

**SHIP FROM**

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

FOB:

Bill of Lading Number: 06757163000867011



(402)06757163000867011

CARRIER NAME: Oak Harbor Freight Lines

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

Trailer number: T4007L

Seal number(s): \_\_\_\_\_

SCAC: OAKH

Pro Number: 26491089

**SHIP TO**

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

FOB:

**THIRD PARTY FREIGHT CHARGES BILL TO:**

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

**SPECIAL INSTRUCTIONS:**

Load #: 5013814617  
 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  
 (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
1Z4Q14	31	92.07	Y	N	
<b>Grand Total</b>	31	92.07			

**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		
		31	ctns	92.07		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		31		142.07		<b>Grand Total</b>		

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

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

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

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

**Shipper Signature**

**SHIPPER SIGNATURE / DATE**

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

**Trailer Loaded:**

By Shipper  
 By Driver

**Freight Counted:**

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

**CARRIER SIGNATURE / PICKUP DATE**

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

# MASTER BILL OF LADING

**ESTIMATED PICK UP DATE: 3/15/2024**

SHIPPER	
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776  Contact: ALEX GONZALEZ	BILL OF LADING :5013814617 TRAILER # SEAL # ORDER # : 1038319_SBO72360129S  CR SBO72360129S PB 1Z4Q14-01 PO 1Z4Q14-01

CONSIGNEE	CARRIER
Name: HUBGROUP FONTANA CROSSDOCK Address: 13204 PHILADELPHIA AVE YARD City/State/Zip: FONTANA, CA 92337  Contact:	CARRIER NAME: OAK HARBOR FREIGHT LINES INC SCAC: OAKH PRO NUMBER: 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 <u> X </u>

**SPECIAL INSTRUCTIONS AND SPECIAL SERVICES**

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:  
70067191,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2764 | STOP#:1 CR - SBO72360129S,STOP#:1 PO - 1Z4Q14-01

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 GENERAL COMMODITIES			
1	31	142	115				NMFC_CLASS	400.0
1	31	142.00	115.00		<b>GRAND TOTAL</b>			

CUSTOMER								
CUSTOMER ORDER NUMBER	SKU	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
SBO72360129S		1	31	142	115	Y	N	
<b>GRAND TOTAL</b>		1	31	142.00	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:  Prepaid:   
 Customer check acceptable:

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

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

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

Shipper Signature: *[Signature]* 3/15/24

SHIPPER SIGNATURE / DATE	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.  <i>[Signature]</i> 3/15/24	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	Carrier acknowledges receipt of packages and required placards. C certifies emergency response information was made available and/ has the DOT emergency response  Property described above is received in good order, except as



Order No.: 70067191    Order Date: 03/05/2024    Customer: DOLGEN - SOUTH BOSTON DC    Customer PO No.: 1Z4Q14

<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> 03/15/2024  <b>Shipment No.:</b> 300086701
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	372	31	372	31

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<b>Total Weight:</b>	<b>92.07</b>
<b>Total Quantity Ordered:</b>	<b>372</b>
<b>Total Cartons Ordered:</b>	<b>31</b>
<b>Total Quantity Shipped:</b>	<b>372</b>
<b>Total Cartons Shipped:</b>	<b>31</b>