


Date: 6/5/2023 11:49:43 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000800339										
Name:	E & E COMPANY LTD	 (402)06757163000800339										
Address:	221 Hanson Way											
City/State/Zip:	Woodland, CA 95776											
SID#:												
PHONE:												
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: HUB CITY GROUP										
SHIP TO		Responsible Acct.No:										
Name:	DOLGEN- CALIFORNIA DC Location #: 96970	Trailer number: 168										
Address:	4193 Industrial Parkway Drive	Seal number(s): 8068880										
	96970	SCAC: HGLS										
City/State/Zip:	Lebec, CA 93243	Pro Number:										
CID#:												
Dept:	00 FOB: <input type="checkbox"/>											
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: Collect: X 3rd Party:										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
City/State/Zip:		<table border="1"> <thead> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </tr> </thead> <tbody> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>PM</td> </tr> </tbody> </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										
SPECIAL INSTRUCTIONS: Packing List is Attached												

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1TB273	41	405.05	Y	N	
Grand Total	41	405.05			

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>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		25	ctns	352.25		Mattress Pads	149265	100
		16	ctns	52.80		Sheet Set & Pillowcase	49390 Sub 4	175
2		41		505.05		Grand Total		

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.

SHIP FROM		Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		Bill of Lading Number: 06757163000800247  (402)06757163000800247										
SHIP TO		Name: DOLGEN - LONGVIEW DC Location #: 96160 Address: 3300 E. George Richey Road 96160 City/State/Zip: Longview, TX 75605 CID#: _____ Dept: 00		CARRIER NAME: HUB CITY GROUP Responsible Acct.No: _____ Trailer number: 168 Seal number(s): 8068880 SCAC: HGLS 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: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
SPECIAL INSTRUCTIONS: Packing List is Attached				<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	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
1TB1V4	64	653.59	Y N		
Grand Total	64	653.59			

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>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		41	ctns	577.69		Mattress Pads	149265	100
		23	ctns	75.90		Sheet Set & Pillowcase	49390 Sub 4	175
3		64		803.59		Grand Total		

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: <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
--	--

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.

Date: 6/5/2023 12:06:17 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN- JACKSON DC
Address:	221 Hanson Way	Address:	200 Jackson Road
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Jackson, GA 30233
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000800230		Trailer number: 168	
		Seal number(s): 8068880	
(402)06757163000800230		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party:	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:	Packing List is Attached		

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1TB255	41	340.31	Y N	
Grand Total	41	340.31		

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>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		19	ctns	267.71		Mattress Pads	149265	100
		22	ctns	72.60		Sheet Set & Pillowcase	49390 Sub 4	175
2		41		440.31		Grand Total		

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.

Date: 6/5/2023 12:05:07 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN- JANESVILLE DC
Address:	221 Hanson Way	Address:	101 Innovation Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Janesville, WI 53546
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000800223		Location #: 96130	
		Trailer number: 168	
(402)06757163000800223		Seal number(s): 8068880	
CARRIER NAME: HUB CITY GROUP		SCAC: HGLS	
Responsible Acct.No:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1TB1H1	129	1051.52	Y N	
Grand Total	129	1051.52		

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>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		58	ctns	817.22		Mattress Pads	149265	100
		71	ctns	234.30		Sheet Set & Pillowcase	49390 Sub 4	175
4		129		1251.52		Grand Total		

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.

SHIP FROM		Bill of Lading Number: 06757163000800278	
Name: E & E COMPANY LTD		 (402)06757163000800278	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: HUB CITY GROUP	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 168	
VENDOR:		Seal number(s): 8068880	
SHIP TO		SCAC: HGSL	
Name: DOLGEN- INDIANOLA DC Location #: 96600		Pro Number:	
Address: 914 Hwy 82 W		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
96600			
City/State/Zip: Indianola, MS 38751		Prepaid: Collect: X 3rd Party:	
CID#:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Dept: 00			
THIRD PARTY FREIGHT CHARGES BILL TO:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
Name:		AM AM AM	
Address:		PM PM PM	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1TB1V3	67	566.38	Y N	
Grand Total	67	566.38		

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>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		32	ctns	450.88		Mattress Pads	149265	100
		35	ctns	115.50		Sheet Set & Pillowcase	49390 Sub 4	175
2		67		666.38		Grand Total		

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:	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

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.

SHIP FROM		Bill of Lading Number: 06757163000800308	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR: _____		 (402)06757163000800308	
SHIP TO		CARRIER NAME: HUB CITY GROUP	
Name: DOLGEN - JONESVILLE DC Location #: 96910 Address: 1451 Spartanburg Hwy 96910 City/State/Zip: Jonesville, SC 29353 CID#: Dept: 00		Responsible Acct.No: Trailer number: 168 Seal number(s): 8068880	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: HGLS Pro Number:	
Name: Address: City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Packing List is Attached		Prepaid: Collect: X 3rd Party:	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM


CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1TB239	46	453.92	Y N	
Grand Total	46	453.92		

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 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		28	ctns	394.52		Mattress Pads	149265	100
		18	ctns	59.40		Sheet Set & Pillowcase	49390 Sub 4	175
2		46		553.92		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>		
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.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;"> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td> Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	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
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		
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.			

SHIP FROM		SHIP TO								
Name: E & E COMPANY LTD	Bill of Lading Number: 06757163000800285									
Address: 221 Hanson Way	 (402)06757163000800285									
City/State/Zip: Woodland, CA 95776	CARRIER NAME: HUB CITY GROUP									
SID#:	Responsible Acct.No:									
PHONE:	Trailer number: 168									
VENDOR: FOB: <input type="checkbox"/>	Seal number(s): 8068880									
Name: DOLGEN - FULTON DC Location #: 96700	SCAC: HGLS									
Address: 1900 Cardinal Drive	Pro Number:									
Callaway, 96700										
City/State/Zip: Fulton, MO 65251-7250										
CID#:										
Dept: 00 FOB: <input type="checkbox"/>										
THIRD PARTY FREIGHT CHARGES BILL TO:										
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)									
Address:	Prepaid: <input type="checkbox"/> Collect: X 3rd Party:									
City/State/Zip:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading									
SPECIAL INSTRUCTIONS: Packing List is Attached	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Appointment Time</td> <td style="width: 33%; border-bottom: 1px solid black;">Actual Driver Arrival Time</td> <td style="width: 33%; border-bottom: 1px solid black;">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	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
1TB1H9	87	621.59	Y N		
Grand Total	87	621.59			

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>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		31	ctns	436.79		Mattress Pads	149265	100
		56	ctns	184.80		Sheet Set & Pillowcase	49390 Sub 4	175
2		87		721.59		Grand Total		

<p>Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>		
<p>SHIPPER SIGNATURE / DATE <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></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;"> <p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p> </td> <td style="width: 50%;"> <p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p> </td> </tr> </table>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>
<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>		
<p>CARRIER SIGNATURE / PICKUP DATE <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 documentation in the vehicle.</small></p>			

SHIP FROM		SHIP TO								
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____	Bill of Lading Number: 06757163000800315  (402)06757163000800315									
Name: DOLGEN - MARION DC Location #: 96920 Address: 5575 East Dollar General 96920 City/State/Zip: Marion, IN 46952 CID#: _____ Dept: 00	CARRIER NAME: HUB CITY GROUP Responsible Acct.No: _____ Trailer number: 168 Seal number(s): 8068880 SCAC: HGLS Pro Number: _____									
Name: _____ Address: _____ City/State/Zip: _____	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading									
SPECIAL INSTRUCTIONS: Packing List is Attached	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Appointment Time</th> <th style="width: 33%;">Actual Driver Arrival Time</th> <th style="width: 33%;">Driver Departure Time</th> </tr> </thead> <tbody> <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> </tbody> </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	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1TB1H7	105	702.57	Y N	
Grand Total	105	702.57		

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>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		33	ctns	464.97		Mattress Pads	149265	100
		72	ctns	237.60		Sheet Set & Pillowcase	49390 Sub 4	175
2		105		802.57		Grand Total		

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: <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
--	--

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.

SHIP FROM		Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		Bill of Lading Number: 06757163000800322  (402)06757163000800322										
SHIP TO		Name: DOLGEN - BESSEMER DC Location #: 96930 Address: 4101 Lakeshore Pkwy 96930 City/State/Zip: Bessemer, AL 35022 CID#: _____ Dept: 00		CARRIER NAME: HUB CITY GROUP Responsible Acct.No: _____ Trailer number: 168 Seal number(s): 8068880 SCAC: HGLS 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: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
SPECIAL INSTRUCTIONS: Packing List is Attached				<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	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1TB1H6	110	675.91	Y N	
Grand Total	110	675.91		

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>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		29	ctns	408.61		Mattress Pads	149265	100
		81	ctns	267.30		Sheet Set & Pillowcase	49390 Sub 4	175
2		110		775.91		Grand Total		

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"/>
---	--

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


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

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: <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	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.
--	--	--	---

Date: 6/5/2023 11:46:55 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - SAN ANTONIO DC Location #: 96120
Address:	221 Hanson Way	Address:	6601 Cal Turner Drive 96120
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	San Antonio, TX 78220
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000800216		Trailer number: 168	
		Seal number(s): 8068880	
(402)06757163000800216		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
		3rd Party:	
<input type="checkbox"/>		Master Bill of Lading: with attached	
(check box)		underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
			Driver Departure Time
			AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1TB1V8	59	572.35	Y N	
Grand Total	59	572.35		

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>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		35	ctns	493.15		Mattress Pads	149265	100
		24	ctns	79.20		Sheet Set & Pillowcase	49390 Sub 4	175
2		59		672.35		Grand Total		

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.

Date: 6/5/2023 11:44:51 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - ARDMORE DC
Address:	221 Hanson Way	Address:	401 General Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Ardmore Industrial Air Pa, 96300
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000800254		Trailer number: 168	
		Seal number(s): 8068880	
(402)06757163000800254		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Trailer number: 168		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Seal number(s): 8068880		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SCAC: HGLS		Appointment Time	
Pro Number:		Actual Driver Arrival Time	
THIRD PARTY FREIGHT CHARGES BILL TO:		Driver Departure Time	
Name:		AM	
Address:		PM	
City/State/Zip:		AM	
SPECIAL INSTRUCTIONS:		PM	
Packing List is Attached		PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1TB1J3	88	862.27	Y N	
Grand Total	88	862.27		

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>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		53	ctns	746.77		Mattress Pads	149265	100
		35	ctns	115.50		Sheet Set & Pillowcase	49390 Sub 4	175
3		88		1012.27		Grand Total		

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.

Date: 6/5/2023 11:40:06 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000800209	
Name:	E & E COMPANY LTD	 (402)06757163000800209	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: HUB CITY GROUP	
VENDOR:		Responsible Acct.No:	
	FOB: <input type="checkbox"/>	Trailer number: 168	
SHIP TO		Seal number(s): 8068880	
Name:	DOLGEN - BETHEL DC	SCAC: HGLS	
Address:	30 Martha Dr	Pro Number:	
	96100		
City/State/Zip:	Bethel, PA 19507		
CID#:			
Dept:	00		
	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1TB2F8	28	221.88	Y N	
Grand Total	28	221.88		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		12	ctns	169.08		Mattress Pads	149265	100
		16	ctns	52.80		Sheet Set & Pillowcase	49390 Sub 4	175
1		28		271.88		Grand Total		

<p>Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
<p>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.</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>
<p>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.</p>	

MASTER BILL OF LADING

ESTIMATED PICK UP DATE: 6/2/2023

SHIPPER

Name: E E CO LTD
 Address: 221 HANSON WAY
 City/State/Zip: WOODLAND, CA 95776
 Contact: ALEX GONZALEZ

BILL OF LADING : 5004995537

ORDER #: 1038319_ARD70409099S, 1038319_BES70408706S,
 1038319_BTH70410339S, 1038319_FLT70410450S, 1038319_IND70409312S,
 1038319_JAC70409211S, 1038319_JAN70410380S, 1038319_JON70409104S,
 1038319_LEB70409012S, 1038319_LGV70408707S, 1038319_MAR70410325S,
 1038319_SAT70408708S

CONSIGNEE

Name: TAGG
 Address: 13204 PHILADELPHIA AVE YARD
 City/State/Zip: FONTANA, CA 92337
 Contact:

CARRIER

CARRIER NAME: HUB HIGHWAY SERVICES
 SCAC: HHWY
 PRO NUMBER: 13802060001

seal # 8068880

THIRD PARTY FREIGHT CHARGES BILL TO

Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson
 Address: 2001 HUB GROUP WAY
 City/State/Zip: OAK BROOK, IL 60523

Freight Charge Terms :

(freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party X _____

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:

67388689,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388690,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388972,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388691,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2143,67388725,67388729,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2032,67388688,67388726,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 67388823,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 329,67388728,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388722,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1760 | STOP#:1 CR - ARD70409099S;BES70408706S;BTH70410339S;FLT70410450S; IND70409312S;JAC70409211S;JAN70410380S;JON70409104S;LEB70409012S;LGV70408707S;MAR70410325S;SAT70408708S,STOP#:1 PO - 1TB1H1-01; 1TB1H6-01;1TB1H7-01;1TB1H9-01;1TB1J3-01;1TB1V3-01;1TB1V4-01;1TB1V8-01;1TB239-01;1TB255-01;1TB273-01;1TB2F8-01 | |

SPECIAL SERVICES:

CARRIER INFO

PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS
					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.		
2	41	440	231		GENERAL COMMODITIES	NMFC_CLASS	400.0
19	522	5737	2193		GENERAL COMMODITIES	NMFC_CLASS	300.0
6	302	2301	693		GENERAL COMMODITIES	NMFC_CLASS	250.0
27	865	8478.00	3117.00		GRAND TOTAL		

CUSTOMER

CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
					Y	N	
LEB70409012S	2	41	505	231	Y	N	
SAT70408708S	2	59	672	231	Y	N	
JAC70409211S	2	41	440	231	Y	N	
ARD70409099S	3	88	1012	346	Y	N	
MAR70410325S	2	105	803	231	Y	N	
JAN70410380S	4	129	1252	462	Y	N	
JON70409104S	2	46	554	231	Y	N	
FLT70410450S	2	87	722	231	Y	N	
LGV70408707S	3	64	804	346	Y	N	
BES70408706S	2	110	776	231	Y	N	
IND70409312S	2	67	666	231	Y	N	
BTH70410339S	1	28	272	115	Y	N	
GRAND TOTAL	27	865	8478.00	3117.00			

MASTER BILL OF LADING

<p>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 _____."</p>	<p>COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/></p>	
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</p>		
<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>_____ Shipper Signature</p>	
<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</p> <p>_____ 6/5/23</p>	<p>Trailer Loaded: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>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</p> <p>Jan 6/5/23 Property described above is received in good order, except as noted.</p>

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5004995537				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_LEB70409012S				
CONSIGNEE					CARRIER				
Name: LEBEC DISTRIBUTION CENTER Address: 4193 INDUSTRIAL PARKWAY DR City/State/Zip: LEBEC, CA 93243 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:				
THIRD PARTY FREIGHT CHARGES BILL TO									
Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>				
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES									
CUSTOMS INSTRUCTION:									
SPECIAL INSTRUCTION:67388689,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388690,Number of miles: 2345, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388972,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388691,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388725,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388729,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388688, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388726,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388823,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388728,Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388722,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388724,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER									
SPECIAL SERVICES:									
CARRIER INFO									
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS		
2	41	505	231		GENERAL COMMODITIES	NMFC_CLASS	300.0		
2	41	505.00	231.00		GRAND TOTAL				
CUSTOMER									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO			
LEB70409012S	2	41	505	231	Y N				
GRAND TOTAL	2	41	505.00	231.00					
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)						RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Trailer Loaded:			SHIPPER 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 Property described above is received in good order, except as noted			
			<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver						

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5004995537				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_SAT70408708S				
CONSIGNEE					CARRIER				
Name: SAN ANTONIO DISTRIBUTION CENTE Address: 6601 CAL TURNER DR City/State/Zip: SAN ANTONIO, TX 78220 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:				
THIRD PARTY FREIGHT CHARGES BILL TO									
Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>				
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES									
CUSTOMS INSTRUCTION:									
SPECIAL INSTRUCTION:67388689,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388690,Number of miles: 2345, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388972,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388691,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388725,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388729,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388688, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388726,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388823,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388728,Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388722,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388724,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER									
SPECIAL SERVICES:									
CARRIER INFO									
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS		
2	59	672	231		GENERAL COMMODITIES	NMFC_CLASS	300.0		
2	59	672.00	231.00		GRAND TOTAL				
CUSTOMER									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO			
SAT70408708S	2	59	672	231	Y N				
GRAND TOTAL	2	59	672.00	231.00					
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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 Property described above is received in good order, except as noted				

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5004995537				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_MAR70410325S				
CONSIGNEE					CARRIER				
Name: DOLLAR GENERAL - MARION Address: 5575 DOLLAR GENERAL WAY City/State/Zip: MARION, IN 46952 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:				
THIRD PARTY FREIGHT CHARGES BILL TO									
Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>				
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES									
CUSTOMS INSTRUCTION:									
SPECIAL INSTRUCTION:67388689,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388690,Number of miles: 2345, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388972,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388691,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388725,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388729,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388688, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388726,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388823,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388728,Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388722,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388724,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER									
SPECIAL SERVICES:									
CARRIER INFO									
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>			NMFC#	CLASS
2	105	803	231		GENERAL COMMODITIES			NMFC_CLASS	250.0
2	105	803.00	231.00		GRAND TOTAL				
CUSTOMER									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
MAR70410325S	2	105	803	231	Y	N			
GRAND TOTAL	2	105	803.00	231.00					
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.							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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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 Property described above is received in good order, except as noted

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5004995537		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_BTH70410339S		
CONSIGNEE					CARRIER		
Name: BETHEL DISTRIBUTION CENTER Address: 30 MARTHA DR City/State/Zip: BETHEL, PA 19507 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:		
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>		
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:67388689,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388690,Number of miles: 2345, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388972,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388691,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388725,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388729,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388688, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388726,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388823,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388728,Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388722,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388724,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS
1	28	272	115		GENERAL COMMODITIES	NMFC_CLASS	300.0
1	28	272.00	115.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
BTH70410339S	1	28	272	115	Y N		
GRAND TOTAL	1	28	272.00	115.00			
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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 Property described above is received in good order, except as noted	

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5004995537						
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_LGV70408707S						
CONSIGNEE					CARRIER						
Name: LONGVIEW DISTRIBUTION CENTER Address: 3300 GEORGE RICHEY RD City/State/Zip: LONGVIEW, TX 75605 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:						
THIRD PARTY FREIGHT CHARGES BILL TO											
Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>						
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES											
CUSTOMS INSTRUCTION:											
SPECIAL INSTRUCTION:67388689,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388690,Number of miles: 2345, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388972,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388691,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388725,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388729,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388688, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388726,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388823,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388728,Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388722,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388724,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER											
SPECIAL SERVICES:											
CARRIER INFO											
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>			NMFC#	CLASS		
3	64	804	346		GENERAL COMMODITIES			NMFC_CLASS	300.0		
3	64	804.00	346.00		GRAND TOTAL						
CUSTOMER											
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO				
LGV70408707S	3	64	804	346	Y	N					
GRAND TOTAL	3	64	804.00	346.00							
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>				
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)											
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.							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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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 Property described above is received in good order, except as noted		

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5004995537			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_BES70408706S			
CONSIGNEE				CARRIER			
Name: DOLLAR GENERAL Address: 4101 LAKESHORE PKWY City/State/Zip: BESSEMER, AL 35022 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:67388689,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388690,Number of miles: 2345, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388972,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388691,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388725,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388729,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388688, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388726,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388823,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388728,Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388722,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388724,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS
2	110	776	231		GENERAL COMMODITIES	NMFC_CLASS	250.0
2	110	776.00	231.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
BES70408706S	2	110	776	231	Y N		
GRAND TOTAL	2	110	776.00	231.00			
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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 Property described above is received in good order, except as noted	

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5004995537			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_FLT70410450S			
CONSIGNEE				CARRIER			
Name: DOLLAR GENERAL - FULTON Address: 1900 CARDINAL DR City/State/Zip: FULTON, MO 65251 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:67388689,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388690,Number of miles: 2345, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388972,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388691,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388725,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388729,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388688, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388726,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388823,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388728,Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388722,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388724,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS
2	87	722	231		GENERAL COMMODITIES	NMFC_CLASS	250.0
2	87	722.00	231.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
FLT70410450S	2	87	722	231	Y N		
GRAND TOTAL	2	87	722.00	231.00			
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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 _____ Property described above is received in good order, except as noted	

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5004995537				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_ARD70409099S				
CONSIGNEE					CARRIER				
Name: ARDMORE DISTRIBUTION CENTER Address: 401 GENERAL DR City/State/Zip: ARDMORE, OK 73401 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:				
THIRD PARTY FREIGHT CHARGES BILL TO									
Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u>X</u>				
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES									
CUSTOMS INSTRUCTION:									
SPECIAL INSTRUCTION:67388689,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388690,Number of miles: 2345, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388972,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388691,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388725,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388729,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388688, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388726,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388823,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388728,Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388722,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388724,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER									
SPECIAL SERVICES:									
CARRIER INFO									
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS		
3	88	1012	346		GENERAL COMMODITIES	NMFC_CLASS	300.0		
3	88	1012.00	346.00		GRAND TOTAL				
CUSTOMER									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
ARD70409099S	3	88	1012	346	Y	N			
GRAND TOTAL	3	88	1012.00	346.00					
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____			
SHIPPER SIGNATURE / DATE					CARRIER SIGNATURE / PICKUP DATE				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces				
					Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted				

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5004995537				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_IND70409312S				
CONSIGNEE					CARRIER				
Name: INDIANOLA DISTRIBUTION CENTER Address: 914 HIGHWAY 82 W City/State/Zip: INDIANOLA, MS 38751 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:				
THIRD PARTY FREIGHT CHARGES BILL TO									
Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u>X</u> _____				
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES									
CUSTOMS INSTRUCTION:									
SPECIAL INSTRUCTION:67388689,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388690,Number of miles: 2345, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388972,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388691,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388725,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388729,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388688, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388726,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388823,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388728,Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388722,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388724,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER									
SPECIAL SERVICES:									
CARRIER INFO									
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>		NMFC#	CLASS	
2	67	666	231		GENERAL COMMODITIES		NMFC_CLASS	300.0	
2	67	666.00	231.00		GRAND TOTAL				
CUSTOMER									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
IND70409312S	2	67	666	231	Y	N			
GRAND TOTAL	2	67	666.00	231.00					
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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 Property described above is received in good order, except as noted	

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5004995537			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_JAN70410380S			
CONSIGNEE				CARRIER			
Name: DOLLAR GENERAL Address: 101 INNOVATION DR City/State/Zip: JANESVILLE, WI 53546 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:67388689,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388690,Number of miles: 2345, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388972,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388691,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388725,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388729,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388688, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388726,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388823,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388728,Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388722,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388724,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS
4	129	1252	462		GENERAL COMMODITIES	NMFC_CLASS	300.0
4	129	1252.00	462.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
JAN70410380S	4	129	1252	462	Y N		
GRAND TOTAL	4	129	1252.00	462.00			
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver			Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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 _____ Property described above is received in good order, except as noted	

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5004995537
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:	BL#: 1038319_JAC70409211S

CONSIGNEE	CARRIER
Name: JACKSON DISTRIBUTION CENTER Address: 200 JACKSON RD City/State/Zip: JACKSON, GA 30233 Contact:	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HWY PRO NUMBER:

THIRD PARTY FREIGHT CHARGES BILL TO	Freight Charge Terms :
Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK	(freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES
CUSTOMS INSTRUCTION: SPECIAL INSTRUCTION:67388689,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388690,Number of miles: 2345, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388972,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388691,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388725,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388729,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388688, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388726,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388823,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388728,Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388722,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388724,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER
SPECIAL SERVICES:

CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS
2	41	440	231		GENERAL COMMODITIES	NMFC_CLASS	400.0
2	41	440.00	231.00		GRAND TOTAL		

CUSTOMER						
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
JAC70409211S	2	41	440	231	Y N	
GRAND TOTAL	2	41	440.00	231.00		

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: <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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.	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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.	Trailer Loaded: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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 _____ Property described above is received in good order, except as noted
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MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5004995537					
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_JON70409104S					
CONSIGNEE				CARRIER					
Name: DOLLAR GENERAL Address: 1451 SPARTANBURG HWY City/State/Zip: JONESVILLE, SC 29353 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:					
THIRD PARTY FREIGHT CHARGES BILL TO									
Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/> X _____					
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES									
CUSTOMS INSTRUCTION:									
SPECIAL INSTRUCTION:67388689,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388690,Number of miles: 2345, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388972,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388691,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388725,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388729,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388688, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388726,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388823,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388728,Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388722,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67388724,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER									
SPECIAL SERVICES:									
CARRIER INFO									
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>		NMFC#	CLASS	
2	46	554	231		GENERAL COMMODITIES		NMFC_CLASS	300.0	
2	46	554.00	231.00		GRAND TOTAL				
CUSTOMER									
CUSTOMER ORDER NUMBER		PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
JON70409104S		2	46	554	231	Y N			
GRAND TOTAL		2	46	554.00	231.00				
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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 _____ Property described above is received in good order, except as noted	

Order No.: 67388823 Order Date: 05/23/2023 Customer: DOLGEN- CALIFORNIA Customer PO No.: 1TB273
DC

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN- CALIFORNIA DC 4193 INDUSTRIAL PARKWAY DRIVE LEBEC, CA 93243 US	Shipping Date: 06/05/2023 Shipment No.: 300080033
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	200	25	200	25
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	192	16	192	16

Total Weight:	405.05
Total Quantity Ordered:	392
Total Cartons Ordered:	41
Total Quantity Shipped:	392
Total Cartons Shipped:	41

Order No.: 67388728 Order Date: 05/23/2023 Customer: DOLGEN - LONGVIEW DC Customer PO No.: 1TB1V4

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
DOLLAR GENERAL
CORPORATION CO.111
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072
US

SHIP TO:
DOLGEN - LONGVIEW DC
3300 E. GEORGE RICHEY ROAD
LONGVIEW, TX 75605
US

Shipping Date:
06/05/2023

Shipment No.:
300080024

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	328	41	328	41
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	276	23	276	23

Total Weight: 653.59
Total Quantity Ordered: 604
Total Cartons Ordered: 64
Total Quantity Shipped: 604
Total Cartons Shipped: 64

Order No.: 67388729 Order Date: 05/23/2023 Customer: DOLGEN- JACKSON DC Customer PO No.: 1TB255

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN- JACKSON DC 200 JACKSON ROAD JACKSON, GA 30233 US	Shipping Date: 06/05/2023 Shipment No.: 300080023
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	152	19	152	19
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	264	22	264	22

Total Weight:	340.31
Total Quantity Ordered:	416
Total Cartons Ordered:	41
Total Quantity Shipped:	416
Total Cartons Shipped:	41

Order No.: 67388688 Order Date: 05/23/2023 Customer: DOLGEN- JANESVILLE Customer PO No.: 1TB1H1
 DC

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN- JANESVILLE DC 101 INNOVATION DRIVE JANESVILLE, WI 53546 US	Shipping Date: 06/05/2023 Shipment No.: 300080022
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	464	58	464	58
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	852	71	852	71

Total Weight:	1051.52
Total Quantity Ordered:	1316
Total Cartons Ordered:	129
Total Quantity Shipped:	1316
Total Cartons Shipped:	129

Order No.: 67388725 Order Date: 05/23/2023 Customer: DOLGEN- INDIANOLA Customer PO No.: 1TB1V3
DC

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN- INDIANOLA DC 914 HWY 82 W INDIANOLA, MS 38751 US	Shipping Date: 06/05/2023 Shipment No.: 300080027
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	256	32	256	32
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	420	35	420	35

Total Weight:	566.38
Total Quantity Ordered:	676
Total Cartons Ordered:	67
Total Quantity Shipped:	676
Total Cartons Shipped:	67

Order No.: 67388691 Order Date: 05/23/2023 Customer: DOLGEN - FULTON DC Customer PO No.: 1TB1H9

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - FULTON DC 1900 CARDINAL DRIVE CALLAWAY FULTON, MO 65251-7250 US	Shipping Date: 06/05/2023 Shipment No.: 300080028
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	248	31	248	31
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	672	56	672	56

Total Weight:	621.59
Total Quantity Ordered:	920
Total Cartons Ordered:	87
Total Quantity Shipped:	920
Total Cartons Shipped:	87

Order No.: 67388726 Order Date: 05/23/2023 Customer: DOLGEN - JONESVILLE DC Customer PO No.: 1TB239

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
DOLLAR GENERAL
CORPORATION CO.111
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072
US

SHIP TO:
DOLGEN - JONESVILLE DC
1451 SPARTANBURG HWY
JONESVILLE, SC 29353
US

Shipping Date:
06/05/2023

Shipment No.:
300080030

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	224	28	224	28
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	216	18	216	18

Total Weight: 453.92
Total Quantity Ordered: 440
Total Cartons Ordered: 46
Total Quantity Shipped: 440
Total Cartons Shipped: 46

Order No.: 67388722 Order Date: 05/23/2023 Customer: DOLGEN - MARION DC Customer PO No.: 1TB1H7

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - MARION DC 5575 EAST DOLLAR GENERAL MARION, IN 46952 US	Shipping Date: 06/05/2023 Shipment No.: 300080031
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	264	33	264	33
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	864	72	864	72

Total Weight:	702.57
Total Quantity Ordered:	1128
Total Cartons Ordered:	105
Total Quantity Shipped:	1128
Total Cartons Shipped:	105

Order No.: 67388690 Order Date: 05/23/2023 Customer: DOLGEN - BESSEMER DC Customer PO No.: 1TB1H6

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - BESSEMER DC 4101 LAKESHORE PKWY BESSEMER, AL 35022 US	Shipping Date: 06/05/2023 Shipment No.: 300080032
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	232	29	232	29
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	972	81	972	81

Total Weight:	675.91
Total Quantity Ordered:	1204
Total Cartons Ordered:	110
Total Quantity Shipped:	1204
Total Cartons Shipped:	110

Order No.: 67388724 Order Date: 05/23/2023 Customer: DOLGEN - SAN ANTONIO DC Customer PO No.: 1TB1V8

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - SAN ANTONIO DC 6601 CAL TURNER DRIVE SAN ANTONIO, TX 78220 US	Shipping Date: 06/05/2023 Shipment No.: 300080021
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	280	35	280	35
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	288	24	288	24

Total Weight:	572.35
Total Quantity Ordered:	568
Total Cartons Ordered:	59
Total Quantity Shipped:	568
Total Cartons Shipped:	59

Order No.: 67388689 Order Date: 05/23/2023 Customer: DOLGEN - ARDMORE DC Customer PO No.: 1TB1J3

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - ARDMORE DC 401 GENERAL DRIVE ARDMORE INDUSTRIAL AIR PA ARDMORE, OK 73401-0000 US	Shipping Date: 06/05/2023 Shipment No.: 300080025
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	424	53	424	53
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	420	35	420	35

Total Weight:	862.27
Total Quantity Ordered:	844
Total Cartons Ordered:	88
Total Quantity Shipped:	844
Total Cartons Shipped:	88

Order No.: 67388972 Order Date: 05/23/2023 Customer: DOLGEN - BETHEL DC Customer PO No.: 1TB2F8

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

DOLLAR GENERAL
CORPORATION CO.111
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072
US

SHIP TO:

DOLGEN - BETHEL DC
30 MARTHA DR
BETHEL, PA 19507
US

Shipping Date:

06/05/2023

Shipment No.:

300080020

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	96	12	96	12
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	192	16	192	16

Total Weight: 221.88
Total Quantity Ordered: 288
Total Cartons Ordered: 28
Total Quantity Shipped: 288
Total Cartons Shipped: 28