

Date: 2/5/2024 10:54:28 AM

# Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000859177
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: HUB CITY GROUP
Name:	HUBGROUP FONTANA CROSSDOCK	DC#: Div.
Address:	13204 Philadelphia Ave	Trailer number: 1313 Seal number(s): 8096111
City/State/Zip:	FONTANA, CA 92337	SCAC: HGLS Pro Number: 13937978401
SID#:	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING
City/State/Zip:		Appointment Time AM PM Actual Driver Arrival Time AM PM Driver Departure Time AM PM
SPECIAL INSTRUCTIONS: Load #: 5012562374		

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1YC3T5	15	44.55	Y	N	06757163000859115	96160	
1YC3V1	14	41.58	Y	N	06757163000859139	96500	
1YC3V3	12	35.64	Y	N	06757163000859108	96130	
1YC3T3	41	121.77	Y	N	06757163000859146	96800	
1YC3T4	18	53.46	Y	N	06757163000859153	96900	
1YC3V2	14	41.58	Y	N	06757163000859160	96970	
1YC3T6	14	41.58	Y	N	06757163000859092	96000	
1YC3V0	14	41.58	Y	N	06757163000859122	96300	
<b>Grand Total</b>	142	421.74					

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
8	Pallet			400.00	(X)	Pallet		70

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.

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

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

Date: 2/5/2024 10:54:28 AM

# Master Bill Of Lading

<b>SHIP FROM</b>				Master Bill of Lading Number: 06757163000859177					
Name: E & E COMPANY LTD				CARRIER NAME: HUB CITY GROUP					
Address: 221 Hanson Way									
City/State/Zip: Woodland, CA 95776									
SID#: _____ FOB: <input type="checkbox"/>				Trailer number: 1313					
<b>SHIP TO</b>				Seal number(s): 8096111					
Name: HUBGROUP FONTANA		DC#: _____		SCAC: HGSL					
Address: 13204 Philadelphia Ave		Div. _____		Pro Number: 13937978401					
City/State/Zip: FONTANA, CA 92337		SID#: _____ FOB: <input type="checkbox"/>							
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				Freight Charge Terms:					
Name: _____				Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>					
Address: _____				<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING					
City/State/Zip: _____									
SPECIAL INSTRUCTIONS: Load #: 5012562374				Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
				AM		AM		AM	
				PM		PM		PM	
<b>CARRIER INFORMATION</b>									
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	
		142	ctns	421.74		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175	
8				821.74		<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> _____
Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
Customer check acceptable: <input type="checkbox"/>

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

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

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

**Shipper Signature**

<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 checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" 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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# MASTER BILL OF LADING

**ESTIMATED PICK UP DATE: 2/5/2024**

SHIPPER	BILL OF LADING : 5012562374
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: ALEX GONZALEZ	ORDER #: 1038319_ALC72050338S, 1038319_ARD72050824S, 1038319_JAN72050729S, 1038319_LEB72050635S, 1038319_LGV72050634S, 1038319_SBO72050528S, 1038319_SCV72050436S, 1038319_ZAN72050633S

CONSIGNEE	CARRIER
Name: HUBGROUP FONTANA CROSSDOCK Address: 13204 PHILADELPHIA AVE YARD City/State/Zip: FONTANA, CA 92337 Contact:	CARRIER NAME: HUB HIGHWAY SERVICES SCAC: HHWY PRO NUMBER: 13937978401 Trailer# 1313 Seal# 8096111

THIRD PARTY FREIGHT CHARGES BILL TO	Freight Charge Terms :
Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523	(freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u>  X  </u>

**SPECIAL INSTRUCTIONS AND SPECIAL SERVICES**

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:  
 69768556,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768557,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768561,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768559,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 329,69768560,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768564,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768563,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768558,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2437 | STOP#:1 PO -1YC3T3-01;1YC3T4-01;1YC3T5-01;1YC3T6-01;1YC3V0-01;1YC3V1-01;1YC3V2-01;1YC3V3-01,STOP#:1 CR - ALC72050338S;ARD72050824S;JAN72050729S;LEB72050635S;LGV72050634S;SBO72050528S;SCV72050436S;ZAN72050633S

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
7	101	652	805		GENERAL COMMODITIES	NMFC_CLASS	500.0
1	41	172	115		GENERAL COMMODITIES	NMFC_CLASS	400.0
<b>8</b>	<b>142</b>	<b>824.00</b>	<b>920.00</b>		<b>GRAND TOTAL</b>		

**CUSTOMER**

CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
LEB72050635S	1	14	92	115	Y	N	
ALC72050338S	1	41	172	115	Y	N	
ZAN72050633S	1	18	103	115	Y	N	
SCV72050436S	1	14	92	115	Y	N	
SBO72050528S	1	14	92	115	Y	N	
JAN72050729S	1	12	86	115	Y	N	
LGV72050634S	1	15	95	115	Y	N	
ARD72050824S	1	14	92	115	Y	N	
<b>GRAND TOTAL</b>	<b>8</b>	<b>142</b>	<b>824.00</b>	<b>920.00</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

# MASTER BILL OF LADING

<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. <i>Atienza</i> 2/5/24	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <b>Freight Counted:</b> <input checked="" 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 <i>[Signature]</i> 2/5/2023 Property described above is received in good order, except as noted.
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# MASTER BILL OF LADING

<b>SHIPPER</b>					BILL OF LADING :5012562374					
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_LEB72050635S					
<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 C/O Unyson 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:69768556,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768557,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768561,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768559,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768560,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768564,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768563, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768558,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	14	92	115		GENERAL COMMODITIES			NMFC_CLASS	500.0	
1	14	92.00	115.00		GRAND TOTAL					
<b>CUSTOMER</b>										
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO			
LEB72050635S	1	14	92	115	Y	N				
<b>GRAND TOTAL</b>	<b>1</b>	<b>14</b>	<b>92.00</b>	<b>115.00</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: <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>					BILL OF LADING :5012562374					
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_ALC72050338S					
<b>CONSIGNEE</b>					<b>CARRIER</b>					
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:					
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>										
Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>					
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>										
CUSTOMS INSTRUCTION:										
SPECIAL INSTRUCTION:69768556,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768557,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768561,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768559,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768560,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768564,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768563, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768558,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	41	172	115		GENERAL COMMODITIES			NMFC_CLASS	400.0	
1	41	172.00	115.00		<b>GRAND TOTAL</b>					
<b>CUSTOMER</b>										
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO			
ALC72050338S	1	41	172	115	Y	N				
<b>GRAND TOTAL</b>	<b>1</b>	<b>41</b>	<b>172.00</b>	<b>115.00</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: <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>				BILL OF LADING :5012562374			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_LGV72050634S			
<b>CONSIGNEE</b>				<b>CARRIER</b>			
Name: LONGVIEW DISTRIBUTION CENTER Address: 3300 GEORGE RICHEY RD City/State/Zip: LONGVIEW, TX 75605 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>							
Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson 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:69768556,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768557,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768561,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768559,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768560,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768564,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768563, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768558,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	15	95	115		GENERAL COMMODITIES	NMFC_CLASS	500.0
1	15	95.00	115.00		GRAND TOTAL		
<b>CUSTOMER</b>							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
LGV72050634S	1	15	95	115	Y    N		
GRAND TOTAL	1	15	95.00	115.00			
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>				BILL OF LADING :5012562374				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_ARD72050824S				
<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 C/O Unyson Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>				
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>								
CUSTOMS INSTRUCTION:								
SPECIAL INSTRUCTION:69768556,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768557,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768561,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768559,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768560,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768564,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768563, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768558,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	14	92	115		GENERAL COMMODITIES		NMFC_CLASS	500.0
1	14	92.00	115.00		<b>GRAND TOTAL</b>			
<b>CUSTOMER</b>								
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
ARD72050824S	1	14	92	115	Y N			
<b>GRAND TOTAL</b>	<b>1</b>	<b>14</b>	<b>92.00</b>	<b>115.00</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: <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>					BILL OF LADING :5012562374		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_JAN72050729S		
<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>							
Name: DOLLAR GENERAL C/O HUB GROUP C/O Unyson Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>		
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:69768556,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768557,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768561,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768559,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768560,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768564,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768563, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768558,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	12	86	115		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.	GENERAL COMMODITIES	NMFC_CLASS
1	12	86.00	115.00		GRAND TOTAL		500.0
<b>CUSTOMER</b>							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
JAN72050729S	1	12	86	115	Y    N		
<b>GRAND TOTAL</b>	<b>1</b>	<b>12</b>	<b>86.00</b>	<b>115.00</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: <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>					BILL OF LADING :5012562374		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_ZAN72050633S		
<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 C/O Unyson Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>		
<b>SPECIAL INSTRUCTIONS AND SPECIAL SERVICES</b>							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:69768556,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768557,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768561,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768559,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768560,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768564,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768563, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768558,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	18	103	115		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.	GENERAL COMMODITIES	500.0
1	18	103.00	115.00		GRAND TOTAL	NMFC_CLASS	
<b>CUSTOMER</b>							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
ZAN72050633S	1	18	103	115	Y    N		
GRAND TOTAL	1	18	103.00	115.00			
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 :5012562374			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_SCV72050436S			
<b>CONSIGNEE</b>				<b>CARRIER</b>			
Name: SCOTTSVILLE DISTRIBUTION CENTE Address: 427 BEECH ST City/State/Zip: SCOTTSVILLE, KY 42164 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 C/O Unyson 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:69768556,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768557,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768561,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768559,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768560,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768564,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768563, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768558,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	14	92	115		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.	GENERAL COMMODITIES	500.0
1	14	92.00	115.00		GRAND TOTAL	NMFC_CLASS	
<b>CUSTOMER</b>							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
SCV72050436S	1	14	92	115	Y N		
<b>GRAND TOTAL</b>	<b>1</b>	<b>14</b>	<b>92.00</b>	<b>115.00</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: <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>					BILL OF LADING :5012562374				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_SBO72050528S				
<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 C/O Unyson 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:69768556,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768557,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768561,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768559,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768560,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768564,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768563, Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69768558,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	14	92	115		GENERAL COMMODITIES		NMFC_CLASS	500.0	
1	14	92.00	115.00		<b>GRAND TOTAL</b>				
<b>CUSTOMER</b>									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
SBO72050528S	1	14	92	115	Y	N			
<b>GRAND TOTAL</b>	<b>1</b>	<b>14</b>	<b>92.00</b>	<b>115.00</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: <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	

**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: 06757163000859153  
  
 (402)06757163000859153

**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: 1313  
 Seal number(s): 8096111

**SCAC:** HGLS  
**Pro Number:** 13937978401

**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)

**SPECIAL INSTRUCTIONS:**  
 Load #: 5012562374  
 Packing List is Attached

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

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YC3T4	18	53.46	Y N	
<b>Grand Total</b>	18	53.46		

**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
1	Pallet			50.00		Pallet		
		18	ctns	53.46		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		18		103.46		<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.: 69768558 Order Date: 01/23/2024 Customer: DOLGEN - ZANESVILLE Customer PO No.: 1YC3T4  
DC

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

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

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

**Shipping Date:**  
02/05/2024

**Shipment No.:**  
300085915

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	216	18	216	18


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**Total Weight:** 53.46  
**Total Quantity Ordered:** 216  
**Total Cartons Ordered:** 18  
**Total Quantity Shipped:** 216  
**Total Cartons Shipped:** 18

Date: 2/5/2024 10:54:24 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - SOUTH BOSTON DC Location #: 96500
Address:	221 Hanson Way	Address:	3207 Philpott Road
City/State/Zip:	Woodland, CA 95776		US Hwy 58/360, 96500
SID#:		City/State/Zip:	South Boston, VA 24592-6607
PHONE:		CID#:	
VENDOR:		Dept:	00
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>
Bill of Lading Number: 06757163000859139		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
(402)06757163000859139		Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: HUB CITY GROUP		Appointment Time	
Responsible Acct.No:		Actual Driver Arrival Time	
Trailer number: 1313		Driver Departure Time	
Seal number(s): 8096111		AM AM AM	
SCAC: HGLS		PM PM PM	
Pro Number: 13937978401			
THIRD PARTY FREIGHT CHARGES BILL TO:		SPECIAL INSTRUCTIONS:	
Name:		Load #: 5012562374	
Address:		Packing List is Attached	
City/State/Zip:			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YC3V1	14	41.58	Y N	
<b>Grand Total</b>	<b>14</b>	<b>41.58</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
1	Pallet			50.00		Pallet		
		14	ctns	41.58		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		14		91.58		<b>Grand Total</b>		

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

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

## Trailer Loaded:

 By Shipper  
 By Driver

## Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

Order No.: 69768564 Order Date: 01/23/2024 Customer: DOLGEN - SOUTH BOSTON DC Customer PO No.: 1YC3V1

<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> 02/05/2024  <b>Shipment No.:</b> 300085913
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	168	14	168	14


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<b>Total Weight:</b>	41.58
<b>Total Quantity Ordered:</b>	168
<b>Total Cartons Ordered:</b>	14
<b>Total Quantity Shipped:</b>	168
<b>Total Cartons Shipped:</b>	14

Date: 2/5/2024 10:54:25 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000859122	
Name:	E & E COMPANY LTD	 (402)06757163000859122	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		FOB: <input type="checkbox"/>	<b>CARRIER NAME:</b> HUB CITY GROUP
<b>SHIP TO</b>		Trailer number: 1313	Responsible Acct.No:
Name:	DOLGEN - ARDMORE DC	Location #: 96300	Seal number(s): 8096111
Address:	401 General Drive Ardmore Industrial Air Pa, 96300		<b>SCAC:</b> HGLS
City/State/Zip:	Ardmore, OK 73401-0000		<b>Pro Number:</b> 13937978401
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> <input type="checkbox"/> <b>Collect:</b> X <b>3rd Party:</b>
Address:			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:			
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 5012562374		AM	AM
Packing List is Attached		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO				
1YC3V0	14	41.58	Y N					
<b>Grand Total</b>	14	41.58						
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		
		14	ctns	41.58		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		14		91.58		<b>Grand Total</b>		

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

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

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

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

**Fee Terms:** Collect:  Prepaid:

Customer check acceptable:

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

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

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

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

**SHIPPER SIGNATURE / DATE**

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

**Trailer Loaded:**

By Shipper  
 By Driver

**Freight Counted:**

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

**CARRIER SIGNATURE / PICKUP DATE**

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


Order No.: 69768557    Order Date: 01/23/2024    Customer: DOLGEN - ARDMORE DC    Customer PO No.: 1YC3V0

<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 - ARDMORE DC 401 GENERAL DRIVE ARDMORE INDUSTRIAL AIR PA ARDMORE, OK 73401-0000 US	<b>Shipping Date:</b> 02/05/2024  <b>Shipment No.:</b> 300085912
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	168	14	168	14

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<b>Total Weight:</b>	<b>41.58</b>
<b>Total Quantity Ordered:</b>	<b>168</b>
<b>Total Cartons Ordered:</b>	<b>14</b>
<b>Total Quantity Shipped:</b>	<b>168</b>
<b>Total Cartons Shipped:</b>	<b>14</b>

SHIP FROM		Bill of Lading Number: 06757163000859092	
Name:	E & E COMPANY LTD	 (402)06757163000859092	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	SHIP TO	
Name:	DOLGEN - SCOTTSVILLE DC Location #: 96000	Trailer number: 1313	
Address:	427 Beech Street	Seal number(s): 8096111	
	96000	<b>SCAC:</b> HGLS	
City/State/Zip:	Scottsville, KY 42164-1698	<b>Pro Number:</b> 13937978401	
CID#:			
Dept:	00 FOB: <input type="checkbox"/>	THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 5012562374		AM	AM
Packing List is Attached		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YC3T6	14	41.58	Y N	
<b>Grand Total</b>	14	41.58		

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
1	Pallet			50.00		Pallet		
		14	ctns	41.58		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		14		91.58		<b>Grand Total</b>		

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

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

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

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

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

**Shipper Signature**

<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 checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" 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.: 69768563    Order Date: 01/23/2024    Customer: DOLGEN - SCOTTSVILLE DC    Customer PO No.: 1YC3T6

<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 - SCOTTSVILLE DC 427 BEECH STREET SCOTTSVILLE, KY 42164-1698 US	<b>Shipping Date:</b> 02/05/2024  <b>Shipment No.:</b> 300085909
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	168	14	168	14

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<b>Total Weight:</b>	<b>41.58</b>
<b>Total Quantity Ordered:</b>	<b>168</b>
<b>Total Cartons Ordered:</b>	<b>14</b>
<b>Total Quantity Shipped:</b>	<b>168</b>
<b>Total Cartons Shipped:</b>	<b>14</b>

Date: 2/5/2024 10:54:26 AM

# Bill Of Lading

Page 1 of 1

**SHIP FROM**

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

Bill of Lading Number: 06757163000859108



CARRIER NAME: HUB CITY GROUP

Responsible Acct.No: \_\_\_\_\_

**SHIP TO**

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

Trailer number: 1313

Seal number(s): 8096111

SCAC: HGLS

Pro Number: 13937978401

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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

Prepaid:  Collect:  3rd Party:

City/State/Zip: \_\_\_\_\_

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

SPECIAL INSTRUCTIONS:  
 Load #: 5012562374  
 Packing List is Attached

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

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YC3V3	12	35.64	Y N	
<b>Grand Total</b>	12	35.64		

**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	35.64		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		12		85.64		<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.: 69768561    Order Date: 01/23/2024    Customer: DOLGEN- JANESVILLE DC    Customer PO No.: 1YC3V3

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

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

**SHIP TO:**  
DOLGEN- JANESVILLE DC  
101 INNOVATION DRIVE  
JANESVILLE, WI 53546  
US


**Shipping Date:**  
02/05/2024  
  
**Shipment No.:**  
300085910

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	144	12	144	12

**Total Weight:** 35.64  
**Total Quantity Ordered:** 144  
**Total Cartons Ordered:** 12  
**Total Quantity Shipped:** 144  
**Total Cartons Shipped:** 12

Date: 2/5/2024 10:54:26 AM

# Bill Of Lading

<b>SHIP FROM</b>		Name: E & E COMPANY LTD		Bill of Lading Number: 06757163000859160	
Address: 221 Hanson Way		City/State/Zip: Woodland, CA 95776		 (402)06757163000859160	
SID#: _____		PHONE: _____			
VENDOR: _____		FOB: <input type="checkbox"/>		CARRIER NAME: HUB CITY GROUP	
<b>SHIP TO</b>		Name: DOLGEN- CALIFORNIA DC Location #: 96970		Responsible Acct.No: _____	
Address: 4193 Industrial Parkway Drive		City/State/Zip: Lebec, CA 93243		Trailer number: 1313	
CID#: _____		Dept: 00		Seal number(s): 8096111	
SPECIAL INSTRUCTIONS: Load #: 5012562374		Packing List is Attached		SCAC: HGSL	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Name: _____		Pro Number: 13937978401	
Address: _____		City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
AM PM		AM PM		AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YC3V2	14	41.58	Y N	
<b>Grand Total</b>	14	41.58		

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		
		14	ctns	41.58		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		14		91.58		<b>Grand Total</b>		

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

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

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

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

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

<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 checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" 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.: 69768559    Order Date: 01/23/2024    Customer: DOLGEN- CALIFORNIA    Customer PO No.: 1YC3V2  
 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- CALIFORNIA DC 4193 INDUSTRIAL PARKWAY DRIVE LEBEC, CA 93243 US	<b>Shipping Date:</b> 02/05/2024  <b>Shipment No.:</b> 300085916
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	168	14	168	14


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<b>Total Weight:</b>	<b>41.58</b>
<b>Total Quantity Ordered:</b>	<b>168</b>
<b>Total Cartons Ordered:</b>	<b>14</b>
<b>Total Quantity Shipped:</b>	<b>168</b>
<b>Total Cartons Shipped:</b>	<b>14</b>

Date: 2/5/2024 10:54:27 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - ALACHUA DC Location #: 96800
Address:	221 Hanson Way	Address:	12000 Nw 173 Street 96800
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Alachua, FL 32615-8141
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000859146		Trailer number: 1313	
		Seal number(s): 8096111	
(402)06757163000859146		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number: 13937978401	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party: <input type="checkbox"/>	
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 #: 5012562374			
Packing List is Attached			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YC3T3	41	121.77	Y N	
<b>Grand Total</b>	41	121.77		

## 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		
		41	ctns	121.77		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		41		171.77		<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.: 69768556 Order Date: 01/23/2024 Customer: DOLGEN - ALACHUA DC Customer PO No.: 1YC3T3

<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 - ALACHUA DC 12000 NW 173 STREET ALACHUA, FL 32615-8141 US	<b>Shipping Date:</b> 02/05/2024  <b>Shipment No.:</b> 300085914
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	492	41	492	41

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Total Weight:	121.77
Total Quantity Ordered:	492
Total Cartons Ordered:	41
Total Quantity Shipped:	492
Total Cartons Shipped:	41

Date: 2/5/2024 10:54:27 AM

# Bill Of Lading

### SHIP FROM

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

Bill of Lading Number: 06757163000859115



(402)06757163000859115

CARRIER NAME: HUB CITY GROUP

Responsible Acct.No:

### SHIP TO

Name: DOLGEN - LONGVIEW DC Location #: 96160  
 Address: 3300 E. George Richey Road  
 96160  
 City/State/Zip: Longview, TX 75605  
 CID#:  
 Dept: 00

Trailer number: 1313

Seal number(s): 8096111

SCAC: HGLS

Pro Number: 13937978401

### THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:

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

Prepaid: Collect: X 3rd Party:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 5012562374

Packing List is Attached

Master Bill of Lading: with attached  
 (check box) 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
1YC3T5	15	44.55	Y N	
<b>Grand Total</b>	15	44.55		

### 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		
		15	ctns	44.55		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		15		94.55		<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.: 69768560 Order Date: 01/23/2024 Customer: DOLGEN - LONGVIEW DC Customer PO No.: 1YC3T5

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

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

**SHIP TO:**  
DOLGEN - LONGVIEW DC  
3300 E. GEORGE RICHEY ROAD  
LONGVIEW, TX 75605  
US

**Shipping Date:**  
02/05/2024

**Shipment No.:**  
300085911

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	180	15	180	15

Total Weight: 44.55  
Total Quantity Ordered: 180  
Total Cartons Ordered: 15  
Total Quantity Shipped: 180  
Total Cartons Shipped: 15