

|   |   |  |  |
|---|---|--|--|
| <b>SHIP FROM</b>                            |   | Master Bill of Lading Number: 06757163000839506  |  |
| Name: E & E COMPANY LTD                     | Address: 221 Hanson Way                 | City/State/Zip: Woodland, CA 95776   | SID#: _____ FOB: <input type="checkbox"/>  |
| <b>SHIP TO</b>                              |   | Pre-load   |  |
| Name: Wal-Mart Centerpoint - 6909           | DC#: 6909<br>Div.                       | CARRIER NAME: WAL-MART FLEET   |  |
| Address: 3485 Wineville Rd<br>6909          | City/State/Zip: Jurupa Valley, CA 91752 | Trailer number: 188386 ↗   | Seal number(s): 8068786 ↗  |
| SID#: _____ FOB: <input type="checkbox"/>   |   | SCAC: WALM   | Pro Number:  |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> |   | Freight Charge Terms:  |  |
| Name:                                       | Address:                                | Prepaid: <input type="checkbox"/>  | Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> |
| City/State/Zip:                             |   | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED<br>(check box) UNDERLYING BILLS OF LANDING |  |
| <b>SPECIAL INSTRUCTIONS:</b>                |   | Appointment Time   | Actual Driver Arrival Time   |
| Load #: 72906828                            |   | 8:00 AM  | 12:05 PM   |
|   |   | Driver Departure Time  | 1:05 PM  |

| CUSTOMER ORDER INFORMATION |            |            |                         |     |                         |       |  |
|----------------------------|------------|------------|-------------------------|-----|-------------------------|-------|--|
| CUSTOMER ORDER NUMBER      | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) |     | ADDITIONAL SHIPPER INFO |       |  |
|                            |            |            | BOL#                    | DC# | Supplier#               |       |  |
| 7675406130                 | 30         | 339.46     | Y                       | N   | 06757163000839223       | 7039A |  |
| 7529970743                 | 1          | 3.19       | Y                       | N   | 06757163000839216       | 7036A |  |
| 9529966387                 | 177        | 2892.23    | Y                       | N   | 06757163000839070       | 7026G |  |
| 4525476645                 | 119        | 2008.58    | Y                       | N   | 06757163000839056       | 6021G |  |
| 6316068399                 | 1          | 3.19       | Y                       | N   | 06757163000839186       | 6069A |  |
| 7675176552                 | 208        | 3306.94    | Y                       | N   | 06757163000839032       | 6012G |  |
| 9529966429                 | 19         | 253.65     | Y                       | N   | 06757163000839193       | 7026A |  |
| 4080250432                 | 4          | 12.76      | Y                       | N   | 06757163000839230       | 7039A |  |
| 5973668058                 | 65         | 680.68     | Y                       | N   | 06757163000839162       | 6037A |  |
| 6266068273                 | 1          | 3.19       | Y                       | N   | 06757163000839094       | 6009A |  |
| 7675176594                 | 151        | 1852.25    | Y                       | N   | 06757163000839100       | 6012A |  |
| 3474956710                 | 220        | 3700.84    | Y                       | N   | 06757163000839063       | 6025G |  |
| 4729447202                 | 102        | 1019.58    | Y                       | N   | 06757163000839124       | 6019A |  |
| 3029970766                 | 2          | 6.38       | Y                       | N   | 06757163000839155       | 6021A |  |

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"/><br>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.

**Shipper Signature**

|   |  |  |   |
|---|--|--|---|
| <b>SHIPPER SIGNATURE / DATE</b><br>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.<br>Total Pallet: 43 <i>Continued 11/7/23</i> | <b>Trailer Loaded:</b><br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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.<br><i>[Signature] 11/7/23 12:06</i> |
|---|--|--|---|

| SHIP FROM       |                    | Master Bill of Lading Number: 06757163000839506 |                          |
|-----------------|--------------------|---|--------------------------|
| Name:           | E & E COMPANY LTD  |   |                          |
| Address:        | 221 Hanson Way     |   |                          |
| City/State/Zip: | Woodland, CA 95776 |   |                          |
| SID#:           |                    | FOB:  | <input type="checkbox"/> |

| SHIP TO         |                             | CARRIER NAME: WAL-MART FLEET |                          |
|-----------------|-----------------------------|------------------------------|--------------------------|
| Name:           | Wal-Mart Centerpoint - 6909 | DC#:                         | 6909                     |
|                 |                             | Div.:                        |                          |
| Address:        | 3485 Wineville Rd<br>6909   | Trailer number:              | 188386                   |
|                 |                             | Seal number(s):              | 8068786                  |
| City/State/Zip: | Jurupa Valley, CA 91752     | SCAC:                        | WALM                     |
| SID#:           |                             | Pro Number:                  |                          |
|                 |                             | FOB:                         | <input type="checkbox"/> |

| THIRD PARTY FREIGHT CHARGES BILL TO: |  | Freight Charge Terms:               |                                       |                       |                                     |            |                          |
|--------------------------------------|--|-------------------------------------|---------------------------------------|-----------------------|-------------------------------------|------------|--------------------------|
| Name:                                |  | Prepaid:                            | <input type="checkbox"/>              | Collect:              | <input checked="" type="checkbox"/> | 3rd Party: | <input type="checkbox"/> |
| Address:                             |  | <input checked="" type="checkbox"/> | MASTER BILL OF LANDING: WITH ATTACHED |                       |                                     |            |                          |
| City/State/Zip:                      |  | (check box)                         | UNDERLYING BILLS OF LANDING           |                       |                                     |            |                          |
| SPECIAL INSTRUCTIONS:                |  | Appointment Time                    | Actual Driver Arrival Time            | Driver Departure Time |                                     |            |                          |
| Load #: 72906828                     |  | AM<br>PM                            | AM<br>PM                              | AM<br>PM              |                                     |            |                          |

| CUSTOMER ORDER INFORMATION |            |            |                         |   |                   |                             |           |
|----------------------------|------------|------------|-------------------------|---|-------------------|-----------------------------|-----------|
| CUSTOMER ORDER NUMBER      | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) |   | BOL#              | ADDITIONAL SHIPPER INFO DC# | Supplier# |
| 3825795325                 | 30         | 297.58     | Y                       | N | 06757163000839087 | 6009A                       |           |
| 4729447158                 | 253        | 4202.03    | Y                       | N | 06757163000839049 | 6019G                       |           |
| 4680090608                 | 2          | 6.38       | Y                       | N | 06757163000839209 | 7026A                       |           |
| 4234840691                 | 4          | 12.76      | Y                       | N | 06757163000839131 | 6019A                       |           |
| 6830010712                 | 4          | 12.76      | Y                       | N | 06757163000839117 | 6012A                       |           |
| 4525476699                 | 54         | 580.07     | Y                       | N | 06757163000839148 | 6021A                       |           |
| 6679571265                 | 4          | 12.76      | Y                       | N | 06757163000839179 | 6037A                       |           |
| <b>Grand Total</b>         | 1451       | 21207.26   |                         |   |                   |                             |           |

| CARRIER INFORMATION |        |         |      |            |          |  |          |       |
|---------------------|--------|---------|------|------------|----------|--|----------|-------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION<br><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 |
| 43                  | Pallet |         |      | 2150.00    |          | Pallet   |          | 70    |
|                     |        | 1428    | ctns | 21133.89   |          | Comforters, Bedspreads   | 49017    | 200   |
|                     |        | 23      | ctns | 73.37      |          | Shower curtain   | 49385    | 77.5  |
| 43                  |        |         |      | 23357.26   |          | <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"/> |
| 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.

|  |  |   |   |
|--|--|---|---|
| SHIPPER SIGNATURE / DATE<br><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> | Trailer Loaded:  | Freight Counted:  | CARRIER SIGNATURE / PICKUP DATE<br><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> |
|  | <input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces |   |
| Total Pallet: 43   |  |   |   |

Shipper Signature

**SHIP FROM**

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

Bill of Lading Number: 06757163000839186



**SHIP TO**

Name: Wal-Mart DC 6069A-ASM DIS Location #: 6069A  
 Address: 1100 MATLOCK DR  
 6069A  
 City/State/Zip: St. James, MO 65559  
 CID#:  FOB:   
 Dept: 00020

CARRIER NAME: WAL-MART FLEET

Trailer number: 188386  
 Seal number(s): 8068786

SCAC: WALM

Pro Number:



**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:  
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect  3rd Party

**SPECIAL INSTRUCTIONS:**

Load #: 72906828

Master Bill of Lading: with attached underlying Bills of Lading

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

**CUSTOMER ORDER INFORMATION**

| CUSTOMER ORDER NUMBER | # PKGS   | Pkts Count | WEIGHT      | PALLET/ SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
|-----------------------|----------|------------|-------------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 6316068399            | 1        | 1          | 3.19        | Y                         | N | 11/21/2023           | 6069A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>    | <b>1</b> | <b>1</b>   | <b>3.19</b> |                           |   |                      |                            |                        |                      |                         |

**CARRIER INFORMATION**

| HANDLING UNIT |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |
| 1             | Pallet |         |      | 50.00  |          | Pallet   |          |       |
|               |        | 1       | ctns | 3.19   |          | Shower curtain   | 49385    | 77.5  |
|               |        |         |      |        |          |  |          |       |
|               |        |         |      |        |          |  |          |       |
|               |        |         |      |        |          |  |          |       |
|               |        |         |      |        |          |  |          |       |
|               |        |         |      |        |          |  |          |       |
| 1             |        | 1       |      | 53.19  |          | <b>GRAND TOTAL</b>   |          |       |

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

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

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

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

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

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

Shipper Signature

**SHIPPER SIGNATURE / DATE**

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

**Trailer Loaded:**

By Shipper  
 By Driver


**Freight Counted:**

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


**CARRIER SIGNATURE / PICKUP DATE**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

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

Bill of Lading Number: 06757163000839223  
  
 (402)06757163000839223

**SHIP TO**  
 Name: Wal-Mart DC 7039A-ASM DIS Location #: 7039A  
 Address: 115 Distribution Way  
 7039A  
 City/State/Zip: Beaver Dam, WI 53916  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 188386  
 Seal number(s): 8068786  
**SCAC:** WALM  
**Pro Number:**  


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

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 72906828

| CUSTOMER ORDER INFORMATION |        |            |        |                          |   |                      |                            |                        |                      |                         |
|----------------------------|--------|------------|--------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | Pkts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 7675406130                 | 30     | 1          | 339.46 | Y                        | N | 11/17/2023           | 7039A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 30     | 1          | 339.46 |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |         |      |        |          |  |          |       |  |  |
|---------------------|--------|---------|------|--------|----------|--|----------|-------|--|--|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |  |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |          |       |  |  |
|                     |        | 30      | ctns | 339.46 |          | Comforters, Bedspreads   | 49017    | 200   |  |  |
| 1                   |        | 30      |      | 389.46 |          | <b>GRAND TOTAL</b>   |          |       |  |  |

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

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

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

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

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

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


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

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. *Property described above is received in good order, except as noted.*

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

Bill of Lading Number: 06757163000839131  
  
 (402)06757163000839131

**SHIP TO**  
 Name: Wal-Mart DC 6019A - ASM DIS Location #: 6019A  
 Address: 7500 East Crossroads Boulevard  
 6019A  
 City/State/Zip: Loveland, CO 80538  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 188386  
 Seal number(s): 8068786  
**SCAC:** WALM  
**Pro Number:**  


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

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 72906828

| CUSTOMER ORDER INFORMATION |          |           |              |                          |   |                      |                            |                        |                      |                         |
|----------------------------|----------|-----------|--------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS   | Pts Count | WEIGHT       | PALLET/SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 4234840691                 | 4        | 1         | 12.76        | Y                        | N | 11/15/2023           | 6019A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | <b>4</b> | <b>1</b>  | <b>12.76</b> |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |         |      |        |          |  |          |       |  |  |
|---------------------|--------|---------|------|--------|----------|--|----------|-------|--|--|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |  |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |          |       |  |  |
|                     |        | 4       | ctns | 12.76  |          | Shower curtain   | 49385    | 77.5  |  |  |
|                     |        |         |      |        |          |  |          |       |  |  |
|                     |        |         |      |        |          |  |          |       |  |  |
|                     |        |         |      |        |          |  |          |       |  |  |
|                     |        |         |      |        |          |  |          |       |  |  |
|                     |        |         |      |        |          |  |          |       |  |  |
| 1                   |        | 4       |      | 62.76  |          | <b>GRAND TOTAL</b>   |          |       |  |  |

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

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

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



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

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

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

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

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

|   |                               |  |                            |
|---|-------------------------------|--|----------------------------|
| <b>SHIP FROM</b>                            |                               | Bill of Lading Number: 06757163000839094   |                            |
| Name: E & E COMPANY LTD                     | Address: 221 Hanson Way       | <br>(402)06757163000839094                 |                            |
| City/State/Zip: Woodland, CA 95776          | SID#: _____                   |  |                            |
| FOB: <input type="checkbox"/>               |                               |  |                            |
| <b>SHIP TO</b>                              |                               | CARRIER NAME: WAL-MART FLEET   |                            |
| Name: Wal-Mart DC 6009A - ASM DIS           | Location #: 6009A             | Trailer number: 188386   |                            |
| Address: 1501 E Maple Leaf DR               | 6009A                         | Seal number(s): 8068786  |                            |
| City/State/Zip: Mount Pleasant, IA 52641    | CID#: _____                   | SCAC: WALM   |                            |
| Dept: 00020                                 | FOB: <input type="checkbox"/> | Pro Number:<br>                             |                            |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> |                               | Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>   |                            |
| Name: _____                                 | Address: _____                | Prepaid                      Collect <input checked="" type="checkbox"/> 3rd Party   |                            |
| City/State/Zip: _____                       |                               | <input type="checkbox"/> Master Bill of Lading: with attached<br>(check box)                      underlying Bills of Lading |                            |
| SPECIAL INSTRUCTIONS:<br>Load #: 72906828   |                               | Appointment Time   | Actual Driver Arrival Time |
|   |                               | AM   | AM                         |
|   |                               | PM   | PM                         |
|   |                               | Driver Departure Time  | AM                         |
|   |                               |  | PM                         |

| CUSTOMER ORDER INFORMATION |          |            |             |                           |   |                      |                            |                        |                      |                         |
|----------------------------|----------|------------|-------------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS   | Pkts Count | WEIGHT      | PALLET/ SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 6266068273                 | 1        | 1          | 3.19        | Y                         | N | 11/17/2023           | 6009A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | <b>1</b> | <b>1</b>   | <b>3.19</b> |                           |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |          |      |              |          |  |          |       |  |
|---------------------|--------|----------|------|--------------|----------|--|----------|-------|--|
| HANDLING UNIT       |        | PACKAGE  |      | WEIGHT       | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |
| 1                   | Pallet |          |      | 50.00        |          | Pallet   |          |       |  |
|                     |        | 1        | ctns | 3.19         |          | Shower curtain   | 49385    | 77.5  |  |
|                     |        |          |      |              |          |  |          |       |  |
|                     |        |          |      |              |          |  |          |       |  |
|                     |        |          |      |              |          |  |          |       |  |
|                     |        |          |      |              |          |  |          |       |  |
|                     |        |          |      |              |          |  |          |       |  |
| <b>1</b>            |        | <b>1</b> |      | <b>53.19</b> |          | <b>GRAND TOTAL</b>   |          |       |  |

|  |   |
|--|---|
| <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:<br/>                 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</p> | <p><b>COD Amount: \$</b> _____</p> <p><b>Fee Terms:</b>                      Collect: <input type="checkbox"/>                      Prepaid: <input type="checkbox"/></p> <p style="text-align: center;"><b>Customer check acceptable: <input type="checkbox"/></b></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>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><b>SHIPPER SIGNATURE / DATE</b><br/>                 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:                      Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper                      <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver                              <input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver                              <input type="checkbox"/> By Driver/Pieces</p> |  | <p><b>CARRIER SIGNATURE / PICKUP DATE</b><br/>                 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.<br/> <i>Property described above is received in good order, except as noted.</i></p> |

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

Bill of Lading Number: 06757163000839193  
  
 (402)06757163000839193

**SHIP TO**  
 Name: Wal-Mart DC 7026A - ASM DIS Location #: 7026A  
 Address: 945 HIGHWAY 138  
 7026A  
 City/State/Zip: Grantsville, UT 84029  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 188386  
 Seal number(s): 8068786  
**SCAC:** WALM  
**Pro Number:**  


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

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 72906828

| CUSTOMER ORDER INFORMATION |        |            |        |                           |   |                      |                            |                        |                      |                         |
|----------------------------|--------|------------|--------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | Pkts Count | WEIGHT | PALLET/ SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 9529966429                 | 19     | 1          | 253.65 | Y                         | N | 11/12/2023           | 7026A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 19     | 1          | 253.65 |                           |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |         |      |        |          |  |          |       |  |  |
|---------------------|--------|---------|------|--------|----------|--|----------|-------|--|--|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |  |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |          |       |  |  |
|                     |        | 19      | ctns | 253.65 |          | Comforters, Bedspreads   | 49017    | 200   |  |  |
| 1                   |        | 19      |      | 303.65 |          | <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:  Prepaid:   
 Customer check acceptable:

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

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

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

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


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

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

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

Bill of Lading Number: 06757163000839155  
  
 (402)06757163000839155

**SHIP TO**  
 Name: Wal-Mart DC 6021A - ASM DIS Location #: 6021A  
 Address: 1005 South H Street  
 6021A  
 City/State/Zip: Porterville, CA 93257  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 188386  
 Seal number(s): 8068786  
**SCAC:** WALM  
**Pro Number:**  


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

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 72906828

| CUSTOMER ORDER INFORMATION |          |           |             |                           |   |                      |                            |                        |                      |                         |
|----------------------------|----------|-----------|-------------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS   | Pts Count | WEIGHT      | PALLET/ SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 3029970766                 | 2        | 1         | 6.38        | Y                         | N | 11/11/2023           | 6021A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | <b>2</b> | <b>1</b>  | <b>6.38</b> |                           |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |         |      |        |          |  |          |       |  |  |
|---------------------|--------|---------|------|--------|----------|--|----------|-------|--|--|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |  |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |          |       |  |  |
|                     |        | 2       | ctns | 6.38   |          | Shower curtain   | 49385    | 77.5  |  |  |
| 1                   |        | 2       |      | 56.38  |          | <b>GRAND TOTAL</b>   |          |       |  |  |

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

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

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

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

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

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

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

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. *Property described above is received in good order, except as noted.*

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

Bill of Lading Number: 06757163000839032



**SHIP TO**  
 Name: Wal-Mart DC 6012G - General Location #: 6012G  
 Address: 3101 NORTH QUINCY  
 6012G  
 City/State/Zip: Plainview, TX 79072  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET

Trailer number: 188386  
 Seal number(s): 8068786

**SCAC:** WALM  
**Pro Number:**



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

**Freight Charge Terms:** (freight charges are prepaid unless marked otherwise)

Prepaid Collect  3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load #: 72906828

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 | Plts Count | WEIGHT  | PALLET/SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 7675176552                 | 208    | 5          | 3306.94 | Y                        | N | 11/12/2023           | 6012G                      | 0003                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 208    | 5          | 3306.94 |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |         |      |         |          |  |          |       |  |
|---------------------|--------|---------|------|---------|----------|--|----------|-------|--|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY |       |  |
| QTY                 | TYPE   | QTY     | TYPE |         |          |  | NMFC #   | CLASS |  |
| 5                   | Pallet |         |      | 250.00  |          | Pallet   |          |       |  |
|                     |        | 208     | ctns | 3306.94 |          | Comforters, Bedspreads   | 49017    | 200   |  |
| 5                   |        | 208     |      | 3556.94 |          | <b>GRAND TOTAL</b>   |          |       |  |

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

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

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

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


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

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


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

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  
*Property described above is received in good order, except as noted.*

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

Bill of Lading Number: 06757163000839117  
  
 (402)06757163000839117

**SHIP TO**  
 Name: Wal-Mart DC 6012A - ASM DIS Location #: 6012A  
 Address: 3101 NORTH QUINCY  
 6012A  
 City/State/Zip: Plainview, TX 79072  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 188386  
 Seal number(s): 8068786  
**SCAC:** WALM  
**Pro Number:**  


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

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 72906828

| CUSTOMER ORDER INFORMATION |        |            |        |                          |   |                      |                            |                        |                      |                         |
|----------------------------|--------|------------|--------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | Pkts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 6830010712                 | 4      | 1          | 12.76  | Y                        | N | 11/13/2023           | 6012A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | 4      | 1          | 12.76  |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |         |      |        |          |  |          |       |  |  |
|---------------------|--------|---------|------|--------|----------|--|----------|-------|--|--|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |  |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |          |       |  |  |
|                     |        | 4       | ctns | 12.76  |          | Shower curtain   | 49385    | 77.5  |  |  |
| 1                   |        | 4       |      | 62.76  |          | <b>GRAND TOTAL</b>   |          |       |  |  |

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

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

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


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


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

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

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

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

| SHIP FROM                          |                               | Bill of Lading Number: 06757163000839100   |
|------------------------------------|-------------------------------|--|
| Name: E & E COMPANY LTD            |                               | <br>(402)06757163000839100 |
| Address: 221 Hanson Way            |                               |  |
| City/State/Zip: Woodland, CA 95776 |                               |  |
| SID#: _____                        | FOB: <input type="checkbox"/> |  |

| SHIP TO                             |                               | CARRIER NAME: WAL-MART FLEET  |
|-------------------------------------|-------------------------------|---|
| Name: Wal-Mart DC 6012A - ASM DIS   | Location #: 6012A             | Trailer number: 188386  |
| Address: 3101 NORTH QUINCY          |                               | Seal number(s): 8068786   |
| 6012A                               |                               |   |
| City/State/Zip: Plainview, TX 79072 |                               | SCAC: WALM  |
| CID#: _____                         | FOB: <input type="checkbox"/> | Pro Number:   |
| Dept: 00022                         |                               |  |

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

|   |   |                       |                            |                       |    |    |    |    |    |    |
|---|---|-----------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| SPECIAL INSTRUCTIONS:<br>Load #: 72906828 | Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i><br><br>Prepaid                      Collect <input checked="" type="checkbox"/> 3rd Party<br><br><input type="checkbox"/> Master Bill of Lading: with attached<br>(check box)                      underlying Bills of Lading  |                       |                            |                       |    |    |    |    |    |    |
|   | <table 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 | Plts Count | WEIGHT  | PALLET/SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 7675176594                 | 151    | 3          | 1852.25 | Y                        | N | 11/13/2023           | 6012A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 151    | 3          | 1852.25 |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |         |      |         |          |  |          |       |  |  |
|---------------------|--------|---------|------|---------|----------|--|----------|-------|--|--|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |  |
| 3                   | Pallet |         |      | 150.00  |          | Pallet   |          |       |  |  |
|                     |        | 151     | ctns | 1852.25 |          | Comforters, Bedspreads   | 49017    | 200   |  |  |
|                     |        |         |      |         |          |  |          |       |  |  |
|                     |        |         |      |         |          |  |          |       |  |  |
|                     |        |         |      |         |          |  |          |       |  |  |
|                     |        |         |      |         |          |  |          |       |  |  |
|                     |        |         |      |         |          |  |          |       |  |  |
| 3                   |        | 151     |      | 2002.25 |          | <b>GRAND TOTAL</b>   |          |       |  |  |

|  |   |
|--|---|
| <p><small>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:<br/>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</small></p> | <p><b>COD Amount: \$</b> _____</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> |
|--|---|

**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><small>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</small></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;"><b>Shipper Signature</b></p> |
|--|---|

|   |  |  |   |
|---|--|--|---|
| <p><b>SHIPPER SIGNATURE / DATE</b><br/><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> | <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><b>CARRIER SIGNATURE / PICKUP DATE</b><br/><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. Property described above is received in good order, except as noted.</small></p> |
|---|--|--|---|

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

Bill of Lading Number: 06757163000839148  
  
 (402)06757163000839148

**SHIP TO**  
 Name: Wal-Mart DC 6021A - ASM DIS Location #: 6021A  
 Address: 1005 South H Street  
 6021A  
 City/State/Zip: Porterville, CA 93257  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 188386  
 Seal number(s): 8068786  
**SCAC:** WALM  
**Pro Number:**  


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

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 72906828

| CUSTOMER ORDER INFORMATION |        |            |        |                          |   |                      |                            |                        |                      |                         |
|----------------------------|--------|------------|--------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | Plts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 4525476699                 | 54     | 1          | 580.07 | Y                        | N | 11/11/2023           | 6021A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 54     | 1          | 580.07 |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |         |      |        |          |  |          |       |  |  |
|---------------------|--------|---------|------|--------|----------|--|----------|-------|--|--|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |  |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |          |       |  |  |
|                     |        | 54      | ctns | 580.07 |          | Comforters, Bedspreads   | 49017    | 200   |  |  |
| 1                   |        | 54      |      | 630.07 |          | <b>GRAND TOTAL</b>   |          |       |  |  |

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

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

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

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

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

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


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

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  
*Property described above is received in good order, except as noted.*

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

Bill of Lading Number: 06757163000839063  
  
 (402)06757163000839063

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

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 188386  
 Seal number(s): 8068786  
**SCAC:** WALM  
**Pro Number:**  


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

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 72906828

| CUSTOMER ORDER INFORMATION |        |            |         |                          |   |                      |                            |                        |                      |                         |
|----------------------------|--------|------------|---------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | Pkts Count | WEIGHT  | PALLET/SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 3474956710                 | 220    | 5          | 3700.84 | Y                        | N | 11/25/2023           | 6025G                      | 0003                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 220    | 5          | 3700.84 |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |         |      |         |          |  |          |       |  |
|---------------------|--------|---------|------|---------|----------|--|----------|-------|--|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY |       |  |
| QTY                 | TYPE   | QTY     | TYPE |         |          |  | NMFC #   | CLASS |  |
| 5                   | Pallet |         |      | 250.00  |          | Pallet   |          |       |  |
|                     |        | 220     | ctns | 3700.84 |          | Comforters, Bedspreads   | 49017    | 200   |  |
| 5                   |        | 220     |      | 3950.84 |          | <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.  
*Property described above is received in good order, except as noted.*

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

Bill of Lading Number: 06757163000839230  
  
 (402)06757163000839230

**SHIP TO**  
 Name: Wal-Mart DC 7039A-ASM DIS Location #: 7039A  
 Address: 115 Distribution Way  
 7039A  
 City/State/Zip: Beaver Dam, WI 53916  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 188386  
 Seal number(s): 8068786  
**SCAC:** WALM  
**Pro Number:**  


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

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 72906828

| CUSTOMER ORDER INFORMATION |          |           |              |                          |   |                      |                            |                        |                      |                         |
|----------------------------|----------|-----------|--------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS   | Pts Count | WEIGHT       | PALLET/SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 4080250432                 | 4        | 1         | 12.76        | Y                        | N | 11/17/2023           | 7039A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | <b>4</b> | <b>1</b>  | <b>12.76</b> |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |         |      |        |          |  |          |       |  |  |
|---------------------|--------|---------|------|--------|----------|--|----------|-------|--|--|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |  |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |          |       |  |  |
|                     |        | 4       | ctns | 12.76  |          | Shower curtain   | 49385    | 77.5  |  |  |
|                     |        |         |      |        |          |  |          |       |  |  |
|                     |        |         |      |        |          |  |          |       |  |  |
|                     |        |         |      |        |          |  |          |       |  |  |
|                     |        |         |      |        |          |  |          |       |  |  |
|                     |        |         |      |        |          |  |          |       |  |  |
| 1                   |        | 4       |      | 62.76  |          | <b>GRAND TOTAL</b>   |          |       |  |  |

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

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

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

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

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

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

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

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards, Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. *Property described above is received in good order, except as noted.*

SHIP FROM

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

Bill of Lading Number: 06757163000839087



(402)06757163000839087

SHIP TO

Name: Wal-Mart DC 6009A - ASM DIS Location #: 6009A  
 Address: 1501 E Maple Leaf DR  
 6009A  
 City/State/Zip: Mount Pleasant, IA 52641  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

CARRIER NAME: WAL-MART FLEET

Trailer number: 188386  
 Seal number(s): 8068786

SCAC: WALM

Pro Number:



THIRD PARTY FREIGHT CHARGES BILL TO:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect  3rd Party

SPECIAL INSTRUCTIONS:

Load #: 72906828

Master Bill of Lading: with attached underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS    | Pkts Count | WEIGHT        | PALLET/ SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
|-----------------------|-----------|------------|---------------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 3825795325            | 30        | 1          | 297.58        | Y                         | N | 11/17/2023           | 6009A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>    | <b>30</b> | <b>1</b>   | <b>297.58</b> |                           |   |                      |                            |                        |                      |                         |

CARRIER INFORMATION

| HANDLING UNIT |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |
| 1             | Pallet |         |      | 50.00  |          | Pallet   |          |       |
|               |        | 30      | ctns | 297.58 |          | Comforters, Bedspreads   | 49017    | 200   |
| 1             |        | 30      |      | 347.58 |          | <b>GRAND TOTAL</b>   |          |       |

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

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

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper  
 By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

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

Bill of Lading Number: 06757163000839216  
  
 (402)06757163000839216

**SHIP TO**  
 Name: Wal-Mart DC 7036A - ASM DIS Location #: 7036A  
 Address: 2226 FM 3013  
 7036A  
 City/State/Zip: Sealy, TX 77474  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 188386  
 Seal number(s): 8068786  
**SCAC:** WALM  
**Pro Number:**  


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

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 72906828

| CUSTOMER ORDER INFORMATION |          |            |             |                           |   |                      |                            |                        |                      |                         |
|----------------------------|----------|------------|-------------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS   | Pits Count | WEIGHT      | PALLET/ SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 7529970743                 | 1        | 1          | 3.19        | Y                         | N | 11/21/2023           | 7036A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | <b>1</b> | <b>1</b>   | <b>3.19</b> |                           |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |         |      |        |          |  |          |       |  |  |
|---------------------|--------|---------|------|--------|----------|--|----------|-------|--|--|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |  |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |          |       |  |  |
|                     |        | 1       | ctns | 3.19   |          | Shower curtain   | 49385    | 77.5  |  |  |
| 1                   |        | 1       |      | 53.19  |          | <b>GRAND TOTAL</b>   |          |       |  |  |

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

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

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

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


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


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

**Trailer Loaded:**  
 By Shipper  
 By Driver

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

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  
*Property described above is received in good order, except as noted.*

| SHIP FROM                          |                               | Bill of Lading Number: 06757163000839124   |
|------------------------------------|-------------------------------|--|
| Name: E & E COMPANY LTD            |                               | <br>(402)06757163000839124 |
| Address: 221 Hanson Way            |                               |  |
| City/State/Zip: Woodland, CA 95776 |                               |  |
| SID#: _____                        | FOB: <input type="checkbox"/> |  |

| SHIP TO                                 |                               | CARRIER NAME: WAL-MART FLEET  |
|---|-------------------------------|---|
| Name: Wal-Mart DC 6019A - ASM DIS       | Location #: 6019A             | Trailer number: 188386  |
| Address: 7500 East Crossroads Boulevard |                               | Seal number(s): 8068786   |
| 6019A                                   |                               | SCAC: WALM  |
| City/State/Zip: Loveland, CO 80538      |                               | Pro Number:   |
| CID#: _____                             | FOB: <input type="checkbox"/> |  |
| Dept: 00022                             |                               |   |

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

|   |   |                       |                            |                       |    |    |    |    |    |    |
|---|---|-----------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| SPECIAL INSTRUCTIONS:<br>Load #: 72906828 | Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/><br>Master Bill of Lading: with attached underlying Bills of Lading  |                       |                            |                       |    |    |    |    |    |    |
|   | <table 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 | Pts Count | WEIGHT  | PALLET/ SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 4729447202                 | 102    | 2         | 1019.58 | Y                         | N | 11/15/2023           | 6019A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 102    | 2         | 1019.58 |                           |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |         |      |         |          |  |          |       |  |
|---------------------|--------|---------|------|---------|----------|--|----------|-------|--|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |
| 2                   | Pallet |         |      | 100.00  |          | Pallet   |          |       |  |
|                     |        | 102     | ctns | 1019.58 |          | Comforters, Bedspreads   | 49017    | 200   |  |
| 2                   |        | 102     |      | 1119.58 |          | <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:<br>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ | COD Amount: \$ _____<br>Fee Terms:      Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>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><br>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:<br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | Freight Counted:<br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i> |
|--|---|---|---|

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

Bill of Lading Number: 06757163000839209  
  
 (402)06757163000839209

**SHIP TO**  
 Name: Wal-Mart DC 7026A - ASM DIS Location #: 7026A  
 Address: 945 HIGHWAY 138  
 7026A  
 City/State/Zip: Grantsville, UT 84029  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 188386  
 Seal number(s): 8068786  
**SCAC:** WALM  
**Pro Number:**  


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

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 72906828

| CUSTOMER ORDER INFORMATION |          |           |             |                          |   |                      |                            |                        |                      |                         |
|----------------------------|----------|-----------|-------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS   | Pts Count | WEIGHT      | PALLET/SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 4680090608                 | 2        | 1         | 6.38        | Y                        | N | 11/12/2023           | 7026A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | <b>2</b> | <b>1</b>  | <b>6.38</b> |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |         |      |        |          |  |          |       |  |
|---------------------|--------|---------|------|--------|----------|--|----------|-------|--|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |          |       |  |
|                     |        | 2       | ctns | 6.38   |          | Shower curtain   | 49385    | 77.5  |  |
|                     |        |         |      |        |          |  |          |       |  |
|                     |        |         |      |        |          |  |          |       |  |
|                     |        |         |      |        |          |  |          |       |  |
|                     |        |         |      |        |          |  |          |       |  |
|                     |        |         |      |        |          |  |          |       |  |
| 1                   |        | 2       |      | 56.38  |          | <b>GRAND TOTAL</b>   |          |       |  |

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

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

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

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

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

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


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

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

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

Bill of Lading Number: 06757163000839056  
  
 (402)06757163000839056

**SHIP TO**  
 Name: Wal-Mart DC 6021G - General Location #: 6021G  
 Address: 1005 South H Street  
 6021G  
 City/State/Zip: Porterville, CA 93257  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 188386  
 Seal number(s): 8068786  
**SCAC:** WALM  
**Pro Number:**  


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

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 72906828

| CUSTOMER ORDER INFORMATION |        |            |         |                          |   |                      |                            |                        |                      |                         |
|----------------------------|--------|------------|---------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | Pkts Count | WEIGHT  | PALLET/SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 4525476645                 | 119    | 3          | 2008.58 | Y                        | N | 11/10/2023           | 6021G                      | 0003                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 119    | 3          | 2008.58 |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |         |      |         |          |  |          |       |  |  |
|---------------------|--------|---------|------|---------|----------|--|----------|-------|--|--|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |  |
| 3                   | Pallet |         |      | 150.00  |          | Pallet   |          |       |  |  |
|                     |        | 119     | ctns | 2008.58 |          | Comforters, Bedspreads   | 49017    | 200   |  |  |
| 3                   |        | 119     |      | 2158.58 |          | <b>GRAND TOTAL</b>   |          |       |  |  |

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

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

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

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

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

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


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

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. *Property described above is received in good order, except as noted.*

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

Bill of Lading Number: 06757163000839049  
  
 (402)06757163000839049

**SHIP TO**  
 Name: Wal-Mart DC 6019G - GENERAL Location #: 6019G  
 Address: 7500 East Crossroads Boulevard  
 6019G  
 City/State/Zip: Loveland, CO 80538  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 188386  
 Seal number(s): 8068786  
**SCAC:** WALM  
**Pro Number:**  


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

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**  
 Prepaid Collect  3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load #: 72906828

Master Bill of Lading: with attached underlying Bills of Lading  
 Appointment Time Actual Driver Arrival Time Driver Departure Time  
 AM AM AM  
 PM PM PM

| CUSTOMER ORDER INFORMATION |        |            |         |                          |   |                      |                            |                        |                      |                         |
|----------------------------|--------|------------|---------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | Pits Count | WEIGHT  | PALLET/SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 4729447158                 | 253    | 6          | 4202.03 | Y                        | N | 11/14/2023           | 6019G                      | 0003                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 253    | 6          | 4202.03 |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |         |      |         |          |  |          |       |  |  |
|---------------------|--------|---------|------|---------|----------|--|----------|-------|--|--|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |  |
| 6                   | Pallet |         |      | 300.00  |          | Pallet   |          |       |  |  |
|                     |        | 253     | ctns | 4202.03 |          | Comforters, Bedspreads   | 49017    | 200   |  |  |
| 6                   |        | 253     |      | 4502.03 |          | <b>GRAND TOTAL</b>   |          |       |  |  |

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

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

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

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

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

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


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

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  
 Property described above is received in good order, except as noted.

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

Bill of Lading Number: 06757163000839179  
  
 (402)06757163000839179

**SHIP TO**  
 Name: Wal-Mart DC 6037A-ASM DIS Location #: 6037A  
 Address: 1455 SE FEEDVILLE RD  
 6037A  
 City/State/Zip: Hermiston, OR 97838  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 188386  
 Seal number(s): 8068786  
**SCAC:** WALM  
**Pro Number:**  


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

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**  
 Prepaid Collect  3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load #: 72906828

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   | Pts Count | WEIGHT       | PALLET/SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 6679571265                 | 4        | 1         | 12.76        | Y                        | N | 11/15/2023           | 6037A                      | 0033                   | 00020                |                         |
| <b>GRAND TOTAL</b>         | <b>4</b> | <b>1</b>  | <b>12.76</b> |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |          |      |              |          |  |          |       |  |  |
|---------------------|--------|----------|------|--------------|----------|--|----------|-------|--|--|
| HANDLING UNIT       |        | PACKAGE  |      | WEIGHT       | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |  |
| 1                   | Pallet |          |      | 50.00        |          | Pallet   |          |       |  |  |
|                     |        | 4        | ctns | 12.76        |          | Shower curtain   | 49385    | 77.5  |  |  |
| <b>1</b>            |        | <b>4</b> |      | <b>62.76</b> |          | <b>GRAND TOTAL</b>   |          |       |  |  |

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

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

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

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

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

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

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

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. *Property described above is received in good order, except as noted.*

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 SID#:

FOB:

Bill of Lading Number: 06757163000839162



(402)06757163000839162

**SHIP TO**

Name: Wal-Mart DC 6037A-ASM DIS Location #: 6037A  
 Address: 1455 SE FEEDVILLE RD  
 6037A  
 City/State/Zip: Hermiston, OR 97838  
 CID#:  
 Dept: 00022

FOB:

CARRIER NAME: WAL-MART FLEET

Trailer number: 188386  
 Seal number(s): 8068786

SCAC: WALM

Pro Number:



**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:

City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect X 3rd Party

**SPECIAL INSTRUCTIONS:**

Load #: 72906828

Master Bill of Lading: with attached underlying Bills of Lading (check box)

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

**CUSTOMER ORDER INFORMATION**

| CUSTOMER ORDER NUMBER | # PKGS | Pts Count | WEIGHT | PALLET/ SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
|-----------------------|--------|-----------|--------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 5973668058            | 65     | 2         | 680.68 | Y                         | N | 11/15/2023           | 6037A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>    | 65     | 2         | 680.68 |                           |   |                      |                            |                        |                      |                         |

**CARRIER INFORMATION**

| HANDLING UNIT |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |
| 2             | Pallet |         |      | 100.00 |          | Pallet   |          |       |
|               |        | 65      | ctns | 680.68 |          | Comforters, Bedspreads   | 49017    | 200   |
| 2             |        | 65      |      | 780.68 |          | <b>GRAND TOTAL</b>   |          |       |

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

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

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

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

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

**SHIPPER SIGNATURE / DATE**

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

Trailer Loaded:

By Shipper  
 By Driver

Freight Counted:

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


**CARRIER SIGNATURE / PICKUP DATE**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

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

Bill of Lading Number: 06757163000839070  
  
 (402)06757163000839070

**SHIP TO**  
 Name: Wal-Mart DC 7026G - GENERAL Location #: 7026G  
 Address: 945 HIGHWAY 138  
 7026G  
 City/State/Zip: Grantsville, UT 84029  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 188386  
 Seal number(s): 8068786  
**SCAC:** WALM  
**Pro Number:**  


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

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 72906828

| CUSTOMER ORDER INFORMATION |        |           |         |                          |   |                      |                            |                        |                      |                         |
|----------------------------|--------|-----------|---------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | Pts Count | WEIGHT  | PALLET/SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 9529966387                 | 177    | 4         | 2892.23 | Y                        | N | 11/10/2023           | 7026G                      | 0003                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 177    | 4         | 2892.23 |                          |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |        |         |      |         |          |  |          |       |  |  |
|---------------------|--------|---------|------|---------|----------|--|----------|-------|--|--|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><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 |  |  |
| 4                   | Pallet |         |      | 200.00  |          | Pallet   |          |       |  |  |
|                     |        | 177     | ctns | 2892.23 |          | Comforters, Bedspreads   | 49017    | 200   |  |  |
| 4                   |        | 177     |      | 3092.23 |          | <b>GRAND TOTAL</b>   |          |       |  |  |

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

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

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

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

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

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

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

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. *Property described above is received in good order, except as noted.*