

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

Master Bill of Lading Number: 06757163000773220

**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: 155903  
 Seal number(s): 8068637  
 SCAC: WALM  
 Pro Number: \_\_\_\_\_

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

Freight Charge Terms:  
 Prepaid:  Collect:  3rd Party:   
 MASTER BILL OF LANDING: WITH ATTACHED  
 (check box) UNDERLYING BILLS OF LANDING

**SPECIAL INSTRUCTIONS:**  
 Load #: 66224747

Appointment Time: 2:00 AM  
 Actual Driver Arrival Time: 12:45 PM  
 Driver Departure Time: \_\_\_\_\_ AM/PM

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
3208525138	24	390.00	Y	N	06757163000773183	6069R	
2858526212	12	195.00	Y	N	06757163000773213	7033R	
3258525609	24	390.00	Y	N	06757163000773152	6025R	
6316067128	5	18.26	Y	N	06757163000773176	6069A	
5958999346	13	48.40	Y	N	06757163000773145	6025A	
4809389994	28	98.56	Y	N	06757163000773206	7033A	
1874624514	711	10809.43	Y	N	06757163000773107	6016A	
3474954103	327	3591.57	Y	N	06757163000773138	6025A	
5473665549	516	6764.12	Y	N	06757163000773190	7033A	
9225163706	285	3660.76	Y	N	06757163000773169	6069A	
4508526136	48	780.00	Y	N	06757163000773121	6016R	
7409049722	23	87.23	Y	N	06757163000773114	6016A	
			Y	N			
<b>Grand Total</b>	2016	26833.33					

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 / 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: 40  
 \_\_\_\_\_  
 2/16/23

**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.  
 \_\_\_\_\_  
 2/16/23

SHIP FROM		Master Bill of Lading Number: 06757163000773220	
Name:	E & E COMPANY LTD		
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 Centerpoint - 6909	DC#:	6909
		Div.:	
Address:	3485 Wineville Rd 6909	Trailer number:	155903
		Seal number(s):	8068637
City/State/Zip:	Jurupa Valley, CA 91752	SCAC:	WALM
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS: Load #: 66224747		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
382	ctns			922.79		Sheet Set & Pillowcase	49390 Sub 4	175
69	ctns			252.45		Shower curtain	49385	77.5
1565	ctns			25658.09		Comforters, Bedspreads	49017	200
2016				26833.33		Grand Total		


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 _____"	<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.
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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. Total Pallet: 40 _____ 2/16/23	<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. _____ 2-17-23
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<b>SHIP FROM</b>		Bill of Lading Number: 06757163000773114
Name: E & E COMPANY LTD		 (402)06757163000773114
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET
Name: Wal-Mart DC 6016A - ASM DIS	Location #: 6016A	Trailer number: 155903
Address: 3920 lh 35 North		Seal number(s): 8068637
6016A		<b>SCAC:</b> WALM
City/State/Zip: New Braunfels, TX 78130		<b>Pro Number:</b>
CID#: _____	FOB: <input type="checkbox"/>	
Dept: 00020		

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>  Prepaid                      Collect <input checked="" type="checkbox"/> 3rd Party  <input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading									
Name: _____											
Address: _____											
City/State/Zip: _____		<table border="1" style="width:100%; border-collapse: collapse;"> <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
7409049722	23	1	87.23	Y	N	03/01/2023	6016A	0033	00020	
<b>GRAND TOTAL</b>	23	1	87.23							


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								
23	ctns			87.23		Shower curtain	49385	77.5					
23				87.23		<b>GRAND TOTAL</b>							


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

<b>RECEIVED</b> , subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	<b>Shipper Signature</b>
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces

<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>
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SHIP FROM		Bill of Lading Number: 06757163000773145
Name: E & E COMPANY LTD		 (402)06757163000773145
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 6025A - ASM DIS Location #: 6025A		Trailer number: 155903
Address: 6140 3M Drive		Seal number(s): 8068637
6025A		SCAC: WALM
City/State/Zip: Menomonie, WI 54751		Pro Number:
CID#: _____	FOB: <input type="checkbox"/>	
Dept: 00020		

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

SPECIAL INSTRUCTIONS: Load #: 66224747	Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>  Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </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	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
5958999346	13	1	48.40	Y	N	03/11/2023	6025A	0033	00020	
<b>GRAND TOTAL</b>	13	1	48.40							

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		
13	ctns			48.40		Shower curtain	49385	77.5		
13				48.40		<b>GRAND TOTAL</b>				


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





<b>SHIP FROM</b>	Bill of Lading Number: 06757163000773206
Name: E & E COMPANY LTD	 (402)06757163000773206
Address: 221 Hanson Way	
City/State/Zip: Woodland, CA 95776	
SID#: _____ FOB: <input type="checkbox"/>	

<b>SHIP TO</b>	CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 7033A-ASM DIS Location #: 7033A	Trailer number: 155903
Address: 21215 Johnson Rd.	Seal number(s): 8068637
7033A	SCAC: WALM
City/State/Zip: Apple Valley, CA 92307	Pro Number:
CID#: _____ FOB: <input type="checkbox"/>	
Dept: 00020	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>	Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>  Prepaid                      Collect <input checked="" type="checkbox"/> 3rd Party									
Name: _____	<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading									
Address: _____										
City/State/Zip: _____	<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;">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	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
4809389994	28	1	98.56	Y	N	02/19/2023	7033A	0033	00020	
<b>GRAND TOTAL</b>	28	1	98.56							

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		
28	ctns			98.56		Shower curtain	49385	77.5		
28				98.56		<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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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded:                      Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>

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

Bill of Lading Number: 06757163000773213



(402)06757163000773213

**SHIP TO**  
 Name: Wal-Mart DC 7033R-REGULAR Location #: 7033R  
 Address: 21345 Johnson Rd.  
 7033R  
 City/State/Zip: Apple Valley, CA 92307  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET

Trailer number: 155903

Seal number(s): 8068637

**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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 66224747

**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
2858526212	12	1	195.00	Y	N	02/19/2023	7033R	0020	00022	
<b>GRAND TOTAL</b>	12	1	195.00							

**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
12	ctns			195.00		Comforters, Bedspreads	49017	200
12				195.00		<b>GRAND TOTAL</b>		

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 "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:

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**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: 06757163000773176  
  
 (402)06757163000773176

**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:** WAL-MART FLEET  
 Trailer number: 155903  
 Seal number(s): 8068637  
**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 #: 66224747

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
6316067128	5	1	18.26	Y	N	02/28/2023	6069A	0033	00020	
<b>GRAND TOTAL</b>	5	1	18.26							

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	
5	ctns			18.26		Shower curtain	49385	77.5	
5				18.26		<b>GRAND TOTAL</b>			

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 \*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:

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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: 06757163000773138  
  
 (402)06757163000773138

**SHIP TO**  
 Name: Wal-Mart DC 6025A - ASM DIS Location #: 6025A  
 Address: 6140 3M Drive  
 6025A  
 City/State/Zip: Menomonie, WI 54751  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 155903  
 Seal number(s): 8068637

**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 #: 66224747

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
3474954103	327	5	3591.57	Y N	03/11/2023	6025A	0033	00022	
<b>GRAND TOTAL</b>	327	5	3591.57						

**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
218	ctns			3328.35		Comforters, Bedspreads	49017	200
109	ctns			263.22		Sheet Set & Pillowcase	49390 Sub 4	175
327				3591.57		<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: 06757163000773121



(402)06757163000773121

**SHIP TO**  
 Name: Wal-Mart DC 6016R - Regular Location #: 6016R  
 Address: 3930 lh 35 North  
 6016R  
 City/State/Zip: New Braunfels, TX 78130  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET

Trailer number: 155903  
 Seal number(s): 8068637

**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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 66224747

**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
4508526136	48	1	780.00	Y N	03/01/2023	6016R	0020	00022	
<b>GRAND TOTAL</b>	48	1	780.00						

**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
48	ctns			780.00		Comforters, Bedspreads	49017	200
48				780.00		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to 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

**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: 06757163000773107  
  
 (402)06757163000773107

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

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 155903  
 Seal number(s): 8068637  
**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 #: 66224747

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
1874624514	711	13	10809.43	Y	N	03/01/2023	6016A	0033	00022	
<b>GRAND TOTAL</b>	711	13	10809.43							

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	
587	ctns			10506.86		Comforters, Bedspreads	49017	200	
124	ctns			302.57		Sheet Set & Pillowcase	49390 Sub 4	175	
711				10809.43		<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: 06757163000773152  
  
 (402)06757163000773152

**SHIP TO**  
 Name: Wal-Mart DC 6025R - Regular Location #: 6025R  
 Address: 6120 3M Drive  
 6025R  
 City/State/Zip: Menomonie, WI 54751  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 155903  
 Seal number(s): 8068637

**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 #: 66224747

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	
3258525609	24	1	390.00	Y N	03/11/2023	6025R	0020	00022		
<b>GRAND TOTAL</b>	24	1	390.00							

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	
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 \_\_\_\_\_

**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).**

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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: 06757163000773190  
  
 (402)06757163000773190

**SHIP TO**  
 Name: Wal-Mart DC 7033A-ASM DIS Location #: 7033A  
 Address: 21215 Johnson Rd.  
 7033A  
 City/State/Zip: Apple Valley, CA 92307  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 155903  
 Seal number(s): 8068637

**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 #: 66224747

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
5473665549	516	9	6764.12	Y	N	02/19/2023	7033A	0033	00022	
<b>GRAND TOTAL</b>	516	9	6764.12							

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	
422	ctns			6542.99		Comforters, Bedspreads	49017	200	
94	ctns			221.13		Sheet Set & Pillowcase	49390 Sub 4	175	
516				6764.12		<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).**

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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.