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	
Load #: 66094442		Actual Driver Arrival Time	
		Driver Departure Time	
		AM	
		PM	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
2858526199	84	2	1365.00	Y	N	02/14/2023	7033R	0020	00022	
<b>GRAND TOTAL</b>	84	2	1365.00							

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
84	ctns			1365.00		Comforters, Bedspreads	49017	200
84				1365.00		<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.

Date: 2/14/2023 9:20:30 AM

# Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000771349
Name: E & E COMPANY LTD		 (402)06757163000771349
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 7033A-ASM DIS	Location #: 7033A	Trailer number: 155586
Address: 21215 Johnson Rd.		Seal number(s): 8068606
7033A		
City/State/Zip: Apple Valley, CA 92307		SCAC: WALM
CID#: _____	FOB: <input type="checkbox"/>	Pro Number: _____
Dept: 00020		

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

SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 66094442		<input type="checkbox"/> (check box)	Master Bill of Lading: with attached underlying Bills of Lading	
		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
4809389959	18	1	64.35	Y	N	02/14/2023	7033A	0033	00020	
<b>GRAND TOTAL</b>	18	1	64.35							

HANDLING UNIT						PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS							
18	ctns			64.35		Shower curtain	49385	77.5				
18				64.35		<b>GRAND TOTAL</b>						

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>
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Date: 2/14/2023 9:20:49 AM

# Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000771288
Name: E & E COMPANY LTD	 (402)06757163000771288	
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____ FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 6036A-ASM DIS Location #: 6036A	Trailer number: 155586 Seal number(s): 8068606 SCAC: WALM Pro Number:	
Address: 8660 South US Hwy 79 6036A		
City/State/Zip: Palestine, TX 75803		
CID#: _____ FOB: <input type="checkbox"/>		
Dept: 00020		

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

SPECIAL INSTRUCTIONS:		Master Bill of Lading: with attached underlying Bills of Lading		
Load #: 66094442	<input type="checkbox"/> (check box)	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
2809319291	13	1	46.09	Y	N	02/21/2023	6036A	0033	00020	
<b>GRAND TOTAL</b>	<b>13</b>	<b>1</b>	<b>46.09</b>							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
13	ctns			46.09		Shower curtain	49385	77.5	
13				46.09		<b>GRAND TOTAL</b>			

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


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <div style="text-align: right;"><b>Shipper Signature</b></div>
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<b>SHIPPER SIGNATURE / DATE</b> <small>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.</small>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>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.</small>
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Date: 2/14/2023 9:21:08 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000771325
Name: E & E COMPANY LTD		 (402)06757163000771325
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET
Name: Wal-Mart DC 7026R - REGULAR	Location #: 7026R	Trailer number: 155586
Address: 917 North State Road 138		Seal number(s): 8068606
	7026R	<b>SCAC:</b> WALM
City/State/Zip: Grantsville, UT 84029		<b>Pro Number:</b>
CID#: _____	FOB: <input type="checkbox"/>	
Dept: 00022		

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

City/State/Zip:	<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>
	Prepaid                      Collect <input checked="" type="checkbox"/> 3rd Party

SPECIAL INSTRUCTIONS: Load #: 66094442	<input type="checkbox"/> Master Bill of Lading: with attached	
	<input type="checkbox"/> (check box) underlying Bills of Lading	
Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
3408525179	72	2	1170.00	Y	N	02/15/2023	7026R	0020	00022	
<b>GRAND TOTAL</b>	<b>72</b>	<b>2</b>	<b>1170.00</b>							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
72	ctns			1170.00		Comforters, Bedspreads	49017	200	
				<b>GRAND TOTAL</b>					

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


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <p style="text-align: right;"><b>Shipper Signature</b></p>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>
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Date: 2/14/2023 9:21:27 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000771271	
Name:	E & E COMPANY LTD	 (402)06757163000771271	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart DC 6036A-ASM DIS Location #: 6036A	Trailer number: 155586	
Address:	8660 South US Hwy 79 6036A	Seal number(s): 8068606	
City/State/Zip:	Palestine, TX 75803	SCAC: WALM	
CID#:	FOB: <input type="checkbox"/>	Pro Number:	
Dept:	00022		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party	
Address:		Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		<input type="checkbox"/> (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 66094442		AM	AM
		PM	PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
9074774362	532	9	8663.72	Y	N	02/21/2023	6036A	0033	00022	
<b>GRAND TOTAL</b>	<b>532</b>	<b>9</b>	<b>8663.72</b>							

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
442	ctns			8445.73		Comforters, Bedspreads	49017	200
90	ctns			217.99		Sheet Set & Pillowcase	49390 Sub 4	175
532				8663.72		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

\*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \$ \_\_\_\_\_

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain By Driver/Pieces

## CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Date: 2/14/2023 9:21:48 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 7033A-ASM DIS Location #: 7033A
Address:	221 Hanson Way	Address:	21215 Johnson Rd. 7033A
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Apple Valley, CA 92307
SID#:		CID#:	
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Name:	
Address:		Address:	
City/State/Zip:		Name:	
SPECIAL INSTRUCTIONS:		Address:	
Load #: 66094442		City/State/Zip:	
		SPECIAL INSTRUCTIONS:	
		Load #: 66094442	

Bill of Lading Number: 06757163000771332



(402)06757163000771332

CARRIER NAME: WAL-MART FLEET

Trailer number: 155586

Seal number(s): 8068606

SCAC: WALM

Pro Number:

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

Prepaid  Collect  3rd Party 
 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
5473665513	398	7	5068.69	Y	N	02/14/2023	7033A	0033	00022	
<b>GRAND TOTAL</b>	<b>398</b>	<b>7</b>	<b>5068.69</b>							

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
300	ctns			4832.09		Comforters, Bedspreads	49017	200
98	ctns			236.60		Sheet Set & Pillowcase	49390 Sub 4	175
398				5068.69		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \$ \_\_\_\_\_

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:

 By Shipper  
 By Driver/pallets said to contain  
 By Driver/Pieces

## CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Date: 2/14/2023 9:22:12 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 7026A - ASM DIS Location #: 7026A
Address:	221 Hanson Way	Address:	945 North State Road 138 7026A
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Grantsville, UT 84029
SID#:		CID#:	
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Name:	
Address:		Address:	
City/State/Zip:		Name:	
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Load #: 66094442		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
		Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
4509389257	12	1	40.59	Y	N	02/15/2023	7026A	0033	00020	
<b>GRAND TOTAL</b>	12	1	40.59							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
12	ctns			40.59		Shower curtain	49385	77.5	
12				40.59		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	<b>COD Amount: \$</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> <b>Customer check acceptable:</b> <input type="checkbox"/>
---	--

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	<b>Shipper Signature</b>
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.		

Date: 2/14/2023 9:22:31 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 7026A - ASM DIS Location #: 7026A
Address:	221 Hanson Way	Address:	945 North State Road 138 7026A
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Grantsville, UT 84029
SID#:		CID#:	
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
SPECIAL INSTRUCTIONS: Load #: 66094442		CARRIER NAME: WAL-MART FLEET	
		Trailer number: 155586	
		Seal number(s): 8068606	
		SCAC: WALM	
		Pro Number:	
		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
		Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
9529963903	276	5	3183.14	Y	N	02/15/2023	7026A	0033	00022	
<b>GRAND TOTAL</b>	<b>276</b>	<b>5</b>	<b>3183.14</b>							

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
190	ctns			2973.46		Comforters, Bedspreads	49017	200		
86	ctns			209.68		Sheet Set & Pillowcase	49390 Sub 4	175		
276				3183.14		<b>GRAND TOTAL</b>				

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:

\*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \$ \_\_\_\_\_

Fee Terms:

Collect: Prepaid: Customer check acceptable: **NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. · 14706(c)(1)(A) and (B).**

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain By Driver/Pieces


## CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Date: 2/14/2023 9:23:04 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000771295	
Name:	E & E COMPANY LTD	 (402)06757163000771295	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart DC 6036R-REGULAR Location #: 6036R	Trailer number: 155586	
Address:	8660 South US Hwy 79 6036R	Seal number(s): 8068606	
City/State/Zip:	Palestine, TX 75803	SCAC: WALM	
CID#:	FOB: <input type="checkbox"/>	Pro Number:	
Dept:	00022		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party	
Address:		Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		<input type="checkbox"/> (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 66094442		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
3858525399	72	2	1170.00	Y	N	02/21/2023	6036R	0020	00022	
<b>GRAND TOTAL</b>	<b>72</b>	<b>2</b>	<b>1170.00</b>							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
72	ctns			1170.00		Comforters, Bedspreads	49017	200	
72				1170.00		<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.

Date: 2/14/2023 9:23:52 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000771264
Name: E & E COMPANY LTD		 (402)06757163000771264
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____ FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 6019R - REGULAR Location #: 6019R		Trailer number: 155586
Address: 7506 East Crossroads Boulevard		Seal number(s): 8068606
6019R		
City/State/Zip: Loveland, CO 80538		SCAC: WALM
CID#: _____ FOB: <input type="checkbox"/>		Pro Number:
Dept: 00022		

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

SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 66094442		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
3308525809	48	1	780.00	Y	N	03/01/2023	6019R	0020	00022	
<b>GRAND TOTAL</b>	<b>48</b>	<b>1</b>	<b>780.00</b>							

HANDLING UNIT						PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS							
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. · 14706(c)(1)(A) and (B).**

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

<b>SHIPPER SIGNATURE / DATE</b> 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:                      Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>
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Date: 2/14/2023 9:24:10 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 6019A - ASM DIS Location #: 6019A
Address:	221 Hanson Way	Address:	7504 East Crossroads Boulevard 6019A
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Loveland, CO 80538
SID#:		CID#:	
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
SPECIAL INSTRUCTIONS: Load #: 66094442		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>	
		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
		Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM



(402)06757163000771257

CARRIER NAME: WAL-MART FLEET

Trailer number: 155586

Seal number(s): 8068606

SCAC: WALM

Pro Number:

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

## 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
1109399305	9	1	33.33	Y	N	03/01/2023	6019A	0033	00020	
<b>GRAND TOTAL</b>	<b>9</b>	<b>1</b>	<b>33.33</b>							

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
9	ctns			33.33		Shower curtain	49385	77.5
9				33.33		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:

\*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \$ \_\_\_\_\_

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain By Driver/Pieces

## CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Date: 2/14/2023 9:24:41 AM

# Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757163000771240



**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: 155586  
 Seal number(s): 8068606

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 #: 66094442

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
4729444496	383	7	5440.82	Y	N	03/01/2023	6019A	0033	00022	
<b>GRAND TOTAL</b>	383	7	5440.82							

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
71	ctns			165.76		Sheet Set & Pillowcase	49390 Sub 4	175
312	ctns			5275.06		Comforters, Bedspreads	49017	200
383				5440.82		<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.*