

Date: 2/26/2024 10:19:08 AM

# Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000862788
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  Trailer number: U84979 Seal number(s): 8096154  SCAC: HGLS Pro Number: 13949170201
Name:	HUBGROUP FONTANA CROSSDOCK	
	DC#: _____ Div. _____	
Address:	13204 Philadelphia Ave	
City/State/Zip:	FONTANA, CA 92337	
SID#:	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:  Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>  <input checked="" type="checkbox"/> (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING						
Name:								
Address:								
City/State/Zip:								
SPECIAL INSTRUCTIONS:		<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 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	AM PM	AM PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time						
AM PM	AM PM	AM PM						
Load #: :5013183161								

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1YMD35	78	850.85	Y	N	06757163000862665	96160	
1YMD66	73	640.13	Y	N	06757163000862726	96800	
1YMD70	52	398.19	Y	N	06757163000862634	96130	
1YMD87	37	283.95	Y	N	06757163000862610	96100	
1YMD93	43	411.65	Y	N	06757163000862696	96500	
1YMDB0	29	95.70	Y	N	06757163000862733	96900	
1YMDG0	40	401.75	Y	N	06757163000862771	96970	
1YMDG5	44	479.69	Y	N	06757163000862658	96150	
1YMDP1	40	347.80	Y	N	06757163000862757	96920	
1YMDQ2	28	243.46	Y	N	06757163000862689	96300	
1YMDV6	21	69.30	Y	N	06757163000862740	96910	
1YMDW4	22	212.87	Y	N	06757163000862702	96600	
1YMDY3	22	223.66	Y	N	06757163000862764	96930	

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

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

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

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

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

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

<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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SHIP FROM		Master Bill of Lading Number: 06757163000862788
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	
City/State/Zip:	FONTANA, CA 92337	Trailer number: U84979
SID#:	FOB: <input type="checkbox"/>	Seal number(s): 8096154
		SCAC: HGLS
		Pro Number: 13949170201

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)		
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: :5013183161		AM PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1YMF16	15	157.40	Y	N	06757163000862672	96170	
1YMF56	15	92.66	Y	N	06757163000862641	96140	
1YMXQ9	34	317.21	Y	N	06757163000862719	96700	
1YMXR1	14	46.20	Y	N	06757163000862627	96120	
<b>Grand Total</b>	607	5272.47					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
25	Pallet			1250.00		Pallet		70
		303	ctns	4269.27		Mattress Pads	149265	100
		304	ctns	1003.20		Sheet Set & Pillowcase	49260 Sub 3	250
25				6522.47		<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"/> 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: 2/26/2024**

**SHIPPER**

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

Contact: ALEX GONZALEZ

BILL OF LADING :5013183161

TRAILER # SEAL # **8096154**

ORDER # : 1038319\_ALC72208670S, 1038319\_AMS72211090S,  
1038319\_ARD72208654S, 1038319\_BES72208319S, 1038319\_BTH72208669S,  
1038319\_FLT72208204S, 1038319\_IND72208419S, 1038319\_JAC72208438S,  
1038319\_JAN72208335S, 1038319\_JON72208999S, 1038319\_LEB72208671S,  
1038319\_LGV72208217S, 1038319\_MAR72208652S, 1038319\_SAT72208675S,  
1038319\_SBO72208218S, 1038319\_WAL72208219S, 1038319\_ZAN72209013S

- CR ALC72208670S
- CR AMS72211090S
- CR ARD72208654S
- CR BES72208319S
- CR BTH72208669S
- CR FLT72208204S
- CR IND72208419S
- CR JAC72208438S
- CR JAN72208335S
- CR JON72208999S
- CR LEB72208671S
- CR LGV72208217S
- CR MAR72208652S
- CR SAT72208675S
- CR SBO72208218S
- CR WAL72208219S
- CR ZAN72209013S
- P8 1YMD35-01
- P8 1YMD66-01
- P8 1YMD70-01
- P8 1YMD87-01
- P8 1YMD93-01
- P8 1YMDB0-01
- P8 1YMDG0-01
- P8 1YMDG5-01
- P8 1YMDP1-01
- P8 1YMDQ2-01
- P8 1YMDV6-01
- P8 1YMDW4-01
- P8 1YMDY3-01
- P8 1YMF16-01
- P8 1YMF56-01
- P8 1YMXQ9-01
- P8 1YMXR1-01
- PO 1YMD35-01
- PO 1YMD66-01
- PO 1YMD70-01
- PO 1YMD87-01
- PO 1YMD93-01
- PO 1YMDB0-01
- PO 1YMDG0-01
- PO 1YMDG5-01
- PO 1YMDP1-01
- PO 1YMDQ2-01
- PO 1YMDV6-01
- PO 1YMDW4-01
- PO 1YMDY3-01
- PO 1YMF16-01
- PO 1YMF56-01
- PO 1YMXQ9-01
- PO 1YMXR1-01

**CONSIGNEE**

Name: HUBGROUP FONTANA CROSSDOCK  
Address: 13204 PHILADELPHIA AVE YARD  
City/State/Zip: FONTANA, CA 92337

Contact:

**CARRIER**

CARRIER NAME: HUB HIGHWAY SERVICES  
SCAC: HHWY  
PRO NUMBER: 13949170201  
**13949170201**  
QUOTE NUMBER:

**THIRD PARTY FREIGHT CHARGES BILL TO**

Name: DOLLAR GENERAL C/O HUB GROUP  
Address: 2001 HUB GROUP WAY  
City/State/Zip: OAK BROOK, IL 60523

Freight Charge Terms :

(freight charges are prepaid unless marked otherwise)

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

**SPECIAL INSTRUCTIONS AND SPECIAL SERVICES**

CUSTOMS INSTRUCTION:

# MASTER BILL OF LADING

**SPECIAL INSTRUCTION:**

69900018,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2787,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1884,69903337,69900055,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2528,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2648,69900017,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 329,69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2764,69900024,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2437 | STOP#:1 CR - ALC72208670S;AMS72211090S;ARD72208654S; BES72208319S;BTH72208669S;FLT72208204S;IND72208419S;JAC72208438S;JAN72208335S;JON72208999S;LEB72208671S;LGV72208217S; MAR72208652S;SAT72208675S;SBO72208218S;WAL72208219S;ZAN72209013S,STOP#:1 PO - 1YMD35-01;1YMD66-01;1YMD70-01;1YMD87-01;1YMD93-01; 1YMDB0-01;1YMDG0-01;1YMDG5-01;1YMDP1-01;1YMDQ2-01;1YMDV6-01;1YMDW4-01;1YMDY3-01;1YMF16-01;1YMF56-01;1YMXQ9-01;1YMXR1-01

**SPECIAL SERVICES:**

### CARRIER INFO

PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS
					Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. EMERGENCY PH # 1-800-535-5053		
3	107	1107	346		GENERAL COMMODITIES	NMFC_CLASS	250.0
15	366	4257	1730		GENERAL COMMODITIES	NMFC_CLASS	300.0
1	14	96	115		GENERAL COMMODITIES	NMFC_CLASS	500.0
6	120	1063	691		GENERAL COMMODITIES	NMFC_CLASS	400.0
<b>25</b>	<b>607</b>	<b>6523.00</b>	<b>2882.00</b>		<b>GRAND TOTAL</b>		

### CUSTOMER

CUSTOMER ORDER NUMBER	SKU	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
ALC72208670S		2	73	740	231	Y	N	
JAC72208438S		1	15	143	115	Y	N	
IND72208419S		1	22	263	115	Y	N	
ARD72208654S		1	28	293	115	Y	N	
BTH72208669S		1	37	334	115	Y	N	
JAN72208335S		2	52	498	231	Y	N	
JON72208999S		1	21	119	115	Y	N	
LEB72208671S		2	40	502	231	Y	N	
BES72208319S		1	22	274	115	Y	N	
AMS72211090S		2	44	580	231	Y	N	
FLT72208204S		1	34	367	115	Y	N	
LGV72208217S		3	78	1001	346	Y	N	
WAL72208219S		1	15	207	115	Y	N	
SAT72208675S		1	14	96	115	Y	N	
ZAN72209013S		1	29	146	115	Y	N	
MAR72208652S		2	40	448	231	Y	N	
SBO72208218S		2	43	512	231	Y	N	
<b>GRAND TOTAL</b>		<b>25</b>	<b>607</b>	<b>6523.00</b>	<b>2882.00</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:  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/

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

# MASTER BILL OF LADING

herself and his/her assigns.		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. <i>FOOT 2/26/24</i>	<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. C certifies emergency response information was made available and/ has the DOT emergency response <i>X [Signature]</i> Property described above is received in good order, except as

# MASTER BILL OF LADING

<b>SHIPPER</b>				BILL OF LADING :5013183161			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_ALC72208670S			
<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 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:69900018,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903337,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900017,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900024,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900016,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	73	740	231		GENERAL COMMODITIES	NMFC_CLASS	250.0
2	73	740.00	231.00		GRAND TOTAL		
<b>CUSTOMER</b>							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
ALC72208670S	2	73	740	231	Y    N		
GRAND TOTAL	2	73	740.00	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	
				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 :5013183161		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_AMS72211090S		
<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>							
CUSTOMERS INSTRUCTION:							
SPECIAL INSTRUCTION:69900018,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903337,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900017,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900024,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900016,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)	<b>COMMODITY DESCRIPTION</b> <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	44	580	231		GENERAL COMMODITIES	NMFC_CLASS	300.0
2	44	580.00	231.00		<b>GRAND TOTAL</b>		
<b>CUSTOMER</b>							
<b>CUSTOMER ORDER NUMBER</b>	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
AMS72211090S	2	44	580	231	Y    N		
<b>GRAND TOTAL</b>	<b>2</b>	<b>44</b>	<b>580.00</b>	<b>231.00</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
Property described above is received in good order, except as noted							

# MASTER BILL OF LADING

<b>SHIPPER</b>					BILL OF LADING :5013183161		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_LEB72208671S		
<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:69900018,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903337,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900017,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900024,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900016,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)	<b>COMMODITY DESCRIPTION</b> <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	40	502	231		GENERAL COMMODITIES	NMFC_CLASS	300.0
2	40	502.00	231.00		<b>GRAND TOTAL</b>		
<b>CUSTOMER</b>							
<b>CUSTOMER ORDER NUMBER</b>	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
LEB72208671S	2	40	502	231	Y    N		
<b>GRAND TOTAL</b>	2	40	502.00	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.  _____ 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 :5013183161			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_SAT72208675S			
<b>CONSIGNEE</b>				<b>CARRIER</b>			
Name: SAN ANTONIO DISTRIBUTION CENTE Address: 6601 CAL TURNER DR City/State/Zip: SAN ANTONIO, TX 78220 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:			
<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:69900018,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903337,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900017,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900024,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900016,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	96	115		GENERAL COMMODITIES	NMFC_CLASS	500.0
1	14	96.00	115.00		GRAND TOTAL		
<b>CUSTOMER</b>							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
SAT72208675S	1	14	96	115	Y    N		
GRAND TOTAL	1	14	96.00	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> 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 :5013183161			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_BTH72208669S			
<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:69900018,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903337,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900017,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900024,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900016,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	37	334	115		GENERAL COMMODITIES	NMFC_CLASS	300.0
1	37	334.00	115.00		GRAND TOTAL		
<b>CUSTOMER</b>							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
BTH72208669S	1	37	334	115	Y    N		
GRAND TOTAL	1	37	334.00	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	
						<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 :5013183161		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_MAR72208652S		
<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:69900018,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903337,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900017,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900024,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900016,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	40	448	231		GENERAL COMMODITIES	NMFC_CLASS	400.0
2	40	448.00	231.00		GRAND TOTAL		
<b>CUSTOMER</b>							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
MAR72208652S	2	40	448	231	Y    N		
GRAND TOTAL	2	40	448.00	231.00			
PALLETTYPE							
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 :5013183161		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_BES72208319S		
<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:69900018,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903337,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900017,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900024,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900016,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	22	274	115		GENERAL COMMODITIES	NMFC_CLASS	300.0
1	22	274.00	115.00		GRAND TOTAL		
<b>CUSTOMER</b>							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
BES72208319S	1	22	274	115	Y    N		
GRAND TOTAL	1	22	274.00	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> 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 :5013183161				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_FLT72208204S				
<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>									
CUSTOMERS INSTRUCTION:									
SPECIAL INSTRUCTION:69900018,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,699000337,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900017,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900024,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900016,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)	<b>COMMODITY DESCRIPTION</b> <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	34	367	115		GENERAL COMMODITIES			NMFC_CLASS	250.0
1	34	367.00	115.00		<b>GRAND TOTAL</b>				
<b>CUSTOMER</b>									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
FLT72208204S	1	34	367	115	Y	N			
<b>GRAND TOTAL</b>	<b>1</b>	<b>34</b>	<b>367.00</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				
Property described above is received in good order, except as noted									

# MASTER BILL OF LADING

<b>SHIPPER</b>					BILL OF LADING :5013183161				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_LGV72208217S				
<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 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:69900018,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903337,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900017,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900024,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900016,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	78	1001	346		GENERAL COMMODITIES			NMFC_CLASS	300.0
3	78	1001.00	346.00		<b>GRAND TOTAL</b>				
<b>CUSTOMER</b>									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
LGV72208217S	3	78	1001	346	Y    N				
<b>GRAND TOTAL</b>	<b>3</b>	<b>78</b>	<b>1001.00</b>	<b>346.00</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		
Property described above is received in good order, except as noted									

# MASTER BILL OF LADING

<b>SHIPPER</b>					BILL OF LADING :5013183161		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_IND72208419S		
<b>CONSIGNEE</b>					<b>CARRIER</b>		
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:		
<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:69900018,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903337,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900017,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900024,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900016,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)	<b>COMMODITY DESCRIPTION</b> <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	22	263	115		GENERAL COMMODITIES	NMFC_CLASS	300.0
1	22	263.00	115.00		<b>GRAND TOTAL</b>		
<b>CUSTOMER</b>							
<b>CUSTOMER ORDER NUMBER</b>	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
IND72208419S	1	22	263	115	Y    N		
<b>GRAND TOTAL</b>	1	22	263.00	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.  _____ 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 :5013183161					
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_ARD72208654S					
<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:69900018,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900017,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900024,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900016,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	28	293	115		GENERAL COMMODITIES		NMFC_CLASS	300.0	
1	28	293.00	115.00		GRAND TOTAL				
<b>CUSTOMER</b>									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
ARD72208654S	1	28	293	115	Y	N			
GRAND TOTAL	1	28	293.00	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> 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>SHIPPER SIGNATURE / 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 :5013183161				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_JAN72208335S				
<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 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:69900018,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900017,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900024,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900016,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)	<b>COMMODITY DESCRIPTION</b> <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	52	498	231		GENERAL COMMODITIES			NMFC_CLASS	300.0
2	52	498.00	231.00		<b>GRAND TOTAL</b>				
<b>CUSTOMER</b>									
<b>CUSTOMER ORDER NUMBER</b>	<b>PALLETS</b>	<b>QTY</b>	<b>WEIGHT (LB)</b>	<b>CUBE</b>	<b>PALLETS/SLIP (CIRCLE ONE)</b>		<b>ADDITIONAL SHIPPER INFO</b>		
JAN72208335S	2	52	498	231	Y	N			
<b>GRAND TOTAL</b>	<b>2</b>	<b>52</b>	<b>498.00</b>	<b>231.00</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		
					<b>SHIPPER SIGNATURE</b> _____ <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 :5013183161		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_WAL72208219S		
<b>CONSIGNEE</b>					<b>CARRIER</b>		
Name: WALTON DISTRIBUTION CENTER Address: 950 WENSTRUP LN City/State/Zip: WALTON, KY 41094 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:69900018,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903337,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900017,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900024,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900016,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)	<b>COMMODITY DESCRIPTION</b> <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	207	115		GENERAL COMMODITIES	NMFC_CLASS	400.0
1	15	207.00	115.00		<b>GRAND TOTAL</b>		
<b>CUSTOMER</b>							
<b>CUSTOMER ORDER NUMBER</b>	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
WAL72208219S	1	15	207	115	Y    N		
<b>GRAND TOTAL</b>	1	15	207.00	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.  _____ 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 :5013183161				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_JAC72208438S				
<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>									
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>									
CUSTOMERS INSTRUCTION:									
SPECIAL INSTRUCTION:69900018,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903337,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900017,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900024,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900016,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)	<b>COMMODITY DESCRIPTION</b> <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	143	115		GENERAL COMMODITIES			NMFC_CLASS	400.0
1	15	143.00	115.00		<b>GRAND TOTAL</b>				
<b>CUSTOMER</b>									
<b>CUSTOMER ORDER NUMBER</b>	<b>PALLETS</b>	<b>QTY</b>	<b>WEIGHT (LB)</b>	<b>CUBE</b>	<b>PALLETS/SLIP (CIRCLE ONE)</b>		<b>ADDITIONAL SHIPPER INFO</b>		
JAC72208438S	1	15	143	115	Y	N			
<b>GRAND TOTAL</b>	<b>1</b>	<b>15</b>	<b>143.00</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		
Property described above is received in good order, except as noted									

# MASTER BILL OF LADING

<b>SHIPPER</b>					BILL OF LADING :5013183161				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_ZAN72209013S				
<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:69900018,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900017,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900024,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900016,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	29	146	115		GENERAL COMMODITIES			NMFC_CLASS	400.0
1	29	146.00	115.00		GRAND TOTAL				
<b>CUSTOMER</b>									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
ZAN72209013S	1	29	146	115	Y	N			
GRAND TOTAL	1	29	146.00	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

<b>SHIPPER</b>					BILL OF LADING :5013183161		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_JON72208999S		
<b>CONSIGNEE</b>					<b>CARRIER</b>		
Name: DOLLAR GENERAL Address: 1451 SPARTANBURG HWY City/State/Zip: JONESVILLE, SC 29353 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:69900018,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903337,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900017,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900024,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900016,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)	<b>COMMODITY DESCRIPTION</b> <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	21	119	115		GENERAL COMMODITIES	NMFC_CLASS	400.0
1	21	119.00	115.00		<b>GRAND TOTAL</b>		
<b>CUSTOMER</b>							
<b>CUSTOMER ORDER NUMBER</b>	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
JON72208999S	1	21	119	115	Y    N		
<b>GRAND TOTAL</b>	1	21	119.00	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> 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 :5013183161				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_SBO72208218S				
<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:69900018,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900021,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900058,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900059,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900023,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903337,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900055, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900062,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900019,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900057,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900017,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 69900020,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900054,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69903338,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900024,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900060,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,69900016,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	43	512	231		GENERAL COMMODITIES			NMFC_CLASS	300.0
2	43	512.00	231.00		GRAND TOTAL				
<b>CUSTOMER</b>									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
SBO72208218S	2	43	512	231	Y	N			
GRAND TOTAL	2	43	512.00	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.  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									

Date: 2/26/2024 10:19:07 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 96910
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Jonesville, SC 29353
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000862740		Trailer number: U84979	
		Seal number(s): 8096154	
(402)06757163000862740		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number: 13949170201	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: <input checked="" type="checkbox"/> 3rd Party:	
<input type="checkbox"/>		Master Bill of Lading: with attached underlying Bills of Lading	
(check box)		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
SPECIAL INSTRUCTIONS:		Driver Departure Time	
Load #: :5013183161		AM	AM
Packing List is Attached		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YMDV6	21	69.30	Y N	
<b>Grand Total</b>	<b>21</b>	<b>69.30</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		
		21	ctns	69.30		Sheet Set & Pillowcase	49260 Sub 3	250
1		21		119.30		<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.

Date: 2/26/2024 10:19:06 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000862702	
Name: E & E COMPANY LTD		 (402)06757163000862702	
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: U84979	
Name: DOLGEN- INDIANOLA DC Location #: 96600		Seal number(s): 8096154	
Address: 914 Hwy 82 W		SCAC: HGLS	
96600		Pro Number: 13949170201	
City/State/Zip: Indianola, MS 38751			
CID#:			
Dept: 00 FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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: Load #: :5013183161 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
1YMDW4	22	212.87	Y N	
<b>Grand Total</b>	22	212.87		

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
		13	ctns	183.17		Mattress Pads	149265	100
1		22		262.87		<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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**SHIP FROM**

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

Bill of Lading Number: 06757163000862627



(402)06757163000862627

**CARRIER NAME:** HUB CITY GROUP  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: U84979  
 Seal number(s): 8096154  
**SCAC:** HGSL  
**Pro Number:** 13949170201

**SHIP TO**

Name: DOLGEN - SAN ANTONIO DC Location #: 96120  
 Address: 6601 Cal Turner Drive  
 96120  
 City/State/Zip: San Antonio, TX 78220  
 CID#: \_\_\_\_\_  
 Dept: 00

**THIRD PARTY FREIGHT CHARGES BILL TO:**

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

SPECIAL INSTRUCTIONS:  
 Load #: :5013183161  
 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
1YMXR1	14	46.20	Y N	
<b>Grand Total</b>	14	46.20		

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		
		14	ctns	46.20		Sheet Set & Pillowcase	49260 Sub 3	250
1		14		96.20		<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.



Date: 2/26/2024 10:19:05 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000862672	
Name:	E & E COMPANY LTD	 (402)06757163000862672	
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: U84979	
Name:	DOLGEN - WALTON DC	Location #: 96170	
Address:	950 Wenstrup Lane	Seal number(s): 8096154	
	96170	<b>SCAC:</b> HGLS	
City/State/Zip:	Walton, KY 41094	<b>Pro Number:</b> 13949170201	
CID#:			
Dept:	00		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Name:		<b>Prepaid:</b> <input type="checkbox"/> <b>Collect:</b> X <b>3rd Party:</b> <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	
Load #: :5013183161		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM	AM
		PM	PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1YMF16	15	157.40	Y	N	
<b>Grand Total</b>	15	157.40			

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	16.50		Sheet Set & Pillowcase	49260 Sub 3	250
		10	ctns	140.90		Mattress Pads	149265	100
1		15		207.40		<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.

**SHIP FROM**

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

Bill of Lading Number: 06757163000862641



(402)06757163000862641

**CARRIER NAME:** HUB CITY GROUP  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: U84979  
 Seal number(s): 8096154  
**SCAC:** HGSL  
**Pro Number:** 13949170201

**SHIP TO**

Name: DOLGEN- JACKSON DC Location #: 96140  
 Address: 200 Jackson Road  
 96140  
 City/State/Zip: Jackson, GA 30233  
 CID#: \_\_\_\_\_  
 Dept: 00

**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

**THIRD PARTY FREIGHT CHARGES BILL TO:**

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

**SPECIAL INSTRUCTIONS:**  
 Load #: :5013183161  
 Packing List is Attached

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YMF56	15	92.66	Y N	
<b>Grand Total</b>	15	92.66		

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		
		4	ctns	56.36		Mattress Pads	149265	100
		11	ctns	36.30		Sheet Set & Pillowcase	49260 Sub 3	250
1		15		142.66		<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.

SHIP FROM		Bill of Lading Number: 06757163000862771	
Name: E & E COMPANY LTD	 (402)06757163000862771		
Address: 221 Hanson Way	CARRIER NAME: HUB CITY GROUP		
City/State/Zip: Woodland, CA 95776			
SID#:	Responsible Acct.No:		
PHONE:	Trailer number: U84979		
VENDOR:	Seal number(s): 8096154		
FOB: <input type="checkbox"/>	SCAC: HGLS		

SHIP TO		Pro Number: 13949170201	
Name: DOLGEN- CALIFORNIA DC	Location #: 96970		
Address: 4193 Industrial Parkway Drive	Trailer number: U84979		
96970	Seal number(s): 8096154		
City/State/Zip: Lebec, CA 93243	SCAC: HGLS		
CID#:	Pro Number: 13949170201		
Dept: 00	Trailer number: U84979		
FOB: <input type="checkbox"/>	Seal number(s): 8096154		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:	Prepaid: <input type="checkbox"/>	Collect: X	3rd Party:
Address:	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 #: :5013183161	AM	AM	AM
Packing List is Attached	PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YMDG0	40	401.75	Y N	
<b>Grand Total</b>	40	401.75		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		15	ctns	49.50		Sheet Set & Pillowcase	49260 Sub 3	250
		25	ctns	352.25		Mattress Pads	149265	100
2		40		501.75		<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: <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 property 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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Date: 2/26/2024 10:19:03 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000862757	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000862757	
<b>SHIP TO</b>		CARRIER NAME: HUB CITY GROUP	
Name: DOLGEN - MARION DC      Location #: 96920 Address: 5575 East Dollar General 96920 City/State/Zip: Marion, IN 46952 CID#: _____ Dept: 00		Responsible Acct.No: _____ Trailer number: U84979 Seal number(s): 8096154	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: HGSL Pro Number: 13949170201	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: :5013183161 Packing List is Attached		Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party: _____  <input type="checkbox"/> (check box)      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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1YMDP1	40	347.80	Y	N	
<b>Grand Total</b>	40	347.80			

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		
		20	ctns	66.00		Sheet Set & Pillowcase	49260 Sub 3	250
		20	ctns	281.80		Mattress Pads	149265	100
2		40		447.80		<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"/> 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, 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.	<table style="width:100%;"> <tr> <td><b>Trailer Loaded:</b></td> <td><b>Freight Counted:</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> By Shipper</td> <td><input checked="" type="checkbox"/> By Shipper</td> </tr> <tr> <td><input type="checkbox"/> By Driver</td> <td><input type="checkbox"/> By Driver/pallets said to contain</td> </tr> <tr> <td></td> <td><input type="checkbox"/> By Driver/Pieces</td> </tr> </table>	<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
<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								
<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: 2/26/2024 10:19:02 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: 06757163000862733



CARRIER NAME: HUB CITY GROUP

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

## SHIP TO

Name: DOLGEN - ZANESVILLE DC Location #: 96900  
 Address: 2505 East Pointe Drive  
 96900  
 City/State/Zip: Zanesville, OH 43701-7761  
 CID#: \_\_\_\_\_  
 Dept: 00

Trailer number: U84979

Seal number(s): 8096154

SCAC: HGSL

Pro Number: 13949170201

## 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 #: :5013183161

Packing List is Attached

 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
1YMDB0	29	95.70	Y	N	
<b>Grand Total</b>	<b>29</b>	<b>95.70</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		
		29	ctns	95.70		Sheet Set & Pillowcase	49260 Sub 3	250
1		29		145.70		<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.

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000862726	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000862726	
<b>SHIP TO</b>		CARRIER NAME: HUB CITY GROUP	
Name: DOLGEN - ALACHUA DC      Location #: 96800 Address: 12000 Nw 173 Street 96800 City/State/Zip: Alachua, FL 32615-8141 CID#: _____ Dept: 00		Responsible Acct.No: _____ Trailer number: U84979 Seal number(s): 8096154	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: HGSL Pro Number: 13949170201	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: :5013183161 Packing List is Attached		Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input type="checkbox"/> (check box)                      Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YMD66	73	640.13	Y    N	
<b>Grand Total</b>	73	640.13		

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		
		36	ctns	118.80		Sheet Set & Pillowcase	49260 Sub 3	250
		37	ctns	521.33		Mattress Pads	149265	100
2		73		740.13		<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.
--	--	--	---

Date: 2/26/2024 10:19:01 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000862719	
Name:	E & E COMPANY LTD	 (402)06757163000862719	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776	<b>CARRIER NAME:</b> HUB CITY GROUP	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: U84979	
VENDOR:	FOB: <input type="checkbox"/>	Seal number(s): 8096154	
<b>SHIP TO</b>		<b>SCAC:</b> HGLS	
Name:	DOLGEN - FULTON DC Location #: 96700	<b>Pro Number:</b> 13949170201	
Address:	1900 Cardinal Drive Callaway, 96700		
City/State/Zip:	Fulton, MO 65251-7250		
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:		<b>Prepaid:</b> <input type="checkbox"/> <b>Collect:</b> X <b>3rd Party:</b>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:			
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	
Load #: :5013183161		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM	AM
		PM	PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1YMXQ9	34	317.21	Y	N	
<b>Grand Total</b>	34	317.21			

## 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	49.50		Sheet Set & Pillowcase	49260 Sub 3	250
		19	ctns	267.71		Mattress Pads	149265	100
1		34		367.21		<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.

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000862689										
Name: E & E COMPANY LTD		 (402)06757163000862689										
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: U84979										
Name: DOLGEN - ARDMORE DC Location #: 96300		Seal number(s): 8096154										
Address: 401 General Drive		SCAC: HGLS										
City/State/Zip: Ardmore Industrial Air Pa, 96300		Pro Number: 13949170201										
CID#:												
Dept: 00												
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: Collect: X 3rd Party:										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
City/State/Zip:		<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 #: :5013183161												
Packing List is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YMDQ2	28	243.46	Y N	
<b>Grand Total</b>	28	243.46		

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	46.20		Sheet Set & Pillowcase	49260 Sub 3	250
		14	ctns	197.26		Mattress Pads	149265	100
1		28		293.46		<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 \_\_\_\_\_

<b>COD Amount:</b> _____
<b>Fee Terms:</b> 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.
--	--	--	---

Date: 2/26/2024 10:19:00 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: 06757163000862634



(402)06757163000862634

CARRIER NAME: HUB CITY GROUP

Responsible Acct.No:

Trailer number: U84979

Seal number(s): 8096154

SCAC: HGLS

Pro Number: 13949170201

**SHIP TO**

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

FOB: **THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: :5013183161

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  
 (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
1YMD70	52	398.19	Y	N	
<b>Grand Total</b>	52	398.19			

**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		
		21	ctns	295.89		Mattress Pads	149265	100
		31	ctns	102.30		Sheet Set & Pillowcase	49260 Sub 3	250
2		52		498.19		<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.

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000862696	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000862696	
<b>SHIP TO</b>		CARRIER NAME: HUB CITY GROUP	
Name: DOLGEN - SOUTH BOSTON DC Location #: 96500 Address: 3207 Philpott Road US Hwy 58/360, 96500 City/State/Zip: South Boston, VA 24592-6607 CID#: _____ Dept: 00		Responsible Acct.No: _____ Trailer number: U84979 Seal number(s): 8096154	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: HGLS	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: 13949170201	
SPECIAL INSTRUCTIONS: Load #: :5013183161 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> (check box) 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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1YMD93	43	411.65	Y N	
<b>Grand Total</b>	43	411.65		

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		
		18	ctns	59.40		Sheet Set & Pillowcase	49260 Sub 3	250
		25	ctns	352.25		Mattress Pads	149265	100
2		43		511.65		<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"/> Customer check acceptable: <input type="checkbox"/>
--

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

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

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

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


<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
--	--

**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: 2/26/2024 10:18:59 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000862665	
Name:	E & E COMPANY LTD	 (402)06757163000862665	
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 - LONGVIEW DC Location #: 96160	Trailer number: U84979	
Address:	3300 E. George Richey Road	Seal number(s): 8096154	
	96160	SCAC: HGLS	
City/State/Zip:	Longview, TX 75605	Pro Number: 13949170201	
CID#:			
Dept:	00 FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: :5013183161		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
1YMD35	78	850.85	Y	N	
<b>Grand Total</b>	78	850.85			

## 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		
		23	ctns	75.90		Sheet Set & Pillowcase	49260 Sub 3	250
		55	ctns	774.95		Mattress Pads	149265	100
3		78		1000.85		<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.



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

Bill of Lading Number: 06757163000862658  
  
 (402)06757163000862658

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

**CARRIER NAME:** HUB CITY GROUP  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: U84979  
 Seal number(s): 8096154  
**SCAC:** HGLS  
**Pro Number:** 13949170201

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
**SPECIAL INSTRUCTIONS:**  
 Load #: :5013183161  
 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
1YMDG5	44	479.69	Y N	
<b>Grand Total</b>	44	479.69		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		13	ctns	42.90		Sheet Set & Pillowcase	49260 Sub 3	250
		31	ctns	436.79		Mattress Pads	149265	100
2		44		579.69		<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.: 69900057    Order Date: 02/13/2024    Customer: DOLGEN - JONESVILLE DC    Customer PO No.: 1YMDV6

<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> 02/26/2024  <b>Shipment No.:</b> 300086274
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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	252	21	252	21

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<b>Total Weight:</b>	69.3
<b>Total Quantity Ordered:</b>	252
<b>Total Cartons Ordered:</b>	21
<b>Total Quantity Shipped:</b>	252
<b>Total Cartons Shipped:</b>	21

Order No.: 69900055    Order Date: 02/13/2024    Customer: DOLGEN- INDIANOLA DC    Customer PO No.: 1YMDW4

<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> 02/26/2024  <b>Shipment No.:</b> 300086270
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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	104	13	104	13
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	108	9	108	9

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Total Weight:	212.87
Total Quantity Ordered:	212
Total Cartons Ordered:	22
Total Quantity Shipped:	212
Total Cartons Shipped:	22

Order No.: 69903338    Order Date: 02/13/2024    Customer: DOLGEN - SAN ANTONIO DC    Customer PO No.: 1YMXR1

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

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

**SHIP TO:**  
DOLGEN - SAN ANTONIO DC  
6601 CAL TURNER DRIVE  
SAN ANTONIO, TX 78220  
US

**Shipping Date:**  
02/26/2024  
  
**Shipment No.:**  
300086262

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	168	14	168	14

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Total Weight: 46.2  
Total Quantity Ordered: 168  
Total Cartons Ordered: 14  
Total Quantity Shipped: 168  
Total Cartons Shipped: 14

Order No.: 69900023    Order Date: 02/13/2024    Customer: DOLGEN - BETHEL DC    Customer PO No.: 1YMD87

<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> 02/26/2024  <b>Shipment No.:</b> 300086261
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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	120	15	120	15
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	264	22	264	22

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<b>Total Weight:</b>	283.95
<b>Total Quantity Ordered:</b>	384
<b>Total Cartons Ordered:</b>	37
<b>Total Quantity Shipped:</b>	384
<b>Total Cartons Shipped:</b>	37

Order No.: 69900060    Order Date: 02/13/2024    Customer: DOLGEN - WALTON DC    Customer PO No.: 1YMF16

<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 - WALTON DC 950 WENSTRUP LANE WALTON, KY 41094 US	<b>Shipping Date:</b> 02/26/2024  <b>Shipment No.:</b> 300086267
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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	80	10	80	10
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	60	5	60	5

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<b>Total Weight:</b>	157.4
<b>Total Quantity Ordered:</b>	140
<b>Total Cartons Ordered:</b>	15
<b>Total Quantity Shipped:</b>	140
<b>Total Cartons Shipped:</b>	15

Order No.: 69900062    Order Date: 02/13/2024    Customer: DOLGEN- JACKSON DC    Customer PO No.: 1YMF56

<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> 02/26/2024  <b>Shipment No.:</b> 300086264
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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	32	4	32	4
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	132	11	132	11

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<b>Total Weight:</b>	92.66
<b>Total Quantity Ordered:</b>	164
<b>Total Cartons Ordered:</b>	15
<b>Total Quantity Shipped:</b>	164
<b>Total Cartons Shipped:</b>	15

Order No.: 69900017    Order Date: 02/13/2024    Customer: DOLGEN- CALIFORNIA DC    Customer PO No.: 1YMDG0

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

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

**SHIP TO:**  
DOLGEN- CALIFORNIA DC  
4193 INDUSTRIAL PARKWAY  
DRIVE  
LEBEC, CA 93243  
US

**Shipping Date:**  
02/26/2024

**Shipment No.:**  
300086277

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	200	25	200	25
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	180	15	180	15

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**Total Weight:** 401.75  
**Total Quantity Ordered:** 380  
**Total Cartons Ordered:** 40  
**Total Quantity Shipped:** 380  
**Total Cartons Shipped:** 40

Order No.: 69900054    Order Date: 02/13/2024    Customer: DOLGEN - MARION DC    Customer PO No.: 1YMDP1

<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 - MARION DC 5575 EAST DOLLAR GENERAL MARION, IN 46952 US	<b>Shipping Date:</b> 02/26/2024  <b>Shipment No.:</b> 300086275
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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	240	20	240	20

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<b>Total Weight:</b>	<b>347.8</b>
<b>Total Quantity Ordered:</b>	<b>400</b>
<b>Total Cartons Ordered:</b>	<b>40</b>
<b>Total Quantity Shipped:</b>	<b>400</b>
<b>Total Cartons Shipped:</b>	<b>40</b>

Order No.: 69900016    Order Date: 02/13/2024    Customer: DOLGEN - ZANESVILLE    Customer PO No.: 1YMDB0  
 DC

<b>SHIP FROM:</b>	<b>BILL TO:</b>	<b>SHIP TO:</b>	<b>Shipping Date:</b>
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	DOLGEN - ZANESVILLE DC 2505 EAST POINTE DRIVE ZANESVILLE, OH 43701-7761 US	02/26/2024
			<b>Shipment No.:</b> 300086273

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	348	29	348	29

<b>Total Weight:</b>	95.7
<b>Total Quantity Ordered:</b>	348
<b>Total Cartons Ordered:</b>	29
<b>Total Quantity Shipped:</b>	348
<b>Total Cartons Shipped:</b>	29

Order No.: 69900018    Order Date: 02/13/2024    Customer: DOLGEN - ALACHUA DC    Customer PO No.: 1YMD66

<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> 02/26/2024
			<b>Shipment No.:</b> 300086272

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	432	36	432	36

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<b>Total Weight:</b>	640.13
<b>Total Quantity Ordered:</b>	728
<b>Total Cartons Ordered:</b>	73
<b>Total Quantity Shipped:</b>	728
<b>Total Cartons Shipped:</b>	73

Order No.: 69903337    Order Date: 02/13/2024    Customer: DOLGEN - FULTON DC    Customer PO No.: 1YMXQ9

<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 - FULTON DC 1900 CARDINAL DRIVE CALLAWAY FULTON, MO 65251-7250 US	<b>Shipping Date:</b> 02/26/2024  <b>Shipment No.:</b> 300086271
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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	152	19	152	19
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	180	15	180	15

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<b>Total Weight:</b>	317.21
<b>Total Quantity Ordered:</b>	332
<b>Total Cartons Ordered:</b>	34
<b>Total Quantity Shipped:</b>	332
<b>Total Cartons Shipped:</b>	34

Order No.: 69900058    Order Date: 02/13/2024    Customer: DOLGEN - ARDMORE DC    Customer PO No.: 1YMDQ2

<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> 02/26/2024  <b>Shipment No.:</b> 300086268
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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	112	14	112	14
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	168	14	168	14

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Total Weight:	243.46
Total Quantity Ordered:	280
Total Cartons Ordered:	28
Total Quantity Shipped:	280
Total Cartons Shipped:	28

Order No.: 69900019    Order Date: 02/13/2024    Customer: DOLGEN- JANESVILLE DC    Customer PO No.: 1YMD70

<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> 02/26/2024  <b>Shipment No.:</b> 300086263
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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	168	21	168	21
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	372	31	372	31

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<b>Total Weight:</b>	398.19
<b>Total Quantity Ordered:</b>	540
<b>Total Cartons Ordered:</b>	52
<b>Total Quantity Shipped:</b>	540
<b>Total Cartons Shipped:</b>	52

Order No.: 69900024    Order Date: 02/13/2024    Customer: DOLGEN - SOUTH BOSTON DC    Customer PO No.: 1YMD93

<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> 02/26/2024  <b>Shipment No.:</b> 300086269
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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	200	25	200	25
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	216	18	216	18

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Total Weight:	411.65
Total Quantity Ordered:	416
Total Cartons Ordered:	43
Total Quantity Shipped:	416
Total Cartons Shipped:	43

Order No.: 69900020    Order Date: 02/13/2024    Customer: DOLGEN - LONGVIEW DC    Customer PO No.: 1YMD35

<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 - LONGVIEW DC 3300 E. GEORGE RICHEY ROAD LONGVIEW, TX 75605 US	<b>Shipping Date:</b> 02/26/2024  <b>Shipment No.:</b> 300086266
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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	440	55	440	55
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	276	23	276	23

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<b>Total Weight:</b>	850.85
<b>Total Quantity Ordered:</b>	716
<b>Total Cartons Ordered:</b>	78
<b>Total Quantity Shipped:</b>	716
<b>Total Cartons Shipped:</b>	78

Order No.: 69900059    Order Date: 02/13/2024    Customer: DOLGEN - BESSEMER DC    Customer PO No.: 1YMDY3

<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> 02/26/2024  <b>Shipment No.:</b> 300086276
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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	112	14	112	14
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	96	8	96	8

<b>Total Weight:</b>	223.66
<b>Total Quantity Ordered:</b>	208
<b>Total Cartons Ordered:</b>	22
<b>Total Quantity Shipped:</b>	208
<b>Total Cartons Shipped:</b>	22

Order No.: 69900021    Order Date: 02/13/2024    Customer: DOLGEN - AMSTERDAM DC    Customer PO No.: 1YMDG5

<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 - AMSTERDAM DC 2041 STATE HIGHWAY 5 SOUTH AMSTERDAM, NY 12010 US	<b>Shipping Date:</b> 02/26/2024  <b>Shipment No.:</b> 300086265
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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	248	31	248	31
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	156	13	156	13

<b>Total Weight:</b>	479.69
<b>Total Quantity Ordered:</b>	404
<b>Total Cartons Ordered:</b>	44
<b>Total Quantity Shipped:</b>	404
<b>Total Cartons Shipped:</b>	44