

SHIP FROM		Master Bill of Lading Number: 06757163000918928
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	Trailer number: 7563
City/State/Zip:	FONTANA, CA 92337	Seal number(s): 44369629
SID#:	FOB: <input type="checkbox"/>	SCAC: HGSL
		Pro Number: 14040931601

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
City/State/Zip:		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
Load #: 5018682710		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
			Driver Departure Time
			AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
217SC1	42	365.19	Y	N	06757163000918805	96170	
217SF4	33	292.33	Y	N	06757163000918881	96910	
217SC8	40	347.80	Y	N	06757163000918799	96160	
217SD2	40	401.75	Y	N	06757163000918744	96100	
217RZ4	45	342.72	Y	N	06757163000918775	96140	
217SF5	32	278.24	Y	N	06757163000918751	96120	
217SJ7	24	187.10	Y	N	06757163000918836	96540	
217SG1	30	250.06	Y	N	06757163000918812	96300	
217SJ9	24	251.84	Y	N	06757163000918874	96900	
217SB8	43	379.28	Y	N	06757163000918829	96500	
217SK4	16	52.80	Y	N	06757163000918911	96970	
217S93	51	340.94	Y	N	06757163000918782	96150	
217SD8	42	473.09	Y	N	06757163000918843	96600	

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 \_\_\_\_\_

<b>COD Amount \$</b>	
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**

<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.	<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.
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SHIP FROM		Master Bill of Lading Number: 06757163000918928
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  Trailer number: 7563 Seal number(s): 44369629  SCAC: HGLS Pro Number: 14040931601
Name:	HUBGROUP FONTANA CROSSDOCK	
Address:	13204 Philadelphia Ave	
City/State/Zip:	FONTANA, CA 92337	
SID#:	DC#: Div. FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
City/State/Zip:		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 5018682710		<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
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	DC#	Supplier#
217SB6	49	366.71	Y	N	06757163000918904	96930	
217SJ6	22	83.39	Y	N	06757163000918867	96800	
217RY0	75	894.90	Y	N	06757163000918850	96700	
217S67	33	259.96	Y	N	06757163000918768	96130	
217SD4	37	327.11	Y	N	06757163000918898	96920	
217SL0	9	29.70	Y	N	06757163000918737	96000	
<b>Grand Total</b>		687	5924.91				

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
29	Pallet			1450.00		Pallet		70
		339	ctns	4776.51		Mattress Pads	149265	100
		348	ctns	1148.40		Sheet Set & Pillowcase	49260 Sub 3	250

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<b>COD Amount \$</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000918928	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		CARRIER NAME: HUB CITY GROUP	
Name: HUBGROUP FONTANA DC#: _____ CROSSDOCK Div. _____ Address: 13204 Philadelphia Ave City/State/Zip: FONTANA, CA 92337 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 7563 Seal number(s): 44369629 SCAC: HGLS Pro Number: 14040931601	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b> Load #: 5018682710		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
	AM	AM	AM
	PM	PM	PM
29	7374.91	<b>Grand Total</b>	

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<b>SHIPPER SIGNATURE / DATE</b>		<b>Shipper Signature</b>	
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<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>SHIPPER SIGNATURE / DATE</b>		<b>CARRIER SIGNATURE / PICKUP DATE</b>	

# MASTER BILL OF LADING

**ESTIMATED PICK UP DATE: 8/12/2024**

**SHIPPER**

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

Contact: ALEX GONZALEZ

BILL OF LADING :5018682710

TRAILER # SEAL # **7563**

**44369629**

ORDER # : 1038319\_ALC73146829S, 1038319\_AMS73148047S,  
 1038319\_ARD73148373S, 1038319\_BES73146158S, 1038319\_BLA73146478S,  
 1038319\_BTH73146159S, 1038319\_FLT73146526S, 1038319\_IND73148048S,  
 1038319\_JAC73148432S, 1038319\_JAN73146873S, 1038319\_JON73147673S,  
 1038319\_LEB73147985S, 1038319\_LGV73146528S, 1038319\_MAR73146529S,  
 1038319\_SAT73148049S, 1038319\_SBO73148433S, 1038319\_SCV73147601S,  
 1038319\_WAL73146527S, 1038319\_ZAN73147987S

CR ALC73146829S  
 CR AMS73148047S  
 CR ARD73148373S  
 CR BES73146158S  
 CR BLA73146478S  
 CR BTH73146159S  
 CR FLT73146526S  
 CR IND73148048S  
 CR JAC73148432S  
 CR JAN73146873S  
 CR JON73147673S  
 CR LEB73147985S  
 CR LGV73146528S  
 CR MAR73146529S  
 CR SAT73148049S  
 CR SBO73148433S  
 CR SCV73147601S  
 CR WAL73146527S  
 CR ZAN73147987S

P8 217RY0-01  
 P8 217RZ4-01  
 P8 217S67-01  
 P8 217S93-01  
 P8 217SB6-01  
 P8 217SB8-01  
 P8 217SC1-01  
 P8 217SC8-01  
 P8 217SD2-01  
 P8 217SD4-01  
 P8 217SD8-01  
 P8 217SF4-01  
 P8 217SF5-01  
 P8 217SG1-01  
 P8 217SJ6-01  
 P8 217SJ7-01  
 P8 217SJ9-01  
 P8 217SK4-01  
 P8 217SL0-01  
 PO 217RY0-01  
 PO 217RZ4-01  
 PO 217S67-01  
 PO 217S93-01  
 PO 217SB6-01  
 PO 217SB8-01  
 PO 217SC1-01  
 PO 217SC8-01  
 PO 217SD2-01  
 PO 217SD4-01  
 PO 217SD8-01  
 PO 217SF4-01  
 PO 217SF5-01  
 PO 217SG1-01  
 PO 217SJ6-01  
 PO 217SJ7-01  
 PO 217SJ9-01  
 PO 217SK4-01  
 PO 217SL0-01

**CONSIGNEE**

Name: HUBGROUP FONTANA CROSSDOCK  
 Address: 13204 PHILADELPHIA AVE YARD  
 City/State/Zip: FONTANA, CA 92337

Contact:

**CARRIER**

CARRIER NAME: HUB HIGHWAY SERVICES  
 SCAC: HHWY  
 PRO NUMBER: 14040931601

**14040931601**

**THIRD PARTY FREIGHT CHARGES BILL TO**

Name: DOLLAR GENERAL C/O HUB GROUP

Freight Charge Terms :

# MASTER BILL OF LADING

Address: 2001 HUB GROUP WAY  
 City/State/Zip: OAK BROOK, IL 60523

(freight charges are prepaid unless marked otherwise)

Prepaid \_\_\_\_\_ Collect \_\_\_\_\_ 3rd Party  X

## SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

### CUSTOMS INSTRUCTION:

### SPECIAL INSTRUCTION:

71176277,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71176287,Number of miles: 2824,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71176279,Number of miles: 1736,71176272,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71176284,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71176281,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71176270,Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71176276,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71176273,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71176286,Number of miles: 2036,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71176282,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 329,71176283,71176274,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71176280,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71176278,Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71176271,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71176285, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2279,71176275,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2326,71176195,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2430 | STOP#:1 CR - ALC73146829S;AMS73148047S;ARD73148373S;BES73146158S;BLA73146478S;BTH73146159S;FLT73146526S;IND73148048S;JAC73148432S; JAN73146873S;JON73147673S;LEB73147985S;LGV73146528S;MAR73146529S;SAT73148049S;SBO73148433S;SCV73147601S;WAL73146527S; ZAN73147987S,STOP#:1 PO - 217RY0-01;217RZ4-01;217S67-01;217S93-01;217SB6-01;217SB8-01;217SC1-01;217SC8-01;217SD2-01;217SD4-01;217SD8-01; 217SF4-01;217SF5-01;217SG1-01;217SJ6-01;217SJ7-01;217SJ9-01;217SK4-01;217SL0-01 | |

### SPECIAL SERVICES:

## CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
217SJ6-01	1	22	133	115	NMFC_CLASS	400.0	ALACHUA
217S93-01	1	51	391	115	NMFC_CLASS	250.0	AMSTERDAM
217SG1-01	1	30	300	115	NMFC_CLASS	300.0	ARDMORE
217SB6-01	2	49	467	231	NMFC_CLASS	300.0	BESSEMER
217SJ7-01	1	24	237	115	NMFC_CLASS	300.0	BLAIR
217SD2-01	2	40	502	231	NMFC_CLASS	300.0	BETHEL
217RY0-01	2	75	1045	346	NMFC_CLASS	250.0	FULTON
217SD8-01	2	42	573	231	NMFC_CLASS	300.0	INDIANOLA
217RZ4-01	2	45	443	231	NMFC_CLASS	400.0	JACKSON
217S67-01	1	33	310	115	NMFC_CLASS	300.0	JANESVILLE
217SF4-01	1	33	342	115	NMFC_CLASS	300.0	JONESVILLE
217SK4-01	1	16	103	115	NMFC_CLASS	500.0	LEBEC
217SC8-01	2	40	448	231	NMFC_CLASS	400.0	LONGVIEW
217SD4-01	2	37	427	231	NMFC_CLASS	400.0	MARION
217SF5-01	1	32	328	115	NMFC_CLASS	300.0	SAN ANTONIO
217SB8-01	2	43	479	231	NMFC_CLASS	300.0	SOUTH BOSTON
217SL0-01	1	9	80	115	NMFC_CLASS	500.0	SCOTTSVILLE
217SC1-01	2	42	465	231	NMFC_CLASS	300.0	WALTON
217SJ9-01	1	24	302	115	NMFC_CLASS	300.0	ZANESVILLE
<b>GRAND TOTAL</b>	<b>28</b>	<b>687</b>	<b>7375.00</b>	<b>3344.00</b>			
<b>PALLET TYPE</b>							

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"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:

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\_\_\_\_\_  
 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:  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

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

\_\_\_\_\_  
 8/12/24

# MASTER BILL OF LADING

## SHIPPER

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

BILL OF LADING :5018682710  
 ORDER # : 1038319\_ALC73146829S  
  
 PO: 217SJ6-01  
 CR: ALC73146829S  
 Customer Ship to Location: D6800

## CONSIGNEE

Name: ALACHUA DISTRIBUTION CENTER  
 Address: 12000 NW 173RD ST  
 City/State/Zip: ALACHUA FL 32615

## CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES  
 SCAC:HHWY  
 PRO NUMBER: 14040931601

## THIRD PARTY FREIGHT CHARGES BILL TO

Name: DOLLAR GENERAL C/O HUB GROUP  
 Address: 2001 HUB GROUP WAY  
 City/State/Zip: OAK BROOK, IL 60523

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

## CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
217SJ6-01	1	22	133	115	NMFC_CLASS	400.0	ALACHUA

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"/>	

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

# MASTER BILL OF LADING

## SHIPPER

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

BILL OF LADING :5018682710  
 ORDER # : 1038319\_AMS73148047S  
  
 PO: 217S93-01  
 CR: AMS73148047S  
 Customer Ship to Location: D6150

## CONSIGNEE

Name: AMSTERDAM DISTRIBUTION CENTER  
 Address: 2041 STATE HIGHWAY 5S  
 City/State/Zip: AMSTERDAM NY 12010

## CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES  
 SCAC:HWY  
 PRO NUMBER: 14040931601

## THIRD PARTY FREIGHT CHARGES BILL TO

Name: DOLLAR GENERAL C/O HUB GROUP  
 Address: 2001 HUB GROUP WAY  
 City/State/Zip: OAK BROOK, IL 60523

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

## CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
217S93-01	1	51	391	115	NMFC_CLASS	250.0	AMSTERDAM

PALLET TYPE

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 Customer check acceptable:

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Trailer Loaded:

- By Shipper  
 By Driver

Freight Counted:

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

Shipper Signature \_\_\_\_\_

#### CARRIER SIGNATURE / PICKUP DATE

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# MASTER BILL OF LADING

## SHIPPER

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

BILL OF LADING :5018682710  
 ORDER # : 1038319\_BES73146158S  
  
 PO: 217SB6-01  
 CR: BES73146158S  
 Customer Ship to Location: D6930

## CONSIGNEE

Name: BESSEMER DISTRIBUTION CENTER  
 Address: 4101 LAKESHORE PKWY  
 City/State/Zip: BESSEMER AL 35022

## CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES  
 SCAC:HHWY  
 PRO NUMBER: 14040931601

## THIRD PARTY FREIGHT CHARGES BILL TO

Name: DOLLAR GENERAL C/O HUB GROUP  
 Address: 2001 HUB GROUP WAY  
 City/State/Zip: OAK BROOK, IL 60523

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

## CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
217SB6-01	2	49	467	231	NMFC_CLASS	300.0	BESSEMER

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 / 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:  By Shipper  By Driver  
 Freight Counted:  By Shipper  By Driver/pallets said to contain  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 :5018682710
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_BLA73146478S  PO: 217SJ7-01 CR: BLA73146478S Customer Ship to Location: D6540

CONSIGNEE	CARRIER
Name: BLAIR DISTRIBUTION CENTER Address: 1200 S 10TH ST City/State/Zip: BLAIR NE 68008	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14040931601

THIRD PARTY FREIGHT CHARGES BILL TO	
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523	Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>

CUSTOMER
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PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
217SJ7-01	1	24	237	115	NMFC_CLASS	300.0	BLAIR

<b>PALLET TYPE</b>	
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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"/>
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<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>
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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 _____
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<b>SHIPPER SIGNATURE / DATE</b> 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	<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  Property described above is received in good order, except as noted
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# MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5018682710
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_FLT73146526S  PO: 217RY0-01 CR: FLT73146526S Customer Ship to Location: D6700

CONSIGNEE	CARRIER
Name: DOLLAR GENERAL - FULTON Address: 1900 CARDINAL DR City/State/Zip: FULTON MO 65251	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14040931601

THIRD PARTY FREIGHT CHARGES BILL TO	Freight Charge Terms :
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523	(freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>

CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
217RY0-01	2	75	1045	346	NMFC_CLASS	250.0	FULTON

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"/>	Shipper Signature _____

**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.

<b>SHIPPER SIGNATURE / DATE</b> 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	<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  Property described above is received in good order, except as noted
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# MASTER BILL OF LADING

## SHIPPER

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

BILL OF LADING :5018682710  
 ORDER # : 1038319\_JAC73148432S  
  
 PO: 217RZ4-01  
 CR: JAC73148432S  
 Customer Ship to Location: D6140

## CONSIGNEE

Name: JACKSON DISTRIBUTION CENTER  
 Address: 200 JACKSON RD  
 City/State/Zip: JACKSON GA 30233

## CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES  
 SCAC:HHWY  
 PRO NUMBER: 14040931601

## THIRD PARTY FREIGHT CHARGES BILL TO

Name: DOLLAR GENERAL C/O HUB GROUP  
 Address: 2001 HUB GROUP WAY  
 City/State/Zip: OAK BROOK, IL 60523

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

## CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
217RZ4-01	2	45	443	231	NMFC_CLASS	400.0	JACKSON

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 / 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:

- By Shipper  
 By Driver

Freight Counted:

- By Shipper  
 By Driver/pallets said to contain  
 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	CARRIER
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	BILL OF LADING :5018682710 ORDER # : 1038319_JAN73146873S  PO: 217S67-01 CR: JAN73146873S Customer Ship to Location: D6130

CONSIGNEE	CARRIER
Name: JANESVILLE DISTRIBUTION CENTER Address: 101 INNOVATION DR City/State/Zip: JANESVILLE WI 53546	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14040931601

THIRD PARTY FREIGHT CHARGES BILL TO	CARRIER
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523	Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u>  X  </u>

CUSTOMER
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PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
217S67-01	1	33	310	115	NMFC_CLASS	300.0	JANESVILLE

PALLET TYPE _____	
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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"/>
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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. 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
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<b>SHIPPER SIGNATURE / DATE</b> 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	<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  Property described above is received in good order, except as noted
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# MASTER BILL OF LADING

<b>SHIPPER</b>	BILL OF LADING :5018682710
Name: E E CO LTD	ORDER # : 1038319_JON73147673S
Address: 221 HANSON WAY	
City/State/Zip: WOODLAND, CA 95776	PO: 217SF4-01
	CR: JON73147673S
	Customer Ship to Location: D6910

<b>CONSIGNEE</b>	<b>CARRIER</b>
Name: JONESVILLE DISTRIBUTION CENTER	CARRIER NAME:HUB HIGHWAY SERVICES
Address: 1451 SPARTANBURG HWY	SCAC:HHWY
City/State/Zip: JONESVILLE SC 29353	PRO NUMBER: 14040931601

<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>	
Name: DOLLAR GENERAL C/O HUB GROUP	Freight Charge Terms :
Address: 2001 HUB GROUP WAY	(freight charges are prepaid unless marked otherwise)
City/State/Zip: OAK BROOK, IL 60523	Prepaid _____ Collect _____ 3rd Party <u> X </u>

CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
217SF4-01	1	33	342	115	NMFC_CLASS	300.0	JONESVILLE

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"/>
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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. 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 _____
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<b>SHIPPER SIGNATURE / DATE</b> 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	<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  Property described above is received in good order, except as noted
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# MASTER BILL OF LADING

SHIPPER	Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	BILL OF LADING :5018682710 ORDER # : 1038319_SAT73148049S  PO: 217SF5-01 CR: SAT73148049S Customer Ship to Location: D6120
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CONSIGNEE	CARRIER
Name: SAN ANTONIO DISTRIBUTION CENTE  Address: 6601 CAL TURNER DR  City/State/Zip: SAN ANTONIO TX 78220	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14040931601

THIRD PARTY FREIGHT CHARGES BILL TO	
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523	Freight Charge Terms : (freight charges are prepaid unless marked otherwise)  Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>

CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
217SF5-01	1	32	328	115	NMFC_CLASS	300.0	SAN ANTONIO

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.
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<b>SHIPPER SIGNATURE / DATE</b> 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 _____ <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  Property described above is received in good order, except as noted
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# MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5018682710
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_SBO73148433S  PO: 217SB8-01 CR: SBO73148433S Customer Ship to Location: D6500

CONSIGNEE	CARRIER
Name: SOUTH BOSTON DISTRIBUTION CENT Address: 3207 PHILPOTT RD City/State/Zip: SOUTH BOSTON VA 24592	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14040931601

THIRD PARTY FREIGHT CHARGES BILL TO	
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523	Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>

CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
217SB8-01	2	43	479	231	NMFC_CLASS	300.0	SOUTH BOSTON

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"/>
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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. 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.
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<b>SHIPPER SIGNATURE / DATE</b> 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 _____ <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  Property described above is received in good order, except as noted
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# MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5018682710
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_SCV73147601S  PO: 217SL0-01 CR: SCV73147601S Customer Ship to Location: D6000

CONSIGNEE	CARRIER
Name: SCOTTSVILLE DISTRIBUTION CENTE Address: 427 BEECH ST City/State/Zip: SCOTTSVILLE KY 42164	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14040931601

THIRD PARTY FREIGHT CHARGES BILL TO	Freight Charge Terms :
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523	(freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u>  X  </u>

CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
217SL0-01	1	9	80	115	NMFC_CLASS	500.0	SCOTTSVILLE

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
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<b>SHIPPER SIGNATURE / DATE</b> 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	<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  Property described above is received in good order, except as noted
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Date: 8/12/2024 1:14:14 PM

# 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: 06757163000918898  
  
 (402)06757163000918898

**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: 7563  
 Seal number(s): 44369629

**SCAC:** HGLS  
**Pro Number:** 14040931601

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 5018682710  
 Packing List is Attached

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
217SD4	37	327.11	Y N	
<b>Grand Total</b>	37	327.11		

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
		18	ctns	59.40		Sheet Set & Pillowcase	49260 Sub 3	250
2		37		427.11		<b>Grand Total</b>		

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: 8/12/2024 1:14:14 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	DOLGEN- JANESVILLE DC	Name:	
Address:	221 Hanson Way	Address:	101 Innovation Drive	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Janesville, WI 53546	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	00	Load #: 5018682710	
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000918768		Trailer number: 7563		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 44369629		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757163000918768		SCAC: HGLS		Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: HUB CITY GROUP		Pro Number: 14040931601		Appointment Time	
Responsible Acct.No:				Actual Driver Arrival Time	
				Driver Departure Time	
				AM AM AM	
				PM PM PM	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
217S67	33	259.96	Y N	
<b>Grand Total</b>	33	259.96		

## 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
1	Pallet			50.00		Pallet		
		14	ctns	197.26		Mattress Pads	149265	100
		19	ctns	62.70		Sheet Set & Pillowcase	49260 Sub 3	250
1		33		309.96		<b>Grand Total</b>		

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: 8/12/2024 1:14:13 PM

# 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: 06757163000918744



CARRIER NAME: HUB CITY GROUP  
 Responsible Acct.No: \_\_\_\_\_

**SHIP TO**

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

Trailer number: 7563  
 Seal number(s): 44369629

SCAC: HGLS  
 Pro Number: 14040931601

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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

Prepaid:  Collect:  3rd Party:   
 Master Bill of Lading: with attached underlying Bills of Lading

City/State/Zip: \_\_\_\_\_

SPECIAL INSTRUCTIONS:  
 Load #: 5018682710  
 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
217SD2	40	401.75	Y	N	
<b>Grand Total</b>	40	401.75			

**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		
		25	ctns	352.25		Mattress Pads	149265	100
		15	ctns	49.50		Sheet Set & Pillowcase	49260 Sub 3	250
2		40		501.75		<b>Grand Total</b>		

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

Bill of Lading Number: 06757163000918812  
  
 (402)06757163000918812

**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:

**CARRIER NAME:** HUB CITY GROUP  
 Responsible Acct.No:  
 Trailer number: 7563  
 Seal number(s): 44369629  
**SCAC:** HGLS  
**Pro Number:** 14040931601

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 5018682710  
 Packing List is Attached

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
217SG1	30	250.06	Y	N	
<b>Grand Total</b>	30	250.06			

**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		
		14	ctns	197.26		Mattress Pads	149265	100
		16	ctns	52.80		Sheet Set & Pillowcase	49260 Sub 3	250
1		30		300.06		<b>Grand Total</b>		

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: 8/12/2024 1:14:12 PM

**Bill Of Lading**

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	DOLGEN- CALIFORNIA DC	Name:	
Address:	221 Hanson Way	Address:	4193 Industrial Parkway Drive	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Lebec, CA 93243	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	00	Load #: 5018682710	
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000918911		Trailer number: 7563		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 44369629		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757163000918911		SCAC: HGLS		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: HUB CITY GROUP		Pro Number: 14040931601		Appointment Time	
Responsible Acct.No:				Actual Driver Arrival Time	
				Driver Departure Time	
				AM AM AM	
				PM PM PM	

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
217SK4	16	52.80	Y	N	
<b>Grand Total</b>	16	52.80			

**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	52.80		Sheet Set & Pillowcase	49260 Sub 3	250
1		16		102.80		<b>Grand Total</b>		

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: 8/12/2024 1:14:11 PM

# 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: \_\_\_\_\_

Bill of Lading Number: 06757163000918843



CARRIER NAME: HUB CITY GROUP  
 Responsible Acct.No: \_\_\_\_\_

**SHIP TO**

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

Trailer number: 7563  
 Seal number(s): 44369629

SCAC: HGLS  
 Pro Number: 14040931601

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

Prepaid:  Collect:  3rd Party: \_\_\_\_\_  
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:  
 Load #: 5018682710  
 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
217SD8	42	473.09	Y	N	
<b>Grand Total</b>	42	473.09			

**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		
		11	ctns	36.30		Sheet Set & Pillowcase	49260 Sub 3	250
		31	ctns	436.79		Mattress Pads	149265	100
2		42		573.09		<b>Grand Total</b>		

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: 8/12/2024 1:14:10 PM

## 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:

Bill of Lading Number: 06757163000918775



CARRIER NAME: HUB CITY GROUP

Responsible Acct.No:

Trailer number: 7563

Seal number(s): 44369629

SCAC: HGLS

Pro Number: 14040931601

## SHIP TO

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

FOB: 

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 5018682710

Packing List is Attached

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

Prepaid: Collect: X 3rd Party:

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

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

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
217RZ4	45	342.72	Y N	
<b>Grand Total</b>	45	342.72		

## 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
2	Pallet			100.00		Pallet		
		18	ctns	253.62		Mattress Pads	149265	100
		27	ctns	89.10		Sheet Set & Pillowcase	49260 Sub 3	250
2		45		442.72		<b>Grand Total</b>		

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: 8/12/2024 1:14:10 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	DOLGEN - BESSEMER DC	Name:	
Address:	221 Hanson Way	Address:	4101 Lakeshore Pkwy	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Bessemer, AL 35022	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	00	Load #:	5018682710
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000918904		Trailer number: 7563		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 44369629		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757163000918904		SCAC: HGLS		Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: HUB CITY GROUP		Pro Number: 14040931601		Appointment Time	
Responsible Acct.No:				Actual Driver Arrival Time	
				Driver Departure Time	
				AM AM AM	
				PM PM PM	

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
217SB6	49	366.71	Y	N		
<b>Grand Total</b>	<b>49</b>	<b>366.71</b>				

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		
		19	ctns	267.71		Mattress Pads	149265	100
		30	ctns	99.00		Sheet Set & Pillowcase	49260 Sub 3	250
2		49		466.71		<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:  
 "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: 8/12/2024 1:14:09 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000918867	
Name:	E & E COMPANY LTD	 (402)06757163000918867	
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: 7563	
Name:	DOLGEN - ALACHUA DC Location #: 96800	Seal number(s): 44369629	
Address:	12000 Nw 173 Street	SCAC: HGLS	
	96800	Pro Number: 14040931601	
City/State/Zip:	Alachua, FL 32615-8141		
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: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 5018682710		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
217SJ6	22	83.39	Y N	
<b>Grand Total</b>	<b>22</b>	<b>83.39</b>		

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		
		1	ctns	14.09		Mattress Pads	149265	100
		21	ctns	69.30		Sheet Set & Pillowcase	49260 Sub 3	250
1		22		133.39		<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:

\*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: 8/12/2024 1:14:08 PM

# 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: 06757163000918881



(402)06757163000918881

CARRIER NAME: HUB CITY GROUP

Responsible Acct.No: \_\_\_\_\_

Trailer number: 7563

Seal number(s): 44369629

SCAC: HGLS

Pro Number: 14040931601

**SHIP TO**

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

FOB:

FOB:

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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

Prepaid:  Collect:  3rd Party:

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

City/State/Zip: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

Load #: 5018682710

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
217SF4	33	292.33	Y	N	
<b>Grand Total</b>	<b>33</b>	<b>292.33</b>			

**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	52.80		Sheet Set & Pillowcase	49260 Sub 3	250
		17	ctns	239.53		Mattress Pads	149265	100
1		33		342.33		<b>Grand Total</b>		

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: 8/12/2024 1:14:08 PM

# 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: \_\_\_\_\_

Bill of Lading Number: 06757163000918805



(402)06757163000918805

CARRIER NAME: HUB CITY GROUP

Responsible Acct.No: \_\_\_\_\_

Trailer number: 7563

Seal number(s): 44369629

SCAC: HGSL

Pro Number: 14040931601

**SHIP TO**

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

FOB:

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

Load #: 5018682710

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
217SC1	42	365.19	Y N	
<b>Grand Total</b>	42	365.19		

**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		
		21	ctns	295.89		Mattress Pads	149265	100
		21	ctns	69.30		Sheet Set & Pillowcase	49260 Sub 3	250
2		42		465.19		<b>Grand Total</b>		

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: 8/12/2024 1:14:07 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000918829	
Name:	E & E COMPANY LTD	 (402)06757163000918829	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: HUB CITY GROUP	
SHIP TO		Responsible Acct.No:	
Name:	DOLGEN - SOUTH BOSTON DC Location #: 96500	Trailer number: 7563	
Address:	3207 Philpott Road	Seal number(s): 44369629	
	US Hwy 58/360, 96500	SCAC: HGLS	
City/State/Zip:	South Boston, VA 24592-6607	Pro Number: 14040931601	
CID#:			
Dept:	00 FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 5018682710		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
217SB8	43	379.28	Y	N	
<b>Grand Total</b>	<b>43</b>	<b>379.28</b>			

## 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		
		22	ctns	309.98		Mattress Pads	149265	100
		21	ctns	69.30		Sheet Set & Pillowcase	49260 Sub 3	250
2		43		479.28		<b>Grand Total</b>		

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: 8/12/2024 1:14:06 PM

# 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: \_\_\_\_\_

Bill of Lading Number: 06757163000918782



CARRIER NAME: HUB CITY GROUP

Responsible Acct.No: \_\_\_\_\_

Trailer number: 7563

Seal number(s): 44369629

SCAC: HGLS

Pro Number: 14040931601

**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:

FOB:

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

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

**SPECIAL INSTRUCTIONS:**

Load #: 5018682710

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
217S93	51	340.94	Y	N	
<b>Grand Total</b>	<b>51</b>	<b>340.94</b>			

**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	225.44		Mattress Pads	149265	100
		35	ctns	115.50		Sheet Set & Pillowcase	49260 Sub 3	250
1		51		390.94		<b>Grand Total</b>		

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: 8/12/2024 1:14:06 PM

# Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000918850	
Name: E & E COMPANY LTD		 (402)06757163000918850	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: HUB CITY GROUP	
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:	
SHIP TO		Trailer number: 7563	
Name: DOLGEN - FULTON DC	Location #: 96700	Seal number(s): 44369629	
Address: 1900 Cardinal Drive		SCAC: HGLS	
City/State/Zip: Callaway, 96700		Pro Number: 14040931601	
City/State/Zip: Fulton, MO 65251-7250			
CID#:			
Dept: 00	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 5018682710		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
217RY0	75	894.90	Y N	
<b>Grand Total</b>	75	894.90		

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		
		60	ctns	845.40		Mattress Pads	149265	100
		15	ctns	49.50		Sheet Set & Pillowcase	49260 Sub 3	250
3		75		1044.90		<b>Grand Total</b>		

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.

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

Date: 8/12/2024 1:14:05 PM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000918751
Name: E & E COMPANY LTD	 (402)06757163000918751	
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: HUB CITY GROUP
Name: DOLGEN - SAN ANTONIO DC Location #: 96120		
Address: 6601 Cal Turner Drive		
96120		
City/State/Zip: San Antonio, TX 78220		
CID#:		
Dept: 00	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:		Prepaid:	Collect: <input checked="" type="checkbox"/>	3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached	
City/State/Zip:		(check box)	underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 5018682710 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
217SF5	32	278.24	Y N	
<b>Grand Total</b>	32	278.24		

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	225.44		Mattress Pads	149265	100
		16	ctns	52.80		Sheet Set & Pillowcase	49260 Sub 3	250
1		32		328.24		<b>Grand Total</b>		

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 \_\_\_\_\_"

<b>COD Amount:</b> _____
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**

<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.	<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.
--	--	--	---

Date: 8/12/2024 1:14:04 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM					SHIP TO				
Name: E & E COMPANY LTD					Name: DOLGEN - SCOTTSVILLE DC Location #: 96000				
Address: 221 Hanson Way					Address: 427 Beech Street				
City/State/Zip: Woodland, CA 95776					City/State/Zip: Scottsville, KY 42164-1698				
SID#:					CID#:				
PHONE:					Dept: 00				
VENDOR:					FOB: <input type="checkbox"/>				
Bill of Lading Number: 06757163000918737					Trailer number: 7563				
					Seal number(s): 44369629				
(402)06757163000918737					SCAC: HGLS				
CARRIER NAME: HUB CITY GROUP					Pro Number: 14040931601				
Responsible Acct.No:					Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
Prepaid: <input type="checkbox"/>					Collect: X				
3rd Party: <input type="checkbox"/>					Master Bill of Lading: with attached underlying Bills of Lading				
SPECIAL INSTRUCTIONS: Load #: 5018682710 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			
217SL0			9	29.70	Y N				
<b>Grand Total</b>			9	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			
		9	ctns	29.70		Sheet Set & Pillowcase	49260 Sub 3	250	
1		9		79.70		<b>Grand Total</b>			

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: 8/12/2024 1:14:04 PM

# 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: 06757163000918799



CARRIER NAME: HUB CITY GROUP

Responsible Acct.No: \_\_\_\_\_

Trailer number: 7563

Seal number(s): 44369629

SCAC: HGLS

Pro Number: 14040931601

**SHIP TO**

Name: DOLGEN - LONGVIEW DC Location #: 96160  
 Address: 3300 E. George Richey Road  
 96160  
 City/State/Zip: Longview, TX 75605  
 CID#: \_\_\_\_\_  
 Dept: 00

FOB:

FOB:

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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

Prepaid:  Collect:  3rd Party:

City/State/Zip: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

Load #: 5018682710

Packing List is Attached

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
217SC8	40	347.80	Y N	
<b>Grand Total</b>	40	347.80		

**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		
		20	ctns	281.80		Mattress Pads	149265	100
		20	ctns	66.00		Sheet Set & Pillowcase	49260 Sub 3	250
2		40		447.80		<b>Grand Total</b>		

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: 8/12/2024 1:14:03 PM

# 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:

Bill of Lading Number: 06757163000918874



CARRIER NAME: HUB CITY GROUP

Responsible Acct.No:

Trailer number: 7563

Seal number(s): 44369629

SCAC: HGLS

Pro Number: 14040931601

### SHIP TO

Name: DOLGEN - ZANESVILLE DC Location #: 96900  
 Address: 2505 East Pointe Drive  
 96900  
 City/State/Zip: Zanesville, OH 43701-7761  
 CID#:  
 Dept: 00

FOB:

### THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 5018682710

Packing List is Attached

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

Prepaid: Collect: X 3rd Party:

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

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

### CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
217SJ9	24	251.84	Y N	
<b>Grand Total</b>	24	251.84		

### 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	225.44		Mattress Pads	149265	100
		8	ctns	26.40		Sheet Set & Pillowcase	49260 Sub 3	250
1		24		301.84		<b>Grand Total</b>		

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

Bill of Lading Number: 06757163000918836  
  
 (402)06757163000918836

**SHIP TO**  
 Name: DOLGEN - BLAIR DRY DC Location #: 96540  
 Address: 1200 South 10th Street  
 96540  
 City/State/Zip: Blair, NE 68008  
 CID#:  
 Dept: 00 FOB:

**CARRIER NAME:** HUB CITY GROUP  
 Responsible Acct.No:  
 Trailer number: 7563  
 Seal number(s): 44369629

**SCAC:** HGLS  
**Pro Number:** 14040931601

**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 #: 5018682710  
 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
217SJ7	24	187.10	Y N	
<b>Grand Total</b>	24	187.10		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		10	ctns	140.90		Mattress Pads	149265	100
		14	ctns	46.20		Sheet Set & Pillowcase	49260 Sub 3	250
1		24		237.10		<b>Grand Total</b>		

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.

Order No.: 71176280 Order Date: 07/30/2024 Customer: DOLGEN - MARION DC Customer PO No.: 217SD4

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - MARION DC 5575 EAST DOLLAR GENERAL MARION, IN 46952 US	<b>Shipping Date:</b> 08/12/2024  <b>Shipment No.:</b> 300091889
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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	216	18	216	18

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<b>Total Weight:</b>	<b>327.11</b>
<b>Total Quantity Ordered:</b>	<b>368</b>
<b>Total Cartons Ordered:</b>	<b>37</b>
<b>Total Quantity Shipped:</b>	<b>368</b>
<b>Total Cartons Shipped:</b>	<b>37</b>

Order No.: 71176286 Order Date: 07/30/2024 Customer: DOLGEN- JANESVILLE DC Customer PO No.: 217S67

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN- JANESVILLE DC 101 INNOVATION DRIVE JANESVILLE, WI 53546 US	<b>Shipping Date:</b> 08/12/2024  <b>Shipment No.:</b> 300091876
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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	112	14	112	14
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	228	19	228	19

<b>Total Weight:</b>	<b>259.96</b>
<b>Total Quantity Ordered:</b>	<b>340</b>
<b>Total Cartons Ordered:</b>	<b>33</b>
<b>Total Quantity Shipped:</b>	<b>340</b>
<b>Total Cartons Shipped:</b>	<b>33</b>

Order No.: 71176281 Order Date: 07/30/2024 Customer: DOLGEN - BETHEL DC Customer PO No.: 217SD2

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - BETHEL DC 30 MARTHA DR BETHEL, PA 19507 US	<b>Shipping Date:</b> 08/12/2024  <b>Shipment No.:</b> 300091874
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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	200	25	200	25
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	180	15	180	15

<b>Total Weight:</b>	<b>401.75</b>
<b>Total Quantity Ordered:</b>	<b>380</b>
<b>Total Cartons Ordered:</b>	<b>40</b>
<b>Total Quantity Shipped:</b>	<b>380</b>
<b>Total Cartons Shipped:</b>	<b>40</b>

Order No.: 71176279 Order Date: 07/30/2024 Customer: DOLGEN - ARDMORE DC Customer PO No.: 217SG1

**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:**  
08/12/2024

**Shipment No.:**  
300091881

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	112	14	112	14
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	192	16	192	16

**Total Weight:** 250.06  
**Total Quantity Ordered:** 304  
**Total Cartons Ordered:** 30  
**Total Quantity Shipped:** 304  
**Total Cartons Shipped:** 30

Order No.: 71176283 Order Date: 07/30/2024 Customer: DOLGEN- CALIFORNIA DC Customer PO No.: 217SK4

**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:**  
08/12/2024

**Shipment No.:**  
300091891

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	192	16	192	16

**Total Weight:** 52.8  
**Total Quantity Ordered:** 192  
**Total Cartons Ordered:** 16  
**Total Quantity Shipped:** 192  
**Total Cartons Shipped:** 16

Order No.: 71176276    Order Date: 07/30/2024    Customer: DOLGEN- INDIANOLA DC    Customer PO No.: 217SD8

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN- INDIANOLA DC 914 HWY 82 W INDIANOLA, MS 38751 US	<b>Shipping Date:</b> 08/12/2024  <b>Shipment No.:</b> 300091884
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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	248	31	248	31
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	132	11	132	11

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<b>Total Weight:</b>	<b>473.09</b>
<b>Total Quantity Ordered:</b>	<b>380</b>
<b>Total Cartons Ordered:</b>	<b>42</b>
<b>Total Quantity Shipped:</b>	<b>380</b>
<b>Total Cartons Shipped:</b>	<b>42</b>

Order No.: 71176273 Order Date: 07/30/2024 Customer: DOLGEN- JACKSON DC Customer PO No.: 217RZ4

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN- JACKSON DC 200 JACKSON ROAD JACKSON, GA 30233 US	<b>Shipping Date:</b> 08/12/2024  <b>Shipment No.:</b> 300091877
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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	144	18	144	18
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	324	27	324	27

<b>Total Weight:</b>	<b>342.72</b>
<b>Total Quantity Ordered:</b>	<b>468</b>
<b>Total Cartons Ordered:</b>	<b>45</b>
<b>Total Quantity Shipped:</b>	<b>468</b>
<b>Total Cartons Shipped:</b>	<b>45</b>

Order No.: 71176272 Order Date: 07/30/2024 Customer: DOLGEN - BESSEMER DC Customer PO No.: 217SB6

**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:**  
08/12/2024

**Shipment No.:**  
300091890

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	360	30	360	30

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**Total Weight:** 366.71  
**Total Quantity Ordered:** 512  
**Total Cartons Ordered:** 49  
**Total Quantity Shipped:** 512  
**Total Cartons Shipped:** 49

Order No.: 71176277 Order Date: 07/30/2024 Customer: DOLGEN - ALACHUA DC Customer PO No.: 217SJ6

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - ALACHUA DC 12000 NW 173 STREET ALACHUA, FL 32615-8141 US	<b>Shipping Date:</b> 08/12/2024  <b>Shipment No.:</b> 300091886
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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	8	1	8	1
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	252	21	252	21

<b>Total Weight:</b>	<b>83.39</b>
<b>Total Quantity Ordered:</b>	<b>260</b>
<b>Total Cartons Ordered:</b>	<b>22</b>
<b>Total Quantity Shipped:</b>	<b>260</b>
<b>Total Cartons Shipped:</b>	<b>22</b>

Order No.: 71176282 Order Date: 07/30/2024 Customer: DOLGEN - JONESVILLE DC Customer PO No.: 217SF4

**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:**  
08/12/2024

**Shipment No.:**  
300091888

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	192	16	192	16

**Total Weight: 292.33**  
**Total Quantity Ordered: 328**  
**Total Cartons Ordered: 33**  
**Total Quantity Shipped: 328**  
**Total Cartons Shipped: 33**

Order No.: 71176275    Order Date: 07/30/2024    Customer: DOLGEN - WALTON DC    Customer PO No.: 217SC1

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - WALTON DC 950 WENSTRUP LANE WALTON, KY 41094 US	<b>Shipping Date:</b> 08/12/2024  <b>Shipment No.:</b> 300091880
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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	168	21	168	21
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	252	21	252	21

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<b>Total Weight:</b>	<b>365.19</b>
<b>Total Quantity Ordered:</b>	<b>420</b>
<b>Total Cartons Ordered:</b>	<b>42</b>
<b>Total Quantity Shipped:</b>	<b>420</b>
<b>Total Cartons Shipped:</b>	<b>42</b>

Order No.: 71176271    Order Date: 07/30/2024    Customer: DOLGEN - SOUTH BOSTON DC    Customer PO No.: 217SB8

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - SOUTH BOSTON DC 3207 PHILPOTT ROAD US HWY 58/360 SOUTH BOSTON, VA 24592-6607 US	<b>Shipping Date:</b> 08/12/2024  <b>Shipment No.:</b> 300091882
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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	176	22	176	22
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	252	21	252	21

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<b>Total Weight:</b>	<b>379.28</b>
<b>Total Quantity Ordered:</b>	<b>428</b>
<b>Total Cartons Ordered:</b>	<b>43</b>
<b>Total Quantity Shipped:</b>	<b>428</b>
<b>Total Cartons Shipped:</b>	<b>43</b>

Order No.: 71176287    Order Date: 07/30/2024    Customer: DOLGEN - AMSTERDAM DC    Customer PO No.: 217S93

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - AMSTERDAM DC 2041 STATE HIGHWAY 5 SOUTH AMSTERDAM, NY 12010 US	<b>Shipping Date:</b> 08/12/2024  <b>Shipment No.:</b> 300091878
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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	420	35	420	35

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<b>Total Weight:</b>	<b>340.94</b>
<b>Total Quantity Ordered:</b>	<b>548</b>
<b>Total Cartons Ordered:</b>	<b>51</b>
<b>Total Quantity Shipped:</b>	<b>548</b>
<b>Total Cartons Shipped:</b>	<b>51</b>

Order No.: 71176270 Order Date: 07/30/2024 Customer: DOLGEN - FULTON DC Customer PO No.: 217RY0

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - FULTON DC 1900 CARDINAL DRIVE CALLAWAY FULTON, MO 65251-7250 US	<b>Shipping Date:</b> 08/12/2024  <b>Shipment No.:</b> 300091885
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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	480	60	480	60
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	180	15	180	15

<b>Total Weight:</b>	<b>894.9</b>
<b>Total Quantity Ordered:</b>	<b>660</b>
<b>Total Cartons Ordered:</b>	<b>75</b>
<b>Total Quantity Shipped:</b>	<b>660</b>
<b>Total Cartons Shipped:</b>	<b>75</b>

Order No.: 71176278    Order Date: 07/30/2024    Customer: DOLGEN - SAN ANTONIO DC    Customer PO No.: 217SF5

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - SAN ANTONIO DC 6601 CAL TURNER DRIVE SAN ANTONIO, TX 78220 US	<b>Shipping Date:</b> 08/12/2024  <b>Shipment No.:</b> 300091875
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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	192	16	192	16

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<b>Total Weight:</b>	<b>278.24</b>
<b>Total Quantity Ordered:</b>	<b>320</b>
<b>Total Cartons Ordered:</b>	<b>32</b>
<b>Total Quantity Shipped:</b>	<b>320</b>
<b>Total Cartons Shipped:</b>	<b>32</b>

Order No.: 71176285    Order Date: 07/30/2024    Customer: DOLGEN - SCOTTSVILLE DC    Customer PO No.: 217SL0

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - SCOTTSVILLE DC 427 BEECH STREET SCOTTSVILLE, KY 42164-1698 US	<b>Shipping Date:</b> 08/12/2024  <b>Shipment No.:</b> 300091873
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	108	9	108	9

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<b>Total Weight:</b>	29.7
<b>Total Quantity Ordered:</b>	108
<b>Total Cartons Ordered:</b>	9
<b>Total Quantity Shipped:</b>	108
<b>Total Cartons Shipped:</b>	9

Order No.: 71176274 Order Date: 07/30/2024 Customer: DOLGEN - LONGVIEW DC Customer PO No.: 217SC8

**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:**  
08/12/2024  
**Shipment No.:**  
300091879

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	160	20	160	20
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	240	20	240	20

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**Total Weight:** 347.8  
**Total Quantity Ordered:** 400  
**Total Cartons Ordered:** 40  
**Total Quantity Shipped:** 400  
**Total Cartons Shipped:** 40

Order No.: 71176195    Order Date: 07/30/2024    Customer: DOLGEN - ZANESVILLE    Customer PO No.: 217SJ9  
DC

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - ZANESVILLE DC 2505 EAST POINTE DRIVE ZANESVILLE, OH 43701-7761 US	<b>Shipping Date:</b> 08/12/2024  <b>Shipment No.:</b> 300091887
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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	96	8	96	8

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<b>Total Weight:</b>	<b>251.84</b>
<b>Total Quantity Ordered:</b>	<b>224</b>
<b>Total Cartons Ordered:</b>	<b>24</b>
<b>Total Quantity Shipped:</b>	<b>224</b>
<b>Total Cartons Shipped:</b>	<b>24</b>

Order No.: 71176284    Order Date: 07/30/2024    Customer: DOLGEN - BLAIR DRY DC    Customer PO No.: 217SJ7

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - BLAIR DRY DC 1200 SOUTH 10TH STREET BLAIR, NE 68008 US	<b>Shipping Date:</b> 08/12/2024  <b>Shipment No.:</b> 300091883
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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	80	10	80	10
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	168	14	168	14

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<b>Total Weight:</b>	187.1
<b>Total Quantity Ordered:</b>	248
<b>Total Cartons Ordered:</b>	24
<b>Total Quantity Shipped:</b>	248
<b>Total Cartons Shipped:</b>	24