

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000827879					
<b>Name:</b> E & E COMPANY LTD <b>Address:</b> 221 Hanson Way <b>City/State/Zip:</b> Woodland, CA 95776 <b>SID#:</b> _____ <b>FOB:</b> <input type="checkbox"/>							
<b>SHIP TO</b>		CARRIER NAME: HUB CITY GROUP					
<b>Name:</b> HUBGROUP FONTANA CROSSDOCK <b>DC#:</b> _____ <b>Div.:</b> _____ <b>Address:</b> 13204 Philadelphia Ave  <b>City/State/Zip:</b> FONTANA, CA 92337 <b>SID#:</b> _____ <b>FOB:</b> <input type="checkbox"/>		Trailer number: DZ16 Seal number(s): 2149279 SCAC: HGLS Pro Number: 13862027501					
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:					
<b>Name:</b> _____ <b>Address:</b> _____  <b>City/State/Zip:</b> _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>					
<b>SPECIAL INSTRUCTIONS:</b> Load #: 5008407132		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>					
		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">Appointment Time</td> <td style="width:33%; border-bottom: 1px solid black;">Actual Driver Arrival Time</td> <td style="width:33%; border-bottom: 1px solid black;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM PM</td> <td style="text-align: center;">AM PM</td> <td style="text-align: center;">AM PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time					
AM PM	AM PM	AM PM					

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
1WDFQ8	69	227.70	Y	N	06757163000827756	96150	
1WDFR1	119	1029.31	Y	N	06757163000827862	96970	
1WDFS7	85	625.78	Y	N	06757163000827787	96500	
1WDFS9	99	1125.16	Y	N	06757163000827817	96800	
1WDFT2	93	965.09	Y	N	06757163000827831	96910	
1WDFT4	83	737.87	Y	N	06757163000827848	96920	
1WDFT5	81	720.48	Y	N	06757163000827763	96170	
1WDFT9	9	29.70	Y	N	06757163000827794	96600	
1WDFV7	24	79.20	Y	N	06757163000827800	96700	
1WDFX6	47	370.90	Y	N	06757163000827824	96900	
1WDFX7	53	487.81	Y	N	06757163000827732	96130	
1WDG17	50	564.23	Y	N	06757163000827725	96100	
1WDG72	28	92.40	Y	N	06757163000827749	96140	

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	<b>COD Amount \$</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <div style="text-align: right;"><b>Shipper Signature</b> _____</div>		
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Date: 9/25/2023 11:34:27 AM

## Master Bill Of Lading

Page 2 of 2

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	HUBGROUP FONTANA CROSSDOCK	Name:	
Address:	221 Hanson Way	DC#:		Address:	
City/State/Zip:	Woodland, CA 95776	Div.:		City/State/Zip:	
SID#:		FOB:	<input type="checkbox"/>	City/State/Zip:	FONTANA, CA 92337
		FOB:	<input type="checkbox"/>	SID#:	
Master Bill of Lading Number: 06757163000827879		CARRIER NAME: HUB CITY GROUP		Freight Charge Terms:	
		Trailer number: DZ16		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
		Seal number(s): 2149279		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
		SCAC: HGLS		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Pro Number: 13862027501		Appointment Time AM PM	
				Actual Driver Arrival Time AM PM	
				Driver Departure Time AM PM	
SPECIAL INSTRUCTIONS:					
Load #: 5008407132					

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#	
1WDGC4	38	362.78	Y	N	06757163000827855	96930	
1WDGN8	13	172.38	Y	N	06757163000827770	96300	
<b>Grand Total</b>	891	7590.79					

## 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
33	Pallet			1650.00		Pallet		70
		431	ctns	6072.79		Mattress Pads	149265	100
		460	ctns	1518.00		Sheet Set & Pillowcase	49260 Sub 3	250
33				9240.79		<b>Grand Total</b>		

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

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

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

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: **NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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

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

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

## SHIPPER SIGNATURE / DATE

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

## Trailer Loaded:

- By Shipper  
 By Driver

## Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

# MASTER BILL OF LADING

<b>ESTIMATED PICK UP DATE: 9/25/2023</b>	
<b>SHIPPER</b>	
Name: E E CO LTD  Address: 221 HANSON WAY  City/State/Zip: WOODLAND, CA 95776          Contact: ALEX GONZALEZ	BILL OF LADING :5008407132 TRAILER # SEAL # <b>TRAILER#: DZ16 Seq# 2149279</b> ORDER # : 1038319_ALC71170631S, 1038319_AMS71170652S, 1038319_ARD71168880S, 1038319_BES71168869S, 1038319_BTH71170623S, 1038319_FLT71170555S, 1038319_IND71168226S, 1038319_JAC71168228S, 1038319_JAN71170601S, 1038319_JON71168873S, 1038319_LEB71168603S, 1038319_MAR71170568S, 1038319_SBO71170622S, 1038319_WAL71170562S, 1038319_ZAN71170554S  CR ALC71170631S CR AMS71170652S CR ARD71168880S CR BES71168869S CR BTH71170623S CR FLT71170555S CR IND71168226S CR JAC71168228S CR JAN71170601S CR JON71168873S CR LEB71168603S CR MAR71170568S CR SBO71170622S CR WAL71170562S CR ZAN71170554S P8 1WDFQ8-01 P8 1WDFR1-01 P8 1WDFS7-01 P8 1WDFS9-01 P8 1WDFT2-01 P8 1WDFT4-01 P8 1WDFT5-01 P8 1WDFT9-01 P8 1WDFV7-01 P8 1WDFX6-01 P8 1WDFX7-01 P8 1WDG17-01 P8 1WDG72-01 P8 1WDGC4-01 P8 1WDGN8-01 PO 1WDFQ8-01 PO 1WDFR1-01 PO 1WDFS7-01 PO 1WDFS9-01 PO 1WDFT2-01 PO 1WDFT4-01 PO 1WDFT5-01 PO 1WDFT9-01 PO 1WDFV7-01 PO 1WDFX6-01 PO 1WDFX7-01 PO 1WDG17-01 PO 1WDG72-01 PO 1WDGC4-01 PO 1WDGN8-01
<b>CONSIGNEE</b>	
Name: HUBGROUP FONTANA CROSSDOCK Address: 13204 PHILADELPHIA AVE YARD City/State/Zip: FONTANA, CA 92337  Contact:	<b>CARRIER</b> CARRIER NAME: HUB HIGHWAY SERVICES SCAC: HHWY PRO NUMBER: 13862027501 <b>13862027501</b>
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>	
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 <u>  X  </u>
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>	
CUSTOMS INSTRUCTION:  SPECIAL INSTRUCTION: PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2787,68185849,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185841,Number of miles: 1731,68185854,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2345, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185857,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2724,68185859,Number of miles: 1884,68185843,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2143,68185846,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2528,68185856,	

# MASTER BILL OF LADING

Number of miles: 2032, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185847, 68185844, Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185738, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2212, 68185740, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185851, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2764, Number of miles: 2329, 68185853, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185739, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2437 | STOP#: 1 PO - 1WDFQ8-01; 1WDFR1-01; 1WDFS7-01; 1WDFS9-01; 1WDF2-01; 1WDF4-01; 1WDF5-01; 1WDF9-01; 1WDFV7-01; 1WDFX6-01; 1WDFX7-01; 1WDG17-01; 1WDG72-01; 1WDGC4-01; 1WDGN8-01, STOP#: 1 CR - ALC71170631S; AMS71170652S; ARD71168880S; BES71168869S; BTH71170623S; FLT71170555S; IND71168226S; JAC71168228S; JAN71170601S; JON71168873S; LEB71168603S; MAR71170568S; SBO71170622S; WAL71170562S; ZAN71170554S | |

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		
2	85	726	231		GENERAL COMMODITIES	NMFC_CLASS	250.0
27	732	7942	3117		GENERAL COMMODITIES	NMFC_CLASS	300.0
1	9	80	115		GENERAL COMMODITIES	NMFC_CLASS	500.0
3	65	493	345		GENERAL COMMODITIES	NMFC_CLASS	400.0
<b>33</b>	<b>891</b>	<b>9241.00</b>	<b>3808.00</b>		<b>GRAND TOTAL</b>		

### CUSTOMER

CUSTOMER ORDER NUMBER	SKU	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
SBO71170622S		2	85	726	231	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
IND71168226S		1	9	80	115	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
ALC71170631S		4	99	1325	462	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
JAN71170601S		2	53	588	231	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
BTH71170623S		2	50	664	231	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
AMS71170652S		1	69	278	115	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
ARD71168880S		1	13	222	115	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
JON71168873S		4	93	1165	462	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
BES71168869S		2	38	463	231	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
JAC71168228S		1	28	142	115	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
FLT71170555S		1	24	129	115	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
LEB71168603S		4	119	1229	462	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
WAL71170562S		3	81	871	346	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
ZAN71170554S		2	47	471	231	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
MAR71170568S		3	83	888	346	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
<b>GRAND TOTAL</b>		<b>33</b>	<b>891</b>	<b>9241.00</b>	<b>3808.00</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_."  
 COD Amount: \$ \_\_\_\_\_  
 Fee Terms: Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

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

**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.

*[Signature]*  
9/25/23

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 has the DOT emergency response

*[Signature]* 09/25/23  
 Property described above is received in good order, except as

# MASTER BILL OF LADING

SHIPPER	Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:	BILL OF LADING :5008407132  BL#: 1038319_ALC71170631S
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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 <u> X </u>
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**SPECIAL INSTRUCTIONS AND SPECIAL SERVICES**

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:68185849,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185841,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185854,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185857,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185859,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185843,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185846, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185856,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185847,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185844,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185738,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185740,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185851,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185853,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185739,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
4	99	1325	462		GENERAL COMMODITIES	NMFC_CLASS	300.0
4	99	1325.00	462.00		GRAND TOTAL		

CUSTOMER						
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
ALC71170631S	4	99	1325	462	Y    N	
<b>GRAND TOTAL</b>	<b>4</b>	<b>99</b>	<b>1325.00</b>	<b>462.00</b>		
<b>PALLET TYPE</b>						

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."	COD Amount: \$ _____ Fee Terms:      Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)**

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

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	Shipper Signature  _____
<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response			
Property described above is received in good order, except as noted			

# MASTER BILL OF LADING

<b>SHIPPER</b>					BILL OF LADING :5008407132			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_AMS71170652S			
<b>CONSIGNEE</b>					<b>CARRIER</b>			
Name: AMSTERDAM DISTRIBUTION CENTER Address: 2041 STATE HIGHWAY 5S City/State/Zip: AMSTERDAM, NY 12010 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>								
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>								
CUSTOMS INSTRUCTION:								
SPECIAL INSTRUCTION:68185849,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185841,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185854,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185857,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185859,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185843,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185846, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185856,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185847,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185844,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185738,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185740,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185851,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185853,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185739,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER								
SPECIAL SERVICES:								
<b>CARRIER INFO</b>								
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>		NMFC#	CLASS
1	69	278	115		GENERAL COMMODITIES		NMFC_CLASS	300.0
1	69	278.00	115.00		GRAND TOTAL			
<b>CUSTOMER</b>								
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
AMS71170652S	1	69	278	115	Y	N		
GRAND TOTAL	1	69	278.00	115.00				
<b>PALLET TYPE</b>								
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____		
						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>		
						Customer check acceptable: <input type="checkbox"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>								
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
<b>SHIPPER SIGNATURE / DATE</b>			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver			Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		<b>CARRIER SIGNATURE / PICKUP DATE</b>
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.								Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response
Property described above is received in good order, except as noted								

# MASTER BILL OF LADING

<b>SHIPPER</b>					BILL OF LADING :5008407132						
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_LEB71168603S						
<b>CONSIGNEE</b>					<b>CARRIER</b>						
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:						
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>											
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>						
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>											
CUSTOMS INSTRUCTION:											
SPECIAL INSTRUCTION:68185849,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185841,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185854,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185857,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185859,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185843,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185846, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185856,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185847,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185844,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185738,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185740,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185851,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185853,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185739,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER											
SPECIAL SERVICES:											
<b>CARRIER INFO</b>											
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>			NMFC#	CLASS		
4	119	1229	462		GENERAL COMMODITIES			NMFC_CLASS	300.0		
4	119	1229.00	462.00		GRAND TOTAL						
<b>CUSTOMER</b>											
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO				
LEB71168603S	4	119	1229	462	Y	N					
GRAND TOTAL	4	119	1229.00	462.00							
<b>PALLET TYPE</b>											
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>						
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>											
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  _____ Shipper Signature						
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response	
<b>Property described above is received in good order, except as noted</b>											

# MASTER BILL OF LADING

<b>SHIPPER</b>				BILL OF LADING :5008407132			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_MAR71170568S			
<b>CONSIGNEE</b>				<b>CARRIER</b>			
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:			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>							
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>			
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:68185849,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185841,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185854,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185857,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185859,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185843,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185846, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185856,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185847,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185844,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185738,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185740,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185851,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185853,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185739,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
<b>CARRIER INFO</b>							
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	NMFC#	CLASS
3	83	888	346		GENERAL COMMODITIES	NMFC_CLASS	300.0
3	83	888.00	346.00		GRAND TOTAL		
<b>CUSTOMER</b>							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
MAR71170568S	3	83	888	346	Y    N		
GRAND TOTAL	3	83	888.00	346.00			
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"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
						Shipper Signature  <b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response	
Property described above is received in good order, except as noted							

# MASTER BILL OF LADING

<b>SHIPPER</b>					BILL OF LADING :5008407132				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_BTH71170623S				
<b>CONSIGNEE</b>					<b>CARRIER</b>				
Name: BETHEL DISTRIBUTION CENTER Address: 30 MARTHA DR City/State/Zip: BETHEL, PA 19507 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:				
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>									
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>				
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>									
CUSTOMS INSTRUCTION:									
SPECIAL INSTRUCTION:68185849,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185841,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185854,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185857,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185859,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185843,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185846, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185856,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185847,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185844,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185738,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185740,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185851,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185853,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185739,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER									
SPECIAL SERVICES:									
<b>CARRIER INFO</b>									
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>			NMFC#	CLASS
2	50	664	231		GENERAL COMMODITIES			NMFC_CLASS	300.0
2	50	664.00	231.00		GRAND TOTAL				
<b>CUSTOMER</b>									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
BTH71170623S	2	50	664	231	Y	N			
GRAND TOTAL	2	50	664.00	231.00					
<b>PALLET TYPE</b>									
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."							COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.							The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
<b>SHIPPER SIGNATURE / DATE</b>					<b>SHIPPER SIGNATURE</b>			<b>CARRIER SIGNATURE / PICKUP DATE</b>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver			Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
					Shipper Signature			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>	
<b>Property described above is received in good order, except as noted</b>									

# MASTER BILL OF LADING

<b>SHIPPER</b>					BILL OF LADING :5008407132						
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_BES71168869S						
<b>CONSIGNEE</b>					<b>CARRIER</b>						
Name: DOLLAR GENERAL Address: 4101 LAKESHORE PKWY City/State/Zip: BESSEMER, AL 35022 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:						
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>											
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>						
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>											
CUSTOMS INSTRUCTION:											
SPECIAL INSTRUCTION:68185849,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185841,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185854,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185857,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185859,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185843,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185846, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185856,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185847,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185844,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185738,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185740,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185851,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185853,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185739,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER											
SPECIAL SERVICES:											
<b>CARRIER INFO</b>											
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>			NMFC#	CLASS		
2	38	463	231		GENERAL COMMODITIES			NMFC_CLASS	300.0		
2	38	463.00	231.00		GRAND TOTAL						
<b>CUSTOMER</b>											
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO				
BES71168869S	2	38	463	231	Y	N					
GRAND TOTAL	2	38	463.00	231.00							
<b>PALLET TYPE</b>											
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>						
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>											
RECEIVED, subject to individually determined rates or contracts that have been agreed upon inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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						
<b>SHIPPER SIGNATURE / DATE</b> This is to certifythat the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response	
<b>Property described above is received in good order, except as noted</b>											

# MASTER BILL OF LADING

<b>SHIPPER</b>				BILL OF LADING :5008407132			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_FLT71170555S			
<b>CONSIGNEE</b>				<b>CARRIER</b>			
Name: DOLLAR GENERAL - FULTON Address: 1900 CARDINAL DR City/State/Zip: FULTON, MO 65251 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:68185849,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185841,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185854,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185857,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185859,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185843,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185846, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185856,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185847,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185844,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185738,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185740,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185851,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185853,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185739,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
<b>CARRIER INFO</b>							
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	NMFC#	CLASS
1	24	129	115		GENERAL COMMODITIES	NMFC_CLASS	400.0
1	24	129.00	115.00		GRAND TOTAL		
<b>CUSTOMER</b>							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
FLT71170555S	1	24	129	115	Y    N		
GRAND TOTAL	1	24	129.00	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"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
				Shipper Signature		<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response	
Property described above is received in good order, except as noted							

# MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5008407132			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_IND71168226S			
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								
CUSTOMS INSTRUCTION:  SPECIAL INSTRUCTION:68185849,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185841,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185854,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185857,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185859,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185843,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185846, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185856,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185847,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185844,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185738,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185740,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185851,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185853,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185739,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	9	80	115		GENERAL COMMODITIES	NMFC_CLASS	500.0	
1	9	80.00	115.00		GRAND TOTAL			
CUSTOMER								
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO		
IND71168226S	1	9	80	115	Y    N			
<b>GRAND TOTAL</b>	<b>1</b>	<b>9</b>	<b>80.00</b>	<b>115.00</b>				
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"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>								
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  Shipper Signature _____		
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response  Property described above is received in good order, except as noted		

# MASTER BILL OF LADING

<b>SHIPPER</b>				<b>BILL OF LADING :5008407132</b>			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_ARD71168880S			
<b>CONSIGNEE</b>				<b>CARRIER</b>			
Name: ARDMORE DISTRIBUTION CENTER Address: 401 GENERAL DR City/State/Zip: ARDMORE, OK 73401 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:68185849,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185841,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185854,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185857,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185859,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185843,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185846, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185856,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185847,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185844,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185738,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185740,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185851,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185853,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185739,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
<b>CARRIER INFO</b>							
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	NMFC#	CLASS
1	13	222	115		GENERAL COMMODITIES	NMFC_CLASS	400.0
1	13	222.00	115.00		<b>GRAND TOTAL</b>		
<b>CUSTOMER</b>							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
ARD71168880S	1	13	222	115	Y    N		
<b>GRAND TOTAL</b>	<b>1</b>	<b>13</b>	<b>222.00</b>	<b>115.00</b>			
<b>PALLET TYPE</b>							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms:      Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		Shipper Signature <b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response	
<b>Property described above is received in good order, except as noted</b>							

# MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5008407132					
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_WAL71170562S					
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 <u> X </u>					
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES										
CUSTOMS INSTRUCTION:										
SPECIAL INSTRUCTION:68185849,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185841,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185854,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185857,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185859,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185843,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185846, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185856,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185847,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185844,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185738,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185740,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185851,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185853,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185739,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			
3	81	871	346		GENERAL COMMODITIES	NMFC_CLASS	300.0			
3	81	871.00	346.00		GRAND TOTAL					
CUSTOMER										
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO			
WAL71170562S	3	81	871	346	Y	N				
<b>GRAND TOTAL</b>	<b>3</b>	<b>81</b>	<b>871.00</b>	<b>346.00</b>						
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"/>				
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>										
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  _____ Shipper Signature				
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver			Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response	
<b>Property described above is received in good order, except as noted</b>										

# MASTER BILL OF LADING

<b>SHIPPER</b>				BILL OF LADING :5008407132			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_JAN71170601S			
<b>CONSIGNEE</b>				<b>CARRIER</b>			
Name: DOLLAR GENERAL Address: 101 INNOVATION DR City/State/Zip: JANESVILLE, WI 53546 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>				Freight Charge Terms :			
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK				(freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:68185849,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185841,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185854,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185857,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185859,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185843,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185846, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185856,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185847,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185844,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185738,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185740,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185851,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185853,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185739,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
<b>CARRIER INFO</b>							
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	NMFC#	CLASS
2	53	588	231		GENERAL COMMODITIES	NMFC_CLASS	300.0
2	53	588.00	231.00		GRAND TOTAL		
<b>CUSTOMER</b>							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
JAN71170601S	2	53	588	231	Y    N		
GRAND TOTAL	2	53	588.00	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"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
				Shipper Signature		<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response	
Property described above is received in good order, except as noted							

# MASTER BILL OF LADING

<b>SHIPPER</b>				BILL OF LADING :5008407132							
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_JAC71168228S							
<b>CONSIGNEE</b>				<b>CARRIER</b>							
Name: JACKSON DISTRIBUTION CENTER Address: 200 JACKSON RD City/State/Zip: JACKSON, GA 30233 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:							
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>				Freight Charge Terms :							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK				(freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>							
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>											
CUSTOMS INSTRUCTION:											
SPECIAL INSTRUCTION:68185849,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185841,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185854,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185857,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185859,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185843,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185846, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185856,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185847,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185844,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185738,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185740,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185851,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185853,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185739,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER											
SPECIAL SERVICES:											
<b>CARRIER INFO</b>											
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS				
1	28	142	115		GENERAL COMMODITIES	NMFC_CLASS	400.0				
1	28	142.00	115.00		GRAND TOTAL						
<b>CUSTOMER</b>											
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO					
JAC71168228S	1	28	142	115	Y    N						
GRAND TOTAL	1	28	142.00	115.00							
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">                 PALLET TYPE             </td> <td style="width: 40%; border: none;">                 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 _____."             </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">                 COD Amount: \$ _____                  Fee Terms:      Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>                  Customer check acceptable: <input type="checkbox"/> </td> </tr> </table>								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"/>
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"/>										
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>											
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.					
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.				Trailer Loaded:      Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response					
Property described above is received in good order, except as noted											

# MASTER BILL OF LADING

<b>SHIPPER</b>					BILL OF LADING :5008407132						
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_ZAN71170554S						
<b>CONSIGNEE</b>					<b>CARRIER</b>						
Name: DOLLAR GENERAL - ZANESVILLE Address: 2505 E POINTE DR City/State/Zip: ZANESVILLE, OH 43701 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:						
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>											
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>						
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>											
CUSTOMS INSTRUCTION:											
SPECIAL INSTRUCTION:68185849,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185841,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185854,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185857,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185859,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185843,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185846, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185856,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185847,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185844,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185738,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185740,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185851,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185853,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185739,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER											
SPECIAL SERVICES:											
<b>CARRIER INFO</b>											
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>			NMFC#	CLASS		
2	47	471	231		GENERAL COMMODITIES			NMFC_CLASS	300.0		
2	47	471.00	231.00		GRAND TOTAL						
<b>CUSTOMER</b>											
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO				
ZAN71170554S	2	47	471	231	Y	N					
GRAND TOTAL	2	47	471.00	231.00							
<b>PALLET TYPE</b>											
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>						
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>											
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.						
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.					Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response	
<b>Property described above is received in good order, except as noted</b>											




# MASTER BILL OF LADING

<b>SHIPPER</b>				BILL OF LADING :5008407132			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_SBO71170622S			
<b>CONSIGNEE</b>				<b>CARRIER</b>			
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:			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>							
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>			
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:68185849,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185841,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185854,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185857,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185859,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185843,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185846, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185856,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185847,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185844,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185738,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68185740,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185851,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185853,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68185739,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
<b>CARRIER INFO</b>							
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	NMFC#	CLASS
2	85	726	231		GENERAL COMMODITIES	NMFC_CLASS	250.0
2	85	726.00	231.00		GRAND TOTAL		
<b>CUSTOMER</b>							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
SBO71170622S	2	85	726	231	Y    N		
GRAND TOTAL	2	85	726.00	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"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		Shipper Signature <b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response	
Property described above is received in good order, except as noted							

Date: 9/25/2023 11:34:25 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - WALTON DC
Address:	221 Hanson Way	Address:	950 Wenstrup Lane
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: 06757163000827763		Location #: 96170	
		Seal number(s): 2149279	
(402)06757163000827763		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number: 13862027501	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Trailer number: DZ16		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Seal number(s): 2149279		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 5008407132			
Packing List is Attached			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1WDFT5	81	720.48	Y N	
<b>Grand Total</b>	81	720.48		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		42	ctns	591.78		Mattress Pads	149265	100
		39	ctns	128.70		Sheet Set & Pillowcase	49260 Sub 3	250
3		81		870.48		<b>Grand Total</b>		

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

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

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

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

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

Order No.: 68185853 Order Date: 09/12/2023 Customer: DOLGEN - WALTON DC Customer PO No.: 1WDFT5

**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:**  
09/25/2023  
  
**Shipment No.:**  
300082776

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	336	42	336	42
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	468	39	468	39

**Total Weight:** 720.48  
**Total Quantity Ordered:** 804  
**Total Cartons Ordered:** 81  
**Total Quantity Shipped:** 804  
**Total Cartons Shipped:** 81

Date: 9/25/2023 11:34:24 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - JONESVILLE DC Location #: 96910
Address:	221 Hanson Way	Address:	1451 Spartanburg Hwy
City/State/Zip:	Woodland, CA 95776		96910
SID#:		City/State/Zip:	Jonesville, SC 29353
PHONE:		CID#:	
VENDOR:		Dept:	00
	FOB: <input type="checkbox"/>		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 underlying Bills of Lading
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time Driver Departure Time
Load #: 5008407132		AM	AM AM
Packing List is Attached		PM	PM PM

Bill of Lading Number: 06757163000827831



(402)06757163000827831

CARRIER NAME: HUB CITY GROUP

Responsible Acct.No:

Trailer number: DZ16

Seal number(s): 2149279

SCAC: HGLS

Pro Number: 13862027501

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

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1WDFT2	93	965.09	Y N	
<b>Grand Total</b>	93	965.09		

## 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
4	Pallet			200.00		Pallet		
		61	ctns	859.49		Mattress Pads	149265	100
		32	ctns	105.60		Sheet Set & Pillowcase	49260 Sub 3	250
4		93		1165.09		<b>Grand Total</b>		

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

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

per \_\_\_\_\_

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE


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

Order No.: 68185844 Order Date: 09/12/2023 Customer: DOLGEN - JONESVILLE Customer PO No.: 1WDFT2  
DC

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - JONESVILLE DC 1451 SPARTANBURG HWY JONESVILLE, SC 29353 US	<b>Shipping Date:</b> 09/25/2023  <b>Shipment No.:</b> 300082783
--	--	---	--

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	488	61	488	61
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	384	32	384	32

<b>Total Weight:</b>	965.09
<b>Total Quantity Ordered:</b>	872
<b>Total Cartons Ordered:</b>	93
<b>Total Quantity Shipped:</b>	872
<b>Total Cartons Shipped:</b>	93

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	DOLGEN - ALACHUA DC	Name:	
Address:	221 Hanson Way	Address:	12000 Nw 173 Street	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Alachua, FL 32615-8141	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	00	Load #:	5008407132
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000827817		Trailer number: DZ16		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 2149279		Prepaid: <input type="checkbox"/> Collect: <b>X</b> 3rd Party:	
(402)06757163000827817		SCAC: HGLS		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: HUB CITY GROUP		Pro Number: 13862027501		Appointment Time	
Responsible Acct.No:				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
1WDFS9	99	1125.16	Y N	
<b>Grand Total</b>	99	1125.16		

## 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
4	Pallet			200.00		Pallet		
		74	ctns	1042.66		Mattress Pads	149265	100
		25	ctns	82.50		Sheet Set & Pillowcase	49260 Sub 3	250
4		99		1325.16		<b>Grand Total</b>		

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

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

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

Order No.: 68185849 Order Date: 09/12/2023 Customer: DOLGEN - ALACHUA DC Customer PO No.: 1WDFS9

**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:**  
09/25/2023  
  
**Shipment No.:**  
300082781

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	592	74	592	74
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	300	25	300	25

**Total Weight:** 1125.16  
**Total Quantity Ordered:** 892  
**Total Cartons Ordered:** 99  
**Total Quantity Shipped:** 892  
**Total Cartons Shipped:** 99

SHIP FROM		Bill of Lading Number: 06757163000827770	
Name: E & E COMPANY LTD		 (402)06757163000827770	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		<b>CARRIER NAME:</b> HUB CITY GROUP	
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:	
SHIP TO		Trailer number: DZ16	
Name: DOLGEN - ARDMORE DC	Location #: 96300	Seal number(s): 2149279	
Address: 401 General Drive		<b>SCAC:</b> HGLS	
City/State/Zip: Ardmore Industrial Air Pa, 96300		<b>Pro Number:</b> 13862027501	
City/State/Zip: Ardmore, OK 73401-0000			
CID#:			
Dept: 00	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Name:		Prepaid:                      Collect: <b>X</b> 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 5008407132 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
1WDGN8	13	172.38	Y N	
<b>Grand Total</b>	13	172.38		

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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		12	ctns	169.08		Mattress Pads	149265	100
		1	ctns	3.30		Sheet Set & Pillowcase	49260 Sub 3	250
1		13		222.38		<b>Grand Total</b>		

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

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

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

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

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

**Shipper Signature**

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Order No.: 68185854    Order Date: 09/12/2023    Customer: DOLGEN - ARDMORE DC    Customer PO No.: 1WDGN8

**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:**  
09/25/2023  
  
**Shipment No.:**  
300082777

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	12	1	12	1

**Total Weight:** 172.38  
**Total Quantity Ordered:** 108  
**Total Cartons Ordered:** 13  
**Total Quantity Shipped:** 108  
**Total Cartons Shipped:** 13

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000827725										
Name: E & E COMPANY LTD		 (402)06757163000827725										
Address: 221 Hanson Way												
City/State/Zip: Woodland, CA 95776												
SID#:												
PHONE:		<b>CARRIER NAME:</b> HUB CITY GROUP										
VENDOR:		Responsible Acct.No:										
<b>SHIP TO</b>		Trailer number: DZ16										
Name: DOLGEN - BETHEL DC      Location #: 96100		Seal number(s): 2149279										
Address: 30 Martha Dr		<b>SCAC:</b> HGLS										
96100		<b>Pro Number:</b> 13862027501										
City/State/Zip: Bethel, PA 19507												
CID#:												
Dept: 00      FOB: <input type="checkbox"/>												
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>										
Name:		Prepaid:      Collect: <input checked="" type="checkbox"/> 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: Load #: 5008407132												
Packing List is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1WDG17	50	564.23	Y    N	
<b>Grand Total</b>	50	564.23		

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		
		37	ctns	521.33		Mattress Pads	149265	100
		13	ctns	42.90		Sheet Set & Pillowcase	49260 Sub 3	250
2		50		664.23		<b>Grand Total</b>		

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

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

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

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

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

**Shipper Signature**

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Order No.: 68185859 Order Date: 09/12/2023 Customer: DOLGEN - BETHEL DC Customer PO No.: 1WDG17

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - BETHEL DC 30 MARTHA DR BETHEL, PA 19507 US	<b>Shipping Date:</b> 09/25/2023  <b>Shipment No.:</b> 300082772
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	296	37	296	37
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	156	13	156	13

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<b>Total Weight:</b>	<b>564.23</b>
<b>Total Quantity Ordered:</b>	<b>452</b>
<b>Total Cartons Ordered:</b>	<b>50</b>
<b>Total Quantity Shipped:</b>	<b>452</b>
<b>Total Cartons Shipped:</b>	<b>50</b>




Order No.: 68185856 Order Date: 09/12/2023 Customer: DOLGEN- JACKSON DC Customer PO No.: 1WDG72

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN- JACKSON DC 200 JACKSON ROAD JACKSON, GA 30233 US	<b>Shipping Date:</b> 09/25/2023  <b>Shipment No.:</b> 300082774
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	336	28	336	28

<b>Total Weight:</b>	92.4
<b>Total Quantity Ordered:</b>	336
<b>Total Cartons Ordered:</b>	28
<b>Total Quantity Shipped:</b>	336
<b>Total Cartons Shipped:</b>	28

SHIP FROM		Bill of Lading Number: 06757163000827855	
Name:	E & E COMPANY LTD	 (402)06757163000827855	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: HUB CITY GROUP	
SHIP TO		Responsible Acct.No:	
Name:	DOLGEN - BESSEMER DC Location #: 96930	Trailer number: DZ16	
Address:	4101 Lakeshore Pkwy	Seal number(s): 2149279	
	96930	SCAC: HGLS	
City/State/Zip:	Bessemer, AL 35022	Pro Number: 13862027501	
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: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 5008407132 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
1WDGC4	38	362.78	Y N	
<b>Grand Total</b>	38	362.78		

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		
		16	ctns	52.80		Sheet Set & Pillowcase	49260 Sub 3	250
		22	ctns	309.98		Mattress Pads	149265	100
2		38		462.78		<b>Grand Total</b>		

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

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

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

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

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

**Shipper Signature**

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Order No.: 68185857 Order Date: 09/12/2023 Customer: DOLGEN - BESSEMER DC Customer PO No.: 1WDGC4

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - BESSEMER DC 4101 LAKESHORE PKWY BESSEMER, AL 35022 US	<b>Shipping Date:</b> 09/25/2023  <b>Shipment No.:</b> 300082785
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	176	22	176	22
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	192	16	192	16

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<b>Total Weight:</b>	<b>362.78</b>
<b>Total Quantity Ordered:</b>	<b>368</b>
<b>Total Cartons Ordered:</b>	<b>38</b>
<b>Total Quantity Shipped:</b>	<b>368</b>
<b>Total Cartons Shipped:</b>	<b>38</b>

**SHIP FROM**

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

Bill of Lading Number: 06757163000827824



(402)06757163000827824

**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:

**CARRIER NAME:** HUB CITY GROUP  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: DZ16  
 Seal number(s): 2149279  
**SCAC:** HGLS  
**Pro Number:** 13862027501

**THIRD PARTY FREIGHT CHARGES BILL TO:**

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 5008407132  
 Packing List is Attached

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

Prepaid:  Collect: **X** 3rd Party: \_\_\_\_\_

Master Bill of Lading: with attached underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1WDFX6	47	370.90	Y N	
<b>Grand Total</b>	47	370.90		

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		
		27	ctns	89.10		Sheet Set & Pillowcase	49260 Sub 3	250
		20	ctns	281.80		Mattress Pads	149265	100
2		47		470.90		<b>Grand Total</b>		

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

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

**Fee Terms:** Collect:  Prepaid:

**Customer check acceptable:**

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

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

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

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

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

**Trailer Loaded:**  By Shipper  By Driver

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

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


Order No.: 68185739 Order Date: 09/12/2023 Customer: DOLGEN - ZANESVILLE Customer PO No.: 1WDFX6  
DC

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - ZANESVILLE DC 2505 EAST POINTE DRIVE ZANESVILLE, OH 43701-7761 US	<b>Shipping Date:</b> 09/25/2023  <b>Shipment No.:</b> 300082782
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	160	20	160	20
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	324	27	324	27

<b>Total Weight:</b>	<b>370.9</b>
<b>Total Quantity Ordered:</b>	<b>484</b>
<b>Total Cartons Ordered:</b>	<b>47</b>
<b>Total Quantity Shipped:</b>	<b>484</b>
<b>Total Cartons Shipped:</b>	<b>47</b>

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000827756	
Name: E & E COMPANY LTD		 (402)06757163000827756	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: HUB CITY GROUP	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: DZ16	
Name: DOLGEN - AMSTERDAM DC Location #: 96150		Seal number(s): 2149279	
Address: 2041 State Highway 5 South		SCAC: HGLS	
96150		Pro Number: 13862027501	
City/State/Zip: Amsterdam, NY 12010			
CID#:			
Dept: 00			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 5008407132		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1WDFQ8	69	227.70	Y N	
<b>Grand Total</b>	69	227.70		

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		
		69	ctns	227.70		Sheet Set & Pillowcase	49260 Sub 3	250
1		69		277.70		<b>Grand Total</b>		

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

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

**Fee Terms:** Collect:  Prepaid:

**Customer check acceptable:**

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

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

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

**Shipper Signature**

<p><b>SHIPPER SIGNATURE / DATE</b></p> <p>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p><b>Trailer Loaded:</b></p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b></p> <p>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>
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Order No.: 68185841    Order Date: 09/12/2023    Customer: DOLGEN - AMSTERDAM DC    Customer PO No.: 1WDFQ8

**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:**  
09/25/2023

**Shipment No.:**  
300082775


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	828	69	828	69

**Total Weight:** 227.7  
**Total Quantity Ordered:** 828  
**Total Cartons Ordered:** 69  
**Total Quantity Shipped:** 828  
**Total Cartons Shipped:** 69

Date: 9/25/2023 11:34:14 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000827848	
Name:	E & E COMPANY LTD	 (402)06757163000827848	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: HUB CITY GROUP	
SHIP TO		Responsible Acct.No:	
Name:	DOLGEN - MARION DC	Location #:	96920
Address:	5575 East Dollar General	Trailer number: DZ16	
	96920	Seal number(s): 2149279	
City/State/Zip:	Marion, IN 46952	SCAC: HGLS	
CID#:		Pro Number: 13862027501	
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: <input checked="" type="checkbox"/> 3rd Party:
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:			Driver Departure Time
Load #: 5008407132		AM	AM
Packing List is Attached		PM	PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1WDFT4	83	737.87	Y	N	
<b>Grand Total</b>	<b>83</b>	<b>737.87</b>			

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		40	ctns	132.00		Sheet Set & Pillowcase	49260 Sub 3	250
		43	ctns	605.87		Mattress Pads	149265	100
3		83		887.87		<b>Grand Total</b>		

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

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

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

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

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

Order No.: 68185740 Order Date: 09/12/2023 Customer: DOLGEN - MARION DC Customer PO No.: 1WDFT4

**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:**  
09/25/2023

**Shipment No.:**  
300082784


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	344	43	344	43
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	480	40	480	40

**Total Weight:** 737.87  
**Total Quantity Ordered:** 824  
**Total Cartons Ordered:** 83  
**Total Quantity Shipped:** 824  
**Total Cartons Shipped:** 83

Date: 9/25/2023 11:34:13 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN- CALIFORNIA DC
Address:	221 Hanson Way	Address:	4193 Industrial Parkway Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Lebec, CA 93243
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000827862		Location #: 96970	
		Seal number(s): 2149279	
(402)06757163000827862		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number: 13862027501	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Trailer number: DZ16		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Seal number(s): 2149279		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 5008407132			
Packing List is Attached			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALETT/SLIP	ADDITIONAL SHIPPER INFO
1WDFR1	119	1029.31	Y N	
<b>Grand Total</b>	119	1029.31		

## 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
4	Pallet			200.00		Pallet		
		60	ctns	198.00		Sheet Set & Pillowcase	49260 Sub 3	250
		59	ctns	831.31		Mattress Pads	149265	100
4		119		1229.31		<b>Grand Total</b>		

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

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

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

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

Fee Terms:

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

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

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

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

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

Order No.: 68185738 Order Date: 09/12/2023 Customer: DOLGEN- CALIFORNIA DC Customer PO No.: 1WDFR1

**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:**  
09/25/2023  
**Shipment No.:**  
300082786

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	472	59	472	59
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	720	60	720	60

**Total Weight:** 1029.31  
**Total Quantity Ordered:** 1192  
**Total Cartons Ordered:** 119  
**Total Quantity Shipped:** 1192  
**Total Cartons Shipped:** 119

SHIP FROM		Bill of Lading Number: 06757163000827787
Name: E & E COMPANY LTD		 (402)06757163000827787
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		<b>CARRIER NAME:</b> HUB CITY GROUP
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: DZ16
Name: DOLGEN - SOUTH BOSTON DC Location #: 96500		Seal number(s): 2149279
Address: 3207 Philpott Road		<b>SCAC:</b> HGLS
US Hwy 58/360, 96500		<b>Pro Number:</b> 13862027501
City/State/Zip: South Boston, VA 24592-6607		
CID#:		
Dept: 00	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:		<b>Prepaid:</b>	<b>Collect:</b> X	<b>3rd Party:</b>
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached	
City/State/Zip:		(check box)	underlying Bills of Lading	
<b>SPECIAL INSTRUCTIONS:</b>		<b>Appointment Time</b>	<b>Actual Driver Arrival Time</b>	<b>Driver Departure Time</b>
Load #: 5008407132		AM	AM	AM
Packing List is Attached		PM	PM	PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1WDFS7	85	625.78	Y	N	
<b>Grand Total</b>	85	625.78			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		32	ctns	450.88		Mattress Pads	149265	100
		53	ctns	174.90		Sheet Set & Pillowcase	49260 Sub 3	250
2		85		725.78		<b>Grand Total</b>		

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

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

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

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

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

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

<b>Trailer Loaded:</b>	<b>Freight Counted:</b>
<input type="checkbox"/> By Shipper	<input 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.: 68185851    Order Date: 09/12/2023    Customer: DOLGEN - SOUTH BOSTON DC    Customer PO No.: 1WDFS7

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - SOUTH BOSTON DC 3207 PHILPOTT ROAD US HWY 58/360 SOUTH BOSTON, VA 24592-6607 US	<b>Shipping Date:</b> 09/25/2023  <b>Shipment No.:</b> 300082778
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	256	32	256	32
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	636	53	636	53

<b>Total Weight:</b>	<b>625.78</b>
<b>Total Quantity Ordered:</b>	<b>892</b>
<b>Total Cartons Ordered:</b>	<b>85</b>
<b>Total Quantity Shipped:</b>	<b>892</b>
<b>Total Cartons Shipped:</b>	<b>85</b>

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - FULTON DC Location #: 96700
Address:	221 Hanson Way	Address:	1900 Cardinal Drive Callaway, 96700
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Fulton, MO 65251-7250
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000827800		Trailer number: DZ16	
		Seal number(s): 2149279	
(402)06757163000827800		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number: 13862027501	
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:	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Address:	
City/State/Zip:		SPECIAL INSTRUCTIONS:	
Load #: 5008407132		Packing List is Attached	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1WDFV7	24	79.20	Y N	
<b>Grand Total</b>	24	79.20		

## 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		
		24	ctns	79.20		Sheet Set & Pillowcase	49260 Sub 3	250
1		24		129.20		<b>Grand Total</b>		

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

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

per \_\_\_\_\_

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

Fee Terms:

Collect:

Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper

By Driver

Freight Counted:

By Shipper

By Driver/pallets said to contain

By Driver/Pieces

## CARRIER SIGNATURE / PICKUP DATE

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

Order No.: 68185843 Order Date: 09/12/2023 Customer: DOLGEN - FULTON DC Customer PO No.: 1WDFV7

**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:**  
09/25/2023

**Shipment No.:**  
300082780

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	288	24	288	24

**Total Weight:** 79.2  
**Total Quantity Ordered:** 288  
**Total Cartons Ordered:** 24  
**Total Quantity Shipped:** 288  
**Total Cartons Shipped:** 24

**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: 06757163000827794



**CARRIER NAME:** HUB CITY GROUP

Responsible Acct.No:

Trailer number: DZ16

Seal number(s): 2149279

**SCAC:** HGLS

**Pro Number:** 13862027501

**SHIP TO**

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

**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:**  
 Load #: 5008407132  
 Packing List is Attached

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1WDFT9	9	29.70	Y N	
<b>Grand Total</b>	9	29.70		

**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		
		9	ctns	29.70		Sheet Set & Pillowcase	49260 Sub 3	250
1		9		79.70		<b>Grand Total</b>		

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

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

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

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

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

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

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

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

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

Order No.: 68185846    Order Date: 09/12/2023    Customer: DOLGEN- INDIANOLA DC    Customer PO No.: 1WDFT9

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN- INDIANOLA DC 914 HWY 82 W INDIANOLA, MS 38751 US	<b>Shipping Date:</b> 09/25/2023  <b>Shipment No.:</b> 300082779
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	108	9	108	9

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<b>Total Weight:</b>	<b>29.7</b>
<b>Total Quantity Ordered:</b>	<b>108</b>
<b>Total Cartons Ordered:</b>	<b>9</b>
<b>Total Quantity Shipped:</b>	<b>108</b>
<b>Total Cartons Shipped:</b>	<b>9</b>



Order No.: 68185847 Order Date: 09/12/2023 Customer: DOLGEN- JANESVILLE Customer PO No.: 1WDFX7  
DC

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN- JANESVILLE DC 101 INNOVATION DRIVE JANESVILLE, WI 53546 US	<b>Shipping Date:</b> 09/25/2023  <b>Shipment No.:</b> 300082773
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	232	29	232	29
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	288	24	288	24

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<b>Total Weight:</b>	<b>487.81</b>
<b>Total Quantity Ordered:</b>	<b>520</b>
<b>Total Cartons Ordered:</b>	<b>53</b>
<b>Total Quantity Shipped:</b>	<b>520</b>
<b>Total Cartons Shipped:</b>	<b>53</b>