

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168000903967
Name:	E & E COMPANY LTD	
Address:	311 International Trade Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:	FOB: <input type="checkbox"/>	

<b>SHIP TO</b>		CARRIER NAME: WAL-MART FLEET
Name:	Consolidation Dock 7101	Trailer number: 182194
	DC#: 7101	Seal number(s): 36585543
	Div.	SCAC: WALM
Address:	1200 Mason Dixon Ln	Pro Number:
	7101	
City/State/Zip:	Conley, GA 30288	
SID#:	FOB: <input type="checkbox"/>	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LADING: WITH ATTACHED
City/State/Zip:		(check box) UNDERLYING BILLS OF LADING
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time AM/PM: 1300 AM
Load #: 86630691		Actual Driver Arrival Time AM/PM: 1235 PM
		Driver Departure Time AM/PM: 1608 PM

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO		
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	DC#	Supplier#
2859319554	5	22.88	Y	N	06757168000903783	6094A	
4359389233	11	47.52	Y	N	06757168000903837	6027A	
5359389663	3	9.57	Y	N	06757168000903905	6070A	
3658525143	24	390.00	Y	N	06757168000903813	6048R	
5359389657	13	43.78	Y	N	06757168000903899	6070A	
4658525469	12	195.00	Y	N	06757168000903882	6094R	
3108525937	12	195.00	Y	N	06757168000903806	6070R	
4658525467	24	390.00	Y	N	06757168000903875	6094R	
3108525936	36	585.00	Y	N	06757168000903790	6070R	
4409389244	11	37.40	Y	N	06757168000903844	6048A	
9324974338	144	2103.39	Y	N	06757168000903936	6070A	
9324974337	278	3562.72	Y	N	06757168000903929	6070A	
4074584518	193	2581.07	Y	N	06757168000903820	6027A	
9325044239	231	2905.88	Y	N	06757168000903950	6094A	

When 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 _____ PP.	<b>COD Amount \$</b> Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------

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



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, or request, and to all applicable state and federal regulations.

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

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallets: 42	<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/ equivalent documentation in the vehicle. <i>[Signature]</i> 3-2-23
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Date: 3/2/2023 4:02:46 PM

### Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757168000903790								
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>		 (402)06757168000903790								
<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET								
Name: Wal-Mart DC 6070R-REGULAR Location #: 6070R Address: 230 Wal-Mart Drive 6070R City/State/Zip: Shelby, NC 28150 CID#: _____ FOB: <input type="checkbox"/> Dept: 00022		Trailer number: 182194 Seal number(s): 36585543 SCAC: WALM Pro Number: 								
<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								
Name: _____ Address: _____ City/State/Zip: _____		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)								
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time Actual Driver Arrival Time Driver Departure Time AM AM AM PM PM PM								
Load #: 68630691										
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	
3108525936	36	0	585.00	Y N	03/03/2023	6070R	0020	00022		
<b>GRAND TOTAL</b>			36	0	585.00					
CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities not by special or additional rate or applicator in handling or stacking must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(j) of 49 U.S.C. Sec. 305</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
36	ctns			585.00		Comforters, Bedspreads	48017	200		
<b>GRAND TOTAL</b>				36						
<small>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:          *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</small>						<b>COD Amount: \$</b> <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>				
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).</b>										
<small>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</small>						<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small>				
<b>SHIPPER SIGNATURE / DATE</b>		<b>Trailer Loaded:</b>		<b>Freight Counted:</b>		<b>CARRIER SIGNATURE / PICKUP DATE</b>				
<small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/placards used to contain <input type="checkbox"/> By Driver/Placards		<small>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 dissemination in the vehicle. Property described above is received in good order, except as noted.</small>				

---

**Order No.:** 6949303      **Order Date:** 02/23/2023      **Customer:** WALMART      **Customer PO No.:** 3108525936  
**PO Type No.:** 0020      **Location No.:** 6070R      **Dept. No.:** 00022

---

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

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

**SHIP TO:**  
WAL-MART DC 6070R-REGULAR  
230 WAL-MART DRIVE  
SHELBY, NC 28150

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
577082886	MS9944409622-35	086569318725	K Burgndy Comforter Set	EA	1	36	36	36	36

---

**Total Quantity Ordered: 36**  
**Total Ordered: 36**  
**Total Quantity Shipped: 36**  
**Total Cartons Shipped: 36**