

Date: 3/6/2023 11:44:30 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000778232
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

<b>SHIP TO</b>		<b>CARRIER NAME:</b> Covenant Transport
Name:	Wal-Mart Centerpoint - 6909	DC#: 6909
		Div.
Address:	3485 Wineville Rd	Trailer number: 777
	6909	Seal number(s): 2149262
City/State/Zip:	Jurupa Valley, CA 91752	SCAC: CVEN
SID#:	FOB: <input type="checkbox"/>	Pro Number:

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
<b>SPECIAL INSTRUCTIONS:</b> Loading 10:45 - 12:05pm		Appointment Time	Actual Driver Arrival Time
Load #: 25642448		12 AM/PM	10:07 AM/PM
		Driver Departure Time	12:15 AM/PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1874624619	537	8215.90	Y	N	06757163000776740	6016A	
3208525166	24	390.00	Y	N	06757163000776757	6069R	
3608525718	36	585.00	Y	N	06757163000776764	6026R	
4458525982	24	390.00	Y	N	06757163000776788	6021R	
4508526170	60	975.00	Y	N	06757163000776771	6016R	
4525473971	367	4755.02	Y	N	06757163000776795	6021A	
5214189510	18	74.47	Y	N	06757163000776801	6026A	
5913799518	9	44.88	Y	N	06757163000776825	6021A	
6316067240	15	59.40	Y	N	06757163000776818	6069A	
6575024305	347	4779.24	Y	N	06757163000776849	6026A	
7409049840	18	85.14	Y	N	06757163000776832	6016A	
9225163790	343	4153.65	Y	N	06757163000776856	6069A	
			Y	N			
<b>Grand Total</b>	1798	24507.70					

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.


<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. Total Pallets: 39 <i>[Signature]</i> 3/6/23	<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>[Signature]</i>
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Date: 3/6/2023 11:36:04 AM

# Bill Of Lading

<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757163000776832
<b>Name:</b> E & E COMPANY LTD	 (402)06757163000776832	
<b>Address:</b> 221 Hanson Way		
<b>City/State/Zip:</b> Woodland, CA 95776		
<b>SID#:</b> <input type="checkbox"/> <b>FOB:</b>		

<b>SHIP TO</b>		<b>CARRIER NAME:</b> Covenant Transport
<b>Name:</b> Wal-Mart DC 6016A - ASM DIS	<b>Location #:</b> 6016A	<b>Trailer number:</b> 777
<b>Address:</b> 3920 lh 35 North	6016A	<b>Seal number(s):</b> 2149262
<b>City/State/Zip:</b> New Braunfels, TX 78130		<b>SCAC:</b> CVEN
<b>CID#:</b> <input type="checkbox"/> <b>FOB:</b>		<b>Pro Number:</b>
<b>Dept:</b> 00020		

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

<b>SPECIAL INSTRUCTIONS:</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>
<b>Load #:</b> 25642448	<b>PM</b>	<b>PM</b>	<b>PM</b>

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
7409049840	18	1	85.14	Y	N	03/17/2023	6016A	0033	00020	
<b>GRAND TOTAL</b>	18	1	85.14							

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	
18	ctns			85.14		Shower curtain	49385	77.5	
18				85.14		<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> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <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).**

<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>                  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.</p>	<p><b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p><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</p>	<p><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></p>
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Date: 3/6/2023 11:36:25 AM

# Bill Of Lading

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

Bill of Lading Number: 06757163000776795  
  
 (402)06757163000776795

**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:** Covenant Transport  
 Trailer number: 777  
 Seal number(s): 2149262

**SCAC:** CVEN  
**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 #: 25642448

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
4525473971	367	7	4755.02	Y	N	03/07/2023	6021A	0033	00022	
<b>GRAND TOTAL</b>	367	7	4755.02							

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		
318	ctns			4645.86		Comforters, Bedspreads	49017	200		
49	ctns			109.16		Sheet Set & Pillowcase	49390 Sub 4	175		
367				4755.02		<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.*

Date: 3/6/2023 11:36:56 AM

# Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000776788
Name: E & E COMPANY LTD		 (402)06757163000776788
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Covenant Transport
Name: Wal-Mart DC 6021R - Regular	Location #: 6021R	Trailer number: 777
Address: 1005 South H Street		Seal number(s): 2149262
6021R		
City/State/Zip: Porterville, CA 93257		SCAC: CVEN
CID#: _____	FOB: <input type="checkbox"/>	Pro Number: _____
Dept: 00022		

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

SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading	
Load #: 25642448		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
4458525982	24	1	390.00	Y	N	03/07/2023	6021R	0020	00022	
<b>GRAND TOTAL</b>	<b>24</b>	<b>1</b>	<b>390.00</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		
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 _____	<b>COD Amount: \$</b> _____ <b>Fee Terms:</b> 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.  <div style="text-align: right;"><b>Shipper Signature</b></div>
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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: 3/6/2023 11:37:22 AM

# Bill Of Lading

<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757163000776740
Name: E & E COMPANY LTD		 (402)06757163000776740
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

<b>SHIP TO</b>		<b>CARRIER NAME:</b> Covenant Transport
Name: Wal-Mart DC 6016A - ASM DIS	Location #: 6016A	Trailer number: 777
Address: 3920 1h 35 North		Seal number(s): 2149262
6016A		
City/State/Zip: New Braunfels, TX 78130		<b>SCAC:</b> CVEN
CID#: _____	FOB: <input type="checkbox"/>	<b>Pro Number:</b>
Dept: 00022		

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

<b>SPECIAL INSTRUCTIONS:</b>		<input type="checkbox"/> Master Bill of Lading: with attached	
Load #: 25642448		(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
1874624619	537	10	8215.90	Y	N	03/17/2023	6016A	0033	00022	
<b>GRAND TOTAL</b>	<b>537</b>	<b>10</b>	<b>8215.90</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		
64	ctns			143.79		Sheet Set & Pillowcase	49390 Sub 4	175		
473	ctns			8072.11		Comforters, Bedspreads	49017	200		
537				8215.90		<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"/> 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>
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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: 3/6/2023 11:37:48 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: 06757163000776818  
  
 (402)06757163000776818

**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: 00020

**CARRIER NAME:** Covenant Transport  
 Trailer number: 777  
 Seal number(s): 2149262

**SCAC:** CVEN  
**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 #: 25642448

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	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
6316067240	15	1	59.40	Y	N	03/16/2023	6069A	0033	00020	
<b>GRAND TOTAL</b>	15	1	59.40							

**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
15	ctns			59.40		Shower curtain	49385	77.5
15				59.40		<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: 3/6/2023 11:38:11 AM

# Bill Of Lading

<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757163000776801
<b>Name:</b> E & E COMPANY LTD	 (402)06757163000776801	
<b>Address:</b> 221 Hanson Way		
<b>City/State/Zip:</b> Woodland, CA 95776		
<b>SID#:</b> <input type="checkbox"/> <b>FOB:</b> <input type="checkbox"/>		

<b>SHIP TO</b>		<b>CARRIER NAME:</b> Covenant Transport
<b>Name:</b> Wal-Mart DC 6026A - ASM DIS	<b>Location #:</b> 6026A	<b>Trailer number:</b> 777
<b>Address:</b> 10817 HWY 99W		<b>Seal number(s):</b> 2149262
	<b>6026A</b>	
<b>City/State/Zip:</b> Red Bluff, CA 96080		<b>SCAC:</b> CVEN
<b>CID#:</b> <input type="checkbox"/> <b>FOB:</b> <input type="checkbox"/>		<b>Pro Number:</b>
<b>Dept:</b> 00020		

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

<b>SPECIAL INSTRUCTIONS:</b> Load #: 25642448	<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading	
	(check box)		
	<b>Appointment Time</b>	<b>Actual Driver Arrival Time</b>	<b>Driver Departure Time</b>
	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
5214189510	18	1	74.47	Y	N	03/08/2023	6026A	0033	00020	
<b>GRAND TOTAL</b>	18	1	74.47							

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		
18	ctns			74.47		Shower curtain	49385	77.5		
18				74.47		<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>      <b>Collect:</b> <input type="checkbox"/>      <b>Prepaid:</b> <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).**

<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>                  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.</p>	<p><b>Trailer Loaded:</b>      <b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper      <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver      <input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>	<p><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></p>
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Date: 3/6/2023 11:38:38 AM

# Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000776849
Name: E & E COMPANY LTD	 (402)06757163000776849	
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____ FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: Covenant Transport
Name: Wal-Mart DC 6026A - ASM DIS Location #: 6026A	Trailer number: 777 Seal number(s): 2149262 SCAC: CVEN Pro Number:	
Address: 10817 HWY 99W		
City/State/Zip: Red Bluff, CA 96080		
CID#: _____ Dept: 00022 FOB: <input type="checkbox"/>		

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 #: 25642448	<input type="checkbox"/> (check box)	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		AM PM	AM PM	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
6575024305	347	7	4779.24	Y	N	03/08/2023	6026A	0033	00022	
<b>GRAND TOTAL</b>	<b>347</b>	<b>7</b>	<b>4779.24</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	
310	ctns			4691.21		Comforters, Bedspreads	49017	200	
37	ctns			88.03		Sheet Set & Pillowcase	49390 Sub 4	175	
347				4779.24		<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>
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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.	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	<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: 3/6/2023 11:39:00 AM

# Bill Of Lading

<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757163000776764
<b>Name:</b> E & E COMPANY LTD	 (402)06757163000776764	
<b>Address:</b> 221 Hanson Way		
<b>City/State/Zip:</b> Woodland, CA 95776		
<b>SID#:</b> <input type="checkbox"/> <b>FOB:</b>		

<b>SHIP TO</b>		<b>CARRIER NAME:</b> Covenant Transport
<b>Name:</b> Wal-Mart DC 6026R - Regular	<b>Location #:</b> 6026R	<b>Trailer number:</b> 777
<b>Address:</b> 10813 HWY 99W	<b>City/State/Zip:</b> Red Bluff, CA 96080	<b>Seal number(s):</b> 2149262
<b>6026R</b>	<b>CID#:</b> <input type="checkbox"/> <b>FOB:</b>	<b>SCAC:</b> CVEN
<b>Dept:</b> 00022		<b>Pro Number:</b>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>					
<b>Name:</b>					
<b>Address:</b>					
<b>City/State/Zip:</b>					
<b>SPECIAL INSTRUCTIONS:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>			
<b>Load #:</b> 25642448		<table style="width:100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/> <b>Prepaid</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/> <b>Collect</b></td> <td style="text-align: center;"><input type="checkbox"/> <b>3rd Party</b></td> </tr> </table>	<input type="checkbox"/> <b>Prepaid</b>	<input checked="" type="checkbox"/> <b>Collect</b>	<input type="checkbox"/> <b>3rd Party</b>
<input type="checkbox"/> <b>Prepaid</b>	<input checked="" type="checkbox"/> <b>Collect</b>	<input type="checkbox"/> <b>3rd Party</b>			

<input type="checkbox"/> <b>Master Bill of Lading: with attached underlying Bills of Lading</b>	
(check box)	
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
3608525718	36	1	585.00	Y	N	03/08/2023	6026R	0020	00022	
<b>GRAND TOTAL</b>	<b>36</b>	<b>1</b>	<b>585.00</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		
36	ctns			585.00		Comforters, Bedspreads	49017	200		
<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> <input type="checkbox"/> <b>Collect:</b> <input type="checkbox"/> <input type="checkbox"/> <b>Prepaid:</b> <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.
--	---

**Shipper Signature**


<p><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.</p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>
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**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: 3/6/2023 11:39:22 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000776825
Name: E & E COMPANY LTD		 (402)06757163000776825
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Covenant Transport
Name: Wal-Mart DC 6021A - ASM DIS	Location #: 6021A	Trailer number: 777
Address: 1005 South H Street	6021A	Seal number(s): 2149262
City/State/Zip: Porterville, CA 93257		SCAC: CVEN
CID#: _____	FOB: <input type="checkbox"/>	Pro Number:
Dept: 00020		

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

SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading		
Load #: 25642448		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		AM PM	AM PM	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
5913799518	9	1	44.88	Y	N	03/07/2023	6021A	0033	00020	
<b>GRAND TOTAL</b>	<b>9</b>	<b>1</b>	<b>44.88</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			44.88		Shower curtain	49385	77.5	
9				44.88		<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: <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>
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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.	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: 3/6/2023 11:39:40 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757163000776856
<b>Name:</b> E & E COMPANY LTD		 (402)06757163000776856
<b>Address:</b> 221 Hanson Way		
<b>City/State/Zip:</b> Woodland, CA 95776		
<b>SID#:</b>	<b>FOB:</b> <input type="checkbox"/>	

<b>SHIP TO</b>		<b>CARRIER NAME:</b> Covenant Transport
<b>Name:</b> Wal-Mart DC 6069A-ASM DIS	<b>Location #:</b> 6069A	<b>Trailer number:</b> 777
<b>Address:</b> 1200 Matlock Drive		<b>Seal number(s):</b> 2149262
6069A		
<b>City/State/Zip:</b> St. James, MO 65559		<b>SCAC:</b> CVEN
<b>CID#:</b>	<b>FOB:</b> <input type="checkbox"/>	<b>Pro Number:</b>
<b>Dept:</b> 00022		

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

<b>SPECIAL INSTRUCTIONS:</b>	<input type="checkbox"/> Master Bill of Lading: with attached									
<b>Load #:</b> 25642448	(check box) underlying Bills of Lading									
	<table border="1" style="width:100%"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td style="text-align:center">AM</td> <td style="text-align:center">AM</td> <td style="text-align:center">AM</td> </tr> <tr> <td style="text-align:center">PM</td> <td style="text-align:center">PM</td> <td style="text-align:center">PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time								
AM	AM	AM								
PM	PM	PM								

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
9225163790	343	6	4153.65	Y	N	03/16/2023	6069A	0033	00022	.
<b>GRAND TOTAL</b>	<b>343</b>	<b>6</b>	<b>4153.65</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		
296	ctns			4042.18		Comforters, Bedspreads	49017	200		
47	ctns			111.47		Sheet Set & Pillowcase	49390 Sub 4	175		
343				4153.65		<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: 3/6/2023 11:40:05 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757163000776771
<b>Name:</b> E & E COMPANY LTD <b>Address:</b> 221 Hanson Way <b>City/State/Zip:</b> Woodland, CA 95776 <b>SID#:</b>	<b>FOB:</b> <input type="checkbox"/>	 (402)06757163000776771

<b>SHIP TO</b>		<b>CARRIER NAME:</b> Covenant Transport
<b>Name:</b> Wal-Mart DC 6016R - Regular <b>Location #:</b> 6016R <b>Address:</b> 3930 1h 35 North 6016R <b>City/State/Zip:</b> New Braunfels, TX 78130 <b>CID#:</b> <b>Dept:</b> 00022	<b>FOB:</b> <input type="checkbox"/>	<b>Trailer number:</b> 777 <b>Seal number(s):</b> 2149262 <b>SCAC:</b> CVEN <b>Pro Number:</b>

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

<b>SPECIAL INSTRUCTIONS:</b> Load #: 25642448	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%;">Appointment Time</td> <td style="width: 33%;">Actual Driver Arrival Time</td> <td style="width: 33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time								
AM	AM	AM								
PM	PM	PM								

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Plts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)	Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info	
4508526170	60	2	975.00	Y   N	03/17/2023	6016R	0020	00022		
<b>GRAND TOTAL</b>	60	2	975.00							

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		
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 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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# OA Logistics

## Detention Waiver

Dear Carrier,

- You have arrived late and missed your scheduled appointment time. Every effort will be made to fit you into our schedule but please be advised that OA Logistics will NOT be responsible for any detention charges. If you wish you can make another appointment and reschedule if this is not acceptable.
- You have arrived early for your scheduled appointment. Please be advised that your loading time begins at your scheduled appointment time and OA Logistics will not be responsible for detention.

Date: 3-6-23

Carrier: Covenant Transportation

B/L Number: 25642448

Scheduled Appointment time: 12:00

Arrival Time: 10:01 Am

Driver Signature: 

OA Logistics Signature: 