

Date: 2/12/2024 1:24:10 PM

Master Bill Of Lading

Page 1 of 2

CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1YG8W8		54	512.69	Y	N	06757163000860098	96700	
1YG8W9		53	574.13	Y	N	06757163000860067	96300	
1YG8X0		45	439.83	Y	N	06757163000860005	96100	
1YG8X1		47	532.75	Y	N	06757163000860012	96120	
1YG8X2		35	244.98	Y	N	06757163000860111	96900	
1YG8X3		39	506.35	Y	N	06757163000860104	96800	
1YG8X4		40	509.65	Y	N	06757163000860128	96910	
1YG8X5		30	239.27	Y	N	06757163000860029	96130	
1YG8X7		28	286.62	Y	N	06757163000860036	96150	
1YG8X8		30	336.38	Y	N	06757163000860074	96500	
1YG8X9		25	330.67	Y	N	06757163000860081	96600	
1YG8Y0		15	103.45	Y	N	06757163000860043	96160	
1YG8Y1		15	211.35	Y	N	06757163000859993	96000	

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.

Date: 2/12/2024 1:24:10 PM

Master Bill Of Lading

Page 2 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000860166	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: HUB CITY GROUP	
Name:	HUBGROUP FONTANA CROSSDOCK	DC#:	
Address:	13204 Philadelphia Ave	Trailer number:	1991
City/State/Zip:	FONTANA, CA 92337	Seal number(s):	8096013
SID#:		SCAC:	HGLS
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
Load #:		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1YG8Y2	13	183.17	Y	N	06757163000860050	96170	
1YG8Y3	15	125.03	Y	N	06757163000860135	96920	
1YG8Y4	16	214.65	Y	N	06757163000860159	96970	
1YG8Y5	15	200.56	Y	N	06757163000860142	96930	
Grand Total	515	5551.53					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
25	Pallet			1250.00		Pallet		70
		357	ctns	5030.13		Mattress Pads	149265	100
		158	ctns	521.40		Sheet Set & Pillowcase	49260 Sub 3	250
25				6801.53		Grand Total		

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.

MASTER BILL OF LADING

ESTIMATED PICK UP DATE: 2/12/2024

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

Contact: ALEX GONZALEZ

BILL OF LADING :5012761423

TRAILER # SEAL # **8096013**

ORDER # : 1038319_ALC72105088S, 1038319_AMS72107501S,
 1038319_ARD72105632S, 1038319_BES72105633S, 1038319_BTH72105245S,
 1038319_FLT72105244S, 1038319_IND72105331S, 1038319_JAN72105484S,
 1038319_JON72105554S, 1038319_LEB72105407S, 1038319_LGV72105332S,
 1038319_MAR72105631S, 1038319_SAT72105483S, 1038319_SBO72105482S,
 1038319_SCV72105634S, 1038319_WAL72105333S, 1038319_ZAN72105481S

- CR ALC72105088S
- CR AMS72107501S
- CR ARD72105632S
- CR BES72105633S
- CR BTH72105245S
- CR FLT72105244S
- CR IND72105331S
- CR JAN72105484S
- CR JON72105554S
- CR LEB72105407S
- CR LGV72105332S
- CR MAR72105631S
- CR SAT72105483S
- CR SBO72105482S
- CR SCV72105634S
- CR WAL72105333S
- CR ZAN72105481S
- P8 1YG8W8-01
- P8 1YG8W9-01
- P8 1YG8X0-01
- P8 1YG8X1-01
- P8 1YG8X2-01
- P8 1YG8X3-01
- P8 1YG8X4-01
- P8 1YG8X5-01
- P8 1YG8X7-01
- P8 1YG8X8-01
- P8 1YG8X9-01
- P8 1YG8Y0-01
- P8 1YG8Y1-01
- P8 1YG8Y2-01
- P8 1YG8Y3-01
- P8 1YG8Y4-01
- P8 1YG8Y5-01
- PO 1YG8W8-01
- PO 1YG8W9-01
- PO 1YG8X0-01
- PO 1YG8X1-01
- PO 1YG8X2-01
- PO 1YG8X3-01
- PO 1YG8X4-01
- PO 1YG8X5-01
- PO 1YG8X7-01
- PO 1YG8X8-01
- PO 1YG8X9-01
- PO 1YG8Y0-01
- PO 1YG8Y1-01
- PO 1YG8Y2-01
- PO 1YG8Y3-01
- PO 1YG8Y4-01
- PO 1YG8Y5-01

CONSIGNEE

Name: HUBGROUP FONTANA CROSSDOCK

Address: 13204 PHILADELPHIA AVE YARD

City/State/Zip: FONTANA, CA 92337

Contact:

CARRIER

CARRIER NAME: HUB HIGHWAY SERVICES

SCAC: HHWY
 PRO NUMBER: 13941862801

13941862801

QUOTE NUMBER:

THIRD PARTY FREIGHT CHARGES BILL TO

Name: DOLLAR GENERAL C/O HUB GROUP

Address: 2001 HUB GROUP WAY

City/State/Zip: OAK BROOK, IL 60523

Freight Charge Terms :

(freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party X

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

MASTER BILL OF LADING

SPECIAL INSTRUCTION:

69814295,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814293,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1731,69814294,69814303,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2724,69814291,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814289,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814298,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814290,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814306,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814304,69814300,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814301,Number of miles: 2764,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814307,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814309,69814292,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2437 | STOP#:1 CR - ALC72105088S;AMS72107501S;ARD72105632S;BES72105633S;BTH72105245S;FLT72105244S;IND72105331S;JAN72105484S;JON72105554S;LEB72105407S;LGV72105332S;MAR72105631S;SAT72105483S;SBO72105482S;SCV72105634S;WAL72105333S;ZAN72105481S,STOP#:1 PO - 1YG8W8-01;1YG8W9-01;1YG8X0-01;1YG8X1-01;1YG8X2-01;1YG8X3-01;1YG8X4-01;1YG8X5-01;1YG8X7-01;1YG8X8-01;1YG8X9-01;1YG8Y0-01;1YG8Y1-01;1YG8Y2-01;1YG8Y3-01;1YG8Y4-01;1YG8Y5-01

SPECIAL SERVICES:

CARRIER INFO

PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS
					Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. EMERGENCY PH # 1-800-535-5053		
19	430	5607	2191		GENERAL COMMODITIES	NMFC_CLASS	300.0
6	85	1196	692		GENERAL COMMODITIES	NMFC_CLASS	400.0
25	515	6803.00	2883.00		GRAND TOTAL		

CUSTOMER

CUSTOMER ORDER NUMBER	SKU	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
SBO72105482S		2	30	436	231	Y	N	
IND72105331S		2	25	431	231	Y	N	
ZAN72105481S		1	35	295	115	Y	N	
ALC72105088S		2	39	606	231	Y	N	
WAL72105333S		1	13	233	115	Y	N	
BES72105633S		1	15	251	115	Y	N	
BTH72105245S		2	45	540	231	Y	N	
ARD72105632S		2	53	674	231	Y	N	
FLT72105244S		2	54	613	231	Y	N	
MAR72105631S		1	15	175	115	Y	N	
AMS72107501S		1	28	337	115	Y	N	
LEB72105407S		1	16	265	115	Y	N	
SCV72105634S		1	15	261	115	Y	N	
JON72105554S		2	40	610	231	Y	N	
LGV72105332S		1	15	154	115	Y	N	
JAN72105484S		1	30	289	115	Y	N	
SAT72105483S		2	47	633	231	Y	N	
GRAND TOTAL		25	515	6803.00	2883.00			

PALLET TYPE

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

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

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. C certifies emergency response information was made available and/or has the DOT emergency response

7012 *2/12/24*

[Signature]

MASTER BILL OF LADING

			Property described above is received in good order, except as
--	--	--	---

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5012761423		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_AMS72107501S		
CONSIGNEE					CARRIER		
Name: AMSTERDAM DISTRIBUTION CENTER Address: 2041 STATE HIGHWAY 5S City/State/Zip: AMSTERDAM, NY 12010 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:		
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u>X</u> _____		
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:69814295,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814293,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814294,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814303,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814291,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814289,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814298,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814290,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814306,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814304,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814300,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814301,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814307, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814309,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814292,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	NMFC#	CLASS
1	28	337	115		GENERAL COMMODITIES	NMFC_CLASS	300.0
1	28	337.00	115.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
AMS72107501S	1	28	337	115	Y N		
GRAND TOTAL	1	28	337.00	115.00			
PALLET TYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____		
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small>		Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE <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</small>	
Property described above is received in good order, except as noted							

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5012761423		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_LEB72105407S		
CONSIGNEE					CARRIER		
Name: LEBEC DISTRIBUTION CENTER Address: 4193 INDUSTRIAL PARKWAY DR City/State/Zip: LEBEC, CA 93243 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:		
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>		
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:69814295,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814293,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814294,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814303,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814291,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814298,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814290,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814306,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814304,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814300,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814301,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814307,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814309,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814292,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS
					Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.		
1	16	265	115		GENERAL COMMODITIES	NMFC_CLASS	300.0
1	16	265.00	115.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
LEB72105407S	1	16	265	115	Y N		
GRAND TOTAL	1	16	265.00	115.00			
PALLET TYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		Shipper Signature _____
					CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response		
Property described above is received in good order, except as noted							

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5012761423				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_ALC72105088S				
CONSIGNEE					CARRIER				
Name: ALACHUA DISTRIBUTION CENTER Address: 12000 NW 173RD ST City/State/Zip: ALACHUA, FL 32615 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:				
THIRD PARTY FREIGHT CHARGES BILL TO									
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>				
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES									
CUSTOMS INSTRUCTION:									
SPECIAL INSTRUCTION:69814295,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814293,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814294,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814303,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814291,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814289,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814298,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814290,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814306,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814304,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814300,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814307,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814309,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814292,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER									
SPECIAL SERVICES:									
CARRIER INFO									
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>			NMFC#	CLASS
2	39	606	231		GENERAL COMMODITIES			NMFC_CLASS	300.0
2	39	606.00	231.00		GRAND TOTAL				
CUSTOMER									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
ALC72105088S	2	39	606	231	Y	N			
GRAND TOTAL	2	39	606.00	231.00					
PALLET TYPE									
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>				
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.				
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
					SHIPPER SIGNATURE _____				
					CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted				

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5012761423						
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_SAT72105483S						
CONSIGNEE					CARRIER						
Name: SAN ANTONIO DISTRIBUTION CENTE Address: 6601 CAL TURNER DR City/State/Zip: SAN ANTONIO, TX 78220 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:						
THIRD PARTY FREIGHT CHARGES BILL TO											
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>						
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES											
CUSTOMS INSTRUCTION:											
SPECIAL INSTRUCTION:69814295,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814293,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814294,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814303,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814291,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814289,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814298,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814290,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814306,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814304,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814301,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814307, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814309,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814292,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER											
SPECIAL SERVICES:											
CARRIER INFO											
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>			NMFC#	CLASS		
2	47	633	231		GENERAL COMMODITIES			NMFC_CLASS	300.0		
2	47	633.00	231.00		GRAND TOTAL						
CUSTOMER											
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO				
SAT72105483S	2	47	633	231	Y	N					
GRAND TOTAL	2	47	633.00	231.00							
PALLET TYPE											
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>						
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)											
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.						
SHIPPER SIGNATURE / DATE					CARRIER SIGNATURE / PICKUP DATE						
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response	
Property described above is received in good order, except as noted											

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5012761423		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_BTH72105245S		
CONSIGNEE					CARRIER		
Name: BETHEL DISTRIBUTION CENTER Address: 30 MARTHA DR City/State/Zip: BETHEL, PA 19507 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:		
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>		
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:69814295,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814293,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814294,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814303,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814291,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814289,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814298,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814290,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814306,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814304,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814300,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814301,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814307, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814309,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814292,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS
					Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.		
2	45	540	231		GENERAL COMMODITIES	NMFC_CLASS	300.0
2	45	540.00	231.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
BTH72105245S	2	45	540	231	Y N		
GRAND TOTAL	2	45	540.00	231.00			
PALLET TYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
					SHIPPER SIGNATURE		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response
Property described above is received in good order, except as noted							

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5012761423				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_MAR72105631S				
CONSIGNEE					CARRIER				
Name: DOLLAR GENERAL - MARION Address: 5575 DOLLAR GENERAL WAY City/State/Zip: MARION, IN 46952 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:				
THIRD PARTY FREIGHT CHARGES BILL TO									
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>				
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES									
CUSTOMS INSTRUCTION:									
SPECIAL INSTRUCTION:69814295,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814293,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814294,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814303,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814291,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814289,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814298,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814290,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814306,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814304,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814300,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814301,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814307, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814309,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814292,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER									
SPECIAL SERVICES:									
CARRIER INFO									
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>			NMFC#	CLASS
1	15	175	115		GENERAL COMMODITIES			NMFC_CLASS	400.0
1	15	175.00	115.00		GRAND TOTAL				
CUSTOMER									
CUSTOMER ORDER NUMBER		PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
MAR72105631S		1	15	175	115	Y	N		
GRAND TOTAL		1	15	175.00	115.00				
PALLET TYPE									
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.						Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
						Shipper Signature _____			
						CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response			
Property described above is received in good order, except as noted									

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5012761423						
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_FLT72105244S						
CONSIGNEE					CARRIER						
Name: DOLLAR GENERAL - FULTON Address: 1900 CARDINAL DR City/State/Zip: FULTON, MO 65251 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:						
THIRD PARTY FREIGHT CHARGES BILL TO											
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>						
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES											
CUSTOMS INSTRUCTION:											
SPECIAL INSTRUCTION:69814295,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814293,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814294,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814303,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814291,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814298,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814290,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814306,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814304,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814300,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814301,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814307,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814309,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814292,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER											
SPECIAL SERVICES:											
CARRIER INFO											
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>			NMFC#	CLASS		
2	54	613	231		GENERAL COMMODITIES			NMFC_CLASS	300.0		
2	54	613.00	231.00		GRAND TOTAL						
CUSTOMER											
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO				
FLT72105244S	2	54	613	231	Y	N					
GRAND TOTAL	2	54	613.00	231.00							
PALLET TYPE											
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>						
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)											
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.						
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			Shipper Signature _____	
										CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response	
Property described above is received in good order, except as noted											

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5012761423				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_LGV72105332S				
CONSIGNEE					CARRIER				
Name: LONGVIEW DISTRIBUTION CENTER Address: 3300 GEORGE RICHEY RD City/State/Zip: LONGVIEW, TX 75605 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:				
THIRD PARTY FREIGHT CHARGES BILL TO									
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>				
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES									
CUSTOMS INSTRUCTION:									
SPECIAL INSTRUCTION:69814295,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814293,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814294,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814303,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814291,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814298,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814290,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814306,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814304,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814300,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814301,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814307,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814309,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814292,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER									
SPECIAL SERVICES:									
CARRIER INFO									
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>			NMFC#	CLASS
1	15	154	115		GENERAL COMMODITIES			NMFC_CLASS	400.0
1	15	154.00	115.00		GRAND TOTAL				
CUSTOMER									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
LGV72105332S	1	15	154	115	Y	N			
GRAND TOTAL	1	15	154.00	115.00					
PALLET TYPE									
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>				
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.				
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
					SHIPPER SIGNATURE _____ Shipper Signature				
					CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted				

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5012761423		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_BES72105633S		
CONSIGNEE					CARRIER		
Name: DOLLAR GENERAL Address: 4101 LAKESHORE PKWY City/State/Zip: BESSEMER, AL 35022 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:		
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>		
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:69814295,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814293,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814294,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814303,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814291,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814298,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814290,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814306,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814304,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814300,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814301,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814307,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814309,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814292,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS
					Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.		
1	15	251	115		GENERAL COMMODITIES	NMFC_CLASS	300.0
1	15	251.00	115.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
BES72105633S	1	15	251	115	Y N		
GRAND TOTAL	1	15	251.00	115.00			
PALLET TYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
					SHIPPER SIGNATURE _____ Shipper Signature		
					CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted		

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5012761423					
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_IND72105331S					
CONSIGNEE				CARRIER					
Name: INDIANOLA DISTRIBUTION CENTER Address: 914 HIGHWAY 82 W City/State/Zip: INDIANOLA, MS 38751 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:					
THIRD PARTY FREIGHT CHARGES BILL TO									
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>					
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES									
CUSTOMERS INSTRUCTION:									
SPECIAL INSTRUCTION:69814295,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814293,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814294,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814303,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814291,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814289,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814298,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814290,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814306,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814304,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814300,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814301,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814307, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814309,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814292,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER									
SPECIAL SERVICES:									
CARRIER INFO									
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>		NMFC#	CLASS	
2	25	431	231		GENERAL COMMODITIES		NMFC_CLASS	400.0	
2	25	431.00	231.00		GRAND TOTAL				
CUSTOMER									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
IND72105331S	2	25	431	231	Y N				
GRAND TOTAL	2	25	431.00	231.00					
PALLET TYPE									
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____			
						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>			
						Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.						Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
Property described above is received in good order, except as noted									

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5012761423		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_ARD72105632S		
CONSIGNEE					CARRIER		
Name: ARDMORE DISTRIBUTION CENTER Address: 401 GENERAL DR City/State/Zip: ARDMORE, OK 73401 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:		
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party ___X___		
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:69814295,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814293,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814294,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814303,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814291,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814289,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814298,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814290,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814306,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814304,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814300,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814301,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814307, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814309,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814292,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	NMFC#	CLASS
2	53	674	231		GENERAL COMMODITIES	NMFC_CLASS	300.0
2	53	674.00	231.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
ARD72105632S	2	53	674	231	Y N		
GRAND TOTAL	2	53	674.00	231.00			
PALLET TYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
					SHIPPER SIGNATURE _____ Shipper Signature		
					CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted		

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5012761423			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_JAN72105484S			
CONSIGNEE				CARRIER			
Name: DOLLAR GENERAL Address: 101 INNOVATION DR City/State/Zip: JANESVILLE, WI 53546 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>			
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:69814295,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814293,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814294,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814303,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814291,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814289,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814298,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814290,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814306,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814304,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814300,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814301,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814307, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814309,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814292,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	NMFC#	CLASS
1	30	289	115		GENERAL COMMODITIES	NMFC_CLASS	300.0
1	30	289.00	115.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
JAN72105484S	1	30	289	115	Y N		
GRAND TOTAL	1	30	289.00	115.00			
PALLET TYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards, Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5012761423		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_WAL72105333S		
CONSIGNEE					CARRIER		
Name: WALTON DISTRIBUTION CENTER Address: 950 WENSTRUP LN City/State/Zip: WALTON, KY 41094 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:		
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>		
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:69814295,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814293,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814294,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814303,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814291,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814289,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814298,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814290,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814306,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814304,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814300,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814301,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814307, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814309,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814292,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	NMFC#	CLASS
1	13	233	115		GENERAL COMMODITIES	NMFC_CLASS	300.0
1	13	233.00	115.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
WAL72105333S	1	13	233	115	Y N		
GRAND TOTAL	1	13	233.00	115.00			
PALLET TYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
					SHIPPER SIGNATURE / DATE		
Property described above is received in good order, except as noted							

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5012761423		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_JON72105554S		
CONSIGNEE					CARRIER		
Name: DOLLAR GENERAL Address: 1451 SPARTANBURG HWY City/State/Zip: JONESVILLE, SC 29353 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:		
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>		
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:69814295,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814293,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814294,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814303,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814291,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814289,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814298,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814290,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814306,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814304,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814301,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814307, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814309,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814292,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS
					Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.		
2	40	610	231		GENERAL COMMODITIES	NMFC_CLASS	300.0
2	40	610.00	231.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
JON72105554S	2	40	610	231	Y N		
GRAND TOTAL	2	40	610.00	231.00			
PALLET TYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
					SHIPPER SIGNATURE / DATE		
Property described above is received in good order, except as noted							

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5012761423				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_SBO72105482S				
CONSIGNEE					CARRIER				
Name: SOUTH BOSTON DISTRIBUTION CENT Address: 3207 PHILPOTT RD City/State/Zip: SOUTH BOSTON, VA 24592 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:				
THIRD PARTY FREIGHT CHARGES BILL TO									
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>				
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES									
CUSTOMERS INSTRUCTION:									
SPECIAL INSTRUCTION:69814295,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814293,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814294,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814303,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814291,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814298,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814290,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814306,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814304,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814301,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814307,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814309,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814292,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER									
SPECIAL SERVICES:									
CARRIER INFO									
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>			NMFC#	CLASS
2	30	436	231		GENERAL COMMODITIES			NMFC_CLASS	400.0
2	30	436.00	231.00		GRAND TOTAL				
CUSTOMER									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
SBO72105482S	2	30	436	231	Y	N			
GRAND TOTAL	2	30	436.00	231.00					
PALLET TYPE									
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>				
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.				
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
					SHIPPER SIGNATURE _____ Shipper Signature				
					CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted				

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5012761423			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_SCV72105634S			
CONSIGNEE					CARRIER			
Name: SCOTTSVILLE DISTRIBUTION CENTE Address: 427 BEECH ST City/State/Zip: SCOTTSVILLE, KY 42164 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:			
THIRD PARTY FREIGHT CHARGES BILL TO								
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES								
CUSTOMS INSTRUCTION:								
SPECIAL INSTRUCTION:69814295,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814293,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814294,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814303,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814291,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814289,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814310, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814298,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814290,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814306,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814304,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814300,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814297,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814301,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814307, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814309,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69814292,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER								
SPECIAL SERVICES:								
CARRIER INFO								
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>		NMFC#	CLASS
1	15	261	115		GENERAL COMMODITIES		NMFC_CLASS	300.0
1	15	261.00	115.00		GRAND TOTAL			
CUSTOMER								
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
SCV72105634S	1	15	261	115	Y N			
GRAND TOTAL	1	15	261.00	115.00				
PALLET TYPE								
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)								
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	SHIPPER SIGNATURE _____ CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response
Property described above is received in good order, except as noted								

Date: 2/12/2024 1:24:09 PM

Bill Of Lading

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

Bill of Lading Number: 06757163000860036

 (402)06757163000860036

SHIP TO
 Name: DOLGEN - AMSTERDAM DC Location #: 96150
 Address: 2041 State Highway 5 South
 96150
 City/State/Zip: Amsterdam, NY 12010
 CID#:
 Dept: 00 FOB:

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No:
 Trailer number: 1991
 Seal number(s): 8096013

SCAC: HGSL
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:**

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:
 Packing List is Attached

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YG8X7	28	286.62	Y N	
Grand Total	28	286.62		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		10	ctns	33.00		Sheet Set & Pillowcase	49260 Sub 3	250
		18	ctns	253.62		Mattress Pads	149265	100
1		28		336.62		Grand Total		

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

COD Amount: _____
Fee Terms: **Collect:** **Prepaid:**
Customer check acceptable:

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


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

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

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

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

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

SHIP FROM		Bill of Lading Number: 06757163000860128	
Name: E & E COMPANY LTD		 (402)06757163000860128	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: HUB CITY GROUP	
		Responsible Acct.No:	
SHIP TO		Trailer number: 1991	
Name: DOLGEN - JONESVILLE DC Location #: 96910		Seal number(s): 8096013	
Address: 1451 Spartanburg Hwy		SCAC: HGLS	
96910		Pro Number:	
City/State/Zip: Jonesville, SC 29353			
CID#:			
Dept: 00 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YG8X4	40	509.65	Y N	
Grand Total	40	509.65		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		5	ctns	16.50		Sheet Set & Pillowcase	49260 Sub 3	250
		35	ctns	493.15		Mattress Pads	149265	100
2		40		609.65		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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


Trailer Loaded:	Freight Counted:
<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain
	<input type="checkbox"/> By Driver/Pieces

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

Date: 2/12/2024 1:24:07 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - MARION DC Location #: 96920
Address:	221 Hanson Way	Address:	5575 East Dollar General 96920
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Marion, IN 46952
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000860135		Trailer number: 1991	
		Seal number(s): 8096013	
(402)06757163000860135		SCAC: HGSL	
CARRIER NAME: HUB CITY GROUP		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
3rd Party:		Master Bill of Lading: with attached underlying Bills of Lading	
<input type="checkbox"/>		(check box)	
SPECIAL INSTRUCTIONS: Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
			Driver Departure Time
			AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YG8Y3	15	125.03	Y N	
Grand Total	15	125.03		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	98.63		Mattress Pads	149265	100
		8	ctns	26.40		Sheet Set & Pillowcase	49260 Sub 3	250
1		15		175.03		Grand Total		

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.

Date: 2/12/2024 1:24:07 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - WALTON DC Location #: 96170
Address:	221 Hanson Way	Address:	950 Wenstrup Lane 96170
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Walton, KY 41094
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000860050		Trailer number: 1991	
		Seal number(s): 8096013	
(402)06757163000860050		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
		3rd Party:	
<input type="checkbox"/>		Master Bill of Lading: with attached	
(check box)		underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
			Driver Departure Time
			AM
			PM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YG8Y2	13	183.17	Y N	
Grand Total	13	183.17		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		13	ctns	183.17		Mattress Pads	149265	100
1		13		233.17		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 2/12/2024 1:24:06 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - BESSEMER DC
Address:	221 Hanson Way	Address:	4101 Lakeshore Pkw
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Bessemer, AL 35022
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000860142		Trailer number: 1991	
		Seal number(s): 8096013	
(402)06757163000860142		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1YG8Y5	15	200.56	Y	N	
Grand Total	15	200.56			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	3.30		Sheet Set & Pillowcase	49260 Sub 3	250
		14	ctns	197.26		Mattress Pads	149265	100
1		15		250.56		Grand Total		

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.

Date: 2/12/2024 1:24:05 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000859993	
Name: E & E COMPANY LTD		 (402)06757163000859993	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: HUB CITY GROUP	
VENDOR:		Responsible Acct.No:	
FOB: <input type="checkbox"/>		Trailer number: 1991	
SHIP TO		Seal number(s): 8096013	
Name: DOLGEN - SCOTTSVILLE DC Location #: 96000		SCAC: HGLS	
Address: 427 Beech Street		Pro Number:	
96000			
City/State/Zip: Scottsville, KY 42164-1698			
CID#:			
Dept: 00			
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
			AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YG8Y1	15	211.35	Y N	
Grand Total	15	211.35		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		15	ctns	211.35		Mattress Pads	149265	100
1		15		261.35		Grand Total		

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

COD Amount: _____ Fee Terms: Collect: <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

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

Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
--	--

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

SHIP FROM		Name: E & E COMPANY LTD		Bill of Lading Number: 06757163000860159										
Address: 221 Hanson Way		City/State/Zip: Woodland, CA 95776		 (402)06757163000860159										
SID#: _____		PHONE: _____		CARRIER NAME: HUB CITY GROUP										
VENDOR: _____		FOB: <input type="checkbox"/>		Responsible Acct.No: _____										
SHIP TO		Name: DOLGEN- CALIFORNIA DC Location #: 96970		Trailer number: 1991										
Address: 4193 Industrial Parkway Drive		City/State/Zip: Lebec, CA 93243		Seal number(s): 8096013										
CID#: _____		Dept: 00		SCAC: HGLS										
FOB: <input type="checkbox"/>				Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____												
Name: _____		(check box) <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading												
Address: _____		City/State/Zip: _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time												
AM	AM	AM												
PM	PM	PM												
SPECIAL INSTRUCTIONS: Packing List is Attached														

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1YG8Y4	16	214.65	Y	N	
Grand Total	16	214.65			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	3.30		Sheet Set & Pillowcase	49260 Sub 3	250
		15	ctns	211.35		Mattress Pads	149265	100
1		16		264.65		Grand Total		

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

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

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

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


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

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

Trailer Loaded:	Freight Counted:
<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces

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

Bill Of Lading

SHIP FROM		Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		Bill of Lading Number: 06757163000860111  (402)06757163000860111	
SHIP TO		Name: DOLGEN - ZANESVILLE DC Location #: 96900 Address: 2505 East Pointe Drive 96900 City/State/Zip: Zanesville, OH 43701-7761 CID#: _____ Dept: 00 FOB: <input type="checkbox"/>		CARRIER NAME: HUB CITY GROUP Responsible Acct.No: _____ Trailer number: 1991 Seal number(s): 8096013 SCAC: HGSL Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time Actual Driver Arrival Time Driver Departure Time AM AM AM PM PM PM	
SPECIAL INSTRUCTIONS: Packing List is Attached					

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALETT/SLIP	ADDITIONAL SHIPPER INFO
1YG8X2	35	244.98	Y N	
Grand Total	35	244.98		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		12	ctns	169.08		Mattress Pads	149265	100
		23	ctns	75.90		Sheet Set & Pillowcase	49260 Sub 3	250
1		35		294.98		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
--	--	--	---

Date: 2/12/2024 1:24:03 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

Bill of Lading Number: 06757163000860029



(402)06757163000860029

CARRIER NAME: HUB CITY GROUP

Responsible Acct.No: _____

SHIP TO

Name: DOLGEN- JANESVILLE DC Location #: 96130
 Address: 101 Innovation Drive
 96130
 City/State/Zip: Janesville, WI 53546
 CID#: _____
 Dept: 00

Trailer number: 1991

Seal number(s): 8096013

SCAC: HGSL

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: _____

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

SPECIAL INSTRUCTIONS:
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YG8X5	30	239.27	Y N	
Grand Total	30	239.27		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		13	ctns	183.17		Mattress Pads	149265	100
		17	ctns	56.10		Sheet Set & Pillowcase	49260 Sub 3	250
1		30		289.27		Grand Total		

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.

Date: 2/12/2024 1:24:03 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

Bill of Lading Number: 06757163000860081



CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No: _____

SHIP TO

Name: DOLGEN- INDIANOLA DC Location #: 96600
 Address: 914 Hwy 82 W
 96600
 City/State/Zip: Indianola, MS 38751
 CID#: _____
 Dept: 00 FOB:

Trailer number: 1991
 Seal number(s): 8096013

SCAC: HGSL
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

Prepaid: Collect: 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

City/State/Zip: _____

SPECIAL INSTRUCTIONS:
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1YG8X9	25	330.67	Y	N	
Grand Total	25	330.67			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		2	ctns	6.60		Sheet Set & Pillowcase	49260 Sub 3	250
		23	ctns	324.07		Mattress Pads	149265	100
2		25		430.67		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 2/12/2024 1:24:02 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000860012	
Name: E & E COMPANY LTD		 (402)06757163000860012	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: HUB CITY GROUP	
VENDOR:		Responsible Acct.No:	
FOB: <input type="checkbox"/>		Trailer number: 1991	
SHIP TO		Seal number(s): 8096013	
Name: DOLGEN - SAN ANTONIO DC Location #: 96120		SCAC: HGSL	
Address: 6601 Cal Turner Drive		Pro Number:	
96120			
City/State/Zip: San Antonio, TX 78220			
CID#:			
Dept: 00			
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
			AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YG8X1	47	532.75	Y N	
Grand Total	47	532.75		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		12	ctns	39.60		Sheet Set & Pillowcase	49260 Sub 3	250
		35	ctns	493.15		Mattress Pads	149265	100
2		47		632.75		Grand Total		

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

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

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

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

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


Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
--	--	--	---

Date: 2/12/2024 1:24:01 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	DOLGEN - FULTON DC	Name:	
Address:	221 Hanson Way	Address:	1900 Cardinal Drive	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Callaway, 96700	City/State/Zip:	
SID#:		City/State/Zip:	Fulton, MO 65251-7250	SPECIAL INSTRUCTIONS:	
PHONE:		CID#:		Packing List is Attached	
VENDOR:		Dept:	00		
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>		
Bill of Lading Number: 06757163000860098		Trailer number: 1991		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 8096013		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757163000860098		SCAC: HGSL		Master Bill of Lading: with attached	
CARRIER NAME: HUB CITY GROUP		Pro Number:		(check box) underlying Bills of Lading	
Responsible Acct.No:		Appointment Time		Actual Driver Arrival Time	
		AM		AM	
		PM		PM	
		Driver Departure Time		AM	
				PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1YG8W8	54	512.69	Y	N	
Grand Total	54	512.69			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		23	ctns	75.90		Sheet Set & Pillowcase	49260 Sub 3	250
		31	ctns	436.79		Mattress Pads	149265	100
2		54		612.69		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 2/12/2024 1:24:01 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000860005	
Name:	E & E COMPANY LTD	 (402)06757163000860005	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: HUB CITY GROUP Responsible Acct.No:	
SHIP TO		Trailer number: 1991	
Name:	DOLGEN - BETHEL DC Location #: 96100	Seal number(s): 8096013	
Address:	30 Martha Dr 96100	SCAC: HGLS	
City/State/Zip:	Bethel, PA 19507	Pro Number:	
CID#:			
Dept:	00 FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YG8X0	45	439.83	Y N	
Grand Total	45	439.83		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		18	ctns	59.40		Sheet Set & Pillowcase	49260 Sub 3	250
		27	ctns	380.43		Mattress Pads	149265	100
2		45		539.83		Grand Total		

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

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


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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
--	--	--	---

SHIP FROM		Bill of Lading Number: 06757163000860074										
Name:	E & E COMPANY LTD	 (402)06757163000860074										
Address:	221 Hanson Way											
City/State/Zip:	Woodland, CA 95776											
SID#:												
PHONE:		CARRIER NAME: HUB CITY GROUP										
VENDOR:		Responsible Acct.No:										
SHIP TO		Trailer number: 1991										
Name:	DOLGEN - SOUTH BOSTON DC Location #: 96500	Seal number(s): 8096013										
Address:	3207 Philpott Road	SCAC: HGSL										
	US Hwy 58/360, 96500	Pro Number:										
City/State/Zip:	South Boston, VA 24592-6607											
CID#:												
Dept:	00											
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
City/State/Zip:		<table border="1" 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										
SPECIAL INSTRUCTIONS: Packing List is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YG8X8	30	336.38	Y N	
Grand Total	30	336.38		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		8	ctns	26.40		Sheet Set & Pillowcase	49260 Sub 3	250
		22	ctns	309.98		Mattress Pads	149265	100
2		30		436.38		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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


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

Shipper Signature

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

Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
--	--

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

SHIP FROM		Name: E & E COMPANY LTD		Bill of Lading Number: 06757163000860043	
Address: 221 Hanson Way		City/State/Zip: Woodland, CA 95776		 (402)06757163000860043	
SID#: _____		PHONE: _____			
VENDOR: _____		FOB: <input type="checkbox"/>		CARRIER NAME: HUB CITY GROUP	
SHIP TO		Name: DOLGEN - LONGVIEW DC Location #: 96160		Responsible Acct.No: _____	
Address: 3300 E. George Richey Road		City/State/Zip: Longview, TX 75605		Trailer number: 1991	
CID#: _____		Dept: 00 FOB: <input type="checkbox"/>		Seal number(s): 8096013	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____		SCAC: HGLS	
Address: _____		City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
		Prepaid: _____		Collect: X	
				3rd Party: _____	
		<input type="checkbox"/>		Master Bill of Lading: with attached underlying Bills of Lading	
		(check box)			
		Appointment Time		Actual Driver Arrival Time	
		AM		AM	
		PM		PM	
				Driver Departure Time	
				AM	
				PM	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
1YG8Y0	15	103.45	Y N		
Grand Total	15	103.45			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	70.45		Mattress Pads	149265	100
		10	ctns	33.00		Sheet Set & Pillowcase	49260 Sub 3	250
1		15		153.45		Grand Total		

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

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

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

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

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

Shipper Signature

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

Trailer Loaded:	Freight Counted:
<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain
	<input type="checkbox"/> By Driver/Pieces

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

Order No.: 69814293 Order Date: 01/30/2024 Customer: DOLGEN - AMSTERDAM DC Customer PO No.: 1YG8X7

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - AMSTERDAM DC 2041 STATE HIGHWAY 5 SOUTH AMSTERDAM, NY 12010 US	Shipping Date: 02/12/2024 Shipment No.: 300086003
--	--	---	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	144	18	144	18
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	120	10	120	10

Total Weight:	286.62
Total Quantity Ordered:	264
Total Cartons Ordered:	28
Total Quantity Shipped:	264
Total Cartons Shipped:	28

Order No.: 69814290 Order Date: 01/30/2024 Customer: DOLGEN - JONESVILLE DC Customer PO No.: 1YG8X4

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - JONESVILLE DC 1451 SPARTANBURG HWY JONESVILLE, SC 29353 US	Shipping Date: 02/12/2024 Shipment No.: 300086012
--	--	---	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	280	35	280	35
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	60	5	60	5

Total Weight:	509.65
Total Quantity Ordered:	340
Total Cartons Ordered:	40
Total Quantity Shipped:	340
Total Cartons Shipped:	40

Order No.: 69814300 Order Date: 01/30/2024 Customer: DOLGEN - MARION DC Customer PO No.: 1YG8Y3

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - MARION DC 5575 EAST DOLLAR GENERAL MARION, IN 46952 US	Shipping Date: 02/12/2024 Shipment No.: 300086013
--	--	---	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	56	7	56	7
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	96	8	96	8

Total Weight:	125.03
Total Quantity Ordered:	152
Total Cartons Ordered:	15
Total Quantity Shipped:	152
Total Cartons Shipped:	15

Order No.: 69814309 Order Date: 01/30/2024 Customer: DOLGEN - WALTON DC Customer PO No.: 1YG8Y2

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - WALTON DC 950 WENSTRUP LANE WALTON, KY 41094 US	Shipping Date: 02/12/2024 Shipment No.: 300086005
--	--	--	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	104	13	104	13

Total Weight:	183.17
Total Quantity Ordered:	104
Total Cartons Ordered:	13
Total Quantity Shipped:	104
Total Cartons Shipped:	13

Order No.: 69814303 Order Date: 01/30/2024 Customer: DOLGEN - BESSEMER DC Customer PO No.: 1YG8Y5

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

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

SHIP TO:
DOLGEN - BESSEMER DC
4101 LAKESHORE PKWY
BESSEMER, AL 35022
US

Shipping Date:
02/12/2024

Shipment No.:
300086014

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	112	14	112	14
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	12	1	12	1

Total Weight: 200.56
 Total Quantity Ordered: 124
 Total Cartons Ordered: 15
 Total Quantity Shipped: 124
 Total Cartons Shipped: 15

Order No.: 69814294 Order Date: 01/30/2024 Customer: DOLGEN - ARDMORE DC Customer PO No.: 1YG8W9

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - ARDMORE DC 401 GENERAL DRIVE ARDMORE INDUSTRIAL AIR PA ARDMORE, OK 73401-0000 US	Shipping Date: 02/12/2024 Shipment No.: 300086006
--	--	--	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	296	37	296	37
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	192	16	192	16

Total Weight:	574.13
Total Quantity Ordered:	488
Total Cartons Ordered:	53
Total Quantity Shipped:	488
Total Cartons Shipped:	53

Order No.: 69814307 Order Date: 01/30/2024 Customer: DOLGEN - SCOTTSVILLE DC Customer PO No.: 1YG8Y1

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

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

SHIP TO:
DOLGEN - SCOTTSVILLE DC
427 BEECH STREET
SCOTTSVILLE, KY 42164-1698
US

Shipping Date:
02/12/2024

Shipment No.:
300085999

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	120	15	120	15

Total Weight: 211.35
Total Quantity Ordered: 120
Total Cartons Ordered: 15
Total Quantity Shipped: 120
Total Cartons Shipped: 15

Order No.: 69814306 Order Date: 01/30/2024 Customer: DOLGEN- CALIFORNIA DC Customer PO No.: 1YG8Y4

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN- CALIFORNIA DC 4193 INDUSTRIAL PARKWAY DRIVE LEBEC, CA 93243 US	Shipping Date: 02/12/2024 Shipment No.: 300086015
--	--	---	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	120	15	120	15
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	12	1	12	1

Total Weight:	214.65
Total Quantity Ordered:	132
Total Cartons Ordered:	16
Total Quantity Shipped:	132
Total Cartons Shipped:	16

Order No.: 69814292 Order Date: 01/30/2024 Customer: DOLGEN - ZANESVILLE DC Customer PO No.: 1YG8X2

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

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

SHIP TO:
DOLGEN - ZANESVILLE DC
2505 EAST POINTE DRIVE
ZANESVILLE, OH 43701-7761
US

Shipping Date:
02/12/2024

Shipment No.:
300086011

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	96	12	96	12
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	276	23	276	23

Total Weight: 244.98
Total Quantity Ordered: 372
Total Cartons Ordered: 35
Total Quantity Shipped: 372
Total Cartons Shipped: 35

Order No.: 69814298 Order Date: 01/30/2024 Customer: DOLGEN- JANESVILLE DC Customer PO No.: 1YG8X5

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN- JANESVILLE DC 101 INNOVATION DRIVE JANESVILLE, WI 53546 US	Shipping Date: 02/12/2024 Shipment No.: 300086002
--	--	--	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	104	13	104	13
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	204	17	204	17

Total Weight:	239.27
Total Quantity Ordered:	308
Total Cartons Ordered:	30
Total Quantity Shipped:	308
Total Cartons Shipped:	30

Order No.: 69814310 Order Date: 01/30/2024 Customer: DOLGEN- INDIANOLA DC Customer PO No.: 1YG8X9

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN- INDIANOLA DC 914 HWY 82 W INDIANOLA, MS 38751 US	Shipping Date: 02/12/2024 Shipment No.: 300086008
--	--	--	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	184	23	184	23
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	24	2	24	2

Total Weight:	330.67
Total Quantity Ordered:	208
Total Cartons Ordered:	25
Total Quantity Shipped:	208
Total Cartons Shipped:	25

Order No.: 69814297 Order Date: 01/30/2024 Customer: DOLGEN - SAN ANTONIO DC Customer PO No.: 1YG8X1

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - SAN ANTONIO DC 6601 CAL TURNER DRIVE SAN ANTONIO, TX 78220 US	Shipping Date: 02/12/2024 Shipment No.: 300086001
--	--	--	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	280	35	280	35
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	144	12	144	12

Total Weight:	532.75
Total Quantity Ordered:	424
Total Cartons Ordered:	47
Total Quantity Shipped:	424
Total Cartons Shipped:	47

Order No.: 69814289 Order Date: 01/30/2024 Customer: DOLGEN - FULTON DC Customer PO No.: 1YG8W8

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - FULTON DC 1900 CARDINAL DRIVE CALLAWAY FULTON, MO 65251-7250 US	Shipping Date: 02/12/2024 Shipment No.: 300086009
--	--	---	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	248	31	248	31
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	276	23	276	23

Total Weight:	512.69
Total Quantity Ordered:	524
Total Cartons Ordered:	54
Total Quantity Shipped:	524
Total Cartons Shipped:	54

Order No.: 69814291 Order Date: 01/30/2024 Customer: DOLGEN - BETHEL DC Customer PO No.: 1YG8X0

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - BETHEL DC 30 MARTHA DR BETHEL, PA 19507 US	Shipping Date: 02/12/2024 Shipment No.: 300086000
--	--	---	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	216	27	216	27
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	216	18	216	18

Total Weight:	439.83
Total Quantity Ordered:	432
Total Cartons Ordered:	45
Total Quantity Shipped:	432
Total Cartons Shipped:	45

Order No.: 69814295 Order Date: 01/30/2024 Customer: DOLGEN - ALACHUA DC Customer PO No.: 1YG8X3

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - ALACHUA DC 12000 NW 173 STREET ALACHUA, FL 32615-8141 US	Shipping Date: 02/12/2024
			Shipment No.: 300086010

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	280	35	280	35
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	48	4	48	4

Total Weight:	506.35
Total Quantity Ordered:	328
Total Cartons Ordered:	39
Total Quantity Shipped:	328
Total Cartons Shipped:	39

Order No.: 69814301 Order Date: 01/30/2024 Customer: DOLGEN - SOUTH BOSTON DC Customer PO No.: 1YG8X8

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - SOUTH BOSTON DC 3207 PHILPOTT ROAD US HWY 58/360 SOUTH BOSTON, VA 24592-6607 US	Shipping Date: 02/12/2024 Shipment No.: 300086007
--	--	---	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	176	22	176	22
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	96	8	96	8

Total Weight:	336.38
Total Quantity Ordered:	272
Total Cartons Ordered:	30
Total Quantity Shipped:	272
Total Cartons Shipped:	30

Order No.: 69814304 Order Date: 01/30/2024 Customer: DOLGEN - LONGVIEW DC Customer PO No.: 1YG8Y0

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - LONGVIEW DC 3300 E. GEORGE RICHEY ROAD LONGVIEW, TX 75605 US	Shipping Date: 02/12/2024 Shipment No.: 300086004
--	--	---	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	40	5	40	5
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	120	10	120	10

Total Weight:	103.45
Total Quantity Ordered:	160
Total Cartons Ordered:	15
Total Quantity Shipped:	160
Total Cartons Shipped:	15