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**Order No.:** 6958768      **Order Date:** 03/03/2023      **Customer:** WALMART      **Customer PO No.:** 3708526326  
**PO Type No.:** 0020      **Location No.:** 6030R      **Dept. No.:** 00022

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**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 6030R - REGULAR  
42-R FREETOWN ROAD  
RAYMOND, NH 03077

| 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              |

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

|  |            |   |   |   |  |   |       |
|--|------------|---|---|---|--|---|-------|
| Date: 3/9/2023 10:25:57 AM   |            | <b>Master Bill Of Lading</b>  |   | Page 1 of 2   |  |   |       |
| <b>SHIP FROM</b>   |            |   | Master Bill of Lading Number: 06757168000905428   |   |  |   |       |
| Name: E & E COMPANY LTD<br>Address: 311 International Trade Pkwy<br>City/State/Zip: Port Wentworth, GA 31407<br>SID#: _____ FOB: <input type="checkbox"/>  |            |   |   |   |  |   |       |
| <b>SHIP TO</b>   |            |   | CARRIER NAME: WAL-MART FLEET  |   |  |   |       |
| Name: Consolidation Dock 7101 DCF: 7101 Div.<br>Address: 1203 Mason Dixon Ln<br>7101<br>City/State/Zip: Conley, GA 30288<br>SID#: _____ FOB: <input type="checkbox"/>  |            |   | Trailer number: 157242<br>Seal number(s): 36585525  |   |  |   |       |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>  |            |   | SCAC: WALM<br>Pro Number:   |   |  |   |       |
| Name:<br>Address:<br>City/State/Zip:   |            |   | Freight Charge Terms:<br>Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> |   |  |   |       |
| SPECIAL INSTRUCTIONS:<br>Load #: 86731401  |            |   | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED<br>(check box) UNDERLYING BILLS OF LANDING                        |   |  |   |       |
|  |            | Appointment Time<br>AM<br>PM  | Actual Driver Arrival Time<br>AM<br>PM  | Driver Departure Time<br>AM<br>PM   |  |   |       |
| <b>CUSTOMER ORDER INFORMATION</b>  |            |   |   |   |  |   |       |
| CUSTOMER ORDER NUMBER  | # PKGS CTN | WEIGHT LBS  | PALLET/SLIP (CIRCLE ONE)  | BOL#  | ADDITIONAL SHIPPER INFO DCF# Supplier# |   |       |
| 1009359531   | 8          | 31.02   | Y N   | 06757168000905350   | 6068A                                  |   |       |
| 9879190474   | 3          | 9.57  | Y N   | 06757168000905404   | 7035A                                  |   |       |
| 4108525509   | 24         | 390.00  | Y N   | 06757168000905367   | 6066R                                  |   |       |
| 3708526326   | 12         | 195.00  | Y N   | 06757168000905336   | 6030R                                  |   |       |
| 4859389205   | 26         | 115.72  | Y N   | 06757168000905312   | 6030A                                  |   |       |
| 9325044309   | 218        | 2591.46   | Y N   | 06757168000905374   | 6094A                                  |   |       |
| 9773290682   | 218        | 2027.27   | Y N   | 06757168000905396   | 7035A                                  |   |       |
| 9624934369   | 653        | 8964.43   | Y N   | 06757168000905343   | 6066A                                  |   |       |
| 1424704749   | 748        | 9148.74   | Y N   | 06757168000905329   | 6030A                                  |   |       |
| 2859319591   | 6          | 18.14   | Y N   | 06757168000905381   | 6094A                                  |   |       |
| <b>Grand Total</b>   | 1916       | 23512.35  |   |   |  |   |       |
| <b>CARRIER INFORMATION</b>   |            |   |   |   |  |   |       |
| HANDLING UNIT  |            | PACKAGE   |   | COMMODITY DESCRIPTION   |  | LTL ONLY  |       |
| QTY  | TYPE       | QTY   | TYPE  | WEIGHT LBS  | H.M. (X)                               | NMFC #  | CLASS |
| 43   | ctns       |   |   | 175.45  |  | 49385   | 77.5  |
| When the rate is dependent on value, shippers are required to detail specifically in writing the agreed or declared value of the property as follows:<br>The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____  |            |   |   | COD Amount \$ _____<br>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>Customer check acceptable: <input type="checkbox"/>                |  |   |       |
| <b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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 Pallets: 26  |            | <b>Trailer Loaded:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver |   | <b>Freight Counted:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets sold to consignee<br><input type="checkbox"/> By Driver/Pieces |  | <b>SHIPPER 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. |       |