

Date: 2/21/2024 11:59:52 AM

Master Bill Of Lading

SHIP FROM

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

Master Bill of Lading Number: 06757163000861699

SHIP TO

Name: Wal-Mart Centerpoint - 6909 DC#: 6909
 Div. _____
 Address: 3485 Wineville Rd
 6909
 City/State/Zip: Jurupa Valley, CA 91752
 SID#: _____ FOB:

CARRIER NAME: WAL-MART FLEET

Trailer number: 144527
 Seal number(s): 8096148
 SCAC: WALM
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

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

SPECIAL INSTRUCTIONS:
 Load #: 75592737

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

(check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
2:00 AM	12:44 PM	1:00 PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
3825795910	769	8938.71	Y	N	06757163000861545	6009A	
6266068718	13	41.47	Y	N	06757163000861552	6009A	
6874488239	824	9475.71	Y	N	06757163000861569	6031A	
7134621358	13	41.47	Y	N	06757163000861576	6031A	
Grand Total	1619	18497.36					

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
33	Pallet			1650.00		Pallet		70
		1593	ctns	18414.42		Comforters, Bedspreads	49017	200
		26	ctns	82.94		Shower curtain	49385	77.5
33				20147.36		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.

Total Pallet: 33 *[Signature]* 2/21/24

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.

[Signature] 2/20/24

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000861569

 (402)06757163000861569

SHIP TO
 Name: Wal-Mart DC 6031A-ASM DIS Location #: 6031A
 Address: 23702 West Southern Avenue
 6031A
 City/State/Zip: Buckeye, AZ 85326
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 144527
 Seal number(s): 8096148

SCAC: WALM
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 3rd Party

SPECIAL INSTRUCTIONS:
 Load #: 75592737

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	Pkts Count	WEIGHT	PALET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
6874488239	824	16	9475.71	Y	N	02/26/2024	6031A	0033	00022	
GRAND TOTAL	824	16	9475.71							

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>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
16	Pallet			800.00		Pallet			
		824	ctns	9475.71		Comforters, Bedspreads	49017	200	
16		824		10275.71		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.
Property described above is received in good order, except as noted.

SHIP FROM

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

FOB: []

Bill of Lading Number: 06757163000861576



(402)06757163000861576

SHIP TO

Name: Wal-Mart DC 6031A-ASM DIS Location #: 6031A
Address: 23702 West Southern Avenue
6031A
City/State/Zip: Buckeye, AZ 85326
CID#:
Dept: 00020

FOB: []

CARRIER NAME: WAL-MART FLEET

Trailer number: 144527
Seal number(s): 8096148

SCAC: WALM

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

SPECIAL INSTRUCTIONS:
Load #: 75592737

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

Table with columns: Appointment Time, Actual Driver Arrival Time, Driver Departure Time. Rows for AM and PM.

CUSTOMER ORDER INFORMATION

Table with columns: CUSTOMER ORDER NUMBER, # PKGS, Plts Count, WEIGHT, PALLET/SLIP (CIRCLE ONE), Must Deliver By Date, 5-Digit Destination Number, 4-Digit PO Type Number, 5-Digit Dept. Number, Additional Shipper Info.

CARRIER INFORMATION

Table with columns: HANDLING UNIT, PACKAGE, WEIGHT, H.M. (X), COMMODITY DESCRIPTION, LTL ONLY (NMFC #, CLASS). Includes rows for Pallet and Shower curtain, and a GRAND TOTAL row.

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:

[X] By Shipper
[] By Driver

Freight Counted:

[X] 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. Property described above is received in good order, except as noted.

Date: 2/21/2024 11:59:50 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000861545	
Name:	E & E COMPANY LTD	 (402)06757163000861545	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart DC 6009A - ASM DIS Location #: 6009A	Trailer number: 144527	
Address:	1501 E Maple Leaf DR 6009A	Seal number(s): 8096148	
City/State/Zip:	Mount Pleasant, IA 52641	SCAC: WALM	
CID#:	FOB: <input type="checkbox"/>	Pro Number:	
Dept:	00022		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>	
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
		AM	AM
		PM	PM
			Driver Departure Time
			AM
			PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)	Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info	
3825795910	769	15	8938.71	Y N	03/02/2024	6009A	0033	00022		
GRAND TOTAL	769	15	8938.71							

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>	LTL ONLY	
QTY	TYPE	QTY	TYPE	QTY	TYPE	QTY	TYPE	NMFC #	CLASS						
15	Pallet							750.00				Pallet			
		769	ctns					8938.71				Comforters, Bedspreads	49017	200	
15		769						9688.71				GRAND TOTAL			

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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).

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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. Property described above is received in good order, except as noted.

Date: 2/21/2024 11:59:49 AM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000861552



(402)06757163000861552

SHIP TO

Name: Wal-Mart DC 6009A - ASM DIS Location #: 6009A
 Address: 1501 E Maple Leaf DR
 6009A
 City/State/Zip: Mount Pleasant, IA 52641
 CID#: _____ FOB:
 Dept: 00020

CARRIER NAME: WAL-MART FLEET
 Trailer number: 144527
 Seal number(s): 8096148
SCAC: WALM
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 3rd Party

SPECIAL INSTRUCTIONS:
 Load #: 75592737

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

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

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
6266068718	13	1	41.47	Y	N	03/02/2024	6009A	0033	00020	
GRAND TOTAL	13	1	41.47							

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>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
1	Pallet			50.00		Pallet				
		13	ctns	41.47		Shower curtain	49385	77.5		
1		13		91.47		GRAND TOTAL				

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COD Amount: \$ _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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Shipper Signature

SHIPPER SIGNATURE / DATE
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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. Property described above is received in good order, except as noted.