

Date: 5/24/2024 1:58:23 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000889532
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name:	Wal-Mart Centerpoint - 6909	DC#: 6909
		Div.
Address:	3485 Wineville Rd 6909	Trailer number: 209902
		Seal number(s): 28789095
City/State/Zip:	Jurupa Valley, CA 91752	SCAC: WALM
SID#:		Pro Number:
		FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 78178267		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
7335194938	3	13.47	Y	N	06757163000889334	6030A	
1079609004	1	4.50	Y	N	06757163000889471	7035A	
5735155299	3	13.48	Y	N	06757163000889457	6092A	
3130375002	9	40.43	Y	N	06757163000889365	6039A	
3131043456	9	40.42	Y	N	06757163000889396	6048A	
1880494590	10	44.91	Y	N	06757163000889518	7045A	
3930245767	3	13.48	Y	N	06757163000889495	7038A	
1880544313	3	13.49	Y	N	06757163000889273	6018A	
5380894019	11	49.41	Y	N	06757163000889303	6023A	
8680255823	6	26.94	Y	N	06757163000889280	6019A	
5235145371	8	35.93	Y	N	06757163000889259	6016A	
8880834154	10	44.92	Y	N	06757163000889242	6011A	
3730295596	30	134.76	Y	N	06757163000889211	6006A	
3931033488	8	35.95	Y	N	06757163000889228	6009A	

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 / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet: 32 <i>512429</i>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Shu Ma 5-28-24</i>
	Shipper Signature		

Date: 5/24/2024 1:58:23 PM

Master Bill Of Lading

Page 2 of 3

SHIP FROM		Master Bill of Lading Number: 06757163000889532	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
		Div.	
Address:	3485 Wineville Rd 6909	Trailer number:	209902
		Seal number(s):	28789095
City/State/Zip:	Jurupa Valley, CA 91752	SCAC:	WALM
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/>	MASTER BILL OF LANDING: WITH ATTACHED
SPECIAL INSTRUCTIONS:		(check box)	UNDERLYING BILLS OF LANDING
Load #: 78178267		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
5380066942	6	26.94	Y	N	06757163000889464	6094A	
3030375132	16	71.87	Y	N	06757163000889389	6043A	
4480236044	10	44.93	Y	N	06757163000889402	6066A	
8934876745	5	22.45	Y	N	06757163000889440	6080A	
9630265877	12	53.89	Y	N	06757163000889433	6070A	
3430824076	5	22.47	Y	N	06757163000889501	7039A	
5030275653	6	26.94	Y	N	06757163000889341	6035A	
8180385011	7	31.45	Y	N	06757163000889310	6025A	
8230384946	14	62.89	Y	N	06757163000889235	6010A	
1380544319	3	13.47	Y	N	06757163000889426	6069A	
5473669934	1	8.65	Y	N	06757163000889525	7033A	
7829967480	6	26.97	Y	N	06757163000889419	6068A	
2730335445	17	76.37	Y	N	06757163000889488	7036A	
5030146370	5	22.45	Y	N	06757163000889297	6020A	

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.

Total Pallet:32

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: 5/24/2024 1:58:23 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000889532	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
		Div.:	
Address:	3485 Wineville Rd 6909		
City/State/Zip:	Jurupa Valley, CA 91752		
SID#:		FOB:	<input type="checkbox"/>
		Trailer number:	209902
		Seal number(s):	28789095
		SCAC:	WALM
		Pro Number:	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:			
Load #: 78178267		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)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1730325527	4	17.96	Y	N	06757163000889327	6027A	
2830166118	13	58.41	Y	N	06757163000889358	6036A	
7980156436	7	31.45	Y	N	06757163000889266	6017A	
9680225919	11	49.41	Y	N	06757163000889372	6040A	
Grand Total	262	1181.06					

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
1	ctns			8.65		Comforters, Bedspreads	49017	200
261	ctns			1172.41		Ice Cream Powder	72750	92.5
262				2781.06		Grand Total		

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

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

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet:32	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
---	--	--	---

Date: 5/24/2024 1:58:22 PM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000889242



(402)06757163000889242

SHIP TO

Name: Wal-Mart DC 6011A - ASM DIS Location #: 6011A
 Address: 2200 Manufacturers Boulevard
 6011A
 City/State/Zip: Brookhaven, MS 39601
 CID#: _____ FOB:
 Dept: 00014

CARRIER NAME: WAL-MART FLEET
 Trailer number: 209902
 Seal number(s): 28789095

SCAC: WALM
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid Collect X 3rd Party

SPECIAL INSTRUCTIONS:
 Load #: 78178267

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

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

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
8880834154	10	1	44.92	Y	N	06/05/2024	6011A	0033	00014	
GRAND TOTAL	10	1	44.92							

HANDLING UNIT							PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE			NMFC #	CLASS						
10	ctns					44.92		Ice Cream Powder	72750	92.5			
10						94.92		GRAND TOTAL					

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

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. *Property described above is received in good order, except as noted.*

Date: 5/24/2024 1:58:22 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 6040A-ASM DIS Location #: 6040A
Address:	221 Hanson Way	Address:	1020 Wal-Mart Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	6040A Hope Mills, NC 28348
SID#:		CID#:	
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Name:	
Address:		City/State/Zip:	
SPECIAL INSTRUCTIONS:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>	
Load #: 78178267		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	Pts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)	Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
9680225919	11	1	49.41	Y N	06/06/2024	6040A	0033	00014	
GRAND TOTAL	11	1	49.41						

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
11	ctns			49.41		Ice Cream Powder	72750	92.5
11				99.41		GRAND TOTAL		

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

COD Amount: \$ _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Date: 5/24/2024 1:58:21 PM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000889440



SHIP TO

Name: Wal-Mart DC 6080A-ASM DIS Location #: 6080A
 Address: 100 Veterans Drive
 6080A
 City/State/Zip: Tobyhanna, PA 18466
 CID#: _____ FOB:
 Dept: 00014

CARRIER NAME: WAL-MART FLEET

Trailer number: 209902
 Seal number(s): 28789095

SCAC: WALM
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid _____ Collect 3rd Party

SPECIAL INSTRUCTIONS:
 Load #: 78178267

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	Pkts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
8934876745	5	1	22.45	Y	N	06/09/2024	6080A	0033	00014	
GRAND TOTAL	5	1	22.45							

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	ctns			22.45		Ice Cream Powder	72750	92.5
5				72.45		GRAND TOTAL		

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

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

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. *Property described above is received in good order, except as noted.*

Date: 5/24/2024 1:58:21 PM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000889389



SHIP TO

Name: Wal-Mart DC 6043A-ASM DIS Location #: 6043A
 Address: 500 Jonesville Road
 6043A
 City/State/Zip: Coldwater, MI 49036
 CID#: _____ FOB:
 Dept: 00014

CARRIER NAME: WAL-MART FLEET

Trailer number: 209902
 Seal number(s): 28789095

SCAC: WALM

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:

Load #: 78178267

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	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
3030375132	16	1	71.87	Y	N	06/07/2024	6043A	0033	00014	
GRAND TOTAL	16	1	71.87							

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
16	ctns			71.87		Ice Cream Powder	72750	92.5
16				121.87		GRAND TOTAL		

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

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

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. *Property described above is received in good order, except as noted.*

Date: 5/24/2024 1:58:20 PM

Bill Of Lading

SHIP FROM

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

FOB:

Bill of Lading Number: 06757163000889518



(402)06757163000889518

SHIP TO

Name: Wal-Mart DC 7045A-ASM DIS Location #: 7045A
Address: 6000 Walton Way
7045A
City/State/Zip: Mt. Crawford, VA 22841
CID#:
Dept: 00014

FOB:

CARRIER NAME: WAL-MART FLEET

Trailer number: 209902
Seal number(s): 28789095

SCAC: WALM

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:

City/State/Zip:

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

Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:
Load #: 78178267

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	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
1880494590	10	1	44.91	Y	N	06/06/2024	7045A	0033	00014	
GRAND TOTAL	10	1	44.91							

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
10	ctns			44.91		Ice Cream Powder	72750	92.5
10				94.91		GRAND TOTAL		

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

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

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. *Property described above is received in good order, except as noted.*

Date: 5/24/2024 1:58:20 PM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000889297



SHIP TO

Name: Wal-Mart DC 6020A - ASM DIS Location #: 6020A
 Address: 4224 Kettering Road
 6020A
 City/State/Zip: Brooksville, FL 34602
 CID#: _____ FOB:
 Dept: 00014

CARRIER NAME: WAL-MART FLEET

Trailer number: 209902
 Seal number(s): 28789095

SCAC: WALM
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid _____ Collect **X** 3rd Party

SPECIAL INSTRUCTIONS:
 Load #: 78178267

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	Pkts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
5030146370	5	1	22.45	Y	N	06/12/2024	6020A	0033	00014	
GRAND TOTAL	5	1	22.45							

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	ctns			22.45		Ice Cream Powder	72750	92.5
5				72.45		GRAND TOTAL		

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

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

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

Date: 5/24/2024 1:58:18 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#: _____ FOB:

Bill of Lading Number: 06757163000889433



SHIP TO

Name: Wal-Mart DC 6070A-ASM DIS Location #: 6070A
 Address: 200 Wal-Mart Drive
 6070A
 City/State/Zip: Shelby, NC 28150
 CID#: _____ FOB:
 Dept: 00014

CARRIER NAME: WAL-MART FLEET

Trailer number: 209902
 Seal number(s): 28789095

SCAC: WALM

Pro Number:

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 #: 78178267

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

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
9630265877	12	1	53.89	Y	N	06/06/2024	6070A	0033	00014	
GRAND TOTAL	12	1	53.89							

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 366</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
12	ctns			53.89		Ice Cream Powder	72750	92.5
12				103.89		GRAND TOTAL		

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

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

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. *Property described above is received in good order, except as noted.*

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

Bill of Lading Number: 06757163000889211

 (402)06757163000889211

SHIP TO
 Name: Wal-Mart DC 6006A - ASM DIS Location #: 6006A
 Address: 2200 7th Avenue Southwest
 6006A
 City/State/Zip: Cullman, AL 35055
 CID#: _____ FOB:
 Dept: 00014

CARRIER NAME: WAL-MART FLEET
 Trailer number: 209902
 Seal number(s): 28789095

SCAC: WALM
Pro Number: _____

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

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

SPECIAL INSTRUCTIONS:
 Load #: 78178267

Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM
 PM PM PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
3730295596	30	1	134.76	Y	N	06/06/2024	6006A	0033	00014	
GRAND TOTAL	30	1	134.76							

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
30	ctns			134.76		Ice Cream Powder	72750	92.5
30				184.76		GRAND TOTAL		

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

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

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

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

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

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

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

Date: 5/24/2024 1:58:17 PM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000889365



SHIP TO

Name: Wal-Mart DC 6039A-ASM DIS Location #: 6039A
 Address: 1659 Pottertown Road
 6039A
 City/State/Zip: Midway, TN 37809
 CID#: _____ FOB:
 Dept: 00014

CARRIER NAME: WAL-MART FLEET

Trailer number: 209902
 Seal number(s): 28789095

SCAC: WALM
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:
 Load #: 78178267

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

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
3130375002	9	1	40.43	Y	N	06/08/2024	6039A	0033	00014	
GRAND TOTAL	9	1	40.43							

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 366</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
9	ctns			40.43		Ice Cream Powder	72750	92.5
9				90.43		GRAND TOTAL		

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

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

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

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

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


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

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

Date: 5/24/2024 1:58:17 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000889488
Name: E & E COMPANY LTD	 (402)06757163000889488	
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____ FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 7036A - ASM DIS Location #: 7036A	Trailer number: 209902	
Address: 2226 FM 3013	Seal number(s): 28789095	
7036A	SCAC: WALM	
City/State/Zip: Sealy, TX 77474	Pro Number:	
CID#: _____ FOB: <input type="checkbox"/>		
Dept: 00014		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>
Name:	Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
Address:	Master Bill of Lading: with attached	
City/State/Zip:	(check box) underlying Bills of Lading	

SPECIAL INSTRUCTIONS:	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 78178267	AM PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)	Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info	
2730335445	17	1	76.37	Y N	06/06/2024	7036A	0033	00014		
GRAND TOTAL	17	1	76.37							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY		
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	NMFC #	CLASS	
17	ctns			76.37		Ice Cream Powder	72750	92.5	
17				126.37		GRAND TOTAL			

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

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

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

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

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

SHIPPER SIGNATURE / DATE	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP 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.	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>

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

Bill of Lading Number: 06757163000889259

 (402)06757163000889259

SHIP TO
 Name: Wal-Mart DC 6016A - ASM DIS Location #: 6016A
 Address: 3900 N IH 35
 6016A
 City/State/Zip: New Braunfels, TX 78130
 CID#: _____ FOB:
 Dept: 00014

CARRIER NAME: WAL-MART FLEET
 Trailer number: 209902
 Seal number(s): 28789095

SCAC: WALM
Pro Number: _____

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

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

SPECIAL INSTRUCTIONS:
 Load #: 78178267

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	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
5235145371	8	1	35.93	Y	N	06/02/2024	6016A	0033	00014	
GRAND TOTAL	8	1	35.93							

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	ctns			35.93		Ice Cream Powder	72750	92.5
8				85.93		GRAND TOTAL		

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

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

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

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

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

Shipper Signature

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

Trailer Loaded:
 By Shipper
 By Driver

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

Date: 5/24/2024 1:58:15 PM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000889273



SHIP TO

Name: Wal-Mart DC 6018A - ASM DIS Location #: 6018A
 Address: 2103 South Main
 6018A
 City/State/Zip: Searcy, AR 72143
 CID#: _____ FOB:
 Dept: 00014

CARRIER NAME: WAL-MART FLEET

Trailer number: 209902
 Seal number(s): 28789095

SCAC: WALM
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:
 Load #: 78178267

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	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
1880544313	3	1	13.49	Y	N	06/06/2024	6018A	0033	00014	
GRAND TOTAL	3	1	13.49							

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	ctns			13.49		Ice Cream Powder	72750	92.5
3				63.49		GRAND TOTAL		

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

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

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

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

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

Shipper Signature

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

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

Date: 5/24/2024 1:58:14 PM

Bill Of Lading

SHIP FROM

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

FOB:

Bill of Lading Number: 06757163000889471



(402)06757163000889471

SHIP TO

Name: Wal-Mart DC 7035A-ASM DIS Location #: 7035A
 Address: 18815 NW 115 Avenue
 7035A
 City/State/Zip: Alachua, FL 32615
 CID#:
 Dept: 00014

FOB:

CARRIER NAME: WAL-MART FLEET

Trailer number: 209902
 Seal number(s): 28789095

SCAC: WALM

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

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

Prepaid Collect **X** 3rd Party

SPECIAL INSTRUCTIONS:
 Load #: 78178267

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	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
1079609004	1	1	4.50	Y	N	06/12/2024	7035A	0033	00014	
GRAND TOTAL	1	1	4.50							

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	ctns			4.50		Ice Cream Powder	72750	92.5
1				54.50		GRAND TOTAL		

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

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

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

Date: 5/24/2024 1:58:14 PM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000889303



SHIP TO

Name: Wal-Mart DC 6023A - ASM DIS Location #: 6023A
 Address: 21500 Cox Road
 6023A
 City/State/Zip: Sutherland, VA 23885
 CID#: _____ FOB:
 Dept: 00014

CARRIER NAME: WAL-MART FLEET

Trailer number: 209902
 Seal number(s): 28789095

SCAC: WALM

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

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

SPECIAL INSTRUCTIONS:
 Load #: 78178267

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	Pts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)	Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
5380894019	11	1	49.41	Y N	06/07/2024	6023A	0033	00014	
GRAND TOTAL	11	1	49.41						

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
11	ctns			49.41		Ice Cream Powder	72750	92.5
11				99.41		GRAND TOTAL		

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

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

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver


Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

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

Bill of Lading Number: 06757163000889501

 (402)06757163000889501

SHIP TO
 Name: Wal-Mart DC 7039A-ASM DIS Location #: 7039A
 Address: 115 Distribution Way
 7039A
 City/State/Zip: Beaver Dam, WI 53916
 CID#: _____ FOB:
 Dept: 00014

CARRIER NAME: WAL-MART FLEET
 Trailer number: 209902
 Seal number(s): 28789095

SCAC: WALM
Pro Number: _____

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

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

SPECIAL INSTRUCTIONS:
 Load #: 78178267

Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time _____ Actual Driver Arrival Time _____ Driver Departure Time _____
 AM AM AM
 PM PM PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
3430824076	5	1	22.47	Y	N	06/06/2024	7039A	0033	00014	
GRAND TOTAL	5	1	22.47							

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	ctns			22.47		Ice Cream Powder	72750	92.5
				GRAND TOTAL				

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

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

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

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

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

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

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

Date: 5/24/2024 1:58:12 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#: _____ FOB:

Bill of Lading Number: 06757163000889341



(402)06757163000889341

SHIP TO

Name: Wal-Mart DC 6035A-ASM DIS Location #: 6035A
 Address: 3220 Nevada Terrace
 6035A
 City/State/Zip: Ottawa, KS 66067
 CID#: _____ FOB:
 Dept: 00014

CARRIER NAME: WAL-MART FLEET

Trailer number: 209902

Seal number(s): 28789095

SCAC: WALM

Pro Number:

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:

SPECIAL INSTRUCTIONS:

Load #: 78178267

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	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
5030275653	6	1	26.94	Y	N	06/06/2024	6035A	0033	00014	
GRAND TOTAL	6	1	26.94							

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	ctns			26.94		Ice Cream Powder	72750	92.5
6				76.94		GRAND TOTAL		

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

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

per _____

COD Amount: \$ _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Date: 5/24/2024 1:58:12 PM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000889525



(402)06757163000889525

SHIP TO

Name: Wal-Mart DC 7033A-ASM DIS Location #: 7033A
 Address: CO WAL-MART HAWAII DISTRIBUTI
 7033A
 City/State/Zip: Apple Valley, CA 92307
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET

Trailer number: 209902
 Seal number(s): 28789095

SCAC: WALM

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:

Load #: 78178267

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	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
5473669934	1	1	8.65	Y	N	05/30/2024	7033A	0033	00022	
GRAND TOTAL	1	1	8.65							

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	8.65		Comforters, Bedspreads	49017	200
1		1		58.65		GRAND TOTAL		

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

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

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

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

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

Shipper Signature

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

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

Date: 5/24/2024 1:58:11 PM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000889266



SHIP TO

Name: Wal-Mart DC 6017A - ASM DIS Location #: 6017A
 Address: 2106 East Tipton Street
 6017A
 City/State/Zip: Seymour, IN 47274
 CID#: _____ FOB:
 Dept: 00014

CARRIER NAME: WAL-MART FLEET

Trailer number: 209902
 Seal number(s): 28789095

SCAC: WALM

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:

Load #: 78178267

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	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
7980156436	7	1	31.45	Y	N	06/06/2024	6017A	0033	00014	
GRAND TOTAL	7	1	31.45							

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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
7	ctns			31.45		Ice Cream Powder	72750	92.5
7				81.45		GRAND TOTAL		

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

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

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

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

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

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

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

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

Bill of Lading Number: 06757163000889334

 (402)06757163000889334

SHIP TO
 Name: Wal-Mart DC 6030A-ASM DIS Location #: 6030A
 Address: 42 Freetown Road
 6030A
 City/State/Zip: Raymond, NH 03077
 CID#: _____ FOB:
 Dept: 00014

CARRIER NAME: WAL-MART FLEET
 Trailer number: 209902
 Seal number(s): 28789095

SCAC: WALM
Pro Number:

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

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

SPECIAL INSTRUCTIONS:
 Load #: 78178267

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	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)	Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info	
7335194938	3	1	13.47	Y N	06/12/2024	6030A	0033	00014		
GRAND TOTAL	3	1	13.47							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
3	ctns			13.47		Ice Cream Powder	72750	92.5	
3				63.47		GRAND TOTAL			

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

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

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

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

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

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

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

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

Bill of Lading Number: 06757163000889235

 (402)06757163000889235

SHIP TO
 Name: Wal-Mart DC 6010A - ASM DIS Location #: 6010A
 Address: 1401 BAKER HWY W
 6010A
 City/State/Zip: Douglas, GA 31533
 CID#: _____ FOB:
 Dept: 00014

CARRIER NAME: WAL-MART FLEET
 Trailer number: 209902
 Seal number(s): 28789095

SCAC: WALM
Pro Number:

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

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

SPECIAL INSTRUCTIONS:
 Load #: 78178267

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	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)	Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info	
8230384946	14	1	62.89	Y N	06/10/2024	6010A	0033	00014		
GRAND TOTAL	14	1	62.89							

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>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
14	ctns			62.89		Ice Cream Powder	72750	92.5	
14				112.89		GRAND TOTAL			

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

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

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

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

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

Shipper Signature

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

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

Date: 5/24/2024 1:58:07 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 6094A-ASM DIS Location #: 6094A
Address:	221 Hanson Way	Address:	5801 SW Regional Airport Blvd. 6094A
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Bentonville, AR 72712
SID#:		CID#:	
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		CARRIER NAME: WAL-MART FLEET	
Name:		Trailer number:	209902
Address:		Seal number(s):	28789095
City/State/Zip:		SCAC:	WALM
		Pro Number:	
SPECIAL INSTRUCTIONS:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>	
Load #: 78178267		Prepaid	Collect X 3rd Party
		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
		(check box)	
		Appointment Time	Actual Driver Arrival Time Driver Departure Time
		AM	AM AM
		PM	PM PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)	Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info	
5380066942	6	1	26.94	Y N	06/06/2024	6094A	0033	00014		
GRAND TOTAL	6	1	26.94							

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
6	ctns			26.94		Ice Cream Powder	72750	92.5		
6				76.94		GRAND TOTAL				

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
---	---

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	Shipper Signature
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>

Date: 5/24/2024 1:58:19 PM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000889280



SHIP TO

Name: Wal-Mart DC 6019A - ASM DIS Location #: 6019A
 Address: 7500 East Crossroads Boulevard
 6019A
 City/State/Zip: Loveland, CO 80538
 CID#: _____ FOB:
 Dept: 00014

CARRIER NAME: WAL-MART FLEET

Trailer number: 209902
 Seal number(s): 28789095

SCAC: WALM

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:

Load #: 78178267

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	Plts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
				Y	N					
8680255823	6	1	26.94	Y	N	05/31/2024	6019A	0033	00014	
GRAND TOTAL	6	1	26.94							

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 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	ctns			26.94		Ice Cream Powder	72750	92.5
6				76.94		GRAND TOTAL		

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

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

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Date: 5/24/2024 1:58:06 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000889426	
Name:	E & E COMPANY LTD	 (402)06757163000889426	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart DC 6069A-ASM DIS Location #: 6069A	Trailer number: 209902	
Address:	1100 Matlock Drive	Seal number(s): 28789095	
	6069A	SCAC: WALM	
City/State/Zip:	St. James, MO 65559	Pro Number:	
CID#:	FOB: <input type="checkbox"/>		
Dept:	00014		
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid Collect <input checked="" type="checkbox"/> 3rd Party	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
Load #: 78178267		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
1380544319	3	1	13.47	Y	N	06/06/2024	6069A	0033	00014	
GRAND TOTAL	3	1	13.47							

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	ctns			13.47		Ice Cream Powder	72750	92.5
3				63.47		GRAND TOTAL		

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

COD Amount: \$ _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

Date: 5/24/2024 1:58:06 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 6066A-ASM DIS	Name:	
Address:	221 Hanson Way	Address:	690 Crenshaw Blvd	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	6066A Hopkinsville, KY 42240	City/State/Zip:	
SID#:		CID#:		City/State/Zip:	
	FOB: <input type="checkbox"/>	Dept:	00014		
Bill of Lading Number: 06757163000889402		CARRIER NAME: WAL-MART FLEET		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Trailer number: 209902		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party	
(402)06757163000889402		Seal number(s): 28789095		Master Bill of Lading: with attached underlying Bills of Lading	
		SCAC: WALM		Appointment Time	
		Pro Number:		Actual Driver Arrival Time	
				Driver Departure Time	
				AM AM AM	
				PM PM PM	
SPECIAL INSTRUCTIONS:					
Load #: 78178267					

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	Plts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)	Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
4480236044	10	1	44.93	Y N	06/06/2024	6066A	0033	00014	
GRAND TOTAL	10	1	44.93						

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
10	ctns			44.93		Ice Cream Powder	72750	92.5
10				94.93		GRAND TOTAL		

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

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

_____ per _____

COD Amount: \$ _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.