


Date: 7/25/2024 2:37:48 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000911929
Name: E & E COMPANY LTD	 (402)06757163000911929	
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____ FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: FedEx
Name: Wal-Mart DC 6009A - ASM DIS Location #: 6009A	Trailer number:	
Address: 1501 E Maple Leaf Road	Seal number(s):	
6009A	SCAC: FDEG	
City/State/Zip: Mount Pleasant, IA 52641	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:		
Address:		
City/State/Zip:	Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party	

SPECIAL INSTRUCTIONS:	Master Bill of Lading: with attached underlying Bills of Lading									
Load #: 35296255	<input type="checkbox"/> (check box)									
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Appointment Time</th> <th style="width: 33%;">Actual Driver Arrival Time</th> <th style="width: 33%;">Driver Departure Time</th> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time								
AM	AM	AM								
PM	PM	PM								

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	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					
3931034362	4	1	17.96	Y	N	08/01/2024	6009A	0033	00014	
GRAND TOTAL	4	1	17.96							

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		
							NMFC #	CLASS	
4	ctns			17.96		Ice Cream Powder	72750	92.5	
				17.96		GRAND TOTAL			

<p>Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"</p>	<p>COD Amount: \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. · 14706(c)(1)(A) and (B).

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
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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>

Shipment Manifest (300091192)

BOL #: 06757163000911929 Customer: **WALMARTWHS**
 Carrier: FedEx Ship Date: 07/25/2024
 Trailer Number: Load Number: 35296255
 Pro Number: Seal Number:
 Door No: D208 Total Ctns/Units: 4/32
 Total Cube: 0.76 Total Weight(LB): 17.96
 Ship From: **E & E COMPANY LTD- 444096**
 221 Hanson Way
 Woodland, CA 95776



06757163000911929

Ship To: **Wal-Mart DC 6009A - ASM DIS**
 1501 E Maple Leaf Road
 Mount Pleasant, IA 52641

<u>Customer PO No.</u>	<u>E&E SO No.</u>	<u>Mark for Store</u>	<u>Item No.</u>	<u>Item Info.</u>	<u>Case Pack Qty</u>	<u>Carton ID</u>	<u>Carton Weigh(LB)</u>	<u>Carton Cube</u>	<u>Tracking #</u>
3931034362	71030641		SD171-0023	022164360288 666852232 Ice Cream Mixes	8	000067571 670295601 13	4.49	0.19	277444222522
3931034362	71030641		SD171-0023	022164360288 666852232 Ice Cream Mixes	8	000067571 670295601 20	4.49	0.19	277444222452
3931034362	71030641		SD171-0024	022164360295 666852234 Ice Cream Mixes	8	000067571 670295601 37	4.49	0.19	277444221456
3931034362	71030641		SD171-0025	022164360301 666852233 Ice Cream Mixes	8	000067571 670295601 44	4.49	0.19	277444222441

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

Bill of Lading Number: 06757163000911912

 (402)06757163000911912

SHIP TO
 Name: Wal-Mart DC 6009A - ASM DIS Location #: 6009A
 Address: 1501 E Maple Leaf Road
 6009A
 City/State/Zip: Mount Pleasant, IA 52641
 CID#: _____ FOB:
 Dept: 00014

CARRIER NAME: FedEx
 Trailer number:
 Seal number(s):
SCAC: FDEG
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 #: 35296255

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
3931034251	2	1	9.00	Y	N	07/26/2024	6009A	0033	00014	
GRAND TOTAL	2	1	9.00							

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	
2	ctns			9.00		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.

Shipment Manifest (300091191)

BOL #: 06757163000911912 Customer: **WALMARTWHS**
 Carrier: FedEx Ship Date: 07/25/2024
 Trailer Number: Load Number: 35296255
 Pro Number: Seal Number:
 Door No: D208 Total Ctns/Units: 2/16
 Total Cube: 0.38 Total Weight(LB): 9.00



06757163000911912

Ship From: **E & E COMPANY LTD- 444096**
 221 Hanson Way
 Woodland, CA 95776

Ship To: **Wal-Mart DC 6009A - ASM DIS**
 1501 E Maple Leaf Road
 Mount Pleasant, IA 52641

<u>Customer PO No.</u>	<u>E&E SO No.</u>	<u>Mark for Store</u>	<u>Item No.</u>	<u>Item Info.</u>	<u>Case Pack Qty</u>	<u>Carton ID</u>	<u>Carton Weigth(LB)</u>	<u>Carton Cube</u>	<u>Tracking #</u>
3931034251	70984941		SD171-0022	022164360271 666852235 Ice Cream Mixes	8	000067571 670264175 71	4.50	0.19	277444211650
3931034251	70984941		SD171-0022	022164360271 666852235 Ice Cream Mixes	8	000067571 670264175 88	4.50	0.19	277444211823