

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001164039	
Name:	E & E COMPANY LTD		
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:	FOB: <input type="checkbox"/>		

<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET	
Name:	Consolidation Dock 7101	DC#:	7101
		Div.:	
Address:	1200 Mason Dixon Ln 7101	Trailer number:	198612
		Seal number(s):	5628900
City/State/Zip:	Conley, GA 30288	SCAC:	WALM
SID#:	FOB: <input type="checkbox"/>	Pro Number:	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:		3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 77616070		14:00 AM	14:00 AM
			14:27 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
3230325193	60	389.40	Y	N	06757168001163513	6026A	
3931033123	40	259.60	Y	N	06757168001163520	6009A	
8880833477	20	138.96	Y	N	06757168001153156	6011A	
5735154903	20	129.80	Y	N	06757168001163537	6092A	
<b>Grand Total</b>	140	917.76					

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 20j of NMFC Item 300</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
20	ctns			138.96		Ice Cream Maker		55620	100	
120	ctns			778.80		Ice Cream Powder		72750	92.5	
140				917.76		<b>Grand Total</b>				

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: *This agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	<b>COD Amount \$</b> 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.
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet: 4 <i>Deeman</i>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> 5-8-24 563C
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**Order No.:** 70463796      **Order Date:** 04/29/2024      **Customer:** WALMARTWHS      **Customer PO No.:** 3931033123  
**PO Type No.:** 0033      **Location No.:** 6009A      **Dept. No.:** 00014

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**SHIP FROM:**  
E & E COMPANY LTD  
311 INTERNATIONAL TRADE PKWY  
PORT WENTWORTH, GA 31407

**BILL TO:**  
WAL-MART STORE 111 WHS  
1108 SE 10TH STREET  
ATTN: A/P DEPT.  
BENTONVILLE, AR 72716

**SHIP TO:**  
WAL-MART DC 6009A - ASM DIS  
1501 E MAPLE LEAF ROAD  
MOUNT PLEASANT, IA 52641

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
666852223	SD171-0018	022164360233	Ice Syrups	EA	6	60	10	60	10
666852225	SD171-0019	022164360240	Ice Syrups	EA	6	60	10	60	10
666852224	SD171-0020	022164360257	Ice Syrups	EA	6	60	10	60	10
666852222	SD171-0021	022164360264	Ice Syrups	EA	6	60	10	60	10

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**Total Quantity Ordered: 240**  
**Total Ordered: 40**  
**Total Quantity Shipped: 240**  
**Total Cartons Shipped: 40**