

SHIP FROM

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

Master Bill of Lading Number: **06757163000903061**

SHIP TO

Name: **Wal-Mart DC 7033A-ASM DIS** DC#: **7033A**
 Div. _____
 Address: **CO WAL-MART HAWAII DISTRIBUTI**
7033A
 City/State/Zip: **Apple Valley, CA 92307**
 SID#: _____ FOB:

CARRIER NAME: **Central Transport**

Trailer number: **2100019**
 Seal number(s): _____

SCAC: **CTII**
 Pro Number: **777-7121814-4**

THIRD PARTY FREIGHT CHARGES BILL TO:

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

SPECIAL INSTRUCTIONS:
 Load #: **35034697**



Freight Charge Terms:

Prepaid: Collect: 3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED
 UNDERLYING BILLS OF LANDING

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

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
5473669831	39	678.60	Y	N	06757163000902989	7033G	
5473669833	119	2117.02	Y	N	06757163000903016	7033G	
Grand Total	158	2795.62					

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
6	Pallet			300.00		Pallet		70
		158	ctns	2795.62		Sheet Set & Pillowcase	49260 Sub 3	250
6				3095.62		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.

<p>SHIPPER SIGNATURE / DATE</p> <p>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.</p> <p>Total Pallet:6 <u>6/27/24</u></p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE</p> <p>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.</p> <p><u>[Signature]</u> <u>6-28</u></p>
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SHIP FROM		Bill of Lading Number: 06757163000903016
Name: E & E COMPANY LTD		 (402)06757163000903016
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Central Transport
Name: Wal-Mart DC 7033G-GENERAL	Location #: 7033G	Trailer number: 2100019
Address: 21215 Johnson Rd.		Seal number(s):
7033G		

City/State/Zip: Apple Valley, CA 92307		SCAC: CTII
CID#: _____	FOB: <input type="checkbox"/>	Pro Number: 777-7121814-4
Dept: 00022		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid Collect <input checked="" type="checkbox"/> 3rd Party
Name:		
Address:		
City/State/Zip:		

SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 35034697		Appointment Time	Actual Driver Arrival Time
		AM	AM
		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
5473669833	119	4	2117.02	Y	N	07/01/2024	7033G	0003	00022	
GRAND TOTAL	119	4	2117.02							


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
4	Pallet			200.00		Pallet		
		119	ctns	2117.02		Sheet Set & Pillowcase	49260 Sub 3	250
4		119		2317.02		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"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. · 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>
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SHIP FROM		Bill of Lading Number: 06757163000902989
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163000902989
City/State/Zip: Woodland, CA 95776	SID#: _____	
FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: Central Transport
Name: Wal-Mart DC 7033G-GENERAL	Location #: 7033G	Trailer number: 2100019
Address: 21215 Johnson Rd.	7033G	Seal number(s):
City/State/Zip: Apple Valley, CA 92307	CID#: _____	SCAC: CTII
Dept: 00022	FOB: <input type="checkbox"/>	Pro Number: 777-7121814-4

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name:	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 #: 35034697		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
5473669831	39	2	678.60	Y	N	07/01/2024	7033G	0003	00022	
GRAND TOTAL	39	2	678.60							

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		
2	Pallet			100.00		Pallet				
		39	ctns	678.60		Sheet Set & Pillowcase	49260 Sub 3	250		
2		39		778.60		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"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. · 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>
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Shipment Manifest (300090301)

BOL #:	06757163000903016	Customer:	WALMARTWHS	Ship To:	7033G
Carrier:	Central Transport	Ship Date:	06/28/2024	Load Number:	35034697
Trailer Number:	2100019	Pro Number:	777-7121814-4	Seal Number:	
Total Cartons/Units:	119/119	Total Cube:	287.98	Total Weight(LB):	2117.02
Ship From:	E & E COMPANY LTD- 444096 221 Hanson Way Woodland, CA 95776	Ship To:	Wal-Mart DC 7033G-GENERAL 21215 Johnson Rd. Apple Valley, CA 92307		

<u>Customer</u> <u>PO No.</u>	<u>E&E</u> <u>SO No.</u>	<u>Mark for</u> <u>Store</u>	<u>Item No.</u>	<u>Item Info.</u>	<u>Qty To</u> <u>Ship</u>	<u>Case</u> <u>Pack Qty</u>	<u>Total</u> <u>Cartons</u>	<u>Carton</u> <u>Weight</u> <u>(LB)</u>	<u>Total</u> <u>Weight</u> <u>(LB)</u>	<u>Carton</u> <u>Cube</u>	<u>Total</u> <u>Cube</u>
5473669833	70542340		WM90-418	022164389500 668313981 Pillow Cover	97	1	97	18.28	1773.16	2.42	234.74
5473669833	70542340		WM90-419	022164389616 668313982 Pillow Cover	22	1	22	15.63	343.86	2.42	53.24

Shipment Manifest (300090298)

BOL #:	06757163000902989	Customer:	WALMARTWHS	Ship To:	7033G
Carrier:	Central Transport	Ship Date:	06/28/2024	Load Number:	35034697
Trailer Number:	2100019	Pro Number:	777-7121814-4	Seal Number:	
Total Cartons/Units:	39/39	Total Cube:	94.38	Total Weight(LB):	678.60
Ship From:	E & E COMPANY LTD- 444096 221 Hanson Way Woodland, CA 95776	Ship To:	Wal-Mart DC 7033G-GENERAL 21215 Johnson Rd. Apple Valley, CA 92307		

<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>Qty To Ship</u>	<u>Case Pack Qty</u>	<u>Total Cartons</u>	<u>Carton Weight (LB)</u>	<u>Total Weight (LB)</u>	<u>Carton Cube</u>	<u>Total Cube</u>
5473669831	70537495		WM90-417	022164389494 668313980 Pillow Cover	39	1	39	17.40	678.60	2.42	94.38