

| SHIP FROM | | Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/> | Master Bill of Lading Number: 06757163000822386 |
|-----------|--|--|--|
|-----------|--|--|--|

| SHIP TO | | Name: HUBGROUP FONTANA CROSSDOCK DC#: _____ Div. _____ Address: 13204 Philadelphia Ave City/State/Zip: FONTANA, CA 92337 SID#: _____ FOB: <input type="checkbox"/> | CARRIER NAME: HUB CITY GROUP Trailer number: 53255 Seal number(s): 2149235 SCAC: HGLS Pro Number: 13852555001 |
|---------|--|--|--|
|---------|--|--|--|

| THIRD PARTY FREIGHT CHARGES BILL TO: | | Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Load #: _____ | Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING <table 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 | | | | | | | |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|------------|------------|-------------------------|---|-------------------------|-------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | | ADDITIONAL SHIPPER INFO | | |
| | | | | | BOL# | DC# | Supplier# |
| 1W1H82 | 37 | 109.89 | Y | N | 06757163000822256 | 96150 | |
| 1W1H84 | 44 | 130.68 | Y | N | 06757163000822348 | 96910 | |
| 1W0W46 | 48 | 142.56 | Y | N | 06757163000822294 | 96500 | |
| 1W1H52 | 12 | 35.64 | Y | N | 06757163000822362 | 96930 | |
| 1W1H55 | 25 | 74.25 | Y | N | 06757163000822263 | 96160 | |
| 1W1H51 | 11 | 32.67 | Y | N | 06757163000822300 | 96600 | |
| 1W1H54 | 16 | 47.52 | Y | N | 06757163000822324 | 96800 | |
| 1W1H86 | 45 | 133.65 | Y | N | 06757163000822287 | 96300 | |
| 1W1H56 | 27 | 80.19 | Y | N | 06757163000822201 | 96000 | |
| 1W1H76 | 29 | 86.13 | Y | N | 06757163000822225 | 96120 | |
| 1W0W48 | 29 | 86.13 | Y | N | 06757163000822218 | 96100 | |
| 1W0W55 | 62 | 184.14 | Y | N | 06757163000822317 | 96700 | |
| 1W1H77 | 35 | 103.95 | Y | N | 06757163000822379 | 96970 | |

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).

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| 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. <p style="text-align: right;">Shipper Signature</p> |
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| | | | |
|--|--|--|---|
| 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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. |
|--|--|--|---|

| | | | |
|---|-------------------------------|---|---------------------------------------|
| SHIP FROM | | Master Bill of Lading Number: 06757163000822386 | |
| Name: | E & E COMPANY LTD | | |
| Address: | 221 Hanson Way | | |
| City/State/Zip: | Woodland, CA 95776 | | |
| SID#: | | FOB: | <input type="checkbox"/> |
| SHIP TO | | CARRIER NAME: HUB CITY GROUP | |
| Name: | HUBGROUP FONTANA CROSSDOCK | DC#: | |
| | | Div.: | |
| Address: | 13204 Philadelphia Ave | Trailer number: | 53255 |
| | | Seal number(s): | 2149235 |
| City/State/Zip: | FONTANA, CA 92337 | SCAC: | HGLS |
| SID#: | | Pro Number: | 13852555001 |
| | | FOB: | <input type="checkbox"/> |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
| Name: | | Prepaid: | <input type="checkbox"/> |
| Address: | | Collect: | <input checked="" type="checkbox"/> |
| | | 3rd Party: | <input type="checkbox"/> |
| City/State/Zip: | | <input checked="" type="checkbox"/> | MASTER BILL OF LANDING: WITH ATTACHED |
| SPECIAL INSTRUCTIONS: | | <input checked="" type="checkbox"/> (check box) UNDERLYING BILLS OF LANDING | |
| Load #: | | Appointment Time | Actual Driver Arrival Time |
| | | AM | AM |
| | | PM | PM |
| | | Driver Departure Time | AM |
| | | | PM |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|------------|------------|-------------------------|---|-------------------|-----------------------------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | | BOL# | ADDITIONAL SHIPPER INFO DC# | Supplier# |
| 1W1H78 | 59 | 175.23 | Y | N | 06757163000822270 | 96170 | |
| 1W1H83 | 54 | 160.38 | Y | N | 06757163000822355 | 96920 | |
| 1W1H79 | 55 | 163.35 | Y | N | 06757163000822331 | 96900 | |
| 1W1H80 | 35 | 103.95 | Y | N | 06757163000822232 | 96130 | |
| 1W1H85 | 41 | 121.77 | Y | N | 06757163000822249 | 96140 | |
| Grand Total | 664 | 1972.08 | | | | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|------------|----------|--|-------------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | 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 | NMFC # | CLASS |
| 18 | Pallet | | | 900.00 | | Pallet | | 70 |
| | | 664 | ctns | 1972.08 | | Assorted Products of Different Class and NMFC No. | 49260 Sub 4 | 175 |
| 18 | | | | 2872.08 | | Grand Total | | |

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

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

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

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

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

Shipper Signature

| | | | |
|--|--|--|---|
| SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. | Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. |
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MASTER BILL OF LADING

ESTIMATED PICK UP DATE: 9/5/2023

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

Contact: ALEX GONZALEZ

BILL OF LADING :5007865774

TRAILER # SEAL #

ORDER # : 1038319_ALC71026861S, 1038319_AMS71028733S,
 1038319_ARD71026965S, 1038319_BES71026612S, 1038319_BTH71028912S,
 1038319_FLT71028861S, 1038319_IND71026947S, 1038319_JAC71027149S,
 1038319_JAN71029404S, 1038319_JON71029383S, 1038319_LEB71026704S,
 1038319_LGV71026862S, 1038319_MAR71027061S, 1038319_SAT71029403S,
 1038319_SBO71026611S, 1038319_SCV71027123S, 1038319_WAL71027060S,
 1038319_ZAN71026726S

CR ALC71026861S
 CR AMS71028733S
 CR ARD71026965S
 CR BES71026612S
 CR BTH71028912S
 CR FLT71028861S
 CR IND71026947S
 CR JAC71027149S
 CR JAN71029404S
 CR JON71029383S
 CR LEB71026704S
 CR LGV71026862S
 CR MAR71027061S
 CR SAT71029403S
 CR SBO71026611S
 CR SCV71027123S
 CR WAL71027060S
 CR ZAN71026726S
 P8 1WOW46-01
 P8 1WOW48-01
 P8 1WOW55-01
 P8 1W1H51-01
 P8 1W1H52-01
 P8 1W1H54-01
 P8 1W1H55-01
 P8 1W1H56-01
 P8 1W1H76-01
 P8 1W1H77-01
 P8 1W1H78-01
 P8 1W1H79-01
 P8 1W1H80-01
 P8 1W1H82-01
 P8 1W1H83-01
 P8 1W1H84-01
 P8 1W1H85-01
 P8 1W1H86-01
 PO 1WOW46-01
 PO 1WOW48-01
 PO 1WOW55-01
 PO 1W1H51-01
 PO 1W1H52-01
 PO 1W1H54-01
 PO 1W1H55-01
 PO 1W1H56-01
 PO 1W1H76-01
 PO 1W1H77-01
 PO 1W1H78-01
 PO 1W1H79-01
 PO 1W1H80-01
 PO 1W1H82-01
 PO 1W1H83-01
 PO 1W1H84-01
 PO 1W1H85-01
 PO 1W1H86-01

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: 13852555001

13852555001

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

MASTER BILL OF LADING

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:
 68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033060,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2143,68034147,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2648,68034162,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 329,68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1760,68034153,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2329,68034156,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2437,68034095,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | STOP#:1 CR - ALC71026861S;AMS71028733S;ARD71026965S;BES71026612S;BTH71028912S;FLT71028861S;IND71026947S;JAC71027149S;JAN71029404S;JON71029383S;LEB71026704S;LGV71026862S;MAR71027061S;SAT71029403S;SBO71026611S;SCV71027123S;WAL71027060S;ZAN71026726S,STOP#:1 PO - 1W0W46-01;1W0W48-01;1W0W55-01;1W1H51-01;1W1H52-01;1W1H54-01;1W1H55-01;1W1H56-01;1W1H76-01;1W1H77-01;1W1H78-01;1W1H79-01;1W1H80-01;1W1H82-01;1W1H83-01;1W1H84-01;1W1H85-01;1W1H86-01 | |

SPECIAL SERVICES:

CARRIER INFO

| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> EMERGENCY PH # 1-800-535-5053 GENERAL COMMODITIES | NMFC# | CLASS |
|-----------|------------|----------------|----------------|---------|--|------------|-------|
| 15 | 625 | 2606 | 1725 | | GENERAL COMMODITIES | NMFC_CLASS | 300.0 |
| 3 | 39 | 267 | 345 | | GENERAL COMMODITIES | NMFC_CLASS | 400.0 |
| 18 | 664 | 2873.00 | 2070.00 | | GRAND TOTAL | | |

CUSTOMER


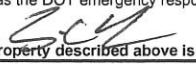
| CUSTOMER ORDER NUMBER | SKU | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO |
|-----------------------|-----|-----------|------------|----------------|----------------|---------------------------|-------------------------|
| LEB71026704S | | 1 | 35 | 154 | 115 | Y N | |
| ALC71026861S | | 1 | 16 | 98 | 115 | Y N | |
| JON71029383S | | 1 | 44 | 181 | 115 | Y N | |
| ARD71026965S | | 1 | 45 | 184 | 115 | Y N | |
| MAR71027061S | | 1 | 54 | 210 | 115 | Y N | |
| SBO71026611S | | 1 | 48 | 193 | 115 | Y N | |
| JAC71027149S | | 1 | 41 | 172 | 115 | Y N | |
| JAN71029404S | | 1 | 35 | 154 | 115 | Y N | |
| BES71026612S | | 1 | 12 | 86 | 115 | Y N | |
| ZAN71026726S | | 1 | 55 | 213 | 115 | Y N | |
| FLT71028861S | | 1 | 62 | 234 | 115 | Y N | |
| BTH71028912S | | 1 | 29 | 136 | 115 | Y N | |
| WAL71027060S | | 1 | 59 | 225 | 115 | Y N | |
| AMS71028733S | | 1 | 37 | 160 | 115 | Y N | |
| SCV71027123S | | 1 | 27 | 130 | 115 | Y N | |
| SAT71029403S | | 1 | 29 | 136 | 115 | Y N | |
| LGV71026862S | | 1 | 25 | 124 | 115 | Y N | |
| IND71026947S | | 1 | 11 | 83 | 115 | Y N | |
| GRAND TOTAL | | 18 | 664 | 2873.00 | 2070.00 | | |

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

| | |
|--|--|
| RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns. | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right; margin-bottom: 10px;"> _____ Shipper Signature </div> |
|--|--|

MASTER BILL OF LADING

| | | |
|---|--|--|
| SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.  8-5-23 | Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or has the DOT emergency response  9/5/23 Property described above is received in good order, except as |
|---|--|--|

MASTER BILL OF LADING

| | | | | | | | |
|--|---------|-------------|-------------|---|--|---|-------|
| SHIPPER | | | | BILL OF LADING :5007865774 | | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | BL#: 1038319_LEB71026704S | | | |
| CONSIGNEE | | | | CARRIER | | | |
| 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: | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033060,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034156,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | |
| SPECIAL SERVICES: | | | | | | | |
| CARRIER INFO | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | NMFC# | CLASS |
| 1 | 35 | 154 | 115 | | GENERAL COMMODITIES | NMFC_CLASS | 300.0 |
| 1 | 35 | 154.00 | 115.00 | | GRAND TOTAL | | |
| CUSTOMER | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO | |
| LEB71026704S | 1 | 35 | 154 | 115 | Y N | | |
| GRAND TOTAL | 1 | 35 | 154.00 | 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"/> | | |
| NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B) | | | | | | | |
| RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns. | | | | | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____ | | |
| SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 4-5-23 | | | | 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 | |
| | | | | 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 | | | |
| Property described above is received in good order, except as noted | | | | | | | |

MASTER BILL OF LADING

| | | | | | | | |
|--|---------|-------------|--|---------|--|-------------------------|---|
| SHIPPER | | | | | BILL OF LADING :5007865774 | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | | BL#: 1038319_ALC71026861S | | |
| CONSIGNEE | | | | | CARRIER | | |
| Name: ALACHUA DISTRIBUTION CENTER Address: 12000 NW 173RD ST City/State/Zip: ALACHUA, FL 32615 Contact: | | | | | CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033060,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034156,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | |
| SPECIAL SERVICES: | | | | | | | |
| CARRIER INFO | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION | NMFC# | CLASS |
| | | | | | Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. | | |
| 1 | 16 | 98 | 115 | | GENERAL COMMODITIES | NMFC_CLASS | 400.0 |
| 1 | 16 | 98.00 | 115.00 | | GRAND TOTAL | | |
| CUSTOMER | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO | |
| ALC71026861S | 1 | 16 | 98 | 115 | Y N | | |
| GRAND TOTAL | 1 | 16 | 98.00 | 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"/> | | |
| 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 / 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. | | | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | | Shipper Signature |
| | | | | | | | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response |
| Property described above is received in good order, except as noted | | | | | | | |

MASTER BILL OF LADING

| | | | | | | | |
|---|---------|-------------|-------------|---|--|---|-------|
| SHIPPER | | | | BILL OF LADING :5007865774 | | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | BL#: 1038319_AMS71028733S | | | |
| CONSIGNEE | | | | CARRIER | | | |
| 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: | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034156,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | |
| SPECIAL SERVICES: | | | | | | | |
| CARRIER INFO | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | NMFC# | CLASS |
| 1 | 37 | 160 | 115 | | GENERAL COMMODITIES | NMFC_CLASS | 300.0 |
| 1 | 37 | 160.00 | 115.00 | | GRAND TOTAL | | |
| CUSTOMER | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO | |
| AMS71028733S | 1 | 37 | 160 | 115 | Y N | | |
| GRAND TOTAL | 1 | 37 | 160.00 | 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"/> | | |
| 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 / 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. | | | | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | |
| | | | | Shipper Signature | | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response | |
| Property described above is received in good order, except as noted | | | | | | | |

MASTER BILL OF LADING

| | | | | | | | | | |
|---|----------|-------------|--|---------------|--|--|---|--|--|
| SHIPPER | | | | | BILL OF LADING :5007865774 | | | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | | BL#: 1038319_SAT71029403S | | | | |
| CONSIGNEE | | | | | CARRIER | | | | |
| 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: | | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033060,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | | | |
| SPECIAL SERVICES: | | | | | | | | | |
| CARRIER INFO | | | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | | NMFC# | CLASS | |
| 1 | 29 | 136 | 115 | | GENERAL COMMODITIES | | NMFC_CLASS | 300.0 | |
| 1 | 29 | 136.00 | 115.00 | | GRAND TOTAL | | | | |
| CUSTOMER | | | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | | ADDITIONAL SHIPPER INFO | | |
| SAT71029403S | 1 | 29 | 136 | 115 | Y N | | | | |
| GRAND TOTAL | 1 | 29 | 136.00 | 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"/> | |
| NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B) | | | | | | | | | |
| RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns. | | | | | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. | | | Shipper Signature _____ | |
| SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. | | | 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 | | 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 | | |
| Property described above is received in good order, except as noted | | | | | | | | | |

MASTER BILL OF LADING

| | | | | | | | | | | | |
|--|---------|-------------|-------------|---------|--|---|--|------------|-------|---|--|
| SHIPPER | | | | | BILL OF LADING :5007865774 | | | | | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | | BL#: 1038319_BTH71028912S | | | | | | |
| CONSIGNEE | | | | | CARRIER | | | | | | |
| Name: BETHEL DISTRIBUTION CENTER Address: 30 MARTHA DR City/State/Zip: BETHEL, PA 19507 Contact: | | | | | CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: | | | | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | | | | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033060,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034156,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | | | | | |
| SPECIAL SERVICES: | | | | | | | | | | | |
| CARRIER INFO | | | | | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | | | NMFC# | CLASS | | |
| 1 | 29 | 136 | 115 | | GENERAL COMMODITIES | | | NMFC_CLASS | 300.0 | | |
| 1 | 29 | 136.00 | 115.00 | | GRAND TOTAL | | | | | | |
| CUSTOMER | | | | | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | | ADDITIONAL SHIPPER INFO | | | | |
| BTH71028912S | 1 | 29 | 136 | 115 | Y | N | | | | | |
| GRAND TOTAL | 1 | 29 | 136.00 | 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"/> | | | | | | |
| NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B) | | | | | | | | | | | |
| RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns. | | | | | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____ | | | | | | |
| SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. | | | | | 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 | | | 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 | |
| Property described above is received in good order, except as noted | | | | | | | | | | | |

MASTER BILL OF LADING

| | | | | | | | |
|--|---------|-------------|---|---------|--|-------------------------|-------|
| SHIPPER | | | | | BILL OF LADING :5007865774 | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | | BL#: 1038319_MAR71027061S | | |
| CONSIGNEE | | | | | CARRIER | | |
| 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: | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033060,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034156,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | |
| SPECIAL SERVICES: | | | | | | | |
| CARRIER INFO | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | NMFC# | CLASS |
| 1 | 54 | 210 | 115 | | GENERAL COMMODITIES | NMFC_CLASS | 300.0 |
| 1 | 54 | 210.00 | 115.00 | | GRAND TOTAL | | |
| CUSTOMER | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO | |
| MAR71027061S | 1 | 54 | 210 | 115 | Y N | | |
| GRAND TOTAL | 1 | 54 | 210.00 | 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"/> | | |
| 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 / 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. | | | <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | | Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response | | |
| Property described above is received in good order, except as noted | | | | | | | |

MASTER BILL OF LADING

| | | | | | | | |
|---|---------|-------------|-------------|---|--|---|-------|
| SHIPPER | | | | BILL OF LADING :5007865774 | | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | BL#: 1038319_BES71026612S | | | |
| CONSIGNEE | | | | CARRIER | | | |
| Name: DOLLAR GENERAL Address: 4101 LAKESHORE PKWY City/State/Zip: BESSEMER, AL 35022 Contact: | | | | CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034156,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | |
| SPECIAL SERVICES: | | | | | | | |
| CARRIER INFO | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | NMFC# | CLASS |
| 1 | 12 | 86 | 115 | | GENERAL COMMODITIES | NMFC_CLASS | 400.0 |
| 1 | 12 | 86.00 | 115.00 | | GRAND TOTAL | | |
| CUSTOMER | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO | |
| BES71026612S | 1 | 12 | 86 | 115 | Y N | | |
| GRAND TOTAL | 1 | 12 | 86.00 | 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"/> | |
| 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 / 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. | | | | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | |
| | | | | Shipper Signature | | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response | |
| Property described above is received in good order, except as noted | | | | | | | |

MASTER BILL OF LADING

| | | | | | | | |
|--|-----------|---------------|---------------|---|--|--|-------|
| SHIPPER | | | | BILL OF LADING :5007865774 | | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | BL#: 1038319_FLT71028861S | | | |
| CONSIGNEE | | | | CARRIER | | | |
| Name: DOLLAR GENERAL - FULTON Address: 1900 CARDINAL DR City/State/Zip: FULTON, MO 65251 Contact: | | | | CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033060,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034156,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | |
| SPECIAL SERVICES: | | | | | | | |
| CARRIER INFO | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | NMFC# | CLASS |
| 1 | 62 | 234 | 115 | | GENERAL COMMODITIES | NMFC_CLASS | 300.0 |
| 1 | 62 | 234.00 | 115.00 | | GRAND TOTAL | | |
| CUSTOMER | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO | |
| FLT71028861S | 1 | 62 | 234 | 115 | Y N | | |
| GRAND TOTAL | 1 | 62 | 234.00 | 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"/> | | |
| NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B) | | | | | | | |
| RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns. | | | | | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature | | |
| SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. | | | | 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 | |
| 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 | | | | | | | |
| Property described above is received in good order, except as noted | | | | | | | |

MASTER BILL OF LADING

| | | | | | | | |
|--|---------|-------------|--|---------|--|-------------------------|---|
| SHIPPER | | | | | BILL OF LADING :5007865774 | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | | BL#: 1038319_LGV71026862S | | |
| CONSIGNEE | | | | | CARRIER | | |
| 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:_____ | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033060,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034156,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | |
| SPECIAL SERVICES: | | | | | | | |
| CARRIER INFO | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | NMFC# | CLASS |
| 1 | 25 | 124 | 115 | | GENERAL COMMODITIES | NMFC_CLASS | 300.0 |
| 1 | 25 | 124.00 | 115.00 | | GRAND TOTAL | | |
| CUSTOMER | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO | |
| LGV71026862S | 1 | 25 | 124 | 115 | Y N | | |
| GRAND TOTAL | 1 | 25 | 124.00 | 115.00 | | | |
| 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"/> | | |
| 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 / 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. | | | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | | Shipper Signature |
| | | | | | | | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response |
| Property described above is received in good order, except as noted | | | | | | | |

MASTER BILL OF LADING

| | | | | | | | |
|---|---------|-------------|-------------|---------|--|-------------------------|---|
| SHIPPER | | | | | BILL OF LADING :5007865774 | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | | BL#: 1038319_IND71026947S | | |
| CONSIGNEE | | | | | CARRIER | | |
| Name: INDIANOLA DISTRIBUTION CENTER Address: 914 HIGHWAY 82 W City/State/Zip: INDIANOLA, MS 38751 Contact: | | | | | CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033060,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | |
| SPECIAL SERVICES: | | | | | | | |
| CARRIER INFO | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | NMFC# | CLASS |
| 1 | 11 | 83 | 115 | | GENERAL COMMODITIES | NMFC_CLASS | 400.0 |
| 1 | 11 | 83.00 | 115.00 | | GRAND TOTAL | | |
| CUSTOMER | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO | |
| IND71026947S | 1 | 11 | 83 | 115 | Y N | | |
| GRAND TOTAL | 1 | 11 | 83.00 | 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"/> | | |
| 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 / 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. | | | | | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces |
| | | | | | Shipper Signature | | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response |
| Property described above is received in good order, except as noted | | | | | | | |

MASTER BILL OF LADING

| | | | | | | | | |
|---|---------|-------------|-------------|---------|--|---|---|-------|
| SHIPPER | | | | | BILL OF LADING :5007865774 | | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | | BL#: 1038319_ARD71026965S | | | |
| CONSIGNEE | | | | | CARRIER | | | |
| Name: ARDMORE DISTRIBUTION CENTER Address: 401 GENERAL DR City/State/Zip: ARDMORE, OK 73401 Contact: | | | | | CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033060,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | | |
| SPECIAL SERVICES: | | | | | | | | |
| CARRIER INFO | | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | | NMFC# | CLASS |
| 1 | 45 | 184 | 115 | | GENERAL COMMODITIES | | NMFC_CLASS | 300.0 |
| 1 | 45 | 184.00 | 115.00 | | GRAND TOTAL | | | |
| CUSTOMER | | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | | ADDITIONAL SHIPPER INFO | |
| ARD71026965S | 1 | 45 | 184 | 115 | Y | N | | |
| GRAND TOTAL | 1 | 45 | 184.00 | 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"/> | | | |
| 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 / 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. | | | | | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | |
| | | | | | Shipper Signature | | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response | |
| Property described above is received in good order, except as noted | | | | | | | | |

MASTER BILL OF LADING

| | | | | | | | |
|---|---------|-------------|-------------|---|--|---|-------|
| SHIPPER | | | | BILL OF LADING :5007865774 | | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | BL#: 1038319_JAN71029404S | | | |
| CONSIGNEE | | | | CARRIER | | | |
| Name: DOLLAR GENERAL Address: 101 INNOVATION DR City/State/Zip: JANESVILLE, WI 53546 Contact: | | | | CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033060,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | |
| SPECIAL SERVICES: | | | | | | | |
| CARRIER INFO | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | NMFC# | CLASS |
| 1 | 35 | 154 | 115 | | GENERAL COMMODITIES | NMFC_CLASS | 300.0 |
| 1 | 35 | 154.00 | 115.00 | | GRAND TOTAL | | |
| CUSTOMER | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO | |
| JAN71029404S | 1 | 35 | 154 | 115 | Y N | | |
| GRAND TOTAL | 1 | 35 | 154.00 | 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"/> | | |
| 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 / 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. | | | | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | |
| | | | | Shipper Signature | | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response | |
| Property described above is received in good order, except as noted | | | | | | | |

MASTER BILL OF LADING

| | | | | | | | |
|---|---------|-------------|--|---------|--|-------------------------|---|
| SHIPPER | | | | | BILL OF LADING :5007865774 | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | | BL#: 1038319_WAL71027060S | | |
| CONSIGNEE | | | | | CARRIER | | |
| Name: WALTON DISTRIBUTION CENTER Address: 950 WENSTRUP LN City/State/Zip: WALTON, KY 41094 Contact: | | | | | CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034156,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | |
| SPECIAL SERVICES: | | | | | | | |
| CARRIER INFO | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | NMFC# | CLASS |
| 1 | 59 | 225 | 115 | | GENERAL COMMODITIES | NMFC_CLASS | 300.0 |
| 1 | 59 | 225.00 | 115.00 | | GRAND TOTAL | | |
| CUSTOMER | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO | |
| WAL71027060S | 1 | 59 | 225 | 115 | Y N | | |
| GRAND TOTAL | 1 | 59 | 225.00 | 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"/> | | |
| NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B) | | | | | | | |
| RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns. | | | | | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____ | | |
| SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. | | | 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 | | 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 |
| Property described above is received in good order, except as noted | | | | | | | |

MASTER BILL OF LADING

| | | | | | | | |
|---|---------|-------------|-------------|---------|--|-------------------------|---|
| SHIPPER | | | | | BILL OF LADING :5007865774 | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | | BL#: 1038319_JAC71027149S | | |
| CONSIGNEE | | | | | CARRIER | | |
| Name: JACKSON DISTRIBUTION CENTER Address: 200 JACKSON RD City/State/Zip: JACKSON, GA 30233 Contact: | | | | | CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033060,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | |
| SPECIAL SERVICES: | | | | | | | |
| CARRIER INFO | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | NMFC# | CLASS |
| 1 | 41 | 172 | 115 | | GENERAL COMMODITIES | NMFC_CLASS | 300.0 |
| 1 | 41 | 172.00 | 115.00 | | GRAND TOTAL | | |
| CUSTOMER | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO | |
| JAC71027149S | 1 | 41 | 172 | 115 | Y N | | |
| GRAND TOTAL | 1 | 41 | 172.00 | 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"/> | | |
| 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 / 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. | | | | | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces |
| | | | | | Shipper Signature | | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response |
| Property described above is received in good order, except as noted | | | | | | | |

MASTER BILL OF LADING

| | | | | | | | |
|---|----------|-------------|---------------|---------------|--|-------------------------|---|
| SHIPPER | | | | | BILL OF LADING :5007865774 | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | | BL#: 1038319_ZAN71026726S | | |
| CONSIGNEE | | | | | CARRIER | | |
| 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: | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033060,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | |
| SPECIAL SERVICES: | | | | | | | |
| CARRIER INFO | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | NMFC# | CLASS |
| 1 | 55 | 213 | 115 | | GENERAL COMMODITIES | NMFC_CLASS | 300.0 |
| 1 | 55 | 213.00 | 115.00 | | GRAND TOTAL | | |
| CUSTOMER | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO | |
| ZAN71026726S | 1 | 55 | 213 | 115 | Y N | | |
| GRAND TOTAL | 1 | 55 | 213.00 | 115.00 | | | |
| 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"/> | | |
| NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B) | | | | | | | |
| RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns. | | | | | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature | | |
| SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. | | | | | 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 |
| | | | | | 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 Property described above is received in good order, except as noted | | |

MASTER BILL OF LADING


| | | | | | | | | | |
|--|---------|-------------|--|---------|--|---|---|---|--|
| SHIPPER | | | | | BILL OF LADING :5007865774 | | | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | | BL#: 1038319_JON71029383S | | | | |
| CONSIGNEE | | | | | CARRIER | | | | |
| Name: DOLLAR GENERAL Address: 1451 SPARTANBURG HWY City/State/Zip: JONESVILLE, SC 29353 Contact: | | | | | CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: | | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033060,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034156,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | | | |
| SPECIAL SERVICES: | | | | | | | | | |
| CARRIER INFO | | | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | | NMFC# | CLASS | |
| 1 | 44 | 181 | 115 | | GENERAL COMMODITIES | | NMFC_CLASS | 300.0 | |
| 1 | 44 | 181.00 | 115.00 | | GRAND TOTAL | | | | |
| CUSTOMER | | | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | | ADDITIONAL SHIPPER INFO | | |
| JON71029383S | 1 | 44 | 181 | 115 | Y | N | | | |
| GRAND TOTAL | 1 | 44 | 181.00 | 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"/> | |
| NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B) | | | | | | | | | |
| RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns. | | | | | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. | | | Shipper Signature _____ | |
| SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. | | | 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 | | 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 | | |
| Property described above is received in good order, except as noted | | | | | | | | | |

MASTER BILL OF LADING

| | | | | | | | |
|--|----------|-------------|---------------|---------------|--|-------------------------|---|
| SHIPPER | | | | | BILL OF LADING :5007865774 | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | | BL#: 1038319_SBO71026611S | | |
| CONSIGNEE | | | | | CARRIER | | |
| 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: | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033060,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034156,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | |
| SPECIAL SERVICES: | | | | | | | |
| CARRIER INFO | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | NMFC# | CLASS |
| 1 | 48 | 193 | 115 | | GENERAL COMMODITIES | NMFC_CLASS | 300.0 |
| 1 | 48 | 193.00 | 115.00 | | GRAND TOTAL | | |
| CUSTOMER | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO | |
| SBO71026611S | 1 | 48 | 193 | 115 | Y N | | |
| GRAND TOTAL | 1 | 48 | 193.00 | 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"/> | | |
| 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 / 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. | | | | | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces |
| | | | | | Shipper Signature | | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response |
| Property described above is received in good order, except as noted | | | | | | | |

MASTER BILL OF LADING

| | | | | | | | |
|--|----------|-------------|---------------|---|--|---|-------|
| SHIPPER | | | | BILL OF LADING :5007865774 | | | |
| Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact: | | | | BL#: 1038319_SCV71027123S | | | |
| CONSIGNEE | | | | CARRIER | | | |
| Name: SCOTTSVILLE DISTRIBUTION CENTE Address: 427 BEECH ST City/State/Zip: SCOTTSVILLE, KY 42164 Contact: | | | | CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | | | | |
| Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK | | | | Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u> | | | |
| SPECIAL INSTRUCTIONS AND SPECIAL SERVICES | | | | | | | |
| CUSTOMS INSTRUCTION: | | | | | | | |
| SPECIAL INSTRUCTION:68034151,Number of miles: 2787,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034159,Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034165,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034148,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033060,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033061,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034147, Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034163,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034158,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034162,Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 68034094,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034160,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034153,Number of miles: 1760,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68033062,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034152,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034156,Number of miles: 2329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68034095,Number of miles: 2437,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | | | | | | | |
| SPECIAL SERVICES: | | | | | | | |
| CARRIER INFO | | | | | | | |
| PALLETS | QTY | WEIGHT (LB) | CUBE | H.M.(X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | NMFC# | CLASS |
| 1 | 27 | 130 | 115 | | GENERAL COMMODITIES | NMFC_CLASS | 300.0 |
| 1 | 27 | 130.00 | 115.00 | | GRAND TOTAL | | |
| CUSTOMER | | | | | | | |
| CUSTOMER ORDER NUMBER | PALLETS | QTY | WEIGHT (LB) | CUBE | PALLETS/SLIP (CIRCLE ONE) | ADDITIONAL SHIPPER INFO | |
| SCV71027123S | 1 | 27 | 130 | 115 | Y N | | |
| GRAND TOTAL | 1 | 27 | 130.00 | 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"/> | | |
| 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 / 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. | | | | Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | |
| | | | | Shipper Signature | | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response | |
| Property described above is received in good order, except as noted | | | | | | | |

| | | | |
|---|--|--|----------------------------|
| SHIP FROM | | Bill of Lading Number: 06757163000822348 | |
| Name: E & E COMPANY LTD | |  (402)06757163000822348 | |
| Address: 221 Hanson Way | | | |
| City/State/Zip: Woodland, CA 95776 | | | |
| SID#: | | | |
| PHONE: | | CARRIER NAME: HUB CITY GROUP | |
| VENDOR: | | Responsible Acct.No: | |
| SHIP TO | | Trailer number: 53255 | |
| Name: DOLGEN - JONESVILLE DC Location #: 96910 | | Seal number(s): 2149235 | |
| Address: 1451 Spartanburg Hwy | | SCAC: HGSL | |
| 96910 | | Pro Number: 13852555001 | |
| City/State/Zip: Jonesville, SC 29353 | | | |
| CID#: | | | |
| Dept: 00 | | | |
| 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 (check box) underlying Bills of Lading | |
| City/State/Zip: | | | |
| SPECIAL INSTRUCTIONS: Packing List is Attached | | Appointment Time | Actual Driver Arrival Time |
| | | AM | AM |
| | | PM | PM |
| | | AM | AM |
| | | PM | PM |


| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 1W1H84 | 44 | 130.68 | Y N | |
| Grand Total | 44 | 130.68 | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|----------|--|-------------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 44 | ctns | 130.68 | | Assorted Products of Different Class and NMFC No. | 49260 Sub 4 | 175 |
| 1 | | 44 | | 180.68 | | Grand Total | | |

| | |
|---|---|
| Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ 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. <div style="text-align: right;">Shipper Signature</div> | | |
| 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. | <table style="width:100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table> | Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces |
| Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | | |
| | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. | | |

| | | | | | | | | | | | | | | |
|---|----------------------------|--|--|---|--|------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| SHIP FROM | | Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ | | Bill of Lading Number: 06757163000822201  (402)06757163000822201 | | | | | | | | | | |
| SHIP TO | | Name: DOLGEN - SCOTTSVILLE DC Location #: 96000 Address: 427 Beech Street 96000 City/State/Zip: Scottsville, KY 42164-1698 CID#: _____ Dept: 00 | | CARRIER NAME: HUB CITY GROUP Responsible Acct.No: _____ Trailer number: 53255 Seal number(s): 2149235 SCAC: HGSL Pro Number: 13852555001 | | | | | | | | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Name: _____ Address: _____ City/State/Zip: _____ | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | | | | | | | | | | |
| SPECIAL INSTRUCTIONS: Packing List is Attached | | | | <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 | | | | | | | | | | | | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 1W1H56 | 27 | 80.19 | Y N | |
| Grand Total | 27 | 80.19 | | |

| 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 | | |
| | | 27 | ctns | 80.19 | | Assorted Products of Different Class and NMFC No. | 49260 Sub 4 | 175 |
| 1 | | 27 | | 130.19 | | Grand Total | | |

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ 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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces |
|--|--|

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

Date: 9/5/2023 11:13:31 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: _____

FOB:

Bill of Lading Number: 06757163000822324



(402)06757163000822324

CARRIER NAME: HUB CITY GROUP

Responsible Acct.No: _____

SHIP TO

Name: DOLGEN - ALACHUA DC Location #: 96800
 Address: 12000 Nw 173 Street
 96800
 City/State/Zip: Alachua, FL 32615-8141
 CID#: _____
 Dept: 00

FOB:

Trailer number: 53255

Seal number(s): 2149235

SCAC: HGSL

Pro Number: 13852555001

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

City/State/Zip: _____

SPECIAL INSTRUCTIONS:
 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 |
|-----------------------|--------|--------|-------------|-------------------------|
| 1W1H54 | 16 | 47.52 | Y N | |
| Grand Total | 16 | 47.52 | | |

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 | | |
| | | 16 | ctns | 47.52 | | Assorted Products of Different Class and NMFC No. | 49260 Sub 4 | 175 |
| 1 | | 16 | | 97.52 | | Grand Total | | |

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

_____ 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: 06757163000822355  (402)06757163000822355 | | | | | | | | | | |
| SHIP TO | | Name: DOLGEN - MARION DC Location #: 96920 Address: 5575 East Dollar General 96920 City/State/Zip: Marion, IN 46952 CID#: _____ Dept: 00 | | CARRIER NAME: HUB CITY GROUP Responsible Acct.No: _____ Trailer number: 53255 Seal number(s): 2149235 SCAC: HGLS Pro Number: 13852555001 | | | | | | | | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Name: _____ Address: _____ City/State/Zip: _____ | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading | | | | | | | | | | |
| SPECIAL INSTRUCTIONS: Packing List is Attached | | | | <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 | | | | | | | | | | | | |

| CUSTOMER ORDER INFORMATION | | | | | |
|----------------------------|--------|--------|-------------|-------------------------|--|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO | |
| 1W1H83 | 54 | 160.38 | Y N | | |
| Grand Total | 54 | 160.38 | | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|----------|---|-------------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | <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> | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 54 | ctns | 160.38 | | Assorted Products of Different Class and NMFC No. | 49260 Sub 4 | 175 |
| 1 | | 54 | | 210.38 | | Grand Total | | |

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

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


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

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

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

 Shipper Signature

| | | | |
|--|--|--|---|
| SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. | Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. |
|--|--|--|---|

| | | | |
|---|--|--|----------------------------|
| SHIP FROM | | Bill of Lading Number: 06757163000822300 | |
| Name: E & E COMPANY LTD | |  (402)06757163000822300 | |
| Address: 221 Hanson Way | | | |
| City/State/Zip: Woodland, CA 95776 | | | |
| SID#: | | | |
| PHONE: | | CARRIER NAME: HUB CITY GROUP | |
| VENDOR: | | Responsible Acct.No: | |
| SHIP TO | | Trailer number: 53255 | |
| Name: DOLGEN- INDIANOLA DC Location #: 96600 | | Seal number(s): 2149235 | |
| Address: 914 Hwy 82 W | | SCAC: HGLS | |
| 96600 | | Pro Number: 13852555001 | |
| City/State/Zip: Indianola, MS 38751 | | | |
| 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: <input checked="" type="checkbox"/> 3rd Party: | |
| Address: | | <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading | |
| City/State/Zip: | | | |
| SPECIAL INSTRUCTIONS: Packing List is Attached | | Appointment Time | Actual Driver Arrival Time |
| | | AM | AM |
| | | PM | PM |
| | | PM | PM |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 1W1H51 | 11 | 32.67 | Y N | |
| Grand Total | 11 | 32.67 | | |

| 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 | | |
| | | 11 | ctns | 32.67 | | Assorted Products of Different Class and NMFC No. | 49260 Sub 4 | 175 |
| 1 | | 11 | | 82.67 | | Grand Total | | |

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ 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, to and all applicable state and federal regulations.

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

Shipper Signature

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

| | | | | | | | | | | | | |
|---|----------------------------|---|--|------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| SHIP FROM | | Bill of Lading Number: 06757163000822249 | | | | | | | | | | |
| Name: E & E COMPANY LTD | |  (402)06757163000822249 | | | | | | | | | | |
| Address: 221 Hanson Way | | | | | | | | | | | | |
| City/State/Zip: Woodland, CA 95776 | | | | | | | | | | | | |
| SID#: | | | | | | | | | | | | |
| PHONE: | | CARRIER NAME: HUB CITY GROUP | | | | | | | | | | |
| VENDOR: | | Responsible Acct.No: | | | | | | | | | | |
| SHIP TO | | Trailer number: 53255 | | | | | | | | | | |
| Name: DOLGEN- JACKSON DC Location #: 96140 | | Seal number(s): 2149235 | | | | | | | | | | |
| Address: 200 Jackson Road | | SCAC: HGLS | | | | | | | | | | |
| City/State/Zip: Jackson, GA 30233 | | Pro Number: 13852555001 | | | | | | | | | | |
| CID#: | | | | | | | | | | | | |
| Dept: 00 | | | | | | | | | | | | |
| 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: | | <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: Packing List is Attached | | | | | | | | | | | | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 1W1H85 | 41 | 121.77 | Y N | |
| Grand Total | 41 | 121.77 | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|----------|--|-------------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 41 | ctns | 121.77 | | Assorted Products of Different Class and NMFC No. | 49260 Sub 4 | 175 |
| 1 | | 41 | | 171.77 | | Grand Total | | |

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

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

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

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

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


Shipper Signature _____

| | | | |
|--|--|--|---|
| SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. | Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. |
|--|--|--|---|

Date: 9/5/2023 11:13:26 AM

Bill Of Lading

Page 1 of 1

| SHIP FROM | | SHIP TO | |
|--|--------------------|---|---|
| Name: | E & E COMPANY LTD | Name: | DOLGEN- CALIFORNIA DC Location #: 96970 |
| Address: | 221 Hanson Way | Address: | 4193 Industrial Parkway Drive 96970 |
| City/State/Zip: | Woodland, CA 95776 | City/State/Zip: | Lebec, CA 93243 |
| SID#: | | CID#: | |
| PHONE: | | Dept: | 00 |
| VENDOR: | | FOB: | <input type="checkbox"/> |
| Bill of Lading Number: 06757163000822379 | | Trailer number: 53255 | |
|  | | Seal number(s): 2149235 | |
| (402)06757163000822379 | | SCAC: HGLS | |
| CARRIER NAME: HUB CITY GROUP | | Pro Number: 13852555001 | |
| Responsible Acct.No: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Prepaid: | | Collect: X | |
| 3rd Party: | | 3rd Party: | |
| <input type="checkbox"/> | | 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 | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | | |
| Name: | | | |
| Address: | | | |
| City/State/Zip: | | | |
| SPECIAL INSTRUCTIONS: Packing List is Attached | | | |

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
|-----------------------|--------|--------|-------------|-------------------------|
| 1W1H77 | 35 | 103.95 | Y N | |
| Grand Total | 35 | 103.95 | | |

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 | | |
| | | 35 | ctns | 103.95 | | Assorted Products of Different Class and NMFC No. | 49260 Sub 4 | 175 |
| 1 | | 35 | | 153.95 | | Grand Total | | |

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

_____ 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: 06757163000822263



CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No: _____

SHIP TO

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

Trailer number: 53255
 Seal number(s): 2149235

SCAC: HGSL
 Pro Number: 13852555001

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

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

Prepaid: _____ Collect: **X** 3rd Party: _____

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 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 |
|-----------------------|--------|--------|-------------|-------------------------|
| 1W1H55 | 25 | 74.25 | Y N | |
| Grand Total | 25 | 74.25 | | |

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 | | |
| | | 25 | ctns | 74.25 | | Assorted Products of Different Class and NMFC No. | 49260 Sub 4 | 175 |
| 1 | | 25 | | 124.25 | | Grand Total | | |

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ 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: 06757163000822362 | | | | | | | | | | |
| Name: E & E COMPANY LTD | |  (402)06757163000822362 | | | | | | | | | | |
| Address: 221 Hanson Way | | | | | | | | | | | | |
| City/State/Zip: Woodland, CA 95776 | | | | | | | | | | | | |
| SID#: | | | | | | | | | | | | |
| PHONE: | | CARRIER NAME: HUB CITY GROUP | | | | | | | | | | |
| VENDOR: | | Responsible Acct.No: | | | | | | | | | | |
| SHIP TO | | Trailer number: 53255 | | | | | | | | | | |
| Name: DOLGEN - BESSEMER DC Location #: 96930 | | Seal number(s): 2149235 | | | | | | | | | | |
| Address: 4101 Lakeshore Pkwy | | SCAC: HGLS | | | | | | | | | | |
| 96930 | | Pro Number: 13852555001 | | | | | | | | | | |
| City/State/Zip: Bessemer, AL 35022 | | | | | | | | | | | | |
| CID#: | | | | | | | | | | | | |
| Dept: 00 | | | | | | | | | | | | |
| 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 (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: Packing List is Attached | | | | | | | | | | | | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 1W1H52 | 12 | 35.64 | Y N | |
| Grand Total | 12 | 35.64 | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|-------------|--|-------------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 12 | ctns | 35.64 | | Assorted Products of Different Class and NMFC No. | 49260 Sub 4 | 175 |
| 1 | | 12 | | 85.64 | | Grand Total | | |

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ 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: | Freight Counted: |
| <input checked="" type="checkbox"/> By Shipper | <input checked="" type="checkbox"/> By Shipper |
| <input type="checkbox"/> By Driver | <input type="checkbox"/> By Driver/pallets said to contain |
| | <input type="checkbox"/> By Driver/Pieces |

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

| | | | | | |
|---|--|--|--|--|--|
| SHIP FROM | | Name: E & E COMPANY LTD | | Bill of Lading Number: 06757163000822331 | |
| Address: 221 Hanson Way | | City/State/Zip: Woodland, CA 95776 | |  (402)06757163000822331 | |
| SID#: _____ | | PHONE: _____ | | | |
| VENDOR: _____ | | FOB: <input type="checkbox"/> | | CARRIER NAME: HUB CITY GROUP | |
| SHIP TO | | Name: DOLGEN - ZANESVILLE DC Location #: 96900 | | Responsible Acct.No: _____ | |
| Address: 2505 East Pointe Drive | | City/State/Zip: Zanesville, OH 43701-7761 | | Trailer number: 53255 | |
| CID#: _____ | | Dept: 00 | | Seal number(s): 2149235 | |
| FOB: <input type="checkbox"/> | | | | SCAC: HGLS | |
| | | | | Pro Number: 13852555001 | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Name: _____ | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Address: _____ | | City/State/Zip: _____ | | Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | |
| SPECIAL INSTRUCTIONS: Packing List is Attached | | Appointment Time | | Actual Driver Arrival Time | |
| | | AM | | AM | |
| | | PM | | PM | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 1W1H79 | 55 | 163.35 | Y N | |
| Grand Total | 55 | 163.35 | | |

| 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 | | |
| | | 55 | ctns | 163.35 | | Assorted Products of Different Class and NMFC No. | 49260 Sub 4 | 175 |
| 1 | | 55 | | 213.35 | | Grand Total | | |

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ 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: | Freight Counted: |
| <input checked="" type="checkbox"/> By Shipper | <input checked="" type="checkbox"/> By Shipper |
| <input type="checkbox"/> By Driver | <input type="checkbox"/> By Driver/pallets said to contain |
| | <input type="checkbox"/> By Driver/Pieces |

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

| | | | | | | | | | | | | |
|--|----------------------------|---|--|------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| SHIP FROM | | Bill of Lading Number: 06757163000822218 | | | | | | | | | | |
| Name: E & E COMPANY LTD | |  (402)06757163000822218 | | | | | | | | | | |
| Address: 221 Hanson Way | | | | | | | | | | | | |
| City/State/Zip: Woodland, CA 95776 | | | | | | | | | | | | |
| SID#: | | | | | | | | | | | | |
| PHONE: | | CARRIER NAME: HUB CITY GROUP | | | | | | | | | | |
| VENDOR: | | Responsible Acct.No: | | | | | | | | | | |
| SHIP TO | | Trailer number: 53255 | | | | | | | | | | |
| Name: DOLGEN - BETHEL DC Location #: 96100 | | Seal number(s): 2149235 | | | | | | | | | | |
| Address: 30 Martha Dr | | SCAC: HGLS | | | | | | | | | | |
| City/State/Zip: Bethel, PA 19507 | | Pro Number: 13852555001 | | | | | | | | | | |
| CID#: | | | | | | | | | | | | |
| Dept: 00 | | | | | | | | | | | | |
| 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: | | <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: Packing List is Attached | | | | | | | | | | | | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 1W0W48 | 29 | 86.13 | Y N | |
| Grand Total | 29 | 86.13 | | |

| 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 |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 29 | ctns | 86.13 | | Assorted Products of Different Class and NMFC No. | 49260 Sub 4 | 175 |
| 1 | | 29 | | 136.13 | | Grand Total | | |

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ 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: | Freight Counted: |
| <input checked="" type="checkbox"/> By Shipper | <input checked="" type="checkbox"/> By Shipper |
| <input type="checkbox"/> By Driver | <input type="checkbox"/> By Driver/pallets said to contain |
| | <input type="checkbox"/> By Driver/Pieces |

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

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: 06757163000822270

 (402)06757163000822270

SHIP TO
 Name: DOLGEN - WALTON DC Location #: 96170
 Address: 950 Wenstrup Lane
 96170
 City/State/Zip: Walton, KY 41094
 CID#:
 Dept: 00 FOB:

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No:
 Trailer number: 53255
 Seal number(s): 2149235
SCAC: HGLS
Pro Number: 13852555001

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 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 |
|-----------------------|--------|--------|-------------|-------------------------|
| 1W1H78 | 59 | 175.23 | Y N | |
| Grand Total | 59 | 175.23 | | |

CARRIER INFORMATION

| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE | |
|---------------|--------|---------|------|--------|----------|--|-------------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 59 | ctns | 175.23 | | Assorted Products of Different Class and NMFC No. | 49260 Sub 4 | 175 |
| 1 | | 59 | | 225.23 | | Grand Total | | |

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ 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: 06757163000822294 | |
| Name: E & E COMPANY LTD | |  (402)06757163000822294 | |
| Address: 221 Hanson Way | | | |
| City/State/Zip: Woodland, CA 95776 | | | |
| SID#: | | | |
| PHONE: | | CARRIER NAME: HUB CITY GROUP | |
| VENDOR: | | Responsible Acct.No: | |
| SHIP TO | | Trailer number: 53255 | |
| Name: DOLGEN - SOUTH BOSTON DC Location #: 96500 | | Seal number(s): 2149235 | |
| Address: 3207 Philpott Road | | SCAC: HGLS | |
| US Hwy 58/360, 96500 | | Pro Number: 13852555001 | |
| City/State/Zip: South Boston, VA 24592-6607 | | | |
| CID#: | | | |
| Dept: 00 | | | |
| 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: | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading | |
| City/State/Zip: | | | |
| SPECIAL INSTRUCTIONS: Packing List is Attached | | Appointment Time | |
| | | AM | AM |
| | | PM | PM |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 1W0W46 | 48 | 142.56 | Y N | |
| Grand Total | 48 | 142.56 | | |

| 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 | | |
| | | 48 | ctns | 142.56 | | Assorted Products of Different Class and NMFC No. | 49260 Sub 4 | 175 |
| 1 | | 48 | | 192.56 | | Grand Total | | |

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ 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 / 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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. |
|--|--|--|---|

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: 06757163000822256

 (402)06757163000822256

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

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No:
 Trailer number: 53255
 Seal number(s): 2149235
SCAC: HGLS
Pro Number: 13852555001

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
SPECIAL INSTRUCTIONS:
 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 |
| 1W1H82 | 37 | 109.89 | Y N | |
| Grand Total | 37 | 109.89 | | |

| 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 | | |
| | | 37 | ctns | 109.89 | | Assorted Products of Different Class and NMFC No. | 49260 Sub 4 | 175 |
| 1 | | 37 | | 159.89 | | Grand Total | | |

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ 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: 9/5/2023 11:13:16 AM

Bill Of Lading

Page 1 of 1

| SHIP FROM | | SHIP TO | |
|--|--------------------|---|---|
| Name: | E & E COMPANY LTD | Name: | DOLGEN - SAN ANTONIO DC Location #: 96120 |
| Address: | 221 Hanson Way | Address: | 6601 Cal Turner Drive |
| City/State/Zip: | Woodland, CA 95776 | City/State/Zip: | 96120 San Antonio, TX 78220 |
| SID#: | | CID#: | |
| PHONE: | | Dept: | 00 |
| VENDOR: | | FOB: | <input type="checkbox"/> |
| Bill of Lading Number: 06757163000822225 | | Trailer number: 53255 | |
|  | | Seal number(s): 2149235 | |
| (402)06757163000822225 | | SCAC: HGLS | |
| CARRIER NAME: HUB CITY GROUP | | Pro Number: 13852555001 | |
| Responsible Acct.No: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Prepaid: <input type="checkbox"/> | | Collect: X | |
| Master Bill of Lading: with attached underlying Bills of Lading | | 3rd Party: | |
| Appointment Time | | Actual Driver Arrival Time | |
| AM | | AM | |
| PM | | PM | |
| Driver Departure Time | | AM | |
| | | PM | |

THIRD PARTY FREIGHT CHARGES BILL TO:

| | |
|--------------------------|--|
| Name: | |
| Address: | |
| City/State/Zip: | |
| SPECIAL INSTRUCTIONS: | |
| Packing List is Attached | |

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
|-----------------------|--------|--------|-------------|-------------------------|
| 1W1H76 | 29 | 86.13 | Y N | |
| Grand Total | 29 | 86.13 | | |

CARRIER INFORMATION

| HANDLING UNIT | PACKAGE | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION | PACKAGE |
|---------------|---------|--------|----------|--|-----------------|
| QTY | TYPE | QTY | TYPE | 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 | NMFC # CLASS |
| 1 | Pallet | 50.00 | | Pallet | |
| | | 29 | ctns | Assorted Products of Different Class and NMFC No. | 49260 Sub 4 175 |
| 1 | | 29 | | Grand Total | |

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

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: 06757163000822317 | | | | | | | | | | |
| Name: E & E COMPANY LTD | |  (402)06757163000822317 | | | | | | | | | | |
| Address: 221 Hanson Way | | | | | | | | | | | | |
| City/State/Zip: Woodland, CA 95776 | | | | | | | | | | | | |
| SID#: | | | | | | | | | | | | |
| PHONE: | | CARRIER NAME: HUB CITY GROUP | | | | | | | | | | |
| VENDOR: | | Responsible Acct.No: | | | | | | | | | | |
| SHIP TO | | Trailer number: 53255 | | | | | | | | | | |
| Name: DOLGEN - FULTON DC Location #: 96700 | | Seal number(s): 2149235 | | | | | | | | | | |
| Address: 1900 Cardinal Drive | | SCAC: HGLS | | | | | | | | | | |
| Callaway, 96700 | | Pro Number: 13852555001 | | | | | | | | | | |
| City/State/Zip: Fulton, MO 65251-7250 | | | | | | | | | | | | |
| CID#: | | | | | | | | | | | | |
| Dept: 00 | | | | | | | | | | | | |
| 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 (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: Packing List is Attached | | | | | | | | | | | | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 1W0W55 | 62 | 184.14 | Y N | |
| Grand Total | 62 | 184.14 | | |

| 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 | | |
| | | 62 | ctns | 184.14 | | Assorted Products of Different Class and NMFC No. | 49260 Sub 4 | 175 |
| 1 | | 62 | | 234.14 | | Grand Total | | |

| | |
|---|---|
| Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ 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. <div style="text-align: right;">Shipper Signature</div> |
|--|---|

| | | | |
|--|--|--|---|
| 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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. |
|--|--|--|---|

Order No.: 68034162 **Order Date:** 08/22/2023 **Customer:** DOLGEN - JONESVILLE DC **Customer PO No.:** 1W1H84

| | | | |
|--|--|---|--|
| 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 - JONESVILLE DC 1451 SPARTANBURG HWY JONESVILLE, SC 29353 US | Shipping Date: 09/05/2023 Shipment No.: 300082234 |
|--|--|---|--|

| 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 | 528 | 44 | 528 | 44 |

| | |
|--------------------------------|---------------|
| Total Weight: | 130.68 |
| Total Quantity Ordered: | 528 |
| Total Cartons Ordered: | 44 |
| Total Quantity Shipped: | 528 |
| Total Cartons Shipped: | 44 |

Order No.: 68034158 Order Date: 08/22/2023 Customer: DOLGEN- JANESVILLE DC Customer PO No.: 1W1H80

| | | | |
|--|--|--|--|
| SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776 | BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US | SHIP TO: DOLGEN- JANESVILLE DC 101 INNOVATION DRIVE JANESVILLE, WI 53546 US | Shipping Date: 09/05/2023 Shipment No.: 300082223 |
|--|--|--|--|

| 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 | 420 | 35 | 420 | 35 |

| | |
|--------------------------------|--------|
| Total Weight: | 103.95 |
| Total Quantity Ordered: | 420 |
| Total Cartons Ordered: | 35 |
| Total Quantity Shipped: | 420 |
| Total Cartons Shipped: | 35 |

Order No.: 68034152 Order Date: 08/22/2023 Customer: DOLGEN - SCOTTSVILLE DC Customer PO No.: 1W1H56

| | | | |
|--|--|--|--|
| 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 - SCOTTSVILLE DC 427 BEECH STREET SCOTTSVILLE, KY 42164-1698 US | Shipping Date: 09/05/2023 Shipment No.: 300082220 |
|--|--|--|--|

| 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 | 324 | 27 | 324 | 27 |

| | |
|--------------------------------|--------------|
| Total Weight: | 80.19 |
| Total Quantity Ordered: | 324 |
| Total Cartons Ordered: | 27 |
| Total Quantity Shipped: | 324 |
| Total Cartons Shipped: | 27 |

Order No.: 68034151 Order Date: 08/22/2023 Customer: DOLGEN - ALACHUA DC Customer PO No.: 1W1H54

| | | | |
|--|--|---|--|
| SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776 | BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US | SHIP TO: DOLGEN - ALACHUA DC 12000 NW 173 STREET ALACHUA, FL 32615-8141 US | Shipping Date: 09/05/2023 Shipment No.: 300082232 |
|--|--|---|--|

| 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 | 192 | 16 | 192 | 16 |

| | |
|--------------------------------|-------|
| Total Weight: | 47.52 |
| Total Quantity Ordered: | 192 |
| Total Cartons Ordered: | 16 |
| Total Quantity Shipped: | 192 |
| Total Cartons Shipped: | 16 |

Order No.: 68034160 Order Date: 08/22/2023 Customer: DOLGEN - MARION DC Customer PO No.: 1W1H83

| | | | |
|--|--|---|--|
| SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776 | BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US | SHIP TO: DOLGEN - MARION DC 5575 EAST DOLLAR GENERAL MARION, IN 46952 US | Shipping Date: 09/05/2023 Shipment No.: 300082235 |
|--|--|---|--|

| 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 | 648 | 54 | 648 | 54 |

| | |
|--------------------------------|---------------|
| Total Weight: | 160.38 |
| Total Quantity Ordered: | 648 |
| Total Cartons Ordered: | 54 |
| Total Quantity Shipped: | 648 |
| Total Cartons Shipped: | 54 |

Order No.: 68034147 Order Date: 08/22/2023 Customer: DOLGEN- INDIANOLA DC Customer PO No.: 1W1H51

| | | | |
|--|--|--|--|
| 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- INDIANOLA DC 914 HWY 82 W INDIANOLA, MS 38751 US | Shipping Date: 09/05/2023 Shipment No.: 300082230 |
|--|--|--|--|

| 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 | 132 | 11 | 132 | 11 |

| | |
|--------------------------------|-------|
| Total Weight: | 32.67 |
| Total Quantity Ordered: | 132 |
| Total Cartons Ordered: | 11 |
| Total Quantity Shipped: | 132 |
| Total Cartons Shipped: | 11 |

Order No.: 68034163 Order Date: 08/22/2023 Customer: DOLGEN- JACKSON DC Customer PO No.: 1W1H85

| | | | |
|--|--|--|--|
| 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- JACKSON DC 200 JACKSON ROAD JACKSON, GA 30233 US | Shipping Date: 09/05/2023 Shipment No.: 300082224 |
|--|--|--|--|

| Cust. SKU No. | Item No. | UPC | Description | UOM | Case Pack Qty | Qty Ordered | Ctns Ordered | Qty Shipped | Ctns Shipped |
|---------------|----------|--------------|-----------------------------|-----|---------------|-------------|--------------|-------------|--------------|
| 14077401 | DG90-064 | 430000387892 | Microfiber Pillow Protector | EA | 12 | 492 | 41 | 492 | 41 |

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

Order No.: 68034155 Order Date: 08/22/2023 Customer: DOLGEN- CALIFORNIA DC Customer PO No.: 1W1H77

| | | | |
|--|--|---|--|
| SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776 | BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US | SHIP TO: DOLGEN- CALIFORNIA DC 4193 INDUSTRIAL PARKWAY DRIVE LEBEC, CA 93243 US | Shipping Date: 09/05/2023 Shipment No.: 300082237 |
|--|--|---|--|

| 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 | 420 | 35 | 420 | 35 |

| | |
|--------------------------------|--------|
| Total Weight: | 103.95 |
| Total Quantity Ordered: | 420 |
| Total Cartons Ordered: | 35 |
| Total Quantity Shipped: | 420 |
| Total Cartons Shipped: | 35 |

Order No.: 68034165 Order Date: 08/22/2023 Customer: DOLGEN - ARDMORE DC Customer PO No.: 1W1H86

| | | | |
|--|--|--|--|
| SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776 | BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US | SHIP TO: DOLGEN - ARDMORE DC 401 GENERAL DRIVE ARDMORE INDUSTRIAL AIR PA ARDMORE, OK 73401-0000 US | Shipping Date: 09/05/2023 Shipment No.: 300082228 |
|--|--|--|--|

| 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 | 540 | 45 | 540 | 45 |

| | |
|--------------------------------|---------------|
| Total Weight: | 133.65 |
| Total Quantity Ordered: | 540 |
| Total Cartons Ordered: | 45 |
| Total Quantity Shipped: | 540 |
| Total Cartons Shipped: | 45 |

Order No.: 68034094 Order Date: 08/22/2023 Customer: DOLGEN - LONGVIEW DC Customer PO No.: 1W1H55

| | | | |
|--|--|---|--|
| SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776 | BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US | SHIP TO: DOLGEN - LONGVIEW DC 3300 E. GEORGE RICHEY ROAD LONGVIEW, TX 75605 US | Shipping Date: 09/05/2023 Shipment No.: 300082226 |
|--|--|---|--|

| 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 | 300 | 25 | 300 | 25 |

| | |
|--------------------------------|--------------|
| Total Weight: | 74.25 |
| Total Quantity Ordered: | 300 |
| Total Cartons Ordered: | 25 |
| Total Quantity Shipped: | 300 |
| Total Cartons Shipped: | 25 |

Order No.: 68034148 Order Date: 08/22/2023 Customer: DOLGEN - BESSEMER DC Customer PO No.: 1W1H52

| | | | |
|--|--|--|--|
| 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 - BESSEMER DC 4101 LAKESHORE PKWY BESSEMER, AL 35022 US | Shipping Date: 09/05/2023 Shipment No.: 300082236 |
|--|--|--|--|

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

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

Order No.: 68034095 Order Date: 08/22/2023 Customer: DOLGEN - ZANESVILLE Customer PO No.: 1W1H79
 DC

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|--|--|--|--|
| SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776 | BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US | SHIP TO: DOLGEN - ZANESVILLE DC 2505 EAST POINTE DRIVE ZANESVILLE, OH 43701-7761 US | Shipping Date: 09/05/2023 Shipment No.: 300082233 |
|--|--|--|--|

| 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 | 660 | 55 | 660 | 55 |

| | |
|--------------------------------|---------------|
| Total Weight: | 163.35 |
| Total Quantity Ordered: | 660 |
| Total Cartons Ordered: | 55 |
| Total Quantity Shipped: | 660 |
| Total Cartons Shipped: | 55 |

Order No.: 68033060 Order Date: 08/22/2023 Customer: DOLGEN - BETHEL DC Customer PO No.: 1W0W48

| | | | |
|--|--|---|--|
| 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 - BETHEL DC 30 MARTHA DR BETHEL, PA 19507 US | Shipping Date: 09/05/2023 Shipment No.: 300082221 |
|--|--|---|--|

| 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 | 348 | 29 | 348 | 29 |

| | |
|--------------------------------|-------|
| Total Weight: | 86.13 |
| Total Quantity Ordered: | 348 |
| Total Cartons Ordered: | 29 |
| Total Quantity Shipped: | 348 |
| Total Cartons Shipped: | 29 |

Order No.: 68034156 Order Date: 08/22/2023 Customer: DOLGEN - WALTON DC Customer PO No.: 1W1H78

| | | | |
|--|--|--|--|
| SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776 | BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US | SHIP TO: DOLGEN - WALTON DC 950 WENSTRUP LANE WALTON, KY 41094 US | Shipping Date: 09/05/2023 Shipment No.: 300082227 |
|--|--|--|--|

| 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 | 708 | 59 | 708 | 59 |

| | |
|--------------------------------|--------|
| Total Weight: | 175.23 |
| Total Quantity Ordered: | 708 |
| Total Cartons Ordered: | 59 |
| Total Quantity Shipped: | 708 |
| Total Cartons Shipped: | 59 |

Order No.: 68033062 Order Date: 08/22/2023 Customer: DOLGEN - SOUTH BOSTON DC Customer PO No.: 1W0W46

| | | | |
|--|--|---|--|
| 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 - SOUTH BOSTON DC 3207 PHILPOTT ROAD US HWY 58/360 SOUTH BOSTON, VA 24592-6607 US | Shipping Date: 09/05/2023 Shipment No.: 300082229 |
|--|--|---|--|

| 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 | 576 | 48 | 576 | 48 |

| | |
|--------------------------------|---------------|
| Total Weight: | 142.56 |
| Total Quantity Ordered: | 576 |
| Total Cartons Ordered: | 48 |
| Total Quantity Shipped: | 576 |
| Total Cartons Shipped: | 48 |

Order No.: 68034159 Order Date: 08/22/2023 Customer: DOLGEN - AMSTERDAM DC Customer PO No.: 1W1H82

| | | | |
|--|--|---|--|
| SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776 | BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US | SHIP TO: DOLGEN - AMSTERDAM DC 2041 STATE HIGHWAY 5 SOUTH AMSTERDAM, NY 12010 US | Shipping Date: 09/05/2023 Shipment No.: 300082225 |
|--|--|---|--|

| 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 | 444 | 37 | 444 | 37 |

| | |
|--------------------------------|---------------|
| Total Weight: | 109.89 |
| Total Quantity Ordered: | 444 |
| Total Cartons Ordered: | 37 |
| Total Quantity Shipped: | 444 |
| Total Cartons Shipped: | 37 |

Order No.: 68034153 Order Date: 08/22/2023 Customer: DOLGEN - SAN ANTONIO DC Customer PO No.: 1W1H76

| | | | |
|--|--|--|--|
| 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: 09/05/2023 Shipment No.: 300082222 |
|--|--|--|--|

| 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 | 348 | 29 | 348 | 29 |

| | |
|--------------------------------|-------|
| Total Weight: | 86.13 |
| Total Quantity Ordered: | 348 |
| Total Cartons Ordered: | 29 |
| Total Quantity Shipped: | 348 |
| Total Cartons Shipped: | 29 |

Order No.: 68033061 Order Date: 08/22/2023 Customer: DOLGEN - FULTON DC Customer PO No.: 1W0W55

| | | | |
|--|--|---|--|
| SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776 | BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US | SHIP TO: DOLGEN - FULTON DC 1900 CARDINAL DRIVE CALLAWAY FULTON, MO 65251-7250 US | Shipping Date: 09/05/2023 Shipment No.: 300082231 |
|--|--|---|--|

| 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 | 744 | 62 | 744 | 62 |

| | |
|--------------------------------|---------------|
| Total Weight: | 184.14 |
| Total Quantity Ordered: | 744 |
| Total Cartons Ordered: | 62 |
| Total Quantity Shipped: | 744 |
| Total Cartons Shipped: | 62 |