


<b>SHIP FROM</b>		Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		Bill of Lading Number: 06757163000800292  (402)06757163000800292										
<b>SHIP TO</b>		Name: DOLGEN - ZANESVILLE DC Location #: 96900 Address: 2505 East Pointe Drive 96900 City/State/Zip: Zanesville, OH 43701-7761 CID#: _____ Dept: 00 FOB: <input type="checkbox"/>		CARRIER NAME: HUB CITY GROUP Responsible Acct.No: _____ Trailer number: 135900 Seal number(s): N/A SCAC: HGLS Pro Number: 6248167767										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <b>X</b> 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
1TB222	50	542.65	Y N	
<b>Grand Total</b>	50	542.65		

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
		15	ctns	49.50		Sheet Set & Pillowcase	49390 Sub 4	175
2		50		642.65		<b>Grand Total</b>		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;"><b>Shipper Signature</b></p>		
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table style="width:100%;"> <tr> <td style="width: 50%;"> <b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver                 </td> <td style="width: 50%;"> <b>Freight Counted:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces                 </td> </tr> </table>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.		

# 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 :5004995694  
 TRAILER # SEAL #  
 ORDER # : 1038319\_ZAN70410326S  
 CR ZAN70410326S  
 P8 1TB222-01  
 PO 1TB222-01

**CONSIGNEE**

Name: TAGG  
 Address: 2650 S WILLOW AVE  
 City/State/Zip: BLOOMINGTON, CA 92316  
 Contact:

**CARRIER**

CARRIER NAME: **U S F REDDAWAY INC**  
 SCAC: RETL  
 PRO NUMBER:

SHIPPER BOL 11/10/21  
**790**  
**624-816776-7**  
  


**THIRD PARTY FREIGHT CHARGES BILL TO**

Name: DOLLAR GENERAL C/O HUB GROUP  
 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  

Carrier tariffs are incorporated herein (copies available upon request).  
 Carrier tariffs limit its liability. This shipment is subject to the terms and conditions  
 of the Uniform Straight Bill of Lading as stated in the NMFC 100 series tariff.

**SPECIAL INSTRUCTIONS AND SPECIAL SERVICES**

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:  
 67388723,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2437 | STOP#:1 CR - ZAN70410326S,STOP#:1 PO - 1TB222-01 | |

SPECIAL SERVICES:

**CARRIER INFO**

PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS
					<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. EMERGENCY PH # 1-800-535-5053</small>		
2	50	643	231		GENERAL COMMODITIES	NMFC_CLASS	300.0
2	50	643.00	231.00		<b>GRAND TOTAL</b>		

**CUSTOMER**

CUSTOMER ORDER NUMBER	SKU	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
ZAN70410326S		2	50	643	231	Y	N	
<b>GRAND TOTAL</b>		<b>2</b>	<b>50</b>	<b>643.00</b>	<b>231.00</b>			

**PALLET TYPE**

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

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

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

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

- 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 has the DOT emergency response.

*[Signature]* 6-2-23  
 Property described above is received in good order, except as

Order No.: 67388723 Order Date: 05/23/2023 Customer: DOLGEN - ZANESVILLE Customer PO No.: 1TB222  
DC

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - ZANESVILLE DC 2505 EAST POINTE DRIVE ZANESVILLE, OH 43701-7761 US	<b>Shipping Date:</b> 06/02/2023  <b>Shipment No.:</b> 300080029
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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	180	15	180	15

<b>Total Weight:</b>	<b>542.65</b>
<b>Total Quantity Ordered:</b>	<b>460</b>
<b>Total Cartons Ordered:</b>	<b>50</b>
<b>Total Quantity Shipped:</b>	<b>460</b>
<b>Total Cartons Shipped:</b>	<b>50</b>