

|  |                            |  |  |                  |                            |                       |               |
|--|----------------------------|--|--|------------------|----------------------------|-----------------------|---------------|
| <b>SHIP FROM</b>   |                            | Master Bill of Lading Number: 06757163000774944  |  |                  |                            |                       |               |
| Name: E & E COMPANY LTD<br>Address: 221 Hanson Way<br>City/State/Zip: Woodland, CA 95776<br>SID#: _____ FOB: <input type="checkbox"/>  |                            |  |  |                  |                            |                       |               |
| <b>SHIP TO</b>   |                            | CARRIER NAME: WAL-MART FLEET   |  |                  |                            |                       |               |
| Name: Wal-Mart Centerpoint - 6909 DC#: 6909<br>Div. _____<br>Address: 3485 Wineville Rd 6909<br>City/State/Zip: Jurupa Valley, CA 91752<br>SID#: _____ FOB: <input type="checkbox"/> |                            | Trailer number: 182506<br>Seal number(s): 8068636<br>SCAC: WALM<br>Pro Number: _____   |  |                  |                            |                       |               |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>  |                            | Freight Charge Terms:  |  |                  |                            |                       |               |
| Name: _____<br>Address: _____<br>City/State/Zip: _____   |                            | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>   |  |                  |                            |                       |               |
| SPECIAL INSTRUCTIONS:<br>Load #: 66391071  |                            | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED<br><input type="checkbox"/> UNDERLYING BILLS OF LANDING  |  |                  |                            |                       |               |
|  |                            | <table border="1" style="width:100%; border-collapse: collapse;"> <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;">1:00 AM<br/>PM</td> <td style="text-align: center;">12:42 AM<br/>PM</td> <td style="text-align: center;"></td> </tr> </table> |  | Appointment Time | Actual Driver Arrival Time | Driver Departure Time | 1:00 AM<br>PM |
| Appointment Time   | Actual Driver Arrival Time | Driver Departure Time  |  |                  |                            |                       |               |
| 1:00 AM<br>PM  | 12:42 AM<br>PM             |  |  |                  |                            |                       |               |

| CUSTOMER ORDER INFORMATION |            |            |                         |   |                   |                             |           |
|----------------------------|------------|------------|-------------------------|---|-------------------|-----------------------------|-----------|
| CUSTOMER ORDER NUMBER      | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) |   | BOL#              | ADDITIONAL SHIPPER INFO DC# | Supplier# |
| 1109399396                 | 6          | 26.07      | Y                       | N | 06757163000774517 | 6019A                       |           |
| 1874624566                 | 391        | 5869.64    | Y                       | N | 06757163000774531 | 6016A                       |           |
| 2809319382                 | 22         | 75.24      | Y                       | N | 06757163000774524 | 6036A                       |           |
| 3208525152                 | 12         | 195.00     | Y                       | N | 06757163000774548 | 6069R                       |           |
| 3408525207                 | 12         | 195.00     | Y                       | N | 06757163000774555 | 7026R                       |           |
| 3858525428                 | 24         | 390.00     | Y                       | N | 06757163000774562 | 6036R                       |           |
| 4508526155                 | 12         | 195.00     | Y                       | N | 06757163000774579 | 6016R                       |           |
| 4509389343                 | 13         | 58.08      | Y                       | N | 06757163000774586 | 7026A                       |           |
| 4729444576                 | 199        | 2626.47    | Y                       | N | 06757163000774593 | 6019A                       |           |
| 6316067180                 | 13         | 43.78      | Y                       | N | 06757163000774609 | 6069A                       |           |
| 7409049782                 | 14         | 51.59      | Y                       | N | 06757163000774616 | 6016A                       |           |
| 9074774448                 | 527        | 7275.73    | Y                       | N | 06757163000774630 | 6036A                       |           |
| 9225163746                 | 296        | 4122.50    | Y                       | N | 06757163000774623 | 6069A                       |           |
| 9529963991                 | 325        | 3914.64    | Y                       | N | 06757163000774647 | 7026A                       |           |

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

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

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

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

|  |   |  |
|--|---|--|
| <b>SHIPPER SIGNATURE / DATE</b><br>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.<br>Total Pallet: 45<br>_____<br>2/22/23 | Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver<br>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><br>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.<br>_____<br>67404<br>2/22/2023 |
|--|---|--|

**SHIP FROM**

Name: E & E COMPANY L.TD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Master Bill of Lading Number: 06757163000774944

**SHIP TO**

Name: Wal-Mart Centerpoint - 6909 DC#: 6909  
 Div. \_\_\_\_\_  
 Address: 3485 Wineville Rd  
 6909  
 City/State/Zip: Jurupa Valley, CA 91752  
 SID#: \_\_\_\_\_ FOB:

CARRIER NAME: WAL-MART FLEET

Trailer number: 182506  
 Seal number(s): 8068636

SCAC: WALM  
 Pro Number: \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Freight Charge Terms:

Prepaid:  Collect:  3rd Party:

(check box) MASTER BILL OF LANDING: WITH ATTACHED  
 UNDERLYING BILLS OF LANDING

**SPECIAL INSTRUCTIONS:**  
 Load #: 66391071

|                  |                            |                       |
|------------------|----------------------------|-----------------------|
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| AM               | AM                         | AM                    |
| PM               | PM                         | PM                    |

|                    |      |          |  |  |  |  |  |
|--------------------|------|----------|--|--|--|--|--|
| <b>Grand Total</b> | 1866 | 25038.74 |  |  |  |  |  |
|--------------------|------|----------|--|--|--|--|--|

| CARRIER INFORMATION |      |         |      |            |          | LTL ONLY   |             |       |
|---------------------|------|---------|------|------------|----------|--|-------------|-------|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | NMFC #      | CLASS |
| QTY                 | TYPE | QTY     | TYPE |            |          |  |             |       |
| 1523                | ctns |         |      | 24133.44   |          | Comforters, Bedspreads   | 49017       | 200   |
| 275                 | ctns |         |      | 650.54     |          | Sheet Set & Pillowcase   | 49390 Sub 4 | 175   |
| 68                  | ctns |         |      | 254.76     |          | Shower curtain   | 49385       | 77.5  |
|                     |      |         |      |            |          |  |             |       |
|                     |      |         |      |            |          |  |             |       |
|                     |      |         |      |            |          |  |             |       |
|                     |      |         |      |            |          |  |             |       |
|                     |      |         |      |            |          |  |             |       |
|                     |      |         |      |            |          |  |             |       |
| 1866                |      |         |      | 25038.74   |          | <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.  
 Total Pallet:45  
 \_\_\_\_\_  
 2/22/23

Trailer Loaded:  By Shipper  
 By Driver

Freight Counted:  By Shipper  
 By Driver/pallets said to contain  
 By Driver/Pieces


**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  
 \_\_\_\_\_  
 2/22/2023  
 67404

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

Bill of Lading Number: 06757163000774647  
  
 (402)06757163000774647

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

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 182506  
 Seal number(s): 8068636

**SCAC:** WALM  
**Pro Number:**  


**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name:  
 Address:  
 City/State/Zip:

**Freight Charge Terms:** (freight charges are prepaid unless marked otherwise)  
 Prepaid Collect X 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load #: 66391071

Master Bill of Lading: with attached underlying Bills of Lading  
 Appointment Time Actual Driver Arrival Time Driver Departure Time  
 AM AM AM  
 PM PM PM

| CUSTOMER ORDER INFORMATION |        |            |         |                          |   |                      |                            |                        |                      |                         |
|----------------------------|--------|------------|---------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | Pits Count | WEIGHT  | PALLET/SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 9529963991                 | 325    | 7          | 3914.64 | Y                        | N | 02/27/2023           | 7026A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 325    | 7          | 3914.64 |                          |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |         |       |                        | PACKAGE     |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY |  |
|---------------|------|-----|------|---------|-------|------------------------|-------------|-----|--------|----------|--|----------|--|
| QTY           | TYPE | QTY | TYPE | NMFC #  | CLASS |                        |             |     |        |          |  |          |  |
| 253           | ctns |     |      | 3738.69 |       | Comforters, Bedspreads | 49017       | 200 |        |          |  |          |  |
| 72            | ctns |     |      | 175.95  |       | Sheet Set & Pillowcase | 49390 Sub 4 | 175 |        |          |  |          |  |
| 325           |      |     |      | 3914.64 |       | <b>GRAND TOTAL</b>     |             |     |        |          |  |          |  |

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

**COD Amount:** \$ \_\_\_\_\_  
**Fee Terms:** Collect:  Prepaid:   
 Customer check acceptable:

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

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

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  
 \_\_\_\_\_  
**Shipper Signature**

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

**Trailer Loaded:**  By Shipper  By Driver  
**Freight Counted:**  By Shipper  By Driver/pallets said to contain  By Driver/Pieces


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

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

Bill of Lading Number: 06757163000774586  
  
 (402)06757163000774586

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

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 182506  
 Seal number(s): 8068636

**SCAC:** WALM  
**Pro Number:**  


**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name:  
 Address:  
 City/State/Zip:

**Freight Charge Terms:** (freight charges are prepaid unless marked otherwise)  
 Prepaid Collect X 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load #: 66391071

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 |
| 4509389343                 | 13     | 1          | 58.08  | Y                         | N | 02/27/2023           | 7026A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | 13     | 1          | 58.08  |                           |   |                      |                            |                        |                      |                         |

| HANDLING UNIT      |      |     |      |        |       |                | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY |  |
|--------------------|------|-----|------|--------|-------|----------------|---------|------|--------|----------|--|----------|--|
| QTY                | TYPE | QTY | TYPE | NMFC # | CLASS |                |         |      |        |          |  |          |  |
| 13                 | ctns |     |      | 58.08  |       | Shower curtain | 49385   | 77.5 |        |          |  |          |  |
| <b>GRAND TOTAL</b> |      |     |      |        |       |                |         |      |        |          |  |          |  |

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

**COD Amount:** \$ \_\_\_\_\_  
**Fee Terms:** Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

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

**Trailer Loaded:**  By Shipper  By Driver  
**Freight Counted:**  By Shipper  By Driver/pallets said to contain  By Driver/Pieces

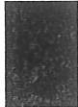
**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received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

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

Bill of Lading Number: 06757163000774623  
  
 (402)06757163000774623

**SHIP TO**  
 Name: Wal-Mart DC 6069A-ASM DIS Location #: 6069A  
 Address: 1200 Matlock Drive  
 6069A  
 City/State/Zip: St. James, MO 65559  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 182506  
 Seal number(s): 8068636

**SCAC:** WALM  
**Pro Number:**  


**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name:  
 Address:  
 City/State/Zip:

**Freight Charge Terms:** (freight charges are prepaid unless marked otherwise)  
 Prepaid Collect X 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load #: 66391071

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

|                  |                            |                       |
|------------------|----------------------------|-----------------------|
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| AM               | AM                         | AM                    |
| PM               | PM                         | PM                    |

| CUSTOMER ORDER INFORMATION |        |           |         |                           |   |                      |                            |                        |                      |                         |
|----------------------------|--------|-----------|---------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | Pts Count | WEIGHT  | PALLET/ SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 9225163746                 | 296    | 6         | 4122.50 | Y                         | N | 03/07/2023           | 6069A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 296    | 6         | 4122.50 |                           |   |                      |                            |                        |                      |                         |

| HANDLING UNIT |      |     |      |         |       |                        | PACKAGE     |     | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY |  |
|---------------|------|-----|------|---------|-------|------------------------|-------------|-----|--------|----------|--|----------|--|
| QTY           | TYPE | QTY | TYPE | NMFC #  | CLASS |                        |             |     |        |          |  |          |  |
| 234           | ctns |     |      | 3975.02 |       | Comforters, Bedspreads | 49017       | 200 |        |          |  |          |  |
| 62            | ctns |     |      | 147.48  |       | Sheet Set & Pillowcase | 49390 Sub 4 | 175 |        |          |  |          |  |
| 296           |      |     |      | 4122.50 |       | <b>GRAND TOTAL</b>     |             |     |        |          |  |          |  |

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

**COD Amount:** \$ \_\_\_\_\_  
**Fee Terms:** Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

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


**Trailer Loaded:**  By Shipper  By Driver  
**Freight Counted:**  By Shipper  By Driver/pallets said to contain  By Driver/Pieces

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

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

Bill of Lading Number: 06757163000774531  
  
 (402)06757163000774531

**SHIP TO**  
 Name: Wal-Mart DC 6016A - ASM DIS Location #: 6016A  
 Address: 3920 lh 35 North  
 6016A  
 City/State/Zip: New Braunfels, TX 78130  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 182506  
 Seal number(s): 8068636  
**SCAC:** WALM  
**Pro Number:**  


**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name:  
 Address:  
 City/State/Zip:

**Freight Charge Terms:** (freight charges are prepaid unless marked otherwise)  
 Prepaid Collect X 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load #: 66391071

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

|                  |                            |                       |
|------------------|----------------------------|-----------------------|
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| AM               | AM                         | AM                    |
| PM               | PM                         | PM                    |

| CUSTOMER ORDER INFORMATION |        |           |         |                           |   |                      |                            |                        |                      |                         |
|----------------------------|--------|-----------|---------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | Pts Count | WEIGHT  | PALLET/ SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 1874624566                 | 391    | 8         | 5869.64 | Y                         | N | 03/08/2023           | 6016A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 391    | 8         | 5869.64 |                           |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |         |          |  |             |       |  |
|---------------------|------|---------|------|---------|----------|--|-------------|-------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY    |       |  |
| QTY                 | TYPE | QTY     | TYPE |         |          |  | NMFC #      | CLASS |  |
| 361                 | ctns |         |      | 5799.77 |          | Comforters, Bedspreads   | 49017       | 200   |  |
| 30                  | ctns |         |      | 69.87   |          | Sheet Set & Pillowcase   | 49390 Sub 4 | 175   |  |
| 391                 |      |         |      | 5869.64 |          | <b>GRAND TOTAL</b>   |             |       |  |

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

**COD Amount:** \$ \_\_\_\_\_  
**Fee Terms:** Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

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


**Trailer Loaded:**  By Shipper  By Driver  
**Freight Counted:**  By Shipper  By Driver/pallets said to contain  By Driver/Pieces

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

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

Bill of Lading Number: 06757163000774555  
  
 (402)06757163000774555

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

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 182506  
 Seal number(s): 8068636  
**SCAC:** WALM  
**Pro Number:**  


**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name:  
 Address:  
 City/State/Zip:

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**  
 Prepaid Collect **X** 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load #: 66391071

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 |
| 3408525207                 | 12     | 1          | 195.00 | Y                         | N | 02/27/2023           | 7026R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 12     | 1          | 195.00 |                           |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |        |          |  |          |       |  |
|---------------------|------|---------|------|--------|----------|--|----------|-------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY |       |  |
| QTY                 | TYPE | QTY     | TYPE |        |          |  | NMFC #   | CLASS |  |
| 12                  | ctns |         |      | 195.00 |          | Comforters, Bedspreads   | 49017    | 200   |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
| 12                  |      |         |      | 195.00 |          | <b>GRAND TOTAL</b>   |          |       |  |

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

**COD Amount:** \$ \_\_\_\_\_  
**Fee Terms:** Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

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


**Trailer Loaded:**  By Shipper  By Driver  
**Freight Counted:**  By Shipper  By Driver/pallets said to contain  By Driver/Pieces

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

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

Bill of Lading Number: 06757163000774517  
  
 (402)06757163000774517

**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: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 182506  
 Seal number(s): 8068636  
**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 #: 66391071

Master Bill of Lading: with attached underlying Bills of Lading  

|                  |                            |                       |
|------------------|----------------------------|-----------------------|
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| AM               | AM                         | AM                    |
| PM               | PM                         | PM                    |

**CUSTOMER ORDER INFORMATION**

| CUSTOMER ORDER NUMBER | # PKGS | PIts Count | WEIGHT | PALLET/ SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
|-----------------------|--------|------------|--------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 1109399396            | 6      | 1          | 26.07  | Y                         | N | 03/13/2023           | 6019A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>    | 6      | 1          | 26.07  |                           |   |                      |                            |                        |                      |                         |

**CARRIER INFORMATION**

| HANDLING UNIT      |      | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY |       |
|--------------------|------|---------|------|--------|----------|--|----------|-------|
| QTY                | TYPE | QTY     | TYPE |        |          |  | NMFC #   | CLASS |
| 6                  | ctns |         |      | 26.07  |          | Shower curtain   | 49385    | 77.5  |
| <b>GRAND TOTAL</b> |      |         |      |        |          |  |          |       |

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

**COD Amount:** \$ \_\_\_\_\_  
**Fee Terms:** Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

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


**Trailer Loaded:**  By Shipper  By Driver  
**Freight Counted:**  By Shipper  By Driver/pallets said to contain  By Driver/Pieces

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

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

Bill of Lading Number: 06757163000774548  
  
 (402)06757163000774548

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

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 182506  
 Seal number(s): 8068636  
**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 #: 66391071

Master Bill of Lading: with attached underlying Bills of Lading  
 Appointment Time Actual Driver Arrival Time Driver Departure Time  
 AM AM AM  
 PM PM PM

| CUSTOMER ORDER INFORMATION |        |            |        |                           |   |                      |                            |                        |                      |                         |
|----------------------------|--------|------------|--------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | PIts Count | WEIGHT | PALLET/ SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 3208525152                 | 12     | 1          | 195.00 | Y                         | N | 03/07/2023           | 6069R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 12     | 1          | 195.00 |                           |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |        |          |  |          |       |  |
|---------------------|------|---------|------|--------|----------|--|----------|-------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small> | LTL ONLY |       |  |
| QTY                 | TYPE | QTY     | TYPE |        |          |  | NMFC #   | CLASS |  |
| 12                  | ctns |         |      | 195.00 |          | Comforters, Bedspreads   | 49017    | 200   |  |
| 12                  |      |         |      | 195.00 |          | <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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

**Trailer Loaded:**  By Shipper  By Driver  
**Freight Counted:**  By Shipper  By Driver/pallets said to contain  By Driver/Pieces

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

|   |                                      |  |
|---|--------------------------------------|--|
| <b>SHIP FROM</b>                          |                                      | <b>Bill of Lading Number:</b> 06757163000774579  |
| <b>Name:</b> E & E COMPANY LTD            |                                      | <br>(402)06757163000774579 |
| <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> WAL-MART FLEET   |
| <b>Name:</b> Wal-Mart DC 6016R - Regular       | <b>Location #:</b> 6016R             | <b>Trailer number:</b> 182506   |
| <b>Address:</b> 3930 lh 35 North               |                                      | <b>Seal number(s):</b> 8068636  |
|  | 6016R                                | <b>SCAC:</b> WALM   |
| <b>City/State/Zip:</b> New Braunfels, TX 78130 |                                      | <b>Pro Number:</b>  |
| <b>CID#:</b>                                   | <b>FOB:</b> <input type="checkbox"/> |  |
| <b>Dept:</b> 00022                             |                                      |   |

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

|                              |                            |                       |
|------------------------------|----------------------------|-----------------------|
| <b>SPECIAL INSTRUCTIONS:</b> |                            |                       |
| Load #: 66391071             |                            |                       |
| 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 |
| 4508526155                 | 12     | 1          | 195.00 | Y                        | N | 03/08/2023           | 6016R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 12     | 1          | 195.00 |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |        |          |  |          |       |  |
|---------------------|------|---------|------|--------|----------|--|----------|-------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY |       |  |
| QTY                 | TYPE | QTY     | TYPE |        |          |  | NMFC #   | CLASS |  |
| 12                  | ctns |         |      | 195.00 |          | Comforters, Bedspreads   | 49017    | 200   |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
| 12                  |      |         |      | 195.00 |          | <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:<br>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ | <b>COD Amount:</b> \$ _____<br><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>Customer check acceptable: <input type="checkbox"/> |
|---|---|

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

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

|  |  |  |  |
|--|--|--|--|
| <b>SHIPPER SIGNATURE / DATE</b><br>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. | <b>Trailer Loaded:</b><br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. |
|--|--|--|--|

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

Bill of Lading Number: 06757163000774630  
  
 (402)06757163000774630

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

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 182506  
 Seal number(s): 8068636

**SCAC:** WALM  
**Pro Number:**  


**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name:  
 Address:  
 City/State/Zip:

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**  
 Prepaid Collect X 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load #: 66391071

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 |
| 9074774448                 | 527        | 11         | 7275.73        | Y                        | N | 03/05/2023           | 6036A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | <b>527</b> | <b>11</b>  | <b>7275.73</b> |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |         |          |  |             |       |  |
|---------------------|------|---------|------|---------|----------|--|-------------|-------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY    |       |  |
| QTY                 | TYPE | QTY     | TYPE |         |          |  | NMFC #      | CLASS |  |
| 462                 | ctns |         |      | 7126.48 |          | Comforters, Bedspreads   | 49017       | 200   |  |
| 65                  | ctns |         |      | 149.25  |          | Sheet Set & Pillowcase   | 49390 Sub 4 | 175   |  |
| 527                 |      |         |      | 7275.73 |          | <b>GRAND TOTAL</b>   |             |       |  |

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

**COD Amount:** \$ \_\_\_\_\_  
**Fee Terms:** Collect:  Prepaid:   
 Customer check acceptable:

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


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


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

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

**Trailer Loaded:**  By Shipper  By Driver  
**Freight Counted:**  By Shipper  By Driver/pallets said to contain  By Driver/Pieces

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

| SHIP FROM                          |                               | Bill of Lading Number: 06757163000774562   |
|------------------------------------|-------------------------------|--|
| Name: E & E COMPANY LTD            |                               | <br>(402)06757163000774562 |
| 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: 182506  |
| Address: 8660 South US Hwy 79       |                               | Seal number(s): 8068636   |
| 6036R                               |                               |   |
| 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: <i>(freight charges are prepaid unless marked otherwise)</i><br><br>Prepaid                      Collect <input checked="" type="checkbox"/> 3rd Party |
|--------------------------------------|--|--|
| Name: _____                          |  |  |
| Address: _____                       |  |  |
| City/State/Zip: _____                |  | Master Bill of Lading: with attached <input type="checkbox"/><br>underlying Bills of Lading  |

|                       |                            |                       |
|-----------------------|----------------------------|-----------------------|
| SPECIAL INSTRUCTIONS: |                            |                       |
| Load #: 66391071      |                            |                       |
| 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 |
| 3858525428                 | 24     | 1          | 390.00 | Y                        | N | 03/05/2023           | 6036R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 24     | 1          | 390.00 |                          |   |                      |                            |                        |                      |                         |


| CARRIER INFORMATION |      |         |      |        |          |  |          |       |  |
|---------------------|------|---------|------|--------|----------|--|----------|-------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY |       |  |
| QTY                 | TYPE | QTY     | TYPE |        |          |  | NMFC #   | CLASS |  |
| 24                  | ctns |         |      | 390.00 |          | Comforters, Bedspreads   | 49017    | 200   |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
| 24                  |      |         |      | 390.00 |          | <b>GRAND TOTAL</b>   |          |       |  |


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| 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:<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"/> |
|---|--|

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

|  |  |
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| 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.<br><br><div style="text-align: right;">Shipper Signature _____</div> |
|--|--|

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

| SHIP FROM                          |                               | Bill of Lading Number: 06757163000774616   |
|------------------------------------|-------------------------------|--|
| Name: E & E COMPANY LTD            |                               | <br>(402)06757163000774616 |
| 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 6016A - ASM DIS       | Location #: 6016A             | Trailer number: 182506  |
| Address: 3920 Ih 35 North               |                               | Seal number(s): 8068636   |
| 6016A                                   |                               | SCAC: WALM  |
| City/State/Zip: New Braunfels, TX 78130 |                               | Pro Number:   |
| 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: _____                       |  | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading |
| City/State/Zip: _____                |  | Appointment Time      Actual Driver Arrival Time      Driver Departure Time              |

|   |    |    |
|---|----|----|
| SPECIAL INSTRUCTIONS:                   |    |    |
| Load #: 66391071                        |    |    |
| <input type="checkbox"/><br>(check box) |    |    |
| 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 |
| 7409049782                 | 14     | 1          | 51.59  | Y                        | N | 03/08/2023           | 6016A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | 14     | 1          | 51.59  |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |        |          |  |          |       |  |
|---------------------|------|---------|------|--------|----------|--|----------|-------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY |       |  |
| QTY                 | TYPE | QTY     | TYPE |        |          |  | NMFC #   | CLASS |  |
| 14                  | ctns |         |      | 51.59  |          | Shower curtain   | 49385    | 77.5  |  |
| 14                  |      |         |      | 51.59  |          | <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:<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"/> |
|---|--|

**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.<br><br><div style="text-align: right;">                     _____<br/>                     Shipper Signature                 </div> |
|--|---|


|  |  |  |  |
|--|--|--|--|
| <b>SHIPPER SIGNATURE / DATE</b><br>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. | <b>Trailer Loaded:</b><br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. |
|--|--|--|--|

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

Bill of Lading Number: 06757163000774593  
  
 (402)06757163000774593

**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: 182506  
 Seal number(s): 8068636

**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 #: 66391071

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 |
| 4729444576                 | 199    | 4          | 2626.47 | Y                        | N | 03/13/2023           | 6019A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 199    | 4          | 2626.47 |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |         |          |  |             |       |  |
|---------------------|------|---------|------|---------|----------|--|-------------|-------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY    |       |  |
| QTY                 | TYPE | QTY     | TYPE |         |          |  | NMFC #      | CLASS |  |
| 153                 | ctns |         |      | 2518.48 |          | Comforters, Bedspreads   | 49017       | 200   |  |
| 46                  | ctns |         |      | 107.99  |          | Sheet Set & Pillowcase   | 49390 Sub 4 | 175   |  |
| 199                 |      |         |      | 2626.47 |          | <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.

|   |                                      |  |
|---|--------------------------------------|--|
| <b>SHIP FROM</b>                          |                                      | <b>Bill of Lading Number:</b> 06757163000774524  |
| <b>Name:</b> E & E COMPANY LTD            |                                      | <br>(402)06757163000774524 |
| <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> WAL-MART FLEET   |
| <b>Name:</b> Wal-Mart DC 6036A-ASM DIS     | <b>Location #:</b> 6036A             | <b>Trailer number:</b> 182506   |
| <b>Address:</b> 8660 South US Hwy 79       |                                      | <b>Seal number(s):</b> 8068636  |
| 6036A                                      |                                      | <b>SCAC:</b> WALM   |
| <b>City/State/Zip:</b> Palestine, TX 75803 |                                      | <b>Pro Number:</b>  |
| <b>CID#:</b>                               | <b>FOB:</b> <input type="checkbox"/> |  |
| <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>SPECIAL INSTRUCTIONS:</b>                |  | <b>Prepaid</b> <b>Collect</b> X <b>3rd Party</b>   |
| <b>Load #:</b> 66391071                     |  | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading |

|                                      |                                   |                              |
|--------------------------------------|-----------------------------------|------------------------------|
| <input type="checkbox"/> (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 | 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 |
| 2809319382                 | 22     | 1          | 75.24  | Y                        | N | 03/05/2023           | 6036A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | 22     | 1          | 75.24  |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |        |          |  |          |       |  |
|---------------------|------|---------|------|--------|----------|--|----------|-------|--|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY |       |  |
| QTY                 | TYPE | QTY     | TYPE |        |          |  | NMFC #   | CLASS |  |
| 22                  | ctns |         |      | 75.24  |          | Shower curtain   | 49385    | 77.5  |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
|                     |      |         |      |        |          |  |          |       |  |
| 22                  |      |         |      | 75.24  |          | <b>GRAND TOTAL</b>   |          |       |  |

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| 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:<br>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ | <b>COD Amount:</b> \$ _____<br><b>Fee Terms:</b> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/><br><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.<br><br><div style="text-align: right;"><b>Shipper Signature</b></div> |
|--|---|

|  |  |  |  |
|--|--|--|--|
| <b>SHIPPER SIGNATURE / DATE</b><br>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. | <b>Trailer Loaded:</b><br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.<br><i>Property described above is received in good order, except as noted.</i> |
|--|--|--|--|

