

Date: 3/25/2024 12:44:40 PM

Master Bill Of Lading

| SHIP FROM | | Master Bill of Lading Number: 06757163000868742 |
|-----------------|-------------------------------|---|
| Name: | E & E COMPANY LTD | |
| Address: | 221 Hanson Way | |
| City/State/Zip: | Woodland, CA 95776 | |
| SID#: | FOB: <input type="checkbox"/> | |

| SHIP TO | | CARRIER NAME: JB Hunt Transport |
|-----------------|---|--|
| Name: | Fred Meyer Stores | DC#: 00790880 94461 |
| Address: | Chehalis RSC DC - Home HCC 224 Maurin Rd., 0079088094461 | Trailer number: DN209 Seal number(s): 8096840 |
| City/State/Zip: | Chehalis, WA 98532 | SCAC: HJBT Pro Number: |
| SID#: | FOB: <input type="checkbox"/> | |

| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: |
|--------------------------------------|-----------------|--|
| Name: | Address: | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> |
| City/State/Zip: | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING |
| SPECIAL INSTRUCTIONS: | Load #: 3HS2308 | Appointment Time: 13:00 AM Actual Driver Arrival Time: 12:25 AM Driver Departure Time: 12:50 AM |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|-------------|-----------------|-------------------------|---|-------------------|-----------------------------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | | BOL# | ADDITIONAL SHIPPER INFO DC# | Supplier# |
| 0033060256 | 201 | 1246.03 | Y | N | 06757163000868728 | 007908809446 1 | |
| 0033060255 | 476 | 2724.00 | Y | N | 06757163000868728 | 007908809446 1 | |
| 0031070572 | 1790 | 9890.10 | Y | N | 06757163000868735 | 007908809446 1 | |
| 0033060279 | 496 | 2288.05 | Y | N | 06757163000868728 | 007908809446 1 | |
| Grand Total | 2963 | 16148.18 | | | | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|------------|----------|--|-------------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 21 | Pallet | | | 1050.00 | (X) | Pallet | | 70 |
| | | 441 | ctns | 1963.72 | | Bath Towel, Beach Towel | 49260 Sub 4 | 175 |
| | | 201 | ctns | 1246.03 | | Mattress Pads | 149265 | 100 |

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

COD Amount \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

| | | | |
|--|--|--|--|
| SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Antonic Q</i> 3/25/24 | 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. <i>John Latta</i> 3-25-24 |
|--|--|--|--|

Date: 3/25/2024 12:44:40 PM

Master Bill Of Lading

Page 2 of 2

| HANDLING UNIT | | PACKAGE | | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY | |
|---------------|------|---------|------|---------------|-------------|--|-------------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| | | 476 | ctns | 2724.00 | | Sheet Set & Pillowcase | 49260 Sub 3 | 250 |
| | | 5 | ctns | 15.40 | | Bath Accessories | 49470 | 100 |
| | | 1835 | ctns | 10129.46 | | Panels, Valances | 49260 Sub 4 | 175 |
| | | 5 | ctns | 69.57 | | Comforters, Bedspreads | 49017 | 200 |
| 21 | | | | 17198.18 | | Grand Total | | |

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

_____ per _____

COD Amount \$ _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

- By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Date: 3/25/2024 12:44:23 PM

Bill Of Lading

Page 1 of 2

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: 530-669-5991
 VENDOR: 10316700

FOB:

Bill of Lading Number: 06757163000868728



(402)06757163000868728

SHIP TO

Name: Fred Meyer Stores Location #: 00790880944
 61
 Address: Chehalis RSC DC - Home HCC
 224 Maurin Rd., 0079088094461
 City/State/Zip: Chehalis, WA 98532
 CID#:
 Dept: 0083

FOB:

CARRIER NAME: JB Hunt Transport

Responsible Acct.No:

Trailer number: DN209

Seal number(s): 8096840

SCAC: HJBT

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 3HS2308

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 |
|-----------------------|-------------|----------------|-------------|-------------------------|
| 0033060255 | 476 | 2724.00 | Y N | |
| 0033060256 | 201 | 1246.03 | Y N | |
| 0033060279 | 496 | 2288.05 | Y N | |
| Grand Total | 1173 | 6258.08 | | |

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 |
| 9 | Pallet | | | 450.00 | | Pallet | | |
| | | 5 | ctns | 15.40 | | Bath Accessories | 49470 | 100 |
| | | 441 | ctns | 1963.72 | | Bath Towel, Beach Towel | 49260 Sub 4 | 175 |
| | | 5 | ctns | 69.57 | | Comforters, Bedspreads | 49017 | 200 |
| | | 201 | ctns | 1246.03 | | Mattress Pads | 149265 | 100 |
| | | 45 | ctns | 239.36 | | Panels, Valances | 49260 Sub 4 | 175 |

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: 06757163000868728 | |
|-----------------|---|--|--------------------------|
| Name: | E & E COMPANY LTD |  (402)06757163000868728 | |
| Address: | 221 Hanson Way | | |
| City/State/Zip: | Woodland, CA 95776 | | |
| PHONE: | 530-669-5991 | | |
| VENDOR: | 10316700 | | |
| SHIP TO | | CARRIER NAME: JB Hunt Transport | |
| Name: | Fred Meyer Stores | Location #: | 00790880944 61 |
| Address: | Chehalis RSC DC - Home HCC 224 Maurin Rd., 0079088094461 | | |
| City/State/Zip: | Chehalis, WA 98532 | | |
| CID#: | | FOB: | <input type="checkbox"/> |
| Dept: | 0083 | | |

| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
|--------------------------------------|--|---|---|
| Name: | | Prepaid: | Collect: <input checked="" type="checkbox"/> 3rd Party: |
| Address: | | <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading | |
| City/State/Zip: | | Appointment Time | Actual Driver Arrival Time |
| SPECIAL INSTRUCTIONS: | | AM | AM |
| Load #: 3HS2308 | | PM | PM |
| Packing List is Attached | | Driver Departure Time | AM |
| | | | PM |

| 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 |
| | | 476 | ctns | 2724.00 | | Sheet Set & Pillowcase | 49260 Sub 3 | 250 |
| 9 | | 1173 | | 6708.08 | | 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. <div style="text-align: right;">Shipper Signature</div> |
|--|---|

| | | |
|---|--|--|
| SHIPPER SIGNATURE / DATE This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. | 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: 3/25/2024 12:44:21 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: 530-669-5991
 VENDOR: 10316700
 FOB:

Bill of Lading Number: 06757163000868735



SHIP TO

Name: Fred Meyer Stores Location #: 00790880944
 Address: Chehalis RSC DC - Home HCC
 224 Maurin Rd., 0079088094461
 City/State/Zip: Chehalis, WA 98532
 CID#: 0083
 Dept: 0083
 FOB:

CARRIER NAME: JB Hunt Transport

Responsible Acct.No:
 Trailer number: DN209
 Seal number(s): 8096840

SCAC: HJBT
 Pro Number:

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:
 Load #: 3HS2308
 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 |
|-----------------------|--------|---------|-------------|-------------------------|
| 0031070572 | 1790 | 9890.10 | Y N | |
| Grand Total | 1790 | 9890.10 | | |

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 | | | | NMFC # | CLASS |
| 12 | Pallet | | 600.00 | | Pallet | | |
| | | 1790 | ctns | 9890.10 | Panels, Valances | 49260 Sub 4 | 175 |
| 12 | | 1790 | | 10490.10 | Grand Total | | |

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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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.