

SHIP FROM		Master Bill of Lading Number: 06757163000837458	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: HUB CITY GROUP	
Name: HUBGROUP FONTANA CROSSDOCK DC#: _____ Div. _____ Address: 13204 Philadelphia Ave City/State/Zip: FONTANA, CA 92337 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 705402 Seal number(s): 8068748 SCAC: HGLS Pro Number: 13885264201	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 5009681630		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
		Appointment Time _____ AM _____ PM	Actual Driver Arrival Time _____ AM _____ PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		Supplier#
					BOL#	DC#	
1WZ357	99	1394.91	Y	N	06757163000837410	96700	
1WZ350	128	1803.52	Y	N	06757163000837397	96300	
1WZ365	88	1142.81	Y	N	06757163000837434	96910	
1WZ398	88	1153.60	Y	N	06757163000837335	96100	
1WZ326	127	1357.83	Y	N	06757163000837441	96930	
1WZ347	111	1186.34	Y	N	06757163000837342	96120	
1WZ3B2	86	1211.74	Y	N	06757163000837403	96500	
1WZ335	128	1447.45	Y	N	06757163000837380	96160	
1WZ361	87	1063.98	Y	N	06757163000837366	96140	
1WZ343	122	1697.40	Y	N	06757163000837373	96150	
1WZ352	24	79.20	Y	N	06757163000837359	96130	
1WZ359	96	1352.64	Y	N	06757163000837427	96900	
Grand Total	1184	14891.42					

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 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.
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SHIP FROM		Master Bill of Lading Number: 06757163000837458	
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		DC#: _____	
Address: 13204 Philadelphia Ave		Div. _____	
City/State/Zip: FONTANA, CA 92337		Trailer number: 705402	
SID#: _____		Seal number(s): 8068748	
		SCAC: HGLS	
		Pro Number: 13885264201	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
City/State/Zip: _____		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 5009681630		Actual Driver Arrival Time	
		Driver Departure Time	
		AM PM AM PM AM PM	

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
55	Pallet			2750.00		Pallet		70
		166	ctns	547.80		Sheet Set & Pillowcase	49260 Sub 3	250
		1018	ctns	14343.62		Mattress Pads	149265	100
55				17641.42		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: <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:	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.

MASTER BILL OF LADING

ESTIMATED PICK UP DATE: 10/31/2023

SHIPPER

Name: E E CO LTD
 Address: 221 HANSON WAY
 City/State/Zip: WOODLAND, CA 95776

Contact: ALEX GONZALEZ

BILL OF LADING :5009681630

TRAILER # SEAL #

ORDER # : 1038319_AMS71440932S, 1038319_ARD71437894S,
 1038319_BES71438786S, 1038319_BTH71440848S, 1038319_FLT71440590S,
 1038319_JAC71438961S, 1038319_JAN71441447S, 1038319_JON71438605S,
 1038319_LGV71441449S, 1038319_SAT71441448S, 1038319_SBO71438411S,
 1038319_ZAN71438960S

- CR AMS71440932S
- CR ARD71437894S
- CR BES71438786S
- CR BTH71440848S
- CR FLT71440590S
- CR JAC71438961S
- CR JAN71441447S
- CR JON71438605S
- CR LGV71441449S
- CR SAT71441448S
- CR SBO71438411S
- CR ZAN71438960S
- P8 1WZ326-01
- P8 1WZ335-01
- P8 1WZ343-01
- P8 1WZ347-01
- P8 1WZ350-01
- P8 1WZ352-01
- P8 1WZ357-01
- P8 1WZ359-01
- P8 1WZ361-01
- P8 1WZ365-01
- P8 1WZ398-01
- P8 1WZ3B2-01
- PO 1WZ326-01
- PO 1WZ335-01
- PO 1WZ343-01
- PO 1WZ347-01
- PO 1WZ350-01
- PO 1WZ352-01
- PO 1WZ357-01
- PO 1WZ359-01
- PO 1WZ361-01
- PO 1WZ365-01
- PO 1WZ398-01
- PO 1WZ3B2-01

Seal # 8068748
 Trailer # 705402

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: 13885264201
13885264201
 QUOTE NUMBER:

THIRD PARTY FREIGHT CHARGES BILL TO

Name: Hub LTL Brokerage
 Address: 2001 Hub Group Way
 City/State/Zip: Oak Brook, IL 60523

Freight Charge Terms :

(freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party X

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:
 68521173,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1731,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521180,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521175,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2724,68521177,68521182,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2528,68521179,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521181,68521176,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521172,68521174,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1760,68521171,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2764,Number of miles: 2437,68521178,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | STOP#:1 PO - 1WZ326-01;1WZ335-01;1WZ343-01;1WZ347-01;1WZ350-01;1WZ352-01;1WZ357-01;1WZ359-01;1WZ361-01;1WZ365-01;1WZ398-01;1WZ3B2-01,STOP#:1 CR - AMS71440932S;ARD71437894S;BES71438786S;BTH71440848S;FLT71440590S;JAC71438961S;JAN71441447S;JON71438605S;LGV71441449S;SAT71441448S;SBO71438411S;ZAN71438960S

MASTER BILL OF LADING

SPECIAL SERVICES:

CARRIER INFO

PALLET	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. EMERGENCY PH # 1-800-535-5053</small>	NMFC#	CLASS
4	111	1386	462		GENERAL COMMODITIES	NMFC_CLASS	250.0
50	1049	16128	5771		GENERAL COMMODITIES	NMFC_CLASS	300.0
1	24	129	115		GENERAL COMMODITIES	NMFC_CLASS	400.0
55	1184	17643.00	6348.00		GRAND TOTAL		

CUSTOMER

CUSTOMER ORDER NUMBER	SKU	PALLET	QTY	WEIGHT (LB)	CUBE	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
SAT71441448S		4	111	1386	462	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
LGV71441449S		5	128	1698	577	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
AMS71440932S		6	122	1997	692	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
BTH71440848S		4	88	1354	462	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
JAC71438961S		4	87	1264	462	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
JON71438605S		4	88	1343	462	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
SBO71438411S		5	86	1462	577	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
FLT71440590S		5	99	1645	577	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
BES71438786S		5	127	1608	577	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
ARD71437894S		7	128	2154	808	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
JAN71441447S		1	24	129	115	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
ZAN71438960S		5	96	1603	577	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
GRAND TOTAL		55	1184	17643.00	6348.00			

PALLET TYPE

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

COD Amount: \$ _____
 Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

MWAL VEM 10/31/23
 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.

[Signature] 10/31/23

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. C certifies emergency response information was made available and/ has the DOT emergency response

Property described above is received in good order, except as

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5009681630					
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_SAT71441448S					
CONSIGNEE				CARRIER					
Name: SAN ANTONIO DISTRIBUTION CEN 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:68521173,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521180,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521175,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521177,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521182,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521179,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521181, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521176,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521172,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521174,Number of miles: 1760, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521171,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521178,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	
4	111	1386	462		GENERAL COMMODITIES		NMFC_CLASS	250.0	
4	111	1386.00	462.00		GRAND TOTAL				
CUSTOMER									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
SAT71441448S	4	111	1386	462	Y	N			
GRAND TOTAL	4	111	1386.00	462.00					
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 :5009681630			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_AMS71440932S			
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				FREIGHT CHARGE TERMS			
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:68521173,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521180,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521175,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521177,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521182,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521179,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521181,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521176,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521172,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521174,Number of miles: 1760, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521171,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521178,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
6	122	1997	692		GENERAL COMMODITIES	NMFC_CLASS	300.0
6	122	1997.00	692.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
AMS71440932S	6	122	1997	692	Y N		
GRAND TOTAL	6	122	1997.00	692.00			
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 <small>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.</small>			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 :5009681630		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_BTH71440848S		
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 <input checked="" type="checkbox"/>		
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:68521173,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521180,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521175,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521177,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521182,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521179,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521181, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521176,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521172,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521174,Number of miles: 1760, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521171,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521178,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
4	88	1354	462		GENERAL COMMODITIES	NMFC_CLASS	300.0
4	88	1354.00	462.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
BTH71440848S	4	88	1354	462	Y N		
GRAND TOTAL	4	88	1354.00	462.00			
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: Freight Counted: <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		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 :5009681630				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_LGV71441449S				
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:68521173,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521180,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521175,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521177,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521182,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521179,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521181, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521176,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521172,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521174,Number of miles: 1760, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521171,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521178,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
5	128	1698	577		GENERAL COMMODITIES		NMFC_CLASS	300.0
5	128	1698.00	577.00		GRAND TOTAL			
CUSTOMER								
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
LGV71441449S	5	128	1698	577	Y N			
GRAND TOTAL	5	128	1698.00	577.00				
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 <small>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.</small>				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 <small>Carrier acknowledges receipt of packages and required placards, Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response</small>		
Property described above is received in good order, except as noted								

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5009681630				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_FLT71440590S				
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:68521173,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521180,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521175,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521177,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521182,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521179,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521181, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521176,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521172,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521174,Number of miles: 1760, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521171,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521178,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
5	99	1645	577		GENERAL COMMODITIES			NMFC_CLASS	300.0
5	99	1645.00	577.00		GRAND TOTAL				
CUSTOMER									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
FLT71440590S	5	99	1645	577	Y	N			
GRAND TOTAL	5	99	1645.00	577.00					
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 :5009681630				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_BES71438786S				
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									
CUSTOMERS INSTRUCTION:									
SPECIAL INSTRUCTION:68521173,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521180,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521175,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521177,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521182,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521179,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521181, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521176,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521172,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521174,Number of miles: 1760, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521171,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521178,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
5	127	1608	577		GENERAL COMMODITIES			NMFC_CLASS	300.0
5	127	1608.00	577.00		GRAND TOTAL				
CUSTOMER									
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
BES71438786S	5	127	1608	577	Y	N			
GRAND TOTAL	5	127	1608.00	577.00					
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 :5009681630					
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_Ard71437894S					
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:68521173,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521180,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521175,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521177,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521182,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521179,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521181, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521176,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521172,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521174,Number of miles: 1760, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521171,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521178,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	
7	128	2154	808		GENERAL COMMODITIES			NMFC_CLASS	300.0	
7	128	2154.00	808.00		GRAND TOTAL					
CUSTOMER										
CUSTOMER ORDER NUMBER		PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
ARD71437894S		7	128	2154	808	Y	N			
GRAND TOTAL		7	128	2154.00	808.00					
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 :5009681630					
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_JAN71441447S					
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:68521173,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521180,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521175,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521177,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521182,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521179,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521181, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521176,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521172,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521174,Number of miles: 1760, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521171,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER SHIPPER,68521178,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	24	129	115		GENERAL COMMODITIES			NMFC_CLASS	400.0	
1	24	129.00	115.00		GRAND TOTAL					
CUSTOMER										
CUSTOMER ORDER NUMBER		PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
JAN71441447S		1	24	129	115	Y	N			
GRAND TOTAL		1	24	129.00	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 :5009681630		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_ZAN71438960S		
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 <input checked="" type="checkbox"/>		
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:68521173,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521180,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521175,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521177,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521182,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521179,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521181, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521176,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521172,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521174,Number of miles: 1760, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521171,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521178,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
5	96	1603	577		GENERAL COMMODITIES	NMFC_CLASS	300.0
5	96	1603.00	577.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
ZAN71438960S	5	96	1603	577	Y N		
GRAND TOTAL	5	96	1603.00	577.00			
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 :5009681630		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_JAC71438961S		
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:68521173,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521180,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521175,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521177,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521182,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521179,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521181,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521176,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521172,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521174,Number of miles: 1760, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521171,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521178,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
4	87	1264	462		GENERAL COMMODITIES	NMFC_CLASS	300.0
4	87	1264.00	462.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
JAC71438961S	4	87	1264	462	Y N		
GRAND TOTAL	4	87	1264.00	462.00			
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 :5009681630		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_JON71438605S		
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:68521173,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521180,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521175,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521177,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521182,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521179,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521181, Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521176,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521172,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521174,Number of miles: 1760, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521171,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521178,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
4	88	1343	462		GENERAL COMMODITIES	NMFC_CLASS	300.0
4	88	1343.00	462.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
JON71438605S	4	88	1343	462	Y N		
GRAND TOTAL	4	88	1343.00	462.00			
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		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 :5009681630		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_SBO71438411S		
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 <input checked="" type="checkbox"/>		
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION:68521173,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521180,Number of miles: 1731, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521175,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521177,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521182,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521179,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521181,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521176,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521172,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521174,Number of miles: 1760, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521171,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,68521178,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
5	86	1462	577		GENERAL COMMODITIES	NMFC_CLASS	300.0
5	86	1462.00	577.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
SBO71438411S	5	86	1462	577	Y N		
GRAND TOTAL	5	86	1462.00	577.00			
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	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		
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.	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		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	DOLGEN - BESSEMER DC	Name:	
Address:	221 Hanson Way	Address:	4101 Lakeshore Pkwy	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Bessemer, AL 35022	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	00	Load #: 5009681630	
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000837441		Trailer number: 705402		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 8068748		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757163000837441		SCAC: HGLS		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: HUB CITY GROUP		Pro Number: 13885264201		Appointment Time	
Responsible Acct.No:				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
1WZ326	127	1357.83	Y	N	
Grand Total	127	1357.83			

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
5	Pallet			250.00		Pallet		
		40	ctns	132.00		Sheet Set & Pillowcase	49260 Sub 3	250
		87	ctns	1225.83		Mattress Pads	149265	100
5		127		1607.83		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.

Order No.: 68521175 Order Date: 10/19/2023 Customer: DOLGEN - BESSEMER Customer PO No.: 1WZ326
 DC

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: 10/31/2023 Shipment No.: 300083744
--	--	--	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	696	87	696	87
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	480	40	480	40

Total Weight:	1357.83
Total Quantity Ordered:	1176
Total Cartons Ordered:	127
Total Quantity Shipped:	1176
Total Cartons Shipped:	127

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: 06757163000837359

 (402)06757163000837359

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

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No:
 Trailer number: 705402
 Seal number(s): 8068748
SCAC: HGSL
Pro Number: 13885264201

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 5009681630
 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
1WZ352	24	79.20	Y N	
Grand Total	24	79.20		

CARRIER INFORMATION

HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 366</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
1		Pallet	50.00		Pallet		
	24	ctns	79.20		Sheet Set & Pillowcase	49260 Sub 3	250
1			129.20		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.

Order No.: 68521181 Order Date: 10/19/2023 Customer: DOLGEN- JANESVILLE Customer PO No.: 1WZ352
DC

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: 10/31/2023 Shipment No.: 300083735
--	--	--	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	288	24	288	24

Total Weight:	79.2
Total Quantity Ordered:	288
Total Cartons Ordered:	24
Total Quantity Shipped:	288
Total Cartons Shipped:	24

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD	Bill of Lading Number: 06757163000837373		
Address: 221 Hanson Way	 (402)06757163000837373		
City/State/Zip: Woodland, CA 95776	CARRIER NAME: HUB CITY GROUP		
SID#:	Responsible Acct.No:		
PHONE:	Trailer number: 705402		
VENDOR: FOB: <input type="checkbox"/>	Seal number(s): 8068748		
	SCAC: HGLS		
	Pro Number: 13885264201		
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: <input type="checkbox"/>		
Address:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		
City/State/Zip:	(check box)		
SPECIAL INSTRUCTIONS: Load #: 5009681630 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	
1WZ343	122	1697.40	Y N		
Grand Total	122	1697.40			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		2	ctns	6.60		Sheet Set & Pillowcase	49260 Sub 3	250
		120	ctns	1690.80		Mattress Pads	149265	100
6		122		1997.40		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:	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.

Order No.: 68521173 Order Date: 10/19/2023 Customer: DOLGEN - AMSTERDAM DC Customer PO No.: 1WZ343

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: 10/31/2023 Shipment No.: 300083737
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	960	120	960	120
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	24	2	24	2

Total Weight:	1697.4
Total Quantity Ordered:	984
Total Cartons Ordered:	122
Total Quantity Shipped:	984
Total Cartons Shipped:	122

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD	Bill of Lading Number: 06757163000837410		
Address: 221 Hanson Way	 (402)06757163000837410		
City/State/Zip: Woodland, CA 95776	CARRIER NAME: HUB CITY GROUP		
SID#:	Responsible Acct.No:		
PHONE:	Trailer number: 705402		
VENDOR: FOB: <input type="checkbox"/>	Seal number(s): 8068748		
Name: DOLGEN - FULTON DC Location #: 96700		SCAC: HGLS	
Address: 1900 Cardinal Drive	Pro Number: 13885264201		
City/State/Zip: Callaway, 96700			
City/State/Zip: Fulton, MO 65251-7250			
CID#:			
Dept: 00 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Address:	Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>		
City/State/Zip:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		
SPECIAL INSTRUCTIONS: Load #: 5009681630	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Packing List is Attached	AM	AM	AM
	PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1WZ357	99	1394.91	Y N	
Grand Total	99	1394.91		

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
5	Pallet			250.00		Pallet		
		99	ctns	1394.91		Mattress Pads	149265	100
5		99		1644.91		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:	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.

Order No.: 68521182 Order Date: 10/19/2023 Customer: DOLGEN - FULTON DC Customer PO No.: 1WZ357

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: 10/31/2023 Shipment No.: 300083741
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	792	99	792	99

Total Weight:	1394.91
Total Quantity Ordered:	792
Total Cartons Ordered:	99
Total Quantity Shipped:	792
Total Cartons Shipped:	99

SHIP FROM		Bill of Lading Number: 06757163000837342
Name: E & E COMPANY LTD	 (402)06757163000837342	
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:	CARRIER NAME: HUB CITY GROUP	
VENDOR: FOB: <input type="checkbox"/>	Responsible Acct.No:	

SHIP TO		Trailer number: 705402
Name: DOLGEN - SAN ANTONIO DC	Location #: 96120	Seal number(s): 8068748
Address: 6601 Cal Turner Drive		
96120		
City/State/Zip: San Antonio, TX 78220	SCAC: HGLS	
CID#:	Pro Number: 13885264201	
Dept: 00 FOB: <input type="checkbox"/>		

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: <input type="checkbox"/>			
Address:	Master Bill of Lading: with attached <input type="checkbox"/> (check box) underlying Bills of Lading			
City/State/Zip:	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	
	AM	AM	AM	
	PM	PM	PM	
SPECIAL INSTRUCTIONS: Load #: 5009681630				
Packing List is Attached				

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1WZ347	111	1186.34	Y N	
Grand Total	111	1186.34		

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
4	Pallet			200.00		Pallet		
		35	ctns	115.50		Sheet Set & Pillowcase	49260 Sub 3	250
		76	ctns	1070.84		Mattress Pads	149265	100
4		111		1386.34		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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Order No.: 68521174 Order Date: 10/19/2023 Customer: DOLGEN - SAN ANTONIO DC Customer PO No.: 1WZ347

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: 10/31/2023 Shipment No.: 300083734
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	608	76	608	76
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	420	35	420	35

Total Weight:	1186.34
Total Quantity Ordered:	1028
Total Cartons Ordered:	111
Total Quantity Shipped:	1028
Total Cartons Shipped:	111

SHIP FROM		Bill of Lading Number: 06757163000837335
Name: E & E COMPANY LTD		 (402)06757163000837335
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		

PHONE:		CARRIER NAME: HUB CITY GROUP
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:
SHIP TO		Trailer number: 705402
Name: DOLGEN - BETHEL DC	Location #: 96100	Seal number(s): 8068748
Address: 30 Martha Dr		SCAC: HGLS
96100		Pro Number: 13885264201
City/State/Zip: Bethel, PA 19507		
CID#:		
Dept: 00	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:		Prepaid:	Collect: X	3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)		
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 5009681630		AM	AM	AM
Packing List is Attached		PM	PM	PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
1WZ398	88	1153.60	Y N		
Grand Total	88	1153.60			

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
4	Pallet			200.00		Pallet		
		8	ctns	26.40		Sheet Set & Pillowcase	49260 Sub 3	250
		80	ctns	1127.20		Mattress Pads	149265	100
4		88		1353.60		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.
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Shipper Signature

Order No.: 68521177 Order Date: 10/19/2023 Customer: DOLGEN - BETHEL DC Customer PO No.: 1WZ398

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: 10/31/2023 Shipment No.: 300083733
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	640	80	640	80
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	96	8	96	8

Total Weight:	1153.6
Total Quantity Ordered:	736
Total Cartons Ordered:	88
Total Quantity Shipped:	736
Total Cartons Shipped:	88

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: 06757163000837434



(402)06757163000837434

SHIP TO

Name: DOLGEN - JONESVILLE DC Location #: 96910
 Address: 1451 Spartanburg Hwy
 96910
 City/State/Zip: Jonesville, SC 29353
 CID#: _____
 Dept: 00 FOB:

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No: _____
 Trailer number: 705402
 Seal number(s): 8068748
SCAC: HGLS
Pro Number: 13885264201

THIRD PARTY FREIGHT CHARGES BILL TO:

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

SPECIAL INSTRUCTIONS:
 Load #: 5009681630
 Packing List is Attached

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

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

(check box) 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
1WZ365	88	1142.81	Y	N	
Grand Total	88	1142.81			

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
4	Pallet			200.00		Pallet		
		9	ctns	29.70		Sheet Set & Pillowcase	49260 Sub 3	250
		79	ctns	1113.11		Mattress Pads	149265	100
4		88		1342.81		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.

Order No.: 68521176 Order Date: 10/19/2023 Customer: DOLGEN - JONESVILLE DC Customer PO No.: 1WZ365

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: 10/31/2023 Shipment No.: 300083743
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	632	79	632	79
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	108	9	108	9

Total Weight:	1142.81
Total Quantity Ordered:	740
Total Cartons Ordered:	88
Total Quantity Shipped:	740
Total Cartons Shipped:	88

SHIP FROM		Bill of Lading Number: 06757163000837380										
Name:	E & E COMPANY LTD	 (402)06757163000837380										
Address:	221 Hanson Way											
City/State/Zip:	Woodland, CA 95776											
SID#:												
PHONE:												
VENDOR:		FOB: <input type="checkbox"/>	CARRIER NAME: HUB CITY GROUP									
SHIP TO		Responsible Acct.No:										
Name:	DOLGEN - LONGVIEW DC	Location #:	96160									
Address:	3300 E. George Richey Road											
	96160											
City/State/Zip:	Longview, TX 75605											
CID#:												
Dept:	00	FOB:	<input type="checkbox"/>									
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:												
Address:												
City/State/Zip:												
SPECIAL INSTRUCTIONS:	Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>											
Load #: 5009681630	Master Bill of Lading: with attached underlying Bills of Lading											
Packing List is Attached	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </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	
1WZ335	128	1447.45	Y N		
Grand Total	128	1447.45			

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	
5	Pallet			250.00		Pallet			
		33	ctns	108.90		Sheet Set & Pillowcase	49260	Sub 3	250
		95	ctns	1338.55		Mattress Pads	149265		100
5		128		1697.45		Grand Total			

<p>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 _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
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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).

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
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<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 <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <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>
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Order No.: 68521172 Order Date: 10/19/2023 Customer: DOLGEN - LONGVIEW DC Customer PO No.: 1WZ335

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: 10/31/2023 Shipment No.: 300083738
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	760	95	760	95
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	396	33	396	33

Total Weight:	1447.45
Total Quantity Ordered:	1156
Total Cartons Ordered:	128
Total Quantity Shipped:	1156
Total Cartons Shipped:	128

SHIP FROM		Bill of Lading Number: 06757163000837403	
Name:	E & E COMPANY LTD	 (402)06757163000837403	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: HUB CITY GROUP Responsible Acct.No:	
SHIP TO		Trailer number: 705402	Seal number(s): 8068748
Name:	DOLGEN - SOUTH BOSTON DC Location #: 96500	SCAC: HGLS Pro Number: 13885264201	
Address:	3207 Philpott Road		
	US Hwy 58/360, 96500		
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:	Collect: <input checked="" type="checkbox"/> 3rd Party:
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 5009681630 Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1WZ3B2	86	1211.74	Y N	
Grand Total	86	1211.74		

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
5	Pallet			250.00		Pallet		
		86	ctns	1211.74		Mattress Pads	149265	100
5		86		1461.74		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"/>
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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, 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
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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.: 68521171 Order Date: 10/19/2023 Customer: DOLGEN - SOUTH BOSTON DC Customer PO No.: 1WZ3B2

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: 10/31/2023 Shipment No.: 300083740
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	688	86	688	86

Total Weight:	1211.74
Total Quantity Ordered:	688
Total Cartons Ordered:	86
Total Quantity Shipped:	688
Total Cartons Shipped:	86

SHIP FROM		Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		Bill of Lading Number: 06757163000837397  (402)06757163000837397	
SHIP TO		Name: DOLGEN - ARDMORE DC Location #: 96300 Address: 401 General Drive Ardmore Industrial Air Pa, 96300 City/State/Zip: Ardmore, OK 73401-0000 CID#: _____ Dept: 00		CARRIER NAME: HUB CITY GROUP Responsible Acct.No: _____ Trailer number: 705402 Seal number(s): 8068748 SCAC: HGLS Pro Number: 13885264201	
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	
SPECIAL INSTRUCTIONS: Load #: 5009681630 Packing List is Attached		Appointment Time AM PM		Actual Driver Arrival Time AM PM	
		Driver Departure Time AM PM			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1WZ350	128	1803.52	Y	N	
Grand Total	128	1803.52			

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
7	Pallet			350.00		Pallet		
		128	ctns	1803.52		Mattress Pads	149265	100
7		128		2153.52		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: **Freight Counted:**

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


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

Order No.: 68521180 Order Date: 10/19/2023 Customer: DOLGEN - ARDMORE Customer PO No.: 1WZ350
 DC

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: 10/31/2023 Shipment No.: 300083739
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	1024	128	1024	128

Total Weight:	1803.52
Total Quantity Ordered:	1024
Total Cartons Ordered:	128
Total Quantity Shipped:	1024
Total Cartons Shipped:	128

SHIP FROM		Bill of Lading Number: 06757163000837366
Name:	E & E COMPANY LTD	 (402)06757163000837366
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: HUB CITY GROUP
		Responsible Acct.No:

SHIP TO		Trailer number: 705402
Name:	DOLGEN- JACKSON DC	Seal number(s): 8068748
Address:	200 Jackson Road	
	96140	
City/State/Zip:	Jackson, GA 30233	SCAC: HGLS
CID#:		Pro Number: 13885264201
Dept: 00	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:		Prepaid:	Collect: X	3rd Party:
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS: Load #: 5009681630 Packing List is Attached		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
1WZ361	87	1063.98	Y N		
Grand Total	87	1063.98			

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
4	Pallet			200.00		Pallet		
		15	ctns	49.50		Sheet Set & Pillowcase	49260 Sub 3	250
		72	ctns	1014.48		Mattress Pads	149265	100
4		87		1263.98		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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Order No.: 68521179 Order Date: 10/19/2023 Customer: DOLGEN- JACKSON DC Customer PO No.: 1WZ361

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: 10/31/2023 Shipment No.: 300083736
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	576	72	576	72
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	180	15	180	15

Total Weight:	1063.98
Total Quantity Ordered:	756
Total Cartons Ordered:	87
Total Quantity Shipped:	756
Total Cartons Shipped:	87

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - ZANESVILLE DC Location #: 96900
Address:	221 Hanson Way	Address:	2505 East Pointe Drive 96900
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Zanesville, OH 43701-7761
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000837427		CARRIER NAME: HUB CITY GROUP	
		Responsible Acct.No:	
(402)06757163000837427		Trailer number: 705402	
		Seal number(s): 8068748	
		SCAC: HGLS	
		Pro Number: 13885264201	
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:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time Driver Departure Time
Load #: 5009681630		AM	AM AM
Packing List is Attached		PM	PM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALETT/SLIP	ADDITIONAL SHIPPER INFO
1WZ359	96	1352.64	Y N	
Grand Total	96	1352.64		

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
5	Pallet			250.00		Pallet		
		96	ctns	1352.64		Mattress Pads	149265	100
5		96		1602.64		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:

By Shipper

By Driver

Freight Counted:

By Shipper

By Driver/pallets said to contain

By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Order No.: 68521178 Order Date: 10/19/2023 Customer: DOLGEN - ZANESVILLE Customer PO No.: 1WZ359
DC

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: 10/31/2023 Shipment No.: 300083742
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	768	96	768	96

Total Weight:	1352.64
Total Quantity Ordered:	768
Total Cartons Ordered:	96
Total Quantity Shipped:	768
Total Cartons Shipped:	96