

Date: 3/25/2024 10:50:21 AM

Master Bill Of Lading

Page 1 of 3

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION	
Name:	E & E COMPANY LTD	Name:	HUBGROUP FONTANA CROSSDOCK	Name:		CUSTOMER ORDER NUMBER	# PKGS CTN
Address:	221 Hanson Way	Address:	13204 Philadelphia Ave	Address:		WEIGHT LBS	PALLET/SLIP (CIRCLEONE)
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	FONTANA, CA 92337	City/State/Zip:		BOL#	ADDITIONAL SHIPPER INFO DC#
SID#:	FOB: <input type="checkbox"/>	SID#:	FOB: <input type="checkbox"/>	SPECIAL INSTRUCTIONS:	Load #: 5014085787	Supplier#	
Master Bill of Lading Number: 06757163000868438		CARRIER NAME: HUB CITY GROUP		Freight Charge Terms:			
		Trailer number: 1575		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>			
		Seal number(s): 8096838		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED			
		SCAC: HGSL		<input type="checkbox"/> UNDERLYING BILLS OF LANDING			
		Pro Number: 13965126601		Appointment Time		Actual Driver Arrival Time	
				AM		AM	
				PM		PM	
				Driver Departure Time		AM	
						PM	

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1Z71R1	49	453.03	Y N	06757163000868261	96160	
1Z4PR1	45	133.65	Y N	06757163000868360	96800	
1Z6ZY9	82	864.05	Y N	06757163000868186	96100	
1Z4PP7	47	139.59	Y N	06757163000868216	96120	
1Z70N7	93	986.67	Y N	06757163000868377	96910	
1Z7244	41	383.47	Y N	06757163000868421	96970	
1Z7252	33	227.59	Y N	06757163000868230	96140	
1Z7046	67	587.96	Y N	06757163000868223	96130	
1Z71H5	69	767.20	Y N	06757163000868322	96600	
1Z4PY4	9	26.73	Y N	06757163000868414	96930	
1Z70W3	71	773.80	Y N	06757163000868346	96700	
1Z7242	52	560.04	Y N	06757163000868391	96920	
1Z7295	37	305.53	Y N	06757163000868179	96000	

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

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

_____ per _____

COD Amount \$ _____

Fee Terms: Collect: Prepaid: Customer check acceptable: **NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded: By Shipper By Driver**Freight Counted:** By Shipper By Driver/pallets said to contain By Driver/Pieces**CARRIER SIGNATURE / PICKUP DATE**

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

SHIP FROM		Master Bill of Lading Number: 06757163000868438	
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: 1575 Seal number(s): 8096838 SCAC: HGLS Pro Number: 13965126601	
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 #: 5014085787		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		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		
					BOL#	DC#	Supplier#
1Z7248	23	173.01	Y	N	06757163000868278	96170	
1Z71N1	57	393.11	Y	N	06757163000868209	96120	
1Z72H3	23	248.54	Y	N	06757163000868254	96150	
1Z4QD1	15	44.55	Y	N	06757163000868285	96170	
1Z70Q3	68	709.95	Y	N	06757163000868407	96930	
1Z4Q38	24	71.28	Y	N	06757163000868193	96100	
1Z4QC0	16	47.52	Y	N	06757163000868339	96600	
1Z4QD7	11	32.67	Y	N	06757163000868247	96150	
1Z6ZC1	86	866.46	Y	N	06757163000868292	96300	
1Z4QD8	10	29.70	Y	N	06757163000868773	96970	
1Z4QF1	8	23.76	Y	N	06757163000868308	96300	
1Z71D4	61	643.69	Y	N	06757163000868353	96800	
1Z71Y2	39	517.14	Y	N	06757163000868315	96500	

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. <div style="text-align: right;">Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 3/25/2024 10:50:21 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000868438	
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: 1575 Seal number(s): 8096838 SCAC: HGLS Pro Number: 13965126601	
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 #: 5014085787		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

Grand Total

1136

10010.69

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
47	Pallet			2350.00		Pallet		70
		185	ctns	549.45		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
		586	ctns	8256.74		Mattress Pads	149265	100
		365	ctns	1204.50		Sheet Set & Pillowcase	49260 Sub 3	250
47				12360.69		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.

MASTER BILL OF LADING

ESTIMATED PICK UP DATE: 3/25/2024

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

Contact: ALEX GONZALEZ

BILL OF LADING :5014085787

TRAILER # SEAL # TL # 1575 Seal # 8096838

ORDER # : 1038319_ALC72377349S, 1038319_AMS72377571S,
1038319_AMS72397303S, 1038319_ARD72378502S, 1038319_BES72378058S,
1038319_BTH72377813S, 1038319_BTH72391204S, 1038319_FLT72391005S,
1038319_IND72376860S, 1038319_JAC72392022S, 1038319_JAN72377062S,
1038319_JON72378531S, 1038319_LEB72367049S, 1038319_LEB72372246S,
1038319_LGV72378268S, 1038319_MAR72377570S, 1038319_SAT72378267S,
1038319_SBO72377546S, 1038319_SCV72378059S, 1038319_WAL72377348S

CR ALC72377349S
CR AMS72377571S
CR AMS72397303S
CR ARD72378502S
CR BES72378058S
CR BTH72377813S
CR BTH72391204S
CR FLT72391005S
CR IND72376860S
CR JAC72392022S
CR JAN72377062S
CR JON72378531S
CR LEB72367049S
CR LEB72372246S
CR LGV72378268S
CR MAR72377570S
CR SAT72378267S
CR SBO72377546S
CR SCV72378059S
CR WAL72377348S

P8 1Z4PP7-01
P8 1Z4PR1-01
P8 1Z4PY4-01
P8 1Z4Q38-01
P8 1Z4QC0-01
P8 1Z4QD1-01
P8 1Z4QD7-01
P8 1Z4QD8-01
P8 1Z4QF1-01
P8 1Z6ZC1-01
P8 1Z6ZY9-01
P8 1Z7046-01
P8 1Z70N7-01
P8 1Z70Q3-01
P8 1Z70W3-01
P8 1Z71D4-01
P8 1Z71H5-01
P8 1Z71N1-01
P8 1Z71R1-01
P8 1Z71Y2-01
P8 1Z7242-01
P8 1Z7244-01
P8 1Z7248-01
P8 1Z7252-01
P8 1Z7295-01
P8 1Z72H3-01
PO 1Z4PP7-01
PO 1Z4PR1-01
PO 1Z4PY4-01
PO 1Z4Q38-01
PO 1Z4QC0-01
PO 1Z4QD1-01
PO 1Z4QD7-01
PO 1Z4QD8-01
PO 1Z4QF1-01
PO 1Z6ZC1-01
PO 1Z6ZY9-01
PO 1Z7046-01
PO 1Z70N7-01
PO 1Z70Q3-01
PO 1Z70W3-01
PO 1Z71D4-01
PO 1Z71H5-01
PO 1Z71N1-01
PO 1Z71R1-01
PO 1Z71Y2-01
PO 1Z7242-01
PO 1Z7244-01
PO 1Z7248-01
PO 1Z7252-01
PO 1Z7295-01

MASTER BILL OF LADING

PO 1Z72H3-01

CONSIGNEE	CARRIER
Name: HUBGROUP FONTANA CROSSDOCK Address: 13204 PHILADELPHIA AVE YARD City/State/Zip: FONTANA, CA 92337 Contact:	CARRIER NAME: HUB HIGHWAY SERVICES SCAC: HHWY PRO NUMBER: 13965126601 13965126601 QUOTE NUMBER:
THIRD PARTY FREIGHT CHARGES BILL TO	Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523	

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:

P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2787,70067193,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2832,70110300,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2832,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1731,P U# NEEDED,Number of miles: 2345,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70067198,70109466,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109472,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1884,P U# NEEDED,Number of miles: 2143,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110299,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109468,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109470,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70067200,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110295,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110292,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110294,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,P U# NEEDED,Number of miles: 1760,70110293,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110298,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2281,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2329 | STOP#: 1 PO - 1Z4PP7-01;1Z4PR1-01;1Z4PY4-01;1Z4Q38-01;1Z4QC0-01;1Z4QD1-01;1Z4QD7-01;1Z4QD8-01;1Z4QF1-01;1Z6ZC1-01;1Z6ZY9-01;1Z7046-01;1Z70N7-01;1Z70Q3-01;1Z70W3-01;1Z71D4-01;1Z71H5-01;1Z71N1-01;1Z71R1-01;1Z71Y2-01;1Z7242-01;1Z7244-01;1Z7248-01;1Z7252-01;1Z7295-01;1Z72H3-01,STOP#: 1 CR - ALC72377349S;AMS72377571S;AMS72397303S;ARD72378502S;BES72378058S;BTH72377813S;BTH72391204S;FLT72391005S;IND72376860S;JAC72392022S;JAN72377062S;JON72378531S;LEB72367049S;LEB72372246S;LGV72378268S;MAR72377570S;SAT72378267S;SBO72377546S;SCV72378059S;WAL72377348S

SPECIAL SERVICES:

CARRIER INFO

COMMODITY DESCRIPTION								
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	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	NMFC#	CLASS	
1	37	356	115		GENERAL COMMODITIES	NMFC_CLASS	250.0	
21	628	10725	4383		GENERAL COMMODITIES	NMFC_CLASS	300.0	
2	21	163	230		GENERAL COMMODITIES	NMFC_CLASS	500.0	
4	450	1128	697		GENERAL COMMODITIES	NMFC_CLASS	400.0	
28	1136	12372.00	5425.00		GRAND TOTAL			

CUSTOMER

CUSTOMER ORDER NUMBER	SKU	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
ALC72377349S		2	45	978	461	Y	N	
ALC72377349S		0	61	1	1	Y	N	
AMS72377571S		1	11	83	115	Y	N	
AMS72397303S		1	23	299	115	Y	N	
ARD72378502S		2	8	1091	461	Y	N	
ARD72378502S		0	86	1	1	Y	N	
BES72378058S		2	9	937	461	Y	N	

MASTER BILL OF LADING

BES72378058S		0	68	1	1	Y	N
BTH72377813S		1	24	121	115	Y	N
BTH72391204S		2	82	1014	346	Y	N
LEB72372246S		1	41	484	231	Y	N
FLT72391005S		2	71	924	346	Y	N
IND72376860S		2	16	1015	461	Y	N
IND72376860S		0	69	1	1	Y	N
JAC72392022S		1	33	278	115	Y	N
JAN72377062S		1	67	688	231	Y	N
JON72378531S		2	93	1187	462	Y	N
LEB72367049S		1	10	80	115	Y	N
LGV72378268S		1	49	553	231	Y	N
SCV72378059S		1	37	356	115	Y	N
WAL72377348S		0	23	1	1	Y	N
MAR72377570S		1	52	660	231	Y	N
SAT72378267S		2	47	683	346	Y	N
SAT72378267S		0	57	1	1	Y	N
SBO72377546S		1	39	617	231	Y	N
WAL72377348S		1	15	318	230	Y	N
GRAND TOTAL		28	1136	12372.00	5425.00		

PALLET TYPE

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

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

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

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

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

Shipper Signature _____

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.
FWTL 3/25/24

Trailer Loaded: By Shipper By Driver
 Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or has the DOT emergency response
[Signature] 3/25/24
 Property described above is received in good order, except as

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5014085787			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_LEB72367049S, 1038319_LEB72372246S			
CONSIGNEE				CARRIER			
Name: LEBEC DISTRIBUTION CENTER Address: 4193 INDUSTRIAL PARKWAY DR City/State/Zip: LEBEC, CA 93243 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION: Number of miles: 2787, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067193, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110300, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110300, Number of miles: 1731, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067198, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109466, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109472, Number of miles: 1884, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110299, Number of miles: 2528, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109468, Number of miles: 2032, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109470, Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067200, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110295, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110292, Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110294, Number of miles: 2212, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110298, Number of miles: 2281, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110298, Number of miles: 2281, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 2329, P U# NEEDED, 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	10	80	115		GENERAL COMMODITIES	NMFC_CLASS	500.0
1	41	484	231		GENERAL COMMODITIES	NMFC_CLASS	300.0
2	51	564.00	346.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
LEB72367049S	1	10	80	115	Y N		
LEB72372246S	1	41	484	231	Y N		
GRAND TOTAL	2	51	564.00	346.00			
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 :5014085787			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_AMS72377571S, 1038319_AMS72397303S			
CONSIGNEE				CARRIER			
Name: AMSTERDAM DISTRIBUTION CENTER Address: 2041 STATE HIGHWAY 5S City/State/Zip: AMSTERDAM, NY 12010 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION: Number of miles: 2787, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067193, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110300, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1731, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2345, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067198, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109466, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109472, Number of miles: 1884, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2143, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110299, Number of miles: 2528, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109468, Number of miles: 2032, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067200, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110295, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110292, Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110294, Number of miles: 2212, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110293, Number of miles: 2764, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110298, Number of miles: 2281, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2329, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	NMFC#	CLASS
1	11	83	115		GENERAL COMMODITIES	NMFC_CLASS	500.0
1	23	299	115		GENERAL COMMODITIES	NMFC_CLASS	300.0
2	34	382.00	230.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
AMS72377571S	1	11	83	115	Y N		
AMS72397303S	1	23	299	115	Y N		
GRAND TOTAL	2	34	382.00	230.00			
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 :5014085787			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_ALC72377349S			
CONSIGNEE				CARRIER			
Name: ALACHUA DISTRIBUTION CENTER Address: 12000 NW 173RD ST City/State/Zip: ALACHUA, FL 32615 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> </u> X <u> </u>			
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION: Number of miles: 2787,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70067193,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110300,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1731,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2345,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70067198,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109466,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109472,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2143,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110299,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109468,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109470,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70067200,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110295,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110292,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110294,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1760,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110293,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110298,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2329,P U# NEEDED,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
0	61	1	1		GENERAL COMMODITIES	NMFC_CLASS	400.0
2	45	978	461		GENERAL COMMODITIES	NMFC_CLASS	300.0
2	106	979.00	462.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
ALC72377349S	2	45	978	461	Y N		
ALC72377349S	0	61	1	1	Y N		
GRAND TOTAL	2	106	979.00	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 _____		
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 :5014085787		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_SAT72378267S		
CONSIGNEE					CARRIER		
Name: SAN ANTONIO DISTRIBUTION CENTE Address: 6601 CAL TURNER DR City/State/Zip: SAN ANTONIO, TX 78220 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:		
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>		
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION: Number of miles: 2787,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70067193,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110300,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1731,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2345,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70067198,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109466,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109472,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2143,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110299,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109468,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109470,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70067200,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110295,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110292,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110294,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1760,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110293,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110298,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2329,P U# NEEDED,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
2	104	684	347		GENERAL COMMODITIES	NMFC_CLASS	400.0
2	104	684.00	347.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
SAT72378267S	2	47	683	346	Y N		
SAT72378267S	0	57	1	1	Y N		
GRAND TOTAL	2	104	684.00	347.00			
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 :5014085787		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_MAR72377570S		
CONSIGNEE					CARRIER		
Name: DOLLAR GENERAL - MARION Address: 5575 DOLLAR GENERAL WAY City/State/Zip: MARION, IN 46952 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:		
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>		
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION: Number of miles: 2787, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067193, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110300, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1731, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2345, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067198, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109466, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109472, Number of miles: 1884, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2143, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110299, Number of miles: 2528, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109468, Number of miles: 2032, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109470, Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067200, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110295, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110292, Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110294, Number of miles: 2212, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1760, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110293, Number of miles: 2764, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110298, Number of miles: 2281, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2329, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS
					Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.		
1	52	660	231		GENERAL COMMODITIES	NMFC_CLASS	300.0
1	52	660.00	231.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
MAR72377570S	1	52	660	231	Y N		
GRAND TOTAL	1	52	660.00	231.00			
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 :5014085787			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_BTH72377813S, 1038319_BTH72391204S			
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: Number of miles: 2787, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067193, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110300, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1731, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2345, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067198, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109466, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109472, Number of miles: 1884, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2143, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110299, Number of miles: 2528, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109468, Number of miles: 2032, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109470, Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067200, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110295, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110292, Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110294, Number of miles: 2212, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1760, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110293, Number of miles: 2764, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110298, Number of miles: 2281, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2329, P U# NEEDED, 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	121	115		GENERAL COMMODITIES		NMFC_CLASS	400.0
2	82	1014	346		GENERAL COMMODITIES		NMFC_CLASS	300.0
3	106	1135.00	461.00		GRAND TOTAL			
CUSTOMER								
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
BTH72377813S	1	24	121	115	Y	N		
BTH72391204S	2	82	1014	346	Y	N		
GRAND TOTAL	3	106	1135.00	461.00				
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 :5014085787				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_BES72378058S				
CONSIGNEE				CARRIER				
Name: BESSEMER DISTRIBUTION CENTER 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> </u> X <u> </u>				
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES								
CUSTOMS INSTRUCTION:								
SPECIAL INSTRUCTION: Number of miles: 2787, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067193, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110300, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1731, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2345, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067198, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109466, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109472, Number of miles: 1884, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2143, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110299, Number of miles: 2528, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109468, Number of miles: 2032, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109470, Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067200, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110295, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110292, Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110294, Number of miles: 2212, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1760, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110293, Number of miles: 2764, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110298, Number of miles: 2281, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2329, P U# NEEDED, 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
0	68	1	1		GENERAL COMMODITIES		NMFC_CLASS	400.0
2	9	937	461		GENERAL COMMODITIES		NMFC_CLASS	300.0
2	77	938.00	462.00		GRAND TOTAL			
CUSTOMER								
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
BES72378058S	2	9	937	461	Y	N		
BES72378058S	0	68	1	1	Y	N		
GRAND TOTAL	2	77	938.00	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 _____		
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 :5014085787							
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_FLT72391005S							
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 <input checked="" type="checkbox"/>							
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES											
CUSTOMS INSTRUCTION:											
SPECIAL INSTRUCTION: Number of miles: 2787, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067193, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110300, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1731, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2345, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067198, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109466, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109472, Number of miles: 1884, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2143, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110299, Number of miles: 2528, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109468, Number of miles: 2032, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109470, Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067200, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110295, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110292, Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110294, Number of miles: 2212, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1760, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110293, Number of miles: 2764, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110298, Number of miles: 2281, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2329, P U# NEEDED, 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			
2	71	924	346		GENERAL COMMODITIES		NMFC_CLASS	300.0			
2	71	924.00	346.00		GRAND TOTAL						
CUSTOMER											
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO				
FLT72391005S	2	71	924	346	Y	N					
GRAND TOTAL	2	71	924.00	346.00							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">PALLET TYPE</th> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>								PALLET TYPE			
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.											
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 :5014085787			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_LGV72378268S			
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 <input checked="" type="checkbox"/>			
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION: Number of miles: 2787, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067193, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110300, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1731, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2345, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067198, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109466, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109472, Number of miles: 1884, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2143, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110299, Number of miles: 2528, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109468, Number of miles: 2032, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110292, Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109470, Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067200, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110295, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110292, Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110294, Number of miles: 2212, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1760, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110293, Number of miles: 2764, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110298, Number of miles: 2281, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2329, P U# NEEDED, 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	49	553	231		GENERAL COMMODITIES	NMFC_CLASS	300.0
1	49	553.00	231.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
LGV72378268S	1	49	553	231	Y N		
GRAND TOTAL	1	49	553.00	231.00			
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 :5014085787				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_IND72376860S				
CONSIGNEE				CARRIER				
Name: INDIANOLA DISTRIBUTION CENTER Address: 914 HIGHWAY 82 W City/State/Zip: INDIANOLA, MS 38751 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HWY 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: Number of miles: 2787, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067193, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110300, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1731, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2345, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067198, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109466, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109472, Number of miles: 1884, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2143, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110299, Number of miles: 2528, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109468, Number of miles: 2032, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110299, Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067200, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110295, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110292, Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110294, Number of miles: 2212, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1760, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110293, Number of miles: 2764, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110298, Number of miles: 2281, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2329, P U# NEEDED, 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	
0	69	1	1		GENERAL COMMODITIES	NMFC_CLASS	400.0	
2	16	1015	461		GENERAL COMMODITIES	NMFC_CLASS	300.0	
2	85	1016.00	462.00		GRAND TOTAL			
CUSTOMER								
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO		
IND72376860S	2	16	1015	461	Y N			
IND72376860S	0	69	1	1	Y N			
GRAND TOTAL	2	85	1016.00	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)								
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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 :5014085787			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_ARD72378502S			
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 <input checked="" type="checkbox"/>			
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION: Number of miles: 2787,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70067193,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110300,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1731,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2345,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70067198,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109466,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109472,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2143,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110299,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109468,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110299,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70067200,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110295,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110292,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110294,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1760,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110293,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110298,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2329,P U# NEEDED,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
0	86	1	1		GENERAL COMMODITIES	NMFC_CLASS	400.0
2	8	1091	461		GENERAL COMMODITIES	NMFC_CLASS	300.0
2	94	1092.00	462.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
ARD72378502S	2	8	1091	461	Y N		
ARD72378502S	0	86	1	1	Y N		
GRAND TOTAL	2	94	1092.00	462.00			
PALLETTYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.		Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted	

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5014085787			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_WAL72377348S			
CONSIGNEE				CARRIER			
Name: WALTON DISTRIBUTION CENTER Address: 950 WENSTRUP LN City/State/Zip: WALTON, KY 41094 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION: Number of miles: 2787,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70067193,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110300,Number of miles: 2832,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1731,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2345,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70067198,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109466,Number of miles: 2724,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109472,Number of miles: 1884,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2143,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110299,Number of miles: 2528,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109468,Number of miles: 2032,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70109470,Number of miles: 2648,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70067200,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110295,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110292,Number of miles: 1874,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110294,Number of miles: 2212,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1760,P U# NEEDED,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110293,Number of miles: 2764,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70110298,Number of miles: 2281,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2329,P U# NEEDED,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	38	319	231		GENERAL COMMODITIES	NMFC_CLASS	400.0
1	38	319.00	231.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
WAL72377348S	1	15	318	230	Y N		
WAL72377348S	0	23	1	1	Y N		
GRAND TOTAL	1	38	319.00	231.00			
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 :5014085787			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_JON72378531S			
CONSIGNEE				CARRIER			
Name: JONESVILLE DISTRIBUTION CENTER 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: Number of miles: 2787, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067193, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110300, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1731, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2345, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067198, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109466, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109472, Number of miles: 1884, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2143, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110299, Number of miles: 2528, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109468, Number of miles: 2032, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109470, Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067200, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110295, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110292, Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110294, Number of miles: 2212, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1760, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110293, Number of miles: 2764, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110298, Number of miles: 2281, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2329, P U# NEEDED, 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
2	93	1187	462		GENERAL COMMODITIES	NMFC_CLASS	300.0
2	93	1187.00	462.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
JON72378531S	2	93	1187	462	Y N		
GRAND TOTAL	2	93	1187.00	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 _____		
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 :5014085787			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_SCV72378059S			
CONSIGNEE				CARRIER			
Name: SCOTTSVILLE DISTRIBUTION CENTE Address: 427 BEECH ST City/State/Zip: SCOTTSVILLE, KY 42164 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION: Number of miles: 2787, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067193, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110300, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1731, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2345, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067198, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109466, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109472, Number of miles: 1884, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2143, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110299, Number of miles: 2528, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109468, Number of miles: 2032, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109470, Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067200, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110295, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110292, Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110294, Number of miles: 2212, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1760, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110293, Number of miles: 2764, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110298, Number of miles: 2281, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2329, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER							
SPECIAL SERVICES:							
CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	NMFC#	CLASS
1	37	356	115		GENERAL COMMODITIES	NMFC_CLASS	250.0
1	37	356.00	115.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
SCV72378059S	1	37	356	115	Y N		
GRAND TOTAL	1	37	356.00	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 :5014085787			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:				BL#: 1038319_SBO72377546S			
CONSIGNEE				CARRIER			
Name: SOUTH BOSTON DISTRIBUTION CENT Address: 3207 PHILPOTT RD City/State/Zip: SOUTH BOSTON, VA 24592 Contact:				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER:			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES							
CUSTOMS INSTRUCTION:							
SPECIAL INSTRUCTION: Number of miles: 2787, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067193, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110300, Number of miles: 2832, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1731, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2345, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067198, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109466, Number of miles: 2724, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109472, Number of miles: 1884, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2143, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110299, Number of miles: 2528, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109468, Number of miles: 2032, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70109470, Number of miles: 2648, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70067200, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110295, Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110292, Number of miles: 1874, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110294, Number of miles: 2212, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 1760, P U# NEEDED, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110293, Number of miles: 2764, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, 70110298, Number of miles: 2281, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER, Number of miles: 2329, P U# NEEDED, 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	39	617	231		GENERAL COMMODITIES	NMFC_CLASS	300.0
1	39	617.00	231.00		GRAND TOTAL		
CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
SBO72377546S	1	39	617	231	Y N		
GRAND TOTAL	1	39	617.00	231.00			
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

Date: 3/25/2024 10:50:20 AM

Bill Of Lading

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: 06757163000868247

 (402)06757163000868247

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

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No:
 Trailer number: 1575
 Seal number(s): 8096838
SCAC: HGSL
Pro Number: 13965126601

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
SPECIAL INSTRUCTIONS:
 Load #: 5014085787
 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
1Z4QD7	11	32.67	Y N	
Grand Total	11	32.67		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		11	ctns	32.67		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		11		82.67		Grand Total		

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

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

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, 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: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

Date: 3/25/2024 10:50:20 AM

Bill Of Lading

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: 06757163000868391



(402)06757163000868391

SHIP TO

Name: DOLGEN - MARION DC Location #: 96920
 Address: 5575 East Dollar General
 96920
 City/State/Zip: Marion, IN 46952
 CID#: _____
 Dept: 00 FOB:

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No: _____
 Trailer number: 1575
 Seal number(s): 8096838

SCAC: HGLS
Pro Number: 13965126601

THIRD PARTY FREIGHT CHARGES BILL TO:

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

SPECIAL INSTRUCTIONS:
 Load #: 5014085787
 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
1Z7242	52	560.04	Y	N	
Grand Total	52	560.04			

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
2	Pallet			100.00		Pallet		
		36	ctns	507.24		Mattress Pads	149265	100
		16	ctns	52.80		Sheet Set & Pillowcase	49260 Sub 3	250
2		52		660.04		Grand Total		

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

COD Amount: _____

Fee Terms: **Collect:** **Prepaid:**

Customer check acceptable:

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

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

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

Shipper Signature

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


Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

Date: 3/25/2024 10:50:19 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000868193													
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757163000868193													
SHIP TO		CARRIER NAME: HUB CITY GROUP													
Name: DOLGEN - BETHEL DC Location #: 96100 Address: 30 Martha Dr 96100 City/State/Zip: Bethel, PA 19507 CID#: _____ Dept: 00 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 1575 Seal number(s): 8096838													
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: HGSL Pro Number: 13965126601													
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____													
SPECIAL INSTRUCTIONS: Load #: 5014085787 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Appointment Time</td> <td style="width:25%;">Actual Driver Arrival Time</td> <td style="width:25%;">Driver Departure Time</td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align: center;">AM</td> <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> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time		AM	AM	AM	AM	PM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time													
AM	AM	AM	AM												
PM	PM	PM	PM												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1Z4Q38	24	71.28	Y N	
Grand Total	24	71.28		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		24	ctns	71.28		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		24		121.28		Grand Total		

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

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

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

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

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

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

Date: 3/25/2024 10:50:19 AM

Bill Of Lading

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: 06757163000868285



(402)06757163000868285

SHIP TO

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

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No: _____
 Trailer number: 1575
 Seal number(s): 8096838

SCAC: HGLS
Pro Number: 13965126601

THIRD PARTY FREIGHT CHARGES BILL TO:

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

SPECIAL INSTRUCTIONS:
 Load #: 5014085787
 Packing List is Attached

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

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

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

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1Z4QD1	15	44.55	Y N	
Grand Total	15	44.55		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		15	ctns	44.55		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		15		94.55		Grand Total		

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

COD Amount: _____

Fee Terms: **Collect:** **Prepaid:**

Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver


Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

Date: 3/25/2024 10:50:18 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - LONGVIEW DC Location #: 96160
Address:	221 Hanson Way	Address:	3300 E. George Richey Road
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	96160 Longview, TX 75605
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000868261		Trailer number: 1575	
		Seal number(s): 8096838	
(402)06757163000868261		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number: 13965126601	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party:	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 5014085787			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1Z71R1	49	453.03	Y N	
Grand Total	49	453.03		

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
2	Pallet			100.00		Pallet		
		27	ctns	380.43		Mattress Pads	149265	100
		22	ctns	72.60		Sheet Set & Pillowcase	49260 Sub 3	250
2		49		553.03		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:

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

per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Date: 3/25/2024 10:50:17 AM

Bill Of Lading

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

Bill of Lading Number: 06757163000868186

 (402)06757163000868186

SHIP TO
 Name: DOLGEN - BETHEL DC Location #: 96100
 Address: 30 Martha Dr
 96100
 City/State/Zip: Bethel, PA 19507
 CID#: _____
 Dept: 00

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No: _____
 Trailer number: 1575
 Seal number(s): 8096838
SCAC: HGLS
Pro Number: 13965126601

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 Load #: 5014085787
 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
1Z6ZY9	82	864.05	Y N	
Grand Total	82	864.05		

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	
3	Pallet			150.00		Pallet			
		27	ctns	89.10		Sheet Set & Pillowcase	49260	Sub 3	250
		55	ctns	774.95		Mattress Pads	149265		100
3		82		1014.05		Grand Total			

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

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

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


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

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

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

Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

SHIP FROM		Bill of Lading Number: 06757163000868339	
Name: E & E COMPANY LTD		 (402)06757163000868339	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: HUB CITY GROUP	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 1575	
Name: DOLGEN- INDIANOLA DC Location #: 96600		Seal number(s): 8096838	
Address: 914 Hwy 82 W		SCAC: HGSL	
96600		Pro Number: 13965126601	
City/State/Zip: Indianola, MS 38751			
CID#:			
Dept: 00			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 5014085787		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1Z4QC0	16	47.52	Y N	
Grand Total	16	47.52		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		16	ctns	47.52		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		16		97.52		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

Date: 3/25/2024 10:50:16 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

Bill of Lading Number: 06757163000868179



(402)06757163000868179

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No: _____
 Trailer number: 1575
 Seal number(s): 8096838

SCAC: HGLS
Pro Number: 13965126601

SHIP TO

Name: DOLGEN - SCOTTSVILLE DC Location #: 96000
 Address: 427 Beech Street
 96000
 City/State/Zip: Scottsville, KY 42164-1698
 CID#: _____
 Dept: 00 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

SPECIAL INSTRUCTIONS:
 Load #: 5014085787
 Packing List is Attached

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

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

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

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1Z7295	37	305.53	Y N	
Grand Total	37	305.53		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	239.53		Mattress Pads	149265	100
		20	ctns	66.00		Sheet Set & Pillowcase	49260 Sub 3	250
1		37		355.53		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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


Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

Date: 3/25/2024 10:50:16 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000868773	
Name: E & E COMPANY LTD		 (402)06757163000868773	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: HUB CITY GROUP	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 1575	
Name: DOLGEN- CALIFORNIA DC Location #: 96970		Seal number(s): 8096838	
Address: 4193 Industrial Parkway Drive		SCAC: HGSL	
96970		Pro Number: 13965126601	
City/State/Zip: Lebec, CA 93243			
CID#:			
Dept: 00			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM AM AM	
Load #: 5014085787		PM PM PM	
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1Z4QD8	10	29.70	Y N	
Grand Total	10	29.70		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		10	ctns	29.70		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		10		79.70		Grand Total		

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

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

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

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

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

Shipper Signature

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

Date: 3/25/2024 10:50:15 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

Bill of Lading Number: 06757163000868377



(402)06757163000868377

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: 1575
 Seal number(s): 8096838

SCAC: HGLS
Pro Number: 13965126601

THIRD PARTY FREIGHT CHARGES BILL TO:

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

SPECIAL INSTRUCTIONS:
 Load #: 5014085787
 Packing List is Attached

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

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

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

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1Z70N7	93	986.67	Y N	
Grand Total	93	986.67		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		63	ctns	887.67		Mattress Pads	149265	100
		30	ctns	99.00		Sheet Set & Pillowcase	49260 Sub 3	250
4		93		1186.67		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

Date: 3/25/2024 10:50:15 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

Bill of Lading Number: 06757163000868421



CARRIER NAME: HUB CITY GROUP

Responsible Acct.No: _____

Trailer number: 1575

Seal number(s): 8096838

SCAC: HGLS

Pro Number: 13965126601

SHIP TO

Name: DOLGEN- CALIFORNIA DC Location #: 96970
 Address: 4193 Industrial Parkway Drive
 96970
 City/State/Zip: Lebec, CA 93243
 CID#: _____
 Dept: 00 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

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

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

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

SPECIAL INSTRUCTIONS:
 Load #: 5014085787
 Packing List is Attached

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1Z7244	41	383.47	Y N	
Grand Total	41	383.47		

CARRIER INFORMATION						PACKAGE		
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>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
2	Pallet			100.00		Pallet		
		23	ctns	324.07		Mattress Pads	149265	100
		18	ctns	59.40		Sheet Set & Pillowcase	49260 Sub 3	250
2		41		483.47		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

Date: 3/25/2024 10:50:14 AM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000868322



CARRIER NAME: HUB CITY GROUP

Responsible Acct.No: _____

Trailer number: 1575

Seal number(s): 8096838

SCAC: HGLS

Pro Number: 13965126601

SHIP TO

Name: DOLGEN- INDIANOLA DC Location #: 96600
 Address: 914 Hwy 82 W
 96600
 City/State/Zip: Indianola, MS 38751
 CID#: _____
 Dept: 00

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____

Address: _____

City/State/Zip: _____

SPECIAL INSTRUCTIONS:

Load #: 5014085787

Packing List is Attached

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

Prepaid: Collect: 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
1Z71H5	69	767.20	Y N	
Grand Total	69	767.20		

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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		50	ctns	704.50		Mattress Pads	149265	100
		19	ctns	62.70		Sheet Set & Pillowcase	49260 Sub 3	250
3		69		917.20		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.

Date: 3/25/2024 10:50:13 AM

Bill Of Lading

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

Bill of Lading Number: 06757163000868209

 (402)06757163000868209

SHIP TO
 Name: DOLGEN - SAN ANTONIO DC Location #: 96120
 Address: 6601 Cal Turner Drive
 96120
 City/State/Zip: San Antonio, TX 78220
 CID#: _____
 Dept: 00

FOB:
CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No: _____
 Trailer number: 1575
 Seal number(s): 8096838
SCAC: HGLS
Pro Number: 13965126601

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 Load #: 5014085787
 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
1Z71N1	57	393.11	Y N	
Grand Total	57	393.11		

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
2	Pallet			100.00		Pallet		
		19	ctns	267.71		Mattress Pads	149265	100
		38	ctns	125.40		Sheet Set & Pillowcase	49260 Sub 3	250
2		57		493.11		Grand Total		

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

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

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

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

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

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


Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

Date: 3/25/2024 10:50:12 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000868254  (402)06757163000868254										
Name: E & E COMPANY LTD 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: _____ Trailer number: 1575 Seal number(s): 8096838										
SHIP TO		SCAC: HGLS Pro Number: 13965126601										
Name: DOLGEN - AMSTERDAM DC Location #: 96150 Address: 2041 State Highway 5 South 96150 City/State/Zip: Amsterdam, NY 12010 CID#: _____ Dept: 00 FOB: <input type="checkbox"/>		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Appointment Time</td> <td style="width: 25%;">Actual Driver Arrival Time</td> <td style="width: 25%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
THIRD PARTY FREIGHT CHARGES BILL TO:		SPECIAL INSTRUCTIONS: Load #: 5014085787 Packing List is Attached										
Name: _____ Address: _____ City/State/Zip: _____												

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
1Z72H3	23	248.54	Y N		
Grand Total	23	248.54			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	23.10		Sheet Set & Pillowcase	49260 Sub 3	250
		16	ctns	225.44		Mattress Pads	149265	100
1		23		298.54		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. <p style="text-align: right;">Shipper Signature</p>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table style="width:100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.		

Date: 3/25/2024 10:50:12 AM

Bill Of Lading

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: 06757163000868292



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

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 FOB:

Trailer number: 1575
 Seal number(s): 8096838

SCAC: HGLS
 Pro Number: 13965126601

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

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

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 5014085787
 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
1Z6ZC1	86	866.46	Y	N	
Grand Total	86	866.46			

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
3	Pallet			150.00		Pallet		
		54	ctns	760.86		Mattress Pads	149265	100
		32	ctns	105.60		Sheet Set & Pillowcase	49260 Sub 3	250
3		86		1016.46		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 3/25/2024 10:50:11 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - WALTON DC Location #: 96170
Address:	221 Hanson Way	Address:	950 Wenstrup Lane
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	96170 Walton, KY 41094
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000868278		Trailer number: 1575	
		Seal number(s): 8096838	
(402)06757163000868278		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number: 13965126601	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party:	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:	
Address:	
City/State/Zip:	
SPECIAL INSTRUCTIONS:	
Load #: 5014085787	
Packing List is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1Z7248	23	173.01	Y N	
Grand Total	23	173.01		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	126.81		Mattress Pads	149265	100
		14	ctns	46.20		Sheet Set & Pillowcase	49260 Sub 3	250
1		23		223.01		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 3/25/2024 10:50:11 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - BESSEMER DC Location #: 96930
Address:	221 Hanson Way	Address:	4101 Lakeshore Pkwy 96930
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Bessemer, AL 35022
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000868407		Trailer number: 1575	
		Seal number(s): 8096838	
(402)06757163000868407		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number: 13965126601	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached		3rd Party:	
(check box)		underlying Bills of Lading	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 5014085787			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1Z70Q3	68	709.95	Y N	
Grand Total	68	709.95		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		45	ctns	634.05		Mattress Pads	149265	100
		23	ctns	75.90		Sheet Set & Pillowcase	49260 Sub 3	250
3		68		859.95		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 3/25/2024 10:50:10 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000868308	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000868308	
SHIP TO		CARRIER NAME: HUB CITY GROUP	
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		Responsible Acct.No: _____ Trailer number: 1575 Seal number(s): 8096838	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: HGLS	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: 13965126601	
SPECIAL INSTRUCTIONS: Load #: 5014085787 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1Z4QF1	8	23.76	Y N	
Grand Total	8	23.76		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	23.76		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		8		73.76		Grand Total		

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

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

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

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

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

 Shipper Signature

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

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

Bill of Lading Number: 06757163000868216



CARRIER NAME: HUB CITY GROUP

Responsible Acct.No: _____

Trailer number: 1575

Seal number(s): 8096838

SCAC: HGLS

Pro Number: 13965126601

SHIP TO
 Name: DOLGEN - SAN ANTONIO DC Location #: 96120
 Address: 6601 Cal Turner Drive
 96120
 City/State/Zip: San Antonio, TX 78220
 CID#: _____
 Dept: 00 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

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

Prepaid: Collect: X 3rd Party: _____

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

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

SPECIAL INSTRUCTIONS:
 Load #: 5014085787
 Packing List is Attached

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1Z4PP7	47	139.59	Y N	
Grand Total	47	139.59		

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
1	Pallet			50.00		Pallet				
		47	ctns	139.59		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175		
1		47		189.59		Grand Total				

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

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

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

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


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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

SHIP FROM		Bill of Lading Number: 06757163000868223	
Name: E & E COMPANY LTD		 (402)06757163000868223	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: HUB CITY GROUP	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 1575	
Name: DOLGEN- JANESVILLE DC Location #: 96130		Seal number(s): 8096838	
Address: 101 Innovation Drive		SCAC: HGLS	
96130		Pro Number: 13965126601	
City/State/Zip: Janesville, WI 53546			
CID#:			
Dept: 00			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 5014085787		Appointment Time	
Packing List is Attached		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
1Z7046	67	587.96	Y N	
Grand Total	67	587.96		

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
2	Pallet			100.00		Pallet		
		33	ctns	108.90		Sheet Set & Pillowcase	49260 Sub 3	250
		34	ctns	479.06		Mattress Pads	149265	100
2		67		687.96		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.

Date: 3/25/2024 10:50:08 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - FULTON DC Location #: 96700
Address:	221 Hanson Way	Address:	1900 Cardinal Drive Callaway, 96700
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Fulton, MO 65251-7250
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000868346		Trailer number: 1575	
		Seal number(s): 8096838	
(402)06757163000868346		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number: 13965126601	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 5014085787			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1Z70W3	71	773.80	Y	N	
Grand Total	71	773.80			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		21	ctns	69.30		Sheet Set & Pillowcase	49260 Sub 3	250
		50	ctns	704.50		Mattress Pads	149265	100
3		71		923.80		Grand Total		

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

\$ _____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Date: 3/25/2024 10:50:08 AM

Bill Of Lading

SHIP FROM	
Name:	E & E COMPANY LTD
Address:	221 Hanson Way
City/State/Zip:	Woodland, CA 95776
SID#:	
PHONE:	
VENDOR:	FOB: <input type="checkbox"/>

Bill of Lading Number: 06757163000868353



(402)06757163000868353

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No:
 Trailer number: 1575
 Seal number(s): 8096838

SCAC: HGLS
 Pro Number: 13965126601

SHIP TO	
Name:	DOLGEN - ALACHUA DC Location #: 96800
Address:	12000 Nw 173 Street 96800
City/State/Zip:	Alachua, FL 32615-8141
CID#:	
Dept:	00 FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	
Address:	
City/State/Zip:	

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

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

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

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

SPECIAL INSTRUCTIONS:
 Load #: 5014085787
 Packing List is Attached

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
1Z71D4	61	643.69	Y N		
Grand Total	61	643.69			

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
3	Pallet			150.00		Pallet		
		41	ctns	577.69		Mattress Pads	149265	100
		20	ctns	66.00		Sheet Set & Pillowcase	49260 Sub 3	250
3		61		793.69		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

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

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

Date: 3/25/2024 10:50:07 AM

Bill Of Lading

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: 06757163000868230

 (402)06757163000868230

SHIP TO
 Name: DOLGEN- JACKSON DC Location #: 96140
 Address: 200 Jackson Road
 96140
 City/State/Zip: Jackson, GA 30233
 CID#:
 Dept: 00 FOB:

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No:
 Trailer number: 1575
 Seal number(s): 8096838

SCAC: HGLS
Pro Number: 13965126601

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** X **3rd Party:**

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

SPECIAL INSTRUCTIONS:
 Load #: 5014085787
 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
1Z7252	33	227.59	Y N	
Grand Total	33	227.59		

CARRIER INFORMATION						PACKAGE		
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>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
1	Pallet			50.00		Pallet		
		11	ctns	154.99		Mattress Pads	149265	100
		22	ctns	72.60		Sheet Set & Pillowcase	49260 Sub 3	250
1		33		277.59		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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.


Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

Date: 3/25/2024 10:50:06 AM

Bill Of Lading

Page 1 of 1

SHIP FROM					SHIP TO				
Name: E & E COMPANY LTD					Name: DOLGEN - SOUTH BOSTON DC Location #: 96500				
Address: 221 Hanson Way					Address: 3207 Philpott Road				
City/State/Zip: Woodland, CA 95776					City/State/Zip: South Boston, VA 24592-6607				
SID#:					CID#:				
PHONE:					Dept: 00				
VENDOR:					FOB: <input type="checkbox"/>				
Bill of Lading Number: 06757163000868315					Trailer number: 1575				
					Seal number(s): 8096838				
(402)06757163000868315					SCAC: HGSL				
CARRIER NAME: HUB CITY GROUP					Pro Number: 13965126601				
Responsible Acct.No:					Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
Prepaid: <input type="checkbox"/>					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			
THIRD PARTY FREIGHT CHARGES BILL TO:									
Name:					SPECIAL INSTRUCTIONS:				
Address:					Load #: 5014085787				
City/State/Zip:					Packing List is Attached				
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
1Z71Y2			39	517.14	Y	N			
Grand Total			39	517.14					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
2	Pallet			100.00		Pallet			
		3	ctns	9.90		Sheet Set & Pillowcase	49260 Sub 3	250	
		36	ctns	507.24		Mattress Pads	149265	100	
2		39		617.14		Grand Total			

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

per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Date: 3/25/2024 10:50:06 AM

Bill Of Lading

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: 06757163000868414



(402)06757163000868414

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No:
 Trailer number: 1575
 Seal number(s): 8096838

SCAC: HGLS
Pro Number: 13965126601

SHIP TO

Name: DOLGEN - BESSEMER DC Location #: 96930
 Address: 4101 Lakeshore Pkwy
 96930
 City/State/Zip: Bessemer, AL 35022
 CID#:
 Dept: 00 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

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

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

SPECIAL INSTRUCTIONS:
 Load #: 5014085787
 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
1Z4PY4	9	26.73	Y N	
Grand Total	9	26.73		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	26.73		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		9		76.73		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver


Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

Date: 3/25/2024 10:50:05 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - ALACHUA DC
Address:	221 Hanson Way	Address:	12000 Nw 173 Street
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Alachua, FL 32615-8141
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000868360		Location #: 96800	
		Trailer number: 1575	
(402)06757163000868360		Seal number(s): 8096838	
CARRIER NAME: HUB CITY GROUP		SCAC: HGLS	
Responsible Acct.No:		Pro Number: 13965126601	
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:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 5014085787		AM	AM
Packing List is Attached		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1Z4PR1	45	133.65	Y N	
Grand Total	45	133.65		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		45	ctns	133.65		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		45		183.65		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces
CARRIER SIGNATURE / PICKUP DATE

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

Order No.: 70067193 Order Date: 03/05/2024 Customer: DOLGEN - AMSTERDAM DC Customer PO No.: 1Z4QD7

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:
03/25/2024

Shipment No.:
300086824

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	132	11	132	11

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

Order No.: 70110294 Order Date: 03/12/2024 Customer: DOLGEN - MARION DC Customer PO No.: 1Z7242

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - MARION DC 5575 EAST DOLLAR GENERAL MARION, IN 46952 US	Shipping Date: 03/25/2024 Shipment No.: 300086839
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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	288	36	288	36
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	192	16	192	16

Total Weight:	560.04
Total Quantity Ordered:	480
Total Cartons Ordered:	52
Total Quantity Shipped:	480
Total Cartons Shipped:	52

Order No.: 70067198 Order Date: 03/05/2024 Customer: DOLGEN - BETHEL DC Customer PO No.: 1Z4Q38

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:
03/25/2024

Shipment No.:
300086819

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	288	24	288	24

Total Weight: 71.28
Total Quantity Ordered: 288
Total Cartons Ordered: 24
Total Quantity Shipped: 288
Total Cartons Shipped: 24

Order No.: 70067194 Order Date: 03/05/2024 Customer: DOLGEN - WALTON DC Customer PO No.: 1Z4QD1

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - WALTON DC 950 WENSTRUP LANE WALTON, KY 41094 US	Shipping Date: 03/25/2024 Shipment No.: 300086828
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	180	15	180	15

Total Weight: 44.55
 Total Quantity Ordered: 180
 Total Cartons Ordered: 15
 Total Quantity Shipped: 180
 Total Cartons Shipped: 15

Order No.: 70110292 Order Date: 03/12/2024 Customer: DOLGEN - LONGVIEW DC Customer PO No.: 1Z71R1

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: 03/25/2024 Shipment No.: 300086826
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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	216	27	216	27
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	264	22	264	22

Total Weight:	453.03
Total Quantity Ordered:	480
Total Cartons Ordered:	49
Total Quantity Shipped:	480
Total Cartons Shipped:	49

Order No.: 70109466 Order Date: 03/12/2024 Customer: DOLGEN - BETHEL DC Customer PO No.: 1Z6ZY9

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:
03/25/2024

Shipment No.:
300086818

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	440	55	440	55
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	324	27	324	27

Total Weight: 864.05
Total Quantity Ordered: 764
Total Cartons Ordered: 82
Total Quantity Shipped: 764
Total Cartons Shipped: 82

Order No.: 70067192 Order Date: 03/05/2024 Customer: DOLGEN- INDIANOLA DC Customer PO No.: 1Z4QC0

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN- INDIANOLA DC 914 HWY 82 W INDIANOLA, MS 38751 US	Shipping Date: 03/25/2024 Shipment No.: 300086833
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	192	16	192	16

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

Order No.: 70110298 Order Date: 03/12/2024 Customer: DOLGEN - SCOTTSVILLE DC Customer PO No.: 1Z7295

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - SCOTTSVILLE DC 427 BEECH STREET SCOTTSVILLE, KY 42164-1698 US	Shipping Date: 03/25/2024 Shipment No.: 300086817
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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	136	17	136	17
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	240	20	240	20

Total Weight:	305.53
Total Quantity Ordered:	376
Total Cartons Ordered:	37
Total Quantity Shipped:	376
Total Cartons Shipped:	37

Order No.: 70067200 Order Date: 03/05/2024 Customer: DOLGEN- CALIFORNIA DC Customer PO No.: 1Z4QD8

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN- CALIFORNIA DC 4193 INDUSTRIAL PARKWAY DRIVE LEBEC, CA 93243 US	Shipping Date: 03/25/2024 Shipment No.: 300086877
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	120	10	120	10

Total Weight:	29.7
Total Quantity Ordered:	120
Total Cartons Ordered:	10
Total Quantity Shipped:	120
Total Cartons Shipped:	10

Order No.: 70109470 Order Date: 03/12/2024 Customer: DOLGEN - JONESVILLE Customer PO No.: 1Z70N7
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 - JONESVILLE DC 1451 SPARTANBURG HWY JONESVILLE, SC 29353 US	Shipping Date: 03/25/2024 Shipment No.: 300086837
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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	504	63	504	63
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	360	30	360	30

Total Weight:	986.67
Total Quantity Ordered:	864
Total Cartons Ordered:	93
Total Quantity Shipped:	864
Total Cartons Shipped:	93

Order No.: 70110295 Order Date: 03/12/2024 Customer: DOLGEN- CALIFORNIA DC Customer PO No.: 1Z7244

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN- CALIFORNIA DC 4193 INDUSTRIAL PARKWAY DRIVE LEBEC, CA 93243 US	Shipping Date: 03/25/2024 Shipment No.: 300086842
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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	184	23	184	23
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	216	18	216	18

Total Weight:	383.47
Total Quantity Ordered:	400
Total Cartons Ordered:	41
Total Quantity Shipped:	400
Total Cartons Shipped:	41

Order No.: 70109476 Order Date: 03/12/2024 Customer: DOLGEN- INDIANOLA DC Customer PO No.: 1Z71H5

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
DOLLAR GENERAL
CORPORATION CO.111
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072
US

SHIP TO:
DOLGEN- INDIANOLA DC
914 HWY 82 W
INDIANOLA, MS 38751
US

Shipping Date:
03/25/2024

Shipment No.:
300086832

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	400	50	400	50
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	228	19	228	19

Total Weight: 767.2
Total Quantity Ordered: 628
Total Cartons Ordered: 69
Total Quantity Shipped: 628
Total Cartons Shipped: 69

Order No.: 70109477 Order Date: 03/12/2024 Customer: DOLGEN - SAN ANTONIO DC Customer PO No.: 1Z71N1

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: 03/25/2024 Shipment No.: 300086820
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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	152	19	152	19
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	456	38	456	38

Total Weight:	393.11
Total Quantity Ordered:	608
Total Cartons Ordered:	57
Total Quantity Shipped:	608
Total Cartons Shipped:	57

Order No.: 70110300 Order Date: 03/12/2024 Customer: DOLGEN - AMSTERDAM DC Customer PO No.: 1Z72H3

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: 03/25/2024 Shipment No.: 300086825
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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	128	16	128	16
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	84	7	84	7

Total Weight:	248.54
Total Quantity Ordered:	212
Total Cartons Ordered:	23
Total Quantity Shipped:	212
Total Cartons Shipped:	23

Order No.: 70109221 Order Date: 03/12/2024 Customer: DOLGEN - ARDMORE DC Customer PO No.: 1Z6ZC1

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:
03/25/2024

Shipment No.:
300086829

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	432	54	432	54
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	384	32	384	32

Total Weight: 866.46
Total Quantity Ordered: 816
Total Cartons Ordered: 86
Total Quantity Shipped: 816
Total Cartons Shipped: 86

Order No.: 70110297 Order Date: 03/12/2024 Customer: DOLGEN - WALTON DC Customer PO No.: 1Z7248

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
DOLLAR GENERAL
CORPORATION CO.111
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072
US

SHIP TO:
DOLGEN - WALTON DC
950 WENSTRUP LANE
WALTON, KY 41094
US

Shipping Date:
03/25/2024

Shipment No.:
300086827

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	72	9	72	9
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	168	14	168	14

Total Weight: 173.01
Total Quantity Ordered: 240
Total Cartons Ordered: 23
Total Quantity Shipped: 240
Total Cartons Shipped: 23

Order No.: 70109473 Order Date: 03/12/2024 Customer: DOLGEN - BESSEMER DC Customer PO No.: 1Z70Q3

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:
03/25/2024

Shipment No.:
300086840

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	360	45	360	45
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	276	23	276	23

Total Weight: 709.95
 Total Quantity Ordered: 636
 Total Cartons Ordered: 68
 Total Quantity Shipped: 636
 Total Cartons Shipped: 68

Order No.: 70067199 Order Date: 03/05/2024 Customer: DOLGEN - ARDMORE DC Customer PO No.: 1Z4QF1

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:
03/25/2024

Shipment No.:
300086830

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	96	8	96	8

Total Weight: 23.76
Total Quantity Ordered: 96
Total Cartons Ordered: 8
Total Quantity Shipped: 96
Total Cartons Shipped: 8

Order No.: 70066745 Order Date: 03/05/2024 Customer: DOLGEN - SAN ANTONIO DC Customer PO No.: 1Z4PP7

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:
03/25/2024

Shipment No.:
300086821

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	564	47	564	47

Total Weight: 139.59
Total Quantity Ordered: 564
Total Cartons Ordered: 47
Total Quantity Shipped: 564
Total Cartons Shipped: 47

Order No.: 70109468 Order Date: 03/12/2024 Customer: DOLGEN- JANESVILLE DC Customer PO No.: 1Z7046

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:
03/25/2024

Shipment No.:
300086822

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	272	34	272	34
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	396	33	396	33

Total Weight: 587.96
 Total Quantity Ordered: 668
 Total Cartons Ordered: 67
 Total Quantity Shipped: 668
 Total Cartons Shipped: 67

Order No.: 70109472 Order Date: 03/12/2024 Customer: DOLGEN - FULTON DC Customer PO No.: 1Z70W3

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:
03/25/2024

Shipment No.:
300086834

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	400	50	400	50
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	252	21	252	21

Total Weight:	773.8
Total Quantity Ordered:	652
Total Cartons Ordered:	71
Total Quantity Shipped:	652
Total Cartons Shipped:	71

Order No.: 70109471 Order Date: 03/12/2024 Customer: DOLGEN - ALACHUA DC Customer PO No.: 1Z71D4

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
DOLLAR GENERAL
CORPORATION CO.111
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072
US

SHIP TO:
DOLGEN - ALACHUA DC
12000 NW 173 STREET
ALACHUA, FL 32615-8141
US

Shipping Date:
03/25/2024

Shipment No.:
300086835

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	328	41	328	41
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	240	20	240	20

Total Weight: 643.69
 Total Quantity Ordered: 568
 Total Cartons Ordered: 61
 Total Quantity Shipped: 568
 Total Cartons Shipped: 61

Order No.: 70110299 Order Date: 03/12/2024 Customer: DOLGEN- JACKSON DC Customer PO No.: 1Z7252

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: 03/25/2024 Shipment No.: 300086823
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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	88	11	88	11
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	264	22	264	22

Total Weight:	227.59
Total Quantity Ordered:	352
Total Cartons Ordered:	33
Total Quantity Shipped:	352
Total Cartons Shipped:	33

Order No.: 70110293 Order Date: 03/12/2024 Customer: DOLGEN - SOUTH BOSTON DC Customer PO No.: 1Z71Y2

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: 03/25/2024 Shipment No.: 300086831
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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	288	36	288	36
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	36	3	36	3

Total Weight:	517.14
Total Quantity Ordered:	324
Total Cartons Ordered:	39
Total Quantity Shipped:	324
Total Cartons Shipped:	39

Order No.: 70067189 Order Date: 03/05/2024 Customer: DOLGEN - BESSEMER DC Customer PO No.: 1Z4PY4

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: 03/25/2024 Shipment No.: 300086841
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	108	9	108	9

Total Weight:	26.73
Total Quantity Ordered:	108
Total Cartons Ordered:	9
Total Quantity Shipped:	108
Total Cartons Shipped:	9

Order No.: 70066749 Order Date: 03/05/2024 Customer: DOLGEN - ALACHUA DC Customer PO No.: 1Z4PR1

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - ALACHUA DC 12000 NW 173 STREET ALACHUA, FL 32615-8141 US	Shipping Date: 03/25/2024 Shipment No.: 300086836
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	540	45	540	45

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