

Date: 3/2/2023 4:02:54 PM

Master Bill Of Lading

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| | | | |
|---|--|--|--|
| SHIP FROM | | Master Bill of Lading Number: 06757168000903967 | |
| Name: E & E COMPANY LTD | | | |
| Address: 311 International Trade Pkwy | | | |
| City/State/Zip: Port Wentworth, GA 31407 | | | |
| SID#: _____ FOB: <input type="checkbox"/> | | | |
| SHIP TO | | CARRIER NAME: WAL-MART FLEET | |
| Name: Consolidation Dock 7101 | | Trailer number: 182194 | |
| DC#: 7101 | | Seal number(s): 36585543 | |
| Div.: | | SCAC: WALM | |
| Address: 1200 Mason Dixon Ln | | Pro Number: | |
| 7101 | | | |
| City/State/Zip: Conley, GA 30288 | | | |
| SID#: _____ FOB: <input type="checkbox"/> | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
| Name: | | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> | |
| Address: | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED | |
| City/State/Zip: | | <input type="checkbox"/> UNDERLYING BILLS OF LANDING | |
| SPECIAL INSTRUCTIONS: Load #: 86530691 | | Appointment Time | |
| | | Actual Driver Arrival Time | |
| | | Driver Departure Time | |
| | | AM PM AM PM AM PM | |

| CUSTOMER ORDER INFORMATION | | | | | | |
|----------------------------|------------|------------|--------------------------|---|-------------------|---------------------------------------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLE ONE) | | BOL# | ADDITIONAL SHIPPER INFO DC# Supplier# |
| 2859319548 | 6 | 19.14 | Y | N | 06757168000903776 | 6094A |
| 4608525697 | 36 | 585.00 | Y | N | 06757168000903868 | 6027R |
| 8475643628 | 470 | 7574.21 | Y | N | 06757168000903912 | 8048A |
| 9325044234 | 288 | 3712.49 | Y | N | 06757168000903943 | 6094A |
| Grand Total | | 1797 | 24960.05 | | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|------|---------|------|------------|----------|---|----------|-----------|
| HANDLING UNIT | | PACKAGE | | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION <small>Commodity requiring special or additional care or attention in handling or stowage, such as to be so marked and packaged as to ensure safe transportation with ordinary care. See Section 506 of HMF 2, Item 300.</small> | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 231 | ctns | | | 560.79 | | Sheet Set & Pillowcase | 49390 | Sub 4 175 |
| 49 | ctns | | | 180.29 | | Shower curtain | 49385 | 77.5 |
| 1517 | ctns | | | 24218.97 | | Comforters, Bedspreads | 49017 | 200 |
| Grand Total | | | | 1797 | | | | |

When the value 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 move delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

| | | |
|---|--|--|
| SHIPPER SIGNATURE / DATE <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> | Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces |
|---|--|--|



Total Pallets: 42

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.

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Bill Of Lading

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| | | | | | | | | | |
|---|----------------|---|-----------------|--|-----------------------------|---|-------------------------------|-----------------------------|--------------------------------|
| SHIP FROM | | Bill of Lading Number: 06757168000903882 | | | | | | | |
| Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/> | |  (402)06757168000903882 | | | | | | | |
| SHIP TO | | CARRIER NAME: WAL-MART FLEET | | | | | | | |
| Name: Wal-Mart DC 6094R-REGULAR Location #: 6094R Address: 5821 Sw Regional Airport Blvd 6094R City/State/Zip: Bentonville, AR 72712 CID#: _____ FOB: <input type="checkbox"/> Dept: 00022 | | Trailer number: 182194 Seal number(s): 36585543 SCAC: WALM Pro Number:  | | | | | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid Collect X 3rd Party <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time Actual Driver Arrival Time Driver Departure Time AM AM AM PM PM PM | | | | | | | |
| Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Load #: 66630691 | | | | | | | | | |
| 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 |
| 4658525469 | 12 | 0 | 195.00 | Y N | 03/05/2023 | 6094R | 0020 | 00022 | |
| GRAND TOTAL | 12 | 0 | 195.00 | | | | | | |
| CARRIER INFORMATION | | | | | | | | | |
| HANDLING UNIT | PACKAGE | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION | LTL ONLY | | | | |
| QTY | TYPE | QTY | TYPE | <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 214 of 49 CFR, Item 303.</small> | NMFC # | CLASS | | | |
| 12 | ctns | | | Comforters, Bedspreads | 49017 | 200 | | | |
| 12 | | 195.00 | | GRAND TOTAL | | | | | |
| <small>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 _____</small> | | | | COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> | | | | | |
| NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. · 14706(c)(1)(A) and (B). | | | | | | | | | |
| <small>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.</small> | | | | <small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small> Shipper Signature _____ | | | | | |
| SHIPPER SIGNATURE / DATE <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> | | Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | | CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required manifests. Carrier certifies emergency response information was made available to the carrier from the DOT emergency response website or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small> | | | |

Order No.: 6951344 **Order Date:** 02/24/2023 **Customer:** WALMART **Customer PO No.:** 4658525469
PO Type No.: 0020 **Location No.:** 6094R **Dept. No.:** 00022

SHIP FROM:
E & E COMPANY LTD
311 INTERNATIONAL TRADE PKWY
PORT WENTWORTH, GA 31407

BILL TO:
WAL-MART STORE
1108 SE 10TH STREET
ATTN: A/P DEPT.
BENTONVILLE, AR 72716

SHIP TO:
WAL-MART DC 6094R-REGULAR
5821 SW REGIONAL AIRPORT BLVD
BENTONVILLE, AR 72712

| Customer SKU Number | Item Number | UPC | Description | UOM | Case Pack Qty | Qty Ordered | Cartons Ordered | Qty Shipped | Cartons Shipped |
|---------------------|-----------------|--------------|-------------------------|-----|---------------|-------------|-----------------|-------------|-----------------|
| 577082886 | MS9944409622-35 | 086569318725 | K Burgndy Comforter Set | EA | 1 | 12 | 12 | 12 | 12 |

Total Quantity Ordered: 12
Total Ordered: 12
Total Quantity Shipped: 12
Total Cartons Shipped: 12