


Date: 1/5/2024 9:33:25 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000853038	
Name: E & E COMPANY LTD		 (402)06757163000853038	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
PHONE: 530-669-5991	FOB: <input type="checkbox"/>		
VENDOR: 10316700			

SHIP TO		CARRIER NAME: ASHLEY PNW	
Name: Fred Meyer Stores	Location #: 00790880944 61	Responsible Acct.No:	
Address: Chehalis RSC DC - Home HCC		Trailer number: 5388	
224 Maurin Rd., 0079088094461		Seal number(s): 8068935	
City/State/Zip: Chehalis, WA 98532			

CID#: _____	FOB: <input type="checkbox"/>	SCAC: APGD
Dept: 0083		Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/>	Collect: X
Address:			3rd Party:
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	

SPECIAL INSTRUCTIONS:		
Load #: LD1235225		
Packing List is Attached		
Appointment Time	Actual Driver Arrival Time	Driver Departure Time
10:00 ^{AM} PM	8:20 ^{AM} PM	9:40 ^{AM} PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
0031762715	1072	7349.56	Y N	
0031762716	378	2336.38	Y N	
0031762737	410	1762.63	Y N	
Grand Total	1860	11448.57		

CARRIER INFORMATION						COMMODITY DESCRIPTION		PACKAGE	
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	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		NMFC #	CLASS
QTY	TYPE	QTY	TYPE						
14	Pallet			700.00	(X)	Pallet			
		8	ctns	22.22		Bath Accessories		49470	100
		333	ctns	1334.30		Bath Towel, Beach Towel		49260 Sub 4	175
		1	ctns	21.58		Comforters, Bedspreads		49017	200
		378	ctns	2336.38		Mattress Pads		149265	100
		68	ctns	384.53		Panels, Valances		49260 Sub 4	175

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. <i>Antonia</i> 1/5/24	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. <i>[Signature]</i> 01/05/24
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Page 2 of 2

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SHIP TO						Responsible Acct.No:		
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Dept: 0083								
THIRD PARTY FREIGHT CHARGES BILL TO:						Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:						Prepaid: Collect: X 3rd Party:		
Address:						<input type="checkbox"/> Master Bill of Lading: with attached		
City/State/Zip:						(check box) underlying Bills of Lading		
SPECIAL INSTRUCTIONS:						Appointment Time		
Load #: LD1235225						AM		
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						AM		
						PM		
						Driver Departure Time		
						AM		
						PM		
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
		1072	ctns	7349.56		Sheet Set & Pillowcase	49260 Sub 3	250
14		1860		12148.57		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

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).

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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.