

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____ FOB:

Master Bill of Lading Number: 06757168001093186

SHIP TO
 Customer Code: HDWHS
 Name: LOCUST GROVE IFC
 Address: 3150 HWY 42 SOUTH - SUITE IFC
 City/State/Zip: LOCUST GROVE, GA 30248
 SID#: _____ FOB:

CARRIER NAME: Covenant Transport
 Trailer number: 53123215
 Seal number(s): 5623543
 SCAC: CVEN
 Pro Number: 0

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

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 225790960

MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING
 Appointment Time: 2:00 AM
 Actual Driver Arrival Time: 11:25 AM
 Driver Departure Time: 12:08 PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	ADDITIONAL SHIPPER INFO	
				BOL#	DC#
1954272231	23	566.09	Y N	06757168001093131	5639
1954272596	9	218.97	Y N	06757168001093063	5085
1954273337	2	48.66	Y N	06757168001093162	5643
1954272542	2	48.66	Y N	06757168001093032	5024
1954273781	8	194.64	Y N	06757168001093025	5023
1954272107	3	72.99	Y N	06757168001093070	5086
1954273669	7	170.31	Y N	06757168001093100	5221
1954272407	5	121.65	Y N	06757168001093179	5851
1954272671	3	72.99	Y N	06757168001093056	5084
1954272284	7	170.31	Y N	06757168001093155	5642
1954273449	1	32.26	Y N	06757168001093094	5120
1954273273	5	102.93	Y N	06757168001093148	5641
1954273248	9	218.97	Y N	06757168001093117	5250

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.
 [Signature] 1/17/24

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.
 [Signature] 1-17-24

SHIP FROM		Master Bill of Lading Number: 06757168001093186	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Covenant Transport	
Customer Code: HDWHS Name: LOCUST GROVE IFC Address: 3150 HWY 42 SOUTH - SUITE IFC City/State/Zip: LOCUST GROVE, GA 30248 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 53123215 Seal number(s): _____ SCAC: CVEN Pro Number: 0	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 225790960		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#
1954273527	4	97.32	Y	N	06757168001093049	5034
1954273666	7	170.31	Y	N	06757168001093087	5087
Grand Total	95	2307.06				

CARRIER INFORMATION						LTL ONLY	
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			NMFC #	CLASS
15	Pallet			750.00			70
		95	ctns	2307.06		70970-5	125
15				3057.06		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input 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 guidebook or equivalent documentation in the vehicle.

Order No.: 69703503 Order Date: 01/14/2024 Customer: HOME DEPOT REDLANDS DC - 5087 Customer PO No.: 1954273666

SHIP FROM:
E & E COMPANY LTD
311 INTERNATIONAL TRADE
PKWY
PORT WENTWORTH, GA 31407

BILL TO:
HOME DEPOT WHOLESAL
2455 PACES FERRY RD NW
ATLANTA, GA 30339
US

SHIP TO:
HOME DEPOT REDLANDS DC -
5087
27352 RIVER BLUFF AVE.
REDLANDS, CA 92374
US

Shipping Date:
01/17/2024

Shipment No.:
800109308

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1009019031	HDDS35-051	022164224733	Holliswood Made Area Rug	EA	1	7	7	7	7

Total Weight: 170.31
Total Quantity Ordered: 7
Total Cartons Ordered: 7
Total Quantity Shipped: 7
Total Cartons Shipped: 7