

# MASTER BILL OF LADING

**ESTIMATED PICK UP DATE: 7/31/2023**

<p style="text-align: center;"><b>SHIPPER</b></p> <p>Name: E E CO LTD                  Address: 221 HANSON WAY                  City/State/Zip: WOODLAND, CA 95776                  Contact: ALEX GONZALEZ</p>	<p>BILL OF LADING : 5006568009</p> <p>ORDER #: 1038319_ALC70769955S, 1038319_AMS70769883S, 1038319_ARD70767919S, 1038319_BTH70769989S, 1038319_FLT70769885S, 1038319_JAC7076779S, 1038319_JAN70769882S, 1038319_JON70767679S</p>
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<p style="text-align: center;"><b>CONSIGNEE</b></p> <p>Name: HUBGROUP FONTANA CROSSDOCK                  Address: 13204 PHILADELPHIA AVE YARD                  City/State/Zip: FONTANA, CA 92337                  Contact:</p>	<p style="text-align: center;"><b>CARRIER</b></p> <p>CARRIER NAME: HUB HIGHWAY SERVICES                  SCAC: HHWY                  PRO NUMBER: 13831079701</p>
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<p style="text-align: center;"><b>THIRD PARTY FREIGHT CHARGES BILL TO</b></p> <p>Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson                  Address: 2001 HUB GROUP WAY                  City/State/Zip: OAK BROOK, IL 60523</p>	<p>Freight Charge Terms :</p> <p>(freight charges are prepaid unless marked otherwise)</p> <p>Prepaid _____ Collect _____ 3rd Party <u>  X  </u></p>
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**SPECIAL INSTRUCTIONS AND SPECIAL SERVICES**

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:  
 Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770880,67770877,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770882,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770889,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2724,67770887,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770891,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2032,67770878,67770441,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2648 | STOP#:1 CR - ALC70769955S;AMS70769883S;ARD70767919S;BTH70769989S;FLT70769885S;JAC70767779S;JAN70769882S;JON70767679S,STOP#:1 PO - 1VDLR4-01; 1VDLR5-01;1VDLR6-01;1VDLR9-01;1VDLS1-01;1VDLV4-01;1VDLW2-01;1VDLW4-01 | |

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
21	490	6120	2423		GENERAL COMMODITIES	NMFC_CLASS	300.0
3	91	1055	346		GENERAL COMMODITIES	NMFC_CLASS	250.0
<b>24</b>	<b>581</b>	<b>7175.00</b>	<b>2769.00</b>		<b>GRAND TOTAL</b>		

**CUSTOMER**

CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
BTH70769989S	2	41	483	231	Y	N	
ARD70767919S	5	94	1564	577	Y	N	
JON70767679S	3	110	923	346	Y	N	
AMS70769883S	3	85	927	346	Y	N	
JAC70767779S	3	50	855	346	Y	N	
JAN70769882S	3	91	1055	346	Y	N	
ALC70769955S	3	63	854	346	Y	N	
FLT70769885S	2	47	514	231	Y	N	
<b>GRAND TOTAL</b>	<b>24</b>	<b>581</b>	<b>7175.00</b>	<b>2769.00</b>			

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

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

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

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

# MASTER BILL OF LADING

<p><b>SHIPPER SIGNATURE / DATE</b> 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><i>[Signature]</i> 7/31/23</p>	<p>Trailer Loaded:      Freight Counted:</p> <p><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</p>	<p><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</p> <p><i>[Signature]</i> 7/31/23 Property described above is received in good order, except as noted.</p>
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# MASTER BILL OF LADING

<b>SHIPPER</b>					BILL OF LADING :5006568009				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_AMS70769883S				
<b>CONSIGNEE</b>					<b>CARRIER</b>				
Name: AMSTERDAM DISTRIBUTION CENTER Address: 2041 STATE HIGHWAY 5S City/State/Zip: AMSTERDAM, NY 12010 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:				
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>									
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>				
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>									
CUSTOMS INSTRUCTION:									
SPECIAL INSTRUCTION:67770880,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770877,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770882,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770889,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770887,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770891,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770878, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770441,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER									
SPECIAL SERVICES:									
<b>CARRIER INFO</b>									
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	85	927	346		GENERAL COMMODITIES			NMFC_CLASS	300.0
3	85	927.00	346.00		<b>GRAND TOTAL</b>				
<b>CUSTOMER</b>									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
AMS70769883S	3	85	927	346	Y	N			
<b>GRAND TOTAL</b>	<b>3</b>	<b>85</b>	<b>927.00</b>	<b>346.00</b>					
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>				
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.				
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				
<b>SHIPPER SIGNATURE / DATE</b> 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		
					<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  Property described above is received in good order, except as noted				



# MASTER BILL OF LADING

<b>SHIPPER</b>				BILL OF LADING :5006568009					
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_BTH70769989S					
<b>CONSIGNEE</b>				<b>CARRIER</b>					
Name: BETHEL DISTRIBUTION CENTER Address: 30 MARTHA DR City/State/Zip: BETHEL, PA 19507 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:					
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>									
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"/>					
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>									
CUSTOMS INSTRUCTION:									
SPECIAL INSTRUCTION:67770880,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770877,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770882,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770889,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770887,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770891,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770878, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,67770441,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER									
SPECIAL SERVICES:									
<b>CARRIER INFO</b>									
<b>PALLETS</b>	<b>QTY</b>	<b>WEIGHT (LB)</b>	<b>CUBE</b>	<b>H.M.(X)</b>	<b>COMMODITY DESCRIPTION</b> <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>		<b>NMFC#</b>	<b>CLASS</b>	
2	41	483	231		GENERAL COMMODITIES		NMFC_CLASS	300.0	
<b>2</b>	<b>41</b>	<b>483.00</b>	<b>231.00</b>		<b>GRAND TOTAL</b>				
<b>CUSTOMER</b>									
<b>CUSTOMER ORDER NUMBER</b>	<b>PALLETS</b>	<b>QTY</b>	<b>WEIGHT (LB)</b>	<b>CUBE</b>	<b>PALLETS/SLIP (CIRCLE ONE)</b>		<b>ADDITIONAL SHIPPER INFO</b>		
BTH70769989S	2	41	483	231	Y    N				
<b>GRAND TOTAL</b>	<b>2</b>	<b>41</b>	<b>483.00</b>	<b>231.00</b>					
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms:      Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>									
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			
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# MASTER BILL OF LADING

<b>SHIPPER</b>				BILL OF LADING :5006568009					
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_FLT70769885S					
<b>CONSIGNEE</b>				<b>CARRIER</b>					
Name: DOLLAR GENERAL - FULTON Address: 1900 CARDINAL DR City/State/Zip: FULTON, MO 65251 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:					
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>									
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>					
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>									
CUSTOMS INSTRUCTION:									
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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	47	514	231		GENERAL COMMODITIES		NMFC_CLASS	300.0	
2	47	514.00	231.00		<b>GRAND TOTAL</b>				
<b>CUSTOMER</b>									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
FLT70769885S	2	47	514	231	Y	N			
<b>GRAND TOTAL</b>	<b>2</b>	<b>47</b>	<b>514.00</b>	<b>231.00</b>					
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						Property described above is received in good order, except as noted			

# MASTER BILL OF LADING

<b>SHIPPER</b>				BILL OF LADING :5006568009					
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_ARD70767919S					
<b>CONSIGNEE</b>				<b>CARRIER</b>					
Name: ARDMORE DISTRIBUTION CENTER Address: 401 GENERAL DR City/State/Zip: ARDMORE, OK 73401 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:					
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>									
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>					
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SPECIAL SERVICES:									
<b>CARRIER INFO</b>									
<b>PALLETS</b>	<b>QTY</b>	<b>WEIGHT (LB)</b>	<b>CUBE</b>	<b>H.M.(X)</b>	<b>COMMODITY DESCRIPTION</b> <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>		<b>NMFC#</b>	<b>CLASS</b>	
5	94	1564	577		GENERAL COMMODITIES		NMFC_CLASS	300.0	
5	94	1564.00	577.00		<b>GRAND TOTAL</b>				
<b>CUSTOMER</b>									
<b>CUSTOMER ORDER NUMBER</b>	<b>PALLETS</b>	<b>QTY</b>	<b>WEIGHT (LB)</b>	<b>CUBE</b>	<b>PALLETS/SLIP (CIRCLE ONE)</b>		<b>ADDITIONAL SHIPPER INFO</b>		
ARD70767919S	5	94	1564	577	Y    N				
<b>GRAND TOTAL</b>	<b>5</b>	<b>94</b>	<b>1564.00</b>	<b>577.00</b>					
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms:        Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
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 _____			
<b>SHIPPER SIGNATURE / DATE</b> 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		<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	
						Property described above is received in good order, except as noted			







Date: 7/31/2023 1:52:59 PM

## Master Bill Of Lading

Page 1 of 2

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000814589	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		<b>CARRIER NAME:</b> HUB CITY GROUP	
Name:	HUBGROUP FONTANA CROSSDOCK	DC#:	
		Div.	
Address:	13204 Philadelphia Ave	Trailer number:	5303
		Seal number(s):	8070967
City/State/Zip:	FONTANA, CA 92337	SCAC:	HGLS
SID#:		Pro Number:	13831079701
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
<b>SPECIAL INSTRUCTIONS:</b>		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 5006568009		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
1VDLR4	110	773.02	Y	N	06757163000813520	96910	
1VDLV4	47	414.06	Y	N	06757163000813506	96700	
1VDLR9	63	704.24	Y	N	06757163000813513	96800	
1VDLR5	91	904.54	Y	N	06757163000813469	96130	
1VDLW2	41	383.47	Y	N	06757163000813452	96100	
1VDLR6	85	776.84	Y	N	06757163000813483	96150	
1VDLW4	50	704.50	Y	N	06757163000813476	96140	
1VDLS1	94	1313.67	Y	N	06757163000813490	96300	
<b>Grand Total</b>	581	5974.34					

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
24	Pallet			1200.00		Pallet		70

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount \$ \_\_\_\_\_

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

## Trailer Loaded:

By Shipper  
 By Driver

## Freight Counted:

By Shipper  
 By Driver/pallets said to contain  
 By Driver/Pieces

## CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000814589	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		<b>CARRIER NAME:</b> HUB CITY GROUP	
Name:	HUBGROUP FONTANA CROSSDOCK	DC#:	
Address:	13204 Philadelphia Ave	Trailer number:	5303
City/State/Zip:	FONTANA, CA 92337	Seal number(s):	8070967
SID#:		SCAC:	HGLS
		Pro Number:	13831079701
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
<b>SPECIAL INSTRUCTIONS:</b> Load #: 5006568009		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED</b>	
		<input type="checkbox"/> <b>UNDERLYING BILLS OF LANDING</b>	
		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		376	ctns	5297.84		Mattress Pads	149265	100
		205	ctns	676.50		Sheet Set & Pillowcase	49390 Sub 4	175
24				7174.34		<b>Grand Total</b>		

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

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

**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><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.</p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></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 style="text-align: right;"><b>Shipper Signature</b></p> <p><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.</p>
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Date: 7/31/2023 1:52:50 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - AMSTERDAM DC Location #: 96150
Address:	221 Hanson Way	Address:	2041 State Highway 5 South
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Amsterdam, NY 12010
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000813483		CARRIER NAME: HUB CITY GROUP	
		Responsible Acct.No:	
(402)06757163000813483		Trailer number: 5303	
		Seal number(s): 8070967	
		SCAC: HGSL	
		Pro Number: 13831079701	
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
City/State/Zip:		(check box)	underlying Bills of Lading
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time Driver Departure Time
Load #: 5006568009		AM	AM AM
Packing List is Attached		PM	PM PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1VDLR6	85	776.84	Y N	
<b>Grand Total</b>	<b>85</b>	<b>776.84</b>		

## 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		
		46	ctns	648.14		Mattress Pads	149265	100
		39	ctns	128.70		Sheet Set & Pillowcase	49390 Sub 4	175
3		85		926.84		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:

 By Shipper  
 By Driver/pallets said to contain  
 By Driver/Pieces

## CARRIER SIGNATURE / PICKUP DATE


Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Order No.: 67770877    Order Date: 07/18/2023    Customer: DOLGEN - AMSTERDAM DC    Customer PO No.: 1VDLR6

<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 - AMSTERDAM DC 2041 STATE HIGHWAY 5 SOUTH AMSTERDAM, NY 12010 US	<b>Shipping Date:</b> 07/31/2023  <b>Shipment No.:</b> 300081348
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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	368	46	368	46
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	468	39	468	39

<b>Total Weight:</b>	776.84
<b>Total Quantity Ordered:</b>	836
<b>Total Cartons Ordered:</b>	85
<b>Total Quantity Shipped:</b>	836
<b>Total Cartons Shipped:</b>	85

SHIP FROM		Bill of Lading Number: 06757163000813469	
Name: E & E COMPANY LTD		 (402)06757163000813469	
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: 5303	
SHIP TO		Seal number(s): 8070967	
Name: DOLGEN- JANESVILLE DC Location #: 96130		SCAC: HGSL	
Address: 101 Innovation Drive		Pro Number: 13831079701	
96130			
City/State/Zip: Janesville, WI 53546			
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: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 5006568009		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
			AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1VDLR5	91	904.54	Y N	
<b>Grand Total</b>	91	904.54		

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		
		56	ctns	789.04		Mattress Pads	149265	100
		35	ctns	115.50		Sheet Set & Pillowcase	49390 Sub 4	175
3		91		1054.54		<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.

<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.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <div style="text-align: right; margin-top: 10px;">                     _____                      Shipper Signature                 </div>
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Order No.: 67770878 Order Date: 07/18/2023 Customer: DOLGEN- JANESVILLE Customer PO No.: 1VDLR5  
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- JANESVILLE DC 101 INNOVATION DRIVE JANESVILLE, WI 53546 US	<b>Shipping Date:</b> 07/31/2023  <b>Shipment No.:</b> 300081346
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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	448	56	448	56
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	420	35	420	35

<b>Total Weight:</b>	<b>904.54</b>
<b>Total Quantity Ordered:</b>	<b>868</b>
<b>Total Cartons Ordered:</b>	<b>91</b>
<b>Total Quantity Shipped:</b>	<b>868</b>
<b>Total Cartons Shipped:</b>	<b>91</b>

Date: 7/31/2023 1:52:52 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - ARDMORE DC Location #: 96300
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: 06757163000813490		Trailer number: 5303	
		Seal number(s): 8070967	
(402)06757163000813490		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number: 13831079701	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
		3rd Party: <input type="checkbox"/>	
Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time	
(check box)		Actual Driver Arrival Time	
		Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM	
Load #: 5006568009		PM	
Packing List is Attached		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:		PM	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1VDLS1	94	1313.67	Y N	
<b>Grand Total</b>	<b>94</b>	<b>1313.67</b>		

## 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
5	Pallet			250.00		Pallet		
		93	ctns	1310.37		Mattress Pads	149265	100
		1	ctns	3.30		Sheet Set & Pillowcase	49390 Sub 4	175
5		94		1563.67		<b>Grand Total</b>		

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

\*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper

By Driver

Freight Counted:

By Shipper

By Driver/pallets said to contain

By Driver/Pieces

## CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Order No.: 67770882 Order Date: 07/18/2023 Customer: DOLGEN - ARDMORE DC Customer PO No.: 1VDLS1

<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 - ARDMORE DC 401 GENERAL DRIVE ARDMORE INDUSTRIAL AIR PA ARDMORE, OK 73401-0000 US	<b>Shipping Date:</b> 07/31/2023  <b>Shipment No.:</b> 300081349
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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	744	93	744	93
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	12	1	12	1

<b>Total Weight:</b>	<b>1313.67</b>
<b>Total Quantity Ordered:</b>	<b>756</b>
<b>Total Cartons Ordered:</b>	<b>94</b>
<b>Total Quantity Shipped:</b>	<b>756</b>
<b>Total Cartons Shipped:</b>	<b>94</b>

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

Bill of Lading Number: 06757163000813476  
  
 (402)06757163000813476

**SHIP TO**  
 Name: DOLGEN- JACKSON DC Location #: 96140  
 Address: 200 Jackson Road  
 96140  
 City/State/Zip: Jackson, GA 30233  
 CID#: \_\_\_\_\_  
 Dept: 00 FOB:

**CARRIER NAME:** HUB CITY GROUP  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: 5303  
 Seal number(s): 8070967  
**SCAC:** HGLS  
**Pro Number:** 13831079701

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
**SPECIAL INSTRUCTIONS:**  
 Load #: 5006568009  
 Packing List is Attached

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**  
**Prepaid:** \_\_\_\_\_ **Collect:** X **3rd Party:** \_\_\_\_\_  
 Master Bill of Lading: with attached  
 (check box) underlying Bills of Lading  

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1VDLW4	50	704.50	Y N	
<b>Grand Total</b>	50	704.50		

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
3	Pallet			150.00		Pallet		
		50	ctns	704.50		Mattress Pads	149265	100
3		50		854.50		<b>Grand Total</b>		

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

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

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

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

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

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

**Trailer Loaded:**  
 By Shipper  
 By Driver

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

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

Order No.: 67770891 Order Date: 07/18/2023 Customer: DOLGEN- JACKSON DC Customer PO No.: 1VDLW4

**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:**


07/31/2023

**Shipment No.:**

300081347

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	400	50	400	50

**Total Weight:** 704.5  
**Total Quantity Ordered:** 400  
**Total Cartons Ordered:** 50  
**Total Quantity Shipped:** 400  
**Total Cartons Shipped:** 50

<b>SHIP FROM</b>		Name: E & E COMPANY LTD		Bill of Lading Number: 06757163000813452										
Address: 221 Hanson Way		City/State/Zip: Woodland, CA 95776		 (402)06757163000813452										
SID#: _____		PHONE: _____												
VENDOR: _____		FOB: <input type="checkbox"/>		<b>CARRIER NAME:</b> HUB CITY GROUP										
<b>SHIP TO</b>		Name: DOLGEN - BETHEL DC		Trailer number: 5303										
Address: 30 Martha Dr		City/State/Zip: Bethel, PA 19507		Seal number(s): 8070967										
CID#: _____		Dept: 00		<b>SCAC:</b> HGSL										
FOB: <input type="checkbox"/>				<b>Pro Number:</b> 13831079701										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Name: _____		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>										
Address: _____		City/State/Zip: _____		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 5006568009		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
1VDLW2	41	383.47	Y N	
<b>Grand Total</b>	41	383.47		

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		
		23	ctns	324.07		Mattress Pads	149265	100
		18	ctns	59.40		Sheet Set & Pillowcase	49390 Sub 4	175
2		41		483.47		<b>Grand Total</b>		

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

<b>COD Amount:</b> _____
Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>

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

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

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


<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <div style="text-align: right;"><b>Shipper Signature</b></div>
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Order No.: 67770889 Order Date: 07/18/2023 Customer: DOLGEN - BETHEL DC Customer PO No.: 1VDLW2

<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 - BETHEL DC 30 MARTHA DR BETHEL, PA 19507 US	<b>Shipping Date:</b> 07/31/2023  <b>Shipment No.:</b> 300081345
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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	184	23	184	23
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	216	18	216	18

<b>Total Weight:</b>	<b>383.47</b>
<b>Total Quantity Ordered:</b>	<b>400</b>
<b>Total Cartons Ordered:</b>	<b>41</b>
<b>Total Quantity Shipped:</b>	<b>400</b>
<b>Total Cartons Shipped:</b>	<b>41</b>

<b>SHIP FROM</b>		Name: E & E COMPANY LTD		Bill of Lading Number: 06757163000813520										
Address: 221 Hanson Way		City/State/Zip: Woodland, CA 95776		 (402)06757163000813520										
SID#: _____		PHONE: _____												
VENDOR: _____		FOB: <input type="checkbox"/>		<b>CARRIER NAME:</b> HUB CITY GROUP										
<b>SHIP TO</b>		Name: DOLGEN - JONESVILLE DC Location #: 96910		Responsible Acct.No: _____										
Address: 1451 Spartanburg Hwy		City/State/Zip: Jonesville, SC 29353		Trailer number: 5303										
CID#: _____		Dept: 00		Seal number(s): 8070967										
FOB: <input type="checkbox"/>				<b>SCAC:</b> HGLS										
				<b>Pro Number:</b> 13831079701										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Name: _____		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>										
Address: _____		City/State/Zip: _____		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 5006568009		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
1VDLR4	110	773.02	Y N	
<b>Grand Total</b>	110	773.02		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		38	ctns	535.42		Mattress Pads	149265	100
		72	ctns	237.60		Sheet Set & Pillowcase	49390 Sub 4	175
3		110		923.02		<b>Grand Total</b>		

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

<b>COD Amount:</b> _____
<b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
<b>Customer check acceptable:</b> <input type="checkbox"/>

**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><b>SHIPPER SIGNATURE / DATE</b>                  This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p><b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><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</p>	<p style="text-align: right;"><b>Shipper Signature</b></p> <p><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.</p>
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Order No.: 67770441 Order Date: 07/18/2023 Customer: DOLGEN - JONESVILLE Customer PO No.: 1VDLR4  
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 - JONESVILLE DC 1451 SPARTANBURG HWY JONESVILLE, SC 29353 US	<b>Shipping Date:</b> 07/31/2023  <b>Shipment No.:</b> 300081352
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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	304	38	304	38
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	864	72	864	72

<b>Total Weight:</b>	<b>773.02</b>
<b>Total Quantity Ordered:</b>	<b>1168</b>
<b>Total Cartons Ordered:</b>	<b>110</b>
<b>Total Quantity Shipped:</b>	<b>1168</b>
<b>Total Cartons Shipped:</b>	<b>110</b>

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

Bill of Lading Number: 06757163000813513  
  
 (402)06757163000813513

**SHIP TO**  
 Name: DOLGEN - ALACHUA DC Location #: 96800  
 Address: 12000 Nw 173 Street  
 96800  
 City/State/Zip: Alachua, FL 32615-8141  
 CID#: \_\_\_\_\_  
 Dept: 00 FOB:

**CARRIER NAME:** HUB CITY GROUP  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: 5303  
 Seal number(s): 8070967  
**SCAC:** HGLS  
**Pro Number:** 13831079701

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
**SPECIAL INSTRUCTIONS:**  
 Load #: 5006568009  
 Packing List is Attached

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**  
**Prepaid:** \_\_\_\_\_ **Collect:** X **3rd Party:** \_\_\_\_\_  
 Master Bill of Lading: with attached underlying Bills of Lading  

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1VDLR9	63	704.24	Y N	
<b>Grand Total</b>	63	704.24		

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		
		46	ctns	648.14		Mattress Pads	149265	100
		17	ctns	56.10		Sheet Set & Pillowcase	49390 Sub 4	175
3		63		854.24		<b>Grand Total</b>		

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

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

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

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

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

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

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


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

Order No.: 67770880    Order Date: 07/18/2023    Customer: DOLGEN - ALACHUA DC    Customer PO No.: 1VDLR9

<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 - ALACHUA DC 12000 NW 173 STREET ALACHUA, FL 32615-8141 US	<b>Shipping Date:</b> 07/31/2023  <b>Shipment No.:</b> 300081351
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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	368	46	368	46
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	204	17	204	17

<b>Total Weight:</b>	<b>704.24</b>
<b>Total Quantity Ordered:</b>	<b>572</b>
<b>Total Cartons Ordered:</b>	<b>63</b>
<b>Total Quantity Shipped:</b>	<b>572</b>
<b>Total Cartons Shipped:</b>	<b>63</b>

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000813506	
Name: E & E COMPANY LTD		 (402)06757163000813506	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		<b>CARRIER NAME:</b> HUB CITY GROUP	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: 5303	
Name: DOLGEN - FULTON DC Location #: 96700		Seal number(s): 8070967	
Address: 1900 Cardinal Drive		<b>SCAC:</b> HGLS	
Callaway, 96700		<b>Pro Number:</b> 13831079701	
City/State/Zip: Fulton, MO 65251-7250			
CID#:			
Dept: 00 FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 5006568009		Appointment Time Actual Driver Arrival Time Driver Departure Time	
Packing List is Attached		AM AM AM PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1VDLV4	47	414.06	Y N	
<b>Grand Total</b>	47	414.06		

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		
		24	ctns	338.16		Mattress Pads	149265	100
		23	ctns	75.90		Sheet Set & Pillowcase	49390 Sub 4	175
2		47		514.06		<b>Grand Total</b>		

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

**COD Amount:** \_\_\_\_\_

**Fee Terms:** Collect:  Prepaid:

**Customer check acceptable:**

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

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

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

\_\_\_\_\_  
Shipper Signature

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

<b>Trailer Loaded:</b>	<b>Freight Counted:</b>
<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.

Order No.: 67770887 Order Date: 07/18/2023 Customer: DOLGEN - FULTON DC Customer PO No.: 1VDLV4

<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 - FULTON DC 1900 CARDINAL DRIVE CALLAWAY FULTON, MO 65251-7250 US	<b>Shipping Date:</b> 07/31/2023  <b>Shipment No.:</b> 300081350
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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	192	24	192	24
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	276	23	276	23

<b>Total Weight:</b>	414.06
<b>Total Quantity Ordered:</b>	468
<b>Total Cartons Ordered:</b>	47
<b>Total Quantity Shipped:</b>	468
<b>Total Cartons Shipped:</b>	47